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Form 990

## Return of Organization Exempt From Income Tax

2014

Open to Public  
Inspection

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

- Do not enter social security numbers on this form as it may be made public
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

## A For the 2014 calendar year, or tax year beginning 11-01-2014, and ending 10-31-2015

B Check if applicable	C Name of organization VALLEY PRESBYTERIAN HOSPITAL		D Employer identification number 95-1945832
<input type="checkbox"/> Address change			
<input type="checkbox"/> Name change	Doing business as		
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Final return/terminated	Number and street (or P.O. box if mail is not delivered to street address) 15107 VANOWEN STREET	Room/suite	
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending	City or town, state or province, country, and ZIP or foreign postal code VAN NUYS, CA 91405		G Gross receipts \$ 403,492,210
F Name and address of principal officer LORI CARDLE 15107 VANOWEN STREET VAN NUYS, CA 91405		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

I Tax-exempt status  501(c)(3)  501(c) ( ) (insert no)  4947(a)(1) or  527J Website: ► [WWW.VALLEYPRES.ORG](http://WWW.VALLEYPRES.ORG)K Form of organization  Corporation  Trust  Association  Other ► L Year of formation 1948 M State of legal domicile CA

## Part I Summary

1 Briefly describe the organization's mission or most significant activities <u>VALLEY PRESBYTERIAN HOSPITAL EXISTS TO IMPROVE THE QUALITY OF HEALTH IN OUR COMMUNITY</u>	
2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets	
3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3 21
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4 13
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . .	5 1,926
6 Total number of volunteers (estimate if necessary) . . . . .	6 734
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

8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year 2,324,825	Current Year 2,787,759
9 Program service revenue (Part VIII, line 2g) . . . . .	254,586,124	379,393,965
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	4,687,974	3,110,398
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,490,053	7,472,529
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	271,088,976	392,764,651

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	327,353	1,716,942
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)	131,784,158	138,148,669
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	141,678,286	200,001,959
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	273,789,797	339,867,570
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	-2,700,821	52,897,081

20 Total assets (Part X, line 16) . . . . .	Beginning of Current Year 228,216,894	End of Year 285,456,877
21 Total liabilities (Part X, line 26) . . . . .	95,841,034	101,152,022
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	132,375,860	184,304,855

## 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	*****	2016-09-12
	Signature of officer LORI CARDLE SVP FIN/CFO	Date
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name RENIE BURBANK	Preparer's signature RENIE BURBANK	Date	Check <input type="checkbox"/> if self-employed	PTIN P00159653
	Firm's name ► MOSS ADAMS LLP			Firm's EIN ► 91-0189318	
	Firm's address ► 101 SECOND STREET SUITE 900 SAN FRANCISCO, CA 94105			Phone no (415) 956-1500	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III **1** Briefly describe the organization's mission

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

**4a** (Code ) (Expenses \$ 257,907,721 including grants of \$ 1,716,942 ) (Revenue \$ 381,781,834 )  
SEE SCHEDULE O

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
NONE

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
NONE

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

**4e** **Total program service expenses** ► 257,907,721

**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* (see instructions)?

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 for which 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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, 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 XI

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

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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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 (see instructions)

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 hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

**Part IV Checklist of Required Schedules (continued)**

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
24c	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		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

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

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

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	<b>1a</b> 369		
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . .	<b>1c</b> Yes		
<b>2a</b> 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 . . .	<b>2a</b> 1,926		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b> Yes		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	<b>3a</b> No		
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . .	<b>3b</b>		
<b>4a</b> 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)? . . .	<b>4a</b> No		
<b>b</b> If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	<b>5a</b> No		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	<b>5b</b> No		
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5c</b>		
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . .	<b>6a</b> No		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	<b>6b</b>		
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . .	<b>7a</b> Yes		
<b>7</b> <b>Organizations that may receive deductible contributions under section 170(c).</b>	<b>7b</b> Yes		
<b>a</b> 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? . . .	<b>7c</b> No		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .	<b>7d</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . .	<b>7e</b> No		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7f</b> No		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	<b>7g</b>		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	<b>7h</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	<b>8</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . .	<b>9a</b>		
<b>8</b> <b>Sponsoring organizations maintaining donor advised funds.</b>	<b>9b</b>		
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . .			
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . .	<b>10a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	<b>10b</b>		
<b>10</b> <b>Section 501(c)(7) organizations.</b> Enter			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . .	<b>11a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>11b</b>		
<b>11</b> <b>Section 501(c)(12) organizations.</b> Enter	<b>12a</b>		
<b>a</b> Gross income from members or shareholders . . .	<b>12b</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . .			
<b>12a</b> <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . .			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . .	<b>13a</b>		
<b>13</b> <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13b</b>		
<b>b</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 . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . .	<b>14a</b> No		
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . .	<b>14b</b>		

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

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

### Section A. Governing Body and Management

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	21		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	13		
<b>2</b> 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?	<b>2</b>		No	
<b>3</b> 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?	<b>3</b>		No	
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No	
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		No	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>		No	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		No	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	<b>8a</b>	Yes		
<b>a</b> The governing body?	<b>8b</b>	Yes		
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>9</b>		No	
<b>9</b> 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				

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

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>		No
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes	
<b>15</b> 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?	<b>15a</b>	Yes	
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15b</b>	Yes	
<b>b</b> Other officers or key employees of the organization			
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
<b>16a</b> 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>16a</b>		No
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>		

### Section C. Disclosure

<b>17</b> List the States with which a copy of this Form 990 is required to be filed	<input checked="" type="checkbox"/> CA
<b>18</b> Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
<b>19</b> Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
<b>20</b> State the name, address, and telephone number of the person who possesses the organization's books and records	
►LORI CARDLE 15107 VANOWEN ST VAN NUYS, CA 91405 (818) 782-6600	

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee Or director	Institutional Trustee	Officer	Key employee	Highest compensated Employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	3,861,849	0	673,074

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **►329**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
PREFERRED IPA 1025 N BRAND BLVD 100 GLENDALE, CA 91202	MEDICAL SERVICES	4,602,763
SHANGRI-LA CONSTRUCTION 36 DISCOVERY SUITE 240 IRVINE, CA 92618	CONSTRUCTION	3,422,016
REHABCARE GROUP PO BOX 502096 ST LOUIS, MO 63150	HEALTHCARE MANAGEMENT	2,475,987
ST VINCENT ANESTHESIA MEDICAL PO BOX 50045 PASADENA, CA 91115	ANESTHESIA SERVICES	1,666,667
COMMUNITY FAMILY CARE MEDICAL GROUP 19210 S VERNONT AVE GARDENA, CA 90048	MEDICAL SERVICES	1,623,913
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>►72</b>		

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII 

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	380,865		
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b>	1,538,207		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	868,687		
	<b>g</b> Noncash contributions included in lines 1a-1f \$				
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		2,787,759		
<b>Program Service Revenue</b>	<b>2a</b> PATIENT SERVICE REV	Business Code 541900	378,696,406	378,696,406	
	<b>b</b> EXEMPT ORG REVENUE	541900	697,559	697,559	
	<b>c</b>				
	<b>d</b>				
	<b>e</b>				
	<b>f</b> All other program service revenue				
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		379,393,965		
	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		2,718,368		2,718,368
<b>4</b> Income from investment of tax-exempt bond proceeds					
<b>5</b> Royalties . . . . .					
<b>6a</b> Gross rents	(I) Real 285,566				
<b>b</b> Less rental expenses	5,488				
<b>c</b> Rental income or (loss)	280,078				
<b>d</b> Net rental income or (loss) . . . . .		280,078		280,078	
<b>7a</b> Gross amount from sales of assets other than inventory	(I) Securities 10,947,231				
<b>b</b> Less cost or other basis and sales expenses	10,555,201				
<b>c</b> Gain or (loss)	392,030				
<b>d</b> Net gain or (loss) . . . . .		392,030		392,030	
<b>8a</b> Gross income from fundraising events (not including \$ <u>380,865</u> of contributions reported on line 1c) See Part IV, line 18 . . . . .					
<b>b</b> Less direct expenses . . . . .	<b>a</b> 131,060 <b>b</b> 166,870				
<b>c</b> Net income or (loss) from fundraising events . . . . .		-35,810		-35,810	
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>				
<b>b</b> Less direct expenses . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>				
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory . . . . .					
<b>Miscellaneous Revenue</b>	Business Code				
<b>11a</b> ANCILLARY & OTHER REV	900099	6,031,492	2,387,869		3,643,623
<b>b</b> FOOD SALES	811000	1,006,655			1,006,655
<b>c</b> GIFT SHOP REVENUE	453220	190,114			190,114
<b>d</b> All other revenue . . . . .					
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		7,228,261			
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		392,764,651	381,781,834	0	8,195,058

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	1,716,942	1,716,942		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	5,409,262		5,409,262	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	107,972,039	90,988,970	16,983,069	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	3,491,941		3,491,941	
<b>9</b> Other employee benefits . . . . .	13,130,821	161,836	12,968,985	
<b>10</b> Payroll taxes . . . . .	8,144,606	6,637,004	1,507,602	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .	5,445,756	3,947,118	1,498,638	
<b>b</b> Legal . . . . .	801,176		801,176	
<b>c</b> Accounting . . . . .	202,427		202,427	
<b>d</b> Lobbying . . . . .	205,953		205,953	
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	30,196,773	18,505,905	11,690,868	
<b>12</b> Advertising and promotion . . . . .	445,485		445,485	
<b>13</b> Office expenses . . . . .	7,570,672	6,179,245	1,391,427	
<b>14</b> Information technology . . . . .	2,896,560		2,896,560	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	4,459,099	553,045	3,906,054	
<b>17</b> Travel . . . . .	423,444	53,922	369,522	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	71,270	14,595	56,675	
<b>20</b> Interest . . . . .	1,740,840		1,740,840	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	8,319,099		8,319,099	
<b>23</b> Insurance . . . . .	3,092,842		3,092,842	
<b>24</b> Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
<b>a</b> PROVIDER PROGRAM FEES	52,072,597	52,072,597		
<b>b</b> CAPITATION EXPENSES	43,036,206	43,036,206		
<b>c</b> MEDICAL SUPPLIES	30,897,250	30,878,839	18,411	
<b>d</b> OTHER CONTROLLABLE EXP	8,124,510	3,161,497	4,963,013	
<b>e</b> All other expenses				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	339,867,570	257,907,721	81,959,849	0
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X 

