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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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

Please use IRS label or print or type See Specific instructions.

C Name of organization VALLEY HOSPITAL ASSOCIATION, INC.

Doing Business As MAT-SU HEALTH FOUNDATION

Number and street (or P O box if mail is not delivered to street address) 950 E. BOGARD ROAD — Room/suite 218

City or town, state or country, and ZIP + 4 WASILLA, AK 99654

D Employer identification number 92-0019395

E Telephone number (907) 352-2863

G Gross receipts $ 12,640,461.

F Name and address of principal officer ELIZABETH RIPLEY
SAME AS C ABOVE ,

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ N/A

I Tax-exempt status: ☒ 501(c)(3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website. ▶ WWW.MATSUHEALTHFOUNDATION.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1948 **M** State of legal domicile AK

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS THE PROVISION OF MEDICAL SERVICES TO AREA RESIDENTS.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5 Total number of employees (Part V, line 2a)	5	4
6 Total number of volunteers (estimate if necessary)	6	
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	46,050.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-452,360.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	5,554.	2,922.
9 Program service revenue (Part VIII, line 2g)	10,239,614.	13,188,081.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,305,489.	-554,722.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,442.	4,180.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,572,099.	12,640,461.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,905,915.	3,178,230.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	462,662.	459,507.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b Total fundraising expenses, Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,197,300.	1,235,247.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,565,877.	4,872,984.
19 Revenue less expenses Subtract line 18 from line 12	8,006,222.	7,767,477.

	Beginning of Year	End of Year
20 Total assets (Part X, line 16)	74,044,697.	78,092,757.
21 Total liabilities (Part X, line 26)	11,549,358.	2,738,658.
22 Net assets or fund balances Subtract line 21 from line 20	62,495,339.	75,354,099.

SCANNED DEC 22 2010

RECEIVED
NOV 22 2010
OGDEN, UT
E1-64 IRS-OSC

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer Elizabeth A. Ripley — Date 11/12/10

▶ Type or print name and title Elizabeth A. Ripley, Executive Director

Paid Preparer's Use Only

Preparer's signature — Date 11-10-10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions) P00146956

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ KPMG LLP, 701 WEST 8TH AVENUE, SUITE 600 ANCHORAGE, AK 99501 — EIN ▶ 13-5565207 — Phone no ▶ 907-265-1200

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.* Form **990** (2009)

JSA
9E1010 3 000

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission
THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS THE PROVISION OF MEDICAL SERVICES TO AREA RESIDENTS.

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses $ 3,178,230 including grants of $ 3,095,230) (Revenue $ _____)
THE REPORTING ORGANIZATION PROVIDES GRANTS TO COMMUNITY ORGANIZATIONS WITH THE PURPOSE OF IMPROVING THE HEALTH AND WELLNESS OF MATANUSKA-SUSITNA BOROUGH RESIDENTS.

4b (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ 13,188,081)
INVESTMENT IN MAT-SU VALLEY MEDICAL CENTER, LLC, JOINT VENTURE.

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

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

4e Total program service expenses ▶ 3,178,230.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Sections 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	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or 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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If" Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*			
	• Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*			
	• Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes: , No: X)	12A		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
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		X
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		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to question 25*	24a		X
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	N/A	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	N/A	
25 a	**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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
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		X
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		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37	X	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

			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 8		
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 to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
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 4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)	2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	N/A	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	N/A	
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	N/A	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	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 premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	N/A	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	N/A	
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a	N/A	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	N/A	
10	**Section 501(c)(7) organizations.** Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a N/A		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b N/A		
11	**Section 501(c)(12) organizations.** Enter			
a	Gross income from members or shareholders	11a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b N/A		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a	N/A	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b NONE		

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	15		
b	Enter the number of voting members that are independent	1b	15		
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			X
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?	3			X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5			X
6	Does the organization have members or stockholders?	6		X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a			X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9a			X

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
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?	10b	N/A	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	X	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X	
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	X	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ DONALD ZOERB, III 950 E BOGARD ROAD, SUITE 218 WASILLA, AK 99654
907-352-2863

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. Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LINDA CONOVER DIRECTOR	1.00	X						0.		0.
MARY OLSON DIRECTOR	1.00	X						0.		0.
JACK WILLIAMS DIRECTOR	1.00	X						0.		0.
PAUL DUCLOS, JR. DIRECTOR	1.00	X						0.		0.
BILL ALLEN DIRECTOR	1.00	X						0.		0.
JAMIE BARRETT WISE DIRECTOR	1.00	X						0.		0.
STACIE STIGAR DIRECTOR	1.00	X						0.		0.
CRAIG THORN TREASURER/SECRETARY	1.00	X		X				0.		0.
LINDA MENARD DIRECTOR	1.00	X						0.		0.
DEBORAH PRATOR CHAIRPERSON	1.00	X		X				0.		0.
TERI NAMTVEDT VICE-CHAIRPERSON	1.00	X		X				0.		0.
CHERYL RIGGS DIRECTOR	1.00	X						0.		0.
ANDY REIMER DIRECTOR	1.00	X						0.		0.
JERRY TROSHYNSKI DIRECTOR	1.00	X						0.	0	0.
SCOTT JOHANNES DIRECTOR	1.00	X						0.		0.
ELIZABETH RIPLEY EXECUTIVE DIRECTOR	40.00			X				118,322.	0	16,136.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DONALD ZOERB, III FINANCE DIRECTOR	40.00			X				73,887.	0.	23,200.
1b Total ▶								192,209.	0.	39,336.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 1

