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Form 990

Department of the TreasuryInternal 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 07-01-2018 , and ending 06-30-2019

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

HERITAGE VALLEY HEALTH SYSTEM FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)Room/suite

420 ROUSER ROAD NO 102

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

CORAOPOLIS, PA 15108

F Name and address of principal officer:

ROBERT ROSENBERGER

720 BLACKBURN ROAD

SEWICKLEY, PA 15143

D Employer identification number

25-1801534

E Telephone number

(412) 749-7121

G Gross receipts \$ 11,338,214

I Tax-exempt status:

☒ 501(c)(3)

☐ 501(c) () ◀(insert no.)

☐ 4947(a)(1) or

☐ 527

J Website: ▶ WWW.HERITAGEVALLEY.ORG

K Form of organization:

☒ Corporation

☐ Trust

☐ Association

☐ Other ▶

L Year of formation: 1996

M State of legal domicile: PA

Part ISummary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:

SEE SCHEDULE OHERITAGE VALLEY HEALTH SYSTEM FOUNDATION IS A SUPPORTING ORGANIZATION AND IS RESPONSIBLE FOR CARRYING OUT THE PHILANTHROPIC ACTIVITIES FOR HERITAGE VALLEY SEWICKLEY, AND HERITAGE VALLEY BEAVER, DIVISIONS OF VALLEY MEDICAL FACILITIES, BY PROVIDING STEWARDSHIP FOR MONIES RAISED WHILE WORKING TOWARD ENHANCEMENT OF PATIENT CARE AND PROGRAMS THROUGHOUT THE COMMUNITY.

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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶139,259

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Part IISignature 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

Signature of officer

ROBERT ROSENBERGER VICE-PRESIDENT, FINANCE

Print/Type preparer's name

Preparer's signature

Date 2020-06-30

Check ☐ if self-employed

PTIN P00138808

Paid Preparer Use Only

Firm's name ▶ ARNETT CARBIS TOOTHMAN LLP

Firm's address ▶ 5700 CORPORATE DRIVE STE 650

PITTSBURGH, PA 15237

Firm's EIN ▶ 55-0486667

Phone no. (412) 635-6270

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2018)

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:

SEE SCHEDULE O

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 \$ 4,339,077 including grants of \$ 4,339,077) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ 297,636 including grants of \$ 297,636) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 1,022,754 including grants of \$ 1,022,754) (Revenue \$)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O.)
(Expenses \$ 117,605 including grants of \$ 117,605) (Revenue \$)

4e Total program service expenses ► 5,777,072

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 Yes	
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	No
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 Yes	
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 Yes	
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	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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 ComplianceCheck 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	9
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	

Form **990** (2018)

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 19		
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 16		
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	Yes	
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.)

	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	No
b Other officers or key employees of the organization	15b	No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	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 **PA**

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:
LINDA SCHAEFER 420 ROUSER ROAD SUITE 201 MOON TOWNSHIP, PA 15108 (412) 749-7021

Part VII**Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NORMAN MITRY PRESIDENT & CEO	2.00 64.75	X		X				0	798,313	38,444
(2) ROBERT TERWILLIGER CHAIR	2.00 2.00	X		X				0	0	0
(3) KEVIN FLANNERY VICE-CHAIR	2.00 2.00	X		X				0	0	0
(4) LYNN VESCIO SECRETARY	0.50	X		X				0	0	0
(5) FREDERICK CLERICI TREASURER	0.50	X		X				0	0	0
(6) TERRI TUNICK RN DIRECTOR	0.50	X						0	0	0
(7) JOHN EDSON ESQ DIRECTOR	0.50	X						0	0	0
(8) RICHARD ARCHER DIRECTOR	0.50	X						0	0	0
(9) LUBNA BUKHARI MD DIRECTOR	0.50 40.00	X						0	246,735	29,606
(10) SHANE CONLAN DIRECTOR	0.50	X						0	0	0
(11) CORRIE MANJOO MD MPH DIRECTOR	0.50 24.00	X						0	141,499	0
(12) GEORGE MISTOVICH DMD DIRECTOR	0.50	X						0	0	0
(13) TAMMY ZELENKO DIRECTOR	0.50	X						0	0	0
(14) NICK COLAFELLA DIRECTOR	0.50	X						0	0	0
(15) RAYMOND DEMARCO DIRECTOR	0.50	X						0	0	0
(16) DONALD FLICK DIRECTOR	0.50 2.50	X						0	0	0
(17) SHIRLEY FLICK EX-OFFICIO DIRECTOR	0.50 14.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) THOMAS LEYDIG DIRECTOR	0.50 2.00	X						0	0	0
(19) ALEX SEBASTIAN DIRECTOR	0.50	X						0	0	0
(20) BRYAN J RANDALL VICE-PRESIDENT, FINANCE & CFO	2.00 64.75			X				0	438,281	35,147
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	1,624,828	103,197

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 **▶** 0

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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

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 **▶** 0

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 2,123			
b	Membership dues . . .	1b			
c	Fundraising events . . .	1c 236,846			
d	Related organizations	1d 118,529			
e	Government grants (contributions)	1e			
f	All other contributions, gifts, grants, and similar amounts not included above	1f 969,961			
g	Noncash contributions included in lines 1a - 1f:\$ _____				
h Total.	Add lines 1a-1f ▶	1,327,459			

Program Service Revenue

2a	_____	Business Code				
b	_____					
c	_____					
d	_____					
e	_____					
f	All other program service revenue.					
9Total.	Add lines 2a-2f ▶					

Other Revenue

3	Investment income (including dividends, interest, and other similar amounts) ▶		1,534,343			1,534,343
4	Income from investment of tax-exempt bond proceeds ▶					
5	Royalties ▶					
6a	Gross rents	(i) Real	(ii) Personal			
b	Less: rental expenses					
c	Rental income or (loss)					
d	Net rental income or (loss) ▶					
7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b	Less: cost or other basis and sales expenses	8,408,733				
c	Gain or (loss)	7,096,150				
d	Net gain or (loss) ▶	1,312,583				1,312,583
8a	Gross income from fundraising events (not including \$ 236,846 of contributions reported on line 1c). See Part IV, line 18 a		67,679			
b	Less: direct expenses b		111,192			
c	Net income or (loss) from fundraising events . . . ▶		-43,513			-43,513
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						
b						
c						
d	All other revenue					
e Total.	Add lines 11a-11d ▶					
12 Total revenue.	See Instructions. ▶		4,130,872	0	0	2,803,413

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) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,682,086	5,682,086		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	94,986	94,986		
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				
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	192,344		82,708	109,636
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	24,712		10,626	14,086
10 Payroll taxes	13,757		5,916	7,841
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	23,310		23,310	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	41,888		41,888	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	3,006		3,006	
14 Information technology	14,584		7,805	6,779
15 Royalties				
16 Occupancy	1,799		882	917
17 Travel	91		91	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
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 MISCELLANEOUS	1,836		1,836	
b DUES & SUBSCRIPTIONS	648		648	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,095,047	5,777,072	178,716	139,259
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 SheetCheck 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	212,076	1	287,824
	2 Savings and temporary cash investments	1,961,411	2	1,771,052
	3 Pledges and grants receivable, net	332,931	3	323,476
	4 Accounts receivable, net		4	144,423
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	18,858	9	22,596
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 44,032		
	b Less: accumulated depreciation	10b 44,032	10c 0	0
	11 Investments—publicly traded securities	73,895,989	11	75,299,023
	12 Investments—other securities. See Part IV, line 11	25,372,099	12	26,338,697
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	218,292	15	218,843
16 Total assets. Add lines 1 through 15 (must equal line 34)	102,011,656	16	104,405,934	
Liabilities	17 Accounts payable and accrued expenses	53,742	17	31,117
	18 Grants payable	479,050	18	2,358,767
	19 Deferred revenue	22,320	19	38,011
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		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		25	
	26 Total liabilities. Add lines 17 through 25	555,112	26	2,427,895
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	90,416,957	27	90,535,133
	28 Temporarily restricted net assets	7,621,562	28	7,984,256
	29 Permanently restricted net assets	3,418,025	29	3,458,650
	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	101,456,544	33	101,978,039	
34 Total liabilities and net assets/fund balances	102,011,656	34	104,405,934	

Part XI Reconciliation of Net AssetsCheck 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	4,130,872
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,095,047
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,964,175
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	101,456,544
5	Net unrealized gains (losses) on investments	5	2,076,894
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	408,776
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	101,978,039

Part XII Financial Statements and ReportingCheck 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? 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		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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.		

