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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

THE VALLEY HOSPITAL Inc

Doing Business As

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

Room/suite

223 NORTH VAN DIEN AVENUE

City or town, state or country, and ZIP + 4

RIDGEWOOD, NJ 07450

D Employer identification number

22-1487307

E Telephone number

(201) 447-8000

G Gross receipts \$ 610,906,923

F Name and address of principal officer

RICHARD KEENAN

223 NORTH VAN DIEN AVE

RIDGEWOOD, NJ 07450

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c) (3) ☐ (Insert no) ☐ 4947(a)(1) or ☐ 527

J Website: WWW VALLEYHEALTH COM

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 1925

M State of legal domicile NJ

Part I

Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities THE VALLEY HOSPITAL SERVES THE COMMUNITY BY HEALING AND CARING FOR PATIENTS, COMFORTING THEIR FAMILIES AND TEACHING GOOD HEALTH		
	2	Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	21
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5	Total number of employees (Part V, line 2a)	5	4,298
Revenue	6	Total number of volunteers (estimate if necessary)	6	1,750
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	2,543,851
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	-235,970
Expenses	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,945,790	2,830,674
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	541,063,866	564,895,227
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,528,181	9,184,293
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,782,378	10,280,311
			553,320,215	587,190,505
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
Net Assets or Fund Balances	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	283,633,643	314,242,941
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	225,726,179	228,417,530
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	509,359,822	542,660,471
	19	Revenue less expenses Subtract line 18 from line 12	43,960,393	44,530,034
			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	595,047,786	649,362,772
	21	Total liabilities (Part X, line 26)	279,587,857	169,509,691
	22	Net assets or fund balances Subtract line 21 from line 20	315,459,929	479,853,081

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

Signature of officer

2010-11-12

Date

RICHARD KEENAN SENIOR VP & CFO

Type or print name and title

Preparer's signature

Brian M Flynn

Date

Check if self-employed ☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

O'CONNOR DAVIES MUNNS & DOBBINS LLP

15 ESSEX RD

PARAMUS, NJ 076521412

EIN

Phone no (201) 712-9800

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

☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2009)

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization’s mission

THE VALLEY HOSPITAL SERVES THE COMMUNITY BY HEALING AND CARING FOR PATIENTS, COMFORTING THEIR FAMILIES AND TEACHING GOOD HEALTH THE VALLEY HOSPITAL IS DISTINGUISHED BY A COMMITMENT TO EXCELLENCE IN CLINICAL CARE, INNOVATION IN PROGRAMS AND TECHNOLOGY, AND PROVIDING A COMPASSIONATE AND RESPECTFUL ENVIRONMENT

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 exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 372,899,528 including grants of \$) (Revenue \$ 425,483,313)

Inpatient Services It is the Mission of The Valley Hospital to serve the community by healing and caring for patients, comforting their families and teaching good health Valley has three buildings on its main campus The Valley Hospital serves more than 440,000 people in 32 towns in Bergen County and adjoining communities It is the second busiest hospital in New Jersey based on admissions and a regional provider of complex medical and surgical care In 2009, more than 51,000 patients were admitted to Valley Our core inpatient services include comprehensive programs in -Cardiology, including the Valley Columbia Heart Center, our cardiac surgery program -A Cardiac Surgery Intensive Care Unit-A Critical Care Unit -A Cardiac Catheterization Laboratory -An inpatient Oncology unit -A Stroke Center-A Center for Neuroscience-Medical and Surgical Floors-A Geriatric Services Unit-The Institute for Robotic and Minimally Invasive Surgery -The Total Joint Replacement Center -The Center for Obesity Surgery -The Center for Childbirth, which welcomes more than 3,000 newborns each year, and a Neonatal Intensive Care Unit -A Pediatric Intensive Care Unit Valley has been recognized for seven consecutive years for providing an outstanding inpatient experience by J D Power and Associates The Hospital's Patient Relations staff and volunteers made 14,809 patient-related visits and responded to 8,774 calls, and Pastoral Care staff responded to 11,667 inquires and made 100,259 patient and family contacts

4b

(Code) (Expenses \$ 64,942,896 including grants of \$) (Revenue \$ 108,855,300)

