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<div>Form <b>990</b></div> <div>  </div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div>	<div> <div>Return of Organization Exempt From Income Tax</div> <div> Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) </div> <div> <div>▶ Do not enter social security numbers on this form as it may be made public.</div> <div>▶ Information about Form 990 and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a></div> </div> </div> <td data-bbox="1160 49 1416 76"> <div>OMB No 1545-0047</div> <div><b>2015</b></div> <div>Open to Public Inspection</div> </td>	<div>OMB No 1545-0047</div> <div><b>2015</b></div> <div>Open to Public Inspection</div>
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<b>A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015</b>			
<b>B</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	<b>C</b> Name of organization THE VALLEY HOSPITAL INC		<b>D</b> Employer identification number  22-1487307
	Doing business as		<b>E</b> Telephone number  (201) 447-8000
	Number and street (or P O box if mail is not delivered to street address) 223 NORTH VAN DIEN AVENUE	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code RIDGEWOOD, NJ 07450		
	<b>F</b> Name and address of principal officer RICHARD KEENAN 223 NORTH VAN DIEN AVE RIDGEWOOD, NJ 07450		<b>G</b> Gross receipts \$ 766,791,751
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a){1} or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>J</b> Website: ▶ WWW.VALLEYHEALTH.COM		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>H(c)</b> Group exemption number ▶	
		<b>L</b> Year of formation 1925	<b>M</b> State of legal domicile NJ

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE VALLEY HOSPITAL SERVES THE COMMUNITY BY HEALING AND CARING FOR PATIENTS, COMFORTING THEIR FAMILIES AND TEACHING GOOD HEALTH			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	19	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	18	
Revenue	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	4,099	
	6	Total number of volunteers (estimate if necessary)	1,500	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	2,003,633	
	7b	Net unrelated business taxable income from Form 990-T, line 34	-146,307	
Expenses	8	Contributions and grants (Part VIII, line 1h)	3,933,676	12,960,710
	9	Program service revenue (Part VIII, line 2g)	657,857,204	646,126,327
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,935,349	5,561,027
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,411,255	7,776,719
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	677,137,484	672,424,783
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
Net Assets or Fund Balances	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	304,192,101	306,449,663
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) <sup>0</sup>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	356,975,320	350,176,736
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	661,167,421	656,626,399
	19	Revenue less expenses Subtract line 18 from line 12	15,970,063	15,798,384
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	953,139,248	975,221,417
	21	Total liabilities (Part X, line 26)	202,874,186	200,649,384
	22	Net assets or fund balances Subtract line 21 from line 20	750,265,062	774,572,033

**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.

<b>Sign Here</b>	*****			2016-11-15	
	Signature of officer			Date	
	RICHARD KEENAN SENIOR VP & CFO				
	Type or print name and title				
<b>Paid Preparer Use Only</b>	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 ▶ PKF O'CONNOR DAVIES LLP				Firm's EIN ▶ 27-1728945
	Firm's address ▶ 15 ESSEX RD PARAMUS, NJ 076521412				Phone no (201) 712-9800

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 \$ 379,620,816 including grants of \$ ) (Revenue \$ 470,709,932 )

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 2015, APPROXIMATELY 46,967 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 2015, 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 \$ 94,518,378 including grants of \$ ) (Revenue \$ 147,119,190 )

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 2015, 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 2015, THE HOSPITAL PROVIDED ALMOST \$17 MILLION IN UNCOMPENSATED CARE, ATTRIBUTABLE TO CHARITY CARE, BAD DEBT AND MEDICAID SHORTFALLS PATIENTS RECEIVING UNCOMPENSATED CARE IN 2015 INCLUDE PATIENTS WHO WERE TREATED AT VALLEY'S COMMUNITY CARE CLINIC IN 2015, 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 2015, 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 2015 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 2015 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 2015, 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 2015, 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 2015 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 MOBIL

4c

(Code ) (Expenses \$ 26,407,392 including grants of \$ ) (Revenue \$ 50,871,689 )

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 2015, THE VALLEY HOSPITAL RECORDED 74,185 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 ►

500,546,586

Form 990 (2015)

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)

<b>21</b>	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>	<b>21</b>		No
<b>22</b>	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>	<b>22</b>		No
<b>23</b>	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>	<b>23</b>	Yes	
<b>24a</b>	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>	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>	<b>25a</b>		No
<b>b</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>	<b>25b</b>		No
<b>26</b>	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>	<b>26</b>		No
<b>27</b>	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>	<b>27</b>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28b</b>		No
<b>c</b>	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>	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	<b>31</b>		No
<b>32</b>	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>	<b>32</b>		No
<b>33</b>	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>	<b>33</b>	Yes	
<b>34</b>	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>	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes	
<b>b</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>	<b>35b</b>	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>36</b>		No
<b>37</b>	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>	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	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	336	
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	4,099	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	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?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

