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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)

OMB No 1545-0047

2010Open to Public
Inspection

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

A For the 2010 calendar year, or tax year beginning NOV 1, 2010 and ending OCT 31, 2011

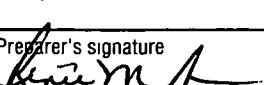
Initial return <input checked="" type="checkbox"/> Amended return Application pending OCT 2010	C Name of organization VALLEY PRESBYTERIAN HOSPITAL	D Employer identification number 95-1945832	
	Doing Business As		
	Number and street (or P.O. box if mail is not delivered to street address) 15107 VANOWEN STREET		Room/suite
	City or town, state or country, and ZIP + 4 VAN NUYS, CA 91405		
	F Name and address of principal officer LORI CARDLE SAME AS C ABOVE		
	(1) Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
H Website: ► N/A			
I Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►			
J Year of formation: 1948 M State of legal domicile: CA			

Part I Summary

Activities & Governance Exists to improve the quality of health in our community.	1 Briefly describe the organization's mission or most significant activities: VALLEY PRESBYTERIAN HOSPITAL EXISTS TO IMPROVE THE QUALITY OF HEALTH IN OUR COMMUNITY.	
	2 Check this box ► <input type="checkbox"/> 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 9
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5 1799
	6 Total number of volunteers (estimate if necessary)	6 289
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
b Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue RECEIVED	8 Contributions and grants (Part VIII, line 1h)	Prior Year 796,115. Current Year 600,982.
	9 Program service revenue (Part VIII, line 2g)	280,526,493. 294,119,036.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	51,771. 142,717.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0. 4,208,799.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	281,374,379. 299,071,534.
Expenses RECEIVED	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,768,654. 1,928,288.
	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)	117,950,034. 124,504,701.
	16a Professional fundraising fees (Part IX, column (A), line 16)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25)	344,664.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-25)	137,993,539. 149,672,664.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	257,712,227. 276,105,653.
19 Revenue less expenses. Subtract line 18 from line 12	23,662,152. 22,965,881.	
Net Assets or Fund Balances	OGDEN, UT	
	Beginning of Current Year	
	165,230,921.	End of Year
	79,078,142.	89,678,524.
20 Total assets (Part X, line 16)	86,152,779.	83,793,560.
21 Total liabilities (Part X, line 26)		
22 Net assets or fund balances. Subtract line 21 from line 20		

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 10/4/2013	► Signature of officer	Date
	► LORI CARDLE, SVP/FINANCE/CFO	
Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name RENIE BURBANK	Preparer's signature 
	Firm's name ► MOSS ADAMS LLP	Date 9/30/13 Check if self-employed <input type="checkbox"/> PTIN <input type="checkbox"/>
Firm's address ► 101 SECOND STREET, 9TH FLOOR		Firm's EIN ►
Firm's address ► SAN FRANCISCO, CA 94105		Phone no. 415-956-1500

May the IRS discuss this return with the preparer shown above? (see instructions)

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)**AS AMENDED****9/7-22 H****7**

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III 1 Briefly describe the organization's mission:**VALLEY PRESBYTERIAN HOSPITAL EXISTS TO IMPROVE THE QUALITY OF HEALTH IN OUR COMMUNITY.**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 \$ 204285037.) including grants of \$) (Revenue \$ 294119036.)
SEE SCHEDULE O4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)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 ► 204,285,037.**AS AMENDED**

2010.06020 VALLEY PRESBYTERIAN HOSPITAL 6084642

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

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

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

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

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.

- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
- b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
- c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
- d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

- b Was the organization included in consolidated, independent audited financial statements for the tax year?
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

- 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, Parts I and IV

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, Parts II and IV

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, Parts III and IV

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

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

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

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

- b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

	Yes	No
1	X	
2	X	
3		X
4	X	
5		X
6		X
7		X
8		X
9		X
10		X
11a	X	
11b		X
11c		X
11d	X	
11e	X	
11f	X	
12a	X	
12b		X
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X
20a	X	
20b	X	

Form 990 (2010)

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 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a <input checked="" type="checkbox"/>	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b <input checked="" type="checkbox"/>	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c <input checked="" type="checkbox"/>	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 <input checked="" type="checkbox"/>	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30 <input checked="" type="checkbox"/>	
31 Did the organization liquidate, terminate, or dissolve and cease operations?	31 <input checked="" type="checkbox"/>	
If "Yes," complete Schedule N, Part I		
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 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
34 Was the organization related to any tax-exempt or taxable entity?	34 <input checked="" type="checkbox"/>	
If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35 <input checked="" type="checkbox"/>	
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38 <input checked="" type="checkbox"/>	

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

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	320
1b	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	1799
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
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 instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	5a	X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X
b	If any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	6a	X
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?	6b	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	X
7	Organizations that may receive deductible contributions under section 170(c).	7b	
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?	7c	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7f	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9a	
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?	9b	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Form 990 (2010)

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.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	15	
1b	Enter the number of voting members included in line 1a, above, who are independent	9	
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 governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant 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
7b	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:	8a	X
a	The governing body?	8b	X
b	Each committee with authority to act on behalf of the governing body?		
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	9	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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	10b	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	X
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	
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?	15a	X
a	The organization's CEO, Executive Director, or top management official	15b	X
b	Other officers or key employees of the organization		
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	16a	X
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?		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ►	NONE
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.	
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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: ►	
	LORI CARDLE - 818-782-6600	
	15107 VANOWEN ST., VAN NUYS, CA 91405	

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

 Check if Schedule O contains a response to any question in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

- List all of the organization's **current** key employees, if any. See 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
DAVID FLEMING CHAIRMAN	0.40	X					0.	0.	0.
GREG KAY MD DIRECTOR	0.40	X					0.	0.	0.
IRA FRIEDMAN, MD DIRECTOR	0.40	X					0.	0.	0.
JAMES PORTER TREASURER	0.40	X					0.	0.	0.
KAMRAN MALEK, MD DIRECTOR	0.40	X					0.	0.	0.
LEROY CHASE DIRECTOR	0.40	X					0.	0.	0.
NICHOLAS DI DOMENICO, MD DIRECTOR	0.40	X					0.	0.	0.
PATRICK WALSH, MD DIRECTOR	0.40	X					0.	0.	0.
PEGI MATSUDA DIRECTOR	0.40	X					0.	0.	0.
RAPHAEL VEGA DIRECTOR	0.40	X					0.	0.	0.
RICHARD KATZ DIRECTOR	0.40	X					0.	0.	0.
SRIDHAR RAMACHANDRAN, MD DIRECTOR	0.40	X					0.	0.	0.
STUART SOLOMON DIRECTOR	0.40	X					0.	0.	0.
SUMAN PATEL, MD DIRECTOR	0.40	X					0.	0.	0.
TRACY RAFTER DIRECTOR	0.40	X					0.	0.	0.
WILLIAM ALLEN SECRETARY	0.40	X					0.	0.	0.
GUSTAVO VALDESPINO PRESIDENT & CEO	40.00		X				878,047.	0.	13,501.

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Form 990 (2010)

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
ROBERT BILLS PREVIOUS CEO	40.00		X				381,093.	0.	13,501.
DAVID SPECTER VP BUS DEVELOPMENT	40.00			X			314,311.	0.	13,501.
DONALD KREITZ VP & COO	0.10			X			344,871.	0.	0.
GAYATHRI JITH VP OPERATIONS	40.00			X			240,749.	0.	13,501.
JEAN O'KEEFE RICO SR VP QUALITY	40.00			X			409,870.	0.	13,501.
JENNIFER CASTALDO VP SERVICE EXCELLENCE	40.00			X			207,153.	0.	19,950.
JULIE REBACK VP BUS DEVELOPMENT	40.00			X			247,692.	0.	13,501.
NORMA RESNEDER SR VP HR & ORG DEVELOPMENT	40.00			X			348,032.	0.	13,501.
RAY MOSS VP & CHIEF INFORMATION OFFICER	40.00			X			335,282.	0.	22,076.
1b Sub-total						►	3,707,100.	0.	136,533.
c Total from continuation sheets to Part VII, Section A						►	1,928,064.	0.	78,688.
d Total (add lines 1b and 1c)						►	5,635,164.	0.	215,221.

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 ► 222

	Yes	No
3		X
4		
5		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
PREFERRED IPA 1025 N BRAND BLVD #100, GLENDALE, CA 91202	MEDICAL SERVICES	3,691,430.
REHABCARE GROUP PO BOX 502096, ST. LOUIS, MO 63150	HEALTH CARE MANAGEMENT	2,185,700.
ST. VINCENT ANESTHESIA MEDICAL PO BOX 50045, PASADENA, CA 91115	ANESTHESIA SERVICES	1,650,000.
COMMUNITY FAMILY CARE MEDICAL GROUP, 19210 S VERNONT AVE, STE 400, GARDENA, CA 90048	MEDICAL SERVICES	1,619,342.
CGLIC-CHICAGO, 5476 COLLECTIONS CENTER DR., CHICAGO, IL 60693-0547	HEALTH INSURANCE MGMT SERVICE FEE	1,487,328.

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 ► 127

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2010)

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

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Part VIII Statement of Revenue

		(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	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f ►	1a 1b 1c 1d 1e 1f 600,982.	600,982.		
Program Service Revenue	2 a PATIENT SERVICE REV. b EXEMPT ORG RENT c d e f All other program service revenue g Total. Add lines 2a-2f ►	Business Code 621110 293465616. 531120 653,420.	293465616. 653,420.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a 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) 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events ► 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities ► 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory ► Miscellaneous Revenue 11 a OTHER REVENUE b FOOD SALES c GIFT SHOP REVENUE d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.	(i) Real 236,901. (ii) Personal 80,778. 156,123. (i) Securities 1,150. (ii) Other 1,150. 1,150.	141,567. 156,123. 1,150.	141,567. 156,123. 1,150.	