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

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
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue 92-0019395

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b 1,515				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,407				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f		2,922.			
Program Service Revenue		**Business Code**				
	2a INCOME MAT-SU VALLEY MEDICAL CENTER, LLC	812900	13,142,031.	13,142,031		
	b PASS-THROUGH FROM MAT-SU VALLEY III LLC	812900	46,050.		46,050	
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f		13,188,081			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 3		476,669			476,669
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)		0			
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)		-1,031,391			
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events		0			
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities		0			
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory		0			
	Miscellaneous Revenue	**Business Code**				
	11a OTHER INCOME	900099	4,180.	4,180		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		4,180			
	12 **Total Revenue.** See instructions		12,640,461	13,146,211	46,050.	476,669

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	3,095,230.	3,095,230.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	83,000.	83,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	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.			
7 Other salaries and wages	353,606.		353,606.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.			
9 Other employee benefits	73,231.		73,231.	
10 Payroll taxes	32,670.		32,670.	
11 Fees for services (non-employees)				
a Management	0.			
b Legal	42,525.		42,525.	
c Accounting	31,437.		31,437.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	74,815.		74,815.	
g Other	7,562.		7,562.	
12 Advertising and promotion	25,415.		25,415.	
13 Office expenses	0.			
14 Information technology	7,687.		7,687.	
15 Royalties	0.			
16 Occupancy	6,848.		6,848.	
17 Travel	25,417.		25,417.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	497,686.		497,686.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	3,913.		3,913.	
23 Insurance	12,581.		12,581.	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a SEE STATEMENT 1	499,361.		499,361.	
b				
c				
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	4,872,984.	3,178,230.	1,694,754.	
26 **Joint Costs.** Check here ▶ ☐ 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				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		15,555,680.	2	14,657,206.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		0.	4	0.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		15,106.	9	19,291.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 78,256.			
	b	Less accumulated depreciation	10b 6,086.	76,083.	10c	72,170.
	11	Investments - publicly traded securities ATCH 5		9,792,868.	11	23,591,474.
	12	Investments - other securities See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		48,604,960.	15	39,752,616.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		74,044,697.	16	78,092,757.
Liabilities	17	Accounts payable and accrued expenses		1,192,847.	17	68,159.
	18	Grants payable		1,460,632.	18	2,670,499.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties ATCH 6		8,836,337.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		59,542.	25	0.
	26	**Total liabilities.** Add lines 17 through 25		11,549,358.	26	2,738,658.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		62,495,339.	27	75,353,429.
	28	Temporarily restricted net assets		0.	28	670.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		62,495,339.	33	75,354,099.
	34	Total liabilities and net assets/fund balances		74,044,697.	34	78,092,757.

Part XI Financial Statements and Reporting

		Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	N/A	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
VALLEY HOSPITAL ASSOCIATION, INC.

Employer identification number
92-0019395

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 [X] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state ATTACHMENT 1

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 [ ] An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 [ ] An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a [ ] Type I b [ ] Type II c [ ] Type III - Functionally integrated d [ ] Type III - Other

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		X
(ii)	A family member of a person described in (i) above?	11g(ii)		X
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		X

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not 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 lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III . Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV . Supplemental Information. Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information See instructions

ATTACHMENT 1

SCHEDULE A, PART I - HOSPITAL'S NAME, CITY AND STATE

MAT-SU REGIONAL MEDICAL CENTER
2500 S. WOODSWORTH LOOP
PALMER, AK 99645

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

VALLEY HOSPITAL ASSOCIATION, INC.

Employer identification number

92-0019395

Part I 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
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

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

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

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

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

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

9 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.

1a 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

b 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 ▶ $ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

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

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

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

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

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		78,256.	6,086.	72,170.
d Equipment				
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c)).* ▶				72,170.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12.)* ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

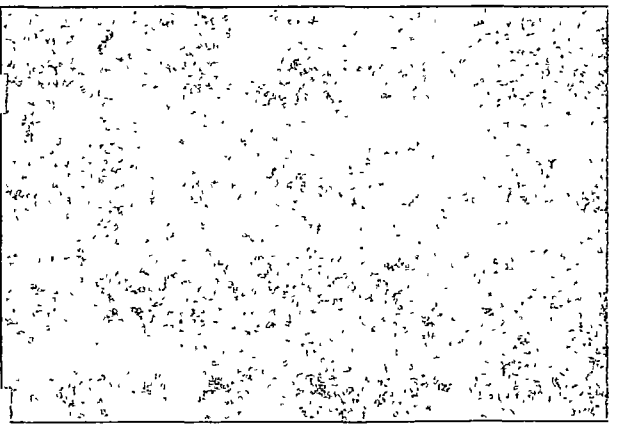
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13.)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
RESTRICTED FUND - DEBT SERVICE	250.
INVESTMENT-UNCONSOL AFFILIATE	39,752,366.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	39,752,616.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	



2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,640,461.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,872,984.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	7,767,477.
4	Net unrealized gains (losses) on investments	4	5,090,612.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	5,090,612.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	12,858,089.

