** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

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

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning OCT 1, 2024 and ending SEP 30, 2025

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

C Name of organization
VALLEY CHILDREN'S HOSPITAL
Doing business as

D Employer identification number
94-1294954

Number and street (or P.O. box if mail is not delivered to street address) 9300 VALLEY CHILDREN'S PLACE
Room/suite

E Telephone number 559-353-3000

City or town, state or province, country, and ZIP or foreign postal code MADERA, CA 93636-8762

G Gross receipts $ 1,705,143,447.

F Name and address of principal officer: TODD SUNTRAPAK
SAME AS C ABOVE

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

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

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

J Website: WWW.VALLEYCHILDRENS.ORG

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1949

M State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: PROVIDE HIGH QUALITY, COMPREHENSIVE HEALTHCARE SERVICES TO CHILDREN

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	4075
6	Total number of volunteers (estimate if necessary)	6	378
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-3,635,203.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	27,453.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	27,531,096.	32,615,426.
9	Program service revenue (Part VIII, line 2g)	833,543,744.	951,523,766.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	91,361,125.	104,023,054.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,981,763.	11,881,380.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	966,417,728.	1100043626.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,893,633.	4,048,334.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	409,076,984.	462,524,929.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	460,026,664.	507,325,901.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	870,997,281.	973,899,164.
19	Revenue less expenses. Subtract line 18 from line 12	95,420,447.	126,144,462.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2326989096.	2528676109.
21	Total liabilities (Part X, line 26)	360,805,090.	395,006,162.
22	Net assets or fund balances. Subtract line 21 from line 20	1966184006.	2133669947.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date

TINA MYCROFT, SVP AND CFO
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
WENDY CAMPOS	WENDY CAMPOS	08/11/26	☐	P00448102

Firm's name BAKER TILLY ADVISORY GROUP, LP — Firm's EIN 39-0859910

Firm's address 805 SW BROADWAY STE 1400
PORTLAND, OR 97205 — Phone no. 503-242-1447

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TO PROVIDE HIGH QUALITY COMPREHENSIVE HEALTHCARE SERVICES TO CHILDREN REGARDLESS OF THEIR ABILITY TO PAY AND TO CONTINUOUSLY IMPROVE THE HEALTH AND WELL-BEING OF CHILDREN.

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 $ 748,427,728. including grants of $ 4,048,334.) (Revenue $ 951,523,766.)
VALLEY CHILDREN'S HOSPITAL IS CENTRAL CALIFORNIA'S ONLY PEDIATRIC HOSPITAL, FEATURING THE REGION'S ONLY LEVEL IV NICU, A RENOWNED PEDIATRIC CANCER AND BLOOD DISEASES CENTER AND A PIONEERING HEART CENTER. WE WERE THE FIRST CHILDREN'S HOSPITAL WEST OF THE ROCKIES TO EARN THE MAGNET NURSING DESIGNATION - THE HIGHEST NURSING BENCHMARK - AND U.S. NEWS & WORLD REPORT RANKS US ONE OF THE NATION'S TOP CHILDREN'S HOSPITALS IN THREE SPECIALTIES. OUR TEAM OF APPROXIMATELY 670 PHYSICIANS AND APPROXIMATELY 3,500 STAFF MEMBERS PROVIDES HIGH-QUALITY CARE TO MORE THAN 1.3 MILLION CHILDREN IN THE REGION. SEE OUR COMPLETE COMMUNITY BENEFIT REPORT ON OUR WEBSITE AT WWW.VALLEYCHILDRENS.ORG/ABOUT-US/COMMUNITY BENEFIT.

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

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

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

4e Total program service expenses 748,427,728.

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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
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		X
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	X	
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 Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
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	X	
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	X	
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		X
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	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	X	
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		X
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		X
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		X
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		X
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		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	X	
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	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26	X	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	366		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 4075			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
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		X	
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		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
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 on Schedule O*	9			X

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		X
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	X	
b	Describe on 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on 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	X	
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	X	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on 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

TINA MYCROFT, SVP & CFO - 559-353-3000

9300 VALLEY CHILDREN'S PLACE, MADERA, CA 93636

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ 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 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(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) TODD SUNTRAPAK	20.50									
CEO	39.50	X		X				2,908,591.	0.	73,780.
(2) DAVID CHRISTENSEN, MD	24.00									
SVP, CPE & PRESIDENT VCMG	36.00				X			1,069,684.	0.	70,726.
(3) BEVERLY HAYDEN-PUGH	0.00									
FORMER CNO, SVP/ADVR TO CEO	8.00						X	823,526.	0.	35,763.
(4) TINA MYCROFT	22.20									
SVP & CFO	37.80			X				720,200.	0.	70,696.
(5) DAVID HODGE JR	35.00									
VP, MED GROUP & ANCILLARY SVCS OPS	25.00				X			646,979.	0.	140,981.
(6) KAREN DAHL, MD	40.00									
VP, MED AFFAIRS & PHYS DEV	20.00					X		642,189.	0.	108,226.
(7) JANE WILLSON	18.00									
SVP, CHIEF STRATEGY OFFICE	42.00				X			669,555.	0.	42,003.
(8) MICHAEL GOLDRING	12.00									
SVP STRATEGIC PARTNERSHIPS	48.00					X		644,655.	0.	44,970.
(9) WILLIAM CHALTRAW, JR.	12.00									
HOSPITAL PRES. & CAO (AS OF 2/25)	48.00				X			624,658.	0.	63,655.
(10) DANIELLE BARRY	30.00									
SVP, COO	30.00				X			640,563.	0.	44,670.
(11) LYNNE ASHBECK	18.00									
SVP, CHIEF COMMUNITY IMPACT OFFICER	42.00					X		601,884.	0.	32,220.
(12) JOSEPH EGAN	50.00									
VP & CIO	10.00				X			466,410.	0.	130,014.
(13) KELLY BEALL	43.00									
SVP, CHIEF PEOPLE OFFICER	17.00				X			506,250.	0.	74,735.
(14) VICKY TILTON	50.00									
VP PATIENT CARE SVCS & CNO	10.00				X			496,922.	0.	50,312.
(15) RATAN MILEVOJ	18.00									
VP MKTG, COMM., INNOV. & ASST. CSO	42.00					X		375,165.	0.	64,794.
(16) MICHELE WALDRON, FORMER	0.00									
CFO, EVP & PRINC. CONS. TO CEO	8.00						X	392,300.	0.	44,397.
(17) YVONNE WOOD	60.00									
MGR PATIENT THROUGHPUT	0.00					X		343,789.	0.	73,569.

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 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(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) KELLIE DYER	35.00									
VP SUPPLY,CONSTR & FAC.	15.00				X			325,632.	0.	78,426.
(19) STEPHANIE VANCE, FORMER VP,	8.00									
FINANCE & PROJECT SUPPORT MANAGER	0.00						X	126,550.	0.	113,676.
(20) CHRISTINE ALMON, MD	0.50									
CHIEF OF STAFF	0.50	X						56,667.	18,085.	0.
(21) FAISAL RAZZAQI, MD	0.50									
CHIEF OF STAFF (THRU 2/24)	0.50	X						12,500.	0.	0.
(22) JOSE ELGORRIAGA	0.60									
BOARD CHAIR	1.30	X		X				0.	0.	0.
(23) MICHAEL HANSON	0.50									
BOARD VICE CHAIR (THRU 12/24)	1.80	X		X				0.	0.	0.
(24) DANIELLE PARNAGIAN, SECRETARY	0.50									
(THRU 12/31),VICE CHAIR (AS OF 1/25)	0.50	X		X				0.	0.	0.
(25) SUSAN BYERS	0.50									
BOARD SECRETARY (AS OF 1/25)	0.50	X		X				0.	0.	0.
(26) JARROD MARTINEZ	0.50									
BOARD TREASURER (AS OF 1/25)	0.50	X		X				0.	0.	0.
1b Subtotal								13,094,669.	18,085.	1357613.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								13,094,669.	18,085.	1357613.

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 1,258

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. 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
VALLEY CHILDREN'S MEDICAL GROUP, 9300 VALLEY CHILDREN'S PLACE, MADERA, CA 93636	SUBSPEC PHYSICIAN SERVICES	74,050,000.
PEDIATRIC ANESTHESIA ASSOCIATES 6235 N FRESNO ST STE 103, FRESNO, CA 93710	ANESTHESIA/CRITICAL CARE	11,398,684.
KRUGER CONSTRUCTION INC 1205 BARSTOW AVENUE, CLOVIS, CA 93612	CONSTRUCTION SERVICES	4,245,514.
JONES DAY, 555 S FLOWER ST 50TH FL, LOS ANGELES, CA 90071	LEGAL SERVICES	3,160,837.
SODEXO INC.& ASSOCIATES PO BOX 360170, PITTSBURGH, PA 15251-6170	HOUSEKEEPING SERVICES	3,147,744.

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 145

SEE PART VII, SECTION A CONTINUATION SHEETS

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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DAN ADAMS	0.50									
BOARD TREASURER (THRU 12/24)	1.30	X		X				0.	0.	0.
(28) ALLISON KARAHADIAN	0.50									
BOARD MEMBER	0.50	X						0.	0.	0.
(29) LISA SMITTCAMP	0.50									
BOARD MEMBER	0.50	X						0.	0.	0.
(30) LUZ GONZALEZ, MD	0.50									
BOARD MEMBER	0.50	X						0.	0.	0.
(31) MENDY LAVAL	0.50									
BOARD MEMBER (THRU 12/24)	0.50	X						0.	0.	0.
(32) SISSY DALENA WOOD	0.50									
BOARD MEMBER	0.50	X						0.	0.	0.
(33) SUSIE SMITH	0.50									
BOARD MEMBER (AS OF 1/25)	0.50	X						0.	0.	0.
(34) THOMAS PAGE, MD	0.50									
BOARD MEMBER	0.50	X						0.	0.	0.
(35) VALERIE VUICICH	0.50									
BOARD MEMBER	0.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	8,249,275.			
	e	Government grants (contributions)	1e	23,022,253.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,343,898.			
	g	Noncash contributions included in lines 1a-1f	1g	$ 8,481.			
	h	**Total.** Add lines 1a-1f			32,615,426.		
Program Service Revenue			Business Code				
	2a	PATIENT SERVICES	900099	933405442.	933405442.		
	b	HOME CARE 340B PROGRAM	900099	11,089,923.	11089923.		
	c	SUPPORT SERVICES	541610	6,966,883.	6,966,883.		
	d	LAB SERVICES	900099	61,518.	61,518.		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f		951523766.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		36,625,817.		-3635203.	40261020.
	4	Income from investment of tax-exempt bond proceeds		953,062.			953,062.
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents 6a	1,325,967.				
	b	Less: rental expenses 6b	613,111.				
	c	Rental income or (loss) 6c	712,856.				
	d	Net rental income or (loss)			712,856.		712,856.
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory 7a	670,641,213.	31,669.			
	b	Less: cost or other basis and sales expenses 7b	604,192,573.	36,134.			
	c	Gain or (loss) 7c	66,448,640.	-4,465.			
	d	Net gain or (loss)			66,444,175.		66444175.
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19 9a					
	b	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances 10a	426,122.				
	b	Less: cost of goods sold 10b	258,003.				
	c	Net income or (loss) from sales of inventory			168,119.		168,119.
Miscellaneous Revenue			Business Code				
	11a	CAFETERIA REVENUE	900099	3,454,623.			3454623.
	b						
	c						
	d	All other revenue	900099	7,545,782.			7545782.
	e	**Total.** Add lines 11a-11d		11,000,405.			
	12	**Total revenue.** See instructions		1100043626.	951523766.	-3635203.	119539637

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 X

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	3,530,467.	3,530,467.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	517,867.	517,867.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	11,460,280.		11,460,280.	
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	342,874,380.	253,872,668.	89,001,712.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,290,139.	15,661,160.	4,628,979.	
9 Other employee benefits	62,623,336.	42,778,923.	19,844,413.	
10 Payroll taxes	25,276,794.	18,255,542.	7,021,252.	
11 Fees for services (nonemployees):				
a Management	4,074,680.	2,386.	4,072,294.	
b Legal	4,140,160.		4,140,160.	
c Accounting	295,926.		295,926.	
d Lobbying	140,000.		140,000.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	7,349,219.		7,349,219.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	133,704,885.	133,272,665.	432,220.	
12 Advertising and promotion	2,981,025.	110,134.	2,870,891.	
13 Office expenses	163,909,750.	152,029,614.	11,880,136.	
14 Information technology	9,121,451.	6,510,081.	2,611,370.	
15 Royalties				
16 Occupancy	9,828,672.	7,468,274.	2,360,398.	
17 Travel	991,967.	310,480.	681,487.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	281,577.	48,380.	233,197.	
20 Interest	9,840,210.	7,501,464.	2,338,746.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	37,904,870.	20,650,076.	17,254,794.	
23 Insurance	7,026,077.		7,026,077.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a HOSPITAL FEE PROGRAM	60,305,552.	60,305,552.		
b PURCHASED SERVICES	26,757,853.	10,161,006.	16,596,847.	
c BAD DEBT	14,006,374.	14,006,374.		
d UBI TAXES	6,022.	6,022.		
e All other expenses	14,659,631.	1,428,593.	13,231,038.	
25 **Total functional expenses.** Add lines 1 through 24e	973,899,164.	748,427,728.	225,471,436.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	840,653.	1	1,095,694.
	2	Savings and temporary cash investments	561,470,620.	2	513,705,350.
	3	Pledges and grants receivable, net	766,903.	3	864,010.
	4	Accounts receivable, net	137,465,776.	4	131,183,525.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	58,823,805.	5	62,782,343.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	17,617,644.	8	17,446,372.
	9	Prepaid expenses and deferred charges	13,365,224.	9	13,122,122.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 962,106,092.			
	b	Less: accumulated depreciation — 10b: 510,056,819.	449,035,756.	10c	452,049,273.
	11	Investments - publicly traded securities	557,599,978.	11	582,043,756.
	12	Investments - other securities. See Part IV, line 11	374,492,887.	12	512,601,288.
	13	Investments - program-related. See Part IV, line 11	41,233,162.	13	38,482,181.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	114,276,688.	15	203,300,195.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	2326989096.	16	2528676109.
Liabilities	17	Accounts payable and accrued expenses	93,309,225.	17	134,138,060.
	18	Grants payable		18	
	19	Deferred revenue		19	
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	238,789,518.	23	230,085,371.
	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	28,706,347.	25	30,782,731.
	26	**Total liabilities.** Add lines 17 through 25	360,805,090.	26	395,006,162.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	1931011467.	27	2098054630.
	28	Net assets with donor restrictions	35,172,539.	28	35,615,317.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	1966184006.	32	2133669947.
	33	Total liabilities and net assets/fund balances	2326989096.	33	2528676109.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,100,043,626.
2	Total expenses (must equal Part IX, column (A), line 25)	2	973,899,164.
3	Revenue less expenses. Subtract line 2 from line 1	3	126,144,462.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,966,184,006.
5	Net unrealized gains (losses) on investments	5	37,697,694.
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 on Schedule O)	9	3,643,785.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,133,669,947.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	X	
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 on Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A
(Form 990)

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 instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

VALLEY CHILDREN'S HOSPITAL

Employer identification number

94-1294954

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).)
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 **section 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 5 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 2024 (line 6, column (f), divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 ..... 15 %

16a **33 1/3% support test - 2024.** 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 - 2023.** 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 - 2024.** 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 - 2023.** 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 on 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 5 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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2024.** 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 - 2023.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described on line 2, above, 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 governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	*Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No," 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):			
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 0.015 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 0.035.	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 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

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

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6	Other distributions (describe in **Part VI**). See instructions.	6	
7	**Total annual distributions.** Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	8	
9	Distributable amount for 2024 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	**Total** of lines 3a through 3e			
g	Applied to under distributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI.** See instructions.			
7	**Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

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.)

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

VALLEY CHILDREN'S HOSPITAL

Employer identification number

94-1294954

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

VALLEY CHILDREN'S HOSPITAL

Employer identification number

94-1294954

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 8,240,794.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 95,110.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 43,550.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 195,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 8,401.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 8,481.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)

Name of organization: VALLEY CHILDREN'S HOSPITAL

Employer identification number: 94-1294954

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	MEDICAL EQUIPMENT	$ 8,481.	09/30/25
		$	
		$	
		$	
		$	
		$	
		$	

Name of organization: VALLEY CHILDREN'S HOSPITAL

Employer identification number: 94-1294954

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990)

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

2024

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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 organization	Employer identification number (EIN)
VALLEY CHILDREN'S HOSPITAL	94-1294954

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

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

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 EINs 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-.

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 (grassroots 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.		
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-		

IF the amount on line 1e, column (a) or (b), is:	THEN 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.

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		24,510.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		478,595.
j Total. Add lines 1c through 1i			503,105.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

PART II-B, LINE 1

VALLEY CHILDREN'S HOSPITAL HAS HAD DIRECT CONTACT WITH LOCAL, STATE, AND FEDERAL LEGISLATORS REGARDING CHILDREN'S HEALTH CARE PUBLIC POLICY. THESE CONTACTS HAVE INCLUDED COMMUNICATION TO LEGISLATORS REGARDING SPECIFIC LEGISLATION AND POLICY ISSUES. EXPENSES ASSOCIATED WITH THIS ACTIVITY ARE LESS THAN 1% OF TOTAL HOSPITAL EXPENDITURES. VALLEY CHILDREN'S HOSPITAL HAS MADE NO CONTRIBUTIONS TO ANY POLITICAL CANDIDATE OR ELECTED OFFICIAL.

SALARIES RELATED TO LOBBYING	$24,510
BROWNSTEIN HYATT FARBER SCHRECK	140,000
ASSOCIATION DUES RELATED TO LOBBYING	
CALIFORNIA CHILDREN'S HOSPITAL ASSOCIATION	95,392
NACH	118,613

Part IV Supplemental Information *(continued)*

AMERICAN SOCIETY HEALTHCARE ENGINEERING	58
ASSOCIATION OF AMERICAN MEDICAL COLLEGES	419
CALIFORNIA HOSPITAL ASSOCIATION/AMERICAN HOSP ASSOC	40,057
CHILDREN'S SPECIALTY CARE COALITION	6,384
FRESNO CHAMBER OF COMMERCE	1,277
HOSPITAL COUNCIL OF NORTHERN & CENTRAL CALIFORNIA	76,275
NATIONAL ASSOCIATION OF EPILEPSY CENTERS	120
TOTAL EXPENDITURES RELATED TO LEGISLATIVE MATTERS	$503,105

SCHEDULE D (Form 990)
(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
VALLEY CHILDREN'S HOSPITAL

Employer identification number
94-1294954

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 (for example, recreation or education)
☐ Preservation of a 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 Tax 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 on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
e ☐ Other _____

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

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

Part IV Escrow and Custodial Arrangements

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

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

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

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

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

a Board designated or quasi-endowment _____%
b Permanent endowment _____%
c Term endowment _____%

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

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

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

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

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		91,258,310.		91,258,310.
b Buildings		435,394,915.	193,421,760.	241,973,155.
c Leasehold improvements		3,554,557.	3,554,471.	86.
d Equipment		372,434,821.	279,319,318.	93,115,503.
e Other		59,463,489.	33,761,270.	25,702,219.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				452,049,273.