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	1,928,288.	1,928,288.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,220,880.		3,220,880.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	100,417,739.	74,811,071.	25,378,925.	227,743.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,201,646.		2,201,646.	
9 Other employee benefits	11,226,393.		11,226,393.	
10 Payroll taxes	7,438,043.	6,087,530.	1,350,513.	
11 Fees for services (non-employees):				
a Management				
b Legal	761,114.		761,114.	
c Accounting	155,663.		155,663.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	24,812,754.	18,027,083.	6,668,750.	116,921.
12 Advertising and promotion				
13 Office expenses	41,589,227.	37,686,170.	3,903,057.	
14 Information technology				
15 Royalties				
16 Occupancy	6,436,182.		6,436,182.	
17 Travel	149,548.	20,529.	129,019.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,639,717.		1,639,717.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,158,698.		7,158,698.	
23 Insurance	1,245,395.		1,245,395.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a CAPITATION EXPENSES	35,392,679.	35,392,679.		
b PROVIDER PROGRAM FEES	20,777,819.	20,777,819.		
c BAD DEBT EXPENSE	8,163,685.	8,163,685.		
d OTHER CONTROLLABLE EXPS	1,390,183.	1,390,183.		
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	276,105,653.	204,285,037.	71,475,952.	344,664.
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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	149,907.	1	3,195,285.
	2 Savings and temporary cash investments	3,197,982.	2	34,989,922.
	3 Pledges and grants receivable, net	3,476,610.	3	799,355.
	4 Accounts receivable, net	26,688,797.	4	25,057,125.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	3,267,563.	8	3,709,422.
	9 Prepaid expenses and deferred charges	1,184,710.	9	8,611,675.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	229,402,918.		
	b Less: accumulated depreciation	149,181,685.	10c	80,221,233.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	159,477.	12	5,293,506.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
Liabilities	15 Other assets. See Part IV, line 11	53,032,259.	15	11,594,561.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	165,230,921.	16	173,472,084.
	17 Accounts payable and accrued expenses	49,595,599.	17	45,383,170.
	18 Grants payable		18	
	19 Deferred revenue		19	15,494,241.
	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	17,895,992.	23	14,987,284.
Net Assets or Fund Balances	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	11,586,551.	25	13,813,829.
	26 Total liabilities. Add lines 17 through 25	79,078,142.	26	89,678,524.
	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	81,709,623.	27	78,790,854.
	28 Temporarily restricted net assets	4,443,156.	28	5,002,706.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> 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	86,152,779.	33	83,793,560.
	34 Total liabilities and net assets/fund balances	165,230,921.	34	173,472,084.

Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1	299,071,534.
2	276,105,653.
3	22,965,881.
4	86,152,779.
5	<25,325,100.>
6	83,793,560.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

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

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

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 separate basis, consolidated 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?
 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.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2010)

AS AMENDED

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

Employer identification number

VALLEY PRESBYTERIAN HOSPITAL

95-1945832

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 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 9 An 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?
 (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?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

IHA F

For Form 990 or 990-EZ, see the instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2010. 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	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2009. 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	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. 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 II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).A Check ► if the filing organization belongs to an affiliated group.B Check ► if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If "Yes," describe in Part IV	X		68,794.
j Total. Add lines 1c through 1i			68,794.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

THE ORGANIZATION PAYS MEMBERSHIP DUES TO THE CALIFORNIA HOSPITAL

ASSOCIATION (CHA), HOSPITAL ASSOCIATION OF SOUTHERN CALIFORNIA (HASC),

AND PRIVATE ESSENTIAL ACCESS COMMUNITY HOSPITALS, INC. (PEACH). A

PORTION OF THE DUES PAID ARE USED FOR LOBBYING ACTIVITIES BY CHA, HASC

AND PEACH ON BEHALF OF THEIR MEMBERS.

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

2010Open to Public
Inspection

Name of the organization

VALLEY PRESBYTERIAN HOSPITALEmployer identification number
95-1945832**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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	Held at the End of the Tax Year
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	2d
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) 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 (ASC 958) 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
1c	
1d	
1e	
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 the 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:

(i) unrelated organizations
 (ii) related organizations

Yes	No
3a(i)	
3a(ii)	
3b	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI **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		1,587,222.		1,587,222.
b Buildings		132,284,870.	84,498,703.	47,786,167.
c Leasehold improvements				
d Equipment		91,398,878.	64,682,982.	26,715,896.
e Other		4,131,948.		4,131,948.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ► 80,221,233.

Schedule D (Form 990) 2010

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (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
(1) SELF INSURANCE RESERVE	63,864.
(2) OTHER RECEIVABLES	11,530,697.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	► 11,594,561.

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

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) SELF INSURANCE RESERVES	12,194,897.
(3) ANNUITY AND TRUST PAYABLE	1,618,932.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	► 13,813,829.

FIN 48 (ASC 740) 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 (ASC 740).

032053
12-20-10

Schedule D (Form 990) 2010

15050916 145857 608464

2010.06020 VALLEY PRESBYTERIAN HOSPITAL 6084642

AS28MENDED

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	299,071,534.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	276,105,653.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3	22,965,881.
4 Net unrealized gains (losses) on investments	4	
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV.)	8	<25,325,100. >
9 Total adjustments (net). Add lines 4 through 8	9	<25,325,100. >
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<2,359,219. >

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	297,224,024.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	
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	0.
3 Subtract line 2e from line 1	3	297,224,024.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	1,847,510.
c Add lines 4a and 4b	4c	1,847,510.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	299,071,534.

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

1 Total expenses and losses per audited financial statements	1	274,258,143.
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	0.
3 Subtract line 2e from line 1	3	274,258,143.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	1,847,510.
c Add lines 4a and 4b	4c	1,847,510.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	276,105,653.

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 X, LINE 2: THE HOSPITAL RECOGNIZES THE TAX BENEFIT FROM UNCERTAIN

TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS

WILL BE SUSTAINED ON EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE

TECHNICAL MERITS OF THE POSITION. THE TAX BENEFIT IS MEASURED BASED ON THE

LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED

UPON ULTIMATE SETTLEMENT. THERE WERE NO UNCERTAIN TAX POSITIONS AS OF

OCTOBER 31, 2011 OR 2010.

Part XIV Supplemental Information (continued)**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

ADJUSTMENT FOR PY RESTATEMENT DUE TO CA IP PROVIDER FEE	-22,939,100.
ADJUSTMENT FOR PY RESTATEMENT DUE TO ASSET RETIREMENT	
OBLIGATIONS	-2,386,000.
TOTAL TO SCHEDULE D, PART XI, LINE 8	-25,325,100.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECLASSIFICATION OF GRANT EXPENSE	1,928,288.
RECLASSIFICATION OF RENTAL EXPENSES	-80,778.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	1,847,510.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

RECLASSIFICATION OF GRANT EXPENSE	1,928,288.
RECLASSIFICATION OF RENTAL EXPENSES	-80,778.
TOTAL TO SCHEDULE D, PART XIII, LINE 4B	1,847,510.

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

OMB No 1545-0047

2010

Open to Public
Inspection

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.

► Attach to Form 990. ► See separate instructions.

Name of the organization

VALLEY PRESBYTERIAN HOSPITAL

Employer identification number
95-1945832

Part I Financial Assistance and Certain Other Community Benefits at Cost

1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

b If "Yes," was it a *written policy*? If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

Applied uniformly to all hospital facilities Applied uniformly to most hospital facilities
 Generally tailored to individual hospital facilities

3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:

100% 150% 200% Other 350 %

b Did the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:

200% 250% 300% 350% 400% Other _____ %

c If the organization did 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 used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.

4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?

5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

6a Did the organization prepare a community benefit report during the tax year?

b If "Yes," did the organization make it available to the public?

	Yes	No
1a	X	
1b	X	
3a	X	
3b	X	
4	X	
5a	X	
5b	X	
5c		X
6a	X	
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 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)			2247753.	226,799.	2020954.	.75%
b Unreimbursed Medicaid (from Worksheet 3, column a)			127447473	112000000	15447473.	5.77%
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)			8030826.	1702528.	6328298.	2.36%
d Total Financial Assistance and Means-Tested Government Programs			137726052	113929327	23796725.	8.88%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			324,131.		324,131.	.12%
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			324,131.		324,131.	.12%
k Total. Add lines 7d and 7j			138050183	113929327	24120856.	9.00%

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

tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.						
	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			23,000.		23,000.	.01%
8 Workforce development						
9 Other						
10 Total			23,000.		23,000.	.01%

Part III | Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	
2	Enter the amount of the organization's bad debt expense (at cost)	2
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3
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 a portion of bad debt amounts as community benefit.	8 , 1

		Yes	No
2	8,163,685.	1	X
3			
es bad debt			
ted on lines			
5	69,218,426.		
6	70,221,300.		
7	<1,002,874.		
community benefit.			
ted on line 6.			
ix year contain provisions on the			
Part VI			
9a	X		
9b	X		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	69 ,
6	Enter Medicare allowable costs of care relating to payments on line 5	6	70 ,
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	<1 ,
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 Did the organization have a written debt collection policy during the tax year?

