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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 04-01-2018 , and ending 03-31-2019

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

C Name of organization
NORTH VALLEY HOSPITAL INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1600 HOSPITAL WAY

City or town, state or province, country, and ZIP or foreign postal code
WHITEFISH, MT 59937

D Employer identification number
81-0247969

E Telephone number
(406) 863-3500

G Gross receipts $ 75,408,478

F Name and address of principal officer
DAVID RICHHART
1600 HOSPITAL WAY
WHITEFISH, MT 59937

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 NVHOSP ORG

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

L Year of formation 1955 | **M** State of legal domicile MT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
NORTH VALLEY HOSPITAL PROVIDES HOSPITAL AND REHABILITATIVE SERVICES, OTHER HEALTH CARE SERVICES AS NECESSARY AND ADVISABLE, AND SERVES AS A STIMULUS FOR THE PROVISION OF HEALTH CARE SERVICES IN THE AREA

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	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	526
6	Total number of volunteers (estimate if necessary)	6	47
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,481,962
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-124,846

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	457,330	379,280
	9	Program service revenue (Part VIII, line 2g)	71,019,022	70,037,834
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	331,698	641,674
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,606,817	2,386,788
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	73,414,867	73,445,576
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	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)	31,422,172	34,703,878
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶243,296		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	31,279,217	32,342,146
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	62,701,389	67,046,024
	19	Revenue less expenses Subtract line 18 from line 12	10,713,478	6,399,552
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	70,802,592	82,303,842
	21	Total liabilities (Part X, line 26)	28,868,792	33,910,465
	22	Net assets or fund balances Subtract line 21 from line 20	41,933,800	48,393,377

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

****** | 2020-02-17
Signature of officer | Date

DAVID RICHHART CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2020-02-17		P00188996
Firm's name ▶ JORDAHL & SLITER PLLC			Firm's EIN ▶ 81-0497523	
Firm's address ▶ PO BOX 8600 KALISPELL, MT 599041600			Phone no (406) 752-1040	

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

NORTH VALLEY HOSPITAL PROVIDES HOSPITAL AND REHABILITATIVE SERVICES, OTHER HEALTH CARE SERVICES AS NECESSARY AND ADVISABLE, AND SERVES AS A STIMULUS FOR THE PROVISION OF HEALTH CARE SERVICES IN THE AREA

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 $ 49,406,156 including grants of $) (Revenue $ 68,555,872)

See Additional Data

4b (Code) (Expenses $ including grants of $) (Revenue $)

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

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

4e **Total program service expenses ▶** 49,406,156

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	Yes	
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		No
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		No
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	Yes	
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		No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No

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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
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		No
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	93			
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	

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** 526			
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**	Yes	
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**	Yes	
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**		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		
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

		Line	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year — **1a** 13 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** 10			
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**	Yes	
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.)*

		Line	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**	Yes	
	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**		No
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**		

Section C. Disclosure

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

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
▶DAVID RICHHART 1600 HOSPITAL WAY WHITEFISH, MT 59937 (406) 863-9826

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

● List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

● List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

● List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

● List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) 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) JANE KARAS CHAIR	1 00	X		X				0	0	0
(2) MIRNA BOWDEN MD VICE CHAIR	1 00	X		X				0	0	0
(3) TROY BOWMAN SECRETARY	1 00	X		X				0	0	0
(4) DAVID DITTMAN FINANCE CHAIR	1 00	X		X				0	0	0
(5) LIN AKEY MEMBER	1 00	X						0	0	0
(6) MATT BAILEY MD MEMBER	1 00	X						0	0	0
(7) BARBRA BENNETT MEMBER	1 00	X						0	0	0
(8) TODD BERGLAND MD MEMBER	1 00	X						0	0	0
(9) JOHN FLINK MEMBER	1 00	X						0	0	0
(10) JOHN MEANS MD MEMBER	2 00 38 00	X						0	0	0
(11) MICHAEL HENSON MD MEMBER	1 00	X						0	0	0
(12) AMY MAY MEMBER	1 00	X						0	0	0
(13) TORI REICH MEMBER	1 00	X						0	0	0
(14) CARL TINLIN DO MEMBER	1 00	X						0	4,918	0
(15) KEVIN ABEL CHEIF EXECUTIVE OFFICER	40 00			X				200,472	0	15,934
(16) JASON SPRING CHEIF EXECUTIVE OFFICER	1 00 40 00			X				0	384,984	59,852
(17) DAVID RICHHART CHEIF FINANCIAL OFFICER	40 00			X				204,449	0	22,616

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: 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) JASON COHEN MD CHIEF MEDICAL OFFICER	20 00			X				0	355,031	30,954
(19) AMY VANTERPOOL CHIEF CLINICAL OFFICER	40 00			X				162,818	0	29,412
(20) CAMERON GARDNER MD PHYSICIAN	40 00					X		235,592	0	20,315
(21) DEREK GEDLAMAN MD PHYSICIAN	40 00					X		307,115	0	24,319
(22) RYAN GUNLIKSON MD PHYSICIAN	40 00					X		314,717	0	29,252
(23) JOHN MUIR MD PHYSICIAN	40 00					X		324,049	0	19,308
(24) EDWARD STEIN MD PHYSICIAN	40 00					X		230,902	0	28,472
1b Sub-Total										
c Total from continuation sheets to Part VII, **Section A**										
d Total (add lines 1b and 1c)								1,980,114	744,933	280,434

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 ▶ 37

			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
KALISPELL REGIONAL MEDICAL CENTER 310 SUNNYVIEW LANE KALISPELL, MT 59901	HEALTH CARE SERVICES	3,413,566
NORTHERN ROCKIES ANESTHESIA 1075 MARTIN CREEK LANE WHITEFISH, MT 59937	ANESTHESIA SERVICES	1,738,051
CJ'S CLEANING 639 HWY 2 EAST COLUMBIA FALLS, MT 59912	CLEANING SERVICES	197,507
UROLOGY ASSOCIATES PC 350 HERITAGE WAY KALISPELL, MT 59912	PHYSICIAN FEES	183,500
GLACIER MEDICAL ASSOCIATES 1111 BAKER AVE WHITEFISH, MT 59937	VARIOUS SERVICES	164,768

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 ▶ 8

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				
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 379,280				
g	Noncash contributions included in lines 1a - 1f $					
h	**Total.** Add lines 1a-1f ▶		379,280			

Program Service Revenue

		Business Code	(A)	(B)	(C)	(D)
2a	MEDICAL SERVICE REVENUE	621990	70,037,834	68,555,872	1,481,962	
b						
c						
d						
e						
f	All other program service revenue					
g	**Total.** Add lines 2a–2f ▶		70,037,834			

Other Revenue

		(i)	(ii)	(A)	(B)	(C)	(D)
3	Investment income (including dividends, interest, and other similar amounts) ▶			530,157			530,157
4	Income from investment of tax-exempt bond proceeds ▶						
5	Royalties ▶						
		(i) Real	(ii) Personal				
6a	Gross rents	94,104					
b	Less rental expenses	0					
c	Rental income or (loss)	94,104					
d	Net rental income or (loss) ▶			94,104			94,104
		(i) Securities	(ii) Other				
7a	Gross amount from sales of assets other than inventory	2,072,531	1,888				
b	Less cost or other basis and sales expenses	1,930,842	32,060				
c	Gain or (loss)	141,689	-30,172				
d	Net gain or (loss) ▶			111,517			111,517
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 REVENUE		900099	1,760,433			1,760,433
b	CAFETERIA		722210	532,251			532,251
c							
d	All other revenue						
e	**Total.** Add lines 11a–11d ▶			2,292,684			
12	**Total revenue.** See Instructions ▶			73,445,576	68,555,872	1,481,962	3,028,462