Additional Data

Software ID:
Software Version:
EIN: 25-1801534
Name: HERITAGE VALLEY HEALTH SYSTEM FOUNDATION

Form 990 (2018)

Form 990, Part III, Line 4a:

HERITAGE VALLEY HEALTH SYSTEM FOUNDATION EXPENDED \$4,339,077 FROM THE PERIOD OF JULY 2018 THRU JUNE 2019 FROM BOARD-DESIGNATED FUNDS TO REIMBURSE HERITAGE VALLEY BEAVER, A DIVISION OF VALLEY MEDICAL FACILITIES, INC., A RELATED TAX-EXEMPT ORGANIZATION, FOR BUILDING SYSTEMS AND FACILITIES CAPITAL PROJECTS, TO ADDRESS THE AGING INFRASTRUCTURE OF THE BEAVER CAMPUS.

Form 990, Part III, Line 4b:

HERITAGE VALLEY HEALTH SYSTEM FOUNDATION TRANSFERRED TO HERITAGE VALLEY SEWICKLEY, A DIVISION OF VALLEY MEDICAL FACILITIES, INC., A RELATED TAX-EXEMPT ORGANIZATION, TO REIMBURSE FOR COSTS INCURRED FOR THE FOLLOWING: HVS LOBBY / BOARD ROOM \$30,000 FUNDED BY A DONOR, THIS PROJECT CONSISTS OF THE LARGE SEATING/WAITING AREA ON THE FIRST FLOOR AT HERITAGE VALLEY SEWICKLEY. THIS AREA IS USED BY THOSE VISITING THE HOSPITAL AND ADJACENT PHYSICIAN OFFICE AREA AND IS THE PRIMARY SEATING AREA ON THE FIRST FLOOR. THE PROJECT INCLUDES THE REPLACEMENT OF FLOORING, LIGHT FIXTURES AND TRIM. NEW FURNITURE SEATING AND END TABLES WILL BE INSTALLED. ART WORK AND TABLE LIGHTING IS INCLUDED. HVS NURSING EDUCATION AND SIMULATION CENTER - \$54,986 THE SOURCE OF FUNDS IS THE GRANT FROM THE RAYMOND C. AND MARTHA S. SUCKLING FUND AT THE PITTSBURGH FOUNDATION. A FLOOR OF THE FORMER HVHS SCHOOL OF NURSING BUILDING HAS BEEN DESIGNATED TO BE A NURSING EDUCATION AND SIMULATION CENTER. THE CURRENT VACANT AREA REQUIRES ARCHITECTURAL DESIGNS / DRAWINGS AND PA DEPARTMENT OF HEALTH APPROVAL PRIOR TO CONSTRUCTION. A FULL SCOPE OF WORK AND BUDGET WILL BE DEVELOPED ONCE THE DESIGN AND APPROVAL IS COMPLETE. WHILE THE CENTER WILL HOUSE A STATE OF THE ART SIMULATION LAB AND MANIKINS, THERE IS AN IMMEDIATE NEED FOR TRAINING ON MANIKINS. THE MANIKINS WILL BE SUBSEQUENTLY MOVED TO THE CENTER. THIS YEAR'S DONATED FUNDS WERE USED IN THE FOLLOWING MANNER: - PURCHASE OF TWO UPDATED CPR TORSO MANIKINS TO BE USED FOR ACLS TO MEET AHA STANDARDS - PURCHASE OF TWO TRAINING PELVIC MANIKINS FOR THE OB UNITS AT EACH HOSPITAL TO ASSESS LABOR PROGRESSION ULTRASOUND PORTABLE - \$35,386 REPLACE END OF LIFE PORTABLE ULTRASOUND FOR DETERMINING FETAL PRESENTATION, AMNIOTIC FLUID VOLUME AND PRESENCE OF A HEARTBEAT. PHILLIPS EKG MACHINES - \$162,011 REPLACE AGING SOFTWARE AND EQUIPMENT. THE PROPOSED EKG UNITS ARE STATE-OF-THE-ART CARDIOGRAPH MACHINES THAT SIMPLIFY DIAGNOSTIC EKG TESTING. THE MACHINES ACQUIRE, PRINT, SAVE, TRANSFER AND RETRIEVE DIAGNOSTIC EKG'S TO AND FROM OUR CARDIO SERVER. BARCODE SCANNERS - \$2,906 BARCODE SCANNERS ENABLE NEW EKG SOFTWARE TO SCAN PATIENTS' ARM BANDS FOR POPULATING PATIENT DEMOGRAPHICS/MR# ON WORK LIST. REMB HAND SWITCH AND RECIPROCAL SAW - \$5,388 REMB HAND SWITCH AND RECIPROCAL SAW FOR ADVANCED DENTAL PROCEDURES (EQUIPMENT WAS BORROWED IN PAST AND MAY NOT ALWAYS BE AVAILABLE). WILSON FRAME - \$5,253 WILSON FRAME PROVIDES SUPPORT, POSITION AND ISOLATION FOR SURGICAL PROCEDURES. AN ADDITIONAL WILSON FRAME IS NEEDED FOR A SECOND SURGEON TO OPERATE SIMULTANEOUSLY. COMBINATION HIP/THIGH PAD SET - \$1,706 COMBINATION HIP/THIGH PAD SET TO REPLACE THE WORN OUT PADS THAT SUPPORT PATIENT'S WEIGHT DURING SPINAL PROCEDURES.

Form 990, Part III, Line 4c:

HERITAGE VALLEY HEALTH SYSTEM FOUNDATION TRANSFERRED TO HERITAGE VALLEY BEAVER, AND HERITAGE VALLEY SEWICKLEY, DIVISIONS OF VALLEY MEDICAL FACILITIES, INC., A RELATED TAX-EXEMPT ORGANIZATION, TO REIMBURSE FOR COSTS INCURRED FOR COMMUNITY HEALTH SERVICES (CHS), WHICH PROVIDE PATIENTS LIVING WITH CHRONIC HEALTH CONDITIONS WITH THE HIGHEST QUALITY AND MOST EFFICIENT CARE THROUGH PROGRAMS IN PREGNANCY HEALTH SERVICES, PEDIATRIC ASTHMA, DIABETES/NUTRITION COMPREHENSIVE CARE, COMMUNITY ADVANCED ILLNESS, METABOLIC SYNDROME, COMMUNITY OUTREACH AND PEDIATRIC OBESITY. THE NUMBER OF PATIENT CASES IN CHS PROGRAMS FROM JULY 1, 2018 TO JUNE 30, 2019 WAS 1,298. PROGRAM OUTCOMES ARE COLLECTED IN EACH SERVICE AREA.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 22,619 including grants of \$ 22,619) (Revenue \$)

HERITAGE VALLEY HEALTH SYSTEM FOUNDATION TRANSFERRED TO SEWICKLEY YMCA, A 501(C)(3) ORGANIZATION, \$22,619 TO SUPPORT THE FAITH IN ACTION PROGRAM FROM FUNDS RAISED SPECIFICALLY FOR THAT PURPOSE. FAITH IN ACTION PROVIDES TRANSPORTATION FOR SENIOR CITIZENS TO DOCTOR APPOINTMENTS, MEDICAL TESTS AND MEDICAL TREATMENTS FOR PATIENTS WITH CANCER AND CHRONIC CONDITIONS.