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

Part IV Management Companies and Joint Ventures

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

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

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: VALLEY PRESBYTERIAN HOSPITALLine Number of Hospital Facility (from Schedule H, Part V, Section A): 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1	<input checked="" type="checkbox"/>	
During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8		
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a	<input checked="" type="checkbox"/>	A definition of the community served by the hospital facility
b	<input checked="" type="checkbox"/>	Demographics of the community
c	<input checked="" type="checkbox"/>	Existing health care facilities and resources within the community that are available to respond to the health needs of the community
d	<input checked="" type="checkbox"/>	How data was obtained
e	<input checked="" type="checkbox"/>	The health needs of the community
f	<input checked="" type="checkbox"/>	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
g	<input checked="" type="checkbox"/>	The process for identifying and prioritizing community health needs and services to meet the community health needs
h	<input checked="" type="checkbox"/>	The process for consulting with persons representing the community's interests
i	<input type="checkbox"/>	Information gaps that limit the hospital facility's ability to assess all of the community's health needs
j	<input type="checkbox"/>	Other (describe in Part VI)
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u>09</u>	
3	<input checked="" type="checkbox"/>	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted
4	<input checked="" type="checkbox"/>	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI
5	<input checked="" type="checkbox"/>	Did the hospital facility make its Needs Assessment widely available to the public?
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a	<input type="checkbox"/>	Hospital facility's website
b	<input checked="" type="checkbox"/>	Available upon request from the hospital facility
c	<input checked="" type="checkbox"/>	Other (describe in Part VI)
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):	
a	<input type="checkbox"/>	Adoption of an implementation strategy to address the health needs of the hospital facility's community
b	<input type="checkbox"/>	Execution of the implementation strategy
c	<input checked="" type="checkbox"/>	Participation in the development of a community-wide community benefit plan
d	<input checked="" type="checkbox"/>	Participation in the execution of a community-wide community benefit plan
e	<input type="checkbox"/>	Inclusion of a community benefit section in operational plans
f	<input checked="" type="checkbox"/>	Adoption of a budget for provision of services that address the needs identified in the Needs Assessment
g	<input type="checkbox"/>	Prioritization of health needs in its community
h	<input checked="" type="checkbox"/>	Prioritization of services that the hospital facility will undertake to meet health needs in its community
i	<input type="checkbox"/>	Other (describe in Part VI)
7	<input checked="" type="checkbox"/>	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
8	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>350</u> %		

Part V Facility Information (continued) VALLEY PRESBYTERIAN HOSPITAL

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10 <input checked="" type="checkbox"/>	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: 350 %		
11 Explained the basis for calculating amounts charged to patients?	11 <input checked="" type="checkbox"/>	
If "Yes," indicate the factors used in determining such amounts (check all that apply):		
a <input checked="" type="checkbox"/> Income level		
b <input checked="" type="checkbox"/> Asset level		
c <input checked="" type="checkbox"/> Medical indigency		
d <input checked="" type="checkbox"/> Insurance status		
e <input checked="" type="checkbox"/> Uninsured discount		
f <input checked="" type="checkbox"/> Medicaid/Medicare		
g <input checked="" type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	12 <input checked="" type="checkbox"/>	
13 Included measures to publicize the policy within the community served by the hospital facility?	13 <input checked="" type="checkbox"/>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input checked="" type="checkbox"/> The policy was available on request		
g <input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14 <input checked="" type="checkbox"/>	
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year:		
a <input checked="" type="checkbox"/> Reporting to credit agency		
b <input checked="" type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other actions (describe in Part VI)		
16 Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year?	16 <input checked="" type="checkbox"/>	
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply):		
a <input checked="" type="checkbox"/> Reporting to credit agency		
b <input checked="" type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other actions (describe in Part VI)		
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in line 16 (check all that apply):		
a <input checked="" type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance		
e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) VALLEY PRESBYTERIAN HOSPITAL**Policy Relating to Emergency Medical Care**

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

	Yes	No
18	X	

If "No," indicate the reasons why (check all that apply):

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility did not have a policy relating to emergency medical care
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d Other (describe in Part VI)

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply):

- a The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility
- b The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility
- c The hospital facility used the Medicare rate for those services
- d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI.

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient?

If "Yes," explain in Part VI.

20		
21		

AS AMENDED

15050916 145857 608464 2010.06020 VALLEY PRESBYTERIAN HOSPITAL 6084642

Part V Facility Information (continued)

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 0

032097 02-24-11

Schedule H (Form 990) 2010

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 7, COLUMN (F): THE BAD DEBT EXPENSE INCLUDED ON FORM 990,

PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING
THE PERCENTAGE IN THIS COLUMN IS \$ 8163685.

PART II: SEE FORM 990, PART III, LINE 4A AND SCHEDULE O.

PART III, LINE 4: THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS DO
NOT INCLUDE A BAD DEBT FOOTNOTE.

THE FOOTNOTE FROM THE AUDITED FINANCIAL STATEMENT THAT ADDRESSES ACCOUNTS
RECEIVABLE IS AS FOLLOWS:

THE HOSPITAL CARRIES ITS ACCOUNTS RECEIVABLE AT BILLED AMOUNTS LESS
ALLOWANCES FOR CONTRACTUAL ADJUSTMENTS AND UNCOLLECTIBLE ACCOUNTS. THE
HOSPITAL DOES NOT ACCRUE INTEREST ON ITS RECEIVABLES. ON A PERIODIC BASIS,
THE HOSPITAL EVALUATES ITS ACCOUNTS RECEIVABLE AND ESTABLISHES ALLOWANCES
BASED ON CONTRACTUAL ARRANGEMENTS, HISTORY OF PAST WRITE-OFFS AND
COLLECTIONS AND CURRENT CREDIT CONDITIONS. THE HOSPITAL'S POLICY FOR
WRITING OFF RECEIVABLES AS UNCOLLECTIBLE VARIES BASED ON THE PAYER
ARRANGEMENTS AND MANAGEMENT'S ESTIMATE OF THE CUSTOMER'S ABILITY TO PAY.

Part VI **Supplemental Information**

VALLEY PRESBYTERIAN HOSPITAL:

PART V, SECTION B, LINE 4:

ABODE COMMUNITIES

GLENDALE ADVENTIST HOSPITAL

ACCESS TO CARE

GLENDALE HEALTHY KIDS

ADVANCE HEALTH MEDICAL GROUP

HAVEN HILLS

ALLIANCE FOR A BETTER COMMUNITY

HENRY MAYO NEWHALL MEMORIAL HOSPITAL

AMERICAN CANCER SOCIETY SFV

HILLVIEW MENTAL HEALTH CERITER INC.

AMERICAN DIABETES ASSOCIATION LA

HOMES FOR LIFE FOUNDATION

AMERICAN HEART ASSOCIATION

IMMUNIZATION PROGRAM PUBLIC HEALTH

ARTHRITIS FOUNDATION VALLEY BRANCH

JEWISH FAMILY SERVICES LOS ANGELES

BOYS AND GIRLS CLUB

JEWISH FAMILY SERVICES VALLEY STORE FRONT

BRODOUS READY FOR SCHOOL FAMILY

KAI SER PERMANENTE PANORAMA CITY

CHILD AND FAMILY GUIDANCE CENTER

KAI SER PERMANENTE WOODLAND HILLS

CHILD CARE RESOURCE CENTER

KIDS COMMUNITY DENTAL CLINIC

CHILD DEVELOPMENT INSTITUTE

Part VI Supplemental Information

LA COUNTY AREA AGENCY ON AGING

CHRYsalis

LA FAMILY HOUSING

CITY OF LOS ANGELES COUNCIL DISTRICT 7

LA VALLEY COLLEGE

CITY OF LOS ANGELES, OFFICE OF MAYOR

LAC DEPT. OF HEALTH SERVICES

COLUMBUS SCHOOL BASED CLINIC

LAC DEPT. OF HEALTH SERVICES OFFICE OF AMBULATORY CARE

COMPREHENSIVE COMMUNITY HEALTH CENTERS

LAC DEPT. OF HEALTH SERVICES OFFICE OF PLANNING & DEVELOPMENT

COMMUNITY CLINIC ASSOCIATION LOS ANGELES COUNTY

LAC DEPT. OF MENTAL HEALTH

COUNCIL MEMBER GRIEG SMITH

LAC DEPT. OF PUBLIC HEALTH

CRECENTA VALLEY YMCA

LAC DEPT. OF PUBLIC HEALTH OFFICE HEALTH ASSESSMENT & EPIDEMIOLOGY

CRI-HELP INC

LAC PROBATION DEPARTMENT

DEL-CARMEN MEDICAL CENTER

LACDA VICTIM WITNESS ASSISTANCE

ECONOMIC ALLIANCE OF THE SAN FERNANDO VALLEY

LA HEALTH ACTION

EL CENTRO DE AMISTAD

LAUSD DISTRICT 1

EI NIDO FAMILY CENTERS

LAUSD DISTRICT 2

EL PROYECTO DEL BARRIO

Part VI Supplemental InformationLUTHERAN SOCIAL SERVICEFAMILY CARE PARTNERSHIPMEET EACH NEED WITH DIGNITY/MENDFRIENDS OF THE FAMILYMISSION CITY COMMUNITY HOSPITALGARY HERMAN DDS, INC.MISSION CITY COMMUNITY HOSPITAL UCLA DENTAL CLINICNEIGHBORHOOD LEGAL SERVICESMISSION CITY COMMUNITY NETWORK, INC.NEW DIRECTIONSSANTA CLARITA ADULT DAY HEALTHNORTHEAST VALLEY HEALTH CORPORATION, CANOGA PARKSANTA CLARITA COMMUNITY DEV. CORP.NORTH EAST VALLEY HEALTH CORPORATION, PACOIMASHERMAN OAKS HOSPITAL SAGE PROGRAMNORTH EAST VALLEY HEALTH CORPORATION, SAN FERNANDOTARZANA TREATMENT CENTER, NORTHRIDGENORTHEAST VALLEY HOMELESS HEALTH CLINICTARZANA TREATMENT CENTER, RESEDANORTHRIDGE HOSPITAL MEDICAL CENTERTHE HELP GROUPOVARIAN CANCER COALITIONTHE VILLAGE CANOGA PARK READY FOR SCHOOLPACIFIC ASIAN COUNSELING SERVICESTRANSIT COALITION-CHAMBER OF COMMERCEPARTNERS IN CARE FOUNDATIONUCAL SCHOOL OF DENTISTRYPEOPLE IN PROGRESS

Part VI Supplemental InformationURBAN EDUCATION OF HEALTH SERVICESPHILLIPS GRADUATE INSTITUTEVALLEY CARE OLIVE VIEW-UCLAPPA NORTH HOLLYWOOD HEALTH CENTERVALLEY COMMUNITY CLINICPROJECT GRAD LOS ANGELES (PGLA)VALLEY COMMUNITY TEEN CLINICPROJECT SAFEVALLEY NON PROFIT HUMAN INTERACTION RESEARCH INSTITUTEPROJECT YOUTH GREENPROVIDENCE CENTER FOR COMMUNITY HEALTHVALLEY TRAUMA CENTERPROVIDENCE SENIOR OUTREACH AND SCHOOL PROGRAMSVALLEY VIEW FAMILY CLINICPROVIDENCE HOLY CROSSVERDUGO MENTAL HEALTH CENTERPROVIDENCE SAINT JOSEPH MEDICAL CENTERVOA HEAD START AND EARLY STARTPROVIDENCE TARZANA MEDICAL CENTERVOLUNTEERS OF AMERICA LA HEAD START & EARLY HEAD STARTPUEBLO Y SALUD INC.WELLNESS WORKS INCSAN FERNANDO VALLEY DENTAL SOCIETYZEV YAROSLAVSKY THIRD DISTRICT OFFICESAN FERNANDO COMMUNITY MENTAL HEALTH INC.SAN FERNANDO COMMUNITY MENTAL HEALTH CORNERSTONE

Part VI Supplemental Information**VALLEY PRESBYTERIAN HOSPITAL:**

PART V, SECTION B, LINE 5C: THE NEEDS ASSESSMENT IS ALSO AVAILABLE TO THE PUBLIC THROUGH MAILING AND WEBSITE.

