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Form **990-EZ** Department of the Treasury

Short Form

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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file
Form 990 All other organizations with gross receipts less than \$500,000 and total assets
less than \$1,250,000 at the end of the year may use this form

OMB No 1545-1150

2009

9 2011	
JN. 2	
SCANNED J	

Department of the Treasury Internal Revenue Service Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements					Open to Public Inspection				
Δ	For the 2009 calen		2010						
B	Check if applicable		, 2010 yer identification number						
T	Addrags shapes Ple	C Name of organization							
-	- just	WALLEY HEALTH SYSTEM FOUNDATION Number and street (or P O box, if mail is not delivered to street address) Roo		301534					
	Initial return typ	m or	om/suite	E Telephone	number				
	Termination See	e 420 ROUSER ROAD 10	2	(412)	749-7121				
	Amended return Ins	truc- City or town, state or country, and ZIP + 4	1	F Group E	vemotion				
	Application pending tion	CORAOPOLIS PA 15	108	Number	► ►				
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting method □ Cash X Accru Other (specify) ►									
_	Marketter & comme	- VEDITALORUNI I IV. ODG	H Check ► X	If the or	ganization is not				
١.		HERITAGEVALLEY.ORG	required to a 990-EZ, or 9		dule B (Form 990,				
7	Tax-exempt status (ch		1						
к 	Check ► If the \$25,000 A Form 9	e organization is not a section 509(a)(3) supporting organization and its gi 190-EZ or Form 990 return is not required, but if the organization chooses	ross receipts are to file a return, t	normally n be sure to fi	ot more than le a complete return.				
L	Add lines 5b, 6b, a instead of Form 99	and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file For 90-EZ	m 990	> \$	0.				
Pa	art I Reveni	ue, Expenses, and Changes in Net Assets or Fund Balanc	es (See the i	nstructio	ns for Part I.)				
	1 Contributions	s, gifts, grants, and similar amounts received	•	1	· · · · · · · · · · · · · · · · · · ·				
	2 Program ser	vice revenue including government fees and contracts		2					
	3 Membership	dues and assessments		3					
	4 Investment II	ncome		4					
	5a Gross amour	nt from sale of assets other than inventory 5a		,,;					
	b Less. cost or	b Less. cost or other basis and sales expenses 5b							
Ŗ	c Gain or (loss) fr	5 c							
REVENUE	6 Special events a	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here							
N	a Gross revenu								
Ę	reported on I	line 1) 6a							
	1 '	expenses other than fundraising expenses 6b							
		loss) from special events and activities (Subtract line 6b from line 6a)		6 c					
		of inventory, less returns and allowances 7a		-					
	b Less cost of	f goods sold RCCN 7b							
	c Gross profit	7c							
	8 Other revenue (or (loss) from sales of inventory (Subtract line 7b from line 7a)) 8					
	9 Total revenu	ie. Add lines 1,72, 3, 4, 5c, 6cl 73, arg 18			0.				
			1/44	10	<u>0.</u>				
	11 Benefits paid	similar amounts paid (attach schedule)		11					
E X P	12 Salaries, oth	er compensation, and employee benealts		12					
P	1	fees and other payments to independent contractors		13					
		rent, utilities, and maintenance		14					
N S E S	1	olications, postage, and shipping		15	,- <u>-</u> ,				
S	16 Other expenses		,	16	-				
	1	ses. Add lines 10 through 16		▶ 17	0.				
_	1		10.1						
Δ	d ·	leficit) for the year (Subtract line 17 from line 9)		18	0.				
NS	19 Net assets of	r fund balances at beginning of year (from line 27, column (A)) (must agr	ee with end-of-ye	7aı	^				
N S E E T E	11gure reporte	ed on prior year's return)		19	0.				
Ś	20 Other change	es in net assets or fund balances (attach explanation)		20					
D		r fund balances at end of year Combine lines 18 through 20	- 61- F- 000	▶ 21	0.				
F	arcii Dalanc	te Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more							
20	Cach causes =	(See the instructions for Part II)	(A) Beginning		(B) End of year				
22	, , , ,			0. 22	0.				
23				0. 23	0.				
24		Scribe)		0. 24	0.				
25		decembe >		0. 25	0.				
26				0. 26	0.				
27	net assets or ful	nd balances (line 27 of column (B) must agree with line 21)		0. 27	0.				