(Code:) (Expenses \$ 94,986 including grants of \$ 94,986) (Revenue \$)

SCHOLARSHIPS

SCHEDULE A
(Form 990 or 990-EZ)

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
HERITAGE VALLEY HEALTH SYSTEM FOUNDATION

Employer identification number
25-1801534

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

1
- g

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) VALLEY MEDICAL FACILITIES INC	251801532	3	Yes		5,659,467	0
Total	1				5,659,467	0

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 33 1/3% 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11a		No
11b		No
11c		No

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		No

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)		
2 Activities Test. Answer (a) and (b) below.	Yes	No
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	7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

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

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

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV SECTION C LINE 1	HERITAGE VALLEY HEALTH SYSTEM IS THE SOLE MEMBER OF HERITAGE VALLEY HEALTH SYSTEM FOUNDATI ON AND ITS SUPPORTING ORGANIZATION, VALLEY MEDICAL FACILITIES. HERITAGE VALLEY HEALTH SYST EM CONTROLS BOTH HERITAGE VALLEY HEALTH SYSTEM FOUNDATION AND VALLEY MEDICAL FACILITIES BY APPOINTING THE BOARD OF DIRECTORS FOR BOTH ORGANIZATIONS.

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 HERITAGE VALLEY HEALTH SYSTEM FOUNDATION	Employer identification number 25-1801534
--	--

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.	
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)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?	Yes		
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?	Yes		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		10
j	Total. Add lines 1c through 1i			10
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:	THE HERITAGE VALLEY HEALTH SYSTEM FOUNDATION PAID LOBBYING EXPENSES DURING THE YEAR WHICH WERE ALLOCATED 2% WHICH IS \$10.

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
HERITAGE VALLEY HEALTH SYSTEM FOUNDATION

Employer identification number
25-1801534

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 ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2018

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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	101,456,533				
b Contributions	1,521,524	106,662,978			
c Net investment earnings, gains, and losses	5,462,338	256,460			
d Grants or scholarships	864,661	76,286			
e Other expenditures for facilities and programs	5,021,757	5,128,011			
f Administrative expenses	575,938	258,608			
g End of year balance	101,978,039	101,456,533			

2

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

a

Board designated or quasi-endowment ▶ 88.780 %

b

Permanent endowment ▶ 7.830 %

c

Temporarily restricted endowment ▶ 3.390 %

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:

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)	Yes	
3a(ii)	Yes	
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				
b Buildings				
c Leasehold improvements				
d Equipment		44,032	44,032	0
e Other				
Total. Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				0

Schedule D (Form 990) 2018

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) ALTERNATIVE INVESTMENTS	10,645,564	C
(B) COMMON TRUST FUNDS	15,693,133	C
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	26,338,697	

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

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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	
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		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

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: 25-1801534
Name: HERITAGE VALLEY HEALTH SYSTEM FOUNDATION

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	HERITAGE VALLEY HEATH SYSTEM FOUNDATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE (THE "CODE") AND, THEREFORE, IS EXEMPT FROM INCOME TAX ON RELATED INCOME PURSUANT TO SECTION 501 (A) OF THE CODE. HERITAGE VALLEY HEATH SYSTEM FOUNDATION DOES NOT HAVE ANY MATERIAL UNCERTAIN POSITIONS AS OF JUNE 30, 2019 AND 2018.

Supplemental Information

Return Reference	Explanation
PART V LINE 4	BOARD DESIGNATED ASSETS ARE UNRESTRICTED FUNDS UNDER THE CONTROL OF THE BOARD OF DIRECTORS . THE MAJORITY OF THESE FUNDS ARE HELD IN THE MASTER TRUST. THE REMAINING FUNDS ARE IN THE CHECKING AND MONEY MARKET ACCOUNTS. ALL INTEREST, REALIZED GAINS/LOSSES, AND UNREALIZED GAINS/LOSSES ASSOCIATED WITH THESE FUNDS REMAIN AS BOARD DESIGNATED FUNDS. DONOR RESTRICTED SPECIFIC PURPOSE FUNDS ARE COMPOSED OF BOTH TEMPORARY AND PERMANENTLY RESTRICTED FUNDS. ALL FUNDS EARN INTEREST, REALIZED GAINS/LOSSES, AND UNREALIZED GAINS/LOSSES. INTEREST CAN BE RESTRICTED BY THE DONOR, IN WHICH CASE IT REMAINS IN THE FUND. THE DONOR DETERMINES THE INTEREST CLASSIFICATION AT THE TIME OF THE DONATION. THE MAJORITY OF THE FUNDS ARE HELD IN THE MASTER TRUST WITH THE REMAINDER BEING IN THE CHECKING ACCOUNT OR MONEY MARKET ACCOUNTS. CARDIOLOGY FUND -RESTRICTED FOR HERITAGE VALLEY SEWICKLEY CARDIOLOGY/CARDIAC REHAB BUT OTHERWISE UNRESTRICTED. CAPITAL PROJECT FUND - TO BE USED TO FUND PURCHASES OF ITEMS DESIGNATED THROUGH APPROVED HERITAGE VALLEY SEWICKLEY CAPITAL BUDGET. EMERGENCY DEPARTMENT FUND - FOR EMERGENCY DEPARTMENT USE TO BENEFIT CHILDREN AT MEDICAL DIRECTOR'S DISCRETION AND FOR FUNDING EMERGENCY DEPARTMENT PROGRAM & EQUIPMENT NEEDS FOR HERITAGE VALLEY SEWICKLEY. EQUIPMENT FUND - RESTRICTED FOR HERITAGE VALLEY SEWICKLEY EQUIPMENT PURCHASES. IRWIN S. TERNER MEMORIAL EYE GLASS FUND - RESTRICTED TO PURCHASE OF EYEGLASSES FOR THOSE THAT ARE UNABLE TO PAY. REFERRALS TO ACCESS THIS FUND MUST BE SENT TO CASE MANAGEMENT OF HVS FOR EVALUATION OF PATIENT'S NEEDS. OPHTHALMOLOGISTS ON STAFF PROVIDE GLASSES AT COST. ONCOLOGY FUND - RESTRICTED FOR USE FOR HV SEWICKLEY INPATIENT ONCOLOGY SERVICES. OR/LAB - RESTRICTED ENDOWMENT. RESTRICTED TO USE FOR THE BENEFIT OF THE HERITAGE VALLEY SEWICKLEY OPERATING ROOMS AND THE LABORATORY, BUT OTHERWISE UNRESTRICTED. NURSING EDUCATION FUND - RESTRICTED TO USE TO SUPPORT THE CONTINUING EDUCATIONAL AND CAREER DEVELOPMENT NEEDS OF NURSES AT THE HERITAGE VALLEY HEALTH SYSTEM, INC. AND FOR STUDENT NURSES COMPLETING EDUCATIONAL ROTATIONS THROUGHOUT THE HERITAGE VALLEY HEALTH SYSTEM, INC. BUT OTHERWISE UNRESTRICTED. DR. SIDNEY SELKOVITZ ENDOWED FUND - PERMANENTLY RESTRICTED ENDOWED FUND TO BENEFIT HVS. PRINCIPAL WILL REMAIN INTACT FOR PERPETUITY & INTEREST INCOME USED ANNUALLY TO FURTHER THE GOOD WORK OF HVS. THE FUND WILL BE AVAILABLE FOR ADDITIONAL GIFTS FOR FAMILY, FRIENDS, & FORMER PATIENTS WHO WISH TO PAY TRIBUTE TO DR. SELKOVITZ. SPEECH THERAPY FUND - RESTRICTED TO HV SEWICKLEY SPEECH PATHOLOGY BUT OTHERWISE UNRESTRICTED. ELIZABETH S. STANDISH FUND - RESTRICTED ENDOWMENT. INCOME ONLY TO BE USED ANNUALLY BY THE BOARD FOR CAPITAL PROJECTS FOR HV SEWICKLEY . STAUNTON CLINIC FUND - RESTRICTED TO USE FOR STAUNTON CLINIC AT HV SEWICKLEY. TEMPORARY RESTRICTED FUND - TEMPORARY HOLD FOR AUXILIARY AND UNIQUE BOUTIQUE DONATIONS UNTIL FUNDS USED FOR ASSIGNED PROJECTS; AND FORMERLY USED TO HOLD FOUNDERS SOCIETY DONATIONS (PRIOR TO 2000). ALSO TEMPORARY HOLD FOR