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

1	Total revenue, gains, and other support per audited financial statements			1	17,656,258.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	5,090,612.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	5,090,612.
3	Subtract line 2e from line 1			3	12,565,646.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	74,815.		
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	74,815.
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5	12,640,461.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	4,798,169.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	4,798,169.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	74,815.		
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	74,815.
5	Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	4,872,984.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Part XIV Supplemental Information *(continued)*

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: VALLEY HOSPITAL ASSOCIATION, INC.

Employer identification number: 92-0019395

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	X	
b	If "Yes," is it a written policy?	1b	X	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☒ 150% ☐ 200% ☐ Other _____ %	3a	X	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other _____ %	3b	X	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	X	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	X	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		X
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a	X	
b	If "Yes," does the organization make it available to the public?	6b	X	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			615,806.		615,806.	2.11
b Unreimbursed Medicaid (from Worksheet 3, column a)			3,364,038.	2,844,244.	519,794.	1.78
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)			530,718.	448,849.	81,869.	.28
d **Total** Charity Care and Means-Tested Government Programs			4,510,562.	3,293,093.	1,217,469.	4.17
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j **Total** Other Benefits						
k **Total** Add lines 7d and 7j			4,510,562.	3,293,093.	1,217,469.	4.17

Part II **Community Building Activities** Complete this table if the organization conducted any community building activities

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

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

			Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1	X	
2	Enter the amount of the organization's bad debt expense (at cost) 2 1,031,701.			
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy 3 30,951.			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME) 5 6,167,987.			
6	Enter Medicare allowable costs of care relating to payments on line 5 6 7,521,315.			
7	Subtract line 6 from line 5 This is the surplus or (shortfall) 7 -1,353,328.			
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used.			

☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	X	
b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		X

Part IV **Management Companies and Joint Ventures**

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V . Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
MAT-SU VALLEY MEDICAL CENTER, LLC 2500 S. WOODWORTH LOOP PALMER AK 99645	X	X					X		
MAT-SU VALLEY II, LLC 950 E. BOGARD RD WASILLA AK 99654									HOME, HEALTH & HOSPICE
MAT-SU VALLEY III, LLC 950 E. BOGARD RD WASILLA AK 99654									MYDOKTOR'S PHARMACY

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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PART I, LINE 3C:

CHARITY CARE PATIENTS MUST BE SELF-PAY PATIENTS OR HAVE A SELF-PAY BALANCE REMAINING ON THEIR ACCOUNT TO BE CONSIDERED ELIGIBLE FOR CHARITY CARE. THE PATIENT MUST DEMONSTRATE AN EFFORT TO QUALIFY FOR OTHER AVAILABLE PROGRAMS THAT WOULD ASSIST IN REPAYING THE HOSPITAL CHARGES. ONCE A DETERMINATION HAS BEEN MADE THAT A PATIENT WILL NOT QUALIFY FOR PUBLIC ASSISTANCE, OR WILL BE UNABLE TO MAKE FINANCIAL RESTITUTION OF REMAINING BALANCES, THE PATIENT WILL BE ASKED TO COMPLETE AN APPLICATION FOR CHARITY CARE.

PART I, LINE 7, COLUMN F:

AMOUNTS REPORTED IN THE CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST TABLE. THE COST-TO-CHARGE RATIO WAS DERIVED FROM UTILIZING WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES, FROM THE SCHEDULE H INSTRUCTIONS.

PART I, LINE 7:

Part VI . Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

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8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

THE REPORTING ORGANIZATION UTILIZES THE COST-TO-CHARGE RATIO FOR AMOUNTS REPORTED IN THE CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST TABLE. THE COST-TO-CHARGE RATIO WAS DERIVED FROM UTILIZING WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES, FROM THE SCHEDULE H INSTRUCTIONS.

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

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8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

PART III, LINE 4:

ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR AMOUNTS THAT COULD BECOME UNCOLLECTIBLE IN THE FUTURE. SUBSTANTIALLY ALL OF THE ORGANIZATION'S RECEIVABLES ARE RELATED TO PROVIDING HEALTHCARE SERVICES TO PATIENTS. THE ORGANIZATION'S ESTIMATE FOR ITS ALLOWANCE FOR DOUBTFUL ACCOUNTS IS GENERALLY CALCULATED BY RESERVING AS UNCOLLECTIBLE A PERCENTAGE OF ALL SELF-PAY ACCOUNTS RECEIVABLE WITHOUT REGARD TO AGING CATEGORY, BASED ON COLLECTION HISTORY ADJUSTED FOR EXPECTED RECOVERIES, AND, IF PRESENT, OTHER CHANGES IN TRENDS, AND ALL OTHER ACCOUNTS, INCLUDING GOVERNMENTAL AND NON-GOVERNMENTAL ACCOUNTS, OVER 365 DAYS FROM DISCHARGE. THIS METHOD IS MONITORED BASED ON THE ORGANIZATION'S HISTORICAL COLLECTIONS AS A PERCENTAGE OF TRAILING NET PATIENT SERVICE REVENUE LESS PROVISION FOR BAD DEBTS, AS WELL AS ANALYZING CURRENT PERIOD NET REVENUE AND ADMISSIONS BY PAYOR CLASSIFICATION, AGED ACCOUNTS RECEIVABLE BY PAYOR, AND DAYS REVENUE OUTSTANDING. THE ORGANIZATION'S POLICY IS TO WRITE OFF ACCOUNTS RECEIVABLE WHEN SUCH AMOUNTS ARE PLACED WITH OUTSIDE COLLECTIONS AGENCIES. THE REPORTING ORGANIZATION UTILIZES THE COST-TO-CHARGE RATIO, IN CONJUNCTION WITH WORKSHEET A OF THE SCHEDULE

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

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8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

H INSTRUCTIONS, TO DETERMINE THE AMOUNT REPORTED IN PART III, LINE 2.

SIGNIFICANT EFFORT IS MADE ON THE HOSPITAL'S PART TO IDENTIFY ALL

PATIENTS ELIGIBLE FOR CHARITY CARE BEFORE OR IMMEDIATELY AFTER A

PATIENT IS PROVIDED SERVICES. BECAUSE OF THESE EFFORTS AND THE

HOSPITALS CHARITY CARE DETERMINATIONS POLICIES, IT IS ESTIMATED THAT

LESS THAN 3% OF BAD DEBTS ARE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER

THE ORGANIZATION'S CHARITY CARE POLICY.

PART III, LINE 8:

BESIDES PROVIDING CHARITY CARE, THE HOSPITAL ALSO FURTHERS ITS EXEMPT

STATUS BY SERVING MEDICARE PATIENTS IN THE COMMUNITY. IMPROVING THE

HEALTH STATUS OF THE COMMUNITY IS AN IMPORTANT GOAL FOR THE HOSPITAL

AND MAINTAINING RELATIONSHIPS WITH COMMUNITY PARTNERS AND PROVIDERS

IS INTEGRAL TO SUCCESS IN THESE EFFORTS.

PART III, LINE 9B:

SIGNIFICANT EFFORT IS MADE ON THE HOSPITAL'S PART TO IDENTIFY ALL

PATIENTS ELIGIBLE FOR CHARITY CARE BEFORE OR IMMEDIATELY AFTER A

PATIENT IS PROVIDED SERVICES. BECAUSE OF THESE EFFORTS AND THE

Part VI . Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

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8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

HOSPITAL'S CHARITY CARE DETERMINATION POLICIES, IT IS ESTIMATED THAT LESS THAN 3% OF BAD DEBTS ARE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY.

NEEDS ASSESSMENT:

THROUGHOUT THE YEAR, HOSPITAL BOARD VOLUNTEERS, STAFF AND MANAGERS TRACK INPATIENT AND OUTPATIENT VOLUMES, OUT-MIGRATION, TRENDS IN DIAGNOSIS AND ENVIRONMENTAL FACTORS TO INCLUDE WEATHER, SOCIAL AND CULTURAL INDICATORS. TYPICALLY DURING THE LAST QUARTER OF THE CALENDAR YEAR, HOSPITAL LEADERS EVALUATE THE PAST MONTHS AND PREPARE FOR THE FUTURE. SHORT AND LONG-TERM DECISIONS ARE BASED ON THESE EVALUATIONS AS WELL AS ON A VARIETY OF PLANNING MODELS RECOMMENDED BY THE AMERICAN MEDICAL ASSOCIATION (AMA). IN ADDITION TO DATA GATHERED THROUGH THESE SOURCES, ADDITIONAL ANECDOTAL INFORMATION, EXPERTISE AND KNOWLEDGE SHARED FROM STAKEHOLDERS, PUBLIC AND PRIVATE HEALTH REPORTS, CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) DATA, AND ECONOMIC FORCASTS FROM LOCAL GOVERNMENT, CHAMBERS OF COMMERCE AND AREA EMPLOYERS, ARE USED TO STRATEGICALLY PLAN TO MEET THE HEALTHCARE NEEDS OF THE COMMUNITY.

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

Part VI . Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c, Part I, line 6a; Part I, line 7g, Part I, line 7, column (f), Part I, line 7; Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions.