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				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
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	655,218	167,314	487,904	
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	25,088,264	19,093,016	5,848,394	146,854
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,159,962	867,841	285,504	6,617
9 Other employee benefits	5,919,898	4,429,051	1,457,077	33,770
10 Payroll taxes	1,880,536	1,406,948	462,860	10,728
11 Fees for services (non-employees)				
a Management	94,020		94,020	
b Legal	146,776		146,776	
c Accounting	68,592		68,592	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	9,333,911	6,217,423	3,105,272	11,216
12 Advertising and promotion	53,641	48,062	2,027	3,552
13 Office expenses	3,927,878	2,302,184	1,608,343	17,351
14 Information technology	1,565,132	1,213,415	349,759	1,958
15 Royalties . .				
16 Occupancy	1,185,245	737,110	446,435	1,700
17 Travel	72,501	34,275	35,746	2,480
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	124,308	82,209	39,665	2,434
20 Interest	18,726	15,747	2,979	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	1,790,575	1,505,703	284,872	
23 Insurance . . .	284,636	284,558	78	
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 MEDICAL SUPPLIES AND DR	7,489,741	7,473,223	16,518	
b OTHER EXPENSES	2,138,734	1,399,528	734,570	4,636
c BAD DEBTS	2,128,549	2,128,549		
d HOME OFFICE ALLOCATION	1,919,181		1,919,181	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	67,046,024	49,406,156	17,396,572	243,296
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			26,424,277	2	42,164,548
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			6,771,274	4	6,623,077
	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			2,777,039	7	0
	8	Inventories for sale or use			1,563,956	8	1,648,275
	9	Prepaid expenses and deferred charges			1,278,808	9	774,681
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	67,954,819			
	b	Less accumulated depreciation	10b	38,749,838	30,250,053	10c	29,204,981
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11			1,360,686	13	1,376,432
	14	Intangible assets			371,916	14	371,916
	15	Other assets See Part IV, line 11			4,583	15	139,932
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			70,802,592	16	82,303,842
Liabilities	17	Accounts payable and accrued expenses			10,039,902	17	16,318,889
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			18,594,668	20	17,441,726
	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				23	
	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			234,222	25	149,850
	26	**Total liabilities.** Add lines 17 through 25			28,868,792	26	33,910,465
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			40,983,169	27	24,755,069
	28	Temporarily restricted net assets			567,622	28	22,999,558
	29	Permanently restricted net assets			383,009	29	638,750
		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			41,933,800	33	48,393,377
	34	Total liabilities and net assets/fund balances			70,802,592	34	82,303,842

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	73,445,576
2	Total expenses (must equal Part IX, column (A), line 25)	2	67,046,024
3	Revenue less expenses Subtract line 2 from line 1	3	6,399,552
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	41,933,800
5	Net unrealized gains (losses) on investments	5	60,025
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	48,393,377

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: 81-0247969
Name: NORTH VALLEY HOSPITAL INC

Form 990 (2018)

Form 990, Part III, Line 4a:

NORTH VALLEY HOSPITAL OPERATES A 25-BED ACUTE CARE HOSPITAL WHICH PROVIDES EMERGENCY, INPATIENT, OUTPATIENT, ACUTE CARE AND SUBACUTE SERVICES IN HOSPITAL AND CLINIC SETTINGS THE HOSPITAL PROVIDED 8,278 ER VISITS, 4,652 DAYS OF PATIENT SERVICES, 98,631 OUTPATIENT VISITS WHICH INCLUDES 42,156 CLINIC VISITS, AND 556 BIRTHS FOR THE PERIOD APRIL 1, 2018 THROUGH MARCH 31, 2019 THE HOSPITAL PROVIDES CARE TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST AND TO INDIVIDUALS WHO ARE UNABLE TO PAY THE UNREIMBURSED VALUE OF PROVIDING CARE TO THESE PATIENTS WAS $893,711 FOR CHARITY CARE, $10,782,530 FOR MEDICAID, $16,478,960 FOR MEDICARE, AND $6,671,801 FOR OTHER THIRD PARTY PAYORS FOR THE PERIOD APRIL 1, 2018 THROUGH MARCH 31, 2019

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
NORTH VALLEY HOSPITAL INC

Employer identification number
81-0247969

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

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? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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.			

Additional Data

Software ID:
Software Version:
EIN: 81-0247969
Name: NORTH VALLEY HOSPITAL INC

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

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**
NORTH VALLEY HOSPITAL INC	81-0247969

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)?		No	
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?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		2,026
j	Total Add lines 1c through 1i			2,026
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	LINE I THE HOSPITAL DOES NOT DIRECTLY PERFORM LOBBYING ACTIVITIES BUT PAYS MEMBERSHIP DUES TO NATIONAL AND STATE HOSPITAL ASSOCIATIONS, WHICH USE A PORTION OF SUCH DUES TO CARRY OUT LOBBYING ACTIVITIES

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
NORTH VALLEY HOSPITAL INC

Employer identification number
81-0247969

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**

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
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	950,631	950,631			
b Contributions			950,631		
c Net investment earnings, gains, and losses					
d Grants or scholarships	311,851				
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	638,750	950,631	950,631		

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 ▶ 0 420 %

c Temporarily restricted endowment ▶ 99 580 %

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

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		6,747,426		6,747,426
b Buildings		36,631,345	20,205,599	16,425,746
c Leasehold improvements				
d Equipment		24,228,033	18,544,239	5,683,794
e Other		348,015		348,015
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				29,204,981

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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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	
LEASES PAYABLE	149,850
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	149,850

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	70,797,189
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	60,025		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	60,025
3	Subtract line **2e** from line **1**			3	70,737,164
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	2,708,412		
c	Add lines **4a** and **4b**			4c	2,708,412
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	73,445,576

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	64,337,745
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	133		
e	Add lines **2a** through **2d**			2e	133
3	Subtract line **2e** from line **1**			3	64,337,612
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	2,708,412		
c	Add lines **4a** and **4b**			4c	2,708,412
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	67,046,024

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: 81-0247969

Name: NORTH VALLEY HOSPITAL INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE CORPORATION ADOPTED THE PROVISIONS OF ASC TOPIC 740, INCOME TAXES ASC 740 CLARIFIES T HE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL ST ATEMENTS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT STANDARD FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF AN INCOME TAX POSITION TAKEN OR EXPECTED TO BE T AKEN IN A TAX RETURN THE CORPORATION HAS REVIEWED ITS TAX POSITIONS FOR ALL OPEN TAX YEAR S AND HAS CONCLUDED NO RESERVES ARE REQUIRED

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	BED TAX EXPENSE 268,200 GIFTS AND GRANTS 311,663 BAD DEBT EXPENSE 2,128,549

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	CONSOLIDATING ADJUSTMENT 133

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	BAD DEBT EXPENSE 2,128,549 BED TAX EXPENSE 268,200 RECLASSIFICATIONS 311,663

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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
NORTH VALLEY HOSPITAL INC

Employer identification number
81-0247969

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 ☑ 100% ☐ 150% ☐ 200% ☐ Other ______ %	**3a**	Yes	
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 ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other ______ %	**3b**	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	**4**	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	**5a**	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	**5b**		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	**5c**		
6a	Did the organization prepare a community benefit report during the tax year?	**6a**	Yes	
b	If "Yes," did the organization make it available to the public?	**6b**	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			547,541		547,541	0 820 %
b Medicaid (from Worksheet 3, column a)			12,664,109	12,677,755	0	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			13,211,650	12,677,755	547,541	0 820 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			173,724	8,883	164,841	0 250 %
f Health professions education (from Worksheet 5)			187,873	4,225	183,648	0 270 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			49,512	4,938	44,574	0 070 %
j **Total.** Other Benefits			411,109	18,046	393,063	0 590 %
k **Total.** Add lines 7d and 7j			13,622,759	12,695,801	940,604	1 410 %

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			5,579		5,579	0 010 %
3 Community support			60,905		60,905	0 090 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			6,136		6,136	0 010 %
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			72,620		72,620	0 110 %

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	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	2,128,549		
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			
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	23,255,181
6	Enter Medicare allowable costs of care relating to payments on line 5	6	24,343,517
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-1,088,336
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 NORTH VALLEY HOSPITAL

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 18			
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 KRH ORG/NVH			
	b ☑ Other website (list url) HTTPS //WWW KRH ORG/KRHC/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT			
	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 18			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) WWW KRH ORG/NVH			
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 NORTH VALLEY HOSPITAL

			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 100 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) WWW KRH ORG/NVH/SERVICES/PATIENT-PORTAL-AND-RESOURCES/			
	b ☑ The FAP application form was widely available on a website (list url) WWW KRH ORG/NVH/SERVICES/PATIENT-PORTAL-AND-RESOURCES/			
	c ☑ A plain language summary of the FAP was widely available on a website (list url) WWW KRH ORG/NVH/SERVICES/PATIENT-PORTAL-AND-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

