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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☑ Amended return
- ☐ Application pending

C Name of organization
VALLEY HOSPITAL ASSOCIATION INC
DBA MAT-SU HEALTH FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 777 N CRUSEY STREET A201 | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
WASILLA, AK 99654

D Employer identification number 92-0019395

E Telephone number (907) 352-2863

G Gross receipts $ 35,919,318

F Name and address of principal officer:
ELIZABETH RIPLEY
777 N CRUSEY STREET A201
WASILLA, AK 99654

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

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

H(c) Group exemption number ▶

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

J **Website: ▶** WWW.HEALTHYMATSU.ORG

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

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

Part I Summary

Activities & Governance

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	18
6	Total number of volunteers (estimate if necessary)	6	15
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-128,068
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	256,260	640,417
9	Program service revenue (Part VIII, line 2g)	22,874,767	26,973,353
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,193,874	7,156,319
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	193,958	228,605
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	38,518,859	34,998,694
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,334,549	7,974,884
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)	1,860,294	2,222,369
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)	2,377,728	3,068,103
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	10,572,571	13,265,356
19	Revenue less expenses. Subtract line 18 from line 12	27,946,288	21,733,338

Net Assets or Fund Balances		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	222,817,095	228,151,998
21	Total liabilities (Part X, line 26)	28,210,693	27,476,117
22	Net assets or fund balances. Subtract line 21 from line 20	194,606,402	200,675,881

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

****** | 2021-03-11
Signature of officer | Date

CHRISTOPHER EMOND CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2021-03-11		P00448102
Firm's name ▶ MOSS ADAMS LLP			Firm's EIN ▶ 91-0189318	
Firm's address ▶ 601 W RIVERSIDE AVENUE STE 1800 SPOKANE, WA 99201			Phone no. (509) 747-2600	

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

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:

THE REPORTING ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS THE PROVISION OF MEDICAL SERVICES TO AREA RESIDENTS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O.

4 Describe the 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 $ 10,782,706 including grants of $ 7,974,884) (Revenue $ 655)

See Additional Data

4b (Code:) (Expenses $ including grants of $) (Revenue $ 27,417,233)

See Additional Data

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

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶** 10,782,706

Part IV **Checklist of Required Schedules**

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	**1**	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	**2**	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	**3**		No
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*	**4**	Yes	
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*	**5**		No
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*	**6**		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	**7**		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	**8**		No
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*	**9**		No
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*	**10**		No
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.*	**11a**	Yes	
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*	**11b**		No
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*	**11c**	Yes	
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*	**11d**		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	**11e**	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	**11f**	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	**12a**	Yes	
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*	**12b**		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	**13**		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	**14a**		No
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*	**14b**		No
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*	**15**		No
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*	**16**		No
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)	**17**		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	**18**		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	**19**		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
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**	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	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):			
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		No
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		No
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	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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	Yes	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** 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
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	27			
b	Enter the number of Forms W-2G included in line 1a. *Enter -0- if not applicable*	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	

				Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	18			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		No
b If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
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).					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9a Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders	11a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.			13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c Enter the amount of reserves on hand	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			16		No

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
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a** 15			
	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	Enter the number of voting members included in line 1a, above, who are independent	**1b** 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**	Yes	
7a	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?		**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
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?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**	Yes	
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?	**16b**	Yes	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 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.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶CHRISTOPHER EMOND 777 N CRUSEY STREET STE A201 WASILLA, AK 99654 (907) 352-2863

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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) NATHAN DAHL CHAIR PERSON	1.00 0.00	X		X				0	0	0
(2) MARY OLSON VICE CHAIRPERSON	1.00 0.00	X		X				0	0	0
(3) KEN KINCAID SECRETARY/TREASURER	1.00 0.00	X		X				0	0	0
(4) SARA YANCEY DIRECTOR	1.00 0.00	X						0	0	0
(5) FRED VANWALLINGA DIRECTOR	1.00 0.00	X						0	0	0
(6) JONATHAN WALKER DIRECTOR	1.00 0.00	X						0	0	0
(7) LISA WADE DIRECTOR	1.00 0.00	X						0	0	0
(8) JODY SIMPSON DIRECTOR	1.00 0.00	X						0	0	0
(9) RANDY WESTBROOK DIRECTOR	1.00 0.00	X						0	0	0
(10) ANNIE BILL DIRECTOR	1.00 0.00	X						0	0	0
(11) TERI NAMTVEDT DIRECTOR	1.00 0.00	X						0	0	0
(12) RICHARD PORTER DIRECTOR	1.00 0.00	X						0	0	0
(13) TALIS COLBERG DIRECTOR	1.00 0.00	X						0	0	0
(14) LEBRON MCPHAIL DIRECTOR	1.00 0.00	X						0	0	0
(15) KEITH KEHOE DIRECTOR	1.00 0.00	X						0	0	0
(16) ELIZABETH RIPLEY CEO	40.00 0.00			X				227,971	0	12,285
(17) CHRISTOPHER EMOND CFO	40.00 0.00			X				149,818	0	51,769

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) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) MELISSA KEMBERLING PROGRAM DIRECTOR	40.00 0.00					X		144,438	0	51,484
(19) JAMES BECK SENIOR PROGRAMS OFFICER	40.00 0.00					X		129,971	0	21,420
(20) RAY MICHAELSON PROGRAM OFFICER	40.00 0.00					X		108,931	0	8,017
(21) ROBIN MINARD CHIEF COMMUNICATIONS OFFICER	40.00 0.00					X		103,839	0	38,811

	(D)	(E)	(F)
1b Sub-Total ▶			
c Total from continuation sheets to Part VII, **Section A** ▶			
d Total (add lines 1b and 1c) ▶	864,968	0	183,786

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 ▶ 6

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	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
F-E CONTRACTING INC PO BOX 660 PALMER, AK 99645	CONSTRUCTION	4,892,838
COMMUNITY BASED COORDINATION SOLUTIONS PO BOX 75113 SEATTLE, WA 98177	PROFESSIONAL	147,682
VANNOY ELECTRIC 5007 WEST RELIANCE ROAD WASILLA, AK 99623	CONSTRUCTION	109,285
DAVIS WRIGHT TREMAINE 1201 THIRD AVE STE 2200 SEATTLE, WA 98101	PROFESSIONAL	108,276

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 4

Part VIII **Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII . . . . ☐

Contributions, Gifts, Grants and Other Similar Amounts			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns . .	1a					
b Membership dues . .	1b	655				
c Fundraising events . .	1c					
d Related organizations	1d					
e Government grants (contributions)	1e					
f All other contributions, gifts, grants, and similar amounts not included above	1f	639,762				
g Noncash contributions included in lines 1a - 1f:$						
h Total. Add lines 1a-1f . . . . ▶			640,417			

Program Service Revenue	Business Code	(A)	(B)	(C)	(D)
2a MAT-SU VALLEY MEDICAL CENTER	624100	28,428,635	28,428,635		
b MSVMC II	624100	61,119	61,119		
c MSVMC III	624100	-1,516,401	-1,516,401		
d					
e					
f All other program service revenue.					
g Total. Add lines 2a–2f . . . . ▶		26,973,353			

Other Revenue			(A)	(B)	(C)	(D)
3 Investment income (including dividends, interest, and other similar amounts) . . . . . . ▶			7,096,658			7,096,658
4 Income from investment of tax-exempt bond proceeds ▶						
5 Royalties . . . . ▶						
	(i) Real	(ii) Personal				
6a Gross rents	348,567					
b Less: rental expenses	0					
c Rental income or (loss)	348,567					
d Net rental income or (loss) . . . . ▶			348,567	348,567		
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory		980,285				
b Less: cost or other basis and sales expenses		920,624				
c Gain or (loss)		59,661				
d Net gain or (loss) . . . . . . ▶			59,661	95,968		-36,307
8a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18 . . . . a						
b Less: direct expenses . . . b						
c Net income or (loss) from fundraising events . . ▶						
9a Gross income from gaming activities. See Part IV, line 19 . . . a						
b Less: direct expenses . . . b						
c Net income or (loss) from gaming activities . . ▶						
10a Gross sales of inventory, less returns and allowances . . a						
b Less: cost of goods sold . . b						
c Net income or (loss) from sales of inventory . . ▶						
Miscellaneous Revenue	Business Code					
11a OTHER	900099		290			290
b SUSITNA SURGERY	624100		-120,252		-128,068	7,816
c						
d All other revenue						
e Total. Add lines 11a–11d . . . . ▶			-119,962			
12 Total revenue. See Instructions. . . . . . ▶			34,998,694	27,417,888	-128,068	7,068,457