VALLEY PRESBYTERIAN HOSPITAL:

PART V, SECTION B, LINE 7: THE HOSPITAL HAS NOT COMPLETED A FULL ANALYSIS OF THE NEEDS IDENTIFIED DURING THE COMMUNITY HEALTH NEEDS ASSESSMENT.

VALLEY PRESBYTERIAN HOSPITAL:

PART V, SECTION B, LINE 13G: OTHER MEASURES TO PUBLICIZE THE FINANCIAL ASSISTANCE POLICY WITHIN THE COMMUNITY SERVED IS THROUGH FINANCIAL COUNSELING IF IDENTIFIED AS UNDERINSURED.

VALLEY PRESBYTERIAN HOSPITAL:

PART V, SECTION B, LINE 19D: THE HOSPITAL FACILITY BILLED 110% OF MEDICARE RATE TO INDIVIDUALS FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE.

PART VI, LINE 2: COMMUNITY NEEDS ASSESSMENT AND PLANNING PROCESS:

VALLEY PRESBYTERIAN HOSPITAL PARTICIPATES IN THE TRIENNIAL SAN FERNANDO/SANTA CLARITA VALLEY COMMUNITY NEEDS ASSESSMENT PROCESS THAT BEGAN IN 1997. THIS LARGE CONSORTIUM OF HEALTH CARE AND SOCIAL SERVICE PROVIDERS IS CURRENTLY CONDUCTING RESEARCH AND WILL PRODUCE ITS SIXTH TRIENNIAL REPORT BY LATE SUMMER 2013. THE COPY OF THE 2010 COMMUNITY NEEDS

Part VI Supplemental Information

ASSESSMENT CONTAINS THE NAMES OF THE PARTICIPATING ORGANIZATIONS AND A DESCRIPTION OF THE COLLABORATION PROCESS. THE SURVEY'S FINDINGS, ALONG WITH VARIOUS INTERNAL AND EXTERNAL ANALYSES, ARE USED TO ASSIST VALLEY PRESBYTERIAN HOSPITAL IN DETERMINING THE TYPES OF SERVICE MODIFICATIONS AND PROGRAMS THAT IT SHOULD CONSIDER TO ADDRESS THE NEEDS OF ITS COMMUNITY.

THERE ARE FOUR KEY STEPS IN THE PLANNING PROCESS THAT DIRECTS OUR COMMUNITY DEVELOPMENT PROGRAM PLANNING. THESE FOUR STEPS INCLUDE:

1. REVIEW OF COMMUNITY NEEDS ASSESSMENT: EVERY YEAR, VALLEY PRESBYTERIAN HOSPITAL REVIEWS CURRENT COMMUNITY PROGRAMS FOR RE-EVALUATION AND MEASUREMENT.
2. CREATION OF NEW PROGRAMS: USING THE INFORMATION FROM THE COMMUNITY NEEDS ASSESSMENT AND THROUGH INTERACTION WITH COMMUNITY LEADERS, VALLEY PRESBYTERIAN HOSPITAL IDENTIFIES NEW PROGRAMS FOR IMPLEMENTATION.
3. CREATION OF COMMUNITY STRATEGIC PLAN: AN ANNUAL PLAN IS CREATED AND PRESENTED TO THE BOARD OF DIRECTORS FOR DISCUSSION AND APPROVAL.
4. PROGRAM DESIGN AND IMPLEMENTATION: WHEN THE PLAN IS APPROVED, CURRENT COMMUNITY PROGRAMS ARE REVISED AND OR ENHANCED, IF NECESSARY. NEW COMMUNITY PROGRAMS ARE CREATED AND IMPLEMENTED.

PART VI, LINE 3: PATIENT EDUCATION: A PACKET IS GIVEN TO ALL PATIENTS AT VALLEY PRESBYTERIAN HOSPITAL. IT IS DESIGNED TO PROVIDE INFORMATION REGARDING CHARITY QUALIFICATION, DISCOUNTING PROCESSES, AND AN APPLICATION FOR MEDICAL AND OTHER GOVERNMENT PROGRAMS TO OUR UNINSURED PATIENTS.

FINANCIAL ASSISTANCE PROGRAM - UNINSURED OR UNDERINSURED PATIENTS WHO ARE UNABLE TO PAY THEIR BILL MAY BE ELIGIBLE FOR 100% FINANCIAL ASSISTANCE,

AS AMENDED

Part VI Supplemental Information

LEAVING YOU NO FINANCIAL OBLIGATION TO THE HOSPITAL FOR YOUR BILL.

QUALIFICATIONS ARE BASED UPON VERIFIABLE INCOME AND FAMILY SIZE, AND DETERMINED BY CURRENT FEDERAL POVERTY GUIDELINES. TO QUALIFY FOR OUR FINANCIAL ASSISTANCE PROGRAM, YOU MUST SUBMIT THE REQUIRED DOCUMENTATION WITHIN 15 DAYS OF DISCHARGE FROM THE HOSPITAL. PLEASE REFERENCE THE ATTACHED POLICY AND APPLICATION FOR ADDITIONAL INFORMATION AND REQUIREMENTS.

UNINSURED DISCOUNT RATE - VALLEY PRESBYTERIAN HOSPITAL OFFERS DAILY RATES FOR INPATIENT SERVICES, AND A SIGNIFICANTLY REDUCED CHARGE RATE FOR OUTPATIENT SERVICES. THE REDUCED RATES EXCLUDE HIGH COST SERVICES SUCH AS IMPLANTABLE DEVICES OR HIGH COST PHARMACY PRODUCTS, WHICH WILL BE BILLED EQUIVALENT TO THE HOSPITAL'S COST. SURGICAL INPATIENTS WILL BE BILLED \$2,500 FOR THE FIRST DAY STAY AND \$2,000 FOR SUBSEQUENT DAYS UNTIL DISCHARGED. OUTPATIENT DISCOUNTED RATES ARE BASED UPON 110% OF MEDICARE REIMBURSABLE FOR THE TESTS OR PROCEDURES TO BE PERFORMED.

VALLEY PRESBYTERIAN HOSPITAL'S THREE MATERNITY PLANS ARE AS FOLLOWS:

-NORMAL DELIVERY UP TO A 2 DAY STAY - \$2,500,

-C-SECTION UP TO A 3 DAY STAY - \$4,000,

-C-SECTION 4 DAY STAY - \$5,500

IF DURING THE ADMISSION, YOU CHOOSE TO HAVE A CIRCUMCISION COMPLETED ON YOUR CHILD, IT IS INCLUDED IN THE MATERNITY PLAN. IF A DECISION IS MADE TO PERFORM THE PROCEDURE ON AN OUTPATIENT SURGERY BASIS, THE COST WILL BE \$800 FOR THE HOSPITAL FEES ONLY.

PAYMENT PLANS - YOUR BALANCE IS DUE UPON DISCHARGE FROM THE HOSPITAL. IF YOU DO NOT QUALIFY FOR STATE ASSISTANCE OR OUR FINANCIAL ASSISTANCE PROGRAM, YOU MAY ESTABLISH PAYMENT ARRANGEMENTS WITH OUR FINANCIAL

Part VI Supplemental Information

COUNSELOR. PAYMENT ARRANGEMENTS MAY BE MADE WITH NO INTEREST PENALTIES.

DEFAULTING ON YOUR PAYMENT PLAN DISQUALIFIES YOU FROM TAKING ADVANTAGE OF THIS OPTION.

MEDI-CAL AND GOVERNMENT PROGRAMS - YOU MAY QUALIFY FOR GOVERNMENT PROGRAMS TO ASSIST YOU WITH PAYMENT FOR ALL OR PART OF YOUR HOSPITAL EXPENSES.

VALLEY PRESBYTERIAN HOSPITAL HAS AN INTERNAL MEDI-CAL ELIGIBILITY UNIT TO ASSIST YOU WITH YOUR MEDI-CAL APPLICATION PROCESS. FOR APPLICATION ASSISTANCE, PLEASE CALL 818-902-5125 OR VISIT THE MEDI-CAL ELIGIBILITY UNIT ON THE 5TH FLOOR TOWER OF THE HOSPITAL. YOU MAY RECEIVE BILLS FROM OTHER BILLING COMPANIES FOR PHYSICIAN CHARGES, RADIOLOGY, AMBULANCE, ETC. FOR ADDITIONAL ASSISTANCE OR QUESTIONS REGARDING YOUR HOSPITAL BILL, PLEASE CONTACT THE BUSINESS OFFICE AT 818-902-2913.