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
Assets			
1	Cash—non-interest-bearing	3,048,740	<b>1</b> 3,371,697
2	Savings and temporary cash investments	3,722,421	<b>2</b> 34,784,763
3	Pledges and grants receivable, net	835,140	<b>3</b> 868,380
4	Accounts receivable, net	29,360,403	<b>4</b> 33,219,315
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5	
6	Loans and other 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) Complete Part II of Schedule L	6	
7	Notes and loans receivable, net	7	
8	Inventories for sale or use	3,674,252	<b>8</b> 3,837,499
9	Prepaid expenses and deferred charges	3,360,229	<b>9</b> 2,760,757
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 269,946,944	
b	Less accumulated depreciation	<b>10b</b> 180,633,981	<b>10c</b> 89,312,963
11	Investments—publicly traded securities	87,762,989	<b>11</b> 99,186,497
12	Investments—other securities See Part IV, line 11	12	
13	Investments—program-related See Part IV, line 11	13	
14	Intangible assets	14	
15	Other assets See Part IV, line 11	10,357,474	<b>15</b> 18,115,006
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	228,216,894	<b>16</b> 285,456,877
Liabilities			
17	Accounts payable and accrued expenses	46,845,477	<b>17</b> 63,754,216
18	Grants payable	18	
19	Deferred revenue	2,003,618	<b>19</b>
20	Tax-exempt bond liabilities	20	
21	Escrow or custodial account liability Complete Part IV of Schedule D	21	
22	Loans and other payables to 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	31,534,811	<b>23</b> 18,965,060
24	Unsecured notes and loans payable to unrelated third parties	24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	15,457,128	<b>25</b> 18,432,746
26	<b>Total liabilities.</b> Add lines 17 through 25	95,841,034	<b>26</b> 101,152,022
Net Assets or Fund Balances			
	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
27	Unrestricted net assets	126,583,970	<b>27</b> 178,984,669
28	Temporarily restricted net assets	5,791,890	<b>28</b> 5,320,186
29	Permanently restricted net assets	29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
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	132,375,860	<b>33</b> 184,304,855
34	<b>Total liabilities and net assets/fund balances</b>	228,216,894	<b>34</b> 285,456,877

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	392,764,651
2	Total expenses (must equal Part IX, column (A), line 25)	2	339,867,570
3	Revenue less expenses Subtract line 2 from line 1	3	52,897,081
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	132,375,860
5	Net unrealized gains (losses) on investments	5	-672,331
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-295,755
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	184,304,855

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
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? 3b 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	3a	No
	3b	

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 95-1945832  
**Name:** VALLEY PRESBYTERIAN HOSPITAL

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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			
(1) GREG KAY MD ..... CHAIRMAN	1 25 .....	X		X			0	0	0
(1) WILLIAM C ALLEN ..... SECRETARY	0 40 .....	X		X			0	0	0
(2) JAMES PORTER ..... TREASURER (THRU 12/2014)	0 40 .....	X		X			0	0	0
(3) DAVID ADELMAN ..... DIRECTOR	0 50 .....	X					0	0	0
(4) DANIEL CHANDLER ..... DIRECTOR	0 40 .....	X					0	0	0
(5) DAVID FLEMING ..... CHAIRMAN EMERITUS	0 40 .....	X					0	0	0
(6) RUTH GARCIA-CORRALES ..... DIRECTOR	0 40 .....	X					0	0	0
(7) ALEX GUERRERO ..... DIRECTOR	0 58 .....	X					0	0	0
(8) DIANNE F HARRISON ..... DIRECTOR	0 50 .....	X					0	0	0
(9) RICHARD KATZ ..... DIRECTOR	0 40 .....	X					0	0	0
(10) PETER KOETTERS MD ..... DIRECTOR	0 77 .....	X					0	0	0
(11) DIEGO A MECHOSO MD ..... DIRECTOR (THRU 12/2014)	0 40 .....	X					0	0	0
(12) MATTHEW MISCHEL MD ..... DIRECTOR	0 40 .....	X					0	0	0
(13) TODD MOLDAWER MD ..... DIRECTOR	0 40 .....	X					0	0	0
(14) GANESA PANDIAN MD ..... DIRECTOR	0 40 .....	X					21,840	0	0
(15) TRACY RAFTER ..... DIRECTOR	0 40 .....	X					0	0	0
(16) JOSHUA ROKAW MD ..... DIRECTOR	0 40 .....	X					44,835	0	0
(17) BARBARA ROMERO ..... DIRECTOR	0 40 .....	X					0	0	0
(18) STUART SOLOMON ..... DIRECTOR (THRU 12/2014)	0 40 .....	X					0	0	0
(19) SUKSHMA SREEPATHI MD ..... CHIEF OF STAFF	0 77 .....	X					42,210	0	0
(20) TONY TARTAGLIA ..... DIRECTOR	0 40 .....	X					0	0	0
(21) FRANCISCO URIBE ..... DIRECTOR	0 40 .....	X					0	0	0
(22) VLADIMIR VICTORIO ..... DIRECTOR	0 40 .....	X					0	0	0
(23) GUSTAVO VALDESPINO ..... PRESIDENT/CHIEF EXECUTIVE OFFICER	40 00 .....			X			694,392	0	165,448
(24) LORI CARDLE ..... SR VP-FINANCE & OPERATIONS/CFO	40 00 .....			X			369,644	0	83,011

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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			
(26) JEAN O'KEEFE RICO ..... SR VP-CHIEF QUALITY OFFICER	40 00 .....			X			354,050	0	86,744
(1) GAYATHRI JITH ..... SR VP-STRATEGY/AMBULATORY SERVICES	40 00 .....			X			313,613	0	78,192
(2) LORI BURNELL ..... SR VP-CHIEF NURSING OFFICER	40 00 .....			X			216,401	0	45,261
(3) JONATHAN WU ..... VP-HUMAN RESOURCES	40 00 .....			X			233,136	0	32,639
(4) PEGI MATSUDA ..... PRESIDENT-FOUNDATION	40 00 .....			X			274,011	0	54,752
(5) JEFFREY ALLPORT ..... VP-CHIEF INFORMATION OFFICER	40 00 .....			X			238,109	0	50,759
(6) SOMASUNDARAM DEVADASON ..... PHARMACIST	40 00 .....				X		239,582	0	15,332
(7) JEREMY REDIN ..... ASSISTANT CHIEF FINANCIAL OFFICER	40 00 .....			X			220,840	0	16,500
(8) STARR WILLIAMS III ..... PHARMACIST	40 00 .....			X			214,193	0	12,110
(9) SOHEILA RAHMAN-ATAR ..... REGISTERED NURSE	40 00 .....			X			193,713	0	8,879
(10) DOMINADOR CRUZ ..... REGISTERED NURSE	40 00 .....			X			191,280	0	23,447

**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**2014****Open to Public  
Inspection**Department of the  
Treasury  
Internal Revenue Service**Name of the organization**  
VALLEY PRESBYTERIAN HOSPITAL**Employer identification number**

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a  **Type I**. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B**.

b  **Type II**. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C**.

c  **Type III functionally integrated**. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E**.

d  **Type III non-functionally integrated**. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V**.

e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . .

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
11 <b>Total support</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 <b>First five years.</b> 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 <b>stop here</b> . . . . . ►						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	
16a <b>33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ►		
b <b>33 1/3% support test—2013.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►		
17a <b>10%-facts-and-circumstances test—2014.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
b <b>10%-facts-and-circumstances test—2013.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12 )						
<b>14 First five years.</b> 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 <b>stop here</b> ►						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15
16 Public support percentage from 2013 Schedule A, Part III, line 15	16

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18
<b>19a 33 1/3% support tests—2014.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►	
<b>b 33 1/3% support tests—2013.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►	

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

**1** Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

**2** Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).

**3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

**b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.

**c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

**4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.

**b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .

**c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

**5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).

**b** **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

**c** **Substitutions only.** Was the substitution the result of an event beyond the organization's control?

**6** Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.

**7** Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

**8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).

**9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.

**b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.

**c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.

**10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.

**b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).

**11** Has the organization accepted a gift or contribution from any of the following persons?

**a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?

**b** A family member of a person described in (a) above?

**c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3a</b>		
<b>3b</b>		
<b>3c</b>		
<b>4a</b>		
<b>4b</b>		
<b>4c</b>		
<b>5a</b>		
<b>5b</b>		
<b>5c</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		
<b>9a</b>		
<b>9b</b>		
<b>9c</b>		
<b>10a</b>		
<b>10b</b>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Part IV Supporting Organizations (continued)****Section B. Type I Supporting Organizations**

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

a  The organization satisfied the Activities Test Complete **line 2** below

b  The organization is the parent of each of its supported organizations Complete **line 3** below

c  The organization supported a governmental entity Describe in Part VI how you supported a government entity (**see instructions**)

2 Activities Test **Answer (a) and (b) below.**

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.**

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.**

3 Parent of Supported Organizations **Answer (a) and (b) below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

**Section A - Adjusted Net Income**

1 Net short-term capital gain  
 2 Recoveries of prior-year distributions  
 3 Other gross income (see instructions)  
 4 Add lines 1 through 3  
 5 Depreciation and depletion  
 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  
 6 Other expenses (see instructions)  
 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

**Section B - Minimum Asset Amount**

1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)  
 a Average monthly value of securities  
 b Average monthly cash balances  
 c Fair market value of other non-exempt-use assets  
 d Total (add lines 1a, 1b, and 1c)  
 e Discount claimed for blockage or other factors (explain in detail in Part VI) \_\_\_\_\_  
 2 Acquisition indebtedness applicable to non-exempt use assets  
 3 Subtract line 2 from line 1d  
 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)  
 5 Net value of non-exempt-use assets (subtract line 4 from line 3)  
 6 Multiply line 5 by 035  
 7 Recoveries of prior-year distributions  
 8 Minimum Asset Amount (add line 7 to line 6)

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

**Section C - Distributable Amount**

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

		Current Year
1		
2		
3		
4		
5		
6		

**Section D - Distributions**

	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2014</b>	<b>(iii) Distributable Amount for 2014</b>
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009. . . . .			
<b>b</b> From 2010. . . . .			
<b>c</b> From 2011. . . . .			
<b>d</b> From 2012. . . . .			
<b>e</b> From 2013. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2014 from Section D, line 7 \$ _____			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> From 2010. . . . .			
<b>b</b> From 2011. . . . .			
<b>c</b> From 2012. . . . .			
<b>d</b> From 2013. . . . .			
<b>e</b> From 2014. . . . .			