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THE HOSPITAL MAINTAINS POSTED SIGNS IN ENGLISH AND RUSSIAN. THERE IS ONE IN EACH ADMITTING OFFICE AND ONE IN THE EMERGENCY LOBBY. THE POSTED SIGNS INFORM PATIENTS THAT CHARITY CARE IS AVAILABLE AND DESCRIBES THE CHARITY CARE CRITERIA. THE HOSPITAL ALSO POSTS INFORMATION REGARDING THE AVAILABILITY OF CHARITY CARE ON THE HOSPITAL'S WEBSITE. ALL SELF-PAY PATIENTS ARE ASKED TO COMPLETE THE FINANCIAL ASSISTANCE FORM DURING THE REGISTRATION OR FINANCIAL COUNSELING PROCESS. ALL SELF-PAY PATIENTS ARE ALSO SCREENED FOR POTENTIAL MEDICAID ELIGIBILITY AS WELL AS COVERAGE BY OTHER SOURCES, INCLUDING GOVERNMENTAL PROGRAMS. DURING THIS SCREENING PROCESS, A FINANCIAL ASSISTANCE FORM WILL BE COMPLETED IF IT IS DETERMINED THAT THE PATIENT DOES NOT APPEAR TO QUALIFY FOR COVERAGE UNDER ANY OTHER PROGRAM.

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

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8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

COMMUNITY INFORMATION:

THE HOSPITAL IS LOCATED IN THE STATE OF ALASKA, IN THE MATANUSKA SUSITNA BOROUGH. THE BOROUGH IS ROUGHLY THE SIZE OF WEST VIRGINIA AND ONE OF THE FASTEST GROWING AREAS IN THE STATE. THE BOROUGH'S POPULATION IS APPROXIMATELY 82,000. THE 2009 U.S. CENSUS BUREAU REPORTS THAT 66% OF THE POPULATION PARTICIPATES IN THE LABOR WORKFORCE AND THE MEDIAN HOUSEHOLD INCOME IS APPROXIMATELY $52,000. THE AVERAGE HOUSEHOLD SIZE IS 3.75. 5% OF THE BOROUGH CITIZENS SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. 52% OF THE TOTAL POPULATION IS MALE AND THE MEDIAN AGE IS APPROXIMATELY 33.

COMMUNITY BUILDING ACTIVITIES:

IMPROVING THE HEALTH STATUS OF OUR COMMUNITY IS AN IMPORTANT GOAL FOR THE HOSPITAL, AND MAINTAINING RELATIONSHIPS WITH COMMUNITY PARTNERS IS INTEGRAL TO SUCCESS IN THESE EFFORTS. THE HOSPITAL SPONSORS EDUCATION AND OUTREACH PROGRAMS, INCLUDING SENIOR CIRCLE FOR MATURE ADULTS, HEALTH FAIRS, EDUCATIONAL SEMINARS PRESENTED BY EMPLOYED AND COMMUNITY PHYSICIANS, FREE HEALTHY WOMAN PROGRAMS, AND ALSO PARTNERS WITH LOCAL EDUCATIONAL FACILITIES TO OFFER CLINICIAL SITES FOR

Part VI . Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

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6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

EDUCATIONAL EXPERIENCES, AND MEMBERS OF THE HOSPITAL STAFF PROVIDE MENTORSHIP AND CLINICAL EDUCATION.

OTHER INFORMATION:

BESIDES PROVIDING CHARITY CARE, MEDICAID AND MEDICARE TO PATIENTS, THE HOSPITAL ALSO FURTHERS ITS EXEMPT PURPOSE BY SEATING ONE HALF OF THE GOVERNING BODY OF THE HOSPITAL WITH PERSONS WHO RESIDE IN THE HOSPITAL'S PRIMARY SERVICE AREA. THESE INDIVIDUALS ARE NEITHER EMPLOYEES NOR CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF. THE HOSPITAL ALSO MAINTAINS AN OPEN MEDICAL STAFF BY EXTENDING MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY.

AFFILIATED HEALTH CARE SYSTEM ROLES:

NOT APPLICABLE.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

VALLEY HOSPITAL ASSOCIATION, INC.

Employer identification number

92-0019395

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEE STATEMENT 2			2,699,793				
VARIOUS GRANTS LESS THAN OR EQUAL TO $5,000			395,437				

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 24

3 Enter total number of other organizations . . . . . ▶ 0

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 Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ANNIE DEMMING SCHOLARSHIP	17	47,000			
MAT-SU HEALTH FOUNDATION SCHOLARSHIP	6	22,000			
VIVIAN SHAVER SCHOLARSHIP	8	14,000			

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

GRANTS AND OTHER ASSISTANCE TO GOVERNMENTS AND ORGANIZATIONS IN THE U.S.

SCH I, PART I, LINE 2

GRANT AWARDS ARE MONITORED THROUGH A PROGRESS REPORT WHICH IS REQUIRED TO BE SUBMITTED BY THE GRANTEE ON A PERIODIC BASIS. THE PROGRAM OFFICER REVIEWS THE PROGRESS REPORTS FROM THE GRANTEES AND EVALUATES WHETHER THE FUNDS ARE BEING USED IN ACCORDANCE WITH THE GRANT AGREEMENT SIGNED BY THE GRANTEE.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
VALLEY HOSPITAL ASSOCIATION, INC.

Employer identification number
92-0019395

ATTACHMENT 2

FORM 990, PART VI, SECTION B, LINE 11A

PROCESS THE ORGANIZATION USES TO REVIEW THE FORM 990.