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) LIMITED PARTNERSHIPS	197,249,987.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUNDS	108,868,751.	END-OF-YEAR MARKET VALUE
(C) PRIVATE CAPITAL FUNDS	186,038,935.	END-OF-YEAR MARKET VALUE
(D) PRIVATE DEBT FUNDS	20,443,615.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	512,601,288.	

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. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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) DISPROPORTIONATE SHARE FUNDS RECEIVABLE	10,727,052.
(2) INSURANCE RECEIVABLE	5,317,140.
(3) 457 TRUST FUNDS	6,484,707.
(4) OTHER	445,914.
(5) ADVANCE MED FOUNDATION	-24,125,598.
(6) PROP 3 & 4 RECEIVABLE	19,086,832.
(7) HOSPITAL FEE PROGRAM RECEIVABLE	177,275,628.
(8) OPERATING LEASE ROU ASSET	8,088,520.
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	203,300,195.

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) MALPRACTICE RESERVE	7,780,339.
(3) ACCRUED PENSION LIABILITY	563,745.
(4) 457 LIABILITY	6,484,707.
(5) 1732 LIABILITY	452,144.
(6) WORKERS COMP	4,984,860.
(7) INS LIABILITY	1,673,140.
(8) DC SERP LIABILITY	1,007,773.
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	30,782,731.

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 FASB 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.

PART VII, LINE 3:
THE OVERALL FINANCIAL OBJECTIVES OF THE HOSPITAL'S INVESTMENT PORTFOLIO ARE TO 1) PRESERVE PRINCIPAL AND MAINTAIN PURCHASING POWER FOR A PORTION OF PORTFOLIO ASSETS IN ORDER TO PROVIDE A SOURCE OF FUNDING FOR STRATEGIC INVESTMENT AND ANNUAL ENDOWMENT DISTRIBUTIONS, AND 2) GROW A PORTION OF PORTFOLIO ASSETS TO IMPROVE THE FINANCIAL WELL-BEING OF VALLEY CHILDREN'S HEALTHCARE AND ITS SUBSIDIARIES. TO ACHIEVE THESE GOALS, THE PORTFOLIO IS INVESTED IN A VARIETY OF INVESTMENT VEHICLES INCLUDING, BUT NOT LIMITED TO, MUTUAL FUNDS, EXCHANGE TRADED FUNDS, SEPARATELY MANAGED ACCOUNTS, COMMINGLED FUNDS, US TREASURY NOTES, LIMITED PARTNERSHIPS, HEDGE FUNDS, PRIVATE CAPITAL FUNDS AND PRIVATE DEBT.

Part XIII Supplemental Information *(continued)*

Part XIII Supplemental Information *(continued)*

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

(a) Description of liability	(b) Amount
OPERATING LEASE - LONG TERM PORTION	6,024,484.
RETIREE HEALTH LIABILITY	300,000.
OTHER	1,511,539.

SCHEDULE F (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on 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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

VALLEY CHILDREN'S HOSPITAL

Employer identification number

94-1294954

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		219,080,897.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		16,008,343.
3 a Subtotal	0	0			235,089,240.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			235,089,240.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule F (Form 990) (Rev. 12-2024)**

LHA 432071 01-15-25

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash 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 a tax exempt 501(c)(3) organization 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" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)

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 the Instructions for Form 926)*	[X] 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	[ ] Yes	[X] 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 the Instructions for Form 5471)*	[X] 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 the Instructions for Form 8621)*	[X] 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 the Instructions for Form 8865)*	[X] 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 the Instructions for Form 5713; don't file with Form 990)*	[ ] Yes	[X] 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.

PART I, LINE 3:
THE AMOUNT IN COLUMN F IS BASED ON FAIR MARKET VALUE.

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization
VALLEY CHILDREN'S HOSPITAL

Employer identification number
94-1294954

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy (FAP) during the tax year? If "No," skip to question 6a	X	
b	If "Yes," was it a written policy?	X	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the FAP to its various hospital facilities during the tax year: ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a	Did the organization use federal poverty guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ %	X	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other _____ %	X	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4	Did the organization's FAP that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a	Did the organization budget amounts for free or discounted care provided under its FAP during the tax year?		X
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a	Did the organization prepare a community benefit report during the tax year?	X	
b	If "Yes," did the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial assistance at cost (from Worksheet 1)			1541865.		1541865.	.16%
b Medicaid (from Worksheet 3, column a)			665140628	618551321	46589307.	4.85%
c Costs of other means-tested government programs (from Worksheet 3, column b)			521,962.	229,408.	292,554.	.03%
d **Total.** Financial assistance and means-tested government programs			667204455	618780729	48423726.	5.04%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2848831.		2848831.	.30%
f Health professions education (from Worksheet 5)			19382209.	1103832.	18278377.	1.90%
g Subsidized health services (from Worksheet 6)			6730262.	4592467.	2137795.	.22%
h Research (from Worksheet 7)			1843861.	349,071.	1494790.	.16%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2684023.		2684023.	.28%
j **Total.** Other benefits			33489186.	6045370.	27443816.	2.86%
k **Total.** Add lines 7d and 7j			700693641	624826099	75867542.	7.90%

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development			17,910.		17,910.	.00%
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	Total			17,910.		17,910.	.00%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2 4,880,934.		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	212,495.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	260,297.
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-47,802.
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other		

Section C. Collection Practices

			Yes	No
9a	Did the organization have a written debt collection policy during the tax year?	9a	X	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility):	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 VALLEY CHILDREN'S HOSPITAL 9300 VALLEY CHILDREN'S PLACE MADERA, CA 93636-8761 WWW.VALLEYCHILDRENS.ORG 040000160			X				X			A

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group: FACILITY REPORTING GROUP - A

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

		Yes	No
Community Health Needs Assessment (CHNA)			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3 During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	3	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a [X] A definition of the community served by the hospital facility			
b [X] Demographics of the community			
c [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d [X] How data was obtained			
e [X] The significant health needs of the community			
f [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g [X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h [X] The process for consulting with persons representing the community's interests			
i [X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA			
j [ ] Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 25			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X	
7 Did the hospital facility make its CHNA report widely available to the public?	7	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a [X] Hospital facility's website (list url): WWW.VALLEYCHILDRENS.ORG/ABOUT-US/COMMUNIT			
b [ ] Other website (list url):			
c [X] Made a paper copy available for public inspection without charge at the hospital facility			
d [ ] Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 23			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a If "Yes," list url: WWW.VALLEYCHILDRENS.ORG/ABOUT-US/COMMUNITY-BENEFIT			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: FACILITY REPORTING GROUP - A

			Yes	No
	Did the hospital facility have in place during the tax year a written FAP that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	X	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	[X] FPG, with FPG family income limit for eligibility for free care of and FPG family income limit 200 % for eligibility for discounted care of 400 %			
b	[ ] Income level other than FPG (describe in Section C)			
c	[ ] Asset level			
d	[X] Medical indigency			
e	[ ] Insurance status			
f	[X] Underinsurance status			
g	[ ] Residency			
h	[X] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of their application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of their application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[X] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): SEE PART V, PAGE 8			
b	[X] The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8			
c	[X] A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by limited-English proficiency (LEP) populations			
j	[X] Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group: FACILITY REPORTING GROUP - A

			Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written FAP that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			
f	☒ None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) on line 19 (check all that apply):

- a ☐ Provided a written notice about upcoming extraordinary collection actions (ECAs) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)
- d ☒ Made presumptive eligibility determinations (if not, describe in Section C)
- e ☐ Other (describe in Section C)
- f ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group: FACILITY REPORTING GROUP - A

			Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:			
a	☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b	☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c	☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d	☒ The hospital facility used a prospective Medicare or Medicaid method			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	23		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24		X

Part V **Facility Information** *(continued)*

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

PART V, SECTION B, LINE 5:
IN ACCORDANCE WITH FEDERAL AND STATE REGULATIONS, A CHNA IS PERFORMED EVERY THREE YEARS. IN CONDUCTING THE MOST RECENT CHNA, THE HOSPITAL FACILITY TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY. A VARIETY OF PRIMARY DATA COLLECTION METHODS WERE USED TO OBTAIN COMMUNITY INPUT INCLUDING FOCUS GROUPS, INTERVIEWS, AND SURVEYS. THE COLLECTED DATA WAS USED TO IDENTIFY SIGNIFICANT COMMUNITY NEEDS.

FRESNO, KINGS, MADERA, AND TULARE COUNTIES
PRIMARY DATA WERE COLLECTED THROUGH LISTENING SESSIONS, FOCUS GROUPS, KEY INFORMANT INTERVIEWS, AND SURVEYS.

COMMUNITY SURVEY
COMMUNITY INPUT WAS COLLECTED THROUGH AN ONLINE COMMUNITY SURVEY AVAILABLE IN ENGLISH, SPANISH, HMONG, AND PUNJABI FROM AUGUST 19, 2024, THROUGH OCTOBER 18, 2024. THE SURVEY CONSISTED OF SEVENTY-ONE QUESTIONS RELATED TO THE MOST IMPORTANT HEALTH PROBLEMS IN THE COMMUNITY AND PERCEPTIONS OF OVERALL HEALTH, ACCESS TO HEALTH CARE SERVICES, AS WELL AS SOCIAL AND ECONOMIC DRIVERS OF HEALTH. ANNOUNCEMENTS PROMOTING THE COMMUNITY SURVEYS INCLUDED PRESS RELEASES, SOCIAL MEDIA, AND EMAIL BLASTS TO VARIOUS ORGANIZATIONS, CENTRAL VALLEY CHNA/CHA STAFF, INTERNAL AND EXTERNAL TEAMS.
- 383 RESPONSES FROM FRESNO COUNTY
- 154 RESPONSES FROM KINGS COUNTY
- 261 RESPONSES FROM MADERA COUNTY
- 266 RESPONSES FROM TULARE COUNTY

FOCUS GROUPS
FOCUS GROUPS WERE CONDUCTED TO GAIN DEEPER INSIGHT INTO PERCEPTIONS, ATTITUDES, EXPERIENCES, OR BELIEFS HELD BY COMMUNITY MEMBERS ABOUT THEIR HEALTH. IT IS IMPORTANT TO NOTE THAT THE INFORMATION COLLECTED IN AN INDIVIDUAL FOCUS GROUP IS EXCLUSIVE TO THAT GROUP AND IS NOT REPRESENTATIVE OF OTHER GROUPS. INDIVIDUALS RECRUITED FOR FOCUS GROUPS INCLUDED THOSE WHO LIVED OR WORKED IN THE COUNTIES. THE FOCUS GROUP SESSIONS LASTED SIXTY MINUTES.

INDIVIDUALS PROVIDED INSIGHTS WHEN FACILITATORS ASKED A SERIES OF ELEVEN QUESTIONS TO PROMPT DISCUSSION ON TOP COMMUNITY HEALTH ISSUES, BARRIERS AND CHALLENGES TO HEALTH, CHILDREN AND PREGNANT WOMEN HEALTH ISSUES, AND THE IMPACT OF COVID-19, FIRES, EVACUATION, AND FLOODS. FACILITATORS RECORDED THE SESSIONS AND NOTES FROM THE FOCUS GROUPS AND UPLOADED THEM TO THE WEB-BASED QUALITATIVE DATA ANALYSIS TOOL, QUALTRICS. FOCUS GROUP TRANSCRIPTS WERE CODED USING A PRE-DESIGNED CODEBOOK, ORGANIZED BY THEMES, AND ANALYZED FOR SIGNIFICANT OBSERVATIONS. THE RELATIVE IMPORTANCE OF HEALTH AND/OR SOCIAL NEEDS WAS DETERMINED, IN PART, BY THE FREQUENCY OF THE TOPIC OR ISSUE DISCUSSED ACROSS THE FOCUS GROUPS.

FRESNO COUNTY
TWENTY-THREE FOCUS GROUPS WERE SCHEDULED IN OCTOBER-NOVEMBER 2024: FOURTEEN ENGLISH GROUPS AND SEVEN SPANISH, ONE PUNJABI, ONE AFGHANISTAN GROUP. THE FOCUS GROUPS ENGAGED 158 PARTICIPANTS.

Part V **Facility Information** *(continued)*

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

KINGS COUNTY
THREE FOCUS GROUPS WERE SCHEDULED IN SEPTEMBER AND OCTOBER 2024: TWO ENGLISH GROUPS AND ONE SPANISH GROUP, WHICH ENGAGED 24 PARTICIPANTS.

MADERA COUNTY
EIGHT FOCUS GROUPS WERE SCHEDULED IN SEPTEMBER AND OCTOBER 2024: FOUR ENGLISH LANGUAGE GROUPS, THREE SPANISH, AND ONE PUNJABI GROUP. THE FOCUS GROUPS ENGAGED 83 PARTICIPANTS.

TULARE COUNTY
SEVEN FOCUS GROUPS WERE SCHEDULED IN SEPTEMBER AND OCTOBER 2024: FOUR ENGLISH GROUPS AND THREE SPANISH GROUP. THE FOCUS GROUPS ENGAGED 58 PARTICIPANTS.

LISTENING SESSIONS AND KEY INFORMANT INTERVIEWS
ONLINE LISTENING SESSIONS AND INTERVIEWS WERE CONDUCTED WITH KEY COMMUNITY STAKEHOLDERS TO CAPTURE QUANTITATIVE DATA ABOUT INFLUENCES ON HEALTH. PARTICIPANTS INVITED WERE RECOGNIZED AS HAVING EXPERTISE IN SPECIFIC COMMUNITY SECTORS, EXCEPTIONAL KNOWLEDGE OF COMMUNITY HEALTH NEEDS, REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITALS, AND/OR BEING ABLE TO SPEAK TO THE NEEDS OF MEDICALLY UNDERSERVED OR VULNERABLE POPULATIONS. THE MAIN GOAL OF THE LISTENING SESSIONS AND INTERVIEWS WAS TO PROVIDE INSIGHT INTO THE ESSENTIAL NEEDS AND HELP IDENTIFY HOW SPECIFIC ISSUES CAN BE BEST ADDRESSED FOR THE NEXT THREE YEARS.

INVITED COMMUNITY LEADERS WERE FROM THE FOLLOWING SECTORS: EDUCATION, NON-PROFIT, STATE/LOCAL GOVERNMENT, AND HEALTHCARE. AT THE RECORDED SESSIONS, PARTICIPANTS PROVIDED FACILITATORS WITH ADDITIONAL FEEDBACK WHEN ASKED QUESTIONS ABOUT THE ONLINE SURVEY RESULTS, TOP COMMUNITY HEALTH ISSUES, BARRIERS/CHALLENGES TO HEALTH, AND THE IMPACT OF COVID-19/FIRES/EVACUATION/FLOODS ON THEIR COMMUNITY, PLACE OF WORK, OR ORGANIZATION.

KEY INFORMANT INTERVIEW AND LISTENING SESSION PARTICIPANTS (ORGANIZATIONS)
- CALIFORNIA STATE UNIVERSITY FRESNO
- CALVIVA HEALTH
- CENTRO LA FAMILIA ADVOCACY CENTER
- CRADLE TO CAREER FRESNO COUNTY
- CULTIVA LA SALUD
- DOWNTOWN FRESNO
- EXCEPTIONAL PARENTS UNLIMITED
- FIRST 5 FRESNO COUNTY
- FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
- FRESNO COUNTY DEPARTMENT OF PUBLIC HEALTH
- FRESNO INTERDENOMINATIONAL REFUGEE MINISTRIES (FIRM)
- FRESNO METRO MINISTRY
- KINGS VIEW BEHAVIORAL HEALTH CLINIC
- UNITED HEALTHCARE CENTERS

FRESNO COUNTY
TWO ONLINE LISTENING SESSIONS (SEPTEMBER 10, 2024, AND SEPTEMBER 17,

Part V **Facility Information** *(continued)*

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

2024) AND THREE INTERVIEWS WERE CONDUCTED. TWENTY-FOUR LISTENING SESSION PARTICIPANTS ATTENDED THE SESSIONS, AND THREE PARTICIPANTS COMPLETED ONE-ON-ONE INTERVIEWS.

KINGS COUNTY
EIGHT LISTENING SESSION PARTICIPANTS ATTENDED, AND FOUR COMPLETED ONE-ON-ONE INTERVIEWS.

MADERA COUNTY
ELEVEN LISTENING SESSION PARTICIPANTS ATTENDED, AND THREE PARTICIPANTS COMPLETED ONE-ON-ONE INTERVIEWS.

TULARE COUNTY
SEVEN LISTENING SESSION PARTICIPANTS ATTENDED THE SESSION, AND THREE PARTICIPANTS COMPLETED ONE-ON-ONE INTERVIEWS.

KERN COUNTY
TWENTY-ONE (21) TELEPHONE INTERVIEWS WERE CONDUCTED DURING OCTOBER 2024. INTERVIEW PARTICIPANTS INCLUDED A BROAD RANGE OF STAKEHOLDERS CONCERNED WITH HEALTH AND WELLBEING IN KERN COUNTY WHO SPOKE TO ISSUES AND NEEDS IN THE COMMUNITIES SERVED BY THE HOSPITALS. INTERVIEWEES INCLUDED INDIVIDUALS WHO ARE LEADERS AND REPRESENTATIVES OF ORGANIZATIONS SERVING MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS, OR LOCAL HEALTH OR OTHER DEPARTMENTS OR AGENCIES.