Supplemental Information

Return Reference	Explanation
PART V LINE 4	STAUNTON FARMS ELECTRONIC HEALTH RECORD GRANT. COMMUNITY HEALTH SERVICES FUND - PEDIATRIC ASTHMA PROGRAM; DIABETES PROGRAM; LIFESMART PROGRAM; PREGNANCY HEALTH SERVICES PROGRAM; COMMUNITY ADVANCED ILLNESS PROGRAM; PEDIATRIC OBESITY PROGRAM. CANCER TREATMENT CENTER BENEVOLENT FUND - PURPOSE: TO BE USED TO ASSIST PATIENTS WHO HAVE EXHAUSTED THEIR PERSONAL RESOURCES TO BATTLE CANCER BY ASSISTING WITH TRANSPORTATION, MEDICATION OR EQUIPMENT NEEDS. A LOCATIONS ARE BASED ON RECOMMENDATIONS FROM HOSPITAL CASE MANAGERS AND CANCER TREATMENT CENTER NURSING. RESTRICTIONS: PHARMACY STAFF MUST BE NOTIFIED WHEN PRESCRIPTION FUNDING IS REQUIRED AND THE MEDICATION WILL BE PROVIDED AT A COST WITH A SEPARATE BILL SENT TO THE FOUNDATION. DEVELOPMENT FUND - RESTRICTED FOR EQUIPMENT AND BUILDING (CAPITAL) NEEDS FOR HVB. EMERGENCY DEPARTMENT FUND - TO PROVIDE FUNDING FOR EQUIPMENT AND PROGRAM NEEDS FOR HVB EMERGENCY DEPARTMENT. EQUIPMENT FUND - TO PROVIDE FUNDING FOR EQUIPMENT NEEDS FOR HVB FREE CARE FUND - TO REIMBURSE HVB FOR FREE CARE PROVIDED TO PATIENTS TREATED; TO ASSIST WITH PRESCRIPTION DRUGS FOR QUALIFIED NEEDY PATIENTS TO A MAXIMUM OF \$5,000 PER YEAR OR TO PAY FOR SERVICES FOR QUALIFIED NEEDY AS ASSESSED BY CASE MANAGEMENT DIRECTOR. LABOR & DELIVERY FUND - RESTRICTED FOR USE OF HVB MATERNITY AND INFANT CHILD CARE. MEDICAL STAFF FUND - FUNDS ARE TO BE USED FOR PATIENT CARE PURPOSES ONLY, SUBJECT TO THE HBV MEDICAL STAFF'S ENDORSEMENT. PEDIATRICS FUND - RESTRICTED FOR USE OF HVB PEDIATRIC UNIT FOR EQUIPMENT AND PROGRAMS. EYE SURGERY EQUIPMENT FUND - EQUIPMENT NEEDS OF HVS EYE DEPARTMENT. FAITH IN ACTION FUND - ESTABLISHED IN 2014 FROM PROCEEDS OF ANNUAL SEWICKLEY 5K RUN/WALK. RESTRICTED PROCEEDS BENEFIT THE FAITH IN ACTION PROGRAM AT HERITAGE VALLEY SEWICKLEY AND SEWICKLEY YMCA, WHICH PROVIDES SENIORS IN THE COMMUNITY WITH RIDES TO DOCTOR APPOINTMENTS AND MEDICAL TREATMENTS. FREE CARE FUND (CHARITY CARE) - TO PAY FOR PRESCRIPTION DRUGS FOR QUALIFIED NEEDY PATIENTS TO A MAXIMUM OF \$5,000 PER YEAR; AND TO PAY FOR SERVICES FOR QUALIFIED NEEDY AS ASSESSED BY CASE MANAGEMENT. (CURRENTLY TRANSFERRING 10% PER YEAR FOR HVS CHARITY CARE.) THOMAS R. HAVRILLA SCHOOL OF RADIOLOGY SCHOLARSHIP FUND - ESTABLISHED BY BRIGHTON RADIOLOGY ASSOCIATES IN MEMORY OF THEIR FRIEND AND COLLEAGUE TO ENCOURAGE INDIVIDUALS TO PURSUE CAREERS IN RADIOLOGY & EMPLOYMENT AT VMF AND AFFILIATES. INCOME EARNED WILL BE USED ANNUALLY TO PROVIDE FINANCIAL ASSISTANCE TO THE TOP ACADEMIC STUDENT COMPLETING THEIR 1ST YEAR OF TRAINING TO ASSIST THEM WITH 2ND YEAR TUITION COSTS. MATERNAL AND INFANT CHILD CARE FUND - RESTRICTED FOR USE OF HVS MATERNITY AND INFANT CHILD CARE BUT OTHERWISE UNRESTRICTED. E. THORNE MCKALLIP PROFESSIONAL NURSING DEVELOPMENT FUND - RESTRICTED FUND INCOME EARNED TO BENEFIT MEMBERS OF HVS NURSING STAFF IN THEIR PROFESSIONAL DEVELOPMENT, EXCLUDING FORMAL EDUCATION PREPARATION: * INITIAL NURSING CERTIFICATION FEE * NURSING RECERTIFICATION CONTINUING EDUCATION CREDITS * FEES FOR LO