Par	KIII Statement of Program Se	rvice Accomplishments	(See the instruction	ons.)		Expenses
What i	s the organization's primary exempt purpose? SE	E STATEMENT 1			(Reg	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional
Desc	ribe what was achieved in carrying out the ribe the services provided, the number of	orga	nizations and section			
desci	ribe the services provided, the number of ram title	persons benefited, or other re	levant information for e	ach	4947	(a)(1) trusts, optional thers)
	SEE STATEMENT 2				101 0	uicis /
20	SEE STATEMENT Z	- 				
				·		
	(Grants \$) If th	is amount includes foreign gra	ants, check here	<u>▶</u>	28 a	
29		.				
		- -				
				. <u></u>		
	(Grants \$) If th	is amount includes foreign gra	ants, check here	▶	29 a	
30						
	(Grants \$) If th	is amount includes foreign gra	ants, check here	•	30 a	
31	Other program services (attach schedule)		<u> </u>		
		is amount includes foreign gra	ants, check here	▶	31 a	
	Total program service expenses (add lin			•	32	0.
Par	List of Officers, Directors			ne even if not com	pensa	ted (See the instrs)
		(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	(d) Contributions	to	(e) Expense account and other allowances
	(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plan deferred compensa	ns and	and other allowances
NON		to position		deterred compensa	uon	
NON						
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			<u> — </u>	-		

Form 990-EZ (2009) VALLEY HEALTH SYSTEM FOUNDATION

25-1801534

Page 2

Fa	t V Other Information (Note the statement requirements in the instrictor Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		-	* .
	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		х
ĺ	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		<u> </u>
	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37 b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
I	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b		,	× 300 %.
	Section 501(c)(7) organizations Enter			43.
	Initiation fees and capital contributions included on line 9	,		. 1
	Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	, ,	ļ.	
70.	section 4911 \(\bigsigma\) . section 4912 \(\bigsigma\) 0., section 4955 \(\bigsigma\)			
	D Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40 b		х
•	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
(Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		,	
•	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
	List the states with which a copy of this return is filed > NONE	100	·	
	The organization's books are in care of FINANCE_DEPT, C/O_VALLEY_MEDICAL_FACILITIES Telephone no F(412) Located at F420_ROUSER_ROAD, SUITE_201MOON_TOWNSHIP PA_ZIP + 4 F15108 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)? If 'Yes,' enter the name of the foreign country F	749 	-702 Yes	21 No X
(See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U S? If 'Yes,' enter the name of the foreign country.	42 c		x
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	I	<u> </u>	
44			Yes	No
AE	of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		х

Form 990-EZ (2009) VALLEY HEALTH SYSTEM FOUNDATION 25-1801534 Page 4 Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51. Yes 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 No 46 46 Х Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49 a b If 'Yes,' was the related organization a section 527 organization? 49 b Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None' (d) Contributions to employee benefit plans and deferred compensation (b) Title and average (c) Compensation (e) Expense account and other allowances (a) Name and address of each employee paid more than \$100,000 hours per week devoted to position NONE f Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter 'None (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Date Here BRYAN J. RANDALL CFO & VICE PRESIDENT FINANCE Type or print name and title Date Preparer's Identifying Number (See instructions) Check if self-Preparer's signature Paid employed Pre-Self-Prepared Firm's name (or yours if self-employed), address, and ZIP + 4 parer's

May the IRS discuss this return with the preparer shown above? See instructions

FIN

Phone no ▶

Yes

Form 990-EZ (2009)

