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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE VALLEY HOSPITAL INC		D Employer identification number 22-1487307
	Doing business as		
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (201) 447-8000
	223 NORTH VAN DIEN AVENUE		
	City or town, state or province, country, and ZIP or foreign postal code RIDGEWOOD, NJ 07450		G Gross receipts \$ 808,726,395
F Name and address of principal officer RICHARD KEENAN 223 NORTH VAN DIEN AVE RIDGEWOOD, NJ 07450			
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J Website: WWW.VALLEYHEALTH.COM		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
		H(c) Group exemption number ▶	

K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation 1925	M State of legal domicile NJ
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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 type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets																								
	<table><tr><td>3 Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>21</td></tr><tr><td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>20</td></tr><tr><td>5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)</td><td>5</td><td>4,153</td></tr><tr><td>6 Total number of volunteers (estimate if necessary)</td><td>6</td><td>1,590</td></tr><tr><td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>2,366,853</td></tr><tr><td>b Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>0</td></tr></table>	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 individuals employed in calendar year 2014 (Part V, line 2a)	5	4,153	6 Total number of volunteers (estimate if necessary)	6	1,590	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,366,853	b Net unrelated business taxable income from Form 990-T, line 34	7b	0						
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Part II

Signature Block

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

Sign Here	***** Signature of officer		2015-11-16 Date		
	RICHARD KEENAN SENIOR VP & CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name EDWARD G O'CONNOR	Preparer's signature EDWARD G O'CONNOR	Date	Check <input type="checkbox"/> if self-employed	PTIN P00434443
	Firm's name ▶ O'CONNOR DAVIES LLP			Firm's EIN ▶ 27-1728945	
	Firm's address ▶ 15 ESSEX RD PARAMUS, NJ 076521412			Phone no (201) 712-9800	

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

Part III

Statement of Program Service Accomplishments

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

☐

1

Briefly describe the organization’s mission

THE 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 organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported





















4a	(Code) (Expenses \$ 393,437,338 including grants of \$) (Revenue \$ 461,106,136)
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 NJ BIZ RANKS THE VALLEY HOSPITAL AS THE THIRD BUSIEST HOSPITAL IN THE STATE BASED ON TOTAL INPATIENT DISCHARGES (SEE CONTINUATION ON SCHEDULE O) IN 2014, APPROXIMATELY 47,500 INDIVIDUALS WERE ADMITTED TO VALLEY OUR CORE INPATIENT SERVICES INCLUDE - THE VALLEY HEART AND VASCULAR INSTITUTE, WHICH PROVIDES A CONTINUUM OF PREVENTION AND WELLNESS SERVICES, DIAGNOSTIC AND TREATMENT SERVICES, RESEARCH, AND EDUCATION FOR ALL TYPES OF CARDIAC AND VASCULAR DISEASE - A CARDIAC SURGERY INTENSIVE CARE UNIT - FOUR CRITICAL CARE UNITS - A CARDIAC CATHETERIZATION LABORATORY - AN INPATIENT ONCOLOGY UNIT - THE NEUROSCIENCE CENTER OF EXCELLENCE, WHICH INCLUDES THE STROKE CENTER, AS WELL AS PROGRAMS AND SERVICES FOR A WIDE RANGE OF NEUROLOGICAL DISORDERS - MEDICAL AND SURGICAL FLOORS - A GERIATRIC SERVICES UNIT - THE INSTITUTE FOR ROBOTIC AND MINIMALLY INVASIVE SURGERY - THE TOTAL JOINT REPLACEMENT CENTER - THE CENTER FOR METABOLIC AND WEIGHT LOSS SURGERY - THE CENTER FOR CHILDBIRTH, WHICH WELCOMED MORE THAN 3,400 NEWBORNS IN 2014, AND INCLUDES A LEVEL III NEONATAL INTENSIVE CARE UNIT NURSERY - A PEDIATRIC INTENSIVE CARE UNIT VALLEY HAS BEEN RECOGNIZED FOR 10 CONSECUTIVE YEARS FOR PROVIDING AN OUTSTANDING INPATIENT EXPERIENCE BY J D POWER AND ASSOCIATES THE HOSPITAL'S PATIENT RELATIONS STAFF AND VOLUNTEERS MADE MORE THAN 12,400 PATIENT-RELATED VISITS AND RESPONDED TO MORE THAN 8,316 CALLS, AND PASTORAL CARE STAFF RESPONDED TO OVER 8,400 INQUIRIES AND MADE 85,354 PATIENT AND FAMILY CONTACTS	