Outpatient Services Through satellite facilities located throughout its service area, The Valley Hospital provides the communities it serves with a comprehensive array of outpatient services Those services include -A full service Cancer Center that provides more than 9,000 radiation therapy treatments annually-A full service laboratory-A Diagnostic Imaging Center-A Center for Fertility -A Maternal Fetal Medicine Program-A Pain management Center -A Center for Breast Health-A Prostate Cancer Center-A Center for Complementary Therapies-A Lung Cancer Center-A Center for Rehabilitation Medicine-A Center for Child development-A Renal Care Center -A Same Day Surgery Center -A Center for Sleep Disorders -A Spine Center-The Center for Women's Heart Health In addition, in 2009, the Hospital provided more than \$59 million in uncompensated care, attributable to charity care, bad debt and Medicare and Medicaid shortfalls Patients receiving uncompensated care in 2009 include patients who were treated at Valley’s Community Care clinic In 2009, the clinic recorded 8,314 visits Valley's Community Care clinic offers services in many specialties including obstetrics, pediatrics, medicine, cardiology, and surgery Also in 2009, homebound community members received more than 93,000 "at cost" meals Valley's Department of Community Health offers free heart health education programs attended by more than 8,200 people Programs included A Woman's Heart, Hypnosis for Weight Loss, Hypertension, A Healthy Heart, Nutntion, Healthful Eating, and many health fairs Health screenings for blood pressure, stroke and cholesterol were also offered The Community Training Center offers Basic Life Support, Advanced Cardiac Life Support and Pediatric Advanced Life Support programs, as well as first aid training Comprehensive parent education programs are offered to expectant families Classes, attended by more than 7,000 people, include Childbirth Preparation, Newborn Care, Parenting, Grandparents', Moms & Babies Social Hour, Dads Class, Sibling Attending Birth, Infant and Child Safety, Infant Massage, Breastfeeding, Baby Sitters, Sibling, Pre/Postnatal Exercise, Adoptive Parents, Marvelous Multiples and Child Passenger Seat Safety Clinic patients attend free of charge New parent support services include breastfeeding support groups, a Helpline and lactation consultations Weekly tours of maternity services and a self-help support group for bereaved parents are offered at no charge The Kireker Center for Child Development provides free in-services and information about licensed child care facilities and community groups Topics include infant/child growth and development, atypical development, enhancing language skills in the 0-5 population, determining if a child should be assessed for a suspected developmental delay, and general pediatric health issues A parent support group and free information is provided on a range of child care topics, including developmentally appropriate toys, transitions into pre-school and choices in child care A school psychologist, developmental pediatrician, and apnea specialist speak with schools and physician groups about learning issues and behavioral concerns Valley’s community education programs made 18,000 contacts with people who attended screenings, health fairs, community education and Valley Health Prime Time (senior membership) programs Valley also made contact with 2,900 people who attended support groups

4c

(Code) (Expenses \$ 19,192,076 including grants of \$) (Revenue \$ 30,556,614)

Emergency Services The Valley Hospital offers the communities it serves a full service Emergency Department providing emergency services and minor treatment services All physicians on the active staff are board certified in emergency medicine, and many nurses are certified in emergency nursing Services include a minor treatment area and a pediatric emergency room that features a child-friendly layout and design The Department also has a dedicated Computed Tomography Scanner Valley’s Emergency Department also features the services of several mobile intensive care units, which answer thousands of calls each year Mobile intensive care units, staffed by qualified Valley paramedics, are specially equipped vehicles that bring the highly sophisticated techniques of intravenous therapy, airway management, cardiac monitoring and defibrillation directly to people in need of emergency care Valley also offers Lifeline, a communication device that links a homebound individual with emergency care or personal support with the push of a button, 24 hours a day, 365 days a year In 2009, The Valley Hospital recorded 72,085 Emergency Department visits and 8,301 Mobile Intensive Care Unit dispatches

4d









Other program services (Describe in Schedule O)

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

4e

Total program service expenses➤\$ 457,034,500

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	• 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.		
	• 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.		
	• 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.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• 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? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	127	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	4,298	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	Yes
	b If "Yes," enter the name of the foreign country: CJ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			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?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	No
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	No
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	No
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	No
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	No
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	

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	21	
b	Enter the number of voting members that are independent	1b	20	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		No
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶NJ
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ RICHARD D KEENAN 223 NORTH VAN DIEN AVENUE RIDGEWOOD, NJ 07450 (201) 447-8000

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form **990** (2009)

1b	Total	6,387,157	0	504,998
-----------	------------------------	-----------	---	---------

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶**391

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
TROJUNEBRANNEN 80 BRIDGE STREET NEWTON, MA 02458	ARCHITECTS	6,478,414
TORCON INC 8 NEWMAN SPRINGS ROAD RED BANK, NJ 07701	GENERAL CONTRACTOR	4,142,911
NYU FERTILITY CENTER 660 FIRST AVENUE 5TH FLOOR NEW YORK, NY 10016	FERTILITY CENTER	2,418,081
EMPATH CONSULTING INC 1160 BRICKYARD COVE ROAD SUITE 110 POINT RICHMOND, CA 94801	OPERATIONS IMPROVEMENT	2,244,170
BERGEN ANESTHESIA GROUP PO BOX 630 FRANKLIN LAKES, NJ 07417	ANESTHESIA GROUP	1,701,135