PART VI, LINE 4: COMMUNITY INFORMATION: VALLEY PRESBYTERIAN HOSPITAL'S TOTAL SERVICE AREA IS COMPRISED OF ALMOST 17 MILLION PERSONS WITH A FORECASTED INCREASE OF 3.0 PERCENT BY 2016. VALLEY PRESBYTERIAN HOSPITAL'S 2011 PRIMARY SERVICE AREA (PSA) (THE AREA THAT GENERATES 75% OF VPH DISCHARGES) HAS A POPULATION OF JUST ABOUT 1 MILLION AND IS MADE UP OF 19 ZIP CODES THAT HAVE SOME OF THE LOWEST MEDIAN HOUSEHOLD INCOME LEVELS AND HIGHEST POPULATION DENSITIES. IN THE SAN FERNANDO VALLEY, IT INCLUDES THE COMMUNITIES OF VAN NUYS, PACOIMA, RESEDA, SUN VALLEY, CANOGA PARK, GRANADA HILLS, PANORAMA CITY, SAN FERNANDO, SYLMAR, NORTH HILLS, NORTH HOLLYWOOD, SHERMAN OAKS AND WINNETKA. WITH THE EXCEPTION OF SAN FERNANDO, THE PSA IS PART OF THE CITY OF LOS ANGELES. THE 2011 RACIAL/ETHNIC DISTRIBUTION IS:

-HISPANIC 57%

-CAUCASIAN 22%

Part VI | Supplemental Information

-ASIAN OR PACIFIC ISLANDER 13%

-AFRICAN-AMERICAN 4%

-OTHER 48

IN THE PSA, APPROXIMATELY 27% OF THE RESIDENTS ARE ON MEDI-CAL AND APPROXIMATELY 28% ARE UNINSURED.

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

CA

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

2010

**Open to Public
Inspection**

OMB No 1545-0047

**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.

Name of the organization

VALLEY PRESBYTERIAN HOSPITAL

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?

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. Part II can be duplicated 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
CALIFORNIA HEALTH FOUNDATION AND TRUST - 1215 K STREET STE 800 - SACRAMENTO, CA 95814	94-1498697	501(C)(3)	1,881,188.	0.			CA HOSPITAL PROVIDER PROGRAM
LOS ANGELES COUNTY BUSINESS FEDERATION - 1000 N. ALAMEDA ST., STE 240 - LOS ANGELES, CA 90012	26-0295348	501(C)(6)	15,000.	0.			LOS ANGELES COUNTY BUSINESS DEVELOPMENT
EL PROYECTO DEL BARRIO FOUNDATION 8902 WOODMAN AVENUE ARLETA, CA 91331	95-2662606	501(C)(3)	5,000.	0.			SILVER SPONSORSHIP - 40 YEAR OF HOPE EVENT
LOS ANGELES TIMES 202 WEST 1ST STREET LOS ANGELES, CA 90012	36-4371324						AMERICAN DIABETES ASSOC. LA TIMES "STEP OUT & WALK" EVENT SPONSOR
CSUN FOUNDATION 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	95-6196006	501(C)(3)	10,000.	0.			PERFORMING ARTS CENTER DONATION

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

3 Enter total number of other organizations

► 2

3

► 2

3

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

VALLEY PRESBYTERIAN HOSPITAL

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Post IV Supplemental Information Complete this Post to provide information required in Post I Items 2 and 4 above and detailed in communication

ARE IDENTIFIED, REVIEWED AND COMMUNICATED AS APPROPRIATE 2) COVENANTS ARE

CALENDARED BY MONTH TO ENSURE TIMELY RESPONSE AND COMPLETION, 3A) IF A

GRANT IS FOR CAPITAL EQUIPMENT, THE BENEFITTING VPE DEPARTMENT NOTIFIES THE

DEVELOPMENT DEPARTMENT THAT A PROJECT HAS BEEN COMPLETED AND/OR EQUIPMENT

DEFANIMENI DEVELOPMENT; COMPLETED; PURCHASED, HAS BEEN FUNDED; A PURCHASE UNDER IS

INQUIRIES ACCOUNTING THAT FUNDS MAY BE RELEASED, 3B) IF THE GRANT IS FOR

THE JOURNAL OF CLIMATE

Part IV **Supplemental Information**

TRAINING, HOW MANY HOURS AND HOURLY RATES, 4) ONCE THE GRANT IS EXPENDED, THE GRANTOR IS NOTIFIED.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

- Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.
- Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

VALLEY PRESBYTERIAN HOSPITAL

Employer identification number
95-1945832

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee
---	--

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment from the organization or a related organization?
- b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization?
- b Any related organization?

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

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

- a The organization?
- b Any related organization?

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

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

Schedule J (Form 990) 2010

032111
12-21-10

AS AMENDED

51

15050916 145857 608464

2010.06020 VALLEY PRESBYTERIAN HOSPITAL 6084642

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VI.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 GUSTAVO VALDESPINO	(i) 559,281.	172,425.	146,341.	0.	13,501.	891,548.	0.
2 ROBERT BILLS	(i) 307,806.	0.	0.	0.	0.	0.	0.
3 DAVID SPECTER	(i) 274,595.	39,716.	0.	0.	0.	394,594.	0.
4 DONALD KREITZ	(i) 0.	0.	0.	0.	0.	0.	0.
5 GAYATHRI JITH	(i) 161,972.	49,749.	29,028.	0.	0.	13,501.	0.
6 JEAN O'KEEFE RICO	(i) 260,877.	89,439.	59,554.	0.	0.	13,501.	0.
7 JENNIFER CASTALDO	(i) 174,183.	32,970.	0.	0.	6,449.	13,501.	0.
8 JULIE REBACK	(i) 179,892.	37,422.	30,378.	0.	0.	13,501.	0.
9 NORMA RESNEDER	(i) 218,199.	79,264.	50,569.	0.	0.	13,501.	0.
10 RAY MOSS	(i) 213,355.	80,752.	41,175.	8,575.	13,501.	357,358.	0.
11 WESLEY SCHMIDT	(i) 174,063.	27,308.	0.	0.	6,751.	208,122.	0.
12 JUDITH MAASS	(i) 389,511.	38,088.	0.	0.	7,876.	435,475.	0.
13 ROBERT ALLEN	(i) 259,618.	72,204.	0.	0.	0.	0.	0.
14 HASMIG ANANTIAN	(i) 208,447.	0.	0.	0.	0.	0.	0.
15 SOHEILA RAHMAN-ATAR	(i) 187,674.	0.	0.	0.	7,043.	194,717.	0.
16 LISA SIA	(i) 0.	0.	0.	0.	0.	0.	0.

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).
 Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SOMASUNDARAM DEVADASON	(i) 185,323.	0.	0.	0.	7,377.	0.	192,700.
2 INTIRA YOSTRUMRONG	(i) 182,889.	0.	0.	0.	8,583.	8,348.	199,820.
3	(i)	(ii)	(iii)	(i)	0.	0.	0.
4	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
5	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
6	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
7	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
8	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
9	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
10	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
11	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
12	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
13	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
14	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
15	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
16	(i)	(ii)	(iii)	(i)	(ii)	(iii)	

Part III Supplemental Information

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

PART I, LINES 4A-B: PART I, LINE 4A: ROBERT BILLS AND DONALD KREITZ RECEIVED A SEVERANCE PAYMENT OF \$73,287 AND \$ 344,871, RESPECTIVELY, WHICH WERE INCLUDED IN 2010 W-2 WAGES.

PART I, LINE 4B: IN 2010, VALLEY PRESBYTERIAN HOSPITAL HAS A 457 (F) PLAN.

THE FOLLOWING ARE OFFICERS AND KEY EMPLOYEES THAT PARTICIPATED IN THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN:

GUSTAVO VALDESPINO

JEAN O'KEEFE RICO

NORMA RESNEDER

JULIE REBACK

RAY MOSS

GAYATHRI JITH

JENNIFER CASTALDO

PART I, LINE 6: VALLEY PRESBYTERIAN HOSPITAL HAS AN INCENTIVE (BONUS)

PLAN FOR EXECUTIVE TEAM MEMBERS AND HOSPITAL DEPARTMENT DIRECTORS. PAYMENT OF ANY BONUS IS CONTINGENT ON SEVERAL CRITERIA, ONE OF WHICH IS BENCHMARKED

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

BY ACHIEVING SPECIFIC EBIDA ON AN ANNUAL BASIS.

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

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization

Employer identification number
95-1945832

VALLEY PRESBYTERIAN HOSPITAL

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only.)

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

► \$

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

66

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

Total **\$** 1,100

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

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

Schedule L (Form 990 or 990-EZ) 2010

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
TRACY Rafter	DIRECTOR (BOARD MEM	116,100.	MARKETING/P	X	
KAMRAN MALEK, MD	DIRECTOR (BOARD MEM	234,000.	MEDICAL SER	X	
PATRICK WALSH, MD	DIRECTOR (BOARD MEM	134,368.	MEDICAL SER	X	
SRIDHAR RAMACHANDRAN	DIRECTOR (BOARD MEM	13,200.	MEDICAL SER	X	
SUMAN PATEL, MD	DIRECTOR (BOARD MEM	128,480.	MEDICAL SER	X	

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: TRACY Rafter

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR (BOARD MEMBER) - Rafter Group

(D) DESCRIPTION OF TRANSACTION: MARKETING/PUBLIC RELATIONS SERVICES

(A) NAME OF PERSON: KAMRAN MALEK, MD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR (BOARD MEMBER) - MALEK & FRIEDMAN OB GYN

(D) DESCRIPTION OF TRANSACTION: MEDICAL SERVICES

(A) NAME OF PERSON: PATRICK WALSH, MD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR (BOARD MEMBER) - PATRICK WALSH, MD

(D) DESCRIPTION OF TRANSACTION: MEDICAL SERVICES

(A) NAME OF PERSON: SRIDHAR RAMACHANDRAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR (BOARD MEMBER) - SRIDHAR RAMACHANDRAN

(D) DESCRIPTION OF TRANSACTION: MEDICAL SERVICES

Part V Supplemental Information

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

(A) NAME OF PERSON: SUMAN PATEL, MD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR (BOARD MEMBER) - SUMAN PATEL, MD

(D) DESCRIPTION OF TRANSACTION: MEDICAL SERVICES

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010
Open to Public
Inspection

Name of the organization

VALLEY PRESBYTERIAN HOSPITAL

Employer identification number
95-1945832

FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION'S BYLAWS WERE
CHANGED TO REFLECT THE FOLLOWING CHANGES.