4b	(Code) (Expenses \$ 99,660,867 including grants of \$) (Revenue \$ 153,673,525)
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 -THE BLUMENTHAL CANCER CENTER, OFFERING COMPREHENSIVE OUTPATIENT CANCER SERVICES, INCLUDING CHEMOTHERAPY INFUSION SERVICES AND MORE THAN 14,201 RADIATION THERAPY TREATMENTS IN 2014, INCLUDING 121 GAMA KNIFE TREATMENTS-A FULL-SERVICE LABORATORY (SEE CONTINUATION ON SCHEDULE O) -A DIAGNOSTIC IMAGING CENTER -THE FERTILITY CENTER -THE CENTER FOR MATERNAL-FETAL MEDICINE -A PAIN MANAGEMENT CENTER -THE BREAST CENTER -THE UROLOGIC ONCOLOGY CENTER - INTEGRATIVE HEALING SERVICES, WHICH PROVIDES COMPLEMENTARY MEDICINE, EDUCATIONAL PROGRAMS AND SUPPORT GROUPS -THE LUNG CANCER CENTER -REHABILITATION MEDICINE -THE KIREKER CENTER FOR CHILD DEVELOPMENT -THE GEORGE R JAQUA SAME DAY SERVICES CENTER -THE CENTER FOR SLEEP MEDICINE -THE PEDIATRIC SLEEP DISORDERS AND APNEA CENTER -THE SPINE CENTER -THE CENTER FOR WOMEN'S HEART HEALTH -THE MEN'S HEART CENTER IN 2014, THE HOSPITAL PROVIDED ALMOST \$17 MILLION IN UNCOMPENSATED CARE, ATTRIBUTABLE TO CHARITY CARE, BAD DEBT AND MEDICAID SHORTFALLS PATIENTS RECEIVING UNCOMPENSATED CARE IN 2014 INCLUDE PATIENTS WHO WERE TREATED AT VALLEY'S COMMUNITY CARE CLINIC IN 2014, THE CLINIC RECORDED 7,900 VISITS VALLEY'S COMMUNITY CARE CLINIC OFFERS SERVICES IN 16 SPECIALTIES INCLUDING ALLERGY, CARDIOLOGY, COUMADIN, DERMATOLOGY, OTOLARYNGOLOGY, GASTROENTEROLOGY, GYNECOLOGY, NEUROLOGY, OBSTETRICS, OPHTHALMOLOGY, ORTHOPEDICS, PEDIATRICS, PODIATRY, PULMONARY, RHEUMATOLOGY, SURGICAL AND UROLOGY MORE THAN 120 WOMEN WERE CARED FOR BY THE CLINIC'S OBSTETRICS TEAM CLINIC OBSTETRIC PATIENTS RECEIVE GENETIC TESTING AND COUNSELING, NUTRITION SERVICES AND EDUCATION PROGRAMS ABOUT PREGNANCY, CHILDBIRTH AND CHILD CARE VALLEY'S WORK WITH UNDERSERVED COMMUNITIES INCLUDED 137 FREE EDUCATION AND SCREENING PROGRAMS FOR OVER 5,000 OLDER ADULTS IN THE COMMUNITY ALSO IN 2014, 121 HOMEBOUND COMMUNITY MEMBERS RECEIVED \$122,393 IN "AT COST" MEALS ADDITIONALLY, VALLEY'S COMMUNITY HEALTH AND COMMUNITY BENEFIT DEPARTMENT IS WORKING WITH FAITH-BASED ORGANIZATIONS WHO SERVE MEMBERS OF THE AFRICAN AMERICAN COMMUNITY TO ADDRESS HEART DISEASE AND DIABETES HEALTH CONCERNS VALLEY'S COMMITMENT TO OFFER AND ENHANCE PROGRAMS THAT INCREASE PHYSICAL EXERCISE AND PROMOTE WEIGHT LOSS BY PROVIDING NUTRITIONAL COUNSELING, EDUCATION ON HEALTHY EATING AND PROGRAMS THAT SUPPORT CHANGE FOR HEALTHY EATING WERE EVIDENT IN A NUMBER OF PROGRAMS IN 2014 THE PARAMUS WEIGHT LOSS CHALLENGE PARTNERSHIP HELPED 114 PEOPLE LOSE A TOTAL OF 770 POUNDS 60 PERCENT OF THE PARTICIPANTS IMPROVED THEIR CHOLESTEROL AND 50 PERCENT IMPROVED THEIR DIABETES RISK BY LOWERING THEIR A1C AN ADDITIONAL 123 PEOPLE LOST 907 POUNDS IN THE JOINT CHALLENGE WITH RIDGEWOOD AND FAIR LAWN FITNESS IN THE PARK PROGRAMS OFFERED IN PARTNERSHIP WITH THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP OF BERGEN COUNTY AND PROVIDED 34 PARTICIPANTS WITH FREE EXERCISE PROGRAMS A 12-WEEK WALKING PROGRAM IN PARTNERSHIP WITH THE RIDGEWOOD LIBRARY HELPED PARTICIPANTS WALK OVER 7,000 MILES IN 2014 NUTRITION EDUCATION FOCUSED ON RECOGNIZING HEALTHY SUBSTITUTIONS, IDENTIFYING IMPORTANT ASPECTS OF NUTRITION AND EATING HEALTHY CLASSES INCLUDE COOKING FOR 1 OR 2, EAT RIGHT TO STAY HEALTHY, FOOD FOR YOUR MOOD, AND MAKING HEALTHY CHOICES VALLEY'S DIETITIANS PROVIDED FREE EDUCATION TO AN ADDITIONAL 1,545 PEOPLE VALLEY PARTICIPATED IN THE DIABETES COLLABORATIVE ALONG WITH OTHER AREA HOSPITALS 91 INDIVIDUALS WERE SCREENED AT VALLEY FOR DIABETES AND PRE-DIABETES THIS ACCOUNTED FOR ALMOST 50 PERCENT OF THE PROGRAM'S PARTICIPANTS 57 PERCENT OF THE INDIVIDUALS SCREENED HAD BLOOD WORK INDICATING DIABETES OR PRE-DIABETES THOSE INDIVIDUALS WERE INVITED TO ATTEND FREE EDUCATION CLASSES ON DIABETES MANAGEMENT OR VALLEY HOME CARE'S DIABETES SELF-MANAGEMENT PROGRAM VALLEY'S DEPARTMENT OF COMMUNITY HEALTH AND COMMUNITY BENEFIT EDUCATED AND SCREENED 3,175 PEOPLE WITH 100 FREE HEART HEALTH EDUCATION AND SCREENING PROGRAMS PROGRAMS INCLUDED HEART HEALTH JEOPARDY, CHOLESTEROL - THE GOOD, THE BAD AND THE UGLY, YOUR KEY TO HEART HEALTH, HEART HEALTH - WHAT YOUR NUMBERS MEAN, AND UNDERSTANDING YOUR CARDIAC MEDICATIONS AN ADDITIONAL 4,041 PEOPLE PARTICIPATED IN CARDIAC EDUCATION AND HEALTH FAIRS OFFERED BY OUR CENTER FOR HEART HEALTH AND 782 PEOPLE PARTICIPATED IN THE FREE HEART RISK ASSESSMENTS ALMOST 900 PEOPLE PARTICIPATED IN 32 PROGRAMS ON CANCER EDUCATION AND SCREENING HEALTH SCREENINGS FOR PROSTATE, COLORECTAL, LUNG AND SKIN CANCER IDENTIFIED 11 INDIVIDUALS FOR FURTHER TESTING THAT REVEALED CANCER THE FREE SMOKING CESSATION PROGRAM HELPED 45 OF THE 62 PEOPLE ENROLLED IN 2014 TO QUIT SMOKING IN 2014, VALLEY'S SPIRIT OF WOMEN PROVIDED EDUCATION AND PROGRAMMING TO OVER 1,300 WOMEN OF ALL AGES SPIRIT NOW HAS OVER 5,400 MEMBERS AND RECEIVED A NEW NAME - THRIVE PROGRAMS COVERED ALL ASPECTS OF WOMEN'S HEALTH INCLUDING MENOPAUSE, MOTHER/DAUGHTER TWEEN AND TEEN PROGRAMS, HEALTHY EATING, GYNECOLOGIC HEALTH AND HEART HEALTH COMPREHENSIVE PARENT EDUCATION PROGRAMS ARE OFFERED TO EXPECTANT FAMILIES THROUGH THE FAMILY EDUCATION CENTER CLASSES, ATTENDED BY ALMOST 9,528 PEOPLE, INCLUDE CHILDBIRTH PREPARATION, MARVELOUS MULTIPLES , NEWBORN CARE, GRANDPARENTS', SIBLING, INFANT AND CHILD SAFETY, INFANT MASSAGE, BREASTFEEDING, BABY SITTERS, PRE/POSTNATAL YOGA AND HEALTHY EATING FOR BABY AND ME CLINIC PATIENTS ATTEND FREE OF CHARGE THE CENTER PROVIDED FREE BREASTFEEDING CLASSES TO ALMOST 900 PEOPLE AND BREASTFEEDING SUPPORT TO 1,259 PEOPLENEW PARENT SUPPORT SERVICES INCLUDE BREASTFEEDING SUPPORT GROUPS, POSTPARTUM SUPPORT GROUP, 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 ALSO MADE CONTACT WITH ALMOST 3,000 PEOPLE WHO ATTENDED SUPPORT GROUPS THESE GROUPS INCLUDE SUPPORT FOR DIFFERENT TYPES OF CANCERS, HEART DISEASE AND STROKE, DOWN SYNDROME, PARKINSON'S DISEASE, ALZHEIMER'S DISEASE, BEREAVEMENT AND WOMEN'S HEALTH ADDITIONALLY, VALLEY SUPPORTS OTHER ORGANIZATIONS' EFFORTS FOR SUPPORT GROUPS BY OFFERING IN-KIND DONATIONS OF MEETING SPACE AND ADMINISTRATIVE RESOURCES VALLEY SERVES AS AN INFORMATION RESOURCE FOR THE COMMUNITY IN 2014, THE PHYSICIAN AND REFERRAL SERVICE HANDLED 12,455 TOLL-FREE INQUIRIES FOR PROGRAM/SERVICE AND PHYSICIAN INFORMATION CONSUMER HEALTH AMBASSADORS ROUNDED WITH 1,800 PATIENTS AND FAMILIES LEADING TO 350 DIRECT REQUESTS FOR INFORMATION FROM VALLEY'S MEDICAL LIBRARY THAT INCLUDES THE 1,000 INQUIRIES FROM COMMUNITY MEMBERS WHO WERE ASSISTED WITH INFORMATION FROM THE LIBRARY THE VALLEY HOSPITAL WEBSITE PROVIDED FREE HEALTH INFORMATION TO 1,162,031 VISITORS PRESS RELEASES ON DISEASE INFORMATION AND INFORMATIVE NEWSLETTERS ABOUT HEALTH ARE DISTRIBUTED REGULARLY TO MEMBERS OF THE COMMUNITY THROUGH DIRECT MAIL PIECES AND NEWSPAPER PLACEMENT ADDITIONALLY, VALLEY STAFF REGULARLY CONTRIBUTE TO WCBS 880 AM'S HEALTH & WELLBEING REPORT VALLEY SUPPORTS COMMUNITY GROUPS IN 2014 VALLEY STAFF MEMBERS SERVED AS MEMBERS OF THE ROTARY, THE CHAMBER OF COMMERCE, THE RIDGEWOOD MUNICIPAL ALLIANCE, BERGEN COUNTY COLLABORATIVE, AND THE VILLAGE'S HUMAN RESOURCES COORDINATING COUNCIL VALLEY PROVIDES FINANCIAL CONTRIBUTIONS TO LOCAL ORGANIZATIONS FOR DIABETES, CANCER, MENTAL HEALTH, DOMESTIC VIOLENCE AND MINORITY NEEDS VALLEY HOSPITAL SUPPORTS THE COMMUNITY THROUGH EMERGENCY MANAGEMENT AND DISASTER PREPARATION HOSPITAL REPRESENTATIVES SERVE ON TOWN, COUNTY AND STATE-WIDE EMERGENCY MANAGEMENT COMMITTEES AND EXECUTIVE LEVEL COMMITTEES FOR COUNTER-TERRORISM EFFORTS AND DISASTER PREPAREDNESS VALLEY PARAMEDICS EDUCATED 443 LOCAL VOLUNTEER EMT'S ON TOPICS SUCH AS OPIATE OVERDOSE/ NARCAN USE, SAFETY AND STROKE LIFE SUPPORT THE VALLEY HOSPITAL, IN CONJUNCTION WITH THE BERGEN COUNTY EMS TRAINING CENTER, OFFERS ADVANCED STROKE LIFE SUPPORT CLASSES FREE OF CHARGE TO ALL EMERGENCY MEDICAL TECHNICIANS, NURSES, AND PARAMEDICS THE VALLEY HOSPITAL OPERATES AND MAINTAINS BERGEN COUNTY'S MOBILE AMBULANCE BUS FOR EMERGENCY EVACUATIONS AND MEDICAL ATTENTION VALLEY CONDUCTED A FULL SCALE ACTIVE SHOOTER EXERCI	