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 . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,091,220	7,091,220		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	883,664	883,664		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	377,789	68,391	309,398	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,308,784	1,101,918	206,866	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	53,741	24,575	29,166	
9 Other employee benefits	358,526	206,823	151,703	
10 Payroll taxes	123,529	87,761	35,768	
11 Fees for services (non-employees):				
a Management				
b Legal	97,565		97,565	
c Accounting	75,859		75,859	
d Lobbying	20,000		20,000	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	213,176		213,176	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,012,903	1,008,677	4,226	
12 Advertising and promotion	93,122	22,326	70,796	
13 Office expenses	95,248	3,602	91,646	
14 Information technology	156,162	17,748	138,414	
15 Royalties . .				
16 Occupancy	76,612	76,612		
17 Travel	68,936	23,988	44,948	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	34,730	13,447	21,283	
20 Interest	425,421		425,421	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	324,912		324,912	
23 Insurance . . .	69,398	1,392	68,006	
24 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.)				
a FACILITIES EXPENSE	148,149	143,782	4,367	
b BOARD OF DIRECTORS EXPE	64,140		64,140	
c OTHER MARKETING	50,827	5,880	44,947	
d ADVOCACY EXPENSES	25,390		25,390	
e All other expenses	15,553	900	14,653	
25 **Total functional expenses.** Add lines 1 through 24e	13,265,356	10,782,706	2,482,650	0
26 **Joint costs.** 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 IX . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		10,530,736	2	10,886,327
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		14,278	4	418,443
	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			8	
	9	Prepaid expenses and deferred charges		301,066	9	68,723
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 26,225,740			
	b	Less: accumulated depreciation	10b 356,305	11,773,174	10c	25,869,435
	11	Investments—publicly traded securities		114,780,183	11	105,796,798
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11		85,258,393	13	84,942,874
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		159,265	15	169,398
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		222,817,095	16	228,151,998
Liabilities	17	Accounts payable and accrued expenses		1,301,516	17	587,441
	18	Grants payable		4,406,424	18	3,200,667
	19	Deferred revenue		0	19	4,164
	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		22,502,753	23	23,675,463
	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		0	25	8,382
	26	**Total liabilities.** Add lines 17 through 25		28,210,693	26	27,476,117
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		194,606,402	27	200,675,881
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		194,606,402	33	200,675,881
	34	Total liabilities and net assets/fund balances		222,817,095	34	228,151,998

Part XI **Reconcilliation 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**	34,998,694
2	Total expenses (must equal Part IX, column (A), line 25)	**2**	13,265,356
3	Revenue less expenses. Subtract line 2 from line 1	**3**	21,733,338
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	**4**	194,606,402
5	Net unrealized gains (losses) on investments	**5**	-15,784,111
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**	120,252
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	**10**	200,675,881

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: ☐ Cash ☑ Accrual ☐ Other ______ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	**2a**		No
	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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	**2b**	Yes	
	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: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	**2c**	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	**3a**		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	**3b**		

Additional Data

Software ID:

Software Version:

EIN: 92-0019395

Name: VALLEY HOSPITAL ASSOCIATION INC
DBA MAT-SU HEALTH FOUNDATION

Form 990 (2018)

Form 990, Part III, Line 4a:

THE REPORTING ORGANIZATION INCREASES ACCESS TO MEDICAL CARE, SOCIAL SERVICES, COMMUNITY SUPPORTS AND PREVENTION ACTIVITIES THROUGH BOTH THE PROVISION OF MEDICAL SERVICES AND GRANTS TO COMMUNITY ORGANIZATIONS FURTHERING THE PURPOSE OF IMPROVING THE HEALTH AND WELLNESS OF MATANUSKA-SUSITNA RESIDENTS.

Form 990, Part III, Line 4b:

INVESTMENT IN MAT-SU VALLEY MEDICAL CENTER, LLC, JOINT VENTURE.

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
VALLEY HOSPITAL ASSOCIATION INC
DBA MAT-SU HEALTH FOUNDATION

Employer identification number
92-0019395

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

The organization is not a private foundation because it is: (For lines 1 through 12, 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 (Form 990 or 990-EZ).)

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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: ______

10 ☐ An organization that normally receives: (1) more than 331/3% 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 331/3% 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.)

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

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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- 10 above (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**		
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**
(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . | 14 |

15 Public support percentage for 2017 Schedule A, Part II, line 14 . . . . | 15 |

16a **33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

b **33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . ▶ ☐

b **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

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

(Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **331/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

b **33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
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.*	1		
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).*	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.*	3a		
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.*	3b		
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.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
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.*	4b		
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.*	4c		
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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
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 I of Schedule L (Form 990 or 990-EZ).*	8		
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.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) 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.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
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).*	10b		

Part IV **Supporting Organizations** (continued)

			Yes	No
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?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
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.*	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
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.*	**1**		
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.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
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).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
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).*	**2**		
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.*	**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)

			Yes	No
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.*	**2a**		
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.*	**2b**		
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.***	**3a**		
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.*	**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 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	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		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

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

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART I ADDITIONAL SUPPLEMENTAL INFORMATION	HOSPITAL'S NAME, CITY AND STATE MAT-SU REGIONAL MEDICAL CENTER 2500 S. WOODWORTH LOOP PALMER, AK 99645

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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	Employer identification number
VALLEY HOSPITAL ASSOCIATION INC DBA MAT-SU HEALTH FOUNDATION	92-0019395

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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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.

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1					
2					
3					
4					
5					
6					

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2015	**(b)** 2016	**(c)** 2017	**(d)** 2018	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		20,000
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		4,514
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			24,514
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	**1**		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	**2**		
3	Did the organization agree to 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."**

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

Part IV **Supplemental Information**

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:	VALLEY HOSPITAL ASSOCIATION MONITORS AND SOMETIMES PERFORMS ADVOCACY RELATED TO LOCAL, STATE AND NATIONAL LEGISLATION IF SAID LEGISLATION OR COMPONENTS OF IT AFFECT THE MISSION AND OF GOALS OF VHA. IN 2018 VHA WEIGHED IN ON NUMEROUS PIECES OF LEGISLATION BY USING ONE MORE OF THE FOLLOWING FORMS OF COMMUNICATIONS: LETTERS, EMAILS, PUBLIC TESTIMONY, AND/OR MEETINGS WITH LEGISLATORS AND THEIR STAFF. SPECIFIC PIECES OF LEGISLATION INCLUDED THE FOLLOWING: SB 15: E-CIGARETTES, SALE TO AND POSSESSION BY MINORS; SB 63: SMOKE FREE WORKPLACES; SB 76 ALCOHOLIC BEVERAGE REGULATIONS; SB 99: PRE-ELEMENTARY PROGRAMS/FUNDING; SB 105: MARRIAGE AND FAMILY THERAPISTS; SB 119: MEDICAL PRICE TRANSPARENCY; SB 128 AND HB 296: MARIJUANA EDUCATION/TREATMENT FUND; SB 169: MEDICAID: BEHAVIORAL HEALTH COVERAGE; SB 170: EXTEND SENIOR BENEFITS PAYMENT PROGRAM, HB 123: MEDICAL PRICE TRANSPARENCY; HB 151: OCS TRAINING AND WORKLOAD; HB 268: OPIOID PRESCRIPTION WARNING; HCR 2: RESPOND TO ADVERSE CHILDHOOD EXPERIENCES; HRC 3: CHILD ABUSE PREVENTION MONTH. THE AMOUNT REPORTED ON LINE 1G ABOVE REFLECTS THE COST OF THE ACTIVITIES BASED UPON STAFF TIME AND TRAVEL COSTS AND RESPRESENTS LESS THAN 0.15% OF BOTH TOTAL REVENUE AND TOTAL EXPENSES. LINE 1F INCLUDES $20,000 FOR LOBBYIST EXPENSES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization
VALLEY HOSPITAL ASSOCIATION INC
DBA MAT-SU HEALTH FOUNDATION

Employer identification number
92-0019395

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on 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" on 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
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	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, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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" on Form 990, Part IV, line 10.