1. PREVIOUSLY MEMBERSHIP INCLUDED ONE CLASS OF MEMBERSHIP, A SOLE MEMBER
HEALTH DYNAMICS, INC. THIS WAS CHANGED IN THE NEW BYLAWS TO NO MEMBERS.
2. THE NEW BYLAWS INCREASE THE NUMBER OF BOARD OF DIRECTORS FROM 19 TO A
MAXIMUM OF 25, OF WHICH TWO THIRDS OF THE MEMBERS ARE TO BE COMMUNITY
DIRECTORS NOT ENGAGED IN HEALTHCARE AND BETWEEN 3-6 SHOULD PHYSICIANS IN
GOOD STANDING ON THE MEDICAL STAFF.
3. THE MEMBERS TERMS WILL BE HELD FOR 3 YEARS AND UNTIL A SUCCESSOR HAS
BEEN FOUND. MULTIPLE TERMS ARE ALLOWED.
4. THE NEW BYLAWS REQUIRE 8 REGULAR MEETINGS TO OCCUR ANNUALLY.
5. QUORUMS ARE CHANGE TO 50% FROM 40% AND ADDS A SUPER MAJORITY REQUIREMENT
OF 75% OF MEMBERS TO APPROVE:
 - A DECISION TO SELL THE ASSETS
 - TO AUTHORIZE A MERGER
 - TO FILE FOR BANKRUPTCY
 - TO DISSOLVE THE CORPORATION
 - TO AMEND THIS PROVISION
6. THE NEW BYLAWS ALSO ELIMINATES COMPENSATION FOR THE BOARD OF DIRECTORS

FORM 990, PART VI, SECTION B, LINE 11: THE CFO AND VP FINANCE REVIEW THE
WORKPAPERS AND THE DRAFT 990. ONCE THE 990 IS COMPLETED IT IS REVIEWED WITH
THE CEO AND THE BOARD FINANCE AND AUDIT COMMITTEE PRIOR TO FILING WITH THE
INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C: VALLEY PRESBYTERIAN HOSPITAL'S

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
032211
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

VALLEY PRESBYTERIAN HOSPITAL

Employer identification number
95-1945832

BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT. ALL VALLEY PRESBYTERIAN HOSPITAL EMPLOYEES ARE REQUIRED TO DISCLOSE ANY CONFLICT OF INTEREST AS SOON AS ITS KNOWN. ADDITIONALLY, VALLEY PRESBYTERIAN HOSPITAL RECENTLY HIRED A COMPLIANCE OFFICER TO OVERSEE THIS POLICY ON A REGULAR AND CONSISTENT BASIS.

FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE COMPENSATION IS DETERMINED BY THE COMPENSATION COMMITTEE OF THE VALLEY PRESBYTERIAN HOSPITAL BOARD. IN DETERMINING EACH INDIVIDUAL'S COMPENSATION, THE COMMITTEE, ADVISED BY AN OUTSIDE CONSULTANT, UTILIZES THE MOST RECENT CALIFORNIA REGIONAL EXECUTIVE COMPENSATION SURVEY REPORTS PREPARED BY INTEGRATED HEALTHCARE STRATEGIES (FORMERLY KNOWN AS CLARK CONSULTING) AND THE HOSPITAL ASSOCIATION OF SOUTHERN CALIFORNIA. THESE SURVEYS PROVIDE EXECUTIVE COMPENSATION DATA (INCLUDING BENEFIT DATA) FROM 120 CALIFORNIA HEALTH SYSTEMS AND HOSPITALS. THE HOSPITAL PAYS SENIOR EXECUTIVES BOTH A BASE SALARY AND AN INCENTIVE BONUS BASED UPON BOTH THE ORGANIZATION'S AND THE INDIVIDUAL'S PERFORMANCE. BASE SALARIES ARE PAID AT THE MIDPOINT BETWEEN THE 50TH AND 75TH PERCENTILES FOR CALIFORNIA HOSPITALS OF SIMILAR SIZE BASED UPON ANNUAL NET REVENUE. ANNUAL INCENTIVES ALLOW THE INDIVIDUAL EXECUTIVE BETWEEN THE 75TH-100TH PERCENTILE OF TOTAL CASH COMPENSATION FOR GOOD PERFORMANCE. THE 75TH PERCENTILE WAS CHOSEN GIVEN THE FACT THAT 1) NET REVENUE FOR THE HOSPITAL FAILS TO ADEQUATELY STATE THE COMPLEXITY OF THE ORGANIZATION BECAUSE NET REVENUE IS UNDERSTATED BY VIRTUE OF THE FACT THAT OVER-ALL REVENUE IS DEFLATED BY THE HOSPITAL'S LARGE MEDI-CAL PERCENTAGE AND THE FACT THAT IT IS CLASSIFIED AS A DISPROPORTIONATE SHARE HOSPITAL AND, 2) THE HOSPITAL DOES NOT PROVIDE COMMON SENIOR EXECUTIVE BENEFITS SUCH AS SUPPLEMENTAL RETIREMENT PLAN, SUPPLEMENTAL LIFE INSURANCE, AND LONG TERM CARE INSURANCE. 80% OF THE INDIVIDUAL ANNUAL EXECUTIVE INCENTIVE AWARDS ARE

032212
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

AS AMENDED

2010.06020 VALLEY PRESBYTERIAN HOSPITAL 6084642

15050916 145857 608464

Name of the organization

VALLEY PRESBYTERIAN HOSPITAL

Employer identification number
95-1945832

BASED UPON MEASURABLE OBJECTIVES ESTABLISHED AT THE START OF THE FISCAL YEAR BY THE GOVERNING BOARD'S COMPENSATION COMMITTEE. THE OBJECTIVES INCLUDE QUALITY, FINANCIAL, AND BUSINESS DEVELOPMENT COMPONENTS. THE REMAINING 20% OF THE INCENTIVE AWARDS ARE AWARDED AT THE DISCRETION OF THE COMPENSATION COMMITTEE. TARGET INCENTIVE AWARDS ARE SET ON A SLIDING SCALE OF 15-45% DEPENDING ON POSITION AND PERFORMANCE.

FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST AT THE HOSPITAL LOCATION.

FORM 990, PART VII, SECTION A, COLUMN B

HOURS PER WEEK DEVOTED BY MEMBER OF THE BOARD

PATRICK WALSH, MD, SUMAN PATEL, MD AND SRIDHAR RAMACHANDRAN, MD ARE MEMBERS OF THE BOARD. THEY DEVOTE AN AVERAGE OF 0.40 HOURS PER WEEK RELATING TO THEIR ACTIVITIES ASSOCIATED WITH SERVING ON THE BOARD OF DIRECTORS. THE REPORTABLE COMPENSATION IS RELATED TO PROFESSIONAL MEDICAL SERVICES PROVIDED TO THE HOSPITAL AND ARE UNRELATED TO THE AVERAGE NUMBER OF HOURS PER WEEK.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

ADJUSTMENT FOR PY RESTATEMENT DUE TO CA IP PROVIDER FEE	-22,939,100.
ADJUSTMENT FOR PY RESTATEMENT DUE TO ASSET RETIREMENT	
OBLIGATIONS	-2,386,000.
TOTAL TO FORM 990, PART XI, LINE 5	-25,325,100.

FORM 990, PART XII, LINE 2C

AUDIT COMMITTEE AND OVERSIGHT

032212
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

15050916 145857 608464

AS AMENDED
6.1
2010.06020 VALLEY PRESBYTERIAN HOSPITAL 6084642

Name of the organization

VALLEY PRESBYTERIAN HOSPITAL

Employer identification number

95-1945832

THERE HAVE BEEN NO CHANGES TO THIS PROCESS FROM PRIOR YEAR.

FORM 990, PART III, LINE 4A

EXEMPT PURPOSE ACHIEVEMENTS

VALLEY PRESBYTERIAN HOSPITAL IS A FREESTANDING, NOT-FOR-PROFIT COMMUNITY HOSPITAL ORGANIZED FOR THE PURPOSE OF PROVIDING MEDICAL SERVICES IN THE SAN FERNANDO VALLEY AND NEIGHBORING AREAS. VALLEY PRESBYTERIAN HOSPITAL CURRENTLY HAS 350 LICENSED BEDS AND PROVIDES PRIMARY AND SECONDARY ACUTE CARE TO THE COMMUNITY.

PROGRAMS, FACILITIES, AND SERVICES:

EMERGENCY SERVICES: VALLEY PRESBYTERIAN HOSPITAL'S EMERGENCY DEPARTMENT SAW APPROXIMATELY 58,000 PATIENT VISITS IN FY 2011, NEARLY A 20% INCREASE OVER THE PREVIOUS YEAR. AS HAS BEEN DOCUMENTED IN NUMEROUS PUBLICATIONS, MANY LIMITED-INCOME PATIENTS MAKE THE EMERGENCY DEPARTMENT THEIR "PHYSICIAN'S OFFICE" AND OFTEN COME FOR ROUTINE MEDICAL AND FOLLOW UP CARE. THIS TYPE OF VOLUME DRAMATICALLY CONSTRICTS PATIENT FLOW THAT LEADS TO MANY VISITS THAT ARE NOT ELIGIBLE FOR REIMBURSEMENT.