4c	(Code) (Expenses \$ 25,532,242 including grants of \$) (Revenue \$ 47,302,077)
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 (SEE CONTINUATION ON SCHEDULE O) 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 IN 2014, THE VALLEY HOSPITAL RECORDED OVER 74,000 EMERGENCY DEPARTMENT VISITS AND 8,853 MOBILE INTENSIVE CARE UNIT AND 7,262 SPECIALTY CARE TRANSPORT UNIT DISPATCHES	
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 518,630,447

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	393	1c		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	4,153	2b	Yes	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Yes		
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	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 instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a				No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a				No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7 Organizations that may receive deductible contributions under section 170(c).						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a				No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
		8				
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10 Section 501(c)(7) organizations. Enter						
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter						
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b				

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	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	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	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 made these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year		
20	State the name, address, and telephone number of the person who possesses the organization's books and records	RICHARD D KEENAN	

223 NORTH VAN DIEN AVENUE
RIDGEWOOD, NJ 07450 (201) 447-8000

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	7,022,523	0	2,879,769

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 638

		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 or individual 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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
TORCON INC 8 NEWMAN SPRINGS ROAD RED BANK, NJ 07701	GENERAL CONTRACTOR	16,721,408
MEDICAL INFORMATION TECHNOLOGY INC PO BOX 74569 CHICAGO, IL 60696	INFORMATION SYSTEMS	6,084,300
NAVIN HAFFTY & ASSOCIATES LLC 200 CORDWAINER DRIVE SUITE 100 NORWELL, MA 02061	INFORMATION SYSTEMS CONSULTING	3,791,036
BERGEN ANESTHESIA GROUP PC 500 WEST MAIN STREET SUITE 16 WYCKOFF, NJ 07481	ANESTHESIA	3,708,400
ALLIANCE HEALTHCARE SERVICES 1900 SOUTH STATE COLLEGE BOULEVARD ANAHEIM, CA 92806	MRI/PET SCAN	2,755,935

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶116

Part VIII

Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d	3,000,000			
	e	Government grants (contributions) 1e	933,676			
	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	3,933,676			
Program Service Revenue	Business Code					
	2a	INSURERS AND PATIENTS 621990	467,078,615	467,078,615		
	b	MEDICARE/MEDICAID PAYMENTS 621990	190,778,589	190,778,589		
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	657,857,204			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	7,626,201		385,327	7,240,874
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	(i) Real				
		975,009				
		b Less rental expenses 3,933,111				
		c Rental income or (loss) -2,958,102				
	d	Net rental income or (loss)	-2,958,102			-2,958,102
	7a	(i) Securities				
		125,937,713	27,235			
		b Less cost or other basis and sales expenses 127,655,800	0			
		c Gain or (loss) -1,718,087	27,235			
	d	Net gain or (loss)	-1,690,852			-1,690,852
	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	VALLEY HEALTH PHARMACY 621990	2,715,485	733,959	1,981,526	
	b	FOOD SERVICES 621990	1,930,225	1,930,225		
	c	PURCHASE DISCOUNTS AND REBATES 621990	1,560,350	1,560,350		
	d	All other revenue	6,163,297			6,163,297
	e	Total. Add lines 11a-11d	12,369,357			
	12	Total revenue. See Instructions	677,137,484	662,081,738	2,366,853	8,755,217