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

2 Provide the estimated percentage of the 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 on 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:

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

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" on 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
1a Land		11,329,303		11,329,303
b Buildings		14,101,713	288,284	13,813,429
c Leasehold improvements				
d Equipment		263,793	27,736	236,057
e Other		530,931	40,285	490,646
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				25,869,435

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)INVESTMENT - UNCONSOL AFFILIATE	84,580,790	F
(2)PROGRAM RELATED INVESTMENTS	362,084	F
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶	84,942,874	

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
SECURITY DEPOSITS	8,382
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	8,382

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' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	19,394,980
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-15,784,111		
b	Donated services and use of facilities	2b	60,145		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	120,252		
e	Add lines **2a** through **2d**			2e	-15,603,714
3	Subtract line **2e** from line **1**			3	34,998,694
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			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	34,998,694

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

1	Total expenses and losses per audited financial statements			1	13,325,501
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	60,145		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	60,145
3	Subtract line **2e** from line **1**			3	13,265,356
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	13,265,356

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
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 92-0019395
Name: VALLEY HOSPITAL ASSOCIATION INC
DBA MAT-SU HEALTH FOUNDATION

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	U.S. GENERALLY ACCEPTED ACCOUNTING PRINCIPLES REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ASSOCIATION AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE ASSOCIATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS. MANAGEMENT HAS ANALYZED THE TAX POSISTIONS TAKEN BY THE ASSOCIATION, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2018, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ASSOCIATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATION FOR YEARS PRIOR TO 2015.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	BOOK TO TAX DIFFERENCE FROM PARTNERSHIP INTEREST 120,252.

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
VALLEY HOSPITAL ASSOCIATION INC
DBA MAT-SU HEALTH FOUNDATION

Employer identification number
92-0019395

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. ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	**3a**	Yes	
	☐ 100% ☑ 150% ☐ 200% ☐ Other ______ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	**3b**	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ 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**	Yes	
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 eligibile for free or discounted care?	**5c**		No
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)			949,658		949,658	1.540 %
b Medicaid (from Worksheet 3, column a)			14,107,444	10,632,641	3,474,803	5.620 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			235,117	559,965	0	0 %
d **Total** Financial Assistance and Means-Tested Government Programs			15,292,219	11,192,606	4,424,461	7.160 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits						
k **Total.** Add lines 7d and 7j			15,292,219	11,192,606	4,424,461	7.160 %

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						
10 Total						

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

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?		1		No
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	1,067,346		
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	32,020		
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	16,031,239
6	Enter Medicare allowable costs of care relating to payments on line 5	6	15,537,036
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	494,203

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

			Yes	No
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)		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

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)

Name of hospital facility or letter of facility reporting group MAT-SU VALLEY MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

		Yes	No
Community Health Needs Assessment			
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.	3	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 16			
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.	5	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
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.	6b	Yes	
7 Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a ☑ Hospital facility's website (list url): WWW.MATSUREGIONAL.COM/COMMUNITY-RESOURCES			
b ☐ Other website (list url):			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ 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 16			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a If "Yes" (list url): WWW.MATSUREGIONAL.COM/COMMUNITY-RESOURCES			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
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.			
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)?	12a		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" on 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)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group MAT-SU VALLEY MEDICAL CENTER

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
	a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 150.000000000000 % and FPG family income limit for eligibility for discounted care of 400.000000000000 %			
	b ☐ Income level other than FPG (describe in Section C)			
	c ☑ Asset level			
	d ☑ Medical indigency			
	e ☑ Insurance status			
	f ☑ Underinsurance discount			
	g ☐ Residency			
	h ☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	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):			
	a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
	b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
	c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
	d ☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
	e ☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
	a ☑ The FAP was widely available on a website (list url): HTTPS://WWW.MATSUREGIONAL.COM/COMMUNITY-RESOURCES			
	b ☑ The FAP application form was widely available on a website (list url): HTTPS://WWW.MATSUREGIONAL.COM/COMMUNITY-RESOURCES			
	c ☑ A plain language summary of the FAP was widely available on a website (list url): HTTPS://WWW.MATSUREGIONAL.COM/COMMUNITY-RESOURCES			
	d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
	e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
	f ☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
	g ☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
	h ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
	i ☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
	j ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group MAT-SU VALLEY MEDICAL CENTER

			Yes	No
17	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 nonpayment?	**17**	Yes	
18	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:			
	a ☐ Reporting to credit agency(ies)			
	b ☐ Selling an individual's debt to another party			
	c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
	d ☐ Actions that require a legal or judicial process			
	e ☐ Other similar actions (describe in Section C)			
	f ☑ None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized 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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
	a ☐ Reporting to credit agency(ies)			
	b ☐ Selling an individual's debt to another party			
	c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
	d ☐ Actions that require a legal or judicial process			
	e ☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):			
	a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
	b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
	c ☑ Processed incomplete and complete FAP applications			
	d ☑ Made presumptive eligibility determinations			
	e ☐ Other (describe in Section C)			
	f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

			Yes	No
21	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?	**21**	Yes	
	If "No," indicate why:			
	a ☐ The hospital facility did not provide care for any emergency medical conditions			
	b ☐ The hospital facility's policy was not in writing			
	c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
	d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group MAT-SU VALLEY MEDICAL CENTER

		Yes	No
22 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 ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d ☐ The hospital facility used a prospective Medicare or Medicaid method			
23 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?	**23**		No
If "Yes," explain in Section C.			
24 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?	**24**		No
If "Yes," explain in Section C.			

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, 16j, 18e, 19e, 20e, 21c, 21d, 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 Add'l Data	