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**113

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	2,849,729			
	e	Government grants (contributions)	1e	-19,055			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f			2,830,674		
Program Service Revenue			Business Code				
	2a	INSURERS AND PATIENTS	621,990	361,532,945	361,532,945		
	b	MEDICARE/MEDICAID PAYM	621,990	203,362,282	203,362,282		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			564,895,227		
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			7,783,876		7,783,876
	4	Income from investment of tax-exempt bond proceeds . . .					
	5	Royalties					
	6a	Gross Rents	(i) Real 981,964	(ii) Personal			
	b	Less rental expenses	3,430,012				
	c	Rental income or (loss)	-2,448,048				
	d	Net rental income or (loss)			-2,448,048		-2,448,048
	7a	Gross amount from sales of assets other than inventory	(i) Securities 21,674,223	(ii) Other 12,600			
	b	Less cost or other basis and sales expenses	20,173,185	113,221			
	c	Gain or (loss)	1,501,038	-100,621			
	d	Net gain or (loss)			1,400,417		1,400,417
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
		a					
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events . . .					
	9a	Gross income from gaming activities See Part IV, line 19					
		a					
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities . . .					
	10a	Gross sales of inventory, less returns and allowances					
	a						
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory . . .						
	Miscellaneous Revenue		Business Code				
11a	INVESTMENT INCOME	621,990	2,577,564	2,577,564			
b	VALLEY HEALTH PHARMACY	621,990	2,543,851		2,543,851		
c	PATIENT COVENIENCE	621,990	2,277,877	2,277,877			
d	All other revenue		5,329,067	5,329,067			
e	Total. Add lines 11a-11d			12,728,359			
12	Total revenue. See Instructions			587,190,505	575,079,735	2,543,851	6,736,245

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,884,455		3,884,455	
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	235,087,477	206,654,627	28,432,850	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	32,121,117	27,778,342	4,342,775	
9	Other employee benefits	25,861,180	22,364,748	3,496,432	
10	Payroll taxes	17,288,712	14,951,278	2,337,434	
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,273,725		1,273,725	
c	Accounting	198,273		198,273	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	22,399,663	11,789,119	10,610,544	
12	Advertising and promotion	2,882,550	10,675	2,871,875	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	8,987,484	6,984,375	2,003,109	
17	Travel	701,565	520,416	181,149	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,444,456	1,968,570	1,475,886	
20	Interest	1,256,356	1,256,356		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	31,379,746	31,379,746		
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	SUPPLIES	80,019,263	67,393,086	12,626,177	
b	DRUGS	25,388,157	25,388,157		
c	PROVISION FOR BAD DEBTS	19,256,084	19,256,084		
d	EQUIPMENT RENTAL	14,264,055	10,595,196	3,668,859	
e	BLOOD	4,992,285	4,992,285		
f	All other expenses	11,973,868	3,751,440	8,222,428	
25	Total functional expenses. Add lines 1 through 24f	542,660,471	457,034,500	85,625,971	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			625,095	2	580,790
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			54,470,769	4	55,766,927
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			50,830,664	9	58,197,720
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	577,316,240	221,417,987	10c	218,342,650
	b	Less accumulated depreciation	10b	358,973,590			
	11	Investments—publicly traded securities			258,798,449	11	306,836,859
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			8,904,822	15	9,637,826
	16	Total assets. Add lines 1 through 15 (must equal line 34)			595,047,786	16	649,362,772
Liabilities	17	Accounts payable and accrued expenses			247,030,837	17	138,298,014
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			32,557,020	20	31,211,677
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			279,587,857	26	169,509,691
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			308,165,812	27	472,575,131
	28	Temporarily restricted net assets			2,864,790	28	2,848,623
	29	Permanently restricted net assets			4,429,327	29	4,429,327
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			315,459,929	33	479,853,081
	34	Total liabilities and net assets/fund balances			595,047,786	34	649,362,772

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE VALLEY HOSPITAL Inc

Employer identification number
22-1487307

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

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

10

☐

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

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

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

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. 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—2008. If the organization did not check the 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—2009. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2008. 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 IV 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 IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2009. 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—2008. 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

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:

Software Version:

EIN: 22-1487307

Name: THE VALLEY HOSPITAL Inc

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

(A) Name and Title	(B) Average hours per week	(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			
ANNE GOHEEN CRANE TRUSTEE	3 00	X						0	0	0
AUDREY MEYERS PRESIDENT/CEO	40 00	X		X				1,385,727	0	5,335
BRUCE J MACTAS TRUSTEE	3 00	X						0	0	0
CYNTHIA J HALABY TRUSTEE	3 00	X						0	0	0
JOHN WALBOHM ESQ TRUSTEE	3 00	X						0	0	0
JOSEPH MARION VICE CHAIRMAN	3 00	X						0	0	0
JUSTICE GARY STEIN TRUSTEE	3 00	X						0	0	0
KAY YEOMANS SECRETARY	3 00	X						0	0	0
EDWARD B SELF MD TRUSTEE	3 00	X						0	0	0
ROBERT E FINK TREASURER	3 00	X						0	0	0
RUTH SCHULZE MD TRUSTEE	3 00	X						0	0	0
SIDNEY R SMITH JRPHD TRUSTEE	3 00	X						0	0	0
THOMAS AHLBORN MD TRUSTEE	3 00	X						0	0	0
THOMAS R BROME ESQ TRUSTEE	3 00	X						0	0	0
VICTORIA H BRUNI ESQ TRUSTEE	3 00	X						0	0	0
VINCENT FORLENZA CHAIRMAN	3 00	X						0	0	0
WARREN F COOKE ESQ VICE CHAIRMAN	3 00	X						0	0	0
JAMES CORNELLPHDMD TRUSTEE	3 00	X						0	0	0
LESLIE KANE TRUSTEE	3 00	X						0	0	0
SUE KELLY TRUSTEE	3 00	X						0	0	0
STEVEN SILVERSTEIN TRUSTEE	3 00	X						0	0	0
RICHARD D KEENAN VP FINANCE, SR CFO	40 00			X				354,048	0	337,451
MARIA MEDIAGO VICE PRESIDENT	40 00				X			301,087	0	5,328
GAIL CALLANDRILLO VICE PRESIDENT	40 00				X			262,227	0	37,819
ANNE RAFTERY VICE PRESIDENT	40 00				X			338,732	0	2,178

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

(A) Name and Title	(B) Average hours per week	(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			
LINDA LEWIS VICE PRESIDENT	40 00				X			411,449	0	3,178
ERIC CAREY CP/CIO INFORMATION SYSTE	40 00				X			200,111	0	2,416
MEGAN FRASER CP COMMUNICATIONS/MARKET	40 00				X			201,024	0	5,526
ANASTASIOS KOZAITIS PRESIDENT, FOUNDATION	40 00				X			200,200	0	9,635
ANN MARIE LEICHMAN CP/CNO PATIENT CARE SERV	40 00				X			229,850	0	0
ROBIN G HOLLANDER VP LEGAL AFFAIRS	40 00					X		475,187	0	57,528
PETER W DIESTEL VP ADMINISTRATION	40 00					X		543,180	0	5,416
MITCHELL RUBINSTEIN VP MEDICAL AFFAIRS	40 00					X		400,956	0	26,441
JEFFREY LIETO VP AMBULATORY SVCS	40 00					X		391,690	0	3,099
PETER SCHWARTZ VP INFO SYSTEMS	40 00					X		402,689	0	3,648
MICHAEL AZZARA FORMER CEO	40 00						X	289,000	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
SUPPLIES	80,019,263	67,393,086	12,626,177	
DRUGS	25,388,157	25,388,157		
PROVISION FOR BAD DEBTS	19,256,084	19,256,084		
EQUIPMENT RENTAL	14,264,055	10,595,196	3,668,859	
BLOOD	4,992,285	4,992,285		

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization THE VALLEY HOSPITAL Inc	Employer identification number 22-1487307
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
b	If the organization elected, as permitted under SFAS 116, 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)	Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
(ii)	Assets included in Form 990, Part X ▶ \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
a	Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
b	Assets included in Form 990, Part X ▶ \$ _____

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

1c

Beginning balance

1d

Additions during the year

1e

Distributions during the year

1f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	4,429,327	4,429,327		
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance	4,429,327	4,429,327		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ 100 000 % %

c

Term endowment ▶ %

3a

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

(i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐ No

b

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

3b

☐

☐

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		14,091,207		14,091,207
b Buildings		310,179,520	176,717,498	133,462,022
c Leasehold improvements				
d Equipment		217,785,332	172,142,207	45,643,125
e Other		35,260,181	10,113,885	25,146,296
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				218,342,650

Schedule D (Form 990) 2009

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1587,190,505
2	Total expenses (Form 990, Part IX, column (A), line 25)	2542,660,471
3	Excess or (deficit) for the year Subtract line 2 from line 1	344,530,034
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	8119,863,118
9	Total adjustments (net) Add lines 4 - 8	9119,863,118
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10164,393,152