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

Facts And Circumstances Test

Return Reference

Explanation

## **SCHEDULE C**

## Political Campaign and Lobbying Activities

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ

► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

2014

**Open to Public  
Inspection**

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

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• Section 501(c)(4), (5), or (6) organizations. Complete Part III.

Name of the organization  
VALLEY PRESBYTERIAN HOSPITAL

**Employer identification number**

95-1945832

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization**

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2** Political expenditures
- 3** Volunteer hours

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

**1** Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ \_\_\_\_\_

**2** Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ \_\_\_\_\_

**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No

**4a** Was a correction made?  Yes  No

**b** If "Yes," describe in Part IV

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

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ \_\_\_\_\_

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ \_\_\_\_\_

**3** Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ \_\_\_\_\_

**4** Did the filing organization file **Form 1120-POL** for this year?  Yes  No

**5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

**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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)			
<b>d</b> Other exempt purpose expenditures			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)			
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
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		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)			
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-			
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**4-Year Averaging Period Under section 501(h)**

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a) 2011</b>	<b>(b) 2012</b>	<b>(c) 2013</b>	<b>(d) 2014</b>	<b>(e) Total</b>
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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)).**

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?	Yes		205,953
<b>j</b> Total Add lines 1c through 1i			205,953
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

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

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> 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?		
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	4	
	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	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

**Part IV** **Supplemental Information (continued)**

Return Reference	Explanation

**Schedule C (Form 990 or 990EZ) 2014**

2014

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

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

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Department of the Treasury  
Internal Revenue Service**Name of the organization**  
VALLEY PRESBYTERIAN HOSPITAL**Employer 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 value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

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

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

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

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

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year  
► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year  
► \$ \_\_\_\_\_

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

9 In Part XIII, 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 XIII, the text of the footnote to its financial statements that describes these items

b 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) Revenue 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 Revenue 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)

<b>a</b> <input type="checkbox"/> Public exhibition	<b>d</b> <input type="checkbox"/> Loan or exchange programs
<b>b</b> <input type="checkbox"/> Scholarly research	<b>e</b> <input type="checkbox"/> Other
<b>c</b> <input type="checkbox"/> Preservation for future generations	

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

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

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" 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 XIII and complete the following table

	<b>Amount</b>
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" 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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

**a** Board designated or quasi-endowment

**b** Permanent endowment

**c** Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

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

**(i)** unrelated organizations . . . . .

**(ii)** related organizations . . . . .

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

<b>Yes</b>	<b>No</b>
<b>3a(i)</b>	
<b>3a(ii)</b>	
<b>3b</b>	

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

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		1,587,222			1,587,222
<b>b</b> Buildings . . . . .		149,589,659	94,670,792		54,918,867
<b>c</b> Leasehold improvements . . . . .					
<b>d</b> Equipment . . . . .		107,181,385	85,963,189		21,218,196
<b>e</b> Other . . . . .		11,588,678			11,588,678
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .					89,312,963

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<b>(a) Description of security or category (including name of security)</b>	<b>(b) Book value</b>	<b>(c) Method of valuation Cost or end-of-year market value</b>
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
		</td

**Total.** (Column (b) must equal Form 990, Part X, col (B) line 12)

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c  
See Form 990, Part X, line 13.

**Total.** (Column (b) must equal Form 990, Part X, col (B) line 13 )

**Part IX Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

**Total.** (Column (b) must equal Form 990, Part X, col.(B) line 15.)

18,115,006

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

**Total. (Column (b) must equal Form 990, Part X, col (B) line 25)**  **18,432,746**

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	392,770,139
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	392,770,139
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII) . . . . .	4b	-5,488
c	Add lines 4a and 4b . . . . .	4c	-5,488
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5	392,764,651

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .	1	339,873,058
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII) . . . . .	2d	5,488
e	Add lines 2a through 2d . . . . .	2e	5,488
3	Subtract line 2e from line 1 . . . . .	3	339,867,570
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	339,867,570

**Part XIII Supplemental Information**

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

Return Reference	Explanation
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, 2015 OR 2014.
PART XI, LINE 4B - OTHER ADJUSTMENTS	RECLASSIFICATION RENTAL EXPENSES FOR NET RENTAL INCOME -5,488
PART XII, LINE 2D - OTHER ADJUSTMENTS	RECLASSIFICATION RENTAL EXPENSES FOR NET RENTAL INCOME 5,488

## **Part XIII      Supplemental Information (continued)**

Return Reference	Explanation

2014

Open to Public  
InspectionSCHEDULE G  
(Form 990 or 990-EZ)Supplemental Information Regarding  
Fundraising or Gaming ActivitiesComplete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the  
organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Department of the Treasury  
Internal Revenue ServiceName of the organization  
VALLEY PRESBYTERIAN HOSPITAL

Employer identification number

95-1945832

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total . . . . .</b>						

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		GOLF TOURNAMENT (event type)	DINNER (event type)	(total number)	
1	Gross receipts . . .	253,550	258,375		511,925
2	Less Contributions . . .	205,040	175,825		380,865
3	Gross income (line 1 minus line 2) . . .	48,510	82,550		131,060
4	Cash prizes . . .	20,678			20,678
5	Noncash prizes . . .	1,000	545		1,545
6	Rent/facility costs . . .	15,000	4,060		19,060
7	Food and beverages . . .	17,439	46,299		63,738
8	Entertainment . . .		4,600		4,600
9	Other direct expenses . . .	24,622	32,627		57,249
10	Direct expense summary Add lines 4 through 9 in column (d) . . . . .				(166,870)
11	Net income summary Subtract line 10 from line 3, column (d) . . . . .				-35,810

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
1	Gross revenue . . . . .				
2	Cash prizes . . . . .				
3	Non-cash prizes . . . . .				
4	Rent/facility costs . . . . .				
5	Other direct expenses . . . . .				
6	Volunteer labor . . . . .	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d) . . . . .				
8	Net gaming income summary Subtract line 7 from line 1, column (d) . . . . .				

9 Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_

**11** Does the organization conduct gaming activities with nonmembers?  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activities conducted in

13a	%
13b	%

**a** The organization's facility . . . . .

**b** An outside facility . . . . .

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party

Name ►

Address ►

**16** Gaming manager information

Name ►

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ►

 Director/officer Employee Independent contractor**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference

Explanation

SCHEDULE H  
(Form 990)

## Hospitals

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.  
► Attach to Form 990.► Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

2014

Open to Public  
InspectionName of the organization  
VALLEY PRESBYTERIAN HOSPITAL

Employer identification number

95-1945832

## Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
<input type="checkbox"/> Applied uniformly to all hospital facilities	<input type="checkbox"/> Applied uniformly to most hospital facilities	
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care	3a Yes	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other _____ 35000 0000000000 %		
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for <i>discounted</i> care	3b Yes	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input checked="" type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b No	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H		

## 7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			356,187	70	356,117	0 100 %
b Medicaid (from Worksheet 3, column a)			178,321,464	197,516,067	-19,194,603	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			3,100,229	249,760	2,850,469	0 840 %
d <b>Total</b> Financial Assistance and Means-Tested Government Programs			181,777,880	197,765,897	-15,988,017	0 940 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4)			527,207		527,207	0 160 %
f Health professions education (from Worksheet 5)			1,279,546		1,279,546	0 380 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			308,842		308,842	0 090 %
j <b>Total</b> Other Benefits			2,115,595		2,115,595	0 630 %
k <b>Total</b> Add lines 7d and 7j			183,893,475	197,765,897	-13,872,422	1 570 %

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

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

**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? **1** Yes

2 Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount **2** 5,405,920

3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit **3** 2,247,836

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) **5** 67,317,624

6 Enter Medicare allowable costs of care relating to payments on line 5 **6** 80,352,718

7 Subtract line 6 from line 5 This is the surplus (or shortfall) **7** -13,035,094

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? **9a** Yes

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

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

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

## Part V Facility Information

## **Section A. Hospital Facilities**

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

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

1

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

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

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

VALLEY PRESBYTERIAN HOSPITAL

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

1

		Yes	No
<b>Community Health Needs Assessment</b>			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
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 significant 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 checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13	5	Yes
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	6a	No
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	6b	No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	7	Yes
7	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	a	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW VALLEYPRES.ORG</u>	b	
b	<input type="checkbox"/> Other website (list url) _____	c	
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility	d	
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 14	10	Yes
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . HTTP //WWW VALLEYPRES.ORG/FOR-COMMUNITY/COMMUNITY- a If "Yes" (list url) <u>BENEFIT ASPX</u>	10b	No
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	12a	No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed	12b	
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information (continued)**

## VALLEY PRESBYTERIAN HOSPITAL

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
<b>Financial Assistance Policy (FAP)</b>			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP		
<p>a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>350 000000000000%</u> and FPG family income limit for eligibility for discounted care of <u>350 000000000000%</u></p> <p>b <input type="checkbox"/> Income level other than FPG (describe in Section C)</p> <p>c <input checked="" type="checkbox"/> Asset level</p> <p>d <input checked="" type="checkbox"/> Medical indigency</p> <p>e <input checked="" type="checkbox"/> Insurance status</p> <p>f <input checked="" type="checkbox"/> Underinsurance discount</p> <p>g <input type="checkbox"/> Residency</p> <p>h <input type="checkbox"/> Other (describe in Section C)</p>			
<b>13</b>	Yes		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .		
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
<p>a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</p> <p>b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</p> <p>c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</p> <p>d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p>			
<b>15</b>	Yes		
<b>16</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
<p>a <input type="checkbox"/> The FAP was widely available on a website (list url) _____</p> <p>b <input type="checkbox"/> The FAP application form was widely available on a website (list url) _____</p> <p>c <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) _____</p> <p>d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility</p> <p>h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</p> <p>i <input checked="" type="checkbox"/> Other (describe in Section C)</p>			
<b>16</b>	Yes		