NORTH VALLEY HOSPITAL

Name of hospital facility or letter of facility reporting group

			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 NORTH VALLEY HOSPITAL

		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? **8**

	Name and address	Type of Facility (describe)
1	1 - NORTH COUNTRY MEDICAL CLINIC 1343 HWY 93 NORTH EUREKA, MT 59917	OUTPATIENT CLINIC
2	2 - THE BASE LODGE CLINIC 3840 BIG MOUNTAIN ROAD WHITEFISH, MT 59937	OUTPATIENT CLINIC
3	3 - COLUMBIA FALLS CLINIC PROFESSIONAL 2165 9TH STREET WEST COLUMBIA FALLS, MT 59912	OUTPATIENT CLINIC
4	4 - GLACIER MATERNITY & WOMENS CENTER 195 COMMONS LOOP ROAD SUITE D KALISPELL, MT 59901	OUTPATIENT CLINIC
5	5 - WEST GLACIER CLINIC 100 REA ROAD WEST GLACIER, MT 59936	OUTPATIENT CLINIC
6	6 - GLACIER ENT HEAD AND NECK SURGERY 711 E 13TH STREET WHITEFISH, MT 59937	OUTPATIENT CLINIC
7	7 - NORTH VALLEY PHYSICAL THERAPY 1343 HWY 93 N EUREKA, MT 59917	OUTPATIENT CLINIC
8	8 - NORTH VALLEY HOSPITAL IMAGING 1111 BAKER AVENUE WHITEFISH, MT 59937	DIAGNOSTIC CENTER
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 7	THE HOSPITAL APPLIES THE RATIO OF PATIENT CARE COST-TO-CHARGES FOR AMOUNTS REPORTED IN THE TABLE (TOTAL OPERATING EXPENSES LESS NON-PATIENT CARE ACTIVITIES, MEDICAID PROVIDER TAXES, TOTAL COMMUNITY BENEFIT AND TOTAL COMMUNITY BUILDING EXPENSES)
PART I, LINE 7G	THE HOSPITAL HAS NOT INCLUDED ANY COSTS ASSOCIATED WITH PHYSICIAN CLINICS AS SUBSIDIZED HEALTH SERVICES IN PART I, LINE 7G

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	TOTAL BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 24, BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGES IN COLUMN (F) IS $2,128,549
PART II, COMMUNITY BUILDING ACTIVITIES	LEADERSHIP AT THE HOSPITAL ARE ACTIVE MEMBERS OF AREA CHAMBERS OF COMMERCE, UNITED WAY, EMERGENCY MEDICAL SERVICES BOARD, WHITEFISH AFFORDABLE HOUSING TASK FORCE, WHITEFISH HEALTHY COMMUNITIES COMMITTEE, MOUNTAIN PACIFIC SPECIAL IMPROVEMENT PROJECT ON CARE TRANSITIONS, AND MORE IN ADDITION, THE HOSPITAL SPONSORS A STAFF MEMBER EACH YEAR TO ATTEND LEADERSHIP FLATHEAD A TWO-YEAR LEADERSHIP TRAINING AND COMMUNITY COLLABORATION PROGRAM IN THE FLATHEAD VALLEY INCORPORATING LEADERSHIP IN A PROJECT THAT FULFILLS A NEED IN THE COMMUNITY THE HOSPITAL MANAGEMENT AND STAFF HAVE DEVELOPED RELATIONSHIPS WITH AREA HIGH SCHOOLS, COLLEGES AND UNIVERSITIES TO PROMOTE HEALTHCARE RELATED FIELDS AND HOSTING INTERNS AND JOB SHADOWS THE HOSPITAL HUMAN RESOURCES STAFF CONTRIBUTE TIME TO CAREER COUNSELING AND ARE ACTIVE PARTICIPANTS IN THE LOCAL CHAPTERS OF HOSA (HEALTHCARE OCCUPATION STUDENTS OF AMERICA) AND GRADUATION MATTERS HOSPITAL STAFF PROVIDE A FORUM FOR THE PERFORMANCE IMPROVEMENT NETWORK, WHICH PROVIDES QUALITY ASSURANCE FOR FUTURE HEALTH CARE WE PARTICIPATED IN HOSPITAL ACQUIRED INFECTION LEARNING AREA NETWORK THROUGH THE MOUNTAIN PACIFIC QUALITY IMPROVEMENT ORGANIZATION,AHA HOSPITAL ENGAGEMENT NETWORK, AND THE NATIONAL RURAL ACCOUNTABLE CARE ORGANIZATION PROMOTING CARE COORDINATION, PREVENTION AND WELLENSESS AN INCIDENT MANAGEMENT SYSTEM WITH HOSPITAL COMMAND CENTER IS ESTABLISHED AT THE HOSPITAL FOR EMERGENCY PREPAREDNESS INTERNALLY, THE MEMBERS REGULARLY EXECUTE DRILLS AND REVIEW EMERGENCY MEASURES FOR IMPROVEMENT AS WELL AS ASSESS RESOURCE NEEDS HOSPITAL REPRESENTATIVES PARTICIPATE IN A COALITION INCLUDING OTHER EMERGENCY, MEDICAL AND CITY/COUNTY SERVICES WHO MEET REGULARLY TO PREPARE FOR FLATHEAD VALLEY'S LARGER POTENTIAL DISASTERS MANAGEMENT STAFF HAS OBTAINED ADVANCED TRAINING IN EMERGENCY COMMUNICATIONS EFFECTIVENESS, RESPONSE AND COORDINATION QUALIFIED COMMUNITY BENEFITS UNDER THIS QUESTION COMMUNITY SUPPORT DONATIONS (ACCOUNTED FOR IN CBISA UNDER CASH DONATIONS) - TO INTERMOUNTAIN INTEGRATED MENTAL HEALTH SERVICES, DRUG-FREE GRADUATION PARTY SPONSORSHIPS, SHEPHERD'S HAND FREE CLINIC,SCHOOL SPORTS AND BOOSTER CLUB ASSOCIATIONS, FINANICAL SUPPORT FOR WINGS AND ALERT MEDICAL TRANSPORT HELICOPTER, UNITED WAY, SAVE A SISTER MAMMOGRAM INITIATIVE, RELAY FOR LIFE, SPECIAL OLYMPICS, PROSTATE CANCER AWARENESS FOUNDATION, FLATHEAD CANCER AID, FLATHEAD BREASTFEEDING COALITION, THE ALZHEIMERS ASSOCIATION, AND MARCH OF DIMES ECONOMIC DEVELOPMENT - MONTANA WEST ECONOMIC DEVELOPMENT, CHAMBER OF COMMERCE BOARDS AND COMMITTEES, WHITEFISH AFFORDABLE HOUSING TASK FORCE, LEADERSHIP FLATHEAD, WHITEFISH CONVENTION AND VISITOR BUREAU WORKFORCE DEVELOPMENT - MENTORING AND JOB SHADOWING, CAREER COUNSELING, HEALTH OCCUPATIONS STUDENT ORGANIZATION, FLATHEAD VALLEY COMMUNITY COLLEGE NURSING PROGRAM, MONTANA STATE UNIVERSITY NURSING PROGRAM COALITION BUILDING - PERFORMANCE IMPROVEMENT NETWORK, HEALTH OCCUPATIONS STUDENT ASSOCIATION, SUICIDE PREVENTION/INTERVENTION/POSTVENTION, COLLEGES FOR NURSING PROGRAMS, HEALTH PROVIDER PRECEPTORS AND MEETINGS, STUDENT RECRUITMENT, CRITICAL ACCESS NETWORK, CARE TRANSITIONS COALITION, HEALTHY COMMUNITIES COALITION, BEST BEGINNINGS EARLY CHILD DEVELOPMENT COALITION,AND DISASTER PREPAREDNESS THE HOSPITAL CONTINUES ITS SENIOR MENTAL HEALTH PROGRAM (NORTH VALLEY EMBRACE HEALTH) TARGETED AT ADULTS 55 YEARS OLD AND OLDER TO ADDRESS ISSUES OF DEPRESSION, LOSS, WITHDRAWAL, ETC IT IS THE FIRST STRUCTURED OUTPATIENT PROGRAM OF ITS KIND IN NORTHWEST MONTANA IT ALSO LAUNCHED NORTH VALLEY BEHAVIORAL HEALTH, PROVIDING PSYCHIATRY FOR CHILDREN, ADOLESCENTS AND ADULTS ADDICTION AND SUBSTANCE ABUSE COUNSELING, PLAY THERAPY FOR CHILDREN, AND SENIOR FOCUSED TREAMTENTS WERE ADDED TO INCREASE REACH AND BREADTH OF SERVICES NORTH VALLEY GERIATRIC SPECIALTY SERVICES WAS ESTABLISHED IN 2013 TO PROVIDE GERIATRIC MEDICINE AND ASSESSMENT THE MEDICAL STAFF PROVIDE CARE TO SENIORS IN LOCAL SENIOR LIVING FACILITIES AND COORDINATES CARE NORTH VALLEY SCHOOL BASED CLINIC IN COLUMBIA FALLS LAUNCHED IN SEPTEMBER 2016 TO IMPROVE ACCESS TO AFFORDABLE HEALTHCARE FOR HIGH SCHOOL STUDENTS AND STAFF BOTH PHYSICAL AND MENTAL HEALTH SERVICES ARE PROVIDED ON SITE AT THE HIGH SCHOOL IN CONJUNCTION WITH THE SCHOOL NURSE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2	THE COSTING METHODOLOGY USED TO DETERMINE THE AMOUNTS REPORTED ON SCHEDULE H, PART III, LINE 2 INCLUDES THE COST TO CHARGE RATIO OF PATIENT CARE
PART III, LINE 3	BAD DEBT EXPENSE, PATIENTS ELIGIBLE FOR ASSISTANCE THE HOSPITAL IDENTIFIES PATIENTS ELGIBLE FOR CHARITY CARE UP FRONT PRIOR TO TURNING THE BALANCE OVER TO THE COLLECTIONS AGENCY THE COLLECTION AGENCY ATTEMPTS TO COLLECT FROM THE PATIENT UNTIL DEEMED UNCOLLECTIBLE OR ELGIBLE FOR FINANCIAL ASSISTANCE AT WHICH POINT THE ACCOUNT IS CLOSED AND RETURNED TO THE HOSPITAL PATIENTS ARE ELIGIBLE TO APPLY FOR FINANCIAL ASSISTANCE FOR A PERIOD OF 240 DAYS DURING WHICH TIME EXTRAORDINARY COLLECTION ACTIVITY WILL CEASE IF THE PATIENT ACCOUNT IS DEEMED ELIGIBLE FOR FINANCIAL ASSISTANCE THE BAD DEBT ACCOUNT IS RETURNED TO THE HOSPITAL AND THE ACCOUNT IS WRITTEN OFF ACCORDING TO THE HOSPITAL FINANCIAL ASSISTANCE POLICY HOSPITAL FINANCIAL COUNSELORS AND OR THE EXTENDED BUSINESS OFFICE WILL ATTEMPT OTHER COLLECTION ACTIONS, SUCH AS SUBSEQUENT BILLINGS/MONTHLY STATEMENTS, AND TELEPHONE CALLS A SUMMARY BILL IS SENT TO THE PATIENT 3DAYS AFTER DISCHARGE OR WHEN ALL APPLICABLE CRITERIA IS MET STATEMENTS WITH FINANCIAL ASSISTANCE MESSAGES ARE SENT 30, 60, 90, AND 120 DAYS AN ACCOUNT IS CONSIDERED FOR BAD DEBT DETERMINATION ONCE THE DEBT REMAINS UNPAID MORE THAN 120 DAYS AND IF A PAYMENT PLAN IS ESTABLISHED WITH THEPATIENT AND THE PATIENT MISSES TWO PAYMENTS, THE REMAINING BALANCE WILL BE PLACED TO BAD DEBT ONCE AN ACCOUNT IS DETERMINED TO BE BAD DEBT, IT IS SUBMITTED TO THE PATIENT FINANCIAL SERVICES SUPERVISOR WHO REVIEWS, APPROVES, AND RECORDS THE BAD DEBT AMOUNT ANY WRITE-OFF EXCEEDING $3,000IS ALSO REVIEWED BY THE CFO THE HOSPITAL DOES NOT HAVE ANY BAD DEBT EXPENSE THAT COULD REASONABLY BE ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S CHARITY CARE POLICY THE HOSPITAL IDENTIFIES ALL THOSE ELIGIBLE FOR CHARITY CARE UPFRONT OR THROUGH THE EXTENDED BUSINESS OFFICE BEFORE ANY AMOUNTS ARE WRITTEN OFF TO BAD DEBT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	THE FOOTNOTE REGARDING BAD DEBT EXPENSE IS INCLUDED ON PAGES 16 THROUGH 18 OF THE ORGANIZATIONS'S FINANCIAL STATEMENTS
PART III, LINE 8	ANY MEDICARE ALLOWABLE COSTS OF PATIENT CARE SHORTFALLS ARE NOT COUNTED AS COMMUNITY BENEFIT THESE ALLOWABLE COSTS ARE OBTAINED FROM THE MEDICARE COST REPORT FOR THE YEAR