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1570,292,786
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	0
3	Subtract line 2e from line 13	3570,292,786
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 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	16,897,719
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5	5587,190,505

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1537,550,378
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	0
3	Subtract line 2e from line 13	3537,550,378
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 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	5,110,093
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	5542,660,471

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		CHANGE IN UNREALIZED GAINS AND LOSSES ON INVESTMENTS 8152895 CHANGE IN ACCRUED PENSION LIABILITY TO BE RECOGNIZED IN FUTURE PERIODS 111710223
Part XII, Line 4b - Other Adjustments		CHANGES TO PRIOR YEAR ALLOWANCES AND REIMBURSEMENT ESTIMATES 7330800 NET loss ON DISPOSITION OF ASSETS -100621 NET DISTRIBUTUION FROM VALLEY HOSPITAL FOUNDATION 2849729 INVESTMENT INCOME 7783876 NET REALIZED GAIN ON SALE OF INVESTMENTS 1501038 GIFTS,GRANTS,DONATIONS,BEQUESTS & NET ASSETS RELEASED FOR OPERATING PURPOSES -19055 NET RENTAL LOSS -2448048
Part XIII, Line 4b - Other Adjustments		net loss ON DISPOSAL OF ASSETS -100621 STRATEGIC INITIATIVES AND OTHER NON RECURRING ITEMS 3404796 NET TRANSFER TO AFFILIATES 1518281 VALLEY HEALTH MEDICAL GROUP/VALLEY HEALTH SYSTEM 287637

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE VALLEY HOSPITAL Inc

Employer identification number
22-1487307

Part I

Charity Care and Certain Other Community Benefits at Cost

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

7 Charity Care and Certain Other Community Benefits at Cost						
Charity Care 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 Charity care at cost (from Worksheets 1 and 2)			8,202,600	343,073	7,859,527	1 500 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			3,435,914	2,092,798	1,343,116	0 260 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			11,638,514	2,435,871	9,202,643	1 760 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	65	153,897	1,783,255	278,616	1,504,639	0 290 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)	2	19	5,858		5,858	0 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j Total Other Benefits	67	153,916	1,789,113	278,616	1,510,497	0 290 %
k Total. Add lines 7d and 7j	67	153,916	13,427,627	2,714,487	10,713,140	0

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(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
1Physical improvements and housing						
2Economic development						
3Community support	1	40,066	100,165	93,128	7,037	0 %
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development	3	803	259,310		259,310	0 050 %
9Other						
10Total	4	40,869	359,475	93,128	266,347	0 050 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1		No
2Enter the amount of the organization's bad debt expense (at cost)	2	5,661,264	
3Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	4,076,110	
4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.			

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME)	5	175,601,064	
6Enter Medicare allowable costs of care relating to payments on line 5	6	220,700,719	
7Subtract line 6 from line 5. This is the surplus or (shortfall).	7	-45,099,655	
8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			

Section C. Collection Practices

9aDoes the organization have a written debt collection policy?	9a	Yes	
9bIf "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.	9b	Yes	

Part IVManagement Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V **Facility Information**

Name and address	Other (Describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital

THE VALLEY HOSPITAL
223 NORTH VAN DIEN AVENUE
RIDGEWOOD, NJ 07450

X

X

X

Part VI

Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

Part I, Line 6a The hospital does not prepare an annual community benefit report, however, community benefit statistics are reported at our Annual Meeting, which is open to the public

Part I, Line 7g There are no subsidized health services which are attributable to a physician clinic Costs included represent medication and transportation for indigent patients

Part I, Line 7 The cost to charge ratio used to calculate the amounts in the table was derived from Worksheet 2, Ratio of Patient Care Cost-to-Charges

Part III, Line 4 THE AMOUNT OF THE PROVISION FOR BAD DEBT IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE AND OTHER COLLECTION INDICATORS THE METHODOLOGY USED IS THE COST TO CHARGE RATIO, APPLIED ON A BASIS CONSISTENT WITH MEDICARE COST REPORTING PRINCIPLES

Part III, Line 8 In addition to Charity care, bad debt, and the treatment of financially needed patients under the Medicaid program, the Hospital provides services to elderly and disabled patients covered under the Medicare program regardless of income The unpaid coats attributed to providing care under this program, and thus considered a community benefit, were estimated at \$45 million

Part III, Line 9b When a patient may qualify for charity care or financial assistance, our system is set up to stop sending statements to prevent them from going to a collection agency We also have the ability to manually put an account on hold to avoid collection activity as well