BECAUSE THE MAJORITY OF EMERGENCY ROOM VISITORS ARE MEDICAL AND UNINSURED PATIENTS, THIS CREATES SEVERAL CHALLENGES. ONE OF THE CHALLENGES IS THE HOSPITAL MUST ENSURE SPECIALTY PHYSICIAN COVERAGE FOR THESE PATIENTS. THIS REQUIRES THAT WE PROVIDE ORTHOPEDICS, SURGERY, ANESTHESIA, AND RADIOLOGY SERVICES. ANOTHER CHALLENGE IS THE EMERGENCY DEPARTMENT SEES A LARGE PERCENTAGE OF HIGH-RISK PREGNANCIES. TO SUPPORT THESE PATIENTS, WE HAVE A FIVE-BED OB TRIAGE UNIT THAT SEES

032212
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

VALLEY PRESBYTERIAN HOSPITAL

Employer identification number

95-1945832

APPROXIMATELY 500-550 PATIENTS EACH MONTH.

EVEN WITH THE CHALLENGE OF THE PATIENT MIX, VALLEY PRESBYTERIAN HOSPITAL HAS CONTINUED TO ADD NEW SERVICES IN THE EMERGENCY DEPARTMENT TO MEET COMMUNITY NEEDS. THE HOSPITAL IS A STEMI CERTIFIED RECEIVING CENTER. AS A STEMI CERTIFIED RECEIVING CENTER, VALLEY PRESBYTERIAN HOSPITAL IS ONE OF THE REGION'S BEST-EQUIPPED FACILITIES FOR THE TREATMENT OF HEART ATTACK PATIENTS TRANSPORTED BY AMBULANCE. THE HOSPITAL'S CARDIAC RESPONSE TEAM IS A TIGHTLY KNIT GROUP OF NURSES, EMERGENCY ROOM PHYSICIANS, CARDIOLOGIST, SURGEONS AND TECHNICIANS - ALL WORKING TOGETHER TO MOVE PATIENTS FROM AN AMBULANCE TO A STATE-OF-THE-ART CARDIAC CATHETERIZATION LAB IN 90 MINUTES OR LESS. BY REALIGNING OUR PATIENT FLOW FROM THE EMERGENCY ROOM TO THE CATHETERIZATION LAB TO THE ICU, THE HOSPITAL HAS DRAMATICALLY REDUCED THE TIME IT TAKES FOR CORONARY PATIENTS TO GET THE LIFE-SAVING TREATMENT THEY NEED. LAST YEAR, THE STEMI RECEIVING CENTER TREATED 100 STEMI PATIENTS, WHICH ADDED TO THE ALREADY BUSY CARDIAC CATHETERIZATION LAB THAT PERFORMED 829 CARDIAC CATHETERIZATIONS AND ANOTHER 346 INTERVENTIONS.

VALLEY PRESBYTERIAN HOSPITAL BECAME STROKE CERTIFIED THIS YEAR. AS A PRIMARY STROKE CENTER, THE HOSPITAL IS REQUIRED TO HAVE A NEUROLOGIST AVAILABLE 24/7. BECAUSE LOCAL NEUROLOGISTS WERE NOT AVAILABLE TO PROVIDE 24/7 COVERAGE, THE HOSPITAL CONTRACTED WITH A GROUP OF NEUROLOGISTS TO PROVIDE COVERAGE VIA TELEMEDICINE. THE HOSPITAL ALSO PURCHASED A 'ROBOT' THAT FACILITATES THE TELEMEDICINE CONSULTATION. USING THE RP-LITE ROBOT, THE REMOTELY LOCATED CONSULTING NEUROLOGIST HAS THE ABILITY TO VISUALLY EXAMINE THE STROKE PATIENT WHILE ALSO

032212
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

VALLEY PRESBYTERIAN HOSPITAL

Employer identification number
95-1945832

COMMUNICATING WITH THE ATTENDING PHYSICIAN AND NURSE. THE NEUROLOGIST CAN ALSO ACCESS THE PATIENT'S MEDICAL RECORDS, IMAGES AND LAB RESULTS JUST AS EASILY AS BEING IN THE ROOM. MOST IMPORTANTLY, REMOTE CONSULTATIONS TAKE PLACE WITHIN MOMENTS OF ADMITTING THE STROKE PATIENT, ALLOWING OUR PHYSICIANS TO INTERVENE QUICKLY BEFORE EXTENSIVE DAMAGE IS DONE.

MANAGED CARE CAPITATION: VALLEY PRESBYTERIAN HOSPITAL PARTICIPATES IN THE CARE OF MANAGED MEDI-CAL CAPITATED PATIENTS IN PARTNERSHIP WITH SEVERAL MEDICAL GROUPS SERVING THE SAN FERNANDO VALLEY REGION.

CAPITATION IS A METHOD OF PAYMENT FOR HEALTH SERVICES IN WHICH A HOSPITAL IS PAID A FIXED AMOUNT PER ENROLLEE TO COVER A DEFINED SCOPE OF SERVICES FOR A DEFINED POPULATION SET REGARDLESS OF ACTUAL NUMBER OR NATURE SERVICES PROVIDED.

FORM 990, PART III, LINE 4A

EXEMPT PURPOSE ACHIEVEMENTS (CONTINUATION)

CONTINUATION OF PROGRAMS, FACILITIES, AND SERVICES:

OBSTETRICAL (OB) SERVICE AFFINITY PROGRAM - LITTLE TREASURES: VALLEY PRESBYTERIAN HOSPITAL HAS CREATED THE LITTLE TREASURES OR THE "PEQUENOS TESOROS" PROGRAM AS A WAY OF CREATING A UNIFYING IDENTITY FOR THE FULL SUITE OF MATERNITY SERVICES OFFERED BY THE HOSPITAL. LITTLE TREASURES CREATES A VISUAL, EMOTIONAL AND RELATABLE EXPRESSION FOR THE MISSION OF VPH'S MATERNITY SERVICES: A SINGULAR COMMITMENT TO THE HEALTH AND WELL-BEING OF THE WOMEN OF OUR COMMUNITY, THEIR CHILDREN AND THEIR FAMILIES.

HIGH RISK INFANT CLINIC: THE NEONATAL INTENSIVE CARE UNIT (NICU) IS

032212
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

15050916 145857 608464

64
2010.0602 AS AMENDED
VALLEY PRESBYTERIAN HOSPITAL 6084642

Name of the organization

VALLEY PRESBYTERIAN HOSPITAL

Employer identification number

95-1945832

CERTIFIED BY CALIFORNIA CHILDREN'S SERVICES (CCS) WITHIN THE SAN FERNANDO VALLEY TO PROVIDE FOLLOW-UP CARE FOR HIGH-RISK BABIES THAT QUALIFY FOR CCS CHILDBIRTH SERVICES. EACH HIGH-RISK INFANT IS EVALUATED EVERY SIX MONTHS, 18 MONTHS AND 24 MONTHS.

AMPUTATION PREVENTION CENTER: VALLEY PRESBYTERIAN HOSPITAL'S AMPUTATION PREVENTION CENTER (APC) IS ONE OF A HANDFUL OF IDENTIFIED HOSPITAL-BASED CENTERS IN THE NATION TO OFFER CUTTING EDGE CLINICAL AND TECHNOLOGICAL EXPERTISE IN LIMB SALVAGE.

CARDIAC REHABILITATION: CARDIAC REHABILITATION IS A CUSTOMIZED PROGRAM OF EXERCISE AND EDUCATION DESIGNED TO HELP PATIENTS RECOVER AFTER A HEART ATTACK FROM OTHER FORMS OF HEART DISEASE, OR AFTER SURGERY TO TREAT HEART DISEASE.

VALLEY REHABILITATION CENTER (VRC): THE VALLEY REHABILITATION CENTER (VRC) OFFERS A 15-BED CAPACITY AND INCLUDES A PATIENT DINING AREA AND THERAPY GYM EQUIPPED WITH A BODY WEIGHT SUPPORT TREADMILL. PATIENTS REFERRED TO THE VRC RECEIVE CARE FROM THE VALLEY'S BEST INTERDISCIPLINARY TEAM OF EXPERTS. THE TEAM INCLUDES A PHYSICAL THERAPIST, 24/7 REHABILITATION NURSES, OCCUPATIONAL THERAPISTS, SPEECH AND RECREATIONAL THERAPISTS, DIETITIANS, ORTHOTIC/PROSTHETIC CONSULTANTS AND A LICENSED CLINICAL SOCIAL WORKER. A NEUROPSYCHOLOGIST IS ALSO AVAILABLE TO HELP WITH THE EMOTIONAL AND COGNITIVE ISSUES PATIENTS AND FAMILIES FACE DURING AND AFTER THEIR REHABILITATION.

PHYSICIAN REFERRAL SERVICES: VALLEY PRESBYTERIAN HOSPITAL'S PHYSICIAN REFERRAL SERVICE IS A FREE SERVICE THAT HELPS COMMUNITY MEMBERS FIND A

032212
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

15050916 145857 608464

65
AS AMENDED
2010.06020 VALLEY PRESBYTERIAN HOSPITAL 6084642

Name of the organization

VALLEY PRESBYTERIAN HOSPITAL

Employer identification number
95-1945832

PRIMARY CARE PHYSICIAN OR SPECIALIST. THIS PROGRAM PROVIDES MORE THAN 300 FREE REFERRALS A MONTH TO MEMBERS OF THE COMMUNITY AND SURROUNDING GREATER SAN FERNANDO VALLEY. OUR CONSULTANTS ARE ABLE TO PROVIDE THE FOLLOWING INFORMATION ABOUT A PHYSICIAN: BOARD CERTIFICATION, EDUCATION, GENDER, LANGUAGES SPOKEN, MEDICAL INSURANCE ACCEPTED, OFFICE HOURS, AND LOCATIONS.

MEDI-CAL ELIGIBILITY UNIT: VALLEY PRESBYTERIAN HOSPITAL OFFERS A MEDI-CAL ELIGIBILITY UNIT TO ASSIST IN QUALIFYING UNINSURED PATIENTS AND A SELECT GROUP OF INSURED PATIENTS FOR MEDI-CAL BENEFITS.