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? **3**

	Name and address	Type of Facility (describe)
1	1 - MAT-SU VALLEY II LLC 950 E BOGARD RD WASILLA, AK 99654	HOME, HEALTH, AND HOSPICE
2	2 - MAT-SU VALLEY III LLC 950 E BOGARD RD WASILLA, AK 99654	PHYSICIAN PRACTICES/CLINICS
3	3 - SUSITNA SURGERY CENTER LLC 2490 S WOODWORTH LOOP STE 100 PALMER, AK 99654	AMBULATORY SURGICAL CENTER
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 CHNAs 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C:	IN ORDER TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE, PERSON MUST HAVE NO OTHER SOURCES OF PAYMENT SUCH AS INSURANCE OR SAVINGS OR HAVE HOSPITAL BILLS BEYOND THEIR RESOURCES; AND MUST COMPLETE AN APPLICATION AND PROVIDE INFORMATION REQUIRED BY THE HOSPITAL, INCLUDING PROOF OF INCOME AND FINANCIAL RESOURCES.
PART I, LINE 7:	THE REPORTING ORGANIZATION UTILIZES THE COST-TO-CHARGE RATIO FOR AMOUNTS REPORTED IN THE FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST TABLE. THE COST-TO-CHARGE RATIO WAS DERIVED FROM UTILIZING WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES, FROM THE SCHEDULE H INSTRUCTIONS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2:	BAD DEBT WAS CALCULATED BY TAKING CURRENT YEAR JOINT VENTURE BAD DEBT, MULTIPLIED BY THE ENTITY'S OWNERSHIP PERCENTAGE AND THEN MULTIPLIED BY THE COST RATIO DERIVED IN WORKSHEET 2 OF THE SCHEDULE H INSTRUCTIONS.
PART III, LINE 3:	SIGNIFICANT EFFORT IS MADE ON THE HOSPITAL'S PART TO IDENTIFY ALL PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE BEFORE AND/OR IMMEDIATELY AFTER A PATIENT IS PROVIDED SERVICES. BECAUSE OF THESE EFFORTS AND THE HOSPITAL'S FINANCIAL ASSISTANCE DETERMINATIONS POLICY, IT IS ESTIMATED THAT LESS THAN 3% OF BAD DEBTS ARE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4:	RELEVANT FOOTNOTE FROM AUDITED FINANCIAL STATEMENTS -REVENUE RECOGNITION - ON JANUARY 1, 2018, THE COMPANY ADOPTED THE NEW REVENUE RECOGNITION ACCOUNTING STANDARD ISSUED BY THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") AND CODIFIED IN THE FASB ACCOUNTING STANDARDS CODIFICATION ("ASC") AS TOPIC 606 ("ASC 606"). THE REVENUE RECOGNITION STANDARD IN ASC 606 OUTLINES A SINGLE COMPREHENSIVE MODEL FOR RECOGNIZING REVENUE AS PERFORMANCE OBLIGATIONS, DEFINED IN A CONTRACT WITH A CUSTOMER AS GOODS OR SERVICES TRANSFERRED TO THE CUSTOMER IN EXCHANGE FOR CONSIDERATION, ARE SATISFIED. THE STANDARD ALSO REQUIRES EXPANDED DISCLOSURES REGARDING THE COMPANY'S REVENUE RECOGNITION POLICIES AND SIGNIFICANT JUDGMENTS EMPLOYED IN THE DETERMINATION OF REVENUE.THE COMPANY APPLIED THE MODIFIED RETROSPECTIVE APPROACH TO ALL CONTRACTS WHEN ADOPTING ASC 606. AS A RESULT, UPON THE COMPANY'S ADOPTION OF ASC 606 THE MAJORITY OF WHAT WAS PREVIOUSLY CLASSIFIED AS THE PROVISION FOR BAD DEBTS IN THE STATEMENT OF OPERATIONS IS NOW REFLECTED AS IMPLICIT PRICE CONCESSIONS (AS DEFINED IN ASC 606) AND THEREFORE IS INCLUDED AS A REDUCTION TO NET OPERATING REVENUES IN 2018. FOR CHANGES IN CREDIT ISSUES NOT ASSESSED AT THE DATE OF SERVICE, THE COMPANY PROSPECTIVELY RECOGNIZES THOSE AMOUNTS IN OTHER OPERATING EXPENSES ON THE STATEMENT OF OPERATIONS. FOR PERIODS PRIOR TO THE ADOPTION OF ASC 606, THE PROVISION FOR BAD DEBTS HAS BEEN PRESENTED CONSISTENT WITH THE PREVIOUS REVENUE RECOGNITION STANDARDS THAT REQUIRED SUCH PROVISION TO BE PRESENTED SEPARATELY AS A COMPONENT OF NET OPERATING REVENUES. ADDITIONALLY, UPON ADOPTION OF ASC 606 THE ALLOWANCE FOR DOUBTFUL ACCOUNTS OF APPROXIMATELY $38 MILLION AS OF JANUARY 1, 2018 WAS RECLASSIFIED AS A COMPONENT OF NET PATIENT ACCOUNTS RECEIVABLE. OTHER THAN THESE CHANGES IN PRESENTATION ON THE CONSOLIDATED STATEMENT OF OPERATIONS AND CONSOLIDATED BALANCE SHEET, THE ADOPTION OF ASC 606 DID NOT HAVE A MATERIAL IMPACT ON THE CONSOLIDATED RESULTS OF OPERATIONS FOR THE YEAR ENDED DECEMBER 31, 2018, AND THE COMPANY DOES NOT EXPECT IT TO HAVE A MATERIAL IMPACT ON ITS CONSOLIDATED RESULTS OF OPERATIONS ON A PROSPECTIVE BASIS.AS PART OF THE ADOPTION OF ASC 606, THE COMPANY ELECTED TWO OF THE AVAILABLE PRACTICAL EXPEDIENTS PROVIDED FOR IN THE STANDARD. FIRST, THE COMPANY DOES NOT ADJUST THE TRANSACTION PRICE FOR ANY FINANCING COMPONENTS, AS THOSE WERE DEEMED TO BE INSIGNIFICANT. ADDITIONALLY, THE COMPANY EXPENSES ALL INCREMENTAL CUSTOMER CONTRACT ACQUISITION COSTS AS INCURRED BECAUSE SUCH COSTS ARE NOT MATERIAL AND WOULD BE AMORTIZED OVER A PERIOD LESS THAN ONE YEAR.NET OPERATING REVENUESUPON THE ADOPTION OF ASC 606, NET OPERATING REVENUES ARE RECORDED AT THE TRANSACTION PRICE ESTIMATED BY THE COMPANY TO REFLECT THE TOTAL CONSIDERATION DUE FROM PATIENTS AND THIRD-PARTY PAYORS IN EXCHANGE FOR PROVIDING GOODS AND SERVICES IN PATIENT CARE. THESE SERVICES ARE CONDIERED TO BE A SINGLE PERFORMANCE OBLIGATION AND HAVE A DURATION OF LESS THAN ONE YEAR. REVENUES ARE RECORDED AS THESE GOODS AND SERVICES ARE PROVIDED. THE TRANSACTION PRICE, WHICH INVOLVES SIGNIFICANT ESTIMATES, IS DETERMINED BASED ON THE COMPANY'S STANDARD CHARGES FOR THE GOODS AND SERVICES PROVIDED, WITH A REDUCTION RECORDED FOR PRICE CONCESSIONS RELATED TO THIRD PARTY CONTRACTUAL ARRANGEMENTS AS WELL AS PATIENT DISCOUNTS AND OTHER IMPLICIT PATIENT PRICE CONCESSIONS. DURING THE YEAR ENDED DECEMBER 31, 2018, THE IMPACT OF CHANGES TO THE INPUTS USED TO DETERMINE THE TRANSACTION PRICE WAS CONSIDERED IMMATERIAL TO THE CURRENT PERIOD.
PART III, LINE 8:	MEDICARE ALLOWABLE COSTS WERE COMPUTED UTILIZING COST TO CHARGE RATIOS FROM FILED COSTS REPORTS. THE ENTIRE SHORTFALL SHOULD BE CONSIDERED COMMUNITY BENEFIT SINCE SERVICES ARE BEING PROVIDED TO A VULNERABLE POPULATION WHO ARE COVERED UNDER AN ENTITLEMENT PROGRAM. THE NET SHORTFALL THAT IS INCURRED BY THE ORGANIZATION REPRESENTS A FINANCIAL BURDEN RELIEVED FROM THE GOVERNMENT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B:	SIGNIFICANT EFFORT IS MADE ON THE HOSPITAL'S PART TO IDENTIFY ALL PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE BEFORE AND/OR IMMEDIATELY AFTER A PATIENT IS PROVIDED SERVICES. BECAUSE OF THESE EFFORTS AND THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY, IT IS ESTIMATED THAT LESS THAN 3% OF BAD DEBTS ARE ATTRIBUTABLE TO PATIENT ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY.
PART VI, LINE 2:	THROUGHOUT THE YEAR HOSPITAL BOARD VOLUNTEERS, STAFF AND MANAGERS TRACK INPATIENT AND OUTPATIENT VOLUMES, OUT-MIGRATION, TRENDS IN DIAGNOSIS AND ENVIRONMENTAL FACTORS TO INCLUDE WEATHER, SOCIAL AND CULTURAL INDICATORS. TYPICALLY DURING THE LAST QUARTER OF THE CALENDAR YEAR, HOSPITAL LEADERS EVALUATE THE PAST MONTHS AND PREPARE FOR THE FUTURE. SHORT AND LONG-TERM DECISIONS ARE BASED ON THESE EVALUATIONS AS WELL AS ON A VARIETY OF PLANNING MODELS RECOMMENDED BY THE AMERICAN MEDICAL ASSOCIATONS (AMA). IN ADDITION TO DATA GATHERED THROUGH THESE SOURCES, ADDITIONAL ANECDOTAL INFORMATION, EXPERTISE AND KNOWLEDGE SHARED FROM STAKEHOLDERS, PUBLIC AND PRIVATE HEALTH REPORTS, CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) DATA, AND ECONOMIC FORECASTS FROM LOCAL GOVERNMENT, CHAMBERS OR COMMERCE AND AREAS EMPLOYEES ARE USED TO STRATEGICALLY PLAN TO MEET THE HEALTHCARE NEEDS OF THE COMMUNITY.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3:	THE HOSPITAL MAINTAINS POSTED SIGNS IN ENGLISH AND RUSSIAN REGARDING FINANCIAL ASSISTANCE AVAILABILITY AND CRITERIA FOR PATIENTS IN EACH ADMITTING OFFICE AND IN THE EMERGENCY DEPARTMENT LOBBY. THE HOSPITAL ALSO POSTS INFORMATION REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE ON THE HOSPITAL'S WEBSITE. ALL INPATIENT AND OUTPATIENTS ARE OFFERED A FORM UPON ADMISSION THAT FORMALLY NOTIFIES THEM THAT THE HOSPITAL HAS FINANCIAL ASSISTANCE APPLICATION. ADMITTING STAFF SCREEN ALL SELF-PAY PATIENTS FOR POTENTIAL MEDICAID ELIGIBILITY AS WELL AS COVERAGE BY OTHER SOURCES, INCLUDING GOVERNMENTAL PROGRAMS. DURING THIS PROCESS, ADMITTING STAFF WILL ALSO MAKE AVAILABLE A FINANCIAL ASSISTANCE TO THE PATIENT. HOSPITAL STAFF DO MAKE FOLLOW UP CALLS TO ELIGIBLE PATIENTS TO ENCOURAGE COMPLETION OF THE APPLICATION.
PART VI, LINE 4:	THE HOSPITAL IS LOCATED IN THE STATE OF ALASKA, IN THE MATANUSKA-SUSTINA BOROUGH, WHICH IS ROUGHLY THE SIZE OF WEST VIRGINIA AND HAS THE FASTEST GROWING POPULATION OF ANY REGION. THE BOROUGH'S POPULATION IS APPROXMATELY 103,000. THE U.S. CENSUS BUREAI REPORTS THAT HTE MEDIAN HOUSEHOLD INCOME IS APPROXIMATELY $71,037. THE AVERAGE HOUSEHOLD SIZE IS 2.89 PERSONS. APPROXIMATELY 6.8% OF BOROUGH CITIZENS SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. 52% OF THAT TOTAL POPULATION IS MALE, AND MEDIAN AGE IS APPROXIMATELY 35.2.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5:	PROMOTION OF COMMUNITY HEALTHIMPROVING THE HEALTH STATUS OF OUR COMMUNITY IS AN IMPORTANT GOAL FOR THE HOSPITAL AND MAINTAINING RELATIONS WITH COMMUNITY PARTNERS IS INTEGRAL TO SUCCESS IN THESE EFFORTS. THE HOSPITAL SPONSORS EDUCATION AND OUTREACH PROGRAMS, INCLUDING SENIOR CIRCLE FOR MATURE ADULTS, HEALTH FAIRS, EDUCATIONAL SEMINARS PRESENTED BY EMPLOYED AND COMMUNITY PHYSICIANS, FREE HEALTHY WOMAN PROGRAM AND ALSO PARTNERS WITH LOCAL EDUCATION FACILITIES TO OFFER CLINICAL SITES FOR EDUCATIONAL EXPERIENCES. MEMBERS OF THE HOSPITAL STAFF ALSO PROVIDE MENTORSHIP AND CLINICAL EDUCATION.
PART VI, LINE 6:	NOT APPLICABLE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
ADDITIONAL INFORMATION	BESIDES PROVIDING FINANCIAL ASSISTANCE TO THOSE UNABLE TO PAY, AND ACCEPTING MEDICAID AND MEDICARE PATIENTS, THE VALLEY HOSPITAL ASSOCIATION ALSO FURTHERS ITS EXEMPT PURPOSE BY SEATING ONE HALF OF THE GOVERNING BODY OF THE JOINT VENTURE HOSPITAL WITH PERSONS WHO RESIDE IN THE HOSPITAL'S PRIMARY SERVICE AREA. THESE INDIVIDUALS ARE NEITHER EMPLOYEES NOR CONTRACTORS OF THE ORGANIZATION NOR FAMILY MEMBERS THEREOF. THE HOSPITAL ALSO SEATS AN ADDITIONALS "BOARD OF TRUSTEES" WITH FIVE MEMBERS OF THE HOSPITAL MEDICAL STAFF AND FIVE COMMUNITY MEMBERS TO INFORM THE GOVERNING BODY ON ISSUES RELATED TO SERVICE, QUALITY, RISK AND COMPLIANCE. THE HOSPITAL ALSO MAINTAINS AN OPEN MEDICAL STAFF BY EXTENDING MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY. IMPROVING THE HEALTH STATUS OF THE COMMUNITY IS AN IMPORTANT GOAL FOR THE HOSPITAL, AND MAINTAINING RELATIONSHIPS WITH COMMUNITY PARTNERS AND PROVIDERS IS INTEGRAL TO SUCCES IN THESE EFFORTS.
PART VI, LINE 7	NOT APPLICABLE