Supplemental Information

Return Reference	Explanation
PART V LINE 4	CAL CONTINUING EDUCATION * OUT-OF-STATE CONTINUING EDUCATION (FEES, TRANSPORTATION, ACCOMMODATIONS) * IN-HOUSE EDUCATION. MEDICAL STAFF SCHOLARSHIP FUND - ESTABLISHED IN 2013. TO AWARD ANNUAL COLLEGE SCHOLARSHIPS TO LOCAL RESIDENTS PURSUING A HEALTHCARE EDUCATION. ROY F. JOHNS, JR. FAMILY ENDOWMENT FUND - RESTRICTED ENDOWMENT. ANNUAL INCOME TO BE USED TO PROVIDE UNRESTRICTED SUPPORT TO THE HERITAGE VALLEY HEALTH SYSTEM FOUNDATION. SCHOOL OF NURSING ALUMNI FUND - TO BE USED FOR SPEAKERS FOR CONTINUING NURSING EDUCATION AND CAREER DEVELOPMENT FOR GRADUATE HVS NURSES AND FOR STUDENT NURSES OUTSIDE OF HVS COMPLETING ROTATIONS THROUGHOUT HVS. HITCHAK SCHOLARSHIP - ESTABLISHED WITH \$11,000 GIFT FROM HITCHAK FAMILY MEMBERS TO ENDOW A SCHOLARSHIP FOR GRADUATE NURSING STUDIES FOR A HVS NURSING EMPLOYEE. SILVER SNEAKERS FUND - RESTRICTED FOR SILVER SNEAKERS FUND. MAJORIE WAGNER THEYS SCHOLARSHIP FUND - RESTRICTED ENDOWMENT. INCOME ONLY TO BE USED ANNUALLY FOR THE CONTINUING EDUCATION OF HVS NURSES. LEONARD P. AND EVA M. ALOISE MEMORIAL FUND - RESTRICTED ENDOWMENT. INCOME ONLY TO BE USED ANNUALLY FOR THE CONTINUING EDUCATION OF HVS NURSES. CARDIOLOGY FUND - PURPOSE: RESTRICTED FOR CARDIOLOGY/CARDIAC CATHETERIZATION NEEDS FOR HERITAGE VALLEY BEAVER, BUT OTHERWISE UNRESTRICTED. CENTER CIVIC WOMEN'S CLUB FUND - PURPOSE: RESTRICTED FUND ESTABLISHED IN 1999 BY CENTER CIVIC WOMEN'S CLUB TO HELP COVER EXPENSES NOT REIMBURSED BY INSURANCE FOR COSMETIC ITEMS (WIGS, TURBANS, PROSTHESES, ETC.) FOR BEAVER COUNTY WOMEN RECEIVING CANCER TREATMENT THROUGH A HERITAGE VALLEY HOSPITAL - HVB OR HVS. HERITAGE VALLEY BEAVER FOUNDATION ADMINISTERS THE FUND. (INCLUDES CRITERIA FOR ELIGIBILITY) ONCOLOGY FUND - TO PROVIDE FUNDING FOR EQUIPMENT AND PROGRAM NEEDS FOR HVB INPATIENT ONCOLOGY, HVB SATELLITE FACILITIES PROVIDING ONCOLOGY SERVICES, AND ONCOLOGY SERVICES THROUGH THE UNIVERSITY OF PITTSBURGH MEDICAL CENTER/HERITAGE VALLEY HEALTH SYSTEM CANCER CENTER, BEAVER CAMPUS. TEMPORARILY RESTRICTED FUND - TEMPORARY HOLD FOR HBV AUXILIARY DONATIONS UNTIL FUNDS USED FOR ASSIGNED PROJECTS. ORR FAMILY EDUCATION ENDOWMENT - RESTRICTED ENDOWMENT. ANNUAL INCOME ONLY TO BE USED FOR HVB NURSING AND CLINICAL STAFF FOR PROFESSIONAL DEVELOPMENT AND EDUCATION. O'LEARY FAMILY EDUCATION ENDOWMENT - RESTRICTED ENDOWMENT. ANNUAL INCOME TO BE USED TO PROVIDE UNRESTRICTED SUPPORT TO THE HERITAGE VALLEY BEAVER FOUNDATION.

Supplemental Information

Return Reference	Explanation
PART V LINE 4	PERMANENTLY RESTRICTED ENDOWMENTS - #2 TRUST TO BE USED EXCLUSIVELY FOR THE REHABILITATION OF EXISTING FACILITIES, CONSTRUCTION OF NEW BUILDINGS, PROVIDING FOR SPECIAL EQUIPMENT AND SERVICES AND FOR EXPENSES OF DESERVING PATIENTS OF HVB. THE TRUST IS IRREVOCABLE BUT MAY BE TERMINATED AT ANY TIME BY THE DONOR. PERMANENTLY RESTRICTED ENDOWMENTS - #3939 ESTABLISHED FOR ROCHESTER GENERAL HOSPITAL (PREDECESSOR HOSPITAL) TO BE USED FOR THE CONSTRUCTION OF NEW BUILDINGS, REHABILITATION OF EXISTING FACILITIES, PROVIDE FOR SPECIAL EQUIPMENT AND SERVICES, AND SUCH OTHER PURPOSES AS THE DONOR SHALL FROM TIME TO TIME DESIGNATE FOR HVB . LIDA MCHATTIE - PERMANENTLY RESTRICTED ENDOWMENTS - RECEIVES 1/6TH SHARE OF THE NET INCOME PER QUARTER FOR HVB. ARTHUR E. MAYER - PERMANENTLY RESTRICTED ENDOWMENTS - ESTABLISHED IN 1964. RESTRICTED FOR HVB. MAYER SOCIETY (ONCOLOGY) - PERMANENTLY RESTRICTED ENDOWMENTS - CASH GIFT TO HERITAGE VALLEY BEAVER FOUNDATION'S ENDOWMENT BY MURRAY & CECYL THAW. IN HONOR OF THEIR CHILDREN - DEBORAH AND ROBERT. INCOME IS RESTRICTED TO HVB ONCOLOGY. FUNDS HELD BY VMF FACILITIES UNDER CONTROL OF HERITAGE VALLEY HEALTH SYSTEM FOUNDATION. EDITH OLIVER REA FUND - PRINCIPAL & INCOME TO BE USED BY THE PRESIDENT IN HIS DISCRETION FOR SUCH PURPOSES, AS TO HELP DESERVING INDIVIDUALS IN NEED OF FINANCIAL ASSISTANCE. CRAIG FAMILY MEMORIAL FUND - RESTRICTED ENDOWMENT. INCOME ONLY TO BE USED FOR HVS STAUNTON CLINIC. THE MEDICAL DIRECTOR OF THE CLINIC SHALL PROPOSE THE USE OF SUCH FUNDS, AND THEIR EXPENDITURE WILL BE MADE IN ACCORDANCE WITH THE USUAL PRACTICES OF HVS. WILLIAM K. FITCH MEMORIAL FUND - RESTRICTED ENDOWMENT. ANNUAL INTEREST INCOME TO BE USED TO ENCOURAGE, STIMULATE AND AID THE GOVERNING BOARD OF HVS TO MAINTAIN A POSITION OF BEING EVER ALERT TO CHANGING OPPORTUNITIES FOR CONTRIBUTING TO THE HEALTH OF THE COMMUNITY SERVED BY HVS. VAN KLEECK BLOOD BANK MEMORIAL - RESTRICTED ENDOWMENT. INCOME EARNED BY THE FUND TO BENEFIT HVS BLOOD BANK BY AUTHORIZATION OF THE PRESIDENT. INTEREST & PRINCIPAL INVESTED WITH INTEREST EARNINGS REINVESTED UNTIL NEEDED. PRINCIPAL SHALL NOT BE EXPENDED; HOWEVER, SHOULD SOME EXTRAORDINARY NEED ARISE IN CONNECTION WITH THE OPERATION OF THE BLOOD BANK, IT IS UNDERSTOOD THAT THE HOSPITAL'S BOARD MAY AUTHORIZE THE EXPENDITURE OF THE PRINCIPLE TO MEET THAT NEED. THE FOLLOWING FUNDS ARE RELATED TO THE HERITAGE VALLEY HEALTH SYSTEM FOUNDATION, BUT ARE UNDER THE CONTROL OF VARIOUS ORGANIZATIONS. HVS HAS BEEN THE RECIPIENT OF VARIOUS TRUSTS: 1. POOLED INCOME FUND (PNC BANK) 2. MARTHA LOCKHART AMSON TRUST (BNY MELLON) 3. MARTHA LOCKHART MASON TRUST (PNC BANK) 4. BLAIR E. BELL TRUST (BNY MELLON). FOR THE POOLED INCOME FUND (1), UPON THE DEATH OF THE DONORS. HERITAGE VALLEY SEWICKLEY WILL BECOME THE SOLE BENEFICIARY OF THE PRINCIPAL BALANCE. THE POOLED INCOME FUND PRINCIPAL IS UNDER THE CONTROL OF VMF IN THAT THE HOSPITAL CAN DETERMINE WHERE TO INVEST THE MONEY. THE THREE REMAINING TRUST, THE MASON (2&3) AND BELL (4) TRUSTS, ARE

Supplemental Information	
Return Reference	Explanation
PART V LINE 4	IRREVOCABLE TRUSTS. HERITAGE VALLEY SEWICKLEY IS A PARTIAL BENEFICIARY OF THE INCOME DISTRIBUTIONS FROM THESE TRUSTS. THESE TRUSTS ARE NOT UNDER THE CONTROL OF ANY ENTITY WITHIN THE VALLEY MEDICAL FACILITIES SYSTEM. THE INCOME DISTRIBUTIONS FROM THESE TRUSTS ARE RECORDED AS UNRESTRICTED INCOME.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**

▶ **Attach to Form 990.**

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

Name of the organization
HERITAGE VALLEY HEALTH SYSTEM FOUNDATION

Employer identification number

25-1801534

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA	0	0	INVESTMENTS		10,645,564
3a Sub-total	0	0			10,645,564
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			10,645,564

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____
- 3 Enter total number of other organizations or entities ► _____

Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
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Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . ☒ Yes ☐ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* ☐ Yes ☒ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART 1, LINE 2	HERITAGE VALLEY HEALTH SYSTEM FOUNDATION DID NOT MAKE ANY GRANTS OUTSIDE THE UNITED STATES.