THE IDENTIFIED STAKEHOLDERS WERE INVITED BY EMAIL TO PARTICIPATE IN THE PHONE INTERVIEW. APPOINTMENTS FOR THE INTERVIEWS WERE MADE ON DATES AND AT TIMES CONVENIENT TO THE STAKEHOLDERS. AT THE BEGINNING OF EACH INTERVIEW, THE PURPOSE OF THE INTERVIEW IN THE CONTEXT OF THE ASSESSMENT WAS EXPLAINED, THE STAKEHOLDERS WERE ASSURED THEIR RESPONSES WOULD REMAIN CONFIDENTIAL, AND CONSENT TO PROCEED WAS GIVEN. THE INTERVIEWS WERE STRUCTURED TO OBTAIN GREATER DEPTH AND RICHNESS OF INFORMATION ON SIGNIFICANT HEALTH NEEDS. FIRST, INTERVIEW PARTICIPANTS WERE ASKED TO DESCRIBE, FROM THEIR PROFESSIONAL PERSPECTIVE, SOME OF THE MAJOR HEALTH ISSUES IMPACTING THE COMMUNITY AS WELL AS THE SOCIAL DRIVERS OF HEALTH CONTRIBUTING TO POOR HEALTH IN THE COMMUNITY. INTERVIEW PARTICIPANTS WERE ALSO ASKED TO RATE THE IMPACT AND IMPORTANCE OF EACH HEALTH NEED ON A BRIEF SURVEY PRIOR TO PARTICIPATING IN THE TELEPHONE INTERVIEWS.

SURVEYS
SURVEYS WERE DISTRIBUTED TO ENGAGE COMMUNITY RESIDENTS AND OBTAIN INPUT ON HEALTH AND SOCIAL NEEDS. THE SURVEY WAS AVAILABLE IN AN ELECTRONIC FORMAT THROUGH A SURVEYMONKEY LINK, AND IN A PAPER COPY FORMAT. THE ELECTRONIC AND PAPER SURVEYS WERE AVAILABLE IN ENGLISH AND SPANISH. THE SURVEYS WERE AVAILABLE FROM SEPTEMBER 2 TO NOVEMBER 18, 2024. DURING THIS TIME, 125 USABLE SURVEYS WERE COLLECTED.

THE SURVEYS WERE DISTRIBUTED TO COMMUNITY RESIDENTS, AT HOSPITAL AND COMMUNITY ORGANIZATION SERVICE SITES, AND THROUGH SOCIAL MEDIA. THE SURVEY WAS ALSO DISTRIBUTED TO COMMUNITY PARTNERS WHO MADE THEM AVAILABLE TO THEIR CLIENTS. A WRITTEN INTRODUCTION EXPLAINED THE PURPOSE OF THE SURVEY AND ASSURED PARTICIPANTS THE SURVEY WAS VOLUNTARY, AND THEY WOULD REMAIN ANONYMOUS. FOR COMMUNITY MEMBERS WHO

Part V **Facility Information** *(continued)*

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

WERE ILLITERATE, AN AGENCY STAFF MEMBER READ THE SURVEY INTRODUCTION AND QUESTIONS TO THE CLIENT IN HIS/HER PREFERRED LANGUAGE AND MARKED HIS/HER RESPONSES ON THE SURVEY.

PART V, SECTION B, LINE 5 (CONTINUED)
MERCED COUNTY
FIFTEEN (15) TELEPHONE INTERVIEWS WERE CONDUCTED NOVEMBER 2024 THROUGH JANUARY 2025. INTERVIEW PARTICIPANTS INCLUDED A BROAD RANGE OF STAKEHOLDERS CONCERNED WITH HEALTH AND WELLBEING IN MERCED COUNTY WHO SPOKE ABOUT ISSUES AND NEEDS IN THE COMMUNITY. INTERVIEWEES INCLUDED INDIVIDUALS WHO ARE LEADERS AND REPRESENTATIVES OF ORGANIZATIONS SERVING MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS, OR LOCAL HEALTH OR OTHER DEPARTMENTS OR AGENCIES.

THE IDENTIFIED STAKEHOLDERS WERE INVITED BY EMAIL TO PARTICIPATE IN THE PHONE INTERVIEW. APPOINTMENTS FOR THE INTERVIEWS WERE MADE ON DATES AND AT TIMES CONVENIENT TO THE STAKEHOLDERS. AT THE BEGINNING OF EACH INTERVIEW, THE PURPOSE OF THE INTERVIEW IN THE CONTEXT OF THE ASSESSMENT WAS EXPLAINED, THE STAKEHOLDERS WERE ASSURED THEIR RESPONSES WOULD REMAIN CONFIDENTIAL, AND CONSENT TO PROCEED WAS GIVEN. THE INTERVIEWS WERE STRUCTURED TO OBTAIN GREATER DEPTH AND RICHNESS OF INFORMATION ON SIGNIFICANT HEALTH NEEDS. INTERVIEW PARTICIPANTS WERE ALSO ASKED TO RATE THE IMPACT AND IMPORTANCE OF EACH HEALTH NEED ON A BRIEF SURVEY PRIOR TO PARTICIPATING IN THE TELEPHONE INTERVIEWS.

STANISLAUS COUNTY
PRIMARY DATA COLLECTION INCLUDED 36 STAKEHOLDER INTERVIEWS AND 15 FOCUS GROUPS, SPEAKING WITH 163 PARTICIPANTS. THE PRIMARY QUALITATIVE DATA WAS COLLECTED BETWEEN OCTOBER AND DECEMBER 2024 IN-PERSON AND VIRTUALLY.

A COMMUNITY SURVEY WAS CONDUCTED VIA SURVEYMONKEY TO EVALUATE AND ADDRESS HEALTHCARE, HOUSING, EMPLOYMENT, AND OTHER NEEDS, GAPS, AND RESOURCES IN THE COMMUNITY. OVER 455 RESPONSES WERE COLLECTED AND ANALYZED.

SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP A
FACILITY REPORTING GROUP A CONSISTS OF:
- FACILITY 1: VALLEY CHILDREN'S HOSPITAL

FACILITY REPORTING GROUP - A
PART V, SECTION B, LINE 6A: VALLEY CHILDREN'S HOSPITAL COLLABORATED WITH HOSPITALS, HOSPITAL ASSOCIATIONS, COUNTY PUBLIC HEALTH DEPARTMENTS AND OTHERS TO COMPLETE THE CHNA:

FRESNO, KINGS, MADERA AND TULARE COUNTIES
THE HOSPITAL COUNCIL OF NORTHERN CALIFORNIA FACILITATED A FOUR-COUNTY (FRESNO, KINGS, MADERA, AND TULARE) CHNA PROCESS, WORKING COLLABORATIVELY WITH VALLEY CHILDREN'S HOSPITAL, COMMUNITY REGIONAL MEDICAL CENTER, FRESNO COUNTY DEPARTMENT OF PUBLIC HEALTH, KAWEAH HEALTH, KINGS COUNTY HEALTH DEPARTMENT, MADERA COUNTY PUBLIC HEALTH DEPARTMENT, AND SAINT AGNES HEALTHCARE.

KERN COUNTY

Part V **Facility Information** *(continued)*

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

VALLEY CHILDREN'S HOSPITAL PARTICIPATED IN THE KERN COUNTY COMMUNITY BENEFIT COLLABORATIVE. THE COLLABORATIVE WAS COMPRISED OF DIGNITY HEALTH MERCY AND MEMORIAL HOSPITALS, ADVENTIST HEALTH (BAKERSFIELD, DELANO AND TEHACHAPI VALLEY), KERN MEDICAL, VALLEY CHILDREN'S HOSPITAL AND KAISER PERMANENTE.

MERCED COUNTY
FOR THE MERCED COUNTY CHNA, VALLEY CHILDREN'S HOSPITAL WORKED IN PARTNERSHIP WITH DIGNITY HEALTH MERCY MEDICAL CENTER MERCED.

STANISLAUS COUNTY
FOR THE STANISLAUS COUNTY CHNA, VALLEY CHILDREN'S HOSPITAL PARTICIPATED IN THE STANISLAUS COUNTY HEALTH COALITION THAT INCLUDED STANISLAUS COUNTY HEALTH SERVICES AGENCY, SUTTER HEALTH MEMORIAL MEDICAL CENTER, UNITED WAY OF STANISLAUS COUNTY, KAISER PERMANENTE, HEALTH PLAN OF SAN JOAQUIN/MOUNTAIN VALLEY HEALTH PLAN, AND HEALTH NET.

FACILITY REPORTING GROUP - A
PART V, SECTION B, LINE 6B: VALLEY CHILDREN'S HOSPITAL COLLABORATED WITH THE HOSPITAL COUNCIL OF NORTHERN AND CENTRAL CALIFORNIA TO COMPLETE THE CHNA.

PART V, LINE 7A, HOSPITAL FACILITY'S WEBSITE:
HTTPS://WWW.VALLEYCHILDRENS.ORG/SERVICES/GUILDS-CENTER-FOR-COMMUNITY-HEALTH/OUR-COMMITMENT

PART V, SECTION B, LINE 11
IN FY25, VALLEY CHILDREN'S HOSPITAL ENGAGED IN ACTIVITIES AND PROGRAMS THAT ADDRESSED THE PRIORITY HEALTH NEEDS IDENTIFIED IN THE FY23 - FY25 IMPLEMENTATION STRATEGY. VALLEY CHILDREN'S COMMITTED TO COMMUNITY BENEFIT EFFORTS THAT ADDRESSED:

- ACCESS TO CARE
- CHRONIC DISEASE (INCLUDING OBESITY)
- MATERNAL AND INFANT HEALTH
- MENTAL HEALTH
- VIOLENCE AND INJURY PREVENTION

THE GUILDS CENTER FOR COMMUNITY HEALTH, LAUNCHED IN NOVEMBER 2019, IS THE "HUB" OF VALLEY CHILDREN'S COMMUNITY HEALTH IMPROVEMENT STRATEGIES. THE GUILDS CENTER TEAM COLLABORATES WITH DEPARTMENTS AND TEAMS ACROSS OUR ORGANIZATION - AND WITH HEALTH PROVIDERS, SCHOOLS, CHILDCARE PROVIDERS, YOUTH-SERVING ORGANIZATIONS, COLLEGES AND UNIVERSITIES, FAITH-BASED ORGANIZATIONS AND MORE TO IDENTIFY AND ADDRESS COMMUNITY-BASED CHILD HEALTH NEEDS. THE GUILDS CENTER WORK IS GUIDED BY THE ORGANIZATION'S STRATEGIC PLAN, THE FINDINGS OF THE CHNA AND THE IMPLEMENTATION STRATEGY.

ACCESS TO CARE
ACCESS TO PRIMARY AND PREVENTIVE CARE FOR AT-RISK CHILDREN
VALLEY CHILDREN'S PEDIATRIC PHYSICIAN RESIDENTS PROVIDED PRIMARY AND PREVENTIVE HEALTHCARE SERVICES TO AT-RISK CHILDREN IN FRESNO COUNTY AS PART OF THE FRESNO COUNTY SUPERINTENDENT OF SCHOOLS' MOBILE HEALTH UNIT

Part V **Facility Information** *(continued)*

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

(MHU). A VALLEY CHILDREN'S COMPLEX CARE PEDIATRICIAN SERVES AS THE MHU'S MEDICAL DIRECTOR AND OVERSEES THE RESIDENTS' WORK. DESIGNED TO HELP ENSURE THAT CHILDREN CAN START SCHOOL ON TIME AND ACCESS THEIR EDUCATION, THE MHU HELD 112 CLINICS IN 2025, INCLUDING MANY LOCATED IN RURAL AND LOW-INCOME COMMUNITIES. AS A PART OF THESE CLINICS, 307 FLU VACCINATIONS WERE ADMINISTERED AND 401 SPORTS PHYSICALS WERE PERFORMED. VALLEY CHILDREN'S PROVIDED SIMILAR PHYSICIAN SUPPORT TO THE MADERA COUNTY PUBLIC HEALTH DEPARTMENT AND ITS MOBILE UNIT.

HEALTH INSURANCE ENROLLMENT ASSISTANCE
IN 2025, VALLEY CHILDREN'S CONTINUED TO IDENTIFY UNINSURED AND UNDER-INSURED PATIENTS WHO QUALIFIED FOR MEDI-CAL, THE CALIFORNIA CHILDREN'S SERVICES PROGRAM (CCSP) OR VALLEY CHILDREN'S FINANCIAL ASSISTANCE PROGRAM. AFTER DETERMINING ELIGIBILITY, FINANCIAL COUNSELING STAFF SUPPORTED FAMILIES BY GUIDING THEM THROUGH THE APPLICATION PROCESS AND ENSURING ALL REQUIRED DOCUMENTATION WAS COMPLETED AND SUBMITTED TO THE APPROPRIATE AGENCIES. THIS ONGOING ASSISTANCE HELPED CONNECT ELIGIBLE CHILDREN WITH ESSENTIAL COVERAGE, REDUCED FINANCIAL BARRIERS AND ENSURED CONTINUOUS ACCESS TO CARE.

EXPANDED ACCESS TO PEDIATRIC SPECIALTY AND PRIMARY CARE
VALLEY CHILDREN'S MADE FINANCIAL CONTRIBUTIONS FOR THE PURCHASE OF CAPITAL-RELATED ITEMS TO BE USED TO INCREASE ACCESS TO HEALTHCARE SERVICES FOR CHILDREN THROUGHOUT THE REGION INCLUDING HEART CENTER FETAL ECHO MACHINES FOR OUR PEDIATRIC SUBSPECIALTY OUTPATIENT CENTERS IN VISALIA AND BAKERSFIELD AND A VISION SCREENER FOR OUR PRIMARY CARE PRACTICE IN MERCED.

HEALTH AND HOUSING
IN 2025, VALLEY CHILDREN'S, IN PARTNERSHIP WITH CENTRAL CALIFORNIA LEGAL SERVICES (CCLS), ESTABLISHED THE FIRST MEDICAL-LEGAL PARTNERSHIP IN A CENTRAL VALLEY HOSPITAL TO BETTER ASSIST OUR CHILDREN AND FAMILIES EXPERIENCING ADVERSE HEALTH IMPACTS FROM UNSUITABLE OR UNSAFE HOUSING. IN THE FIRST YEAR OF OPERATION, 80 FAMILIES VOLUNTARILY PARTICIPATED IN SCREENING FOR HOUSING-RELATED HEALTH ISSUES. PRO-BONO ATTORNEYS FROM CCLS WORKED WITH 20 FAMILIES TO ADDRESS THEIR HOUSING ISSUES.

TRANSPORTATION
GIVEN THE CENTRAL VALLEY'S LARGE RURAL LANDSCAPE AND HIGH LEVELS OF POVERTY, TRANSPORTATION HAS LONG BEEN A CHALLENGE FOR MANY FAMILIES. A THREE-HOUR BUS RIDE FOR OUR FAMILIES FROM FRESNO COUNTY'S WESTERNMOST COMMUNITIES IS NOT UNCOMMON. VALLEY CHILDREN'S SOCIAL WORK DEPARTMENT ASSISTED FAMILIES WITH TRANSPORTATION BY PROVIDING GAS CARDS AND TAXI VOUCHERS, AND FUNDING TRANSPORTATION/RIDE SHARING EXPENSES, AMTRAK TICKETS AND BUS TOKENS. VALLEY CHILDREN'S ALSO SUBSIDIZED BUS AND OTHER PUBLIC TRANSIT SERVICES FROM THE CITY OF FRESNO AND KINGS COUNTY.

VALLEY CHILDREN'S LEADERS PROVIDED ESSENTIAL ADVOCACY WORK IN THE ADEQUATE DEVELOPMENT OF SAFE ROUTES TO SCHOOLS AND TRANSIT OPTIONS THROUGH LOCAL TRANSPORTATION ORGANIZATIONS TO SUPPORT OUR FAMILIES' TRAVEL TO/ FROM THE HOSPITAL CAMPUS. OUR REGIONAL CENTERS IN BAKERSFIELD AND MODESTO WERE ESTABLISHED, IN LARGE PART, TO RELIEVE FAMILIES' NEEDS TO ALWAYS TRAVEL TO THE HOSPITAL FOR CARE. EACH CENTER SEES AROUND 200 CHILDREN PER DAY WHO OTHERWISE WOULD HAVE HAD TO DRIVE

Part V **Facility Information** *(continued)*

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

TO THE MADERA CAMPUS.

VISION SCREENINGS: SEE 2 SUCCEED
THROUGH A PARTNERSHIP WITH THE TZU CHI MEDICAL FOUNDATION AND ITS SEE 2 SUCCEED INITIATIVE, VALLEY CHILDREN'S SUPPORTED VISION SCREENINGS FOR 14,991 SCHOOL-AGED CHILDREN IN FRESNO COUNTY ACROSS 21 SCHOOL DISTRICTS AND 50 SCHOOL SITES. AS A RESULT OF THE SCREENINGS, 1,306 FULL EYE EXAMS WERE CONDUCTED, AND 1,183 PAIRS OF GLASSES WERE PROVIDED FOR CHILDREN IN 2025.

CHRONIC DISEASE PREVENTION (INCLUDING OBESITY)

BLUE ZONES PROJECT BAKERSFIELD
BLUE ZONES BAKERSFIELD SUPPORTS INTERVENTIONS AND INITIATIVES THAT EMPOWER PEOPLE, ENCOURAGES LOCAL ORGANIZATIONS AND BUSINESSES TO ENHANCE THE WAYS THEY PROMOTE HEALTH AND WELLNESS, AND IMPLEMENTS POLICIES THAT TRANSFORM THE NEIGHBORHOOD ENVIRONMENT.

IN 2025, VALLEY CHILDREN'S PARTNERED WITH ADVENTIST HEALTH - CENTRAL VALLEY NETWORK TO PROVIDE FINANCIAL SUPPORT FOR BLUE ZONES PROJECT BAKERSFIELD, SUPPORTED ITS ADVOCACY EFFORTS AND PARTICIPATED ON THE INITIATIVE'S STEERING COMMITTEE AND SCHOOL WELLNESS COMMITTEE. WITH THE HELP OF VALLEY CHILDREN'S, 16 ADDITIONAL SCHOOLS BECAME CERTIFIED AS BLUE ZONE PROJECT-APPROVED SCHOOLS AT THE END OF 2025, BRINGING THE TOTAL NUMBER OF CERTIFIED SCHOOLS TO 43. THE BLUE ZONES FOCUSED PRIMARILY ON IMPROVING ACCESS TO HEALTHY FOODS AND INCREASING PHYSICAL ACTIVITY OPTIONS FOR STUDENTS, FOCUSING ON REDUCING CHILDHOOD OBESITY, INCREASING SCHOOL ATTENDANCE AND ENCOURAGING FAMILIES TO MAKE HEALTHIER CHOICES.