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B	SEE SCHEDULE H, PART III, LINE 3
PART VI, LINE 2	BOTH ON-GOING QUALITATIVE AND QUANTITATIVE FEEDBACK IS TAKEN INTO ACCOUNTTO ASSESS COMMUNITY HEALTH CARE NEEDS A QUANTITATIVE AND QUALITATIVE NEEDS ASSESSMENT WAS CONDUCTED IN 2015, WITH ANALYSIS AND PUBLICATION COMPLETED IN 2016, TO GAIN INSIGHTS FROM AREA RESIDENTS AND COMMUNITY LEADERS AS TO THEIR HEALTHCARE ISSUES AND THEIR PERCEPTIONS REGARDING NEEDS IN THE COMMUNITY HARD COPIES OF THE REPORT ARE AVAILABLE AND ALSO POSTED ON THE HOSPITAL WEBSITE AT THE FOLLOWING URL WWW KRH ORG/NVH/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENTQUALITATIVE INFORMATION IS GAINED REGULARLY THROUGH PARTNERSHIPS WITH THECITY GOVERNMENT, AREA SCHOOL DISTRICTS, FEDERAL AND LOCAL LEGISLATORS ANDFLATHEAD CITY/COUNTY HEALTH DEPARTMENT ADDITIONALLY, THE HOSPITAL'SPHYSICIANS AND EMPLOYEES PROVIDE FEEDBACK FROM THEIR EXPERIENCE ON THE JOB AND WITHIN THE COMMUNITY WRITTEN FEEDBACK FROM THE COMMUNITY IS REQUESTED TO BE SENT TO THE COMMUNITY RELATIONS DEPARTMENT THE HOSPITAL SPONSORED COMMUNITY EDUCATION PRESENTATIONS ARE FOLLOWED BY A REQUEST FOR FEEDBACK FROM ATTENDEES ON THE VALUE OF THE PRESENTATION AND THEIR INTEREST IN OTHER HEALTH TOPICS THE HOSPITAL PARTICIPATED IN AVATAR INTERNATIONAL AND PRESS GANEYINTERNATIONAL, THIRD-PARTY PATIENT FEEDBACK SYSTEMS THE COMMENTS MADEWITHIN THIS PROCESS ARE REVIEWED AND CONSIDERED FOR NEW PROGRAMS BOTH INTHE COMMUNITY AND AT THE HOSPITAL LIKEWISE, INFORMATION GAINED FROM THEHOSPITAL CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (HCAHPS)IS REVIEWED FOR OPPORTUNITIES TO ADDRESS COMMUNITY HEALTHCARE NEEDS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	COMMUNICATIONS TO THE PUBLIC ON FINANCIAL ASSISTANCE INCLUDES THE NORTHVALLEY HOSPTIAL WEBSITE, FACILITY SIGNAGE, FINANCIAL COUNSELORS ANDCERTIFIED APPLICATION COUNSELORS, PATIENT HANDBOOK, GUIDE TO YOUR BILLBROCHURE, AND PATIENT/VISITOR GUIDE PATIENTS ARE OFTEN REFERRED TOAPPLICABLE NON-PROFITS AND STATE CHARITY CARE SERVICES SUCH AS SAVE-A SISTER ORGANIZATION (AN ORGANIZATION THAT ASSISTS LOW INCOME WOMEN WITH FREE MAMMOGRAM SCREENINGS), CHIPS, MONTANA BREAST PROGRAM, SHEPHERD'S HAND FREE CLINC AND FLATHEAD CITY-COUNTY HEATLH DEPARTMENT NOTICES OF FINANCIAL AID AVAILABILITY ARE AVAILABLE AT THE FLATHEAD UNITED WAY COMMUNITY CENTER
PART VI, LINE 4	THE HOSPITAL SERVES A WIDE VARIETY OF PATIENTS, MANY OF WHOM ARE SELF-EMPLOYED, YOUNG FAMILIES, UNEMPLOYED, SEASONAL WORKERS OR HAVE MINIMUM-WAGE JOBS AND CAN'T AFFORD INSURANCE MEDICARE AND MEDICAID MADE UP THE MAJORITY OF THE HOSPITAL'S PAYERS AT APPROXIMATELY 60 PERCENT THE HOSPITAL PROVIDES SERVICES TO RESIDENTS FROM EUREKA IN THE NORTH, TO WEST GLACIER IN THE EAST, AND LAKESIDE/SOMERS TO THE SOUTH THE DEMOGRAPHICS OF THE HOSPITAL'S PRIMARY SERVICE AREAS OF WHITEFISH, COLUMBIA FALLS AND KALISPELL ARE AS FOLLOWS (SOURCES US CENSUS 2010 AND 2015 PROJECTIONS) WHITEFISH 6 43 SQUARE MILES POPULATION 7,073, MEDIAN AGE 40, AVERAGE HOUSEHOLD 2 16 PEOPLE, PER CAPITA INCOME $31,410 (2015 DOLLARS) WITH MEDIAN HOUSEHOLD INCOME $51,122, LARGELY WHITE POPULATION 95 8%, PERSONS OVER 65 YEARS OLD = 14 3% COLUMBIA FALLS 2 04 SQUARE MILES POPULATION 5,093, MEDIAN AGE 35 6, AVERAGE HOUSEHOLD 2 44 PEOPLE, PER CAPITA INCOME $21,284 (2015 DOLLARS) WITH MEDIAN HOUSEHOLD INCOME $47,352,LARGELY WHITE POPULATION 94 4%, NEXT IS AMERICAN INDIAN 1 8%, PERSONS OVER 65 YEARS OLD = 13 2% KALISPELL 11 64 SQURE MILES POPULATION 22,052, MEDIAN AGE 39 9, AVERAGE HOUSEHOLD 2 27 PEOPLE, PER CAPITA INCOME $22,782 (2015 DOLLARS) WITH MEDIAN HOUSEHOLD INCOME $41,097, LARGELY WHITE POPULATION 94 5%, NEXT IS HISPANIC 2 9%, PERSONS OVER 65 YEARS OLD = 15 4% FLATHEAD COUNTY TOTAL POPULATION 98,082, MEDIAN AGE 41 7, PER CAPITA INCOME $26,388 (2015 DOLLARS) WITH MEDIAN HOUSEHOLD INCOME $41,851, LARGELY WHITE POPULATION 95 5%, NEXT IS HISPANIC 2 3%, PERSONS OVER 65 YEARS OLD = 17 7%