Additional Data

Software ID:
Software Version:
EIN: 92-0019395
Name: VALLEY HOSPITAL ASSOCIATION INC
DBA MAT-SU HEALTH FOUNDATION

Form 990 Schedule H, Part V Section A. Hospital Facilities

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		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	MAT-SU VALLEY MEDICAL CENTER 2500 S WOODWORTH LOOP PALMER, AK 99645 WWW.MATSUREGIONAL.COM GACH-011	X						X			

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
MAT-SU VALLEY MEDICAL CENTER	PART V, SECTION B, LINE 5: THE REPORTING ORGANIZATION FORMED A STEERING COMMITTEE COMPRISED OF REPRESENTATIVES FROM LOCAL ORGANIZATIONS, SUCH AS HOSPITALS, NON-PROFIT LEADERS, MEDICAL PROFESSIONALS, ETC. THE STEERING COMMITTEE ACTED AS AN ADVISORY COMMITTEE TO THE REPORTING ORGANIZATION, WITH THE MISSION OF ENSURING THAT THE REPORTING ORGANIZATION WAS TAKING INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY. THE REPORTING ORGANIZATION HIRED A CONSULTING FIRM TO CONDUCT COMMUNITY FORUMS FROM DIFFERENT SECTORS OF THE COMMUNITY. EACH SECTOR RESPONDED WITH ITS OWN OPINIONS ON WHAT AREAS OF HEALTH THE COMMUNITY LACKED OR EXCELLED IN.
MAT-SU VALLEY MEDICAL CENTER	PART V, SECTION B, LINE 6A: PROVIDENCE 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
MAT-SU VALLEY MEDICAL CENTER	PART V, SECTION B, LINE 6B: AK MENTAL HEALTH TRUST AUTHORITY, CHICKALOON TRIBE, DENALI COMMISSION, KNIK TRIBAL COUNCIL, MAT-SU BOROUGH PLANNING DEPARTMENT, MAT-SU HEALTH FOUNDATION, MAT-SU BOROUGH EMERGENCY SERVICES, MAT-SU BOROUGH SCHOOL DISTRICT, MAT-SU REGIONAL MEDICAL CENTER, MAT-SU HEALTH SERVICES, PALMER 7TH DAY ADVENTIST CHURCH, PROVIDENCE HEALTH & SERVICES ALASKA, RASMUSON FOUNDATION, AK DIVISION OF PUBLIC HEALTH NURSING, SOUTHCENTRAL FOUNDATION, SUNSHINE COMMUNITY HEALTH CENTER, UPPER SUSITNA SENIOR CENTER, UNITED WAY OF MAT-SU AND VALLEY CHARITIES.

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Schedule I (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
VALLEY HOSPITAL ASSOCIATION INC
DBA MAT-SU HEALTH FOUNDATION

Employer identification number
92-0019395

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☑ 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" on 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 73

3 Enter total number of other organizations listed in the line 1 table . . . . ▶ 4

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	312	883,664			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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 IV - ADDITIONAL SUPPLEMENTAL INFORMATION	GRANTS AND OTHER ASSISTANCE TO GOVERNMENTS AND ORGANIZATIONS IN THE U.S. SCH I, PART I, LINE 2 GRANT AWARDS ARE MONITORED THROUGH A PROGRESS REPORT WHICH IS REQUIRED TO BE SUBMITTED BY THE GRANTEE ON A PERIODIC BASIS. THE PROGRAM OFFICER REVIEWS THE PROGRESS REPORTS FROM THE GRANTEES AND EVALUATES WHETHER THE FUNDS ARE BEING USED IN ACCORDANCE WITH THE GRANT AGREEMENT SIGNED BY THE GRANTEE.