No

Use

Only

BAA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2009

2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

		o gu								1 ' '		uon number		
				TEM FOUNDATIO							301534			
<u>Par</u>	<u>t I</u>	Re	eason for Pu	ıblic Charity Statı	ıs (All organizations	must o	comple	te this	part.)	See ı	<u>nstruct</u>	ions		
he c	orga	nızat	tion is not a pri	vate foundation becau	se it is (For lines 1 throu	gh 11, c	heck onl	y one bo	ox)					
1														
2	П	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)												
3	A hospital or 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													
7	name, city, and state													
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)													
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described													
7		ın s	ection 170(b)(1	I)(A)(vi). (Complete P	art II)		_	ernment	ai unit (or from t	ne gener	al public di	escribe	ed
8	\perp				1 70(b)(1)(A)(vi). (Complete									
9	Ш	fron	n activities rela estment income	ited to its exempt funct	(1) more than 33-1/3 % of tions — subject to certain ss taxable income (less s complete Part III)	exception	ns, and	(2) no r	nore tha	an 33-1/3	3 % of its	s support fr	om gre	oss
10		An o	organization or	ganized and operated	exclusively to test for pub	olic safet	y See s	ection 5	509(a)(4).				
11	X	mor	re publicly supp	orted organizations d	exclusively for the benefit escribed in section 509(a cation and complete lines)(1) or s	ection 5	09(a)(2)	ions of, See s	or carry ection 5	out the 09(a)(3).	purposes o Check the	f one of box ti	or nat
		аГ	Type I	b Type II	c X Type III	I – Fund	tionally	ıntegrate	ed		d \square	Type III-	Other	
е	X	thar	checking this be n foundation ma l(a)(2)	ox, I certify that the or anagers and other that	ganization is not controlle n one or more publicly su	ed directi pported	y or indi organiza	rectly by itions de	one or scribed	more d	isqualifie on 509(a	d persons)(1) or sec	other tion	
f		If th	ne organization ck this box	received a written det	ermination from the IRS ti	hat is a	Type I, T	Гуре II о	r Type I	II suppo	rtıng org	anızatıon,		
g		Sind	ce August 17, 2	2006, has the organiza	tion accepted any gift or	contribu	tion fror	n any of	the foll	owing pe	ersons?	ı	1	
		(i)	a person who	directly or indirectly	controls, either alone or to	ogether v	with pers	sons des	cribed	ın (ıı) an	d (III)		Yes	No
					upported organization?							11 g (i)		X
		(ii)	-	nber of a person desc	• • • • • • • • • • • • • • • • • • • •							11 g (ii)		X
		(iii)		•	described in (i) or (ii) ab							11 g (iii)		X
<u>h</u>		Prov	vide the followi	ng information about t	he supported organization	ns								
	(i) Nam Or	ne of Supported rganization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	Is the non in col i in your rning ment?	(v) Did y the organ col your st	ızatıon ın (i) of	organizati	zed in the	(vii) Amoun	t of Sup	port
						Yes	No	Yes	No	Yes	No		_	
т	HE N	MEDIO	CAL CENTER FDN	25-1441516	11	x		х		x				
						ľ						_		
S	EW	ICK	LEY VALLEY	25-1801533	11	х		x		х				
HOSPITAL FOUNDATION														
												•		
otal														
	_	_		<u> </u>	·		<u> </u>			<u> </u>				

Part II Support Schedule for Organizations Described in Sections 170(bX1)(A)(iv) and 170(b)(1)(A)(vi) Complete only if you creleded the box on line 5, 7, or 8 of Part II		dule A (Form 990 or 990-EZ) 200					25-180153	4 Page 2
Section A. Public Support Calendar year (or fiscal year beginning in) P 1 Gits, grants, contributions and membership fees received. (0) and include trunsual grants (1) P 2 Tax revenues levered for the either paid to in cerebrate and the public support of the either paid to in cerebrate and in the public support of the either paid to in or expended on its behalf and in the public support of the either paid to in or expended on its behalf and in the public support of the public without charge to not reclude the value of services or the public without charge to not reclude the value of services or the public without charge to not reclude the value of services or the public without charge to not reclude the value of services to the public without charge to not reclude the value of services to the public without charge to not reclude the value of services to the public without charge to not reclude the value of services or the public without charge to not reclude the value of services or the public without charge to not reclude the public without the public without the public view of the public without the public view of the public without the public view of the	Par					(b)(1)(A)(iv) aı	nd 170(b)(1)(A)	(vi)
Calendar year (or fiscal year herpfaining in) — (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total reprinting in) — (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total membership fees received (Do not include furnished grants) — (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total reprinting in the control of the either paid to it or expended on its behalf and its behal	Sac		ed the box on line	5, /, or 8 of Part I)	· · · · · · · · · · · · · · · · · · ·		
beginning in) * 1 Gits, grants, contributions and membranes and membranes are contributions and membranes and productive incounts grants and g				1		1	T	
membership less received (b) Take received (b) Take sequence level for the earlier paid of or expended on its behalf on its be			(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
organization's benefit and either paid to it or expended on its behalf or its desired or its behalf or its behalf or its desired	1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
tecilities farnished to the organization by a governmental unit without charge D cold in the public without charge A Total. Add ines 1-through 3 5 The portion of total contributions by each person (other than a governmental contributions) in each governmental contribution in each governmental each governmental contribution in each governmental each government	2	organization's benefit and either paid to it or expended						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line in column (b) 6 Public support. Subtract line 5 Section B. Total Support Calendar year (or fiscal year beginning in) ** 7 Amounts from line 4 8 Gross income from interest, dividently support such as a subtract line 4 8 Gross income from interest, dividently, supprise received on securities loans, rents. ovalities and income from similar sources 9 Net income from unrelated business activities, whether or not the business and income from similar sources 10 Other mome from ourselated business activities, whether or not the business and income from similar sources 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc (see instructions) 12 Gross receipts from related activities, etc (see instructions) 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 from 2009 Schedule A, Part II, Jine 14 15 Jubic support percentage from 2009 Schedule A, Part II, Jine 14 16 a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, 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 10 10 Here and the organization meets the "facts-and-circumstances" test, check this box and in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as	3	facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to						
contributions by each person (other than a governmental unit or publicly supported on gianzation included on line I that exceeds 27 off the amount shown on line I1, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or liscal year beginning in) ** 7 Amounts from line 4 6 Gross income from interest, devidently in the state of capital assets activates, whether or not the business is regularly carried on 10 Other income from unrelated business activates, 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) 13 First five years. If the Form 990 is for the organizations 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 from 2008 Schedule A, Part II, line 14 Fublic support percentage from 2008 Schedule A, Part II, line 14 16a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization unline as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization organization meets the facts-and-circumstances test. The organization qualifies as	4	·						-
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 beginning in) * (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) * (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) * (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) * (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) * (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) * (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) * (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in * (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in * (a) 2009 (f) 2008 (e) 2009 (f) Total beginning in * (a) 2009 (f) 2008 (e) 2009 (f) 2	5	contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	,	できる (1) できる (è	,		
Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans; rents, royalties and income form similar sources 9 Net income from unrelated business activities, whether or not the business its 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) 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) 15 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 16a 33-1/3 support test — 2008. If the organization did not check the box on line 13, and the line 14 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 — 2008 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. The organization qualifies as a publicly supported organization or more, and if the organization meets the facts-and-circumstances' test. The organization qualifies as a publicly supported organization or more, and if the organization meets the facts-and-circumstances' test. The organization qualifies as a publicly supported organization or more, and if 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, 17a, or 17b, check this box and see instructions b 10%-facts-and-circumstances' test. The organization qualifies as a publicly su	6					<i>₹</i> • • • • • • • • • • • • • • • • • • •	V 5	
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		or more, and if the organization is organization meets the facts-and	meets the 'facts-a d-circumstances'	nd-circumstances' test The organiza	test, check this b ition qualifies as	oox and stop here a publicly support	. Explain in Part IV ed organization	how the
			zation did not ched	ck a box on line, 1	3, 16a, 16b, 17a,			