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5	THE HOSPITAL PROVIDES RESOURCES AND FINANCIAL ASSISTANCE TO OTHER NON-PROFITS AND HEALTH-RELATED ENTITIES TO IMPROVE THE WELL-BEING OF THE COMMUNITY THE HOSPITAL HAS BEEN INSTRUMENTAL IN PROVIDING RURAL AREAS WITH PRIMARY,WELLNESS AND WALK-IN CARE THROUGH CLINICS IN EUREKA AND COLUMBIA FALLS YEAR-ROUND AND SEASONALLY WHEN TOURISM DEFINES THE EXTRA NEED AT WHITEFISH MOUNTAIN RESORT AND WEST GLACIER EUREKA CLINIC PROVIDES DIGITAL X-RAYS, CLIA-CERTIFIED LAB SERVICES AND ULTRASOUND, COLUMBIA FALLS OFFERS X-RAY AND LAB SERVICES THE EUREKA AND COLUMBIA FALLS CLINICS ARE DESIGNATED RURAL HEALTH CLINICS PROVIDING A SLIDING FEE SCALE FOR THOSE FINANCIALLY QUALIFIED SCHOOL BASED HEALTHCLINIC IN COLUMBIA FALLS HIGHSCHOOL PROVIDES PHYSICAL AND MENTAL HEALTH SERVICES FOR STUDENTS AND STAFF THE SEASONAL CLINICS ARE OPEN DAILY IN THEIR RESPECTIVE LOCATIONS TO PROVIDE WELLNESS AND URGENT CARE TO AREA RESIDENTS AND VISITORS AVAILABLE ARE PHARMACEUTICALS, DIGITAL X-RAYS AND CLIA-CERTIFIED LABS IN HOSPITAL CLINICS, AS WELL AS THE HOSPITAL, THE PICTURE ARCHIVING COMPUTER SYSTEM (PACS) IS USED TO QUICKLY SHARE DATA WITH OTHER MEDICAL FACILITIES ELECTRONIC MEDICAL RECORDS SYSTEM WAS LAUNCHED ON DECEMBER 9, 2013 WITH PATIENT PORTAL ACCESSIBLE VIA THE HOSPITAL WEBSITE IN MARCH 2014 INPATIENTS AND OUTPATIENTS RECEIVE A BROCHURE AND INSTRUCTIONS REGARDING THE PATIENT PORTAL WITH EACH ADMISSION THE BROCHURE IS ALSO AVAILABLE ON THE WEBSITE THE HOSPITAL HELPS SUPPORT THE SHEPHERD'S HAND FREE CLINIC IN WHITEFISH WITH FREE TESTING AND SERVICES THAT THE CLINIC IS UNABLE TO PROVIDE ON ITS OWN MANY OF THE HOSPITAL PHYSICIANS AND NURSING STAFF VOLUNTEER THEIR OWN TIME CONTRIBUTING TO THIS CLINIC THE HOSPITAL ALSO PROVIDED FINANCIAL AND PERSONNEL RESOURCES TO WINGS CANCER SUPPORT FOR RESIDENTS WHO NEED TO TRAVEL OUTSIDE OF THE AREA FOR MEDICAL SERVICES THE HOSPITAL ALSO ASSISTS WITH SUPPORTING THE ALERT MEDICAL HELICOPTER THE HOSPITAL DONATES TO PROGRAMS THAT ENCOURAGE CHILDREN TO LEAD POSITIVE LIVES, STAY IN SCHOOL, AND PARTICIPATE IN CONSTRUCTIVE ACTIVITIES THAT AREDRUG AND ALCOHOL FREE THESE INCLUDE CHILDREN'S SPORTS ASSOCIATIONS, SCHOOL BOOSTER CLUBS, HEALTH OCCUPATION STUDENT ASSOCIATIONS AND CIVIC ORGANIZATIONS THAT PROMOTE THESE SAME IDEALS SUCH AS ROTARY STAFF WAS ACTIVE ON MANY BOARDS SUCH AS UNITED WAY, CANCER SERVICES INCLUDING RELAY FOR LIFE,TO RAISE AWARENESS AND MONEY FOR RESEARCH, EMS TO STREAMLINE SERVICES, MARCH OF DIMES TO PROVIDE PRE AND POST-NATAL EDUCATION AND SUPPORT, AND MORE OTHER ACTIVE MEMBERSHIPS INCLUDE ROTARY, WHITEFISH AND COLUMBIA CHAMBER OF COMMERCE BOARDS THE HOSPITAL FOCUSES ON HEALTH EDUCATION, EARLY DETECTION AND PREVENTION THE HOSPITAL HAS A COMMUNITY HEALTH LIBRARY HOUSING HEALTH- RELATED BOOKS AND PUBLIC ACCESS TO THE INTERNET STAFF AND PHYSICIANS PROVIDE HEALTHRELATED COMMUNITY EDUCATION PROGRAMS ON TOPICS SUCH AS NUTRITION, PRE AND POSTNATAL HEALTH, DIABETES PREVENTION, BALANCE AND FALLS PRVENTION, MEN'S AND WOMEN'S HEALTH A FREE COMMUNITY-WIDE CELEBRATION, THE PLANETREE FESTIVAL, WAS HELD TO PROVIDE HEALTH AND WELLNESS INFORMATION, PREVENTATIVE SCREENINGS, DRIVING SAFETY RESOURCES, SUICIDE PREVENTION, AND MUCH MORE POSTPARTUM DEPRESSION WORKSHOPS FOR THE PUBLIC AND MEDICAL PROVIDERS WERE HOSTED THE HOSPITAL COMMUNITY HEALTH NURSE TEACHES A CPR AND CPR/FIRST AID CLASS THE HOSPITAL HAS AN EMPHASIS ON EXERCISE BY SUPPORTING ATHLETIC TRAINERS IN WHITEFISH AND COLUMBIA FALLS SCHOOLS THE HOSPITAL CONTRIBUTES RESOURCES FOR FUNDRAISERS SUCH AS SAVE A SISTER, WHICH PROVIDES FREE MAMMOGRAMS TO QUALIFIED WOMEN IN THE FLATHEAD VALLEY THE HOSPITAL OFFERS FREE SUPPORT GROUPS THOSE WHO HAVE HAD A MISCARRIAGE, STILLBIRTH OR NEONATAL LOSS A FREE MOM/BABY SUPPORT GROUP FACILITATED BY A REGISTERED NURSE IS OFFERED WEEKLY TO HELP NEW PARENTS ADJUST TO THEIR NEW FAMILY DYNAMICS AND TO WEIGH THEIR BABIES TO MONITOR GROWTH THE HOSPITAL ALSO PROVIDES A LOCATION FOR AARP CLASSES IN-KIND GOODS TO AREA NONPROFITS ARE PROVIDED TO A VARIETY OF HEALTH-RELATED LOCAL ORGANIZATIONS QUALIFIED COMMUNITY BENEFITS UNDER THIS QUESTION BOARD POSITIONS INCLUDE UNITED WAY, WHITEFISH AND COLUMBIA FALLS CHAMBER OF COMMERCE, EMS BOARD, SHEPHERDS HAND CLINIC BOARD, MONTANA HEALTH INFORAMATION EXCHANGE ACTIVE MEMBERSHIPS INCLUDE WHITEFISH ROTARY, CHAMBERS OF COMMERCE, WHITEFISH CONVENTION AND VISITOR BUREAU, BEST BEGINNINGS, CARE TRANSITIONS COALITION, HEALTHY COMMUNITIES COALITION, MOUNTAIN PACIFIC SPECIAL IMPROVEMENT PROJECT CARE TRANSITIONS, WHITEFISH AFFORDABLE HOUSING COMMITTEE PREVENTION PROGRAMS SAVE A SISTER MAMMOGRAMS, SCHOOL ATHLETIC TRAINERS, EDUCATION (PROVIDER HEALTH RELATED COMMUNITY EDUCATION, PRE AND POST-NATAL CLASSES, CPR/FIRST AID, SCREENINGS, NUTRITION COUNSELING, SUPPORT GROUPS, BALANCE AND FALLS PREVENTION CLASSES, DIABETES PREVENTION PROGRAMS, ASTHAMA PRVENTIONEDUCATIONIN-KIND DONATIONS TO AARP, ROTARY EVENTS FOR THE NEEDY IN THE COMMUNITY, SHEPHERD'S HAND CLINIC
PART VI, LINE 7, REPORTS FILED WITH STATES	MT