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2	Grants and other assistance to domestic individuals. See Part IV, line 22.				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	6,330,803	2,637,462	3,693,341	
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.	235,203,505	201,430,938	33,772,567	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	16,152,783	13,671,063	2,481,720	
9	Other employee benefits.	29,219,544	24,701,025	4,518,519	
10	Payroll taxes.	17,285,466	14,606,219	2,679,247	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	1,072,863		1,072,863	
c	Accounting.	155,129		155,129	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	32,109,013	18,992,907	13,116,106	
12	Advertising and promotion.	3,738,599	225,238	3,513,361	
13	Office expenses.	9,036,457	2,298,283	6,738,174	
14	Information technology.				
15	Royalties.				
16	Occupancy.	15,646,735	2,909,842	12,736,893	
17	Travel.	758,902	565,574	193,328	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	5,134,579	4,468,664	665,915	
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	33,585,932	33,585,932		
23	Insurance.				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	SUPPLIES	159,528,761	107,709,655	51,819,106	
b	DRUGS	44,625,907	44,625,907		
c	PROVISION FOR BAD DEBT	25,973,164	25,973,164		
d	BLOOD	2,784,314	2,784,314		
e	All other expenses	22,824,965	17,444,260	5,380,705	
25	Total functional expenses. Add lines 1 through 24e.	661,167,421	518,630,447	142,536,974	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		11,257,333	2	27,213,699
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		59,910,001	4	53,945,335
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		23,456,026	9	21,533,092
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	761,223,467		
	b	Less accumulated depreciation	10b	517,776,976	197,933,559	10c 243,446,491
	11	Investments—publicly traded securities		473,485,281	11	462,785,519
	12	Investments—other securities See Part IV, line 11		10,133,985	12	3,951,903
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		145,807,707	15	140,263,209
	16	Total assets. Add lines 1 through 15 (must equal line 34)		921,983,892	16	953,139,248
Liabilities	17	Accounts payable and accrued expenses		75,668,049	17	85,481,019
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		88,152,235	25	117,393,167
	26	Total liabilities. Add lines 17 through 25		163,820,284	26	202,874,186
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		751,698,762	27	743,837,465
	28	Temporarily restricted net assets		2,035,519	28	1,998,270
	29	Permanently restricted net assets		4,429,327	29	4,429,327
	Organizations that do not follow SFAS 117 (ASC 958), 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		758,163,608	33	750,265,062
	34	Total liabilities and net assets/fund balances		921,983,892	34	953,139,248

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	677,137,484
2	Total expenses (must equal Part IX, column (A), line 25)	2	661,167,421
3	Revenue less expenses Subtract line 2 from line 1	3	15,970,063
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	758,163,608
5	Net unrealized gains (losses) on investments	5	9,344,501
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-33,213,110
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	750,265,062

Part XII Financial Statements and Reporting

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

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

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AUDREY MEYERS PRESIDENT/CEO	38 50 1 50	X		X				1,231,416	0	981,323
(1) JOSEPH MARION CHAIRMAN	3 00	X		X				0	0	0
(2) WARREN F COOKE ESQ VICE CHAIRMAN	3 00	X		X				0	0	0
(3) ROBERT E FINK VICE CHAIRMAN	3 00 0 50	X		X				0	0	0
(4) VINCENT FORLENZA VICE CHAIRMAN	3 00 0 50	X		X				0	0	0
(5) JOHN W ALBOHM ESQ SECRETARY	3 00	X		X				0	0	0
(6) FRANK SHEEHY TREASURER	3 00	X		X				0	0	0
(7) JUDY BASELICE TRUSTEE	3 00	X						0	0	0
(8) GEORGE BECKER MD TRUSTEE	3 00	X						0	0	0
(9) JOAN BRUNELLE TRUSTEE	3 00	X						0	0	0
(10) JAMES CORNELLPHDMD TRUSTEE RESIGNED 5/21/14	3 00 0 50	X						0	0	0
(11) ANNE GOHEEN CRANE TRUSTEE RESIGNED 5/21/14	3 00	X						0	0	0
(12) MICHELLE HASSON TRUSTEE	3 00	X						0	0	0
(13) ANN M LIMBERG TRUSTEE	3 00	X						0	0	0
(14) BRUCE J MACTAS TRUSTEE	3 00	X						0	0	0
(15) MICHAEL RAHMIN MD TRUSTEE	3 00 0 50	X						0	0	0
(16) EDWARD B SELF MD TRUSTEE	3 00	X						0	0	0
(17) RAKESH SHARMA MD FCCP TRUSTEE	3 00	X						0	0	0
(18) STEVEN SILVERSTEIN TRUSTEE	3 00 0 50	X						0	0	0
(19) JUSTICE GARY STEIN TRUSTEE	3 00	X						0	0	0
(20) DEBRA TAYLOR TRUSTEE	3 00	X						0	0	0
(21) JEFFREY S TUCKER TRUSTEE	3 00 0 50	X						0	0	0
(22) PATRICIA VERDUIN TRUSTEE	3 00	X						0	0	0
(23) KAY YEOMANS TRUSTEE RESIGNED 5/21/14	3 00	X						0	0	0
(24) RICHARD D KEENAN SR VP, FINANCE/CFO	39 00 1 00			X				447,705	0	1,032,898

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) MARIA MEDIAGO VP, FACILITIES MANAGEMENT	40 00				X			481,405	0	41,345
(1) GAIL CALLANDRILLO VP, PLANNING/ GOV'T RELATI	40 00				X			451,100	0	120,670
(2) ANASTASIOS KOZAITIS PRESIDENT, FOUNDATION	40 00				X			367,711	0	40,318
(3) MEGAN FRASER VP, COMMUNICATIONS/MARKETI	40 00				X			335,760	0	48,794
(4) WILLIAM KLUTKOWSKI VP, FINANCE	40 00				X			304,056	0	92,591
(5) JULIA KARCHER VP, ADMINISTRATION	40 00				X			257,402	0	96,310
(6) PETER W DIESTEL SR VP, ADMINISTRATION/COO	40 00					X		1,021,590	0	48,801
(7) ROBIN G HOLLANDER SR VP, LEGAL SERVICES/GENE	40 00					X		666,894	0	119,523
(8) ANN MARIE LEICHMAN VP/CNO PATIENT CARE SERVICE	40 00					X		450,889	0	46,543
(9) MITCHELL RUBINSTEIN VP, MEDICAL AFFAIRS	40 00					X		435,213	0	165,374
(10) ERIC CAREY VP/CIO, INFORMATION SYSTEM	40 00					X		421,647	0	45,279
(11) PETER SCHWARTZ FORMER KEY EMPLOYEE	0 00						X	149,735	0	0

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization THE VALLEY HOSPITAL INC	Employer identification number 22-1487307
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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 described in **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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage			
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2013 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2014. 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—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			▶

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. 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—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) .	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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 value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
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, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included 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 (ASC 958) relating to these items

a

Revenue included in Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2014

Part III

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

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

☐

Public exhibition

d

☐

Loan or exchange programs

b

☐

Scholarly research

e

☐

Other

c

☐

Preservation for future generations
- 4
- Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5
- During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?
- ☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a
- Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
- ☐ Yes

☐ No
- b
- If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII
- ☐

Part V

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

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

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

Board designated or quasi-endowment

b

Permanent endowment 100 000 %

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a
- Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

b

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

3b

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

Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		61,470,070		61,470,070
b Buildings		339,532,299	247,406,902	92,125,397
c Leasehold improvements		14,864,822	11,734,367	3,130,455
d Equipment		322,247,029	257,615,315	64,631,714
e Other		23,109,247	1,020,392	22,088,855
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				243,446,491

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	660,508,821
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	9,344,501
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	9,344,501
3	Subtract line 2e from line 1	3	651,164,320
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	25,973,164
c	Add lines 4a and 4b	4c	25,973,164
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	677,137,484

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	635,194,257
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	635,194,257
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	25,973,164
c	Add lines 4a and 4b	4c	25,973,164
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	661,167,421

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	PROVISION FOR BAD DEBTS 25,973,164
PART XII, LINE 4B - OTHER ADJUSTMENTS	PROVISION FOR BAD DEBTS 25,973,164

[illegible]

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization
THE VALLEY HOSPITAL INC

Employer identification number
22-1487307

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CAYMAN ISLANDS	0	0	INVESTMENT		120,000
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			120,000
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			120,000

Part II

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2

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

3

Enter total number of other organizations or entities ▶

Part III

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes ☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☒ Yes ☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*

☐ Yes ☒ No

Additional Data

Software ID:

Software Version:

EIN: 22-1487307

Name: THE VALLEY HOSPITAL INC

Part V **Supplemental Information**

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

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.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
THE VALLEY HOSPITAL INC

Employer identification number
22-1487307

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b	If "Yes," was it a written policy?	1b Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 50000 0000000000 % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care	3a Yes	
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a	Did the organization prepare a community benefit report during the tax year?	6a Yes	
b	If "Yes," did the organization make it available to the public?	6b Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			6,800,000	900,000	5,900,000	0 890 %
b Medicaid (from Worksheet 3, column a)			7,177,117	3,219,769	3,957,348	0 600 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			13,977,117	4,119,769	9,857,348	1 490 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,992,715	367,180	1,625,535	0 250 %
f Health professions education (from Worksheet 5)			1,909,455	581,044	1,328,411	0 200 %
g Subsidized health services (from Worksheet 6)			1,888,059	927,805	960,254	0 150 %
h Research (from Worksheet 7)			2,863,057	613,115	2,249,942	0 340 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			420,831		420,831	0 060 %
j Total Other Benefits			9,074,117	2,489,144	6,584,973	1 000 %
k Total . Add lines 7d and 7j			23,051,234	6,608,913	16,442,321	2 490 %

Part IICommunity Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development						
3Community support			234,254	96,854	137,400	0.020 %
4Environmental improvements			41,320		41,320	0.010 %
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development			336,053		336,053	0.050 %
9Other						
10Total			611,627	96,854	514,773	0.080 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

7,975,791

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

3,224,877

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

5

191,240,517

6Enter Medicare allowable costs of care relating to payments on line 5.

6

241,261,147

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-50,020,630

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.

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9a

Yes

bIf "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9b

Yes

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?

1
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

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

THE VALLEY HOSPITAL

Name of hospital facility or letter of facility reporting group

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

1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes
If "Yes," indicate what the CHNA report describes (check all that apply)		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 13		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public?	7	Yes
If "Yes," indicate how the CHNA report was made widely available (check all that apply)		
a <input checked="" type="checkbox"/> Hospital facility's website (list url) WWW VALLEYHEALTH COM		
b <input type="checkbox"/> Other website (list url)		
c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 14		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url) WWW VALLEYHEALTH COM		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

Name of hospital facility or letter of facility reporting group

THE VALLEY HOSPITAL

		Yes	No
Financial Assistance Policy (FAP)			
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>500 000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance?	15	Yes
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) _____		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) _____		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) _____		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input checked="" type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

THE VALLEY HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No	
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input checked="" type="checkbox"/> Actions that require a legal or judicial process d <input type="checkbox"/> Other similar actions (describe in Section C) 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply) a <input type="checkbox"/> Notified individuals of the financial assistance policy on admission b <input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d <input type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made	19	Yes	
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	21	Yes	
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c <input checked="" type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d <input type="checkbox"/> Other (describe in Section C) 23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24		No

Part V

Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

Part V

Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI

Supplemental Information

Provide the following information

- 1

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

Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3

Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4

Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5

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

Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A	
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 I, LINE 7G	THERE ARE NO SUBSIDIZED HEALTH SERVICES WHICH ARE ATTRIBUTABLE TO A PHYSICIAN CLINIC COST S INCLUDED REPRESENT MEDICATION AND TRANSPORTATION FOR INDIGENT PATIENTS
PART II, COMMUNITY BUILDING ACTIVITIES	SEE STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS
PART III, LINE 2	THIS IS THE TOTAL BAD DEBT EXPENSE FOR THE HOSPITAL DISCOUNTED BY THE RATIO OF PATIENT CARE COST TO CHARGES
PART III, LINE 3	THIS IS THE TOTAL BAD DEBT EXPENSE FOR PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE DISCOUNT BY THE 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 HISTORIC AL AND EXPECTED NET COLLECTIONS, BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE C OVERAGE 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 NEEDY PATIENTS UND ER THE MEDICAID PROGRAM, THE HOSPITAL PROVIDES SERVICES TO ELDERLY AND DISABLED PATIENTS C OVERED UNDER THE MEDICARE PROGRAM REGARDLESS OF INCOME THE UNPAID COSTS ATTRIBUTED TO PRO VIDING CARE UNDER THIS PROGRAM, AND THUS CONSIDERED A COMMUNITY BENEFIT, WERE ESTIMATED AT \$50 0 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
PART VI, LINE 2	HOSPITAL STAFF REVIEWS ALL THE DISCHARGE DATA FROM THE STATE DOHSS TO DETERMINE WHAT THE M AJOR HEALTH ISSUES ARE IN THE COMMUNITY WE LOOK AT DISEASE SPECIFIC INCIDENCE RATES IN OU R COMMUNITY AND DEVELOP FORECASTS FOR WHAT HEALTH ISSUES ARE PROJECTED TO PLAGUE THE POPUL ATION IN THE FUTURE WE REVIEW CENSUS DATA TO MONITOR DEMOGRAPHIC SHIFTS AND WE CONDUCT QU ALITATIVE RESEARCH (FOCUS GROUPS) TO ASSESS COMMUNITY FEEDBACK TO NEW PROGRAMS AND SERVICE S WE DEVELOP OUR CORE SERVICES AROUND THE MAJOR HEALTH ISSUES IN THE COMMUNITY - THUS, TH EY 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)
PART VI, LINE 3	SIGNS ARE POSTED AT EVERY REGISTRATION AREA INFORMATION REGARDING FINANCIAL SCREENING IS POSTED ON THE HOSPITAL'S WEBSITE FOR CHARITY CARE AS WELL AS THE UNINSURED DISCOUNT POLICY PATIENTS CAN PRINT APPLICATIONS AND REQUIREMENTS FROM THE WEBSITE THE HOSPITAL'S STATEM ENTS CONTAIN INFORMATION ALERTING PATIENTS OF FINANCIAL ASSISTANCE THE HOSPITAL'S HANDBOO KS EXPLAIN FINANCIAL OPTIONS WHICH INCLUDE INFORMATION OF STATE ASSISTANCE, DISCOUNT POLIC Y AND ANY OTHER TYPE OF FINANCIAL ARRANGEMENT
PART VI, LINE 4	THE PRIMARY AND SECONDARY SERVICE AREA OF THE VALLEY HOSPITAL IS COMPOSED OF 32 TOWNS IN N ORTHWEST BERGEN AND PASSAIC COUNTIES THESE COMMUNITIES ACCOUNT FOR 70% OF ALL OUR DISCHAR GES THE POPULATION IS 440,000 PEOPLE
PART VI, LINE 5	RENEWAL, WHICH IS BEING EVALUATED, IS ALL ABOUT MEETING THE HEALTH CARE NEEDS OF OUR COMMU NITY 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 STRUCTUR E 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 A S 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 TH E AMBULATORY SURGERY CENTER TO ADAPT TO THE CHANGING PRACTICE OF PERFORMING SURGERY ON A S AME DAY BASIS