**Billing and Collections**

<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .		
<b>17</b>	Yes		
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<p>a <input checked="" type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input checked="" type="checkbox"/> Actions that require a legal or judicial process</p> <p>d <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>e <input type="checkbox"/> None of these actions or other similar actions were permitted</p>			

**Part V Facility Information (continued)**

## VALLEY PRESBYTERIAN HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

	<b>Yes</b>	<b>No</b>
<b>19</b> Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	<b>19</b> Yes	
a <input checked="" type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input checked="" type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)		
a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why	<b>21</b> Yes	
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

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

<b>22</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C	<b>23</b> Yes	No
<b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C	<b>24</b> Yes	No

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16l, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

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

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

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

**Part VI Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNA's 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

Form and Line Reference	Explanation
PART I, LINE 7B	IN DECEMBER 2014, CMS APPROVED THE CURRENT FEE FOR SERVICE SUPPLEMENTAL PAYMENT COMPONENT OF THE CALIFORNIA PROVIDER FEE PROGRAM FOR THE THREE YEAR PERIOD JANUARY 1, 2014 THROUGH DECEMBER 31, 2016 AS A RESULT OF THE CMS APPROVAL, REVENUE AND EXPENSES FROM JANUARY 1, 2014 THROUGH OCTOBER 31, 2015 (22 MONTHS) WERE RECORDED IN FISCAL YEAR 2015 FURTHERMORE, IN JUNE 2015, CMS APPROVED THE NONEXPANSION MANAGED CARE SUPPLEMENTAL PAYMENT COMPONENT FOR THE FIRST SIX MONTH PERIOD OF THE JANUARY 1, 2014 THROUGH DECEMBER 31, 2016 CALIFORNIA PROVIDER FEE PROGRAM NET IMPACT OF THE PROVIDER FEE PROGRAM WAS \$50,063,590 WHICH DECREASED THE MEDICAID COMMUNITY BENEFIT EXPENSE VERSUS FISCAL YEAR 2014

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	SEE FORM 990, PART III, LINE 4A AND SCHEDULE O

Form and Line Reference	Explanation
PART III, LINE 4	<p>THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS DO NOT INCLUDE A BAD DEBT FOOTNOTE. THE FOOTNOTE FROM THE AUDITED FINANCIAL STATEMENT THAT ADDRESSES ALLOWANCE FOR DOUBTFUL ACCOUNTS IS AS FOLLOWS: PATIENT ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, THE HOSPITAL ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS. MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRDPARTY COVERAGE, THE HOSPITAL ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRDPARTY PAYOR HAS NOT YET PAID, OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY) FOR RECEIVABLES ASSOCIATED WITH SELFPAY PATIENTS AND NONCONTRACTED INSURANCE (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRDPARTY COVERAGE EXISTS FOR PART OF THE BILL), THE HOSPITAL RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. THE HOSPITAL'S ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR SELFPAY PATIENTS WAS 90.0 PERCENT OF SELFPAY ACCOUNTS RECEIVABLE AT BOTH OCTOBER 31, 2015 AND 2014. IN ADDITION, THE HOSPITAL'S WRITEOFFS TOTLED APPROXIMATELY \$2,554,000 AND \$9,561,000 FOR THE YEARS ENDED OCTOBER 31, 2015 AND 2014, RESPECTIVELY. DECREASED WRITEOFFS WERE THE RESULT OF A LOWER NUMBER OF SELFPAY ACCOUNTS PRIMARILY RELATED TO THE AFFORDABLE CARE ACT (ACA) AND MEDICAID EXPANSION RESULTING IN LESS UNINSURED PATIENTS. THE HOSPITAL HAS NOT CHANGED ITS CHARITY CARE OR UNINSURED DISCOUNT POLICIES DURING THE YEARS FOR THE YEARS ENDED OCTOBER 31, 2015 AND 2014. THE HOSPITAL MAINTAINED ALLOWANCES FOR DOUBTFUL ACCOUNTS FROM THIRDPARTY PAYORS OF APPROXIMATELY \$4,719,000 AND \$4,484,000 AS OF OCTOBER 31, 2015 AND 2014, RESPECTIVELY.</p>

Form and Line Reference	Explanation
PART III, LINE 8	THE COSTING METHODOLOGY WAS BASED ON THE 2015 MEDICARE COST REPORT COST TO CHARGE RATIO

Form and Line Reference	Explanation
PART III, LINE 9B	PAYMENT PLANS - BALANCES ARE DUE UPON DISCHARGE FROM THE HOSPITAL IF THE PATIENT DOES NOT QUALIFY FOR STATE ASSISTANCE OR VALLEY PRESBYTERIAN HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM, PAYMENT ARRANGEMENTS MAY BE ESTABLISHED WITH VALLEY PRESBYTERIAN HOSPITAL'S FINANCIAL COUNSELOR PAYMENT ARRANGEMENTS MAY BE MADE WITH NO INTEREST PENALTIES DEFAULTING ON A PAYMENT PLAN WILL RESULT IN DISQUALIFICATION OF THIS OPTION

Form and Line Reference	Explanation
PART VI, LINE 2	<p>COMMUNITY NEEDS ASSESSMENT AND PLANNING PROCESS AS AN INDEPENDENT, NONPROFIT COMMUNITY HOSPITAL, VALLEY PRESBYTERIAN HOSPITAL IS DEDICATED TO IMPROVING THE QUALITY OF HEALTH IN THE SAN FERNANDO VALLEY WE ARE A VALUES-BASED ORGANIZATION THAT STRIVES TO UPHOLD OUR CORE VALUES OF DIGNITY, RESPECT, COMPASSION, TRANSPARENCY AND COLLABORATION WE ARE COMMITTED TO SUPPORTING ACTIVITIES AND PROGRAMS THAT ADDRESS THE IDENTIFIED UNMET HEALTH NEEDS IN OUR SERVICE AREA VPH FOLLOWS A FOUR-STEP PROCESS TO DEVELOP THE COMMUNITY PLAN THE FOUR STEPS INCLUDE 1 REVIEW THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT AND OTHER INFORMATION FROM COMMUNITY-BASED ORGANIZATIONS, PUBLIC SOURCES, ETC 2 CREATE NEW PROGRAMS BASED ON INFORMATION FROM THE NEEDS ASSESSMENT, DISCUSSIONS WITH OTHER HEALTH CARE PROFESSIONALS, AND REVIEWING AND ASSESSING COMMUNITY PROGRAM INFORMATION FROM OTHER LOCAL HOSPITALS 3 REFERENCE THE VPH STRATEGIC PLAN TO ALIGN COMMUNITY BENEFIT PROGRAMS WITH OVERALL VPH GOALS, OBJECTIVES AND STRATEGIES 4 ANALYZE EXISTING COMMUNITY BENEFIT PROGRAM RESULTS TO ENHANCE AND OR MODIFY ACTIVITIES AND PROGRAMS TO BE IMPLEMENTED OR CONTINUED IN FISCAL YEAR 2015</p>

Form and Line Reference	Explanation
PART VI, LINE 3	<p>PATIENT EDUCATION A PACKET IS GIVEN TO ANY PATIENT IDENTIFIED AS SELF PAY OR UNDER INSURED FINANCIAL ASSISTANCE PROGRAM - UNINSURED OR UNDERINSURED PATIENTS WHO ARE UNABLE TO PAY THEIR BILL MAY BE ELIGIBLE FOR 100% FINANCIAL ASSISTANCE, LEAVING NO FINANCIAL OBLIGATION TO THE HOSPITAL FOR THE BILL QUALIFICATIONS ARE BASED UPON VERIFIABLE INCOME, FAMILY SIZE AND CURRENT FEDERAL POVERTY GUIDELINES TO QUALIFY FOR VALLEY PRESBYTERIAN HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM, REQUIRED DOCUMENTATION MUST BE SUBMITTED WITHIN 15 DAYS OF DISCHARGE FROM THE HOSPITAL UNINSURED DISCOUNT RATE - VALLEY PRESBYTERIAN HOSPITAL OFFERS DAILY RATES FOR INPATIENT SERVICES AND A SIGNIFICANTLY REDUCED CHARGE RATE FOR OUTPATIENT SERVICES THE DISCOUNT IS SIMILAR TO RATES PAID BY MEDICARE AND IS OFFERED UNDER THE UNINSURED DISCOUNT PROGRAM PAYMENT PLANS - BALANCES ARE DUE UPON DISCHARGE FROM THE HOSPITAL IF THE PATIENT DOES NOT QUALIFY FOR STATE ASSISTANCE OR VALLEY PRESBYTERIAN HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM, PAYMENT ARRANGEMENTS MAY BE ESTABLISHED WITH VALLEY PRESBYTERIAN HOSPITAL'S FINANCIAL COUNSELOR PAYMENT ARRANGEMENTS MAY BE MADE WITH NO INTEREST PENALTIES DEFAULTING ON A PAYMENT PLAN WILL RESULT IN DISQUALIFICATION OF THIS OPTION MEDI-CAL AND GOVERNMENT PROGRAMS - PATIENTS MAY QUALIFY FOR GOVERNMENT PROGRAMS TO ASSIST WITH ALL OR PART OF THE HOSPITAL EXPENSES VALLEY PRESBYTERIAN HOSPITAL HAS AN INTERNAL MEDI-CAL ELIGIBILITY UNIT TO ASSIST PATIENTS WITH THE MEDI-CAL APPLICATION PROCESS (PATIENTS MAY RECEIVE BILLS FROM OTHER BILLING COMPANIES FOR ITEMS SUCH AS PHYSICIAN CHARGES, RADIOLOGY, AND AMBULANCE )</p>