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

Part VI, Line 2 Hospital staff reviews all the discharge data from the state DOHSS to determine what the major health issues are in the community We look at disease specific incidence rates in our community and develop forecasts for what health issues are projected to plague the population in the future We review census data to monitor demographic shifts and we conduct qualitative research (focus groups) to assess community feedback to new programs and services We develop our core services around the major health issues in the community - thus, they are mostly in the area of heart and vascular disease, oncology (medical and surgical), neurology (stroke) and women's and children's services (OB, NICU, PICU, MFM and IVF)

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 charity care policy

Part VI, Line 3 - SIGNS ARE POSTED AT EVERY REGISTRATION AREA- INFORMATION REGARDING FINANCIAL SCREENING IS POSTED ON HOSPITAL'S WEBSITE FOR CHARITY CARE AS WELL AS THE UNINSURED DISCOUNT POLICY PATIENTS CAN PRINT APPLICATIONS AND REQUIREMENTS FROM WEBSITE - HOSPITAL'S STATEMENTS CONTAIN INFORMATION ALERTING PATIENTS OF FINANCIAL ASSISTANCE - HOSPITAL'S HANDBOOKS EXPLAIN FINANCIAL OPTIONS WHICH INCLUDE INFORMATION OF STATE ASSISTANCE, DISCOUNT POLICY AND ANY OTHER TYPE OF FINANCIAL ARRANGEMENT

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

Part VI, Line 4 The primary and secondary service area of The Valley Hospital is composed of 32 towns in northwest Bergen and Passaic counties These communities account for 70% of all our discharges The population is 440,000 people

5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

Part VI, Line 5 Renewal is all about meeting the health care needs of our community The oldest building on the campus, Phillips, was constructed in 1960 It houses over 250 beds, most of which are in small, outdated, semi-private rooms The physical structure can no longer accommodate the equipment and technology needed to deliver care, thus our plans to renew our campus are based in our mission to provide the best quality care to the residents of our community When we built the Luckow Pavilion in Paramus, we did research that indicated the best way to deliver care to cancer patients was to locate all services into one building This not only provides a service to the patient, it is good medicine as the medical oncologists, surgical oncologists and radiation oncologists can consult each other to ensure that the patient is receiving the most appropriate treatment We built the Ambulatory Surgery Center to adapt to the changing practice of performing surgery on a same day basis

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

7 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

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization THE VALLEY HOSPITAL Inc	Employer identification number 22-1487307
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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 in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax idemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," to line 5a or 5b, describe in Part III		
6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," to line 6a or 6b, describe in Part III		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" to 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 Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
AUDREY MEYERS	(i)	717,675	627,757	40,295	0	5,335	1,391,062	0
	(ii)	0	0	0	0	0	0	0
RICHARD D KEENAN	(i)	131,329	185,253	37,466	333,229	4,222	691,499	0
	(ii)	0	0	0	0	0	0	0
MARIA MEDIAGO	(i)	211,673	84,795	4,619	0	5,328	306,415	0
	(ii)	0	0	0	0	0	0	0
GAIL CALLANDRILLO	(i)	187,459	65,210	9,558	31,855	5,964	300,046	0
	(ii)	0	0	0	0	0	0	0
ANNE RAFTERY	(i)	237,355	74,680	26,697	0	2,178	340,910	0
	(ii)	0	0	0	0	0	0	0
LINDA LEWIS	(i)	314,681	83,735	13,033	0	3,178	414,627	0
	(ii)	0	0	0	0	0	0	0
ERIC CAREY	(i)	172,671	27,090	350	0	2,416	202,527	0
	(ii)	0	0	0	0	0	0	0
MEGAN FRASER	(i)	165,331	26,212	9,481	0	5,526	206,550	0
	(ii)	0	0	0	0	0	0	0
ANASTASIOS KOZAITIS	(i)	174,417	25,422	361	0	9,635	209,835	0
	(ii)	0	0	0	0	0	0	0
ANN MARIE LEICHMAN	(i)	200,810	28,234	806	0	0	229,850	0
	(ii)	0	0	0	0	0	0	0
ROBIN G HOLLANDER	(i)	297,400	165,534	12,253	51,548	5,980	532,715	0
	(ii)	0	0	0	0	0	0	0
PETER W DIESTEL	(i)	335,607	189,945	17,628	0	5,416	548,596	0
	(ii)	0	0	0	0	0	0	0
MITCHELL RUBINSTEIN	(i)	294,730	89,892	16,334	22,098	4,343	427,397	0
	(ii)	0	0	0	0	0	0	0
JEFFREY LIETO	(i)	265,565	110,620	15,505	0	3,099	394,789	0
	(ii)	0	0	0	0	0	0	0
PETER SCHWARTZ	(i)	251,472	128,961	22,256	0	3,648	406,337	0
	(ii)	0	0	0	0	0	0	0
MICHAEL AZZARA	(i)	289,000	0	0	0	0	289,000	0
	(ii)	0	0	0	0	0	0	0