Additional Data

Software ID:
Software Version:
EIN: 92-0019395
Name: VALLEY HOSPITAL ASSOCIATION INC
DBA MAT-SU HEALTH FOUNDATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALASKA CHILDREN'S TRUST 3201 C ST STE 110 ANCHORAGE, AK 99503	91-1765129	501(C)(3)	28,500				OPERATIONAL SUPPORT & SCHOLARSHIP
ALASKA FAMILY SERVICES 1825 S CHUGACH ST PALMER, AK 99645	92-0078235	501(C)(3)	22,250				SPECIAL SANTA PROGRAM & SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLOOD-N-FIRE MINISTRY OF ALASKA 244 SYLVAN RD 21 WASILLA, AK 99645	76-0825329	501(C)(3)	137,391				OPERATIONAL SUPPORT FOR KNIK HOUSE
CCS EARLY LEARNING 2060 E INDUSTRIAL DR WASILLA, AK 99654	92-0040291	501(C)(3)	179,250				FOUNDATION REPAIRS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CO-OCCURING DISORDER INST PO BOX 1907 PALMER, AK 99645	72-1587301	501(C)(3)	213,895				STRATEGIC TECHNICAL ASSISTANCE
FOOD BANK OF ALASKA 2121 SPAR AVENUE ANCHORAGE, AK 99501	92-0073175	501(C)(3)	15,250				HOLIDAY MEAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FORAKER GROUP 161 KLEVIN STREET SUITE 101 ANCHORAGE, AK 99508	92-0177787	501(C)(3)	51,500				LEADERSHIP THRU RETIREMENT
FRONTLINE MISSION 2001 PALMER-WASILLA HWY WASILLA, AK 99654	30-0450068	501(C)(3)	89,250				HOLIDAY MEALS/LEADERSHIP DVPT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF ALASKA 3911 TURNAGAIN BLVD EAST ANCHORAGE, AK 99517	92-6000179	501(C)(3)	8,250				PROGRAM SUPPOR/EQUIPMENT
LINKS MAT-SU PARENT RESOURCE CENTER 777 CRUSEY STREET STE A101 WASILLA, AK 99654	92-0144494	501(C)(3)		471,956	FMV	RENT	PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MATSU BOROUGH SCHOOL DISTRICT 501 N GULKANA ST PALMER, AK 99645	92-6000034	MAT-SU BOROUGH	288,370				HEALTHY SCHOOLS/SEL
SET FREE ALASKA INC PO BOX 876741 WASILLA, AK 99687	26-4350361	501(C)(3)	69,623	244,998	CASH/FMV	RENT	BLDG REMODEL/EARTHQUAKE RECOVERY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNSHINE COMM HEALTH CENTER HC 89 BOX 8190 TALKEETNA, AK 99676	92-0126154	501(C)(3)	184,324				SUNSHINE TRANSIT PRG DVPT
UNITED WAY OF MAT-SU 550 S ALASKA ST SUITE 205 PALMER, AK 99645	92-0126154	501(C)(3)	85,600				SCHOOL SUPPLIES/WELLNESS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UAA - UNIVERSITY OF ALASKA ANCHORAGE 3211 PROVIDENCE DRIVE ANCHORAGE, AK 99508	92-6000147	501(C)(3)	100,823				SBIRT IMPLEMENTATION REDUCING ALCOH
UPPER SUSITNA FOOD PANTRY PO BOX 277 TALKEETNA, AK 996760277	45-4011416	501(C)(3)	28,087				TAKE HOME MEALS FOR CHILDREN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY RESIDENTIAL SERVICES INC 1075 S CHECK STREET SUITE 102 WASILLA, AK 99654	31-1645473	501(C)(3)	45,000				PROGRAM SUPPORT/HEALTH FAIR
ALASKA CENTER FOR THE BLIND & VISUALLY 3903 TAFT DRIVE ANCHORAGE, AK 99517	92-0108817	501(C)(3)	19,750				HEALTH ACCESS RESOURCES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALASKA COMMUNITY FOUNDATION 3201 C STREET STE 110 ANCHORAGE, AK 99503	92-0155067	501(C)(3)	36,000				OPERATING FUND ENDOWMENT & SPONSORS
ALASKA LEGAL SERVICES CORP 1016 W 6TH AVENUE SUITE 200 ANCHORAGE, AK 99501	92-0034754	501(C)(3)	1,250	38,866	CASH/FMV	RENT	COMMUNITY RESOURCE CENTER ATTORNEY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALASKA SPORTS HALL OF FAME INC 11901 INDUSTRY WAY STE A-9 ANCHORAGE, AK 99515	81-0649085	501(C)(3)	15,000				HEALTHY FUTURES ELEMENTARY CHALLENG
ATLA ASSISTIVE TECHNOLOGY OF 3330 ARTIC BLVD STE 101 ANCHORAGE, AK 99503	92-0150945	501(C)(3)	12,500				ASSISTIVE TECHNOLOGY TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEACON HILL 405 W BENSON BLVD ANCHORAGE, AK 995033828	27-1779531	501(C)(3)	32,250				SAFE FAMILIES FOR CHILDREN PROGRAM
CHICKALOON NATIVE VILLAGE HEALTH SOCIAL SERVICES DEPT CHICKALOON, AK 99674	92-0120907	CHICKALOON TRIBE	88,826				NUTRITION PROGRAM/HEALTH FAIR

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITY OF WASILLA 290 EAST HERNING AVENUE WASILLA, AK 99654	92-6010143	CITY OF WASILLA	313,113				VETS WALL OF HONOR RELOCATION
FALLEN UP MINISTRIES PO BOX 4078 PALMER, AK 99654	47-2021828	501(C)(3)	14,900				RIDER CONSULTING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HELMETS ON HEADS 5131 E MAYFLOWER LN WASILLA, AK 99654	47-4826810	501(C)(3)	15,000				HELMET SUPPLIES
KNIK TRIBAL COUNCIL PO BOX 871565 WASILLA, AK 99687	92-0076275	KNIK TRIBE	101,500				INFMTN PROCESSING SYSTEM UGRADE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MABEL T CAVERLY SR CENTER INC 911 W 8TH AVE STE 104 ANCHORAGE, AK 99501	92-0057689	501(C)(3)	11,275				DEAP DENTAL PROGRAM
MAT-SU IMAGINATION LIBRARY 7362 W PARKS HWY 782 WASILLA, AK 99623	47-1275518	501(C)(3)	6,350				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PALMER SENIOR DBA MAT-SU SENIOR SERVICES 1132 S CHUGACH ST PALMER, AK 99645	92-0078503	501(C)(3)	379,309				STABILIZATION FUNDING/HEALTH FAIRS
MY HOUSE 300 N WILLOW STREET WASILLA, AK 99654	45-3954205	501(C)(3)	78,693				PROGRAM DVPT & SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASILLA AREA SENIORS INC 1301 S CENTURY CIRCLE WASILLA, AK 99654	92-0082770	501(C)(3)	218,572				GYM EQPMT/FALL PVNT/VAN PRCHES
WASILLA YOUTH BASEBALL PO BOX 870714 WASILLA, AK 99687	51-0256020	501(C)(3)	6,700				WEQPMT/PRGM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALASKA COURT SYSTEMS 820 W 4TH AVE ANCHORAGE, AK 99501	92-6001185	STATE OF ALASKA	187,457				FIT COURT PAYROLL
HEART REACH PREGNANCY 865 S SEWARD MERIDIAN PKWY WASILLA, AK 99654	92-0115423	501(C)(3)	6,250				PROGRAM SUPPORT/SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RASMUSON 301 W NORTHERN LIGHTS BLVD ANCHORAGE, AK 99503	91-6340739	501(C)(3)	10,000				GRANTMAKERS TOUR
ACCESS ALASKA 1217 E 10TH AVE ANCHORAGE, AK 99501	92-0089550	501(C)(3)	7,300				INFMTN SYSTEMS NEED ANALYSIS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALASKA ASSISTANCE DOGS 1081 W ROBINS SONG AVE WASILLA, AK 99654	92-0175661	501(C)(3)	15,000				CANINE THERAPY PROGRAMS
ALASKAN AIDS ASSISTANCE ASSOCIATION 1057 WEST FIREWEED LN STE 102 ANCHORAGE, AK 995031760	92-0113788	501(C)(3)	160,000				FASAP PROGRAM MAT-SU MOBILE SERVICE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL ALASKA PEDIATRIC PARTNERS PO BOX 230567 ANCHORAGE, AK 99501	47-3428822	501(C)(3)	7,470				DATABASE DEVELOPMENT PROJECT
AMERICAN LUNG ASSOC OF THE MOUNTAIN PACI 5601 6TH AVE S 460 SEATTLE, WA 98108	13-1632524	501(C)(3)	65,143				HEALTHY HOMES MAT-SU

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANCHORAGE MUSUEM ASSOCIATION 625 C STREET ANCHORAGE, AK 99501	92-6009317	501(C)(3)	15,000				FOOD CULTURE EXHIBIT, BOOK & PROGRA
BIG LAKE LIONS CLUB PO BOX 520048 BIG LAKE, AK 99652	36-4705427	501(C)(3)	42,570				EARTHQUAKE REPAIRS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARRY THE CURE INC 1040 W BEYLUND LOOP PALMER, AK 99645	92-0161503	501(C)(3)	15,000				SAVING LIVES & EMPOWERING YOUTH/FAM
CHILD CARE CONNECTION INC 3350 COMMERCIAL DRIVE STE 203 ANCHORAGE, AK 99501	92-0113419	501(C)(3)	68,250				EARLY CHILDHOOD LEARN & GROW