Form and Line Reference	Explanation
PART VI, LINE 4	<p>COMMUNITY INFORMATION THE CATCHMENT AREA SERVED BY VALLEY PRESBYTERIAN HOSPITAL IS BORDERED TO THE NORTH BY THE SANTA SUSANA MOUNTAINS, THE SANTA CLARITA VALLEY, AND THE CITY OF LANCASTER AND PALMDALE AND RURAL COMMUNITIES IN THE ANTELOPE VALLEY, TO THE EAST BY THE COMMUNITIES OF SYLMAR, SUN VALLEY, AND STUDIO CITY, TO THE SOUTH BY THE COMMUNITIES OF VAN NUYS, SHERMAN OAKS, ENCINO, TARZANA, AND THE SANTA MONICA MOUNTAINS, AND TO THE WEST BY THE COMMUNITIES OF WOODLAND HILLS, CALABASAS, CANOGA PARK, IN LOS ANGELES COUNTY AND SIMI VALLEY OF VENTURA COUNTY. THE HOSPITAL SERVICE AREA INCLUDES HIGHER INCOME AND MIDDLE-CLASS HOUSEHOLDS ADJACENT TO POCKETS OF EXTREME POVERTY AND ETHNIC DIVERSITY VALLEY PRESBYTERIAN HOSPITAL'S SERVICE AREA INCLUDES THE TOWNS OF CALABASAS, CANOGA PARK, CANYON COUNTRY, CASTAIC, CHATSWORTH, ENCINO, GRANADA HILLS, LANCASTER, MISSION HILLS, NEWHALL, NORTH HILLS, NORTH HOLLYWOOD, NORTHRIDGE, PACOIMA, PALMDALE, PANORAMA CITY, RESEDA, SAN FERNANDO, SANTA CLARITA, SHERMAN OAKS, STUDIO CITY, SUN VALLEY, SUNLAND, SYLMAR, TARZANA, TUJUNGA, VALENCIA, VALLEY VILLAGE, VAN NUYS, WEST HILLS, WINNETKA, AND WOODLAND HILLS IN LOS ANGELES COUNTY, AND A PORTION OF SIMI VALLEY IN VENTURA COUNTY. THE COMMUNITIES THAT VALLEY PRESBYTERIAN HOSPITAL SERVES HAVE DIVERSE GEOGRAPHY AND TOPOGRAPHY, VARY ACROSS LEVELS OF SOCIO-ECONOMIC STATUS AND EDUCATIONAL ATTAINMENT LEVELS, AND EXPERIENCE DIFFERENCES IN PHYSICAL ENVIRONMENT AND OVERALL ACCESS TO REQUIRED HEALTH SERVICES IN THE VPH SERVICE AREA, RACIAL/ETHNIC DIVERSITY HAS INCREASED SUBSTANTIALLY DUE TO IMMIGRATION FROM COUNTRIES INCLUDING MEXICO, EL SALVADOR, IRAN, ISRAEL, ARMENIA, VIETNAM, KOREA, INDIA, AND CHINA. A NEARLY EQUAL PERCENTAGE OF THE REGION'S RESIDENTS ARE LATINO AND NON-HISPANIC WHITE AT CLOSE TO 40% EACH, WITH A SIGNIFICANT YET SMALLER PERCENTAGE OF ASIAN/PACIFIC ISLANDERS AND AFRICAN AMERICANS/BLACKS. ALTHOUGH THE COUNTY AND THE STATE HAVE BEGUN TO EXPERIENCE A SLIGHT INCREASE IN EMPLOYMENT, THE RECOVERY HAS BEEN SLOW FOLLOWING THE GLOBAL RECESSION OF 2009. WHILE AREA RESIDENTS ARE MORE EDUCATED, AND HIGHER PROPORTIONS HOLD OF GRADUATE AND PROFESSIONAL DEGREES COMPARED TO THE REST OF THE COUNTY, POVERTY REMAINS A SIGNIFICANT BARRIER FOR FAMILIES IN SEVERAL COMMUNITIES.</p>

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	CA



## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 95-1945832  
**Name:** VALLEY PRESBYTERIAN HOSPITAL

### Form 990 Part V Section C Supplemental Information for Part V, Section B.

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
VALLEY PRESBYTERIAN HOSPITAL	
VALLEY PRESBYTERIAN HOSPITAL	PART V, SECTION B, LINE 11 VPH PLANS TO MEET THE IDENTIFIED PRIORITY HEALTH NEEDS THROUGH A COMMITMENT OF RESOURCES WITH THE FOLLOWING PROGRAMS AND SERVICES CULTURALLY AND LINGUI STICALLY APPROPRIATE HEALTH EDUCATION, ONE OF THE TEN COMMUNITY NEEDS IDENTIFIED FROM THE CHNA, WILL BE ADDRESSED BROADLY THROUGHOUT ALL OF VPH'S COMMUNITY EDUCATION EFFORTS THE R EMAINING NINE IDENTIFIED PRIORITY HEALTH NEEDS WILL BE INTERWOVEN INTO THE FOLLOWING COMMU NITY EDUCATION PROGRAM THEMES DIABETES AWARENESS AND SCREENING (BLOOD GLUCOSE, ETC ), PRE VENTIVE HEALTH SCREENINGS (BLOOD PRESSURE, CAROTID ARTERY, CHOLESTEROL, BMI, FOOT SCREENIN GS, ETC ), CHRONIC DISEASE CARE MANAGEMENT, MENTAL HEALTH, NUTRITION, STROKE AWARENESS AND EDUCATION, CHILDHOOD OBESITY AWARENESS AND EDUCATION, WOMEN'S SERVICES AND PRENATAL AWARE NESS AND EDUCATION, HEALTHY AGING
VALLEY PRESBYTERIAN HOSPITAL	PART V, SECTION B, LINE 16I OTHER MEASURES TO PUBLICIZE THE FINANCIAL ASSISTANCE POLICY W ITHIN THE COMMUNITY SERVED IS THROUGH FINANCIAL COUNSELING IF IDENTIFIED AS UNDERINSURED
VALLEY PRESBYTERIAN HOSPITAL	PART V, SECTION B, LINE 22D THE HOSPITAL FACILITY BILLED 110% OF MEDICARE RATE TO INDIVIDUALS FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE

**Schedule I**  
**(Form 990)**

## **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.

► **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open to Public  
Inspection**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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Name of the organization

## VALLEY PRESBYTERIAN HOSPITAL

**Employer identification number**

95-1945832

## **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?  Yes  No

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
See Additional Data Table							

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

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

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

Return Reference	Explanation
PART I, LINE 2	1) ONCE A GRANT IS RECEIVED, GRANT COVENANTS 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 VALLEY PRESBYTERIAN HOSPITAL DEPARTMENT NOTIFIES THE DEVELOPMENT DEPARTMENT THAT A PROJECT HAS BEEN COMPLETED AND/OR EQUIPMENT HAS BEEN PURCHASED, A PURCHASE ORDER IS COMPLETED, THE DEVELOPMENT DEPARTMENT NOTIFIES ACCOUNTING THAT FUNDS MAY BE RELEASED, 3B) IF THE GRANT IS FOR TRAINING, ALL STEPS IN 3A APPLY, BUT INSTEAD OF COMPLETING A PURCHASE ORDER, DOCUMENTATION OF TRAINING DETAILS IS ATTACHED INCLUDING WHO ATTENDED TRAINING, HOW MANY HOURS AND HOURLY RATES, 4) ONCE THE GRANT IS EXPENDED, THE GRANTOR IS NOTIFIED

**Additional Data****Software ID:****Software Version:****EIN:** 95-1945832**Name:** VALLEY PRESBYTERIAN HOSPITAL**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN DIABETES ASSOCIATIONPO BOX 930850 ATLANTA, GA 311930850	13-1623888	501(C)(3)		10,000			LATINO DIABETES AWARENESS PROGRAM
CALIFORNIA HEALTH FOUNDATION & TRUST 1215 K STREET STE 800 SACRAMENTO, CA 95814	94-1498697	501(C)(3)		1,485,746			CA HOSPITAL PROVIDER PROGRAM
EL NIDO FAMILY CENTERS 10200 SEPULVEDA BLVD 350 MISSION HILLS, CA 91345	95-3186429	501(C)(3)		30,000			SUPPORT FOR FAMILIES IN LOW INCOME COMMUNITIES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
INTERNATIONAL CONFERENCE MANAGEMENT PO BOX 1007 WOODBURY, CT 06798	72-0846838	N/A		13,171			DIABETIC FOOT CONFERENCE
MARCH OF DIMES 3699 WILSHIRE BLVD 520 LOS ANGELES, CA 90010	13-1846366	501(C)(3)		5,000			MARCH FOR BABIES SPONSORSHIP
NORTHEAST VALLEY HEALTH CORPORATION 1172 N MCLAY AVE SAN FERNANDO, CA 91340	23-7120632	501(C)(3)		30,000			PROVISION OF MEDICAL SERVICES TO THE INDIGENT AND UNDERSERVED

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ONE GENERATION 17400 VICTORY BLVD VAN NUYS, CA 91406	95-4066979	501(C)(3)		7,000			PROGRAM SUPPORT TO ENRICH THE LIVES OF SENIORS, CHILDREN AND THEIR FAMILIES
OVARIAN CANCER COALITION OF GREATER CALIFORNIA 12517 HORTENSE ST STUDIO CITY, CA 91614	95-4840165	501(C)(3)		7,500			EDUCATION AND RESEARCH OF OVARIAN CANCER
SAN FERNANDO VALLEY COMMUNITY FOUNDATION 23679 CALABASAS RD 507 CALABASAS, CA 91302	20-0391706	501(C)(3)		5,000			PROMOTING PARTICIPATION IN COMMUNITY ORGANIZATIONS AND PHILANTHROPIC CAUSES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SOCIAL AND ENVIRONMENTAL ENTREPRENEURS 23532 CALABASAS RD STE A CALABASAS, CA 91303	95-4116679	501(C)(3)		25,000			UNDERWRITE 150 FREE BREAST CANCER SCREENING
TIERRA DEL SOL FOUNDATION 9919 SUNLAND BLVD SUNLAND, CA 91040	95-2671260	501(C)(3)		8,769			EMPOWERING PEOPLE WITH DISABILITIES TO FULFILL THEIR POTENTIAL
VALLEY COMMUNITY HEALTHCARE 6801 COLDWATER CANYON AVE NORTH HOLLYWOOD, CA 91605	23-7050082	501(C)(3)		25,000			PROVIDING PRIMARY CARE AND INTEGRATED HEALTH SERVICES TO THOSE IN NEED