Additional Data

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

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
THE VALLEY HOSPITAL	
THE VALLEY HOSPITAL	PART V, SECTION B, LINE 6A THE HOSPITAL'S CHNA WAS COMPLETED WITH THE FOLLOWING OTHER HOS PITAL FACILITIES CHRISTIAN HEALTH CARE CENTER, ENGLEWOOD HOSPITAL AND MEDICAL CENTER, HAC KENSACK UNIVERSITY MEDICAL CENTER AND HOLY NAME MEDICAL CENTER
THE VALLEY HOSPITAL	PART V, SECTION B, LINE 11 VALLEY HOSPITAL HAS ADDRESSED ALL OF OUR PRIORITY GOALS AND SE CONDARY GOALS OBESITY, FITNESS AND NUTRITION1 VALLEY HAS SPONSORED TWO LARGE MAYOR WELLNE SS WEIGHT LOSS CHALLENGES, COMBINED PARTICIPANTS LOSS 1,677 POUNDS AND OF THOSE WHO HAD TH EIR TOTALCHOLESTEROL AND A1C SCREENED AND RESCREENED THE MAJORITY SAW POSITIVE RESULTS 2 WE HAVE ALSO PARTNERED WITH COMMUNITY MEALS ON WHEELS TO PROVIDE MEALS FOR 7 BERGEN COUNTY TOWNS 3 VALLEY PROVIDES LOW COST EXERCISE CLASSES FOR SENIORS AND PARTNERED WITH THE COU NTY HEALTH DEPARTMENT TO OFFER FREE EXERCISE IN THE PARK CLASSES 4 HEALTHY STEPS IS A 12 WEEK WALKING CLUB THAT OFFERS BOTH EXERCISE, HEALTH EDUCATION AND FREE SCREENINGS 5 WE AL SO OFFERED MANY NUTRITION PROGRAMS TO THE COMMUNITY, FOCUSED ON HEALTHY EATING, EATING WIT H DIABETES, READING FOOD LABELS ETC MANY OF THESE WERE PROVIDED TO SCHOOL AGE CHILDREN 6 VALLEYS CENTER FOR FAMILY EDUCATION PROVIDED FREE BREATFEEDING CLASSES TO ALMOST 900 PEOP LE7 SPECIFIC FITNESS AND NUTRITION EDUCATION WAS ALSO PROVIDED TO THE DIABETIC AND PRE-DI ABETIC POPULATION CHRONIC DISEASE1 DIABETES - THE DIABETES COLLABORATIVE WAS FORMED WITH ALL THE COUNTY HOSPITALS AND THE COUNTY HEALTH DEPARTMENT A SCREENING EVENT TOOK PLACE AT THE 4 HOSPITALS WITH FOLLOW UP FOR A YEAR VALLEY SCREENED 91 PEOPLE, 57% HAD BLOOD WORK INDICATION DIABETES OR PRE-DIABETES COUNSELING AND EDUCATION WAS OFFERED TO THOSE PARTICI PANTS ON AN ON-GOING BASIS IN ADDITION MANY OF OUR HEALTH EDUCATION PROGRAMS FOCUSED ON D IABETES OR THE METABOLIC SYNDROME 2 CARDIOVASCULAR DISEASE - THE CENTER FOR WOMEN'S AND M EN'S HEART HEALTH OFFERED 778 FREE SCREENINGS A LARGE PERCENTAGE OF THE PARTICIPANTS HAD EITHER A HIGH A1C OR CHOLESTEROL AND/OR OBESE 40% WERE REFERRED TO A CARDIOLOGIST OR PRIM ARY CARE PHYSICIAN VALLEY PROVIDED 59 PROGRAMS TO TARGET STROKE WHICH INCLUDED THREE STRO KE SCREENINGS, 190 PEOPLE WERE SCREENED EDUCATION TARGETED TO PREVENTION AND TREATMENT OF CARDIOVASCULAR DISEASE IN ON-GOING, VALLEY ACTUALLY EDUCATED OR SCREENED OVER 3,175 PEOP LE 5 VALLEY'S MOBILE INTENSIVE CARE UNIT INITIATED A NEW MOBILE INTEGRATED HEALTHCARE PRO GRAM WHICH PROVIDES POST-DISCHARGE HOME CHECK-UPS AND TREATMENT TO VULNERABLE PATIENTS TH EY HAVE ALSO PROVIDED NARCAN TRAINING FOR BERGEN COUNTY POLICE AND DONATED 1,00 MILITARY-T ESTED C-A-T TOURNIQUESTS TO 500 POLICE OFFICERS OLDER ADULTS1 THROUGH PRIME TIME, VALLEY HAS PROVIDED PROGRAMS GEARED TO PROMOTING HEALTH AND WELLNESS TO THE OLDER ADULT POPULATIO N PRIME TIME PROVIDED 137 EDUCATION AND SCREENING PROGRAMS GEARED SPECIFICALLY FOR SENIOR S VALLEY ALSO PARTNERED WITH BERGEN COMMUNITY COLLEGE, CHRISTIAN HEALTH CARE CENTER AND V AN DYK HEALTH CARE TO PROVIDED EDUCATION, CAREGIVER SERIES AND AN WEEK LONG ALZHEIMERS AWA RENESS EVENT ACCESS TO CARE 1 VALLEY HAS WORKED CLOSELY WITH TWO CHURCHES THAT SERVE PRED OMINATELY MEMBERS OF THE AFRICAN AMERICAN COMMUNITY A RELATIONSHIP HAS BEEN ESTABLISHED A ND PLANS ARE SET TO PROVIDE A STROKE SCREENING AND HEART HEALTHY LECTURES IN THE COMING YE AR 2 VALLEY HAS ENLISTED THE HELP OF PHARMATEK TO HELP PATIENTS ENROLL IN PRESCRIPTION AS SISTANCE PROGRAMS 3 VALLEY CONTINUES TO PROVIDE DONATIONS TO ORGANIZATIONS THAT SUPPORT H EALTH AND WELLNESS INITIATIVES TO UNDERSERVED POPULATIONS MENTAL HEALTH 1 VALLEY HAS ENLI STED THE HELP OF RAMAPO RIDGE PSYCHIATRIC HOSPITAL TO ASSIST WITH MEETING SOME OF THE MENT AL HEALTH NEEDS OF OUR COMMUNITY THEIR STAFF HAS BEEN INSTRUMENTAL IN PROVIDING EDUCATION TO THE COMMUNITY AND SCHOOLS IN ADDITION, COMMUNITY HEALTH AND INTEGRATIVE MEDICINE STAF F HAS PROVIDED EDUCATION ON STRESS RELIEF VALLEY SPONSORED A DISTRACTED DRIVING WORKSHOP FOR 600 STUDENTS AT TWO HIGH SCHOOLS
PART V, SECTION B, LINE 16	FINANCIAL ASSISTANCE POLICY WEBSITE AVAILABILITY
THE VALLEY HOSPITAL PART V, SECTION B, LINE 16A WEBSITE	WWW VALLEYHEALTH COM
THE VALLEY HOSPITAL PART V, SECTION B, LINE 16B WEBSITE	WWW VALLEYHEALTH COM