Additional Data

Software ID:
Software Version:
EIN: 81-0247969
Name: NORTH VALLEY HOSPITAL INC

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	NORTH VALLEY HOSPITAL 1600 HOSPITAL WAY WHITEFISH, MT 59937	X	X			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
NORTH VALLEY HOSPITAL	PART V, SECTION B, LINE 5 NORTH VALLEY HOSPITAL, KALISPELL REGIONAL HEALTHCARE SERVICES, FLATHEAD COMMUNITY HEALTH CENTER AND FLATHEAD CITY-COUNTY HEALTH DEPARTMENT HIRED PROFESSIONAL RESEARCH CONSULTANTS, INC (PRC) TO COMPLETE A COMMUNITY HEALTH NEEDS ASSESSMENT PRC CONDUCTED A RAMDOM SAMPLE OF LANDLINE AND CELL PHONE INTERVIEWS WITH FLATHEAD COUNTY RESIDENTS THE SAMPLE SIZE WAS 300 INDIVIDUALS AGE 18 AND OLDER IN FLATHEAD COUNTY PRC ALSO CONDUCTED AN ONLINE KEY INFORMANT SURVEY WHERE THEY SOLICITED INPUT FROM KEY INFORMANTS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY KEY INFORMANTS CONSISTED OF COMMUNITY LEADERS WHO PROVIDED HEALTH, SOCIAL, OR CHILD EDUCATION SERVICES TO FLATHEAD COUNTY RESIDENTS KEY INFORMANTS WERE CONTACTED BY EMAIL INTRODUCING THE PURPOSE OF THE SURVEY AND PROVIDED A LINK TO TAKE THE SURVEY ONLINE IN ALL, 39 COMMUNITY STAKEHOLDERS TOOK PART IN THE ONLINE KEY INFORMANT SURVEY BETWEEN JUNE AND AUGUST 2018, FEEDBACK ON HEALTH NEEDS WAS GATHERED DURING FOCUS GROUPS FROM 182 LOW INCOME AND SERVICE USERS OF THE FLATHEAD COMMUNITY HEALTH CENTER FOLLOWING DATA COLLECTION, THE SPONSORS OF THIS STUDY CONVENED A GROUP OF 20 COMMUNITY STATEHOLDERS TO EVALUATE, DISCUSS AND PRIORITIZE HEALTH ISSUES BASED ON THE MAGNITUDE OF THE HEALTH ISSUE AND THE POTENCIAL HEALTH IMPACT OF EACH ISSUE

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
NORTH VALLEY HOSPITAL	PART V, SECTION B, LINE 6A KALISPELL REGIONAL MEDICAL CENTER, KALISPELL, MT

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
NORTH VALLEY HOSPITAL	PART V, SECTION B, LINE 6B THE FLATHEAD CITY-COUNTY HEALTH DEPARTMENT AND FLATHEAD COMMUNITY HEALTHCENTER

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
NORTH VALLEY HOSPITAL	PART V, SECTION B, LINE 11 AS A RESULT OF THE RESEARCH AND RECOMMENDATIONS THAT APPEAR IN THE 2019 FLATHEAD COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT AND FURTHER EXPLORATION WITH N ORTH VALLEY HOSPITAL (NVH) ADMINISTRATORS AND BOARD OF DIRECTORS, THE FOLLOWING STRATGIES WERE ADOPTED BY THE NORTH VALLEY HOSPITAL BOARD OF DIRECTORS ON JUNE 25, 2019 THESE STRAT EGIES WILL GUIDE NVH'S LEADERSHIP IN ADDRESSING THE COMMUNITY'S IDENTIFIED HEALTH NEEDS OV ER THE NEXT THREE YEARS 1 MENTAL HEALTH AND SUBSTANCE ABUSE NVH IS COMMITTED TO CONTINUI NG THE PROVISION OF MENTAL HEALTH CARE THROUGH MANY EXISTING SERVICES TO AUGMENT THESE SE RVICES, NVH WILL A ALCOHOL AND TOBACCO USE DEVELOP A CARE PATHWAY FOR EDUCATION AND SUP PORT OF PATIENTS WHO USE ALCOHOL OR TOBACCO, PROVIDE TRAINING TO NURSING STAFF ON ALCOHOL ADDICTION, DEVELOP REGISTRIES FOR CARE COORDINATORS TO DO OUTREACH AND FOLLOW-UP ON PRESCR IBED PROGRAMS B OPIOID USE AND MEDICATION ASSISTED THERAPY IMPLEMENT SYSTEM-WIDE OPIOID POLICY, WHICH INCLUDES PATIENT CONTRACTS TO ASSURE PATIENT SAFETY, EDUCATION, MONITORING, COMPLIANCE AND MONITORING OF OPIOID UTILIZATION, CREATION OF AN OPIOID TASK FORCE BY NVH PHYSICAL AND OCCUPATIONAL THERAPISTS TO FOCUS ON COLLABOATION WITH PRIMARY CARE AND BEHAVI ORAL HEALTH CLINICIANS TO DEVELOP THERAPY ALTERNATIVES TO OPIOIDS WHEN APPROPRIATE, IMPLEM ENT ELECTRONIC PRESCRIBING OF CONTROLLED SUBSTANCES, DEVELOP COMMUNITY COMMUNICATIONS ON T HE SCOPE AND IMPACT OF THE OPIOID EPIDEMIC C SUICIDE PREVENTION IMPLEMENT PHQ9 DEPRESSI ON SCREENING FOR INPATIENTS AND AMBULATORY OUTPATIENTS, DEVELOP SYSTEMATIC PATHWAY TO CONN ECT PATIENTS WITH SUPPORT AND SERVICES THEY NEED, ADOPT NEW TRANSCRANIAL MAGNETIC STIMULAT ION (TMS) EQUIPMENT IN NORTH VALLEY BEHAVIORAL HEALTH, INCREASE COLLABORATION WITH COMMUNI TY PARTNERS TO SUPPORT PATIENT NEEDS, PROVIDE TRAINING TO ALL NURSES REAGRDING TEEN SUICID E 2 CHRONIC DISEASE MANAGEMENT AND PREVENTION NVH HAS INVESTED AND WILL CONTINUE TO INV EST IN MANY PROGRAMS AND SERVICES TO TREAT SOME OF THE MOST PREVALENT CAUSES OF DEATH IN O UR COUNTY TO AUGMENT THESE SERVICES, NVH WILL A RESPIRATORY DISEASE EXPAND ASTHMA EDUC ATION PROGRAM TO OUTPATIENT CLINICS, DEVELOP CARE REGISTRIES OF OUTREACH SERVICES B CANC ER CREATE A CANCER CARE PATHWAY FOR PATIENTS WITH NEWLY DISGNOSED CANCER C HEART DISEAS E FACILIATE A GRANT TO ENHANCE THE CARDIAC REHAB PROGRAM, DEVELOP CARE REGISTRIES FOR OUT REACH SUPPORT AND TREATMENT, ADD PHYSICAL AND OCCUPATIONAL THERAPY EXERCISE PROGRAMS FOR P OST-REHAB HEART DISEASE PATIENTS AT NORTH VALLEY HOSPITAL OUTPATIENT PHYSICAL THERAPY AND OCCUPATIONAL THERAPY D DIABETES CREATE A PRIMARY CARE DIABETES PATHWAY TO CONNECT PATIE NTS WITH DIABETES TO SUPPORT AND RESORCES THEY NEED, DEVELOP A PROGRAM IN THE NORTH VALLEY PHYSICAL THERAPY CLINIC WHICH OFFERS PHYSICAL THERAPY TO THOSE WHO WOULD LIKE TO ADDRESS THEIR DIABETES WITH EXERCISE 3 ACCESS TO CARE NVH HAS INVESTED AND WILL CONTINUE TO INV EST IN MANY PROGRAMS AND SERVI