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SAN FERNANDO VALLEY INTERFAITH COUNCIL 10824 TOPANGA CANYON BLVD CHATSWORTH, CA 91311	95-2653387	501(C)(3)		300			CREATE POSITIVE CHANGE WITHIN SAN FERNANDO VALLEY THROUGH UNITY AND FAITH
NATIONAL HEALTH FOUNDATION 515 S FIGUEROA ST STE 1300 LOS ANGELES, CA 90071	23-7314808	501(C)(3)		500			TAKING ACTION ON SOCIAL DETERMINANTS OF HEALTH AND GAPS IN HEALTH CARE
THE UCLA FOUNDATION 10920 WILSHIRE BLVD 14TH FL LOS ANGELES, CA 90024	95-6006143	501(C)(3)		1,000			SUPPORT UNIVERSITY'S COMMITMENT TO TEACHING, RESEARCH, AND SERVICE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VALLEY VILLAGE 20830 SHERMAN WAY WINNETKA, CA 91306	23-7314159	501(C)(3)		1,000			SERVE MEN AND WOMEN WITH DEVELOPMENTAL DISABILITIES
PACOIMA BEAUTIFUL 13520 VAN NUYS BLVD STE 200 PACOIMA, CA 91331	95-4770745	501(C)(3)		1,000			ENVIRONMENTAL JUSTICE ORGANIZATION PLANTING GRASSROOTS IN PACOIMA
REGIONAL BLACK CHAMBER OF COMMERCE 16161 VENTURA BLVD 661 ENCINO, CA 91436	14-1918416	501(C)(6)		1,500			PROVIDE REGIONAL STRATEGIC ASSISTANCE OF EMPOWERMENT TO MINORITY BUSINESSES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EAST VALLEY PALS11640 BURBANK BLVD N HOLLYWOOD, CA 91601	23-7183528	501(C)(3)		1,500			RAISES FUNDS AND PROVIDES FINANCIAL SUPPORT FOR MEN AND WOMEN OF THE LAPD
COMMUNITY FAMILY CARE MEDICAL GROUP19210 S VERNONT AVE BLDG D STE 400 GARDENA, CA 90048	91-1806072	N/A		2,000			IPA SERVING THE CITY OF HAWTHORNE
FERNANDO AWARD FOUNDATION INC12520 MAGNOLIA BLVD STE 212 N HOLLYWOOD, CA 91607	95-4576012	501(C)(3)		2,500			GENERAL SUPPORT TO AWARD FOR VOLUNTEERISM IN THE SAN FERNANDO VALLEY

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LOS ANGELES MISSION 303 E 5TH ST LOS ANGELES, CA 90013	95-3134049	501(C)(3)		2,500			PROVIDING HELP, HOPE AND OPPORTUNITY TO MEN, WOMEN AND CHILDREN IN NEED
VALLEY CARE COMMUNITY CONSORTIUM 7515 VAN NUYS BLVD 5TH FL VAN NUYS, CA 91405	20-5569606	501(C)(3)		2,500			LEADS PARTNERS TO IMPROVE HEALTH OF RESIDENTS IN SAN FERNANDO VALLEY
THE WEST COAST SPORTS MEDICINE FND 1200 ROSECRANS AVE 206 MANHATTAN BEACH CA, CA 90266	95-4497009	501(C)(3)		2,900			ATHLETIC TRAINING AND FITNESS PROGRAM FOR AT RISK HIGH SCHOOL STUDENTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LOS ANGELES VALLEY COLLEGE 5800 FULTON AVE VALLEY GLEN, CA 91401	95-2587353	501(C)(3)		1,500			EDUCATES COMMUNITY, DEVELOPING CRITICAL AND CREATIVE THINKERS
WOODBURY UNIVERSITY 7500 N GLENOAKS BLVD BURBANK, CA 91510	95-2786163	501(C)(3)		2,500			SUPPORT TO UNIVERSITY IN MEETING THE EDUCATIONAL NEEDS OF SO CALIFORNIA
SHERMAN OAKS CHAMBER OF COMMERCE 14827 VENTURA BLVD STE 207 SHERMAN OAKS, CA 91403	95-4169290	501(C)(6)		700			BUILD BETTER SHERMAN OAKS THROUGH BUSINESS DEVELOPMENT ACTIVITIES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ENCINO CHAMBER OF COMMERCE 4933 BALBOA BLVD ENCINO, CA 91316	95-0715553	501(C)(6)		1,000			GENERAL SUPPORT TO IMPROVE BUSINESS AND COMMUNITY OF ENCINO
UNITED CHAMBERS OF COMMERCE 5121 VAN NUYS BLVD STE 203 SHERMAN OAKS, CA 91403	95-3217120	501(C)(6)		1,245			ADVOCATE ON BUSINESSES BEHALF FOR THE SAN FERNANDO VALLEY
NORTHRIDGE CHAMBER OF COMMERCE 9401 RESEDA BLVD NORTHRIDGE, CA 91324	95-2751561	501(C)(6)		4,000			PROVIDING PROGRAMS AND SERVICES TO SUPPORT BUSINESS IN NORTHRIDGE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GREATER SAN FERNANDO VALLEY CHAMBER OF COMMERCE 7120 HAYVENHURST AVE STE 114 VAN NUYS, CA 91406	95-1329756	501(C)(6)		4,945			GENERAL SUPPORT FOR PROMOTING ECONOMIC VITALITY IN THE SAN FERNANDO VALLEY
THE VALLEY ECONOMIC ALLIANCE 5121 VAN NUYS BLVD STE 200 SHERMAN OAKS, CA 91403	95-4524503	501(C)(3)		9,166			TO ELEVATE ECONOMIC VITALITY AND STABILITY OF SAN FERNANDO
VALLEY INDUSTRY COMMERCE ASSOCIATION 16600 SHERMAN WAY 170 VAN NUYS, CA 91406	23-7182039	501(C)(6)		10,000			GENERAL SUPPORT TO REPRESENT SAN FERNANDO VALLEY BUSINESS TO GOVERNMENT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VALLEY ECONOMIC DEVELOPMENT CENTER 5121 VAN NUYS BLVD STE 300 SHERMAN OAKS, CA 91403	95-3139419	501(C)(3)		10,500			SUPPORT TO CREATE AND SUSTAIN JOBS AND BUSINESSES IN OUR COMMUNITIES

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue ServiceFor 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.

► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**2014****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"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes in 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Form 990 of other organizations	<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?**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 501(c)(3), 501(c)(4), and 501(c)(29) 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)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>	Yes	
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(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 in column(B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 4B	DURING CALENDAR YEAR 2014, VALLEY PRESBYTERIAN HOSPITAL HAD A 457(F) PLAN. THE FOLLOWING ARE OFFICERS AND KEY EMPLOYEES THAT PARTICIPATED IN THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN: GUSTAVO VALDESPINO - \$140,198; JEAN O'KEEFE RICO - \$61,494; LORI CARDLE - \$63,511; GAYATHRI JITH - \$54,442; PEGI MATSUDA - \$46,759; JONATHON WU - \$32,639; JEFFREY ALLPORT - \$34,259; LORI BURNELL - \$37,162.
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, EBIDA, QUALITY, AND PATIENT SATISFACTION OF WHICH ARE BENCHMARKED BY ACHIEVING SPECIFIC METRICS ON AN ANNUAL BASIS.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 95-1945832  
**Name:** VALLEY PRESBYTERIAN HOSPITAL

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

(A) Name and Title	(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 in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
GUSTAVO VALDESPINO, PRESIDENT/CHIEF EXECUTIVE OFFICER	(i) 665,475 (ii) 0	0	28,917 0	148,948 0	16,500 0	859,840 0	0 0
LORI CARDLE, SR VP-FINANCE & OPERATIONS/CFO	(i) 361,243 (ii) 0	0	8,401 0	72,261 0	10,750 0	452,655 0	0 0
JEAN O'KEEFE RICO, SR VP-CHIEF QUALITY OFFICER	(i) 341,333 (ii) 0	0	12,717 0	70,244 0	16,500 0	440,794 0	0 0
GAYATHRI JITH, SR VP-STRATEGY/AMBULATORY SERVICES	(i) 305,404 (ii) 0	0	8,209 0	63,192 0	15,000 0	391,805 0	0 0
LORI BURNELL, SR VP-CHIEF NURSING OFFICER	(i) 207,519 (ii) 0	0	8,882 0	37,162 0	8,099 0	261,662 0	0 0
JONATHAN WU, VP-HUMAN RESOURCES	(i) 225,287 (ii) 0	0	7,849 0	32,639 0	0 0	265,775 0	0 0
PEGI MATSUDA, PRESIDENT-FOUNDATION	(i) 262,875 (ii) 0	0	11,136 0	49,872 0	4,880 0	328,763 0	0 0
JEFFREY ALLPORT, VP-CHIEF INFORMATION OFFICER	(i) 227,057 (ii) 0	0	11,052 0	34,259 0	16,500 0	288,868 0	0 0
SOMASUNDARAM DEVADASON, PHARMACIST	(i) 239,582 (ii) 0	0	0 0	10,832 0	4,500 0	254,914 0	0 0
JEREMY REDIN, ASSISTANT CHIEF FINANCIAL OFFICER	(i) 219,759 (ii) 0	0	1,081 0	0 0	16,500 0	237,340 0	0 0
STARR WILLIAMS III, PHARMACIST	(i) 214,193 (ii) 0	0	0 0	7,230 0	4,880 0	226,303 0	0 0
SOHEILA RAHMAN-ATAR, REGISTERED NURSE	(i) 193,713 (ii) 0	0	0 0	8,879 0	0 0	202,592 0	0 0
DOMINADOR CRUZ, REGISTERED NURSE	(i) 191,280 (ii) 0	0	0 0	6,947 0	16,500 0	214,727 0	0 0

**Schedule L**  
(Form 990 or 990-EZ)**Transactions with Interested Persons**

OMB No 1545-0047

**2014****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).Name of the organization  
VALLEY PRESBYTERIAN HOSPITAL

Employer identification number

95-1945832

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section  
4958 . . . . . ► \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ► \$ \_\_\_\_\_

**Part II****Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?	(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
						To	From	Yes	No	Yes	No