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHOOSING OUR ROOTS 307 E NORTHERN LIGHTS BLVD SUITE 101 ANCHORAGE, AK 99503	82-3583339	501(C)(3)	15,000				HOMELESS YOUTH SUPPORT
CHURCH ON THE ROCK PO BOX 874693 WASILLA, AK 99687	92-0170754	501(C)(3)	26,500				BAND OF BROTHER DVPT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECT PALMER INC 202 S ALASKA STREET UNIT C PALMER, AK 99645	47-1007638	501(C)(3)	180,000				LIFE SKILLS AND WORK PROGRAM
DENALI FAMILY SERVICES 6401 A STREET ANCHORAGE, AK 99518	92-0155751	501(C)(3)	11,721				PARENT PSCHOTHERAPY TRAINING PROJE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FANNIE E RIPPEL FOUNDATION 14 MAPLE AVE SUITE 200 MORRISTOWN, NJ 079605451	22-1559427	501(C)(3)	25,000				FORESIGHT HEALTH
GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVENUE NW WASHINGTON, DC 200364110	13-3206571	501(C)(3)	11,500				PROGRAM SUPPORT/PTNR FUNDING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAX HATCHER ALPINE XPERIENCE PO BOX 924 PALMER, AK 99645	81-1056780	501(C)(3)	500,000				SKI AREA DVPMT
KABAYAN INC 1640 N CATALINA DR WASILLA, AK 99654	81-2073684	501(C)(3)	5,250				COMMUNITY EVENT SPONSORSHIPS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MAT-SU FOOD BANK 501 E BOGARD RD WASILLA, AK 99654	92-0150918	501(C)(3)	12,700				HOLIDAY DINNER
MAT-SU TRAILS AND PARKS FOUNDATION PO BOX 652 PALMER, AK 99645	90-0699180	501(C)(3)	208,250				SUSTAINABLE TRAILS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MID-VALLEY SENIORS PO BOX 520775 BIG LAKE, AK 99652	92-0107364	501(C)(3)	15,000				PROGRAM SUPPORT
MSSCA MAT-SU SERVICES FOR CHILDREN & ADUL 1225 W SPRUCE AVE WASILLA, AK 99654	92-0107450	501(C)(3)	17,750				COMPUTER INFRASTRUCTURE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONWARD & UPWARD INC (V) 777 N CRUSEY STREET STE B105 WASILLA, AK 99654	20-8397173	501(C)(3)	83,850				WELL CARED FOR FAMILIES SUPPORT
PALMER SOCCER CLUB PO BOX 1632 PALMER, AK 99645	26-4042466	501(C)(3)	14,725				GROUNDS REVITALIZATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEER POWER 550 W 7TH AVE SUITE 1230 ANCHORAGE, AK 99501	46-1682751	501(C)(3)	7,480				SELF ADVOCACY
PHILANTHROPY NORTHWEST 2101 FOURTH AVENUE SUITE 650 SEATTLE, WA 98121	91-1110995	501(C)(3)	16,500				MEMBERSHIP/PARTNERSHIP SUPPORT

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

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RADIO FREE PALMER 716 S ALASKA ST PALMER, AK 99645	42-1668214	501(C)(3)	5,900				EMERGENCY OPS CAPABILITY/EQPMT UPGR
NORTHGATE ALASKA 2991 N TAIT DRIVE WASILLA, AK 99654	92-0155675	501(C)(3)	33,450				AT RISK THERAPY FOR TEENS/FUNDRAISE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SILC OF ALASKA STATE WIDE INDE 1057 W FIREWEED LN STE 201 ANCHORAGE, AK 99503	12-1597458	501(C)(3)	200,000				INDEPENDENCE THRU TECHNOLOGY
SPECIAL OLYMPICS ALASKA 3200 MOUNTAIN VIEW DRIVE ANCHORAGE, AK 99501	92-0057197	501(C)(3)	15,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SULTANA NEW VENTURES LLC 161 KLEVIN STREET STE 101 ANCHORAGE, AK 99508	47-0966637	501(C)(3)	567,978				HEALTHCARE TRANSFORMATION/CONNECT M
THE CHILDREN'S PLACE PO BOX 871788 WASILLA, AK 99687	91-1817911	501(C)(3)	89,435				NEW FACILITY CAPITAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRF TYLER ROBINSON FOUNDATION 400 S 4TH ST 500 LAS VEGAS, NV 89101	46-2570835	501(C)(3)	15,000				PEDIATRIC CANCER FNCL RELIEF
TRUE NORTH RECOVERY INC PO BOX 875032 WASILLA, AK 99687	82-3666636	501(C)(3)	22,187				START UP GAP FUNDING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPPER SUSITNA SENIORS INC HC 89 BOX 592 WILLOW, AK 99688	92-0108548	501(C)(3)	63,982				MEALS ON WHEELS
UPPER SUSITNA SOIL & WATER CO 1508 E BOGARD RD STE 1 WASILLA, AK 99654	92-0161947	501(C)(3)	14,664				YOUTH CONSERVATION CORPS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VALLEY CHARITIES INC 400 N YENLO WASILLA, AK 99654	92-0130785	501(C)(3)	10,700				PRISONER PEENTRY SUMMIT
VALLEY PERFORMING ARTS 251 WEST SWANSON AVE WASILLA, AK 99654	92-0058477	501(C)(3)	17,500				RESTROOM RNVTN: ADA COMPLIANCE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VALLEY TRANSIT 225 W RILEY AVENUE WASILLA, AK 996548020	92-0166625	501(C)(3)	277,125				PROGRAM SUPPORT
WILLOW COMMUNITY FOOD PANTRY PO BOX 375 WILLOW, AK 99688	92-0127841	501(C)(3)	15,750				WALK-IN FREEZER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALASKA YOUTH AND FAMILY NETWORK 1051 E BOGARD RD 2 WASILLA, AK 99654	31-1751437	501(C)(3)	185,845				FMLY TO FMLY NVGTN & OPRTNL SPRT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
VALLEY HOSPITAL ASSOCIATION INC
DBA MAT-SU HEALTH FOUNDATION

Employer identification number
92-0019395

Part I Questions Regarding Compensation

				Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ 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		**1b**		
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? . .		**2**		
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. ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee				
4	During the year, did any person listed on 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?		**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		**4b**		No
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.		**4c**		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:				
a	The organization?		**5a**		No
b	Any related organization? . . . . If "Yes," on line 5a or 5b, describe in Part III.		**5b**		No
6	For persons listed on 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?		**6a**		No
b	Any related organization? . . . . If "Yes," on line 6a or 6b, describe in Part III.		**6b**		No
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III		**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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		**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		**9**		

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 on 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 on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 ELIZABETH RIPLEY CEO	**(i)**	227,971	0	0	8,901	3,384	240,256	0
	(ii)	0	0	0	0	0	0	0
2 CHRISTOPHER EMOND CFO	**(i)**	147,318	2,500	0	6,266	45,503	201,587	0
	(ii)	0	0	0	0	0	0	0
3 MELISSA KEMBERLING PROGRAM DIRECTOR	**(i)**	141,938	2,500	0	5,981	45,503	195,922	0
	(ii)	0	0	0	0	0	0	0
4 JAMES BECK SENIOR PROGRAMS OFFICER	**(i)**	127,471	2,500	0	5,173	16,247	151,391	0
	(ii)	0	0	0	0	0	0	0

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.

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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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
VALLEY HOSPITAL ASSOCIATION INC
DBA MAT-SU HEALTH FOUNDATION