VALLEY CHILDREN'S FUNDING FOR BLUE ZONES IN 2025 ALSO ALLOWED FOR THE PURCHASE AND INSTALLATION OF FOUR HYDROPONIC GARDEN STATIONS IN A LOCAL HIGH SCHOOL DISTRICT. THE GARDENS WILL PRODUCE MORE THAN 1,200 POUNDS OF FRESH PRODUCE EACH MONTH THAT WILL GO DIRECTLY INTO THE SCHOOLS' CAFETERIAS, SERVING MORE THAN 3,000 STUDENTS EACH MONTH.

CENTRAL CALIFORNIA FOOD BANK
IN MARCH 2022, VALLEY CHILDREN'S ENTERED A THREE-YEAR PARTNERSHIP WITH THE CENTRAL CALIFORNIA FOOD BANK TO SUPPORT ACCESS TO HEALTHY AND NUTRITIOUS FOOD FOR CHILDREN AND FAMILIES ACROSS ITS SERVICE AREA THROUGH THREE STRATEGIES:
- VALLEY CHILDREN'S HOME CARE STAFF, AS PART OF THEIR REGULAR HOME VISITS, DELIVERED QUALIFYING FAMILIES A SPECIALLY ASSEMBLED FOOD BOX EVERY MONTH THAT ALIGNED WITH THE FAMILY'S CULTURAL PREFERENCES. IN 2025, VALLEY CHILDREN'S DISTRIBUTED 13,426 POUNDS OF FOOD - THE EQUIVALENT OF 11,188 MEALS - TO APPROXIMATELY 70 FAMILIES EACH MONTH.
- ANOTHER COMPONENT OF OUR PARTNERSHIP INCLUDED SUPPORT FOR FOOD DISTRIBUTION AT WEST FRESNO ELEMENTARY SCHOOL, WHERE MORE THAN 90% OF STUDENTS QUALIFIED FOR FREE AND REDUCED-PRICED MEALS. IN 2025, 52,736 POUNDS OF FOOD WERE DISTRIBUTED - THE EQUIVALENT OF 43,946 MEALS - TO APPROXIMATELY 100 FAMILIES EACH MONTH.
- A THIRD FEATURE OF THE PARTNERSHIP INCLUDED VALLEY CHILDREN'S SUPPORT FOR THE FIRST FRUITS MARKET THAT OPENED IN 2023 INSIDE THE FRESNO RESCUE MISSION'S CITY CENTER, A FULL-SERVICE HUB FOR KIDS,

Part V **Facility Information** *(continued)*

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

FAMILIES, RUNAWAY YOUTH AND UNHOUSED ADULTS. THE MARKET PROVIDES FRESH PRODUCE, PROTEIN, CULTURALLY APPROPRIATE FOOD AND SHELF-STABLE FOOD ITEMS TO ANYONE IN NEED OF FOOD ASSISTANCE IN AN ENVIRONMENT DESIGNED JUST LIKE ANY GROCERY STORE, WHERE CUSTOMERS CAN CHOOSE ITEMS, AT NO COST. IN 2025, THE MARKET DISTRIBUTED 1,216,914 POUNDS OF FOOD - THE EQUIVALENT OF 1,014,095 MEALS - TO FAMILIES IN NEED.

PART V, SECTION B, LINE 11 (CONTINUED)
COURT APPOINTED SPECIAL ADVOCATES (CASA) FRESNO/MADERA:
VALLEY CHILDREN'S PROVIDED START-UP FUNDING TO COURT APPOINTED SPECIAL ADVOCATES (CASA) FRESNO/MADERA IN 2025 TO OPEN A FOOD PANTRY FOR AT-RISK YOUTH VISITING ITS LOCATION AT CITY CENTER IN FRESNO. PREVIOUSLY, THE CITY CENTER MARKET WAS NOT AVAILABLE TO CLIENTS UNDER 18 YEARS OLD WITHOUT AN ADULT, CREATING A CHALLENGE FOR FOSTER YOUTH WHO NEEDED ACCESS TO FOOD. WITH VALLEY CHILDREN'S SUPPORT, CASA FRESNO/MADERA PROVIDED FOOD TO 1,048 YOUTH FROM JUNE TO SEPTEMBER 2025.

FOOD PARA TODOS MERCED COUNTY: SINCE 2021, FOOD PARA TODOS HAS WORKED WITH FIRST 5 MERCED COUNTY TO DEVELOP FAMILY CHILD CARE HOMES (FCCHS) AS FAMILY NUTRITION HUBS (FAN HUBS) FOR FOOD DISTRIBUTION. FCCHS SERVING AS FAN HUBS RECEIVE FOOD WEEKLY. THIS PROVIDED CHILDREN WITH FRESH FRUITS AND VEGETABLES. PARENTS PICKED UP FOOD WHEN THEY PICKED UP THEIR CHILDREN, AVOIDING THE STIGMA OF FOOD INSECURITY AND PROVIDING EASIER ACCESS TO FRESH PRODUCE.

VALLEY CHILDREN'S PROVIDED FINANCIAL SUPPORT FOR FOOD PARA TODOS TO SUPPORT FAN HUBS WITH FOOD AND DIAPER ACCESS, AS WELL AS NUTRITION AND HEALTH INFORMATION FOR FAMILIES, IN JULY, AUGUST AND SEPTEMBER 2025. DURING THIS THREE-MONTH PERIOD, FOOD PARA TODOS DISTRIBUTED MORE THAN 3,600 POUNDS OF FOOD THROUGH 38 FCCH FAN HUBS. MOST OF THE FCCH PROVIDERS IDENTIFIED AS LATINO AND SPANISH-SPEAKING. APPROXIMATELY 75% OF THE FOOD WAS FRESH FRUIT AND VEGETABLES. DURING FOOD DELIVERIES, SEVERAL FCCH PROVIDERS REPORTED THIS DISTRIBUTION WAS THE SOLE SOURCE OF FRUITS AND VEGETABLES FOR MANY CHILDREN. AT LEAST 228 CHILDREN, AGES 0-7, RECEIVED FOOD WHILE WITH FCCH PROVIDERS AND AT LEAST 182 FAMILIES RECEIVED FOOD THEY SHARED WITH OTHER CHILDREN AND RELATIVES AT THEIR HOMES. FCCH PROVIDER FOOD BASKETS INCLUDED HANDOUTS AND FACT SHEETS ON CHILD NUTRITION FROM THE MERCED COUNTY DEPARTMENT OF PUBLIC HEALTH. DURING THE SAME PERIOD, 209 SEPARATE HOUSEHOLDS RECEIVED DIAPERS TO SUPPORT THE NEEDS OF INFANTS AND YOUNG CHILDREN.

FOODLINK FOR TULARE COUNTY
IN 2025, VALLEY CHILDREN'S CONTINUED ITS PARTNERSHIP WITH FOODLINK FOR TULARE COUNTY IN SUPPORT OF THE ORGANIZATION'S SMART PACK PROGRAM. THROUGH THE PROGRAM, FOODLINK PROVIDED FOOD-INSECURE STUDENTS AND THEIR FAMILIES WITH A BACKPACK OF HEALTHY FOOD EACH FRIDAY DURING THE SCHOOL YEAR. WITH VALLEY CHILDREN'S FINANCIAL SUPPORT, FOODLINK PROVIDED 1,350 BACKPACKS TO 45 FAMILIES FOR THE SCHOOL YEAR ENDING JUNE 2025.

FOOD ACCESS PARTNERSHIPS IN 2025
1. BLUE ZONES/ADVENTIST HEALTH BAKERSFIELD
2. CASA FRESNO/MADERA
3. CENTRAL CALIFORNIA FOOD BANK (FIVE CENTRAL VALLEY COUNTIES)
4. FOOD PARA TODOS (MERCED COUNTY)

Part V **Facility Information** *(continued)*

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

5. FOODLINK FOR TULARE COUNTY
6. MADERA COUNTY FOOD BANK
7. PAPA MIKE CAFE (POVERELLO HOUSE)
8. ST. REST BAPTIST CHURCH FOOD TO SHARE HUB

PHYSICAL ACTIVITY VALLEY CHILDREN'S HAS MADE A CONCENTRATED EFFORT TO EXPAND PHYSICAL ACTIVITY OPPORTUNITIES FOR OUR KIDS WHO LACK SAFE ACCESS TO PLAY.

ADAPTIVE SPORTS PROGRAM
VALLEY CHILDREN'S ADAPTIVE SPORTS PROGRAM PROVIDES FREE RECREATIONAL AND ATHLETIC EXPERIENCES FOR CHILDREN, ADOLESCENTS AND YOUNG ADULTS WITH DISABILITIES, REGARDLESS OF WHETHER THEY HAVE BEEN OR ARE CURRENTLY PATIENTS AT VALLEY CHILDREN'S. THE PROGRAM, THE ONLY ONE OF ITS KIND IN CENTRAL CALIFORNIA, IS DESIGNED FOR INDIVIDUALS WITH PHYSICAL IMPAIRMENTS AND CONDITIONS RANGING FROM CEREBRAL PALSY, SPINAL CORD INJURIES AND AMPUTATIONS. DISABLED YOUTH, UP TO AGE 21, ARE ESPECIALLY ENCOURAGED TO ATTEND.

IN 2025, 70 CHILDREN PARTICIPATED IN ACTIVITIES INCLUDING WHEELCHAIR BASKETBALL, WHEELCHAIR TENNIS, SLED HOCKEY, ICE SKATING, CANOEING AND KAYAKING, ROCK CLIMBING, SNOW AND WATER SKIING, DAY CAMPS AND SUMMER CAMPS THAT INCLUDED NATURE HIKES, FISHING AND CANOEING.

BAKERSFIELD ICE CENTER
THE BAKERSFIELD ICE CENTER IS A PLACE FOR KIDS TO PLAY AND TO CONNECT WITH EACH OTHER. IN 2025, APPROXIMATELY 52,000 CHILDREN AND TEENS PARTICIPATED IN THE CENTER'S EVENTS. VALLEY CHILDREN'S SUPPORT PROVIDED NEARLY 200 FAMILIES WITH TRAVEL TO HOCKEY EVENTS OUTSIDE THEIR COMMUNITY, FUNDING FOR TWO HIGH SCHOOL HOCKEY TEAMS, AND LEARN-TO-SKATE OPPORTUNITIES FOR 50 FIGURE SKATING PARTICIPANTS.

SAN JOAQUIN RIVER PARKWAY
VALLEY CHILDREN'S SUPPORTED THE EXPANDED USE AND EDUCATION RESOURCES OF THE SAN JOAQUIN RIVER PARKWAY, ONE OF THE ONLY RIVERS EASILY ACCESSIBLE IN THE CENTRAL VALLEY. VALLEY CHILDREN'S IS THE PRIMARY SUPPORTER OF THE PARKWAY'S RIVER CAMP IN FIREBAUGH EACH YEAR SERVING 300 KIDS. FIREBAUGH IS ONE OF THE MOST UNDERSERVED COMMUNITIES IN FRESNO COUNTY.

CENTRAL VALLEY SPECIAL OLYMPICS
IN PARTNERSHIP WITH NORCAL SPECIAL OLYMPICS - CENTRAL SECTION, VALLEY CHILDREN'S HELPED TO EXPAND ORGANIZED SPORTS ACTIVITIES FOR YOUTH WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES. NEARLY 1,500 ATHLETES ACROSS THE VALLEY COMPETED IN ACTIVITIES FROM BOCCE BALL TO SWIMMING.

FAMILY SUPPORT GROUPS
FAMILY SUPPORT GROUPS ARE AN IMPORTANT PART OF CARING FOR CHILDREN WITH CHRONIC DISEASES. THESE SUPPORT GROUPS INCLUDED:

- EPILEPSY FAMILY SUPPORT VALLEY CHILDREN'S OFFERED MONTHLY AND VIRTUAL SUPPORT GROUPS FOR FAMILIES WITH CHILDREN DIAGNOSED WITH EPILEPSY. DESIGNED FOR ENTIRE FAMILIES, THE SUPPORT GROUPS PROVIDED NEEDED SUPPORT, EDUCATION AND SPECIAL EVENTS THROUGHOUT THE YEAR, INCLUDING MOTHER'S DAY PAINTING EVENTS AND SUMMER WATER SAFETY PROGRAMS

Part V **Facility Information** *(continued)*

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

SPECIALLY DESIGNED FOR THEM.
- VALLEY CHILDREN'S CANCER SURVIVORSHIP PROGRAM UP TO TWO-THIRDS OF CHILDHOOD CANCER SURVIVORS EXPERIENCE LATE PHYSICAL AND EMOTIONAL EFFECTS OF THE DISEASE AS THEY TRANSITION TO ADULTHOOD. THE CANCER SURVIVORSHIP PROGRAM, THE ONLY OF ITS KIND IN THE CENTRAL VALLEY, OFFERED EDUCATION, SUPPORT AND TREATMENT TO PARTICIPANTS, BUILDING AN INCREDIBLY STRONG COMMUNITY OF SUPPORT FOR ALL PARTICIPANTS.

MATERNAL, INFANT AND CHILD HEALTH AND DEVELOPMENT

CLINICAL PARTNERSHIPS AND PARTNERING FOR KIDS
VALLEY CHILDREN'S CLINICAL PARTNERSHIPS AND PARTNERING FOR KIDS ARE DISTINCT PROGRAMS WITH A SHARED GOAL: TO INCREASE THE ABILITY FOR HEALTHCARE PROVIDERS IN LOCAL COMMUNITIES - IN HOSPITALS, LOCAL PRIMARY CARE OFFICES AND OTHER CLINICAL SETTINGS - TO DELIVER PEDIATRIC CARE TO THEIR PATIENTS CLOSER TO HOME THROUGH ACCESS TO VALLEY CHILDREN'S CLINICAL EDUCATORS, CARE PROTOCOLS AND OTHER RESOURCES.

THIS SUPPORT HELPED MINIMIZE CHILDREN BEING TRANSFERRED OR REFERRED UNNECESSARILY TO VALLEY CHILDREN'S, KEEPING KIDS IN THEIR OWN COMMUNITY FOR THEIR HEALTHCARE WHENEVER POSSIBLE. THE PROGRAM HELPED TO QUICKLY IDENTIFY A CHILD NEEDING ADVANCED PEDIATRIC CARE. ADDITIONALLY, WITH IMPROVED COMMUNICATION AND TOOLS, THE PROGRAM DECREASED STRESS FOR PATIENTS AND FAMILIES, INCREASED PROVIDER CONFIDENCE AND ENHANCED PERFORMANCE AT VALLEY CHILDREN'S AND AMONG PARTNERING PROVIDERS.

IN 2025, VALLEY CHILDREN'S SUPPORTED 21 INPATIENT AND FOUR OUTPATIENT PARTNERS AND CONVENED MORE THAN 50 TRAINING AND EDUCATION EVENTS THAT DREW MORE THAN 1,200 ATTENDEES. EACH OF OUR CLINICAL PARTNERS SPENT AN AVERAGE OF 200 HOURS WITH VALLEY CHILDREN'S TEAM MEMBERS IN EDUCATION, SKILLS TRAINING AND RESOURCE SHARING, ALL BUILT AROUND IMPROVING THE CARE FOR CHILDREN CLOSER TO THEIR HOMES.

MEETING FAMILIES' BASIC NEEDS: DIAPERS
ACROSS OUR SERVICE AREA, WHERE UP TO 30% OF CHILDREN ARE LIVING IN POVERTY, THERE IS A CLEAR LINK BETWEEN FAMILY INCOME AND A FAMILY'S INABILITY TO COVER BASIC NEEDS FOR THEIR CHILDREN, INCLUDING PURCHASING DIAPERS. IN RECOGNITION OF THIS REALITY, VALLEY CHILDREN'S DONATED 43,704 DIAPERS TO COMMUNITY-BASED ORGANIZATIONS TO DISTRIBUTE TO FAMILIES IN NEED. ORGANIZATIONS RECEIVING DIAPERS INCLUDED FIRST 5 MADERA COUNTY, SAINT REST BAPTIST CHURCH, WEST FRESNO FAMILY RESOURCE CENTER, AND COMMUNITY INITIATIVES FOR COLLECTIVE IMPACT IN MERCED COUNTY.

SAFE SLEEP FOR INFANTS
THROUGH THE GUILDS CENTER FOR COMMUNITY HEALTH, VALLEY CHILDREN'S LAUNCHED THE CENTRAL VALLEY SAFE SLEEP COALITION, REPRESENTING MORE THAN 50 MEMBERS IN NINE COUNTIES ACROSS THE CENTRAL VALLEY. THE COALITION'S VISION IS TO ENSURE THAT EVERY PARENT AND CAREGIVER OF AN INFANT WILL HAVE ACCESS TO CULTURALLY APPROPRIATE RISK-REDUCTION EDUCATION AND RESOURCES ON INFANT SLEEP, KEEPING ALL CENTRAL VALLEY INFANTS SAFE FROM PREVENTABLE CAUSES OF DEATH. THE COALITION WORKED WITH LOCAL COMMUNITY ORGANIZATIONS TO SUPPORT SAFE SLEEP EDUCATION AND CRIBETTE DISTRIBUTION. COALITION MEMBERS INCLUDE REPRESENTATIVES FROM

Part V **Facility Information** *(continued)*

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

LOCAL PUBLIC HEALTH DEPARTMENTS, COUNTY FIRST 5 OFFICES, THE CALIFORNIA HEALTH COLLABORATIVE, COUNTY OFFICES OF EDUCATION, COUNTY COMMUNITY ACTION PARTNERSHIPS, THE BLACK WELLNESS AND PROSPERITY CENTER AND CULTURAL BROKERS, INC.

IN 2025, LED BY VALLEY CHILDREN'S TEAM, THE COALITION PRODUCED SAFE SLEEP FLIP BOOKS FOR PROVIDERS TO USE WITH PARENTS, CHILDCARE PROVIDERS AND OTHERS ON THE KEY CONSIDERATIONS FOR ENSURING A SAFE SLEEP ENVIRONMENT.