Total

► \$

**Part III Grants or Assistance Benefiting Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**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
(1) GANESHA PANDIAN MD	DIRECTOR	21,840	MEDICAL SERVICES		No
(2) JOSHUA ROKAW MD	DIRECTOR	44,835	MEDICAL SERVICES		No
(3) SUKSHMA SREEPATHI MD	DIRECTOR	42,210	MEDICAL SERVICES		No

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference

Explanation

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

**2014****Open to Public  
Inspection**Name of the organization  
VALLEY PRESBYTERIAN HOSPITAL

Employer identification number

95-1945832

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	<p>IN FY 15, VPH PROVIDED COMMUNITY BENEFIT ACTIVITIES AND PROGRAMS WITHIN ITS SERVICE AREA. A SUMMARY OF THESE ACTIVITIES FOLLOWS. COMMUNITY HEALTH IMPROVEMENT SERVICES THE HOSPITAL'S COMMUNITY EDUCATION PROGRAMS ARE DESIGNED TO MEET THE SIGNIFICANT COMMUNITY HEALTH NEEDS DURING THE FISCAL YEAR, 5109 PEOPLE PARTICIPATED IN ONE OR MORE OF THE HOSPITAL'S FREE COMMUNITY EDUCATION PROGRAMS. COMMUNITY HEALTH EDUCATION/COMMUNITY-BASED CLINICAL SERVICES WOMEN'S SERVICES - VPH OFFERED A NUMBER OF FREE COMMUNITY EDUCATION PROGRAMS TO WOMEN AND TO THEIR FAMILIES TO HELP THEM EXPERIENCE A SAFE PREGNANCY AND CHILDBIRTH DURING THE PAST YEAR, MORE THAN 2,415 WOMEN AND THEIR FAMILIES ATTENDED COMMUNITY CLASSES ON 1) CHILDBIRTH PREPARATION, 2) CARING FOR A NEW BABY, AND 3) BREASTFEEDING SUPPORT. A MAJORITY OF WOMEN'S SERVICES CLASSES ARE HELD IN ENGLISH AND IN SPANISH. CHRONIC DISEASE EDUCATION - VPH HELD WORKSHOPS ON DIABETES MANAGEMENT, STROKE MANAGEMENT, AND HEART HEALTH IN ENGLISH AND SPANISH. NURSE EDUCATORS AND PHYSICIANS SPOKE TO WORKSHOP ATTENDEES ABOUT LIFESTYLE, HEALTHY EATING AND EXERCISE. HEARTSAVER CPR CLASSES WERE ALSO OFFERED. MORE THAN 35 COMMUNITY RESIDENTS ATTENDED THESE FREE COMMUNITY WORKSHOPS DURING THE FISCAL YEAR. HEALTHY AGING - THE HOSPITAL OFFERED LOW-IMPACT EXERCISE CLASSES FOR SENIORS LIVING WITH CHRONIC PAIN. THE SENIOR EXERCISE CLASSES WERE HELD TWICE A WEEK AND HAD 1,743 CLASS VISITORS. AS A RESULT OF THE HEALTHY MATURITY CLASSES, PARTICIPANTS IDENTIFIED CHANGES THEY WOULD MAKE TO THEIR LIVES TO INCLUDE, INCREASING THEIR PHYSICAL ACTIVITY, AND STRETCHING AND REDUCING THEIR STRESS LEVELS. COMMUNITY HEALTH FAIRS - THE HOSPITAL HOSTED ITS ANNUAL COMMUNITY HEALTH FAIR, WHICH WAS ATTENDED BY 645 RESIDENTS. OVER 1,690 BLOOD PRESSURE, BMI, CAROTID ARTERY, CHOLESTEROL, FOOT EXAMS, AND GLUCOSE, AND OVER 360 FLU SHOTS ADMINISTERED. OVER 960 PIECES OF FRESH PRODUCE, INCLUDING APPLES, BANANAS, CARROTS AND POTATOES, WERE DISTRIBUTED TO ATTENDEES. PLUS EACH ATTENDEE WAS OFFERED A HEALTHY LUNCHEON MEAL. DURING THE COMMUNITY HEALTH FAIR, THERE WAS A HEALTH COOKING DEMONSTRATION FROM THE HOSPITAL'S DIETARY DIRECTOR. TWO VPH PHYSICIANS CONDUCTED PRESENTATIONS ON DIABETES PREVENTION AND MANAGEMENT AND THE SIGNS AND PREVENTION OF STROKE. VPH ALSO PARTICIPATED IN THE SHERMAN OAKS CHAMBER HEALTH &amp; WELLNESS EXPO, LA DAILY NEWS AGING EXPO, NORTHRIDGE CHAMBER SENIOR EXPO AND THE LA VALLEY COLLEGE/ VALLEY ECONOMIC ALLIANCE HEALTH EXPO. AT THESE COMMUNITY EVENTS, MORE THAN 1,300 FREE BLOOD PRESSURE, BMI, GLUCOSE, SCREENINGS WERE CONDUCTED. VPH CARES - THIS COMMUNITY MAGAZINE WAS DISTRIBUTED THREE (3) TIMES DURING THE FISCAL YEAR AND INCLUDED STORIES AND EDUCATIONAL INFORMATION ON LIVING A HEALTHY LIFESTYLE, HEALTHY COOKING AND EATING, SMOKING CESSATION, PHYSICAL ACTIVITY AND OTHER IMPORTANT HEALTH EDUCATION TOPICS. THE MAGAZINE WAS MAILED TO MORE THAN 30,600 HOMES WITHIN A FIVE MILE RADIUS OF THE HOSPITAL. HEALTH CARE SUPPORT SERVICES PATIENT TRANSPORTATION - TRANSPORTATION ASSISTANCE (BUS TOKENS AND TAXI VOUCHERS) WAS PROVIDED TO OVER 1,441 PATIENTS AND FAMILIES WITH LIMITED RESOURCES TO SUPPORT ACCESS TO CARE. INSURANCE ENROLLMENT - THESE SERVICES WERE PROVIDED TO ASSIST PATIENTS WITH GOVERNMENT SPONSORED HEALTH INSURANCE COVERAGE PROGRAMS. THE HOSPITAL EMPLOYED ENROLLER ASSISTED PATIENTS PRIMARILY WITH MEDI-CAL COVERAGE. DURING THE FISCAL YEAR, THE HOSPITAL ENROLLED MORE THAN 2,544 PERSONS IN ONE OR MORE GOVERNMENT-SPONSORED INSURANCE COVERAGE PROGRAMS. HEALTH PROFESSIONS EDUCATION EDUCATION PROGRAMS FOR PHYSICIANS, NURSES, NURSING STUDENTS, AND OTHER HEALTH PROFESSIONALS WERE OFFERED BY THE HOSPITAL THROUGHOUT THE FISCAL YEAR. CONTINUING EDUCATION FOR PHYSICIANS AND OTHER HEALTH PROVIDERS - VALLEY PRESBYTERIAN HOSPITAL HOSTED WEEKLY MEDICAL EDUCATION EVENTS MADE AVAILABLE TO PHYSICIANS AND HEALTH PROVIDERS AMONG THE HOSPITAL STAFF AND THE PROVIDER COMMUNITY. MORE THAN 1,080 HEALTH CARE PROVIDERS ATTENDED MEDICAL EDUCATION EVENTS HOSTED BY THE HOSPITAL. VPH PROVIDED SPONSORSHIP OF AN INTERDISCIPLINARY DIABETIC FOOT, AMPUTATION PREVENTION, PAD, AND WOUND CARE CONFERENCE FOR SPECIALISTS IN THE FIELD. NURSING EDUCATION - THE HOSPITAL PROVIDED PRECEPTORS FOR NURSING STUDENTS THIS PAST YEAR. ONE NURSE PRACTITIONER STUDENT FROM UCLA PARTICIPATED IN A CLINICAL ROTATION. SEVEN STUDENT NURSES IN THE LEADERSHIP AND MANAGEMENT TRACKS FROM CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS AND CALIFORNIA STATE UNIVERSITY, NORTHRIDGE WORKED WITH HOSPITAL PRECEPTORS. VALLEY SIMULATION LABORATORY - THE VALLEY SIMULATION LABORATORY AT VALLEY PRESBYTERIAN HOSPITAL PROVIDES HIGH-FIDELITY MANNEQUINS THAT ARE DESIGNED TO SIMULATE PATIENT SITUATIONS AND RESPONSES. THE LABORATORY IS DESIGNED TO MODEL LABOR &amp; DELIVERY AND THE INTENSIVE CARE UNIT. VPH PARTNERED WITH LOCAL NURSING PROGRAMS TO PROVIDE NURSING STUDENTS WITH A LINK FROM CLASSROOM LEARNING TO HANDS-ON MEDICAL APPLICATIONS IN A NO-RISK ENVIRONMENT. THE SIMULATION LABORATORY WAS USED</p>