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

Revenue		(a) Event #1 SYMPHONY EVENT (event type)	(b) Event #2 GOLF OUTING (event type)	(c) Other events 3 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	63,506	126,805	114,214	304,525
	2 Less: Contributions	43,286	94,580	98,980	236,846
	3 Gross income (line 1 minus line 2)	20,220	32,225	15,234	67,679
Direct Expenses	4 Cash prizes			0	
	5 Noncash prizes		2,150	1,372	3,522
	6 Rent/facility costs	2,811	15,280	10,017	28,108
	7 Food and beverages	11,167	10,178	13,933	35,278
	8 Entertainment	6,702		0	6,702
	9 Other direct expenses	5,561	9,599	22,422	37,582
	10 Direct expense summary. Add lines 4 through 9 in column (d) ►				111,192
	11 Net income summary. Subtract line 10 from line 3, column (d) ►				-43,513

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Direct Expenses	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ►				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ►				

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ►

Address ►

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

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

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

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer
☐ Employee
☐ Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference	Explanation
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Schedule I
(Form 990)

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization
HERITAGE VALLEY HEALTH SYSTEM FOUNDATION

Employer identification number
25-1801534

Part I

General Information on Grants and Assistance

1

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

☒ Yes ☐ No

2

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

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) VALLEY MEDICAL FACILITIES INC 720 BLACKBURN ROAD SEWICKLEY, PA 15143	25-1801532	501(C)(3)		5,659,467	SEE PART IV	SEE PART IV	SEE PART IV
(2) YMCA OF SEWICKLEY VALLEY 625 BLACKBURN ROAD SEWICKLEY, PA 15143	25-0979384	501(C)(3)		22,619	SEE PART IV	SEE PART IV	SEE PART IV

2

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

2

3

Enter total number of other organizations listed in the line 1 table

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) PHARMACY CHARITY CARE	39	2,715		N/A	N/A
(2) HITCHAK GRADUATE NURSING SCHOLARSHIP	1	1,500		N/A	N/A
(3) MCKALLIP NURSING CONTINUING EDUCATION	32	15,616		N/A	N/A
(4) TUITION REIMBURSEMENT FOR RNS TO BSNS	10	28,097		N/A	N/A
(5) MEDICAL STAFF SCHOLARSHIPS	9	20,000		N/A	N/A
(6) CENTER CIVIC WOMEN'S CLUB CANCER WIGS	82	26,067		N/A	N/A
(7) CTC BENEVOLENT FUND	4	991		N/A	N/A
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	1. ESTABLISHED GUIDELINES WITHIN CASH MANAGEMENT MUST BE ADHERED TO FOR PAYMENTS TO VALLEY MEDICAL FACILITIES -TO ASSIST PATIENTS ELIGIBLE FOR MEDICATION COST ASSISTANCE. 2. HITCHAK ADVANCED DEGREE NURSING SCHOLARSHIP. INCOME EARNED TO BE USED ANNUALLY TO PROVIDE A SCHOLARSHIP FOR GRADUATE NURSING STUDIES. 3. REIMBURSE NURSING EMPLOYEES OF HERITAGE VALLEY SEWICKLEY FOR CONTINUING EDUCATION AND CERTIFICATION EXPENSES. COPIES OF INVOICES APPROVED BY THE VICE-PRESIDENT OF NURSING MUST BE SUBMITTED TO THE FOUNDATION. 4. TUITION REIMBURSEMENT IS PROVIDED TO CANDIDATES EMPLOYED AS RNS BY VALLEY MEDICAL FACILITIES WHO ARE ENROLLED IN AN ACCREDITED RECOGNIZED EDUCATIONAL INSTITUTION. THE RECIPIENT MUST BE IN GOOD EMPLOYMENT STANDING, AND MUST SUBMIT PROOF OF GRADES WITH AT LEAST A 2.0 GPA AND THE INVOICE FOR TUITION COSTS. RECIPIENTS ARE BOUND TO CERTAIN EMPLOYMENT STIPULATIONS, AND IF OBLIGATIONS ARE NOT MET, THE PAYMENT MAY BE PRO-RATED. 5. MEDICAL STAFF SCHOLARSHIPS ARE AWARDED BY A COMMITTEE OF HERITAGE VALLEY BEAVER AND HERITAGE VALLEY SEWICKLEY MEDICAL STAFF MEMBERS, WHO CHOSE RECIPIENTS BASED UPON ACADEMIC ACHIEVEMENT, INVOLVEMENT IN SCHOOL AND COMMUNITY ACTIVITIES, FINANCIAL NEED, WORK AND VOLUNTEER EXPERIENCE AND PLANS FOR A CAREER IN A MEDICAL FIELD. 6. CANCER PATIENTS MUST COMPLETE AN APPLICATION VERIFYING THEY ARE A FEMALE RESIDENT OF BEAVER COUNTY, THE PHYSICIAN THEY ARE BEING TREATED BY, AND SUBMIT THE INVOICE FROM THE APPROVED WIG/PROSTHESIS VENDOR. 7. FOR ALL OTHER CAPITAL PURCHASES AND REIMBURSEMENT REQUESTS THAT WERE APPROVED BY THE BOARD OF DIRECTORS IN THE ANNUAL BUDGET, COPIES OF INVOICES OR OTHER PROOF OF EXPENDITURE MUST BE SUBMITTED TO THE FOUNDATION WITH A DESCRIPTION OF THE INTENDED PURPOSE OF THE PURCHASES IN ORDER TO BE REIMBURSED FROM THE FOUNDATION FROM THE APPROPRIATE FUND. 8. FOR COMMUNITY HEALTH SERVICES, THE DIRECTOR OF THE PROGRAMS PROVIDES A BUDGET, A PROGRAMMATIC REVIEW OF CLINICAL OUTCOMES AND ENROLLMENTS, AND PROVIDES PERIODIC AND END-OF-YEAR REPORTS TO THE BOARD OF DIRECTORS SHOWING HOW FUNDS WERE EXPENDED. 9. FOR CHARITY CARE, THE DIRECTORS OF PATIENT ACCOUNTING AND CASE MANAGEMENT IDENTIFY PATIENTS WHICH MUST MEET THE FUND'S AND GRANT'S MEDICAL AND/OR FINANCIAL ASSISTANCE GUIDELINES. 10. FOR THE GRANT TO THE YMCA OF SEWICKLEY, A 501(C)(3)ORGANIZATION, USED FOR PATIENT TRANSPORTATION, THE DIRECTOR OF THE FAITH IN ACTION PROGRAM PRESENTED THE DETAILS OF THE PROGRAM TO THE FOUNDATION BOARD OF DIRECTORS, INCLUDING HOW MANY PATIENTS WERE ASSISTED AND THE FINANCIAL REPORTS.
PART II, LINE 1 (H)	HVB BUILDING SYSTEMS UPGRADE 4,339,077 COMMUNITY HEALTH SERVICES 559,366 CHARITY CARE 233,235 PATIENT VAN TRANSPORTATION 192,712 HVS CARDIOLOGY FUND 164,917 RAYMOND C AND MARTHA S SUCKLING FUND 74,209 HVS CAPITAL PROJECT FUND 35,386 HVS LOBBY RENOVATION 30,000 HVS O/R LAB EQUIPMENT FUND 12,347 PATIENT TRANSPORTATION 11,735 STAUNTON CLINIC 4,450 PEDIATRIC FUND - CALMER KIDS 2,033 TOTAL CASH GRANTS TO VALLEY MEDICAL FACILITIES 5,659,467