CLINICAL CARE INTERNSHIPS: THE CLINICAL CARE EXTENDER PIPELINE PROGRAM RECRUITS A DIVERSE GROUP OF STUDENTS AND INDIVIDUALS IN CAREER TRANSITION FROM SURROUNDING COLLEGES AND UNIVERSITIES TO PARTICIPATE IN A YEAR-LONG VOLUNTEER CLINICAL INTERNSHIP. THROUGH THIS INTERNSHIP, PARTICIPANTS GAIN EXPERIENTIAL EDUCATION IN DEPARTMENTS THROUGHOUT THE HOSPITAL AND ARE MOTIVATED TO PURSUE CAREERS IN HEALTH CARE.

NURSE SCHOLAR PROGRAM: THE NURSE SCHOLAR PROGRAM AIMS TO GROW NURSES FROM WITHIN THE COMMUNITY TO SERVE THE UNIQUE NEEDS OF VALLEY PRESBYTERIAN HOSPITAL'S DIVERSE PATIENT POPULATION. IN FISCAL YEAR 2011, VPH PROVIDED 16 NURSING STUDENTS WITH FINANCIAL SUPPORT ASSOCIATED WITH NURSING SCHOOL. IN ADDITION TO FINANCIAL SUPPORT, THE NURSE SCHOLARS ARE PROVIDED MENTORSHIP AND GUIDANCE BY EXPERIENCED NURSE EDUCATORS, AND THE NURSE EDUCATORS WORK WITH THEM THROUGH ANY CHALLENGES THAT OCCUR WHILE IN NURSING SCHOOL. UPON COMPLETING THEIR NURSING PROGRAMS, NURSE SCHOLARS ARE HIRED BY VALLEY PRESBYTERIAN HOSPITAL AND COMMIT TO SERVING THE COMMUNITY FOR A MINIMUM OF ONE YEAR.

032212
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

15050916 145857 608464

66
AS AMENDED
2010.06020 VALLEY PRESBYTERIAN HOSPITAL 6084642

Name of the organization

VALLEY PRESBYTERIAN HOSPITAL

Employer identification number
95-1945832

STUDENT HEALTHCARE PROGRAM: VALLEY PRESBYTERIAN HOSPITAL PARTNERS WITH LOS ANGELES VALLEY COLLEGE (LAVC) TO BRING LOW-AND NO-COST QUALITY HEALTHCARE TO OUR COMMUNITY'S STUDENTS. THROUGH THIS UNIQUE COLLABORATION, THE HOSPITAL PROVIDES PHYSICIANS AND PHYSICIAN ASSISTANTS FOR LAVC'S STUDENT HEALTH CENTER, WHERE ENROLLED STUDENTS BENEFIT FROM AN ARRAY OF HEALTHCARE SERVICES, INCLUDING PHYSICAL EXAMS, SCREENINGS, IMMUNIZATIONS AND REFERRALS.

MATERNAL CHILD HEALTH SERVICES: VALLEY PRESBYTERIAN HOSPITAL CONTINUES TO ADVOCATE AND ACT ON THE SURGEON GENERAL'S CALL-TO-ACTION TO SUPPORT BREASTFEEDING. BREASTFEEDING IS RECOGNIZED AS A PREVENTIVE MEASURE FOR OBESITY, DIABETES AND OTHER CHRONIC ILLNESSES. THIS IS WHY VALLEY PRESBYTERIAN HOSPITAL ADVOCATES BREASTFEEDING AS THE HEALTHIEST OPTION FOR NURTURING NEWBORNS.

PREPARED CHILDBIRTH: PREPARED CHILDBIRTH CLASSES EDUCATE EXPECTING PARENTS-TO-BE ABOUT PERSONAL NUTRITION, RELAXATION SKILLS, BREATHING TECHNIQUES, ADMINISTRATION OF EPIDURAL ANESTHESIA, C-SECTION DELIVERY AND THE LATEST IN LABOR AND DELIVERY COMFORT MEASURES.

CHILDBIRTH EDUCATION: VALLEY PRESBYTERIAN HOSPITAL RECOGNIZES THAT CHILDBIRTH EDUCATION IS A VITAL COMPONENT IN PREPARING FOR DELIVERING A BABY. TO ASSIST PARENTS IN PLANNING FOR THEIR DELIVERY, VPH OFFERS CLASSES THAT COVER IMPORTANT INFORMATION AND TRAINING ON THE FOLLOWING: BASIC PREGNANCY INFORMATION, PREPARATION FOR THE LABORING PROCESS, PAIN MANAGEMENT, RELAXATION TECHNIQUES, PARTNER COPING MEASURES, AND POST-PARTUM CARE.

032212
01-24-11

AS AMENDED

Schedule O (Form 990 or 990-EZ) (2010)

15050916 145857 608464

2010.06020 VALLEY PRESBYTERIAN HOSPITAL 6084642

Name of the organization

VALLEY PRESBYTERIAN HOSPITAL

Employer identification number
95-1945832

BABY BEGINNINGS: BABY BEGINNINGS CLASSES ARE INTENDED TO OFFER EXPECTING PARENTS-TO-BE A PROPER FOUNDATION WHEN IT COMES TO BASIC INFANT CARE. VALLEY PRESBYTERIAN HOSPITAL OFFERS CLASSES THAT EDUCATE PARENTS ON THE FOLLOWING: CHOOSING A PEDIATRICIAN, INFANT BEHAVIOR, BATHING TECHNIQUES, SAFETY, FEEDING PATTERNS, AND SWADDLING AND SOOTHING TECHNIQUES.

HEART SAVER: THE HEART SAVER PROGRAM PROVIDES OUR COMMUNITY MEMBERS EDUCATION ON CARDIOPULMONARY RESUSCITATION (CPR) FOR ADULTS, CHILDREN AND INFANTS.

COMMUNITY HEALTH AND WELLNESS OUTREACH: AS A PRIMARY STROKE CENTER, VALLEY PRESBYTERIAN HOSPITAL HOSTED ITS FIRST ANNUAL STROKE AND WELLNESS FAIR IN 2011, WHICH WAS ATTENDED BY MORE THAN 600 PEOPLE. VPH PROVIDED MORE THAN 400 FREE FLU VACCINATIONS; CAROTID ARTERY SCREENINGS; CHOLESTEROL, GLUCOSE (BLOOD SUGAR), AND BLOOD PRESSURE SCREENINGS, AND BODY FAT (BMI) ANALYSES.

ANOTHER COMMUNITY OUTREACH PROGRAM WHERE VALLEY PRESBYTERIAN HOSPITAL PARTICIPATED WAS A COMMUNITY HEALTH AND SAFETY FAIR HOSTED BY LOS ANGELES CITY COUNCILMAN TONY CARDENAS. THIS EVENT BROUGHT TOGETHER MORE THAN 30 ORGANIZATIONS-INCLUDING CITY, COUNTY, STATE AND FEDERAL AGENCIES FOR THIS ANNUAL EVENT. VALLEY PRESBYTERIAN HOSPITAL OFFERED BLOOD PRESSURE SCREENINGS TO ATTENDEES AND FREE INFORMATION ON CARDIOVASCULAR HEALTH. MORE THAN 2,000 COMMUNITY MEMBERS ATTENDED THE EVENT.

Name of the organization

VALLEY PRESBYTERIAN HOSPITAL

Employer identification number

95-1945832

VALLEY PRESBYTERIAN HOSPITAL ALSO PARTICIPATED IN THE FOLLOWINGCOMMUNITY WELLNESS PROGRAMS:

-HEALTHY KIDS DAY - THIS EVENT EDUCATED THE COMMUNITY ON HEALTHY EATING HABITS, NUTRITIONAL FOOD MODELS FOR LOW CALORIE OPTIONS, PROPORTIONAL FOOD SERVINGS AND BALANCED NUTRITIONAL MEALS. MORE THAN 150 COMMUNITY MEMBERS PARTICIPATED IN THE EVENT.

-BREASTFEEDING CHALLENGE AND FAMILY FAIR - THIS FAIR ENCOURAGES EXPECTING MOTHERS TO PARTICIPATE IN BREASTFEEDING THEIR INFANTS. VALLEY PRESBYTERIAN HOSPITAL PROVIDED BREASTFEEDING SUPPORT INFORMATIONAL MATERIALS AND A REGISTERED NURSE TO ANSWER INQUIRIES ABOUT BREASTFEEDING.

-CHILDREN'S COMMUNITY SCHOOL 16TH ANNUAL HEALTH AND SAFETY FAIR - THIS HEALTH FAIR IS ATTENDED BY VAN NUYS CHILDREN AND FAMILIES SEEKING EDUCATION ON DIABETES. VPH PROVIDED HEALTH CARE PROFESSIONALS TO PERFORM GLUCOSE SCREENINGS AND DISTRIBUTE EDUCATIONAL MATERIALS ON DIABETES PREVENTION.

SCHEDULE R
(Form 990)

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.

Name of the organization

Related Organizations and Unrelated Businesses

► 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.

VALLEY PRESBYTERIAN HOSPITAL

Part I | Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part V, line 33.)

Part II Identification of Related Tax-Exempt Organizations during the tax year

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 52(b)(13) controlled entity?
Yes	No					
HEALTH DYNAMICS INC. - 95-3795346 15107 VANOWEN ST. VAN NUYS, CA 91405	PARENT COMPANY OF HOSPITAL CALIFORNIA		501(C) (3)	LINE 11C, 111-FI	N/A	X

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

Schedule A (Form 990) 2010

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

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

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

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

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

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

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	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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.

Part VII **Supplemental Information**

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

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

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 File by the extended due date for filing your return. See instructions.	Name of exempt organization VALLEY PRESBYTERIAN HOSPITAL	Employer identification number 95-1945832
	Number, street, and room or suite no. If a P.O. box, see instructions. 15107 VANOWEN STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. VAN NUYS, CA 91405	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8869.

BILL WILSON

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	\$	0.
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	\$	0.
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	\$	0.

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

Tille ► CPA

Date ► 6/11/12

Form 8368 (Rev. 1-2011)

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