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	<p>57 TIMES IN THE PAST YEAR OTHER HEALTH PROFESSIONS EDUCATION - THE HOSPITAL ALSO PROVIDED PRECEPTORS FOR 111 STUDENTS IN VARIOUS HEALTH CARE DISCIPLINES - 21 RESPIRATORY THERAPY STUDENTS FROM CONCORDE CAREER COLLEGE AND LOS ANGELES VALLEY COLLEGE COMPLETED CLINICAL INTERNSHIPS - ONE STUDENT DIETICIAN FROM CALIFORNIA STATE UNIVERSITY NORTHRIDGE COMPLETED A CLINICAL INTERNSHIP - ONE PUBLIC HEALTH STUDENT FROM CALIFORNIA STATE UNIVERSITY NORTHRIDGE PARTICIPATED IN A PRECEPTED CLINICAL ROTATION - 23 PODIATRIC MEDICAL STUDENTS FROM WE STERN UNIVERSITY OF HEALTH SCIENCES - COLLEGE OF PODIATRIC MEDICINE, PARTICIPATED IN CLINICAL ROTATIONS - 36 RADIOLOGY TECHNICIAN STUDENTS FROM CASA LOMA COLLEGE, CALIFORNIA STATE UNIVERSITY NORTHRIDGE, AND KAPLAN COLLEGE COMPLETED CLINICAL INTERNSHIPS - 4 PHYSICIAN ASSISTANT STUDENTS FROM USC COMPLETED CLINICAL INTERNSHIPS - 16 HEALTH ADMINISTRATION STUDENTS FROM CALIFORNIA STATE UNIVERSITY NORTHRIDGE AND USC COMPLETED INTERNSHIPS - 2 MEDICAL LABORATORY TECHNICIAN STUDENTS FROM COLLEGE OF THE CANYONS COMPLETED A CLINICAL ROTATION - 5 SURGICAL TECHNICIAN STUDENTS FROM CONCORDE CAREER COLLEGE AND SIMI VALLEY SURGICAL TECHNICIANS SCHOOL COMPLETED A CLINICAL ROTATION - 2 HEALTH INFORMATION MANAGEMENT STUDENTS FROM SANTA BARBARA COMMUNITY COLLEGE OBTAINED PRECEPTED TRAINING CASH AND IN-KIND CONTRIBUTIONS FUNDS AND IN-KIND SERVICES WERE DONATED TO COMMUNITY GROUPS AND NOT FOR PROFIT ORGANIZATIONS THE SUPPORT OF THESE ORGANIZATIONS FURTHERED THE HOSPITAL'S MISSION AND/OR ALIGNMENT WITH THE TEN COMMUNITY HEALTH NEEDS IDENTIFIED THROUGH THE COMMUNITY HEALTH NEEDS ASSESSMENT DONATED SPACE - THE HOSPITAL DONATED MEETING SPACE WITHIN ITS FACILITY FOR 25 NOT FOR PROFIT ORGANIZATIONS AND/OR COMMUNITY FORUMS DURING THE FISCAL YEAR CASH DONATIONS - MORE THAN 46 COMMUNITY ORGANIZATIONS WERE SUPPORTED BY THE HOSPITAL THESE COMMUNITY ORGANIZATIONS WERE PARTNERS WITH THE HOSPITAL IN THE FURTHERANCE OF ITS MISSION AND/OR ALIGNMENT WITH NEEDS IDENTIFIED THROUGH THE COMMUNITY HEALTH NEEDS ASSESSMENT COMMUNITY BUILDING ACTIVITIES THESE ARE ACTIVITIES THAT SUPPORT COMMUNITY ASSETS BY OFFERING THE EXPERTISE AND RESOURCES OF THE HOSPITAL THESE ACTIVITIES MAY ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS, SUCH AS HOMELESSNESS, POVERTY, AND ENVIRONMENTAL CONCERN ECONOMIC DEVELOPMENT IN 2015, THE HOSPITAL PROVIDED SUPPORT TO THE WOMEN'S ENTREPRENEUR CENTER AND THE FUTURE YOUNG ADULT ENTREPRENEUR CENTER THROUGH A PARTNERSHIP WITH THE VALLEY ECONOMIC DEVELOPMENT CENTER (VEDC) THE VEDC HAS ASSISTED MORE THAN 104,000 BUSINESSES IN CREATING AND RETAINING OVER 19,400 JOBS OVER 3,100 INDIVIDUALS HAVE GRADUATED FROM THE ENTREPRENEURIAL TRAINING PROGRAM AT THE WOMEN'S BUSINESS CENTER AND ENTERED THE LOS ANGELES WORKFORCE COMMUNITY SUPPORT A NUMBER OF HOSPITAL LEADERSHIP STAFF SUPPORT COMMUNITY ORGANIZATIONS THROUGH PARTICIPATION ON COALITIONS, COMMITTEES AND NETWORKS OF AGENCIES ADDRESSING COMMON ISSUES EMPLOYEES ARE ALSO SUPPORTED BY THE HOSPITALS TO ENGAGE IN PLANNING, EDUCATION PRESENTATIONS, CONSORTIA, SUMMITS, AND MEETINGS WITH COMMUNITY GROUPS COALITION BUILDING AND ADVOCACY HOSPITAL REPRESENTATIVES SERVE ON A NUMBER OF ORGANIZATIONS AND COMMITTEES THAT ADDRESS HEALTH IMPROVEMENT AND COMMUNITY DEVELOPMENT VPH ENGAGES IN ADVOCACY EFFORTS THAT SUPPORT ACCESS TO HEALTH CARE WORKFORCE DEVELOPMENT FIFTY STUDENTS FROM BIRMINGHAM HIGH SCHOOL PARTICIPATED IN VPH-SPONSORED HEALTH CARE CAREER DAYS TWENTY-ONE (21) ADVANCED DEGREE INTERNATIONAL STUDENTS FROM USC AND 35 STUDENTS FROM JAPAN PARTICIPATED IN A DISCUSSION OF HEALTH CARE WORKFORCE ISSUES</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE CFO AND ASSISTANT CFO REVIEW THE DRAFT 990. ONCE THE 990 IS COMPLETED, IT IS REVIEWED WITH THE CEO, THE BOARD FINANCE COMMITTEE AND BOARD OF DIRECTORS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	VALLEY PRESBYTERIAN HOSPITAL'S BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT EACH OFFICER, DIRECTOR AND KEY EMPLOYEE OF VPH IS REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE ATTESTATION VPH'S COMPLIANCE OFFICER AND CEO REVIEW THESE ATTESTATIONS TO IDENTIFY ANY/ALL CONFLICTS THAT THE ORGANIZATION MUST BE AWARE OF SO THE APPROPRIATE MITIGATIONS CAN BE PUT IN PLACE. SHOULD A BOARD MEMBER, OFFICER, DIRECTOR, AND/OR KEY EMPLOYEE HAVE A CONFLICT WITH ANY ISSUES BEING DISCUSSED OR VOTED ON AT THE BOARD OF DIRECTORS THEY WOULD BE ASKED TO RECUSE THEMSELVES FROM THE DISCUSSION AND/OR VOTE ON THE ISSUE

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>EXECUTIVE COMPENSATION IS REVIEWED AND PAY ACTIONS ARE RECOMMENDED BY THE COMPENSATION COMMITTEE, WHICH CONSISTS OF BOARD AND NON-BOARD MEMBERS WITH COMPENSATION EXPERIENCE, AND APPROVED BY THE VALLEY PRESBYTERIAN HOSPITAL BOARD OF DIRECTORS. THE COMPENSATION COMMITTEE RETAINS AN INDEPENDENT CONSULTING FIRM AND MAINTAINS AN OBJECTIVE DECISION-MAKING PROCESS, ENSURING CONSISTENCY OF VPH'S EXECUTIVE PROGRAMS WITH THE ORGANIZATION'S EXECUTIVE PAY PHILOSOPHY AND OVERALL MISSION AND VALUES. VPH'S EXECUTIVE COMPENSATION PHILOSOPHY IS DESIGNED TO ASSIST THE ORGANIZATION IN ATTRACTING AND RETAINING THE CALIBER OF EXECUTIVES REQUIRED TO FULFILL ITS MISSION OF IMPROVING THE QUALITY OF HEALTH IN THE SAN FERNANDO VALLEY AND TO ENSURE ITS FINANCIAL STABILITY. TOTAL COMPENSATION OFFERED TO OUR EXECUTIVES INCLUDES BASE SALARY, INCENTIVE BONUS, AND BENEFITS. THE INCENTIVE BONUS IS BASED ON KEY MEASURABLE SUCCESS INDICATORS APPROVED IN ADVANCE BY THE COMPENSATION COMMITTEE. THESE INDICATORS INCLUDE QUALITY, FINANCIAL, AND PATIENT SATISFACTION GOALS. IN ORDER TO RETAIN OUR KEY EMPLOYEES, WE OFFER A DEFERRED COMPENSATION PLAN WHICH PROVIDES AN ANNUAL BENEFIT (BASED ON A PERCENTAGE OF COMPENSATION) TO BE PAID ON A FUTURE DATE UPON VESTING IN THE PLAN. IN DETERMINING EACH INDIVIDUAL'S COMPENSATION, THE COMMITTEE RELIES ON COMPARABILITY DATA PROVIDED BY OUR INDEPENDENT CONSULTANT AND OBTAINED FROM SEVERAL DATA SOURCES INCLUDING FORMS 990 OF SELECT COMPARATOR ORGANIZATIONS (28 CALIFORNIA-BASED, SIMILARLY-SIZED NONPROFIT HOSPITALS) AND A NUMBER OF WELL-REGARDED NATIONAL HEALTHCARE SURVEYS.</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST AT THE HOSPITAL LOCATION

Return Reference	Explanation
FORM 990, PART VII, SECTION A AND SCHEDULE L, PART IV	BUSINESS TRANSACTIONS WITH INTERESTED PERSONS GANESHA PANDIAN, MD, JOSHUA ROKAW, MD, AND SUKSHMA SREEPATHI, MD ARE MEMBERS OF THE BOARD THEY DEVOTE AN AVERAGE OF 0 40 TO 0 50 HOURS PER WEEK RELATING TO THEIR ACTIVITIES ASSOCIATED WITH SERVING ON THE BOARD OF DIRECTORS THE REPORTABLE COMPENSATION RELATED TO PROFESSIONAL MEDICAL ADMINISTRATIVE SERVICES PROVIDED TO THE HOSPITAL IS REPORTED ON SCHEDULE L, PART IV AND ARE UNRELATED TO THE AVERAGE NUMBER OF HOURS PER WEEK

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -295,755

SCHEDULE R  
(Form 990)

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2014

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceName of the organization  
VALLEY PRESBYTERIAN HOSPITAL

Employer identification number

95-1945832

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
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**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1) VALLEY PRESBYTERIAN HOSPITAL FOUNDATION 15107 VANOWEN STREET VAN NUYS, CA 91405	NEWLY FORMED CHARITABLE FOUNDATION	CA	501(C)(7)	LINE 3	VALLEY PRESBYTERIAN HOSPITAL	Yes No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership		(i) Section 512 (b)(13) controlled entity?	
							Yes	No		
(1) CHARITABLE REMAINDER TRUST (4)	HOLDING COMPANY	CA	VALLEY PRESBYTERIAN HOSPITAL							No

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

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

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

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

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>		No
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>		No
<b>1s</b>		No

**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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
				Yes	No			Yes	No			

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
Schedule R (Form 990) 2014	