PART V, SECTION B, LINE 11 (CONTINUED)
DEVELOPING A REGIONAL HELP ME GROW COLLABORATIVE
HELP ME GROW CENTRAL VALLEY IS A REGIONAL INITIATIVE DESIGNED TO STRENGTHEN AND COORDINATE THE EARLY CHILDHOOD SYSTEM OF CARE FOR CHILDREN AGES 0-5 ACROSS FRESNO, KINGS, MADERA AND MERCED COUNTIES. LED BY VALLEY CHILDREN'S AS THE ORGANIZING ENTITY, HELP ME GROW CENTRAL VALLEY WORKS TO INCREASE DEVELOPMENTAL SCREENING AND ACCESS TO CHILDHOOD RESOURCES, IMPROVE REFERRAL PATHWAYS AND STRENGTHEN CONNECTIONS AMONG HEALTHCARE PROVIDERS AND COMMUNITY-BASED ORGANIZATIONS.

IN 2025, VALLEY CHILDREN'S EXECUTED A FORMAL AGREEMENT WITH FIRST 5 FRESNO COUNTY, FIRST 5 KINGS COUNTY, FIRST 5 MADERA COUNTY, AND FIRST 5 MERCED COUNTY TO LAUNCH A TWO-YEAR REGIONAL PILOT WITH THE OPTION OF A THIRD-YEAR RENEWAL. THE FOUR FIRST 5 ORGANIZATIONS AND VALLEY CHILDREN'S FUNDED THE INITIATIVE AND PROVIDED GOVERNANCE THROUGH PARTICIPATION IN THE HELP ME GROW CENTRAL VALLEY LEADERSHIP TEAM.

IN ADDITION TO THE SIGNING OF THE AGREEMENT, OTHER KEY ACCOMPLISHMENTS IN 2025 INCLUDED HIRING A FULL-TIME PROGRAM MANAGER, INITIATING OUTREACH WITH - AND SUPPORT - FROM REGIONAL PARTNERS, DRAFTING A GOVERNANCE STRUCTURE AND INITIATING AN AFFILIATION WITH THE HELP ME GROW NATIONAL CENTER FOR TECHNICAL ASSISTANCE.

HELP ME GROW CENTRAL VALLEY WILL CONTINUE TO MAKE SIGNIFICANT PROGRESS, INCLUDING THE FORMATION AND REGULAR CONVENING OF A LEADERSHIP TEAM, THE PREPARATION OF AN ENVIRONMENTAL ASSESSMENT, DRAFTING OF A STRATEGIC PLAN AND FORMAL AFFILIATION WITH THE HELP ME GROW NATIONAL CENTER.

LITERACY
UNDERSTANDING THE CRITICAL ROLE THAT READING AND LITERACY PLAY IN HEALTHCARE ACCESS AND CHILD DEVELOPMENT, VALLEY CHILDREN'S SUPPORTED LITERACY INITIATIVES IN 2025, INCLUDING THE DOLLY PARTON IMAGINATION LIBRARY IN FRESNO COUNTY AND THE WEST FRESNO FAMILY RESOURCE CENTER'S ANNUAL FAMILY READING NIGHT PROGRAM.

THE LATTER INCLUDED SIX FAMILY READING NIGHT EVENTS THAT AVERAGED 22 FAMILIES PER EVENT WHO PARTICIPATED IN READING ACTIVITIES AND RECEIVED FREE BOOKS AND DIAPERS.

FROM MARCH THROUGH SEPTEMBER 2025, IMAGINATION LIBRARY IN FRESNO ACHIEVED THE FOLLOWING RESULTS: MORE THAN 46,000 BOOKS WERE MAILED TO MORE THAN 9,600 CHILDREN, APPROXIMATELY 800 CHILDREN GRADUATED FROM THE PROGRAM, 22% OF CHILDREN ENROLLED LIVE IN RURAL COMMUNITIES, 19% OF

Part V **Facility Information** *(continued)*

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

CHILDREN ARE ENROLLED IN THE BILINGUAL-SPANISH LIBRARY OPTION.

MENTAL HEALTH ACES COMMUNITY COLLABORATIVE
IN MARCH 2025, VALLEY CHILDREN'S WAS AWARDED A $200,000 ACES AWARD COMMUNITY GRANT FROM COMMUNITY PARTNERS TO SUPPORT ADVERSE CHILDHOOD EVENTS (ACES) EDUCATION AND OUTREACH ACTIVITIES THROUGHOUT ITS SERVICE AREA. THROUGH THE GRANT, VALLEY CHILDREN'S IS ESTABLISHING AND IMPLEMENTING PROTOCOLS FOR PROVIDING ACES EDUCATION, SCREENING AND RESPONSE, INCLUDING DOCUMENTING EDUCATION AND SCREENING OFFERED, REFERRALS AND CONNECTIONS TO - AND RECEIPT OF - INTEGRATED SERVICES UNDER THE CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL PROGRAM.

FRESNO SUICIDE COLLABORATIVE
VALLEY CHILDREN'S LEADERSHIP WAS INSTRUMENTAL IN LAUNCHING THE FRESNO SUICIDE COLLABORATIVE. NOW IN ITS FIFTH YEAR, THE COLLABORATIVE CONTINUED TO PROVIDE SIGNIFICANT RESOURCES AND SUPPORT TO SCHOOLS, LAW ENFORCEMENT AND COMMUNITY ORGANIZATIONS ACROSS THE CENTRAL VALLEY.

IN 2025, THE COLLABORATIVE SPONSORED ITS ANNUAL SUICIDE PREVENTION CONFERENCE THAT DREW PARTICIPANTS FROM CENTRAL CALIFORNIA COUNTIES. SPONSORED IN PART BY VALLEY CHILDREN'S, THE CONFERENCE BROUGHT EXPERTS' VOICES TO OUR COMMUNITY FOR CONTINUING EDUCATION AND COLLABORATION. THE COLLABORATIVE HAS BEEN THE DRIVING FORCE BEHIND ESTABLISHING COUNTY-WIDE SCHOOL SUICIDE PREVENTION POLICIES, STANDARDIZING SUICIDE SCREENING TOOLS IN AREA HOSPITAL EMERGENCY DEPARTMENTS, IMPROVING 5150 RESPONSE PROTOCOL BY EMERGENCY RESPONDERS TO SCHOOL CAMPUSES AND PROVIDING ADDITIONAL TRAINING IN SUICIDE PREVENTION AND INTERVENTION CURRICULA SUCH AS ASIST AND MHFA TO PARTICIPANTS.

VALLEY CHILDREN'S ALSO PARTICIPATED IN THE MADERA COUNTY SUICIDE EDUCATION AND AWARENESS COLLABORATIVE.

ZERO SUICIDE INITIATIVE
IN 2025, VALLEY CHILDREN'S COMPLETED THE FINAL YEAR IN THE ZERO SUICIDE INITIATIVE, A NATIONAL COLLABORATIVE AIMED AT PREVENTING YOUTH SUICIDE THROUGH IMPROVED HOSPITAL SCREENING, INTERNAL SYSTEMS OF CARE AND REGIONAL COMMUNITY COLLABORATIONS. THIS WORK RESULTED IN IMPROVED INTERNAL PROCESSES FOR SUICIDE SCREENING AND CONTINUED WORK WITH COMMUNITY PARTNERS TO ENSURE "WARM" HAND-OFFS FOR KIDS LEAVING OUR EMERGENCY DEPARTMENT FOLLOWING A SUICIDE ATTEMPT OR A HIGH-RISK SUICIDE SCREEN.

AS PART OF THE SUICIDE COLLABORATIVE WORK, VALLEY CHILDREN'S DEVELOPED AND DISTRIBUTED 200 SAFETY BOXES FOR CHILDREN LEAVING THE HOSPITAL AND RETURNING TO THEIR COMMUNITIES TO HELP KEEP THEM SAFE AT HOME. THE BOXES INCLUDE GUN LOCKS AND ARE INTENDED TO STORE MEDICATIONS, SHARP OBJECTS AND OTHER ITEMS THAT MAY POSE A SAFETY RISK.

GEORGE'S PASS
THE FEELING OF BELONGING IS OFTEN A CHALLENGE FOR CHILDREN WITH NEURODIVERGENT SENSORY CONDITIONS, LEADING TO FEELINGS OF ANXIETY AND ISOLATION. AT THE FRESNO CHAFFEE ZOO, NEARLY 100 KIDS WERE ABLE TO ENJOY THE SIGHTS AND SOUNDS THAT THE ZOO PROVIDES, THANKS TO GEORGE'S PASS. THIS PROGRAM, ORIGINALLY DEVELOPED BY A VALLEY CHILDREN'S NURSE

Part V **Facility Information** *(continued)*

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

FOR KIDS NEEDING SPECIAL CONSIDERATIONS FOR NOISE, LIGHT AND OTHER SENSORY ELEMENTS WHILE IN THE HOSPITAL, WAS LAUNCHED AT THE ZOO SEVERAL YEARS AGO. THE PROGRAM CONTINUED TO OFFER CHILDREN AND FAMILIES THE CHANCE TO EXPERIENCE AND ENJOY THE ZOO.

IN 2025, GEORGE'S PASS WAS EXTENDED TO THE IMAGINEU CHILDREN'S MUSEUM IN VISALIA (TULARE COUNTY). WITH NEARLY 7,000 KIDS VISITING THE MUSEUM EVERY MONTH, THE "CORAL COVE" SPACE SET ASIDE IN THE MUSEUM FOR CHILDREN EXPERIENCING CHALLENGES DUE TO AUTISM OR OTHER NEURODIVERGENT CONDITIONS ALLOWED FOR QUIET TIME FOR CHILDREN AND THEIR CAREGIVERS.

PART V, SECTION B, LINE 11 (CONTINUED)

VIOLENCE AND INJURY PREVENTION

CHILD ADVOCACY
VALLEY CHILDREN'S GUILDS CHILD ABUSE PREVENTION AND TREATMENT CENTER'S MISSION IS TO PROVIDE COMPREHENSIVE SERVICES TO CHILDREN, DEPENDENT ADULTS AND THEIR FAMILIES THROUGH A MULTIDISCIPLINARY, TRAUMA-INFORMED PROGRAM, AND TO MEET THE PHYSICAL AND EMOTIONAL NEEDS OF VICTIMS WITH ABUSE CONSIDERATIONS.

THE CENTER IS RECOGNIZED STATEWIDE AS A LEADER IN ADVOCACY, INJURY PREVENTION AND SPECIALIZED TRAINING. THE CENTER WORKS COLLABORATIVELY WITH PREVENTION AND INTERVENTION GROUPS THROUGHOUT THE STATE TO ENSURE THEY ARE ADDRESSING CHILD MALTREATMENT TO THE BEST OF THEIR ABILITY.

THE GUILDS CHILD ABUSE PREVENTION AND TREATMENT CENTER INCLUDES THE CHILD ADVOCACY CLINIC, WHICH OPERATES FIVE DAYS A WEEK, COMPLETING APPROXIMATELY 300 VISITS EACH YEAR. THE CENTER'S PROVIDERS ARE AVAILABLE SEVEN DAYS A WEEK, 24 HOURS A DAY, FOR EMERGENCY COVERAGE AND FIRST RESPONDER CONSULTATION. THE CENTER INCLUDES AN INPATIENT COMPONENT THAT EVALUATES AN ADDITIONAL 65 CHILDREN ANNUALLY IN THE PEDIATRIC EMERGENCY DEPARTMENT, ACUTE CARE AND PEDIATRIC INTENSIVE CARE UNITS. IN ADDITION TO THE MEDICAL SERVICES OFFERED, THE CENTER HAS A SOCIAL WORKER AND LICENSED MENTAL HEALTH CLINICIAN WHO PROVIDE PSYCHO-SOCIAL ASSESSMENT, LINKAGES TO COMMUNITY SERVICES AND TRAUMA THERAPY.

THE CENTER WORKED CLOSELY WITH LAW ENFORCEMENT, CHILD PROTECTIVE SERVICES AND DISTRICT ATTORNEYS' OFFICES IN THEIR INVESTIGATIVE EFFORTS OF CHILD MALTREATMENT. SINCE 2007, THE CENTER HAS FACILITATED SUSPECTED CHILD ABUSE AND NEGLECT TEAM (SCAN) MEETINGS, WHICH INCLUDED MULTI-DISCIPLINARY REPRESENTATIVES FROM MERCED, MADERA, FRESNO, KINGS AND KERN COUNTIES. EACH COUNTY'S SCAN TEAM MEETS ONCE A MONTH TO REVIEW CASES. THE FOCUS OF SCAN IS TO REVIEW CASES OF CHILD ABUSE AND TO GUIDE VICTIM SERVICES AND CHILD ABUSE PREVENTION EFFORTS IN EACH COUNTY. A TOTAL OF 185 CASES WERE DISCUSSED BY THE SCAN TEAMS IN 2025.

FOR PREVENTION EDUCATION, THE CENTER CONTINUED TO COLLABORATE WITH INTERNAL AND EXTERNAL PARTNERS TO PROVIDE EDUCATION TO PARENTS, CAREGIVERS, HEALTHCARE PERSONNEL, MENTAL HEALTH CLINICIANS AND MANDATED REPORTERS. THESE PARTNERS INCLUDED CHILD ABUSE PREVENTION COUNCILS, MENTAL HEALTH PRACTICES, CHILD PROTECTIVE SERVICES, DISTRICT ATTORNEYS'

Part V **Facility Information** *(continued)*

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

OFFICES, CHILD DEATH REVIEW TEAMS (CDRT), LOCAL LAW ENFORCEMENT AGENCIES, SEXUAL ASSAULT RESPONSE TEAMS (SART), VICTIM ADVOCACY SERVICES, HUMAN TRAFFICKING ORGANIZATIONS, REGIONAL CENTERS, COUNTY PUBLIC HEALTH DEPARTMENTS AND OTHER COMMUNITY-BASED ORGANIZATIONS.

IN ADDITION, THE CENTER HOSTED ITS FIFTH-ANNUAL CHILD ABUSE PREVENTION CONFERENCE IN APRIL 2025, BRINGING TOGETHER EXPERTS IN THE FIELD OF CHILD ABUSE WHO PROVIDED EDUCATION AND INFORMATION ON BEST PRACTICES TO MORE THAN 100 CHILD PROTECTION INVESTIGATORS AND PROFESSIONALS THROUGHOUT THE CENTRAL VALLEY.

SAFE KIDS CENTRAL CALIFORNIA: INJURY PREVENTION PROGRAM
AS THE LEAD AGENCY FOR SAFE KIDS CENTRAL CALIFORNIA, VALLEY CHILDREN'S SUPPORTS PEDIATRIC INJURY PREVENTION EFFORTS THROUGHOUT CENTRAL CALIFORNIA AND IS COMMITTED TO PROVIDING RESOURCES TOWARD THESE EFFORTS. SAFE KIDS CENTRAL CALIFORNIA IS A COALITION OF 30 AGENCIES MADE UP OF HEALTHCARE, LAW ENFORCEMENT, SOCIAL SERVICES, EDUCATION, MEDIA AND OTHER ORGANIZATIONS THAT ARE DEDICATED TO PREVENTING UNINTENTIONAL INJURY IN CHILDREN.

IN 2025, VALLEY CHILDREN'S INJURY PREVENTION PROGRAM RECORDED 2,833 CONTACTS WITH COMMUNITY MEMBERS DURING 51 COMMUNITY-BASED TEACHING EVENTS ON THE FOLLOWING TOPICS: BLEEDING CONTROL, BURN PREVENTION, CHILD ABUSE, CHILD PASSENGER SAFETY, CONCUSSION SAFETY, E-BIKE SAFETY, HEALTH CAREERS, HOME SAFETY, PEDESTRIAN SAFETY, POISON PREVENTION, SPORTS SAFETY, TOY SAFETY, VEHICULAR HYPERTHERMIA, WATER SAFETY AND WHEELED SPORTS SAFETY.

TO ENSURE THAT CHILDREN WERE SAFE AT HOME, VALLEY CHILDREN'S DISTRIBUTED THE FOLLOWING EQUIPMENT TO FAMILIES IN NEED: 1,485 REFLECTOR FLASHLIGHTS, 751 BICYCLE HELMETS, 259 CONVENTIONAL CAR SEATS, AND 21 MEDICAL ADAPTIVE CAR SEATS.

REGIONAL DISASTER PREPAREDNESS
VALLEY CHILDREN'S DONATED 208 SQUARE FEET OF OFFICE SPACE TO THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH TO STORE PHARMACEUTICALS TO BE USED IN REGIONAL DISASTERS OR MEDICAL EMERGENCIES.

CENTRAL CALIFORNIA POISON CONTROL
THE CENTRAL CALIFORNIA POISON CONTROL CENTER, ONE OF FOUR SITES OPERATED BY THE CALIFORNIA POISON CONTROL SYSTEM (CPCS) AROUND THE STATE, IS LOCATED ON THE VALLEY CHILDREN'S CAMPUS AND RECEIVED A DONATION OF 2,737 SQUARE FEET OF OFFICE SPACE FROM VALLEY CHILDREN'S IN 2025. THE CENTER ANSWERED CALLS 24 HOURS A DAY, SEVEN DAYS A WEEK, AND PROVIDED EXPERT ADVICE AND INFORMATION REGARDING EXPOSURE TO POTENTIALLY HARMFUL SUBSTANCES. STATEWIDE, THE CPCS RECEIVED MORE THAN 250,000 CALLS ANNUALLY. REGIONAL CENTERS LIKE THE ONE HOUSED AT VALLEY CHILDREN'S TYPICALLY HANDLE 60,000 - 70,000 CALLS A YEAR.

SIGNIFICANT NEEDS VALLEY CHILDREN'S DOES NOT INTEND TO ADDRESS:

CHILDREN IN VALLEY CHILDREN'S SERVICE AREA FACE SIGNIFICANT HEALTH NEEDS THAT FAR EXCEED OUR ABILITY TO ADEQUATELY ADDRESS. WE CONCENTRATE OUR WORK ON THOSE PRIORITY AREAS IN THE CHNA AND IN WAYS WHERE WE HAVE

Part V **Facility Information** *(continued)*

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

THE RESOURCES, EXPERTISE AND PARTNERSHIPS TO MAKE THE MOST DIFFERENCE.

CONSIDERING EXISTING HOSPITAL CAPACITY AND RESOURCES, VALLEY CHILDREN'S WILL NOT DIRECTLY ADDRESS THE REMAINING HEALTH NEEDS IDENTIFIED IN THE CHNA, INCLUDING ECONOMIC INSECURITY AND SUBSTANCE USE. HOWEVER, VALLEY CHILDREN'S RECOGNIZES THAT SOME OF THE STRATEGIES AND PROGRAMS OUTLINED ABOVE MAY INDIRECTLY CONTRIBUTE TO IMPROVEMENTS IN THESE AREAS.