Additional Data

Software ID:
Software Version:
EIN: 25-1801534
Name: HERITAGE VALLEY HEALTH SYSTEM FOUNDATION

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
PHARMACY CHARITY CARE	39	2,715		N/A	N/A
HITCHAK GRADUATE NURSING SCHOLARSHIP	1	1,500		N/A	N/A
MCKALLIP NURSING CONTINUING EDUCATION	32	15,616		N/A	N/A
TUITION REIMBURSEMENT FOR RNS TO BSNS	10	28,097		N/A	N/A
MEDICAL STAFF SCHOLARSHIPS	9	20,000		N/A	N/A

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
CENTER CIVIC WOMEN'S CLUB CANCER WIGS	82	26,067		N/A	N/A
CTC BENEVOLENT FUND	4	991		N/A	N/A

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2018
Department of the Treasury Internal Revenue Service	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.	
Name of the organization HERITAGE VALLEY HEALTH SYSTEM FOUNDATION		Employer identification number 25-1801534

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	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
☐ Compensation committee	☐ Written employment contract		
☐ Independent compensation consultant	☐ Compensation survey or study		
☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed 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?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
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?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		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	

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.

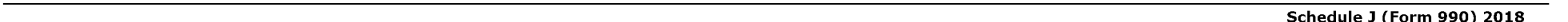
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Part III Supplemental Information

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 3	HERITAGE VALLEY HEALTH SYSTEM'S BOARD OF DIRECTORS HAS APPOINTED AN EXECUTIVE COMPENSATION COMMITTEE TO REVIEW THE SALARIES FOR THE ORGANIZATION'S CEO AND OTHER SENIOR MANAGEMENT OFFICIALS. AS PART OF THE REVIEW, THE EXECUTIVE COMPENSATION COMMITTEE ENGAGED AN OUTSIDE CONSULTING FIRM TO REVIEW THE BASE SALARIES OF THE SENIOR MANAGEMENT TEAM INCLUDING THE CEO IN COMPARISON TO THE MARKET TO ENSURE REASONABLENESS OF COMPENSATION. MARKET ADJUSTMENTS WERE MADE ACCORDINGLY IN INSTANCES WHERE DATA SUPPORTED SUCH CHANGES FOR THIS PERIOD. BONUSES WERE PAID IN ACCORDANCE WITH AN INCENTIVE COMPENSATION PLAN WHICH WAS DEVELOPED AND APPROVED BY THE BOARD OF DIRECTORS SEVERAL YEARS AGO.

Return Reference	Explanation
PART I, LINE 4B	THE FOLLOWING EMPLOYEES PARTICIPATED IN THE 457(F) RETIREMENT PLAN - BRYAN RANDALL - \$3,100



SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization
HERITAGE VALLEY HEALTH SYSTEM FOUNDATION

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**

Employer identification number

25-1801534

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	DONALD FLICK, BOARD DIRECTOR OF HERITAGE VALLEY HEALTH SYSTEM FOUNDATION, IS SPOUSE OF SHIRLEY FLICK, BOARD DIRECTOR EX-OFFICIO OF HERITAGE VALLEY HEALTH SYSTEM FOUNDATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	HERITAGE VALLEY HEALTH SYSTEM IS THE SOLE MEMBER OF HERITAGE VALLEY HEALTH SYSTEM FOUNDATI ON. THE SYSTEM HAS THE RIGHT TO PARTICIPATE IN SELECTED MANAGEMENT DECISIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE SOLE MEMBER, HERITAGE VALLEY HEALTH SYSTEM, APPOINTS THE MEMBERS OF THE GOVERNING BODY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE SOLE MEMBER OF HERITAGE VALLEY HEALTH SYSTEM FOUNDATION, HERITAGE VALLEY HEALTH SYSTEM , ACTING BY AND THROUGH ITS BOARD OF DIRECTORS HAVE EXCLUSIVE POWER TO: 1. APPROVE HERITAGE VALLEY HEALTH SYSTEM FOUNDATION'S ANNUAL OPERATING AND CAPITAL BUDGETS; 2. AMEND OR APPROVE AMENDMENTS TO HERITAGE VALLEY HEALTH SYSTEM FOUNDATION'S ARTICLES OF INCORPORATION OR BYLAWS; 3. APPROVE BORROWINGS OR EXTENSIONS OF CREDIT OF \$1 MILLION OR GREATER; 4. APPROVE ANY VOLUNTARY DISSOLUTION, MERGER OR CONSOLIDATION OF HERITAGE VALLEY HEALTH SYSTEM FOUNDATION; 5. APPROVE THE SALE, PLEDGING, LEASING OR TRANSFER OF ASSETS IN EXCESS OF \$1 MILLION; 6. APPROVE THE CREATION OR ACQUISITION OF ANY SUBSIDIARY OR AFFILIATE; 7. SELECT HERITAGE VALLEY HEALTH SYSTEM FOUNDATION'S ACCOUNTANTS; 8. APPROVE INVESTMENT POLICIES; 9. APPROVE POLICIES AND PROCEDURES ADOPTED BY THE HERITAGE VALLEY HEALTH SYSTEM FOUNDATION BOARD OF DIRECTORS, INCLUDING POLICIES RELATING TO THE DISTRIBUTION OF HERITAGE VALLEY HEALTH SYSTEM FOUNDATION'S ENDOWMENT; 10. AUTHORIZE ANY AND ALL UNBUDGETED EXPENDITURES AND DISTRIBUTIONS FROM THE FUNDS OF HERITAGE VALLEY HEALTH SYSTEM FOUNDATION; 11. APPOINT THE MEMBERS OF THE BOARD OF DIRECTORS OF HERITAGE VALLEY HEALTH SYSTEM FOUNDATION, WITH THE RIGHT TO REMOVE THE APPOINTED DIRECTORS, WITH OR WITHOUT CAUSE; AND 12. APPOINT AND REMOVE THE PRESIDENT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A DRAFT OF THE COMPLETED FORM 990 AND ALL ASSOCIATED FORMS IS MADE AVAILABLE ELECTRONICALLY TO ALL BOARD DIRECTORS, MEMBERS AND SENIOR MANAGEMENT FOR REVIEW AND COMMENT PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE (IRS). THE BOARD OF DIRECTORS HAS DELEGATED THE RESPONSIBILITY FOR REVIEW AND APPROVAL OF THE FORM 990 TO THE FINANCE COMMITTEE OF THE BOARD, WHICH MEETS, REVIEWS, AND APPROVES THE FORM 990 PRIOR TO FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CERTAIN NON-MERIT EMPLOYEES WITH JOB RESPONSIBILITIES THAT PROVIDE AN OPPORTUNITY TO INFLUENCE BUSINESS DECISIONS ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST FORM ANNUALLY. THESE CONFLICT OF INTEREST STATEMENTS ARE REVIEWED ANNUALLY BY THE DEPARTMENT DIRECTOR AND SYSTEM DIRECTOR FOR CORPORATE COMPLIANCE TO DETERMINE IF A CONFLICT EXISTS. ANY POTENTIAL CONFLICTS ARE REFERRED TO THE APPROPRIATE VICE PRESIDENT AND HUMAN RESOURCES TO CONFIRM AND RESOLVE THE CONFLICT. FOR MERIT EMPLOYEES, CONFLICT OF INTEREST STATEMENTS ARE REVIEWED ANNUALLY BY THE DEPARTMENT MANAGER, VICE PRESIDENT OR CEO. ANY POTENTIAL CONFLICTS ARE MANAGED BY THE CEO. OTHER POTENTIALLY INTERESTED PARTIES, SUCH AS BOARD MEMBERS, OFFICERS AND HIGHLY COMPENSATED EMPLOYEES SIGN A STATEMENT ANNUALLY WHICH AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS THAT THE ORGANIZATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX EXEMPT PURPOSES. THE CHAIRPERSON OF THE BOARD REVIEWS ANNUALLY A SUMMARY OF THE DISCLOSURE STATEMENTS SO THAT THE BOARD MEMBERS ARE FAMILIAR WITH POTENTIAL CONFLICTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	HERITAGE VALLEY HEALTH SYSTEM'S BOARD OF DIRECTORS HAS APPOINTED AN EXECUTIVE COMPENSATION COMMITTEE TO REVIEW THE SALARIES FOR THE ORGANIZATION'S CEO AND OTHER SENIOR MANAGEMENT OFFICIALS. AS PART OF THE REVIEW, THE EXECUTIVE COMPENSATION COMMITTEE ENGAGED AN OUTSIDE CONSULTING FIRM TO REVIEW THE BASE SALARIES OF THE SENIOR MANAGEMENT TEAM INCLUDING THE CEO IN COMPARISON TO THE MARKET TO ENSURE REASONABLENESS OF COMPENSATION. MARKET ADJUSTMENTS WERE MADE ACCORDINGLY IN INSTANCES WHERE DATA SUPPORTED SUCH CHANGES FOR THIS PERIOD. BONUSES WERE PAID IN ACCORDANCE WITH AN INCENTIVE COMPENSATION PLAN WHICH WAS DEVELOPED AND APPROVED BY THE BOARD OF DIRECTORS SEVERAL YEARS AGO.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	FORM 990 IS AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION PUBLISHES CONDENSED FINANCIAL STATEMENTS FOR THE PUBLIC USE ON ITS WEBSITE WWW.HERITAGEVALLEY.ORG. GOVERNING DOCUMENTS AND POLICIES, INCLUDING CONFLICTS OF INTEREST STATEMENTS, ARE MADE AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	TEMPORARILY RESTRICTED INVESTMENT INCOME 245,812. PERMANENTLY RESTRICTED INVESTMENT INCOME 1,665. INCREASE IN THE VALUE OF TRUSTS HELD BY OTHERS 35,160. TEMPORARILY RESTRICTED FUND RAISING ACTIVITIES 126,139.