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
THE VALLEY HOSPITAL INC

Employer identification number
22-1487307

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. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>			
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	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed 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? If "Yes," to line 5a or 5b, describe in Part III.	5b		No
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? If "Yes," to line 6a or 6b, describe in Part III.	6b		No
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	Yes	
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 Regulations 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 duplicate copies if additional space is 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINES 4A-B	-THE FOLLOWING PERSONS RECEIVED PAYMENT FROM SERP PLAN DURING 2014 AUDREY MEYERS RECEIVED \$215,436, PETER DIESTEL RECEIVED \$32,150, GAIL CALLANDRILLO RECEIVED \$50,515 AND MARIA MEDIAGO RECEIVED \$27,519 THESE AMOUNTS ARE TAXABLE AND ARE REPORTED ON PART II COLUMN F -PETER SCHWARTZ RECEIVED PAYMENT OF \$149,735 FROM EXECUTIVE BENEFIT PLAN DURING 2014 THIS AMOUNT IS TAXABLE AND REPORTED ON PART II COLUMN F -THE FOLLOWING PERSONS CONTRIBUTED IN 457(F) PLAN DURING 2014 AUDREY MEYERS CONTRIBUTED \$937,838, RICHARD KEENAN CONTRIBUTED \$985,907, GAIL CALLANDRILLO CONTRIBUTED \$69,234, WILLIAM KLUTKOWSKI CONTRIBUTED 46,389, JULIA KARCHER CONTRIBUTED \$69,989, ROBIN HOLLANDER CONTRIBUTED \$69,500, AND MITCHELL RUBINSTEIN CONTRIBUTED \$120,023 THESE CONTRIBUTIONS ARE INCLUDED IN PART II COLUMN C IN ADDITION TO 401 (K)/457(B) CONTRIBUTIONS
PART I, LINE 7	BONUS IS BASED ON MANAGEMENT PERFORMANCE AND IS DETERMINED BY THE BOARD OF TRUSTEES THE FOLLOWING INDIVIDUALS RECEIVED THE FOLLOWING BONUS, WHICH WAS TAXABLE AND INCLUDED IN EACH OF HIS/HER W-2 MARIA MEDIAGO - \$132,915 GAIL CALLANDRILLO - \$159,445 ANASTASIOS KOZAITIS - \$91,700 MEGAN FRASER - \$84,595 WILLIAM KLUTKOWSKI - \$87,867 JULIA KARCHER - \$79,472 PETER DIESTEL - \$447,019 ROBIN HOLLANDER - \$251,664 ANN MARIE LEICHMAN - \$112,889 MITCHELL RUBINSTEIN - \$120,023 ERIC CAREY - \$109,263 BONUS CAN ALSO BE DEFERRED TO 457F PLAN AND 401K PLAN AND THUS IS NOT TAXABLE IN THE CURRENT YEAR FOR AUDREY MEYERS AND RICHARD KEENAN

Additional Data

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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 AUDREY MEYERS, PRESIDENT/CEO	(i)	941,869	0	289,547	960,538	20,785	2,212,739	215,436
	(ii)	0	0	0	0	0	0	0
1 RICHARD D KEENAN, SR VP, FINANCE/CFO	(i)	372,202	0	75,503	1,010,607	22,291	1,480,603	0
	(ii)	0	0	0	0	0	0	0
2 MARIA MEDIAGO, VP, FACILITIES MANAGEMENT	(i)	276,159	132,915	72,331	21,117	20,228	522,750	27,519
	(ii)	0	0	0	0	0	0	0
3 GAIL CALLANDRILLO, VP, PLANNING/ GOV'T RELATI	(i)	223,886	159,445	67,769	92,985	27,685	571,770	50,515
	(ii)	0	0	0	0	0	0	0
4 ANASTASIOS KOZAITIS, PRESIDENT, FOUNDATION	(i)	262,027	91,701	13,983	13,081	27,237	408,029	0
	(ii)	0	0	0	0	0	0	0
5 MEGAN FRASER, VP, COMMUNICATIONS/MARKETI	(i)	232,900	84,595	18,265	20,390	28,404	384,554	0
	(ii)	0	0	0	0	0	0	0
6 WILLIAM KLUTKOWSKI, VP, FINANCE	(i)	189,602	87,867	26,587	65,453	27,138	396,647	0
	(ii)	0	0	0	0	0	0	0
7 JULIA KARCHER, VP, ADMINISTRATION	(i)	164,552	79,472	13,378	89,310	7,000	353,712	0
	(ii)	0	0	0	0	0	0	0
8 PETER W DIESTEL, SR VP, ADMINISTRATION/COO	(i)	518,786	447,019	55,785	21,675	27,126	1,070,391	32,150
	(ii)	0	0	0	0	0	0	0
9 ROBIN G HOLLANDER, SR VP, LEGAL SERVICES/GENE	(i)	391,942	251,664	23,288	90,536	28,987	786,417	0
	(ii)	0	0	0	0	0	0	0
10 ANN MARIE LEICHMAN, VP/CNO PATIENT CARE SERVICE	(i)	305,463	112,889	32,537	22,100	24,443	497,432	0
	(ii)	0	0	0	0	0	0	0
11 MITCHELL RUBINSTEIN, VP, MEDICAL AFFAIRS	(i)	293,988	120,023	21,202	138,581	26,793	600,587	0
	(ii)	0	0	0	0	0	0	0
12 ERIC CAREY, VP/CIO, INFORMATION SYSTEM	(i)	299,025	109,263	13,359	20,839	24,440	466,926	0
	(ii)	0	0	0	0	0	0	0
13 PETER SCHWARTZ, FORMER KEY EMPLOYEE	(i)	0	0	149,735	0	0	149,735	149,735
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.****▶ Attach to Form 990 or 990-EZ.****▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

OMB No 1545-0047

2014**Open to Public
Inspection**Name of the organization
THE VALLEY HOSPITAL INC**Employer identification number**

22-1487307

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE VALLEY HOSPITAL'S BY-LAWS WERE AMENDED IN 2014. CHANGES MADE TO THE HOSPITAL'S AMENDED BY-LAWS INCLUDE AND NOT LIMITED TO THE FOLLOWING: - UPDATED SECTION 1.69 "PRIMARY SERVICE AREA" TO REFLECT CURRENT COMPOSITION; - DELETED REQUIREMENT THAT THE PRESIDENT OF THE HOSPITAL AUXILIARY BE A MEMBER OF THE BOARD IN SECTION 3.2 AND CLARIFIED THAT THE MAXIMUM TENURE OF EACH TRUSTEE SHALL BE 12 YEARS, UNLESS THE TRUSTEE IS SERVING AS THE CHAIRMAN OF THE BOARD; - SECTION 3.4 DELETED REFERENCE TO VOTE OF PARENT BOARD AS IT IS NOW INCLUDED IN 3.21; - SECTION 3.6 AMENDED TO PROVIDE THAT A TRUSTEE ELECTED TO FILL A VACANCY SHALL BE ELECTED TO SERVE UNTIL THE NEXT ANNUAL MEETING; - SECTION 3.20 AMENDED TO ADD THE RESERVE POWERS TO THE PARENT AS SET FORTH IN THE BYLAWS OF THE CORPORATION AND TO ADD OTHER RESERVE POWERS; INCREASED THE THRESHOLD FOR DECISIONS REGARDING PROGRAMS AND SERVICES EXPECTED TO GENERATE REVENUE; - ADDED NEW SECTION 4.11 LOANS TO OFFICERS WHICH PROVIDES AS FOLLOWS: SUBJECT TO COMPLIANCE WITH THE PROVISIONS OF SECTION 15A-6-11 OF THE NEW JERSEY NON-PROFIT CORPORATION ACT, THE HOSPITAL MAY LEND MONEY TO ANY OFFICER OR OTHER EMPLOYEE OF THE HOSPITAL, INCLUDING ANY OFFICER OR OTHER EMPLOYEE WHO IS ALSO A TRUSTEE OF THE HOSPITAL, TO COVER INSURANCE PREMIUMS PURSUANT TO A BONA FIDE RETIREMENT PROGRAM APPROVED BY THE BOARD, WHENEVER IN THE JUDGMENT OF THE BOARD, THE LOAN MAY REASONABLY BE EXPECTED TO BENEFIT THE HOSPITAL, AND THEN ONLY WHEN AUTHORIZED BY AT LEAST TWO-THIRDS (2/3) OF THE ENTIRE BOARD, WITH THE VOTE OF THE INTERESTED TRUSTEE NOT COUNTED; - SECTION 9.1 CLARIFIED DEFINITION OF "CORPORATE AGENT" FOR INDEMNIFICATION PURPOSES; - SECTION 10.1 DELETED PROVISION REGARDING DISPOSITION OF PROPERTY UPON DISSOLUTION AS IT IS ADDRESSED IN THE CERTIFICATE OF INCORPORATION.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, A PAPER COPY OR E-FILE 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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE VALLEY HOSPITAL, INC HAS A CONFLICT OF INTEREST POLICY THAT APPLIES TO ALL OF THE MEMBERS OF MANAGEMENT AND BOARD MEMBERS ANNUALLY , 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 THE INTEREST PERSON MUST LEAVE THE BOARD OR COMMITTEE MEETING WHILE A DISCUSSION REGARDING THE POTENTIAL CONFLICT OF INTEREST IS DISCUSSED UPON THE REMAINING BOARD OR COMMITTEE MEMBERS WILL DECIDE IT A CONFLICT OF INTEREST EXISTS 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 THIS PROCESS IS RECORDED IN THE MINUTES OF THE BOARD MEETINGS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE HOSPITAL HAS ESTABLISHED A POLICY FOR COMPENSATION OF ITS OFFICERS, TOP MANAGEMENT AND KEY EMPLOYEES. THE POLICY MANDATES THAT COMPENSATION FOR ITS OFFICERS, TOP MANAGEMENT AND KEY EMPLOYEES, BE PERIODICALLY REVIEWED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES FREE OF ANY MEMBERS WITH CONFLICTS OF INTEREST RELATED THERETO. THE COMMITTEE DETERMINES THAT THE EXECUTIVES ARE BEING PAID AN APPROPRIATE LEVEL OF COMPENSATION BY USING COMPARATIVE DATA FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. COMPENSATION DECISION ON THE AMOUNT OF COMPENSATION PAID AND TERM IS ADEQUATELY DOCUMENTED IN A CONTEMPORANEOUSLY WRITTEN FORMAT. THIS PROCESS WAS LAST UNDERTAKEN IN 2014.