VALLEY CHILDREN'S WILL CONTINUE TO LOOK FOR OPPORTUNITIES TO ADDRESS COMMUNITY NEEDS WHERE IT CAN APPROPRIATELY CONTRIBUTE TO ADDRESSING THOSE NEEDS, EITHER DIRECTLY OR IN COLLABORATION WITH OTHERS.

PART V, SECTION B, LINE 13H:
FACILITY REPORTING GROUP - A

200% OR LESS FEDERAL POVERTY GUIDELINES (FPG) - FULL CHARITABLE DISCOUNT $0 CHARGES.

201%-400% FPG - LOW INCOME DISCOUNT NO MORE THAN APPLICABLE MEDI CAL RATES IN EFFECT AT DATE OF SERVICE. WHERE MEDI CAL RATES CANNOT BE DETERMINED 75% DISCOUNT FROM CHARGES.

400% - HIGH MEDICAL COST DISCOUNT, INCOME FOR THE LAST 12 MONTHS DOES NOT EXCEED 400% OF FPG, THEY HAVE NOT RECEIVED A DISCOUNTED RATE FROM THE HOSPITAL AS A RESULT OF THEIR THIRD-PARTY INSURANCE COVERAGE, AND THEIR ANNUAL OUT-OF-POCKET MEDICAL EXPENSES FOR THE PRIOR 12 MONTHS EXCEED 10% OF THEIR FAMILY'S ANNUAL INCOME. ELIGIBLE PATIENTS' OBLIGATION WILL BE REDUCED TO NO MORE THAN THE APPLICABLE MEDICAL RATES IN EFFECT AT DATE OF SERVICE. WHERE MEDICAL RATES CANNONT BE DETERMINED, ELIGIBLE PATIENTS WILL RECEIVE A 75% DISCOUNT FROM CHARGES.

PROMPT PAY DISCOUNT: VALLEY CHILDREN'S WILL EXTEND A 45% PROMPT PAY DISCOUNT TO THOSE SELF-PAY PATIENTS WHO WISH TO PAY THEIR ENTIRE OUTSTANDING BALANCE IMMEDIATELY. INSURED PATIENTS WITH NON-COVERED SERVICES WHICH ARE DEEMED MEDICALLY NECESSARY AND WISH TO PAY THEIR OUTSTANDING BALANCE IMMEDIATELY WILL BE ELIGIBLE FOR A 45% DISCOUNT UPON REQUEST.

PART V, LINE 16A, FAP WEBSITE:
HTTPS://WWW.VALLEYCHILDRENS.ORG/YOUR-VISIT/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

PART V, LINE 16B, FAP APPLICATION WEBSITE:
HTTPS://WWW.VALLEYCHILDRENS.ORG/YOUR-VISIT/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:
HTTPS://WWW.VALLEYCHILDRENS.ORG/YOUR-VISIT/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

PART V, LINE 16J, FAP OTHER INFORMATION:
ADDITIONALLY THE POLICY IS SENT BY US POSTAL SERVICE TO COMMUNITY AGENCIES TO BE DISTRIBUTED.

Part V **Facility Information** *(continued)*

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

VALLEY CHILDREN'S MAINTAINS A LIST OF PROVIDERS IN A DOCUMENT SEPARATE FROM THE FINANCIAL ASSISTANCE POLICY. MEMBERS OF THE PUBLIC MAY READILY OBTAIN A COPY FREE OF CHARGE, BOTH ONLINE AND ON PAPER, AS REQUIRED BY IRS NOTICE 2015-46. THE LINK TO THE WEBSITE IS: HTTPS://WWW.VALLEYCHILDRENS.ORG/FIND-A-DOCTOR/FIND-A-DOCTOR

Part V **Facility Information** *(continued)*

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

(list in order of size, from largest to smallest)

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

Name and address	Type of facility (describe)

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's FAP.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (for example, open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:
N/A

PART I, LINE 6A:
N/A

PART I, LINE 7:
CHARITY CARE AT COST WAS CALCULATED USING A COST-TO-CHARGE RATIO DERIVED FROM WORKSHEET 2. THE DECISION SUPPORT SYSTEM WAS USED TO CALCULATE COST-TO-CHARGE FOR DETERMINING UNREIMBURSED MEDI-CAL AND OTHER MEANS-TESTED GOVERNMENT PROGRAMS. THIS DECISION SUPPORT SYSTEM ADDRESSES ALL PATIENT SEGMENTS (I.E INPATIENT, OUTPATIENT, ETC.).

PART I, LN 7 COL(F):
THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $14,006,374.

PART III, LINE 2:
COSTING METHODOLOGY:
ALLOWANCE FOR DOUBTFUL ACCOUNTS ARE ESTIMATED BASED ON HISTORICAL WRITE-OFF PERCENTAGES. DOUBTFUL ACCOUNTS ARE WRITTEN OFF AGAINST THE ALLOWANCE AFTER ADEQUATE COLLECTION EFFORT IS EXHAUSTED AND RECORDED AS RECOVERIES OF BAD DEBT IF SUBSEQUENTLY COLLECTED. THE COST OF BAD DEBT WRITE-OFFS WERE CALCULATED BY APPLYING THE OVERALL COST TO CHARGE RATIO OF THE ORGANIZATION TO THE CHARGES WRITTEN OFF.

PART III, LINE 4:
FOOTNOTE DESCRIBING BAD DEBT EXPENSE: SEE PAGE 15-16 OF THE AUDITED FINANCIAL STATEMENTS.

PART III, LINE 8:
MEDICARE ALLOWABLE COST IS CALCULATED USING THE FILED 2025 MEDICARE COST REPORT. MEDICARE SHORTFALL SHOULD BE INCLUDED AS A COMPONENT OF COMMUNITY BENEFIT BECAUSE REIMBURSEMENT IS NOT NEGOTIABLE AND DOES NOT COVER THE COST TO PROVIDE SERVICES. ADDITIONALLY, THE MAJORITY OF THE HOSPITAL'S MEDICARE PATIENTS WOULD BE COVERED BY MEDI-CAL IF THEY DID NOT FALL UNDER THE MEDICARE COVERAGE OPTION.

Part VI **Supplemental Information** *(Continuation)*

PART III, LINE 9B:
COLLECTION ATTEMPTS ARE DISCONTINUED ONCE CHARGES ARE DETERMINED TO BE ELIGIBLE FOR CHARITY CARE OR FINANCIAL ASSISTANCE; INSURANCE COLLECTION ATTEMPTS CONTINUE AS APPROPRIATE.

PART VI, LINE 2:
IN ADDITION TO PERFORMING THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), THE FACILITY HAS MADE ITS MOST RECENT FY2025 CHNA AVAILABLE ON ITS PUBLIC WEBSITE AND ASKS FOR PUBLIC COMMENTS TO SOLICIT ADDITIONAL INFORMATION AND INPUT ON COMMUNITY HEALTH NEEDS. FACILITY STAFF ACTIVELY PARTICIPATE IN LOCAL COLLABORATIVE GROUPS THAT CONVENE TO IDENTIFY AND ADDRESS COMMUNITY HEALTH AND WELFARE NEEDS. MEMBERS OF FACILITY STAFF SERVE ON COMMUNITY ORGANIZATION GOVERNING BOARDS AND ADVISORY BODIES TO PUBLIC HEALTH AGENCIES, AND INFORMATION OBTAINED FROM THIS ACTIVE COMMUNITY INVOLVEMENT FACTORS INTO IDENTIFICATION OF COMMUNITY HEALTH NEEDS.

PART VI, LINE 3:
ENROLLMENT IN HEALTH INSURANCE
VALLEY CHILDREN'S IDENTIFIED AND PROVIDED ENROLLMENT ASSISTANCE TO UNINSURED AND UNDER-INSURED PATIENTS WHO QUALIFIED FOR MEDI-CAL, CALIFORNIA CHILDREN'S SERVICES PROGRAM OR VALLEY CHILDREN'S FINANCIAL ASSISTANCE PROGRAM. ONCE ELIGIBILITY WAS DETERMINED, VALLEY CHILDREN'S STAFF ASSISTED THE FAMILIES WITH COMPLETING NECESSARY APPLICATIONS AND SUBMITTING THEM TO THE APPROPRIATE AGENCIES.

PART VI, LINE 4:
VALLEY CHILDREN'S HEALTHCARE IS CENTRAL CALIFORNIA'S ONLY HIGH-QUALITY, COMPREHENSIVE HEALTHCARE NETWORK DEDICATED TO CHILDREN, FROM BEFORE BIRTH TO YOUNG ADULTHOOD, AS WELL AS TO HIGH-RISK PREGNANT WOMEN, OFFERING HIGHLY SPECIALIZED MEDICAL AND SURGICAL SERVICES TO CARE FOR CONDITIONS RANGING FROM COMMON TO THE HIGHLY COMPLEX.

VALLEY CHILDREN'S SERVICE AREA IS FOCUSED ON THE SEVEN COUNTIES THAT COLLECTIVELY ACCOUNT FOR MORE THAN 90% OF VALLEY CHILDREN'S INPATIENT AND OUTPATIENT VOLUME. THOSE COUNTIES ARE FRESNO, KERN, KINGS, MADERA, MERCED, STANISLAUS AND TULARE.

THE POPULATION OF THE SERVICE AREA IS 3,547,826 RESIDENTS. FROM 2018 TO 2023, THE POPULATION IN THE SERVICE AREA INCREASED BY 3.3%. RATES OF GROWTH IN THE AREA COUNTIES RANGED FROM 1.8% IN KINGS COUNTY TO 6.1% IN MERCED COUNTY.

IN THE TOTAL SERVICE AREA, 49.5% OF THE POPULATION IS FEMALE AND 50.5% IS MALE, WITH RATIOS RANGING FROM 44.8% OF THE POPULATION BEING FEMALE IN KINGS COUNTY, TO 50.9% OF THE POPULATION BEING FEMALE IN MADERA COUNTY.

GENDER IDENTITY (WHETHER ONE CONSIDERS ONESELF THE GENDER ASSIGNED AT BIRTH, THE OPPOSITE GENDER, OR NON-BINARY) DIFFERS FROM GENDER EXPRESSION (WHETHER ONE CONFORMS TO CULTURAL EXPECTATIONS FOR GENDER, IN TERMS OF BEHAVIOR, MANNERISMS, INTERESTS AND/OR APPEARANCE). FOR GENDER EXPRESSION, AS A PART OF THE CHIS (CALIFORNIA HEALTH INTERVIEW SURVEY), TEENS WERE ASKED TO REPORT THEIR GENDER, AND HOW OTHER PEOPLE AT SCHOOL WOULD DESCRIBE THEM, RANGING FROM VERY FEMININE TO VERY MASCULINE. IN THE SEVEN-COUNTY SERVICE AREA, 75.2% OF THE TEEN POPULATION WERE IDENTIFIED AS CONFORMING IN THEIR GENDER EXPRESSION, AND 24.8% AS NON-CONFORMING. TEENS

Part VI **Supplemental Information** *(Continuation)*

IN STANISLAUS COUNTY WERE THE MOST LIKELY TO REPORT BEING GENDER NON-CONFORMING (32.8%) AND TEENS IN TULARE COUNTY WERE THE LEAST LIKELY TO SAY THEY WERE GENDER NON-CONFORMING (16.7%).
TEENS WERE ALSO ASKED THE GENDER ON THEIR ORIGINAL BIRTH CERTIFICATE, AND WHETHER THEY CURRENTLY DESCRIBED THEMSELVES AS MALE, FEMALE, OR TRANSGENDER. THE RATE OF TEENS IN THE SERVICE AREA WHO DESCRIBE THEMSELVES AS TRANSGENDER (1.9%) IS LOWER THAN FOR CALIFORNIA (2.5%).

THE PERCENTAGE OF CHILDREN AND TEENS, AGES 0 TO 17, IN THE SERVICE AREA WAS 28.4%. CHILDREN AND YOUTH RANGED FROM 26.9% IN STANISLAUS COUNTY TO 30.1% IN TULARE COUNTY. THE PERCENTAGE OF ADULTS, AGES 18 TO 64, WAS 59.3% OVERALL, AND RANGED FROM 58.2% IN TULARE COUNTY TO 62.3% IN KINGS COUNTY. THE PERCENTAGE OF ADULTS, AGES 65 AND OLDER, WAS 12.3% IN THE SERVICE AREA, AND RANGED FROM 10.6% IN KINGS COUNTY TO 14.4% MADERA COUNTY. ALL SERVICE AREA COUNTIES HAVE A LARGER POPULATION OF CHILDREN AND YOUTH THAN THE STATE.

IN THE SERVICE AREA, 56.5% OF THE POPULATION IDENTIFY AS HISPANIC OR LATINO, 29.5% AS NON-HISPANIC WHITE, 6.5% AS NON-HISPANIC ASIAN, AND 3.6% AS NON-HISPANIC BLACK OR AFRICAN AMERICAN. RESIDENTS WHO IDENTIFY AS NATIVE HAWAIIAN OR PACIFIC ISLANDER (NHPI), AMERICAN INDIAN OR ALASKA NATIVE (AIAN), AND OTHER OR MULTIPLE RACES MAKE UP 3.9% OF THE SERVICE AREA POPULATION. RESIDENTS WHO IDENTIFY AS HISPANIC OR LATINO RANGE FROM 49.2% OF THE POPULATION OF STANISLAUS COUNTY TO 66.1% OF THE POPULATION OF TULARE COUNTY.

WHITE RESIDENTS RANGE FROM 24.3% OF THE POPULATION OF MERCED COUNTY TO 37.5% IN STANISLAUS COUNTY. ASIAN RESIDENTS RANGE FROM 2.4% OF THE POPULATION IN MADERA COUNTY TO 10.8% IN FRESNO COUNTY. BLACK OR AFRICAN AMERICAN RESIDENTS COMPRISE RANGE FROM 1.3% OF THE POPULATION IN TULARE COUNTY TO 6% OF THE POPULATION IN KINGS COUNTY. THE HIGHEST PERCENTAGE OF AIAN RESIDENTS ARE FOUND IN KINGS COUNTY (0.7%) AND THE HIGHEST PERCENTAGE OF NHPI RESIDENTS ARE FOUND IN STANISLAUS COUNTY (0.5%).

IN THE SERVICE AREA, 20.7% OF THE RESIDENTS ARE FOREIGN BORN, AND OF THE FOREIGN BORN, 56.9% ARE NOT U.S. CITIZENS. IT IS IMPORTANT TO NOTE THAT NOT BEING A U.S CITIZEN DOES NOT NECESSARILY INDICATE A PARTICULAR IMMIGRATION STATUS.

IN THE SERVICE AREA, ENGLISH IS SPOKEN AT HOME BY 54.3% OF THE POPULATION, AGES FIVE AND OLDER. SPANISH IS SPOKEN AT HOME AMONG 38.5% OF THE POPULATION. ASIAN OR PACIFIC ISLANDER LANGUAGES ARE SPOKEN IN THE HOME BY 3.6% OF SERVICE AREA RESIDENTS, AND INDO-EUROPEAN LANGUAGES OTHER THAN ENGLISH OR SPANISH ARE SPOKEN BY 2.8% OF THE POPULATION. KINGS COUNTY HAS THE HIGHEST PERCENTAGE OF ENGLISH-ONLY SPEAKERS (57.9%). TULARE COUNTY HAS THE HIGHEST PERCENTAGE OF SPANISH SPEAKERS (46.4%). THE HIGHEST PROPORTION OF ASIAN OR PACIFIC ISLANDER LANGUAGE SPEAKERS IS FOUND IN FRESNO COUNTY (5.9%), AND THE HIGHEST PROPORTION OF SPEAKERS OF SOME OTHER INDO-EUROPEAN LANGUAGES ARE FOUND IN MERCED COUNTY AND STANISLAUS COUNTY (4.4%).

LINGUISTIC ISOLATION IS DEFINED AS THE POPULATION, AGES 5 AND OLDER, WHO SPEAKS ENGLISH "LESS THAN VERY WELL." CHILDREN IN SUCH FAMILIES MAY SERVE AS THE FAMILY'S PRIMARY TRANSLATOR. IN THE SERVICE AREA, 18.3% OF THE POPULATION IS LINGUISTICALLY ISOLATED, WITH RATES RANGING FROM 15.7% IN STANISLAUS COUNTY TO 23.2% IN TULARE COUNTY.

Part VI **Supplemental Information** *(Continuation)*

THE CALIFORNIA DEPARTMENT OF EDUCATION PUBLISHES RATES OF "ENGLISH LEARNERS," DEFINED AS THE PERCENTAGE OF STUDENTS WHOSE PRIMARY LANGUAGE IS NOT ENGLISH AND WHO LACK SUFFICIENT ENGLISH-LANGUAGE SKILLS NECESSARY FOR ACADEMIC SUCCESS. IN SERVICE AREA COUNTIES, THE PERCENTAGE OF STUDENTS WHO WERE CLASSIFIED ENGLISH LEARNERS RANGED FROM 17.8% IN KINGS COUNTY AND 17.9% IN KERN COUNTY, TO 24.4% IN STANISLAUS COUNTY.

THE HEALTHY PEOPLE 2030 OBJECTIVE IS 92.4% INSURANCE COVERAGE FOR ALL POPULATION GROUPS. IN THE SERVICE AREA, 92.6% OF THE TOTAL POPULATION HAS HEALTH INSURANCE COVERAGE, RANGING FROM 91% IN MERCED COUNTY TO 94% IN STANISLAUS COUNTY. AMONG CHILDREN AND YOUTH, AGES 0-18, 96.8% IN THE SERVICE AREA ARE INSURED, WITH THE LOWEST RATES FOUND IN KINGS AND MERCED COUNTIES (95.8%) AND THE HIGHEST IN MADERA AND TULARE COUNTIES (97.5%). CHILDREN, AGES 0 TO 5, ARE MOST LIKELY TO BE INSURED (97.2% IN THE SERVICE AREA), AND 96.6% OF SERVICE AREA CHILDREN, AGES 6 TO 18, HAVE HEALTH INSURANCE. MERCED COUNTY HAS THE LOWEST COVERAGE AMONG CHILDREN, AGES FIVE AND YOUNGER (95.8%), AND KINGS COUNTY HAS THE LOWEST HEALTH INSURANCE COVERAGE (95.3%) AMONG THOSE AGES 6 TO 18.

WHEN THE TYPE OF INSURANCE WAS EXAMINED, 40.4% OF SERVICE AREA CHILDREN AND YOUTH WERE COVERED BY EMPLOYMENT-BASED INSURANCE AND 54.6% HAD MEDI-CAL COVERAGE.