THE AUDIT COMMITTEE REVIEWS THE 990 PRIOR TO FILING. A FINAL VERSION OF THE 990 IS SENT TO THE FULL BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C

MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST POLICY

THE REPORTING ORGANIZATION ANNUALLY VERIFIES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. THE INDIVIDUALS COVERED BY THIS POLICY INCLUDE ALL DIRECTORS, OFFICERS, AND KEY PERSONNEL. THE PERSONS COVERED BY THE POLICY ARE REQUIRED TO ANNUALLY DISCLOSE TO THE ORGANIZATION'S EXECUTIVE DIRECTOR THEIR INTERESTS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST ON A FORM PROVIDED BY THE ORGANIZATION. THE ORGANIZATION'S EXECUTIVE DIRECTOR WILL MONITOR PROPOSED OR ONGOING TRANSACTIONS FOR CONFLICTS OF INTEREST. DURING MEETINGS, CONFLICTED INDIVIDUALS MUST DISCLOSE THE MATERIAL FACTS AND DETAILS RELATING TO THEIR INTEREST TO THE BOARD OR BOARD COMMITTEE. THE BOARD CHAIRPERSON, COMMITTEE, OR BOARD MAY ASK THE INDIVIDUAL TO LEAVE THE MEETING DURING THE DISCUSSION OF THE MATTER THAT GIVES RISE TO THE POTENTIAL CONFLICT OF INTEREST. INTERESTED PERSONS ARE NOT ALLOWED TO VOTE ON THE MATTER THAT GIVES RISE TO THE POTENTIAL CONFLICT OF INTEREST. THE BOARD OR BOARD COMMITTEE MUST APPROVE THE TRANSACTION OR ARRANGEMENT BY A MAJORITY VOTE OF THE BOARD MEMBERS PRESENT AT THE MEETING THAT HAS A QUORUM, NOT INCLUDING THE VOTE OF THE

Name of the organization: VALLEY HOSPITAL ASSOCIATION, INC.

Employer identification number: 92-0019395

ATTACHMENT 2 (CONT'D)

INTERESTED PERSON.

FORM 990, PART IV, SECTION B, LINE 15A

PROCESS FOR DETERMINING COMPENSATION FOR THE EXECUTIVE DIRECTOR

ANNUALLY AN EXECUTIVE DIRECTOR EVALUATION COMMITTEE IS CONVENED TO REVIEW THE EMPLOYMENT AND COMPENSATION STATUS OF THE EXECUTIVE DIRECTOR. WHEN DETERMINING THE EXECUTIVE DIRECTOR'S COMPENSATION, THE COMMITTEE UTILIZES BOTH LOCAL AND REGIONAL SALARY SURVEYS.

FORM 990, PART VI, SECTION B, LINE 15B

PROCESS FOR DETERMINING COMPENSATION FOR OTHER KEY EMPLOYEES

THE EXECUTIVE DIRECTOR ANNUALLY REVIEWS THE EMPLOYMENT AND COMPENSATION STATUS OF THE FINANCE DIRECTOR. WHEN EVALUATING THE FINANCE DIRECTOR'S COMPENSATION, THE EXECUTIVE DIRECTOR UTLIZES BOTH LOCAL AND REGIONAL SALARY SURVEYS.

FORM 990, PART VI, SECTION C, LINE 19

DESCRIPTION OF DOCUMENT AVAILABILITY

THE REPORTING ORGANIZATION'S 990 AND 990-T ARE AVAILABLE UPON WRITTEN REQUEST. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE ALSO AVAILABLE UPON WRITTEN REQUEST. THE GOVERNING DOCUMENTS ARE MADE PUBLIC ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART VI, SECTION A, LINE 6

DESCRIPTION OF THE ORGANIZATION'S MEMBERS

MEMBERSHIP ELIGIBILITY CRITERIA:

Name of the organization: VALLEY HOSPITAL ASSOCIATION, INC.
Employer identification number: 92-0019395

ATTACHMENT 2 (CONT'D)

1) MUST HOLD MAT-SU BOROUGH RESIDENCY (DETERMINED BY VOTER REGISTRATION AND/OR RESIDENCE ADDRESS WITHIN THE BOROUGH)

2) MUST BE 18 YEARS OF AGE OR OLDER

3) MUST EITHER A) SUBMIT A COMPLETED GENERAL APPLICATION AND PAY THE $5 MEMBERSHIP FEE PER CALENDAR YEAR (JANUARY 1 THROUGH DECEMBER 31) FOR GENERAL MEMBERSHIP; B) COMPLETE A LIFETIME MEMBERSHIP APPLICATION AND PAY THE $75 LIFETIME FEE AND BEGINNING NEXT YEAR COMPLETE A LIFETIME MEMBERSHIP ADDRESS VERIFICATION UPDATE FOR LIFETIME MEMBERSHIP HOLDERS.

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

DECISIONS OF THE GOVERNING BODY SUBJECT TO MEMBERSHIP APPROVAL

ANY CHANGES TO THE BYLAWS THAT ARE RELATED TO MEMBERSHIP MUST BE APPROVED BY MEMBERSHIP.