(a) 2005

Section A. Public Support

Calendar year (or fiscal yr beginning in)

(e) 2009

(d) 2008

(f) Total

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)

(b) 2006

(c) 2007

	, , , , , ,		- 	+		\-/		(-7 1
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	,						
2	Gross receipts from							
	admissions, merchandise sold or services performed, or							
	facilities furnished in a 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							
	Total. Add lines 1 through 5							
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons							
t	Amounts included on lines 2				-			
	and 3 received from other than disqualified persons that exceed the greater of 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)	<u>.</u>	77° N. 1		\ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	**************************************		
Sec	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·	T					
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
	Amounts from line 6							
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
t	Unrelated business taxable income (less section 511							
	taxes) from businesses							
-	acquired after June 30, 1975							
11	: Add lines 10a and 10b Net income from unrelated business							
• •	activities not included inline 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)							
	Total support. (add lns 9, 10c, 11, and 12)		137/	H 1 20	\$*	TACOME:		
14	First five years. If the Form 990 organization, check this box and	is for the organiza stop here	ition's first, secon	d, third, fourth, o	r fifth tax year as a	a section 501((c)(3)	▶ □
Sec	tion C. Computation of Pu		Percentage					
15	Public support percentage for 20	09 (line 8, column	(f) divided by line	e 13, column (f))			15	%
<u>16</u>	Public support percentage from 2	2008 Schedule A,	Part III, line 15				16	%
	tion D. Computation of Inv			е		·		
17	Investment income percentage for	or 2009 (line 10c,	column (f) divided	d by line 13, colun	nn (f))		17	%
18	Investment income percentage fr	rom 2008 Schedule	e A, Part III, line	17			18	%
19 a	33-1/3 support tests — 2009. If the more than 33-1/3%, check this b	ne organization did ox and stop here.	d not check the bo The organization	ox on line 14, and qualifies as a pub	l line 15 is more the blicly supported or	nan 33-1/3%, ganization	and li	ne 17 is not
t	33-1/3 support tests – 2008. If the state of the state	ne organization did this box and stop	d not check a box here. The organi	on line 14 or 19a zation qualifies as	, and line 16 is mo a publicly suppor	ore than 33-1/ ted organizati	3%, a ion	ind line 18 ►
_20	Private foundation. If the organiz	zation did not ched	ck a box on line 1	4, 19a, or 19b, ch	eck this box and s	ee instruction	s	▶ □

Valley Health System Foundation 990-EZ 25-1801534

Statement 1.

Valley Health System Foundation is a supporting organization and is the parent organization of the Medical Center Foundation and Sewickley Valley Hospital Foundation. These Foundations are responsible for carrying out the philanthropic activities of Valley Medical Facilities, Inc., by providing stewardship for monies raised while working toward enhancement of patient care programs throughout the community.

Statement 2.

The Valley Health System Foundation has been inactive since its establishment in 1996, and remains inactive, but may be used in the future.