PART VI, LINE 5:
PROMOTION OF COMMUNITY HEALTH

THE GOVERNING BOARD OF VALLEY CHILDREN'S HOSPITAL IS PRIMARILY COMPRISED OF MEMBERS OF THE COMMUNITY WHO ARE NEITHER EMPLOYEES NOR INDEPENDENT CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS.

THE HOSPITAL FACILITY MAINTAINS AN OPEN MEDICAL STAFF EXCEPT IN RARE INSTANCES WHEN A CLINICAL DEPARTMENT IS "CLOSED" IN ACCORDANCE WITH CALIFORNIA LAW FOR HOSPITAL-BASED SERVICES.

AS A NONPROFIT ORGANIZATION, ANY SURPLUS FUNDS ARE INVESTED BACK INTO PROVIDING HEALTH CARE SERVICES AND RESOURCES TO THE COMMUNITY, INCLUDING BUT NOT LIMITED TO NEW PATIENT CARE LOCATIONS AND EQUIPMENT, EXPANDED PROGRAMS AND SERVICES, AND THE TRAINING OF PHYSICIANS, NURSES, AND OTHER HEALTH PROFESSIONALS. VALLEY CHILDREN'S PEDIATRIC RESIDENCY PROGRAM IS AFFILIATED WITH THE STANFORD UNIVERSITY SCHOOL OF MEDICINE AND PROVIDES GENERAL AND ADVANCED CLINICAL PEDIATRIC TRAINING. THE PROGRAM PLAYS A CRITICAL ROLE IN MEETING THE PEDIATRIC PHYSICIAN NEEDS OF THE CENTRAL VALLEY.

THE RESEARCH PROGRAM AT VALLEY CHILDREN'S HOSPITAL CONSISTS OF BOTH NATIONAL MULTI-CENTER CLINICAL TRIALS AND LOCALLY GENERATED PHYSICIAN AND INTERPROFESSIONAL STAFF-INITIATED RESEARCH STUDIES. OUR FOCUS IS TO PARTICIPATE IN STUDIES THAT ARE TAILORED TO MEET THE VARIED NEEDS OF OUR PATIENT POPULATION. IN 2025, 232 STUDIES WERE AVAILABLE TO CHILDREN AND THEIR FAMILIES. STUDIES INCLUDED PHASE II THROUGH PHASE IV CLINICAL RESEARCH, AS WELL AS QUALITATIVE RESEARCH, REGISTRIES AND OTHER PROGRAMS.

PART VI, LINE 6:
N/A

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

Part VI **Supplemental Information** *(Continuation)*

CA

SCHEDULE I (Form 990)
(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: VALLEY CHILDREN'S HOSPITAL

Employer identification number: 94-1294954

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? ..... [X] 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SIERRA VISTA CHILD & FAMILY SERVICES - 1600 N. CARPENTER RD, BLDG B - MODESTO, CA 95351	94-2158023	501(C)(3)	6,000.	0.			DONATION
NATIONAL FOOD FESTIVALS 8839 N. CEDAR AVE #385 FRESNO, CA 93820	84-4216314	501(C)(3)	6,000.	0.			DONATION
EXCEPTIONAL PARENTS UNLIMITED 4440 N. FIRST ST FRESNO, CA 93726	77-0263702	501(C)(3)	6,780.	0.			SPONSORSHIP
MAKE A WISH NORTHEASTERN & CENTRAL CALIFORNIA - 2800 CLUB CENTER DR - SACRAMENTO, CA 95835	68-0027351	501(C)(3)	7,140.	0.			SPONSORSHIP
COMMUNITY ACTION PARTNER 1225 GILL AVE MADERA, CA 93637	94-1612823	501(C)(3)	7,500.	0.			DONATION
VRTKL,INC (FORK FARMS,LLC) 1025 LOMBARDI AVE GREEN BAY, WI 54304	86-2372525		9,590.	0.			DONATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 42.

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE 9161 RANDALL WAY MADERA, CA 93636	94-2864490	501(C)(3)	9,640.	0.			SPONSORSHIP
COMMUNITY SERVICES EMPLOYMENT TRAINING - 312 NW 3RD AVE - VISALIA, CA 93291	94-1701352	501(C)(3)	9,712.	0.			SPONSORSHIP
BUDDHIST TZU CHI MEDICAL FOUNDATION - 3898 N ANN AVE - FRESNO, CA 93727	94-2952782	501(C)(3)	10,000.	0.			SPONSORSHIP
GARDEN PATHWAYS INC 1616 29TH ST BAKERSFIELD, CA 93301	77-0442212	501(C)(3)	10,000.	0.			DONATION
MODESTO CHILDRENS MUSEUM 928 11TH ST MODESTO, CA 95354	84-2442152	501(C)(3)	10,000.	0.			DONATION
BLACK WELLNESS & PROSPERITY CENTER 2201 CALACERAS ST FRESNO, CA 93721	84-3848144	501(C)(3)	10,000.	0.			DONATION
SPECIAL OLYMPICS NORTHERN CALIFORNIA - 1446 TOLLHOUSE RD ST 102 - CLOVIS, CA 93611	68-0363121	501(C)(3)	35,000.	0.			DONATION
CENTRAL VALLEY COMMUNITY SPORTS FOUNDATION - 4000 N CEDAR AVE - FRESNO, CA 93726	47-3325944	501(C)(3)	10,000.	0.			SPONSORSHIP
CITY OF MODESTO 1010 TENTH ST, STE 2100 MODEST, CA 95354		CITY OF MODESTO	20,000.	0.			DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MADERA COUNTY FOOD BANK 1055 KNOX RD MADERA, CA 93638	77-0513488	501(C)(3)	10,140.	0.			DONATION
CHILDREN'S MOVEMENT OF FRESNO 4949 E CESAR CHAVEZ BLVD STE 2 FRESNO, CA 93727	87-2074641	501(C)(3)	10,272.	0.			SPONSORSHIP
FRESNO METROPOLITAN MINISTRY 3845 N CLARK ST, STE 101 FRESNO, CA 93726	94-2181848	501(C)(3)	11,000.	0.			SPONSORSHIP
RANCHOS YOUTH FOOTBALL PO BOX 702 MADERA, CA 93639	54-2099043	501(C)(3)	11,000.	0.			DONATION
THE FOUNDATION @FCOE 1111 VAN NESS, 3RD FLR FRESNO, CA 93721	80-0381096	501(C)(3)	12,500.	0.			SPONSORSHIP
WEST FRESNO HEALTH CARE 700 VAN NESS AVE, STE 201 FRESNO, CA 93721	77-0577093	501(C)(3)	15,280.	0.			SPONSORSHIP
FOODLINK FOR TULARE COUNTY 611 2ND ST EXETER, CA 93221	94-2558802	501(C)(3)	20,000.	0.			DONATION
LIGHTHOUSE FOR CHILDREN 2405 TULARE ST, STE 200 FRESNO, CA 93721	46-3113048	501(C)(3)	20,000.	0.			DONATION
COMMUNITY INITIATIVES FOR COLLECTIVE IMPACT - 936 W 18TH ST - MERCED, CA 95340	82-2822850	501(C)(3)	20,000.	0.			SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA FRESNO MADERA 2300 TULARE ST, STE 210 FRESNO, CA 93721	77-0401361	501(C)(3)	22,140.	0.			SPONSORSHIP
SOUTH VALLEY SOCCER CLUB 707 W MURRAY AVE VISALIA, CA 93291	37-1759309	501(C)(3)	25,000.	0.			SPONSORSHIP
BOYS & GIRLS CLUBS OF FRESNO 540 N AUGUSTA AVE FRESNO, CA 93701	94-1149171	501(C)(3)	28,000.	0.			DONATION
POVERELLO HOUSE 412 F ST FRESNO, CA 93706	77-0007985	501(C)(3)	30,000.	0.			DONATION
CENTRAL CALIFORNIA FOOD BANK 4010 E AMENDOLA DR FRESNO, CA 93725	77-0320851	501(C)(3)	36,218.	0.			DONATION
SAN JOAQUIN RIVER PARKWAY AND CONSERVATION TRUST - 11605 OLD FRIANT RD - FRESNO, CA 93730	77-0196692	501(C)(3)	45,000.	0.			DONATION
FRESNO CHAFFEE ZOO CORP 1250 W OLIVE AVE FRESNO, CA 93728	94-1247782	501(C)(3)	45,000.	0.			SPONSORSHIP
ADVENTIST HEALTH BAKERSFIELD 1401 GARCES HWY DELANO, CA 93215	77-0258013	501(C)(3)	95,000.	0.			PROGRAM SUPPORT
BREAK THE BARRIERS INTERNATIONAL 8555 N CEDAR FRESNO, CA 93720	77-0106437	501(C)(3)	49,712.	0.			DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT REST BAPTIST CHURCH 1550 E REV CHESTER RIGGINS FRESNO, CA 93706	77-0009941	501(C)(3)	50,000.	0.			SPONSORSHIP
MARJOREE MASON CENTER 1600 M ST FRESNO, CA 93721	94-1156639	501(C)(3)	69,410.	0.			SPONSORSHIP
MERCED COUNTY FAIR 900 MARTIN LUTHER KING JR WAY MERCED, CA 95341	26-0742048	501(C)(3)	75,000.	0.			SPONSORSHIP
CALIFORNIA INTERSCHOLASTIC FEDERATION - 4658 DUCKHORN DR - SACRAMENTO, CA 95834	51-0204405	501(C)(3)	85,000.	0.			SPONSORSHIP
GOLDEN CHARTER ACADEMY 1626 W PRINCETON AVE FRESNO, CA 93705	84-3677964	501(C)(3)	100,000.	0.			SPONSORSHIP
SUNNYSIDE LONE STAR LITTLE LEAGUE PO BOX 8440 FRESNO, CA 93747	52-1234735	501(C)(3)	100,000.	0.			SPONSORSHIP
FRESNO RESCUE MISSION 2025 E DAKOTA AVE, STE 401 FRESNO, CA 93726	94-1279785	501(C)(3)	1,000,000.	0.			PROGRAM SUPPORT
VALLEY CHILDREN'S MEDICAL GROUP 9300 VALLEY CHILDREN'S PLACE MADERA, CA 93636	46-4150987	501(C)(3)	416,810.	0.			CONTRIBUTION
VALLEY CHILDREN'S HEALTHCARE 9300 VALLEY CHILDREN'S PLACE MADERA, CA 93636	46-4158433	501(C)(3)	850,000.	0.			CONTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEUKEMIA & LYMPHOMA SOCIETY 7491 N REMINGTON AVE, STE 101 FRESNO, CA 93711	13-5644916	501(C)(3)	45,000.	0.			SPONSORSHIP

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
NURSING SCHOLARSHIP	25	44,000.	0.		
EDUCATION SCHOLARSHIP - RESPIRATORY FOCUS	1	1,000.	0.		
CAFETERIA MEALS	21178	0.	130,245.	FMV	MEAL COUPONS FOR PATIENT FAMILIES
TAXI, BUS AND TRANSIT SERVICES	13588	0.	270,622.	BOOK	SUBSIDIZATION OF BUS AND TRANSIT SERVICES
CANCER SURVIVORSHIP SCHOLARSHIP	72	72,000.	0.		

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

PART I, LINE 2:
NURSING SCHOLARSHIPS ARE DESIGNED TO HELP EMPLOYEES MEET FINANCIAL NEEDS THAT ARE NOT COVERED BY OTHER TUITION REIMBURSEMENT PROGRAMS. A SCHOLARSHIP COMMITTEE REVIEWS BLINDED APPLICATIONS BI-ANNUALLY BASED ON CERTAIN CRITERIA AND SCORES AND RANKS APPLICANTS. IF A MEMBER OF THE COMMITTEE APPLIES, THEY ARE REMOVED FROM THE VOTING PROCESS ON ALL APPLICANTS DUE TO THE CONFLICT OF INTEREST. RECIPIENTS ARE RECOMMENDED BY THE COMMITTEE AND THE CHIEF NURSING OFFICER APPROVES THE SELECTIONS CONFIRMING THAT APPLICANTS ARE IN GOOD STANDING. ALL RECIPIENTS ARE EMPLOYEES OF THE HOSPITAL AND THE HOSPITAL IS MADE AWARE WHEN THE RECIPIENT COMPLETES THEIR EDUCATION.

CANCER SURVIVORSHIP SCHOLARSHIPS ARE DESIGNED TO HELP HOSPITAL PEDIATRIC CANCER SURVIVORS WITH THEIR COLLEGE/VOCATIONAL EDUCATION EXPENSES. A COMMITTEE REVIEWS APPLICATIONS ON AN ANNUAL BASIS AND APPROVES THE SCHOLARSHIP. ALL RECIPIENTS ARE CURRENT OR FORMER PATIENTS OF THE HOSPITAL'S CANCER AND BLOOD DISORDER CENTER.

Part IV Supplemental Information

OTHER SERVICES ARE PURCHASED FROM VARIOUS VENDORS AND ARE SUPPLIED TO PATIENTS AND THEIR FAMILIES. THE RECORDS FOR THESE PURCHASED SERVICES ARE MAINTAINED BY THE HOSPITAL.

SCHEDULE J (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

VALLEY CHILDREN'S HOSPITAL

Employer identification number

94-1294954

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 indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
3	Indicate which, if any, of the following the 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		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X	
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 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		X
b	Any related organization?	5b		X
	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		X
b	Any related organization?	6b		X
	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 on lines 5 and 6? If "Yes," describe in Part III	7	X	
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		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TODD SUNTRAPAK	(i)	1,696,114.	513,402.	699,075.	32,220.	41,560.	2,982,371.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DAVID CHRISTENSEN, MD	(i)	860,051.	165,426.	44,207.	32,220.	38,506.	1,140,410.	0.
SVP, CPE & PRESIDENT VCMG	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BEVERLY HAYDEN-PUGH	(i)	185,922.	0.	637,604.	27,518.	8,245.	859,289.	513,363.
FORMER CNO, SVP/ADVR TO CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TINA MYCROFT	(i)	581,068.	112,544.	26,588.	37,408.	33,288.	790,896.	0.
SVP & CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DAVID HODGE JR	(i)	495,909.	74,554.	76,516.	102,475.	38,506.	787,960.	72,908.
VP, MED GROUP & ANCILLARY SVCS OPS	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KAREN DAHL, MD	(i)	468,533.	73,949.	99,707.	94,830.	13,396.	750,415.	72,581.
VP, MED AFFAIRS & PHYS DEV	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JANE WILLSON	(i)	473,568.	91,834.	104,153.	32,003.	10,000.	711,558.	0.
SVP, CHIEF STRATEGY OFFICE	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MICHAEL GOLDRING	(i)	527,106.	98,994.	18,555.	32,220.	12,750.	689,625.	0.
SVP STRATEGIC PARTNERSHIPS	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) WILLIAM CHALTRAW, JR.	(i)	502,443.	97,176.	25,039.	24,749.	38,906.	688,313.	0.
HOSPITAL PRES. & CAO (AS OF 2/25)	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DANIELLE BARRY	(i)	540,110.	99,541.	912.	13,200.	31,470.	685,233.	0.
SVP, COO	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) LYNNE ASHBECK	(i)	435,611.	81,149.	85,124.	32,220.	0.	634,104.	0.
SVP, CHIEF COMMUNITY IMPACT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JOSEPH EGAN	(i)	403,691.	60,801.	1,918.	89,508.	40,506.	596,424.	0.
VP & CIO	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) KELLY BEALL	(i)	402,952.	78,670.	24,628.	27,867.	46,868.	580,985.	0.
SVP, CHIEF PEOPLE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) VICKY TILTON	(i)	427,563.	64,069.	5,290.	13,200.	37,112.	547,234.	0.
VP PATIENT CARE SVCS & CNO	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) RATAN MILEVOJ	(i)	325,923.	48,446.	796.	26,288.	38,506.	439,959.	0.
VP MKTG, COMM., INNOV. & ASST. CSO	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) MICHELE WALDRON, FORMER	(i)	71,900.	3,000.	317,400.	22,572.	21,825.	436,697.	0.
CFO, EVP & PRINC. CONS. TO CEO	(ii)	0.	0.	0.	0.	0.	0.	0.

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

For each individual whose compensation must be reported 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) YVONNE WOOD	(i)	328,327.	50.	15,412.	31,863.	41,706.	417,358.	0.
MGR PATIENT THROUGHPUT	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) KELLIE DYER	(i)	281,073.	41,601.	2,958.	65,226.	13,200.	404,058.	0.
VP SUPPLY,CONSTR & FAC.	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) STEPHANIE VANCE, FORMER VP,	(i)	69,538.	0.	57,012.	73,956.	39,720.	240,226.	57,012.
FINANCE & PROJECT SUPPORT MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 1A:
TODD SUNTRAPAK RECEIVED TAX GROSS-UP PAYMENTS RELATED TO LOAN FORGIVENESS. THE GROSS-UP PAYMENTS WERE TREATED AS TAXABLE COMPENSATION AND WERE INCLUDED IN HIS FORM W-2.

PART I, LINE 3:
VALLEY CHILDREN'S HOSPITAL RELIED ON A RELATED ORGANIZATION, VALLEY CHILDREN'S HEALTHCARE, TO ESTABLISH THE COMPENSATION AND BENEFITS USING ALL OF THE METHODS INCLUDED ON LINE 3 EXCEPT "FORM 990 OF OTHER ORGANIZATIONS" AND "WRITTEN EMPLOYMENT CONTRACT."

PART I, LINE 4B:
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS INCLUDE 1) A NONCONTRIBUTORY, NONQUALIFIED DEFERRED COMPENSATION PLAN FOR A SELECT GROUP OF MANAGEMENT CALLED THE DEFINED CONTRIBUTION SUPPLEMENTAL EMPLOYEE RETIREMENT PLAN (DCSERP), 2) A SPLIT DOLLAR LIFE INSURANCE PROGRAM USED AS A RETENTION TOOL FOR CERTAIN KEY EXECUTIVES. PARTICIPANTS OF THIS PROGRAM FORFEIT ELIGIBILITY FOR THE DCSERP (SEE SCHEDULE L PART V FOR A BROADER DESCRIPTION) AND 3) AN ADDITIONAL DEFERRED COMPENSATION PLAN BENEFITTING CERTAIN KEY EXECUTIVES (457F RT).

$506,126 WAS PAID OUT OF THE DCSERP PLAN DURING THE YEAR.