Employer identification number
92-0019395

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	MEMBERSHIP ELIGIBILITY CRITERIA: (1) MUST HOLD MAT-SU BOROUGH RESIDENCY (DETERMINED BY VOT ER REGISTRATION AND/OR RESIDENCE ADDRESS WITHIN THE BOROUGH). (2) MUST BE 18 YEARS OF AGE OR OLDER. (3) MUST EITHER (A) SUBMIT A COMPLETED GENERAL APPLICATION AND PAY THE $5 MEMBER SHIP FEE PER CALENDAR YEAR (JANUARY 1 THROUGH DECEMBER 31) FOR GENERAL MEMBERSHIP; (B) COM PLETE A LIFETIME MEMBERSHIP APPLICATION AND PAY THE $75 LIFETIME FEE AND COMPLETE A LIFETI ME MEMBERSHIP ADDRESS VERIFICATION UPDATE FOR LIFETIME MEMBERSHIP HOLDERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	ANY CHANGES TO THE BYLAWS THAT ARE RELATED TO MEMBERSHIP MUST BE APPROVED BY MEMBERSHIP.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FINANCE AND INVESTMENT COMMITTEE REVIEWS THE 990 PRIOR TO FILING. A FINAL VERSION OF T HE 990 IS SENT TO THE FULL BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE REPORTING ORGANIZATION ANNUALLY VERIFIES COMPLIANCE WITH THE CONFLICT OF INTEREST POLI CY. THE INDIVIDUALS COVERED BY THIS POLICY INCLUDE ALL DIRECTORS, OFFICERS, AND KEY PERSON NEL. THE PERSONS COVERED BY THE POLICY ARE REQUIRED TO ANNUALLY DISCLOSE TO THE ORGANIZATI ON'S CEO THEIR INTEREST THAT COULD GIVE RISE TO CONFLICTS OF INTEREST ON A FORM PROVIDED B Y THE ORGANIZATION. THE ORGANIZATION'S CEO WILL MONITOR PROPOSED OR ONGOING TRANSACTIONS F OR CONFLICTS OF INTEREST. DURING MEETINGS, CONFLICTED INDIVIDUALS MUST DISCLOSE THE MATERI AL FACTS AND DETAILS RELATING TO THEIR INTEREST TO THE BOARD OR BOARD COMMITTEE. THE BOARD CHAIRPERSON, COMMITTEE, OR BOARD MAY ASK THE INDIVIDUAL TO LEAVE THE MEETING DURING THE D ISCUSSION OF THE MATTER THAT GIVES RISE TO THE POTENTIAL CONFLICT OF INTEREST. INTERESTED PERSONS ARE NOT ALLOWED TO VOTE ON THE MATTER THAT GIVES RISE TO THE POTENTIAL CONFLICT OF INTEREST. THE BOARD OR BOARD COMMITTEE MUST APPROVE THE TRANSACTION OR ARRANGEMENT BY A M AJORITY VOTE OF THE BOARD MEMBERS PRESENT AT THE MEETING THAT HAS A QUORUM, NOT INCLUDING THE VOTE OF THE INTERESTED PERSON.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	ANNUALLY, A CEO EVALUATION COMMITTEE CONSISTING OF INDEPENDENT PERSONS IS CONVENED TO REVI EW THE EMPLOYMENT AND COMPENSATION OF THE CEO. WHEN DETERMINING THE CEO'S COMPENSATION, TH E COMMITTEE UTILIZES BOTH LOCAL, REGIONAL, AND NATIONAL SALARY SURVEYS. THE BOARD OF DIREC TORS REVIEWS THE RECOMMENDATION OF THE CEO EVALUATION COMMITTEE AND THEIR APPROVAL OR REVI SION IS DOCUMENTED IN THE MINUTES OF THE MEETING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE REPORTING ORGANIZATION'S 990 AND 990-T, CONFLICT OF INTEREST POLICY, AND FINANCIAL STA TEMENTS ARE AVAILABLE UPON WRITTEN REQUEST. THE GOVERNING DOCUMENTS ARE MADE PUBLIC ON THE ORGANIZATION'S WEBSITE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	BOOK TO TAX DIFFERENCE FROM PARTNERSHIP INTEREST 120,252.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990	AS A RESULT OF LATE RECEIPT OF A 2018 FORM K-1 FOR A PARTNERSHIP INTEREST IN SUSITNA ASC H OLDINGS, LLC, THIS 2018 FORM 990 IS BEING AMENDED. IN ADDITION TO THE IMPACT TO REVENUE, V ARIOUS ITEMS WERE CORRECTED FOR CLARITY. THE FOLLOWING ITEMS HAVE CHANGED: PART I, LINE 6 - THE NUMBER OF VOLUNTEERS WAS UPDATED TO INCLUDE THE UNPAID BOARD MEMBERS. PART I, LINE 7 A INCLUDES THE LOSS FROM THE PARTNERSHIP K-1. PART I, LINES 8 THROUGH 12 REFLECT THE CHANG E IN REVENUE FROM PART VIII. PART III, LINE 4A WAS UPDATED TO MATCH TOTAL GRANT EXPENSE FO R THIS ACTIVITY. PART III, LINE 4B WAS UPDATED TO MATCH TOTAL REVENUE FOR THIS ACTIVITY. P ART IV, LINE 29 WAS UPDATED TO NO AS THE ONLY NON-CASH DONATION WAS IN-KIND RENT. PART VII I, LINE 1G WAS UPDATED TO REMOVE IN-KIND RENT DONATION. PART VIII, LINE 3 WAS UPDATED TO R EMOVED UNREALIZED LOSS ON INVESTMENTS. PART VIII, LINE 7 WAS UPDATED TO SPLIT GAIN ON SALE OF ASSETS OTHER THAN INVENTORY BETWEEN RELATED AND EXCLUDED REVENUE. PART VIII, LINE 11B WAS UPDATED TO INCLUDE ITEMS OF INCOME FROM A K-1 RECEIVED AFTER THE RETURN WAS FILED. PAR T IX, LINE 16, COL (C) UPDATED TO REMOVE IN-KIND RENT EXPENSE. PART X, PROGRAM SERVICE INV ESTMENTS MOVED FROM LINE 15 TO LINE 13. PART XI, LINE 5 UPDATED TO INCLUDE UNREALIZED LOSS ON INVESTMENTS. PART XI, LINE 9 HAS A BOOK TO TAX DIFFERENCE FROM THE PARTNERSHIP INTERES T. SCHEDULE B: REMOVED IN-KIND RENT DONATION. SCHEDULE D: PART XI, LINE 2A WAS UPDATED TO INCLUDE UNREALIZED LOSS ON INVESTMENTS. PART XI, LINE 2B WAS UPDATED TO INCLUDE DONATED US E OF FACILITIES. PART XI, LINE 2D WAS UPDATED FOR THE BOOK TO TAX DIFFERENCE FROM THE PART NERSHIP. PART XII, LINE 2A WAS UPDATED TO INCLUDE DONATED USE OF FACILITIES. SCHEDULE H: P ART I, LINE 7C (E) CORRECTED TO ZERO FROM THE NEGATIVE AMOUNT ORIGINALLY FILED. PART V, LI NE 1 WAS UPDATED WITH EMAIL, STATE LICENSE NUMBER, SUBORDINATE HOSPITAL INFORMATION, AND T O INDICATE ER-24 HOURS. PART V, LINE 10B LEFT BLANK DUE TO 10A BEING "YES." PART V, SECTIO N D WAS UPDATED TO INCLUDE SUSITNA SURGERY CENTER, LLC. SCHEDULE M: NO LONGER REQUIRED. SC HEDULE R: PART IV, LINE 1 WAS ADDED TO REPORT A RELATED ORGANIZATION.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
VALLEY HOSPITAL ASSOCIATION INC
DBA MAT-SU HEALTH FOUNDATION

Employer identification number
92-0019395

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

(a) Name, address, and EIN (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

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? 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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No
(1) VALLEY HEALTH SERVICES INC 777 N CRUSEY ST SUITE WASILLA, AK 99654 47-3084243	DORMANT HOLDING CORPORATION	AK	VALLEY HOSPITAL ASSOCIATION INC	C			100.000 %	Yes	

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

			Yes	No
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	**1a**		**No**
b	Gift, grant, or capital contribution to related organization(s)	**1b**		**No**
c	Gift, grant, or capital contribution from related organization(s)	**1c**		**No**
d	Loans or loan guarantees to or for related organization(s)	**1d**		**No**
e	Loans or loan guarantees by related organization(s)	**1e**		**No**
f	Dividends from related organization(s)	**1f**		**No**
g	Sale of assets to related organization(s)	**1g**		**No**
h	Purchase of assets from related organization(s)	**1h**		**No**
i	Exchange of assets with related organization(s)	**1i**		**No**
j	Lease of facilities, equipment, or other assets to related organization(s)	**1j**		**No**
k	Lease of facilities, equipment, or other assets from related organization(s)	**1k**		**No**
l	Performance of services or membership or fundraising solicitations for related organization(s)	**1l**		**No**
m	Performance of services or membership or fundraising solicitations by related organization(s)	**1m**		**No**
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**		**No**
o	Sharing of paid employees with related organization(s)	**1o**		**No**
p	Reimbursement paid to related organization(s) for expenses	**1p**		**No**
q	Reimbursement paid by related organization(s) for expenses	**1q**		**No**
r	Other transfer of cash or property to related organization(s)	**1r**		**No**
s	Other transfer of cash or property from related organization(s)	**1s**		**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)** Disproprtionate 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**		**Yes**	**No**	
(1)MAT-SU VALLEY MED C 4000 MERIDIN BLVDFRANKLIN, TN 37067 72-1563402	HOSPITAL	AK	RELATED	Yes		27,635,512	58,953,313		No			No	34.780 %

Part VII Supplemental Information

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

Return Reference	Explanation
PART IV- PARTNERSHIP FULL NAME, ADDRESS, EIN	MAT-SU VALLEY MED CENTER, LLC 72-1563402 4000 MERIDIAN BLVD FRANKLIN, TN 37067