Part III

Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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Software ID:
Software Version:
EIN: 22-1487307
Name: THE VALLEY HOSPITAL Inc

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
AUDREY MEYERS	(i) (ii)	717,675 0	627,757 0	40,295 0	0 0	5,335 0	1,391,062 0	0 0
RICHARD D KEENAN	(i) (ii)	131,329 0	185,253 0	37,466 0	333,229 0	4,222 0	691,499 0	0 0
MARIA MEDIAGO	(i) (ii)	211,673 0	84,795 0	4,619 0	0 0	5,328 0	306,415 0	0 0
GAIL CALLANDRILLO	(i) (ii)	187,459 0	65,210 0	9,558 0	31,855 0	5,964 0	300,046 0	0 0
ANNE RAFTERY	(i) (ii)	237,355 0	74,680 0	26,697 0	0 0	2,178 0	340,910 0	0 0
LINDA LEWIS	(i) (ii)	314,681 0	83,735 0	13,033 0	0 0	3,178 0	414,627 0	0 0
ERIC CAREY	(i) (ii)	172,671 0	27,090 0	350 0	0 0	2,416 0	202,527 0	0 0
MEGAN FRASER	(i) (ii)	165,331 0	26,212 0	9,481 0	0 0	5,526 0	206,550 0	0 0
ANASTASIOS KOZAITIS	(i) (ii)	174,417 0	25,422 0	361 0	0 0	9,635 0	209,835 0	0 0
ANN MARIE LEICHMAN	(i) (ii)	200,810 0	28,234 0	806 0	0 0	0 0	229,850 0	0 0
ROBIN G HOLLANDER	(i) (ii)	297,400 0	165,534 0	12,253 0	51,548 0	5,980 0	532,715 0	0 0
PETER W DIESTEL	(i) (ii)	335,607 0	189,945 0	17,628 0	0 0	5,416 0	548,596 0	0 0
MITCHELL RUBINSTEIN	(i) (ii)	294,730 0	89,892 0	16,334 0	22,098 0	4,343 0	427,397 0	0 0
JEFFREY LIETO	(i) (ii)	265,565 0	110,620 0	15,505 0	0 0	3,099 0	394,789 0	0 0
PETER SCHWARTZ	(i) (ii)	251,472 0	128,961 0	22,256 0	0 0	3,648 0	406,337 0	0 0
MICHAEL AZZARA	(i) (ii)	289,000 0	0 0	0 0	0 0	0 0	289,000 0	0 0

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ Attach to Form 990.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization
THE VALLEY HOSPITAL Inc

Employer identification number

22-1487307

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		Form 990 part VI section a line 10 When the form 990 has been prepared, reviewed by management and is ready to be filed with the internal revenue service, a paper copy is sent to members of the board audit committee for review and comments Any comments and questions concerning the 990 are discussed with management and appropriate actions are taken when necessary before filing with the IRS
Form 990, Part VI, Section B, line 12c		Form 990 part VI section B line 12c the board mandates that all members of management and board members sign a conflict of interest policy and disclose any potential or actual conflicts that may exist if a conflict of interest exists the hospital will notify management and or board members and investigate the potential conflict If it is determined that a conflict exists the members of management or the board will be notified immediately and will not be allowed to vote or be part of any decisions about such matters
Form 990, Part VI, Section B, line 15		form 990 part IV page 6 line 15 the hospital has established a policy for compensation of its officers, top management and key employees The policy mandates that executive be periodically reviewed by the board the board determines that the executives are being paid an appropriate level of compensation
Form 990, Part VI, Section C, line 19		Form 990 page 6 part IV section C line 19 The hospital makes its form 990 available for public inspection as required under section 6104 of the internal revenue code by posting of the return on guidestar.org and similar types of websites In addition forms 990 and form 1023 as well as the financial statements and conflict of interest policy and other relevant documents are available upon request
		form 990 part XI line 2c the process for selecting an independent accountant and establishing a committee that assumes responsibility for oversight of the audit has not changed from prior years

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
VALLEY HEALTH MEDICAL GROUP INC 15 ESSEX ROAD PARAMUS, NJ07652 22-3475233	OPERATES URGENT/PRIMARY CARE CLINICS	NJ	N/A	C			
VALLEY HEALTH MEDICAL GROUP NJPC 15 ESSEX ROAD PARAMUS, NJ07652 22-3475166	OPERATES URGENT/PRIMARY CARE CLINICS	NJ	N/A	C			