DCSERP PAYOUT AND EMPLOYER ACCRUAL TO THE DCSERP FOR CALENDAR YEAR 2024 ARE AS FOLLOWS:

BEVERLY HAYDEN-PUGH - DCSERP PAYOUT $98,792

JANE WILLSON - DCSERP PAYOUT $70,601

STEPHANIE VANCE - DCSERP PAYOUT $57,012; ACCRUAL $51,427

KAREN DAHL - DCSERP PAYOUT $72,581; ACCRUAL $69,638

DAVID HODGE JR - DCSERP PAYOUT $72,908; ACCRUAL $70,255

TINA MYCROFT - DCSERP ACCRUAL $34,063

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.

LYNNE ASHBECK - DCSERP PAYOUT $62,398

JOSEPH EGAN - DCSERP ACCRUAL $57,288

KELLIE DYER - DCSERP ACCRUAL $35,998

MICHAEL GOLDRING, WILLIAM CHALTRAW, JR, DAVID CHRISTENSEN, TODD SUNTRAPAK, MICHELE WALDRON, DANIELLE BARRY, KELLY BEALL, AND VICKY TILTON PARTICIPATE IN THE SPLIT-DOLLAR LIFE INSURANCE PROGRAM IN LIEU OF THE DCSERP.

BEVERLY HAYDEN-PUGH PARTICIPATE IN A 457F RT DEFERRED COMPENSATION PLAN. THE FOLLOWING AMOUNT WAS PAID DURING THE 2024 CALENDAR YEAR:

BEVERLY HAYDEN-PUGH - $513,363

PART I, LINE 7:
AN INCENTIVE PLAN HAS BEEN ESTABLISHED THAT ALLOWS FOR PAYMENT OF INCENTIVES BASED ON NETWORK WIDE GOALS TO QUALIFYING INDIVIDUALS. SUCH GOALS ARE RELATED TO A VARIETY OF METRICS INCLUDING OPERATIONAL AND QUALITY RESULTS OF THE HOSPITAL AND ITS RELATED ENTITIES. THE INCENTIVE PLAN HAS BEEN APPROVED BY THE COMPENSATION COMMITTEE OF THE VALLEY CHILDREN'S HEALTHCARE BOARD OF TRUSTEES. THE COMMITTEE REVIEWS AND APPROVES THE PLAN GOALS AT THE BEGINNING OF THE PLAN YEAR AND ACHIEVEMENT OF THESE GOALS, AND FORECASTED PAYOUTS, AT THE END OF EACH YEAR.

SCHEDULE L
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
VALLEY CHILDREN'S HOSPITAL

Employer identification number
94-1294954

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

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

Part II Loans to and/or From Interested Persons

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) No	(h) Approved by board or committee? Yes	(h) No	(i) Written agreement? Yes	(i) No
(1)TODD SUNTRAPA	OFFICER	SPLIT IN		X	11109107.	11711090.		X	X		X	
(2)MICHELE WALDR	FORMER O	SPLIT IN		X	9,721,634.	10280226.		X	X		X	
(3)DAVID CHRISTE	KEY EMPL	SPLIT IN		X	5,282,545.	5,568,797.		X	X		X	
(4)WILLIAM CHALT	KEY EMPL	SPLIT IN		X	2,122,641.	2,237,663.		X	X		X	
(5)MICHAEL GOLDR	HIGHEST	SPLIT IN		X	5,498,581.	5,796,540.		X	X		X	
(6)TODD SUNTRAPA	OFFICER	SEE BELO		X	5,000,000.	3,923,093.		X	X		X	
(7)DANIELLE BARR	KEY EMPL	SPLIT IN		X	5,061,842.	5,515,322.		X	X		X	
(8)KELLY BEALL	KEY EMPL	SPLIT IN		X	5,657,652.	6,164,508.		X	X		X	
(9)VICKY TILTON	KEY EMPL	SPLIT IN		X	4,494,584.	4,897,244.		X	X		X	
(10)WILLIAM CHALT	KEY EMPL	SPLIT IN		X	3,140,219.	3,421,544.		X	X		X	
Total						$ 62782343.						

Part III Grants or Assistance Benefiting Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:
(A) NAME OF PERSON: TODD SUNTRAPAK
(C) PURPOSE OF LOAN: SPLIT INTEREST INSURANCE

(A) NAME OF PERSON: MICHELE WALDRON
(B) RELATIONSHIP WITH ORGANIZATION: FORMER OFFICER
(C) PURPOSE OF LOAN: SPLIT INTEREST INSURANCE

(A) NAME OF PERSON: DAVID CHRISTENSEN
(B) RELATIONSHIP WITH ORGANIZATION: KEY EMPLOYEE
(C) PURPOSE OF LOAN: SPLIT INTEREST INSURANCE

(A) NAME OF PERSON: WILLIAM CHALTRAW
(B) RELATIONSHIP WITH ORGANIZATION: KEY EMPLOYEE
(C) PURPOSE OF LOAN: SPLIT INTEREST INSURANCE

(A) NAME OF PERSON: MICHAEL GOLDRING
(B) RELATIONSHIP WITH ORGANIZATION: HIGHEST COMPENSATED EMPLOYEE
(C) PURPOSE OF LOAN: SPLIT INTEREST INSURANCE

(A) NAME OF PERSON: TODD SUNTRAPAK
(C) PURPOSE OF LOAN: SEE BELOW STATEMENT 2

(A) NAME OF PERSON: DANIELLE BARRY
(B) RELATIONSHIP WITH ORGANIZATION: KEY EMPLOYEE
(C) PURPOSE OF LOAN: SPLIT INTEREST INSURANCE

(A) NAME OF PERSON: KELLY BEALL
(B) RELATIONSHIP WITH ORGANIZATION: KEY EMPLOYEE
(C) PURPOSE OF LOAN: SPLIT INTEREST INSURANCE

(A) NAME OF PERSON: VICKY TILTON
(B) RELATIONSHIP WITH ORGANIZATION: KEY EMPLOYEE
(C) PURPOSE OF LOAN: SPLIT INTEREST INSURANCE

(A) NAME OF PERSON: WILLIAM CHALTRAW
(B) RELATIONSHIP WITH ORGANIZATION: KEY EMPLOYEE
(C) PURPOSE OF LOAN: SPLIT INTEREST INSURANCE

(A) NAME OF PERSON: RATAN MILEVOJ

Part V **Supplemental Information**

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

(B) RELATIONSHIP WITH ORGANIZATION: HIGHEST COMPENSATED EMPLOYEE
(C) PURPOSE OF LOAN: SPLIT INTEREST INSURANCE
(D) LOAN TO OR FROM ORGANIZATION? = FROM
(E) ORIGINAL PRINCIPAL AMOUNT $ 2,997,753. (F) BALANCE DUE $ 3,266,316.
(G) LOAN IN DEFAULT? = NO
(H) APPROVED BY BOARD OR COMMITTEE? = YES
(I) WRITTEN AGREEMENT? = YES

PART II, COLUMN C:
STATEMENT 1: THE HOSPITAL HAS ENTERED INTO LIFE INSURANCE-BASED ARRANGEMENTS WITH CERTAIN KEY EXECUTIVES WHO FORFEITED THEIR PARTICIPATION IN THE DC SERP PLAN. THE PURPOSE OF THESE ARRANGEMENTS IS TO RETAIN THE EXECUTIVES FOR A SPECIFIED PERIOD OF TIME AND THEREFORE ACCESS TO THIS BENEFIT IS SUBJECT TO EXTENDED VESTING REQUIREMENTS. ALTHOUGH THE IRS REQUIRES REPORTING IN THE LOAN SECTION OF SCHEDULE L, THESE ARRANGEMENTS ARE NOT ACTUAL LOANS BECAUSE NO FUNDS ARE TRANSFERRED TO THE EXECUTIVES. RATHER, THE "LOAN" TREATMENT APPLIES BECAUSE AFTER THE EXECUTIVE HAS RECEIVED RETIREMENT BENEFITS, THE ORGANIZATION RECOVERS ALL OF ITS OUTLAYS PLUS INTEREST. THE HOSPITAL FULLY FUNDED THE PREMIUMS ON THE ASSOCIATED LIFE INSURANCE POLICIES AT IMPLEMENTATION AND THERE ARE NO ADDITIONAL FUNDING REQUIREMENTS. UNDER THE ARRANGEMENTS, THE HOSPITAL WILL ACCRUE INVESTMENT RETURNS AND INTEREST ON THE PREMIUMS PAID FOR THE LIFE INSURANCE POLICIES. UPON THE DEATH OF A COVERED EXECUTIVE, THE HOSPITAL WILL BE REPAID THE INVESTMENT AND ACCRUED RETURNS, THE EXECUTIVES' BENEFICIARIES WILL RECEIVE AS A DEATH BENEFIT AN AMOUNT EQUAL TO THE MOST RECENT PROJECTION OF THE TOTAL VESTED LIFETIME AMOUNT AVAILABLE, LESS ANY AMOUNTS BORROWED BY THE EXECUTIVE AFTER THE DATE OF THE PROJECTION, AND ANY REMAINING EXCESS PROCEEDS WILL BE DONATED TO THE HOSPITAL TO BE USED TO SERVE THE COMMUNITY AND OTHERWISE FULFILL THE MISSION. THE VALUE OF THE DONATION (THE ESTIMATED EXCESS PROCEEDS THAT WOULD REMAIN) AS OF 9/30/25 IS ESTIMATED TO BE IN EXCESS OF $87.8M IN THE AGGREGATE WITH RESPECT TO THESE KEY EXECUTIVES.

STATEMENT 2: LOAN FOR RESIDENCE AS A RETENTION INCENTIVE IN LIEU OF OTHER COMPENSATION. ANNUAL LOAN REDUCTION REPRESENTS TAXABLE INCOME REPORTED IN SCHEDULE J PART II B (III) AS OTHER REPORTABLE COMPENSATION.

SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
VALLEY CHILDREN'S HOSPITAL

Employer identification number
94-1294954

FORM 990, PART VI, SECTION A, LINE 6:
THE AMENDED AND RESTATED BYLAWS OF VALLEY CHILDREN'S HOSPITAL, EFFECTIVE 10/17/13, ESTABLISHED VALLEY CHILDREN'S HEALTHCARE AS THE SOLE MEMBER OF THE CORPORATION. CERTAIN MEMBER RIGHTS, INCLUDING THE RIGHT TO APPROVE, FIX THE NUMBER, ELECT, AND REMOVE ELECTED TRUSTEES, ARE INCLUDED IN THESE BYLAWS.

FORM 990, PART VI, SECTION A, LINE 7A:
SEE ANSWER FOR LINE 6 ABOVE

FORM 990, PART VI, SECTION A, LINE 7B:
SEE ANSWER FOR LINE 6 ABOVE

FORM 990, PART VI, SECTION B, LINE 11B:
A DRAFT OF THE FORM 990 IS UPLOADED TO A SECURED BOARD PORTAL PRIOR TO THE FILING DATE. BOARD MEMBERS ARE ASKED TO REVIEW THE FORM 990 AND PRESENT ANY QUESTIONS THEY MAY HAVE TO THE CFO. IN ADDITION, A MEETING IS HELD TO REVIEW THE FORM 990 AND PROVIDE FOR ADDITIONAL TIME TO ANSWER QUESTIONS. CHANGES CAN THEN BE MADE IF WARRANTED BEFORE THE 990 IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:
THE HOSPITAL BOARD OF TRUSTEES MAINTAINS A CONFLICT OF INTEREST POLICY WITHIN THE HOSPITAL'S CORPORATE BYLAWS. THE POLICY REQUIRES EACH TRUSTEE TO DISCLOSE PERSONAL FINANCIAL INTERESTS BY EXECUTING ANNUAL STATEMENTS AND REPORTING SPECIFIC INTERESTS ON AN AD HOC BASIS. A STANDING GOVERNANCE COMMITTEE IS TASKED TO REVIEW DISCLOSED INTERESTS, TO ASSESS WHETHER A CONFLICT OF INTEREST EXISTS AND MAKE RECOMMENDATIONS REGARDING FURTHER ACTION AS MAY BE NECESSARY TO MITIGATE OR ELIMINATE A CONFLICT. THE HOSPITAL MAINTAINS A SEPARATE BUT SIMILAR POLICY GOVERNING INDIVIDUALS EMPLOYED IN COVERED POSITIONS.

FORM 990, PART VI, SECTION B, LINE 15:
AS PROVIDED BY THE VALLEY CHILDREN'S HEALTHCARE BYLAWS, A COMPENSATION COMMITTEE HAS BEEN ESTABLISHED THAT CONSISTS OF A CHAIR AND AT LEAST THREE MEMBERS OF THE BOARD OF TRUSTEES. THE PRIMARY ROLE OF THE COMMITTEE IS TO ENSURE THAT COMPENSATION IS REASONABLY RELATED TO THE DUTIES PERFORMED FOR THE NETWORK AND WITH THE COMPETITIVE EMPLOYMENT MARKET. DUTIES AND ACTIVITIES SPECIFIC TO CEO, OFFICER, AND KEY EMPLOYEES OF THE ORGANIZATION INCLUDE:

1) PERIODIC REVIEW BASED ON THE INDEPENDENT ADVICE OF AN EXTERNAL QUALIFIED COMPENSATION CONSULTANT
2) REVIEW OF MARKET DATA FOR EQUIVALENT POSITIONS
3) REVIEW AND APPROVAL OF TERMS AND CONDITIONS OF THE CEO'S EMPLOYMENT AND OVERSIGHT TO ASSURE FORMAL AND TIMELY PERFORMANCE ASSESSMENTS ARE CONDUCTED
4) REVIEW AND APPROVAL OF EXECUTIVE LEVEL COMPENSATION TO ASSURE THAT TERMS AND CONDITIONS OF EMPLOYMENT ARE MARKET COMPETITIVE

FORM 990, PART VI, SECTION C, LINE 19:
A COPY OF VALLEY CHILDREN'S HOSPITAL'S ARTICLES OF INCORPORATION IS ON FILE WITH THE CALIFORNIA SECRETARY OF STATE. A COPY OF THE CORPORATE BYLAWS OF VALLEY CHILDREN'S HOSPITAL IS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

Name of the organization: VALLEY CHILDREN'S HOSPITAL
Employer identification number: 94-1294954

CONFLICT OF INTEREST MANAGEMENT IS DESCRIBED IN ARTICLE 10 OF THE BYLAWS. THE ANNUAL CONSOLIDATED FINANCIAL STATEMENTS OF VALLEY CHILDREN'S HEALTHCARE ARE MADE AVAILABLE TO THE PUBLIC VIA THE ORGANIZATIONS WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL MEDICAL FEES:	
PROGRAM SERVICE EXPENSES	114,763,798.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	114,763,798.
PROFESSIONAL FEES - OTHER:	
PROGRAM SERVICE EXPENSES	18,508,867.
MANAGEMENT AND GENERAL EXPENSES	262,270.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	18,771,137.
CONSULTING & SERVICE FEES - OTHER:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	169,950.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	169,950.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	133,704,885.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

GAIN ON SALE OF ASSETS	8,582.
PASS-THROUGH INVESTMENT LOSS	3,635,203.
TOTAL TO FORM 990, PART XI, LINE 9	3,643,785.

SCHEDULE R (Form 990)
(Rev. January 2025)
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

Open to Public Inspection

Name of the organization: VALLEY CHILDREN'S HOSPITAL

Employer identification number: 94-1294954

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
HERNDON TEMPERANCE LLC - 81-2808671 9300 VALLEY CHILDREN'S PLACE MADERA, CA 93636	REAL PROPERTY	CALIFORNIA	739,529.	5,552,721.	VALLEY CHILDREN'S HOSPITAL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
VALLEY CHILDREN'S HEALTHCARE FOUNDATION - 94-2797447, 9300 VALLEY CHILDREN'S PLACE, MADERA, CA 93636	PHILANTHROPY/FUNDRAISING FOR VALLEY CHILDREN'S HEALTHCARE & RELATED	CALIFORNIA	501(C)(3)	LINE 7	VALLEY CHILDREN'S HEALTHCARE		X
VALLEY CHILDREN'S MEDICAL GROUP - 46-4150987 9300 VALLEY CHILDREN'S PLACE MADERA, CA 93636	HEALTH CARE	CALIFORNIA	501(C)(3)	LINE 10	VALLEY CHILDREN'S HEALTHCARE	X	
VALLEY CHILDREN'S HEALTHCARE - 46-4158433 9300 VALLEY CHILDREN'S PLACE MADERA, CA 93636	HEALTH CARE	CALIFORNIA	501(C)(3)	LINE 12C, III-FI	N/A		X

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
FOWLER BUSINESS & PROFESSIONAL PARK LLC - 47-1813772, 9300 VALLEY CHILDREN'S PLACE, MADERA, CA	REAL ESTATE INVESTMENT	CA	N/A	RELATED	637,404.	17,526,406.	X		N/A	X		50.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
VALLEY CHILDREN'S HOLDINGS I, LLC - 37-1872422, 9300 VALLEY CHILDREN'S PLACE, MADERA, CA 93636	HEALTHCARE	CA	N/A	C CORP	N/A	N/A	N/A		X
FOWLER BUSINESS & PROFESSIONAL PARK PROPERTY OWNERS ASSOCIATION - 30-1030354, 9300 VALLEY CHILDREN'S PLACE, MADERA, CA 93636	PROPERTY OWNERS ASSOCIATION	CA	FOWLER BUSINESS & PROFESSIONAL	C CORP	19,128.	12,789.	50.00%		X

SEE PART VII FOR CONTINUATIONS93

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.		Yes	No
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	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d	X	
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p	X	
q Reimbursement paid by related organization(s) for expenses	1q	X	
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) VALLEY CHILDREN'S MEDICAL GROUP	M	97,696,510.	COST
(2) VALLEY CHILDREN'S MEDICAL GROUP	B	416,810.	COST
(3)			
(4)			
(5)			
(6)			

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

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

VALLEY CHILDREN'S HEALTHCARE FOUNDATION

PRIMARY ACTIVITY: PHILANTHROPY/FUNDRAISING FOR VALLEY CHILDREN'S HEALTHCARE & RELATED ENTITIES

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

FOWLER BUSINESS & PROFESSIONAL PARK LLC

EIN: 47-1813772

9300 VALLEY CHILDREN'S PLACE

MADERA, CA 93636

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

FOWLER BUSINESS & PROFESSIONAL PARK PROPERTY OWNERS ASSOCIATION

DIRECT CONTROLLING ENTITY: FOWLER BUSINESS & PROFESSIONAL PARK LLC