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
NORTH VALLEY HOSPITAL	CES TO IMPROVE ACCESS TO CARE AND WILL AUGMENT THESE SERVICES, WITH A EXPAND NUMBER OF P RIMARY AND SPECIALTY CARE PROVIDERS IDENTIFY STANDARD FOR APPROPRIATE PANEL SIZE FOR PRIM ARY CARE PROVIDERS, EXPAND RELATIONSHIP WITH WESTERN MONTANA FAMILY MEDICINE RESIDENCY PRO GRAM B HEALTH INSURANCE AND AFFORDABLE CARE SUPPORT CONTINUED FOR MEDICAID EXPANSION CO VERAGE AND APPROPRIATE FUNDING LEVELS, WORK WITH EMPLOYERS AND PAYERS TO ESTABLISH INNOVAT IVE, RURAL VALUE-BASED PAYMENT MODELS C ORAL HEALTH CARE REFER ORAL HEALTH NEEDS FOR UN DERSERVED COMMUNITY MEMBERS TO ORGANIZATIONS OFFERING FREE OR DISCOUNTED ORAL HEALTH SERVI CES D APPROPRIATE USE OF THE EMERGENCY ROOM DEVELOP EDUCATIONAL MATERIALS FOR PROVIDERS, STAFF, PATIENTS, AND THEIR FAMILIES REGARDING APPROPRIATE ACCESS TO POINTS OF CARE, ADD A N EMERGENCY NURSE TO THE CARE TRANSITIONS COMMITTEE, SUPPORT MEDICAID EXPANSION EFFORTS E LOCATIONS AND HOURS OF SERVICE EVALUATE APPROPRIATE LOCATION OF SERVICES BASED ON PATIE NT EXPERIENCE AND ACCESS NEEDS 4 SOCIAL DETERMINANTS OF HEALTH(SDOH) NVH RECOGNIZES THE IMPORTANCE OF SOCIAL DETERMINANTS ON THE HEALTH AND WELLBEING FOR COMMUNITY MEMBERS AND W ILL AUGMENT OUT CURRENT SERVICES WITH A POVERTY IMPLEMENT SCREENING TOOL FOR SODH IN TH E CLINIC SETTING, IMPLEMENT FREE RX PROGRAM FOR QUALIFYING PATIENTS TO RECEIVE A FREE SHOR T TERM SUPPLY OF DISCHARGE MEDICATION PRESCRIPTIONS B HOUSING IMPLEMENT SCREENING TOOL FOR SDOH IN THE CLINIC SETTING C TRANSPORTATION IMPLEMENT SCREENING TOOL FOR SDOH IN TH E AMBULATORY SETTING, SUPPORT AND PARTICIPATE IN DEVELOPING TRANSAPORTATION STRATEGIES TO IMPROVE ACCESS TO HEALTHCARE SERVICES D FOOD INSECURITY DEVELOP A FOOD RX PROGRAM AT NO RTH VALLEY PROFESSIONAL CENTER IN COLUMBIA FALLS, PROVIDE SUPPORT TO FAR HANDS - NOURISH T HE FLATHEAD FOR COLUMBIA FALLS BACKPACK ASSISTANCE PROGRAM, IMPLEMENT SCREENING TOOL FOR S DOH IN THE CLINIC SETTING, PARTICIPATE IN FOOD ACCESS TASK FORCE E BUILT ENVIRONMENT SU PPORT PRIVATE AND PUBLIC DEVELOPMENT INITIATIVES CREATING ACTIVE TRANSPORTATION AVAILABLE IN ALL FLATHEAD COUNTY COMMUNITIES 5 COMMUNITY RESILIENCE NVH IS COMMITTED TO PROVIDING CARE THAT FOCUSES ON INDIVIDUALS' OVERALL WELLBEING AND WILL AUGMENT CURRENT SERVICES WIT H A TRAUMA INFORMED CARE EXPLORE ADDITIONAL OPTIONS TO ENHANCE SERVICE QUALITY AND THE PATIENT EXPERIENCE IN ALIGNMENT WITH PLANETREE PATIENT CENTERED CARE, IMPLEMENT THE SAFE S LEEP PROGRAM FOCUSING ON SLEEP RELATED INFANT DEATHS TO PROMOTE HEALTH AND SAFETY OF INFAN TS UP TO 1 YEAR OF AGE B ACCESS TO NON-CLINICAL SERVICES EXPAND CHRONIC CARE MANAGEMENT PROGRAMS TO IDENTIFY BARRIERS TO HEALTH CARE FOR HOSPITAL AND CLINIC PATIENTS AND ASSIST THEM WITH NAVIGATION TO NEEDED NON-CLINICAL SERVICES

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
NORTH VALLEY HOSPITAL	PART V, SECTION B, LINE 13H PATIENTS ARE BILLED THE GROSS CHARGE FOR ALL SERVICES RECEIVED IF THE PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE, THE BILL IS ADJUSTED AS DETERMINED BY OUR CHARITY CARE POLICY GUIDELINES

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Schedule J (Form 990)

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.