Schedule R (Form 990) 2009

Part V

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

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

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 (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

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

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

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

Yes

No

No

No

No

No

Yes

No

No

Yes

No

No

Yes

Yes

Yes

No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

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) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Software ID:
Software Version:
EIN: 22-1487307
Name: THE VALLEY HOSPITAL Inc

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
VALLEY HEALTH SYSTEM INC 223 NORTH VAN DIEN AVENUE RIDGEWOOD, NJ07450 22-2922016	PROVIDES MANAGEMENT & PLANNING SERVICES FOR ITS MEMBERS	NJ	501(C)(3)	3	N/A
VALLEY MEDICAL SERVICES INC 223 NORTH VAN DIEN AVENUE RIDGEWOOD, NJ07450 22-3260998	PROVIDES CERTAIN MEDICAL CARE TO PATIENTS INCL PEDIATRIC & NEONATAL SERVICES	NJ	501(C)(3)	3	N/A
VALLEY PHYSICIAN SERVICES INC 15 ESSEX ROAD PARAMUS, NJ07652 32-0041186	PROVIDES MEDICAL CARE TO CARRYOUT THE PURPOSE OF THE VALLEY HEALTH SYSTEM	NJ	501(C)(3)	3	N/A
VALLEY HOME CARE INC 15 ESSEX ROAD PARAMUS, NJ07652 22-3208480	PROVIDES REHABILITATION VISITS AND HOME HEALTH AIDS VISITS TO PATIENTS	NJ	501(C)(3)	9	N/A
VALLEY HOSPITAL FOUNDATION 223 NORTH VAN DIEN AVENUE RIDGEWOOD, NJ07450 22-3475166	SOLICIT,RECEIVE AND APPLY CONTRIBUTIONS FOR THE BENEFIT OF THE HOSPITAL	NJ	501(C)(3)	7	N/A
VHS INSURANCE COMPANY LTD 010 MAIN STREET FC CAYMAN ISLANDS,CAYMAN ISLANDS CJ 98-0408200	PROVIDES PROFESSIONAL AND COMMERCIAL GENERAL LIABILITY INSURANCE	CJ			N/A

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	THE VALLEY HOSPITAL FOUNDATION INC	C	2,379,745
(2)	THE VALLEY HEALTH SYSTEM	Q	1,518,281
(3)	THE VALLEY HOME CARE	P	988,138
(4)	the valley home care	I	386,971
(5)	VALLEY PHYSICIAN SERVICES INC	Q	350,000
(6)	VALLEY MEDICAL SERVICES INC	P	1,263,930
(7)	VALLEY HOSPITAL FOUNDATION	L	1,316,278
(8)	VALLEY HOSPITAL FOUNDATION	P	1,699,371
(9)	THE VALLEY HEALTH SYSTEM	O	1,710,561

TY 2009 Category 3 filer statement

Name: THE VALLEY HOSPITAL Inc

EIN: 22-1487307

Amount Of Indebtedness	Type Of Indebtedness	Name	Address	Identifying Number	Number Of Shares
	NONE	The Valley Hospital Inc	223 north van dien ave Ridgewood, NJ 07450	22-1487307	

TY 2009 Itemized Other Assets Schedule

Name: THE VALLEY HOSPITAL Inc

EIN: 22-1487307

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
VHS INSURANCE COMPANY LTD	98-0408200	SECURITIES AVAILABLE FOR SALE	24,031,070	27,646,715
		PREPAID EXPENSES	9,146	10,366

**TY 2009 Itemized Other Current Assets
Schedule****Name:** THE VALLEY HOSPITAL Inc**EIN:** 22-1487307

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
VHS INSURANCE COMPANY LTD	98-0408200	SECURITIES AVAILABLE FOR SALE	2,290,947	1,782,779
		INTEREST RECEIVABLE	238,004	244,522

TY 2009 Other Deductions Schedule**Name:** THE VALLEY HOSPITAL Inc**EIN:** 22-1487307

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
professional fees		46,269
management fees		50,085
registered office fees		1,200
meeting expenses		9,954
government fees		9,722
investment management fees		16,821
other expenses		4,226
expenses allocated to deposit liab.		-138,277

TY 2009 Itemized Other Liabilities Schedule

Name: THE VALLEY HOSPITAL Inc

EIN: 22-1487307

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
VHS INSURANCE COMPANY LTD	98-0408200	DEPOSIT LIABILITY	26,600,477	29,722,426

TY 2009 Other Income Statement**Name:** THE VALLEY HOSPITAL Inc**EIN:** 22-1487307

Description	Foreign Amount	Amount
unrealized loss on sale of securiti		-6,567
revenue allocated to deposit liab.		-1,153,639