Return Reference	Explanation
FORM 990, PART VI, 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 FORM 990 AS WELL AS THE FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY AND OTHER RELEVANT DOCUMENTS ARE AVAILABLE UPON REQUEST AT 223 NORTH VAN DIEN AVENUE, RIDGEWOOD, NJ 07450

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN ACCRUED PENSION LIABILITY TO BE RECOGNIZED IN FUTURE PERIODS -33,600,401 CHANGE IN ASSETS HELD BY VALLEY HOSPITAL FOUNDATION 387,291

Return Reference	Explanation
FORM 990, PART XII, 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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
THE VALLEY HOSPITAL INC

Employer identification number
22-1487307

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) 555 MAPLE ACQUISITION LLC 223 NORTH VAN DIEN AVENUE RIDGEWOOD, NJ 07450 45-3070365	REAL ESTATE HOLDINGS	DE	0	8,110,000	THE VALLEY HOSPITAL INC
(2) 599 PARAMUS ACQUISITION LLC 223 NORTH VAN DIEN AVENUE RIDGEWOOD, NJ 07450 46-0985392	REAL ESTATE HOLDINGS	DE	207,920	12,321,524	THE VALLEY HOSPITAL INC
(3) 620 WINTERS AVENUE LLC 223 NORTH VAN DIEN AVENUE RIDGEWOOD, NJ 07450	REAL ESTATE HOLDINGS	DE	0	0	THE VALLEY HOSPITAL INC
(4) 1200 EAST RIDGEWOOD LLC 223 NORTH VAN DIEN AVENUE RIDGEWOOD, NJ 07450 46-4115513	REAL ESTATE HOLDINGS	DE	3,109,390	26,807,125	THE VALLEY HOSPITAL INC

Part II

Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) VALLEY HEALTH SYSTEM INC 223 NORTH VAN DIEN AVENUE RIDGEWOOD, NJ 07450 22-2922016	PROVIDES MANAGEMENT & PLANNING SERVICES FOR ITS MEMBERS	NJ	501(C)(3)	LINE 3	N/A		No
(2) VALLEY MEDICAL SERVICES INC 223 NORTH VAN DIEN AVENUE RIDGEWOOD, NJ 07450 22-3260998	PROVIDES CERTAIN MEDICAL CARE TO PATIENTS INCL PEDIATRIC & NEONATAL SERVICES	NJ	501(C)(3)	LINE 3	THE VALLEY HOSPITAL INC	Yes	
(3) VALLEY PHYSICIAN SERVICES INC 15 ESSEX ROAD PARAMUS, NJ 07652 32-0041186	PROVIDES MEDICAL CARE TO CARRYOUT THE PURPOSE OF THE VALLEY HEALTH SYSTEM	NJ	501(C)(3)	LINE 3	THE VALLEY HOSPITAL INC	Yes	
(4) VALLEY HOME CARE INC 15 ESSEX ROAD PARAMUS, NJ 07652 22-3208480	PROVIDES REHABILITATION VISITS AND HOME HEALTH AIDS VISITS TO PATIENTS	NJ	501(C)(3)	LINE 9	VALLEY HEALTH SYSTEM INC		No
(5) THE VALLEY HOSPITAL FOUNDATION INC 223 NORTH VAN DIEN AVENUE RIDGEWOOD, NJ 07450 22-2324554	SOLICIT,RECEIVE AND APPLY CONTRIBUTIONS FOR THE BENEFIT OF THE HOSPITAL	NJ	501(C)(3)	LINE 7	VALLEY HEALTH SYSTEM INC		No

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, S or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) VALLEY HEALTH MEDICAL GROUP INC 15 ESSEX ROAD PARAMUS, NJ 07652 22-3475233	OPERATES URGENT/PRIMARY CARE CLINICS	NJ	VALLEY HEALTH SYSTEM INC	C					No
(2) VALLEY HEALTH MEDICAL GROUP NJPC 15 ESSEX ROAD PARAMUS, NJ 07652 22-3475166	OPERATES URGENT/PRIMARY CARE CLINICS	NJ	N/A	C					No
(3) VALLEY PHYSICIAN SERVICE NY PC 15 ESSEX ROAD PARAMUS, NJ 07652 45-3125678	OPERATES URGENT/PRIMARY CARE CLINICS	NY	VALLEY HEALTH SYSTEM INC	C					No
(4) VHS INSURANCE COMPANY LTD 010 MAIN STREET CAYMAN ISLANDS CJ 98-0408200	PROVIDES PROFESSIONAL, MEDICAL AND COMMERCIAL GENERAL LIABILITY INSURANCE	CJ	THE VALLEY HOSPITAL INC	C		56,482,347	100 000 %	Yes	

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

No

1m

Yes

1n

No

1o

Yes

1p

No

1q

Yes

1r

Yes

1s

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) VALLEY MEDICAL SERVICES INC	Q	400,000	COST
(2) VALLEY PHYSICIAN SERVICES INC	Q	45,750,000	COST
(3) VHS INSURANCE COMPANY LTD	R	8,000,000	COST

Schedule R (Form 990) 2014

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

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

Part VII

Supplemental Information

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

Return Reference	Explanation
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