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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
HERITAGE VALLEY HEALTH SYSTEM FOUNDATION

Employer identification number
25-1801534

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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CONSOLIDATED SUPPLY CHAIN SERVICES 420 ROUSER ROAD MOON TOWNSHIP, PA 15108 27-1055405	GROUP PURCHASING	PA	HERITAGE VALLEY HEALTH SYSTEM	RELATED				No			No	
(2) EDGEWORTH COMMONS GROUP LLC 725 CHERRINGTON PARKWAY SUITE 200 MOON TOWNSHIP, PA 15108 02-0713415	SURGERY CENTER	PA	HERITAGE VALLEY HEALTH SYSTEM	RELATED				No			No	
(3) BEAVER VALLEY AMBULATORY SURGERY 1030 BEANER HOLLOW ROAD BEAVER, PA 15009 82-2918272	SURGERY CENTER	PA	HERITAGE VALLEY HEALTH SYSTEM	RELATED				No			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.

See Additional Data Table

(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.

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

1

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

a

Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

Yes

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

No

1r

No

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

Schedule R (Form 990) 2018

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.

[illegible]

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: 25-1801534

Name: HERITAGE VALLEY HEALTH SYSTEM FOUNDATION

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
1000 DUTCH RIDGE ROAD BEAVER, PA 15009 25-1441518	PARENT SUPPORTING ORG	PA	501(C)3	11C	N/A		No
720 BLACKBURN ROAD SEWICKLEY, PA 15143 25-1801532	HOSPITAL	PA	501(C)3	3	HERITAGE VALLEY HEALTH SYSTEM		No
720 BLACKBURN ROAD SEWICKLEY, PA 15143 25-1012989	FUNDRAISING	PA	501(C)3	11C	HERITAGE VALLEY HEALTH SYSTEM		No
1000 DUTCH RIDGE ROAD BEAVER, PA 15009 25-1383145	FUNDRAISING	PA	501(C)3	11C	HERITAGE VALLEY HEALTH SYSTEM		No
420 ROUSER ROAD MOON TOWNSHIP, PA 15108 25-1463381	WORKERS COMPENSATION	PA	501(C)3	11C	VALLEY MEDICAL FACILITIES INC		No
1000 DUTCH RIDGE ROAD BEAVER, PA 15009 81-4233618	CLINICALLY INTEGRATED NETWORK	PA	501(C)3	11C	HERITAGE VALLEY HEALTH SYSTEM		No
1000 DUTCH RIDGE ROAD BEAVER, PA 15009 82-1646033	CLINICALLY INTEGRATED NETWORK	PA	501(C)3	11C	HERITAGE VALLEY HEALTH SYSTEM		No
25 HECKEL ROAD MCKEES ROCK, PA 15136 25-0967480	HOSPITAL	PA	501(C)3	3	HERITAGE VALLEY HEALTH SYSTEM		No
25 HECKEL ROAD MCKEES ROCK, PA 15136 25-1619844	MALPRACTICE INSURANCE	PA	501(C)3	12B, II	OHIO VALLEY HOSPITAL		No
25 HECKEL ROAD MCKEES ROCK, PA 15136 25-1619842	WORKERS COMPENSATION	PA	501(C)3	12B, II	OHIO VALLEY HOSPITAL		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) TRI-STATE OBSTETRICS & GYNECOLOGY 420 ROUSER ROAD MOON TOWNSHIP, PA 15108 25-1776052	PHYSICIAN PRACTICE	PA	HERITAGE VALLEY HEALTH SYSTEM	C					No
(1) HERITAGE VALLEY PEDIATRICS INC 420 ROUSER ROAD MOON TOWNSHIP, PA 15108 25-1775950	PHYSICIAN PRACTICE	PA	HERITAGE VALLEY HEALTH SYSTEM	C					No
(2) HERITAGE VALLEY MULTISPECIALTY GROUP INC 420 ROUSER ROAD MOON TOWNSHIP, PA 15108 25-1775949	PHYSICIAN PRACTICE	PA	HERITAGE VALLEY HEALTH SYSTEM	C					No
(3) TRI-STATE GYNECOLOGY INC 420 ROUSER ROAD MOON TOWNSHIP, PA 15108 84-1647473	PHYSICIAN PRACTICE	PA	HERITAGE VALLEY HEALTH SYSTEM	C					No
(4) HERITAGE VALLEY INSURANCE COMPANY PO BOX 1051 GRAND CAYMAN CJ 25-1441518	PROFESSIONAL LIABILITY CAPTIVE	CJ	HERITAGE VALLEY HEALTH SYSTEM	C					No
(5) OHIO VALLEY MEDICAL SERVICES INC 420 ROUSER ROAD MOON TOWNSHIP, PA 15108 20-5830183	ANESTHESIA SERVICES	PA	N/A	C					No
(6) OHIO VALLEY ANESTHESIA PAIN MANAGEMENT INC 420 ROUSER ROAD MOON TOWNSHIP, PA 15108 20-5690632	PAIN MANAGEMENT SERVICES	PA	N/A	C					No
(7) OHIO VALLEY PROFESSIONAL SERVICES INC 420 ROUSER ROAD MOON TOWNSHIP, PA 15108 20-5689859	HEALTH SERVICES	PA	N/A	C					No
(8) EMBROOKE INCORPORATED 420 ROUSER ROAD MOON TOWNSHIP, PA 15108 30-0008536	AMBULANCE SERVICES	PA	N/A	C					No
(9) KBS ANESTHESIA INC 420 ROUSER ROAD MOON TOWNSHIP, PA 15108 83-4184731	PROVIDES MEDICAL SERVICES	PA	N/A	C					No