ATTACHMENT 3

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INVESTMENT INCOME	476,669			476,669
TOTALS	476,669			476,669

ATTACHMENT 4

Name of the organization: VALLEY HOSPITAL ASSOCIATION, INC.
Employer identification number: 92-0019395

ATTACHMENT 4 (CONT'D)

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
PREPAID EXPENSES	15,106.	19,291.
TOTALS	15,106.	19,291.

ATTACHMENT 5

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
INVEST. IN WACHOVIA SECURITIES	5,923,318.	15,419,038.
INVEST. IN UBS SECURITIES	3,684,462.	8,172,436.
RESTRICTED VHCP INVESTMENT	185,088.	0.
TOTALS	9,792,868.	23,591,474.

ATTACHMENT 6

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: US BANK - BONDS
ORIGINAL AMOUNT: 19,000,000.
DATE OF NOTE: 06/01/1999
MATURITY DATE: 12/31/2009
REPAYMENT TERMS: PAID IN FULL IN 2009
SECURITY PROVIDED: REAL PROPERTY
PURPOSE OF LOAN: OPERATIONS

BEGINNING BALANCE DUE	8,836,337.
ENDING BALANCE DUE	0.
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	8,836,337.
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	0.

Name of the organization
VALLEY HOSPITAL ASSOCIATION, INC.

Employer identification number
92-0019395

ATTACHMENT 2 (CONT'D)

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

THE REPORTING ORGANIZATION MAINTAINS ITS TAX-EXEMPT STATUS PRIMARILY BY ENSURING THAT THE SAFEGUARDS WRITTEN INTO THE JOINT VENTURE OPERATING AGREEMENT, WITH RESPECT TO IRS TAX-EXEMPT HOSPITAL STANDARDS, ARE STRICTLY FOLLOWED AND ADHERED TO BY ALL PARTIES PARTICIPATING IN THE JOINT VENTURE. IN 2009 THE REPORTING ORGANIZATION DID NOT HAVE A WRITTEN "POLICY OR PROCEDURE" IN PLACE AT THE BOARD-LEVEL, OTHER THAN THE SAFEGUARDS WRITTEN INTO THE JOINT VENTURE OPERATING AGREEMENT. HOWEVER, THE REPORTING ORGANIZATION HAS TAKEN STEPS TO ADOPT A WRITTEN BOARD POLICY/PROCEDURE DURING FISCAL YEAR 2010.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
VALLEY HOSPITAL ASSOCIATION, INC.

Employer identification number
92-0019395

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

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

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

	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(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? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproportionate allocations? Yes	(f) No	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No
MAT-SU VALLEY MEDICAL CENTER, LLC 72-1563402 4000 MERIDIAN BLVD FRANKLIN, TN 37067	HOSPITAL	AK		X	39800301.		X	0.		X
MAT-SU VALLEY II, LLC 26-1509210 4000 MERIDIAN BLVD FRANKLIN, TN 37067	HOSPICE	AK		X	-388,982.		X	0.		X

FORM 990, PART IX, LINE 24 - OTHER EXPENSES

	Description	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
a	OTHER OPERATING EXPENSES	5,380		5,380	
b	AMORT OF BOND ISSUANCE	388,668		388,668	
c	BANK FEES	1,635		1,635	
d	DUES & SUBSCRIPTIONS	19,359		19,359	
e	MEETING EXPENSES	6,248		6,248	
f	MSHF BOD EXPENSES	50,193		50,193	
g	MEALS	2,002		2,002	
h	SUPPLIES	25,876		25,876	
	TOTALS	499,361	-	499,361	-

Form 990, Schedule I, Part II, Line 1

(a) Name and address of organization or government	(b) EIN	(c) IRS Section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alaska Correctional Ministries PO Box 210188 Anchorage AK 99521	26-1161661	§501c3	25,000 00				Re-entry Transition House
Alaska Trails P O Box 100627 Anchorage, AK 99510	73-1677489	§501c3	32,300 00				Mat-Su Trails Training Project
Alpine Historical Society PO Box 266 Sutton, AK 99674	92-0101994	§501c3	135,493 00				Historical Park Improvements
Alzheimer's Disease Resource Agency 1750 Abbott Road Anchorage, AK 99507	92-0101736	§501c3	135,000 00				Respite Services
Alzheimer's Disease Resource Agency 1750 Abbott Road Anchorage, AK 99507	92-0101736	§501c3	14,000 00				Technology Plan Implementation
Big Brothers Big Sisters PO Box 3532 Palmer, AK 99654	80-0064172	§501c3	39,400 00				Youth Mentoring Program Expansion
Bishops Attic II 840 S Bailey Street Palmer AK 99645	92-0083876	§501c3	300,000 00				Program Equipment Grant
Blood Bank of Alaska 4000 Laurel Avenue Anchorage AK 99508-5333	92-6002175	§501c3	55,000 00				Laboratory Upgrades/Improvements
Boys and Girls Clubs of Mat-Su 3700 East Bogard Road Wasilla, AK 99654	92-0036082	§501c3	20 000 00				Program Expenses
District 49A Lions Foundation PO Box 520048 Big Lake, AK 99652	51-0188867	§501c3	25,000 00				Big Lake Community Recreation Center
Food Bank of Alaska 2121 Spar Avenue Anchorage, AK 99501	92-0073175	§501c3	97,000 00				Operating Funds
Great Land Trust P O Box 101272 Anchorage, AK 99510	92-0155014	§501c3	24 000 00				Operating Funds
Mat-Su Services for Children and Adults 5000 E Shennum Drive Wasilla, AK 99654	92-0107450	§501c3	20,613 00				Child Passenger Safety Program
Mat-Su Ski Club 1150 S Colony Way Suite 3 Palmer, AK 99645	26-1217414	§501c3	45,033 00				Ski Trail Development & Education
North American Outdoor Institute 7362 W Parks Hwy, #623 Wasilla AK 99654	90-0194610	§501c3	45,000 00				Student Mentoring for Outdoor Safety
Nugen's Ranch P O Box 871545 Wasilla, AK 99687	92-0065231	§501c3	1,000,000 00				Substance Abuse Treatment Facility
Palmer Hockey Booster Club 226 Silver Tip Drive Palmer, AK 99645	94-3107362	§501c3	11,000 00				Handicapped Accessible Viewing Platform
Palmer Hockey Booster Club 226 Silver Tip Drive Palmer, AK 99645	94-3107362	§501c3	33,157 00				Michael Janecek Trail Project