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
NORTH VALLEY HOSPITAL INC

Employer identification number
81-0247969

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate 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**	Yes	
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**	Yes	
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**	Yes	
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				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	THE BOARD OF DIRECTORS AUTHORIZES NORTH VALLEY HOSPITAL TO PAY FOR THE CEO'S MEMBERSHIP IN THE WHITEFISH ROTARY CLUB

Return Reference	Explanation
PART I, LINE 6	NVH MANAGEMENT IS ELIGIBLE TO BE PAID A BONUS IF INDIVIDUAL GOALS ARE MET AND THE KALISPELL REGIONAL HEALTHCARE SYSTEM HAS FAVORABLE FINANCIAL RESULTS

Additional Data

Software ID:
Software Version:
EIN: 81-0247969
Name: NORTH VALLEY HOSPITAL INC

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

(A) Name and Title		(B)(i) Base Compensation	(B)(ii) Bonus & incentive compensation	(B)(iii) Other reportable 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
KEVIN ABEL CHEIF EXECUTIVE OFFICER	(i)	188,189	12,283	0	0	15,934	216,406	0
	(ii)	0	0	0	0	0	0	0
JASON SPRING CHEIF EXECUTIVE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	286,728	12,000	86,256	33,537	26,315	444,836	0
DAVID RICHHART CHEIF FINANCIAL OFFICER	(i)	181,948	22,501	0	10,838	11,778	227,065	0
	(ii)	0	0	0	0	0	0	0
JASON COHEN MD CHIEF MEDICAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	267,835	37,900	49,296	5,000	25,954	385,985	0
AMY VANTERPOOL CHIEF CLINICAL OFFICER	(i)	144,618	18,200	0	14,392	15,020	192,230	0
	(ii)	0	0	0	0	0	0	0
CAMERON GARDNER MD PHYSICIAN	(i)	235,592	0	0	5,000	15,315	255,907	0
	(ii)	0	0	0	0	0	0	0
DEREK GEDLAMAN MD PHYSICIAN	(i)	307,115	0	0	5,000	19,319	331,434	0
	(ii)	0	0	0	0	0	0	0
RYAN GUNLIKSON MD PHYSICIAN	(i)	314,717	0	0	5,000	24,252	343,969	0
	(ii)	0	0	0	0	0	0	0
JOHN MUIR MD PHYSICIAN	(i)	324,049	0	0	5,000	14,308	343,357	0
	(ii)	0	0	0	0	0	0	0
EDWARD STEIN MD PHYSICIAN	(i)	207,902	23,000	0	5,000	23,472	259,374	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTH VALLEY HOSPITAL INC

Employer identification number
81-0247969

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing No
A	MONTANA FACILITY FINANCE AUTHORITY	36-4615155		01-30-2012	25,000,000	REFINANCE NEW HOSPITAL		X		X		X
B	MONTANA FACILITY FINANCE AUTHORITY	36-4615155		08-01-2016	20,507,000	REFUND 2012 SERIES BOND		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	25,000,000	20,507,240		
4	Gross proceeds in reserve funds	2,024,288			
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds		105,414		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds	25,000,000			
10	Capital expenditures from proceeds				
11	Other spent proceeds		20,401,826		
12	Other unspent proceeds				
13	Year of substantial completion	2007			

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue?		X	X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X					

Part III **Private Business Use** (Continued)

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	2 000 %		2 000 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5	2 000 %		2 000 %					
7	Does the bond issue meet the private security or payment test?	X		X					
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X			X				

Part IV **Arbitrage**

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X				
b	Exception to rebate?		X		X				
c	No rebate due?		X		X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV **Arbitrage** (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148? . . .		X		X				

Part V **Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
NORTH VALLEY HOSPITAL INC

Employer identification number

81-0247969

Part I **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II **Loans to and/or From Interested Persons.**
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III **Grants or Assistance Benefiting Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
(1) ALISON MEANS	FAMILY MEMBER OF JOHN MEANS, CURRENT OFFICER	31,261	SALARY		No

Part V Supplemental Information

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

Return Reference	Explanation

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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
NORTH VALLEY HOSPITAL INC

Employer identification number
81-0247969

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	EFFECTIVE MAY 1, 2016, KALISPELL REGIONAL HEALTHCARE SYSTEM INC (KRHS) BECAME THE HOSPITAL'S SOLE MEMBER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	PURSUANT TO THE AFFILIATION AGREEMENT BETWEEN THE HOSPITAL AND KRHS, KRHS WILL APPOINT TWO OF KRHS TRUSTEES TO THE HOSPITAL'S BOARD OF TRUSTEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	DECISIONS REGARDING CHANGING THE HOSPITAL'S ACUTE CARE OFFERINGS, SELLING, DISPOSING, ASSI GNING OR EXCHANGING ANY PROPERTY OR ASSETS, ENTERING INTO ANY NEW DEBT, AND ENTERING INTO OTHER TRANSACTIONS ARE SUBJEC TO THE APPROVAL OF KRHS GLACIER BANK HAS THE AUTHORITY TO V ETO ANY MAJOR PURCHASE OR SERVICE AGREEMENT THAT THE HOSPITAL'S BOARD APPROVES, REGARDLESS OF WHETHER THE AGREEMENT AFFECTS THE HOSPITAL'S REAL ESTATE LOAN

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE HOSPITAL'S CFO AND BOARD OF DIRECTORS REVIEW AND APPROVE FORM 990 PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH BOARD MEMBER ANNUALLY COMPLETES A CONFLICT OF INTEREST STATEMENT DISCLOSING ANY POSSI BLE CONFLICTS OF INTEREST THE BOARD REVIEWS EACH MEMBER'S STATEMENT AND, IF POTENTIAL ISS UES ARISE, THE BOARD MAY ASK THE MEMBER IN QUESTION TO LEAVE THE ROOM WHILE THE REST OF TH E BOARD DISCUSSES AND VOTES ON THE MATTER A BOARD MEMBER WITH A POTENTIAL CONFLICT OF INT EREST PRESENT FOR A VOTE WILL CAST AN ABSTAINING VOTE EACH KEY EMPLOYEE IS REQUIRED TO RE PORT TO THE SUPERVISOR OR THE COMPLIANCE OFFICER ANY POTENTIAL CONFLICTS OF INTEREST SITUA TION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD ANNUALLY REVIEWS AND APPROVES MANAGEMENT, OFFICERS, AND KEY EMPLOYEES' WAGES DUR ING THE BUDGET PROCESS, USING MARKET SURVEYS AND SALARY RANGES PROVIDED BY THE MANAGEMENT COMPANY TO DETERMINE FAIR MARKET VALUE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	NORTH VALLEY HOSPITAL MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINA NCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER PROGRAM SERVICE EXPENSES 6,217,423 MANAGEMENT AND GENERAL EXPENSES 3,105,272 FUND RAISING EXPENSES 11,216 TOTAL EXPENSES 9,333,911

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
NORTH VALLEY HOSPITAL INC

Employer identification number
81-0247969

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.

See Additional Data Table

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

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

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

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	Yes	
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	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
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
(1) NORTH VALLEY HOSPITAL FOUNDATION	C	379,280	ACTUAL PAYMENT
(2) NORTH VALLEY HOSPITAL FOUNDATION	O	158,552	ACTUAL PAYMENT
(3) KALISPELL REGIONAL MEDICAL CENTER	J	6,714	ACTUAL PAYMENT
(4) KALISPELL REGIONAL MEDICAL CENTER	M	2,950,872	ACTUAL PAYMENT
(5) KALISPELL REGIONAL HEALTHCARE SYSTEM	K	76,255	ACTUAL PAYMENT

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**	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 81-0247969
Name: NORTH VALLEY HOSPITAL INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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
1600 HOSPITAL WAY WHITEFISH, MT 59937 81-0526541	SUPPORTING ORGANIZATION	MT	501(C)(3)	LINE 12D, III-O	NORTH VALLEY HOSPITAL INC		No
310 SUNNYVIEW LANE KALISPELL, MT 59901 81-0406485	SUPPORT SUBSIDIARY TAX EXEMPT ORGANIZATIONS	MT	501(C)(3)	LINE 12C, III-FI	N/A		No
310 SUNNYVIEW LANE KALISPELL, MT 59901 31-1703013	SUPPORTING ORGANIZATION	MT	501(C)(3)	LINE 12B, II	KALISPELL REGIONAL MEDICAL CENTER	Yes	
310 SUNNYVIEW LANE KALISPELL, MT 59901 81-0420653	OPERATE LONG TERM AMBULATORY FACILITY	MT	501(C)(3)	LINE 11	KALISPELL REGIONAL HEALTHCARE SYSTEM	Yes	
310 SUNNYVIEW LANE KALISPELL, MT 59901 23-7293874	COMMUNITY HEALTH & WELLNESS CENTER	MT	501(C)(3)	10	KALISPELL REGIONAL HEALTHCARE SYSTEM	Yes	
310 SUNNYVIEW LANE KALISPELL, MT 59901 27-3866474	SUPPORTING ORGANIZATION	MT	3	LINE 11	KALISPELL REGIONAL MEDICAL CENTER	Yes	
310 SUNNYVIEW LANE KALISPELL, MT 59901 23-7293874	OPERATE ACUTE CARE HOSPITAL	MT	501(C)(3)	LINE 3	KALISPELL REGIONAL HEALTHCARE SYSTEM		No
310 SUNNYVIEW LANE KALISPELL, MT 59901 46-2669324	WELLNESS RESOURCE PROVIDER	MT	501(C)(3)	LINE 7		Yes	