Sunshine Community Health Center HC89 Box 8190 Talkeetna, AK 99676-9701	92-0117838	§501c3	500 000 00				Willow Clinic Expansion Project
The Foraker Group 161 Klevin Street Suite 101 Anchorage, AK 99508	92-0177787	§501c3	45,000 00				Alaska Permanent Fund Pick-Click-Give Program
UAF - Matanuska Experimental Farm 1509 S Trunk Road Palmer AK 99645	95-6000147	§501c3	10,000 00				Sports Field Complex & Research Facility
Valley Community for Recycling Solutions PO Box 876464 Wasilla, AK 99687-6464	92-0174289	§501c3	50 000 00				Program Moving Expenses
Willow Elementary School PTA P O Box 69 Willow AK 99688	92-0073512	§501c3	12,797 00				Fitness & Nutrition Education
Willow Health Organization P O Box 81 Willow AK 99688	26-0162806	§501c3	25,000 00				Willow Pedestrian Trail Master Plan
TOTAL			**2,699,793 00**				

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . . ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Name of Exempt Organization	Employer identification number
File by the extended due date for filing the return See instructions	VALLEY HOSPITAL ASSOCIATION, INC. DBA MAT-SU HEALTH FOUNDATION	92-0019395
	Number, street, and room or suite no If a P O box, see instructions 950 E. BOGARD ROAD	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions WASILLA, AK 99654	

Check type of return to be filed (File a separate application for each return)

[X] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ DONALD ZOERB, III
  Telephone No ▶ 907 352-2863 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) N/A If this is for the whole group, check this box . . . ▶ [ ] If it is for part of the group, check this box . . . ▶ [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 11/15/2010

5 For calendar year 2009 , or other tax year beginning , and ending

6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE A ACCURATE RETURN IS NOT YET AVAILABLE.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	$ N/A
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$ N/A
c	**Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ [signature] Title ▶ CPA Date ▶ 6-24-10

Form **8868** (Rev 4-2009)

KPMG LLP
701 WEST 8TH AVENUE, SUITE 600
ANCHORAGE, AK 99501

ATTACHMENT

INTERNAL REVENUE SERVICE
W & I - FIELD ASSISTANCE
ANCHORAGE, AK 99508

JUN 29 2010

RECEIVED
55101

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ [ ]

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

Electronic Filing ***(e-file)***. Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated From 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return See instructions	VALLEY HOSPITAL ASSOCIATION, INC. DBA MAT-SU HEALTH FOUNDATION	92-0019395
	Number, street, and room or suite no If a P O box, see instructions 950 E. BOGARD ROAD	
	City, town or post office, state, and ZIP code For a foreign address, see instructions WASILLA, AK 99654	

Check type of return to be filed (file a separate application for each return)

[X]	Form 990	[ ]	Form 990-T (corporation)	[ ]	Form 4720
[ ]	Form 990-BL	[ ]	Form 990-T (sec 401(a) or 408(a) trust)	[ ]	Form 5227
[ ]	Form 990-EZ	[ ]	Form 990-T (trust other than above)	[ ]	Form 6069
[ ]	Form 990-PF	[ ]	Form 1041-A	[ ]	Form 8870

INTERNAL REVENUE SERVICE-FA RECEIVED APR 14 REC'D ANCHORAGE, AK

- The books are in the care of ▶ DONALD ZOERB, III

Telephone No ▶ 907 352-2863 FAX No ▶

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) N/A If this is for the whole group, check this box . ▶ [ ] If it is for part of the group, check this box . . ▶ [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2010, to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [X] calendar year 2009 or
▶ [ ] tax year beginning _____, _____, and ending _____, _____

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form **8868** (Rev 4-2009)