**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
<b>1a</b>	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	19	
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent	18	
<b>2</b>	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?	<b>2</b>	No
<b>3</b>	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?	<b>3</b>	No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	Yes
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>	No
<b>6</b>	Did the organization have members or stockholders?	<b>6</b>	No
<b>7a</b>	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?	<b>7a</b>	No
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b>	The governing body?	<b>8a</b>	Yes
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes
<b>9</b>	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	<b>9</b>	No

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</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?	<b>10b</b>	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	No
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes
<b>13</b>	Did the organization have a written whistleblower policy?	<b>13</b>	Yes
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>15a</b>	Yes
<b>b</b>	Other officers or key employees of the organization	<b>15b</b>	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	No
<b>b</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?	<b>16b</b>	

**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.  
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**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]



<b>1b</b>	<b>Sub-Total</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A</b>			
<b>d</b>	<b>Total (add lines 1b and 1c)</b>	10,568,914	0	817,952

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b> Yes	
<b>4</b>	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> . . . . .	<b>4</b> Yes	
<b>5</b>	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> . . . . .	<b>5</b>	No

**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.

<p><b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 119</p>	
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Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . .	1d	8,234,900			
	e	Government grants (contributions)	1e	558,342			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,167,468			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f . . . . .		12,960,710			
Program Service Revenue	2a	INSURERS AND PATIENTS	Business Code 621990	439,365,902	439,365,902		
	b	MEDICARE/MEDICAID PAYMENTS	621990	206,760,425	206,760,425		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		646,126,327			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		6,471,761		
4		Income from investment of tax-exempt bond proceeds . . .					
5		Royalties . . . . .					
6a		Gross rents	(i) Real 1,533,472	(ii) Personal			
b		Less rental expenses	3,779,819				
c		Rental income or (loss)	-2,246,347				
d		Net rental income or (loss) . . . . .			-2,246,347		-2,246,347
7a		Gross amount from sales of assets other than inventory	(i) Securities 89,632,575	(ii) Other 43,840			
b		Less cost or other basis and sales expenses	90,587,149	0			
c		Gain or (loss)	-954,574	43,840			
d		Net gain or (loss) . . . . .			-910,734		-910,734
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	2,341,280	337,647	2,003,633	
b		FOOD SERVICES	621990	1,951,750	1,951,750		
c		PURCHASE DISCOUNTS AND REBATES	621990	1,625,772	1,625,772		
d		All other revenue . . . . .		4,104,264			4,104,264
e		Total. Add lines 11a-11d . . . . .		10,023,066			
12	Total revenue. See Instructions . . . . .		672,424,783	650,041,496	2,003,633	7,418,944	

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.	9,479,576	7,976,485	1,503,091	
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.	234,193,649	197,059,681	37,133,968	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	24,348,324	20,486,668	3,861,656	
9	Other employee benefits.	20,791,662	17,494,091	3,297,571	
10	Payroll taxes.	17,636,452	14,839,311	2,797,141	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	2,041,251		2,041,251	
c	Accounting.	237,412		237,412	
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.)	39,127,527	24,816,146	14,311,381	
12	Advertising and promotion.	3,911,075	11,131	3,899,944	
13	Office expenses.	8,967,497	2,116,818	6,850,679	
14	Information technology.				
15	Royalties.				
16	Occupancy.	14,638,483	3,104,881	11,533,602	
17	Travel.	647,844	492,213	155,631	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	5,626,964	4,871,124	755,840	
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	38,993,771	38,993,771		
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	133,896,849	73,949,159	59,947,690	
b	DRUGS	51,432,184	51,432,184	0	
c	PROVISION FOR BAD DEBT	24,175,257	24,175,257	0	
d	BLOOD	2,111,356	2,111,356	0	
e	All other expenses	24,369,266	16,616,310	7,752,956	
25	<b>Total functional expenses.</b> Add lines 1 through 24e.	656,626,399	500,546,586	156,079,813	0
26	<b>Joint costs.</b> 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 . . . . .		27,213,699	2	11,478,653	
	3	Pledges and grants receivable, net . . . . .			3		
	4	Accounts receivable, net . . . . .		53,945,335	4	74,349,394	
	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 . . . . .		21,533,092	9	17,880,898	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	10a	825,731,833			
	b	Less: accumulated depreciation . . . . .	10b	557,662,509	243,446,491	10c	268,069,324
	11	Investments—publicly traded securities . . . . .		462,785,519	11	448,124,720	
	12	Investments—other securities. See Part IV, line 11 . . . . .		3,951,903	12	9,991,653	
	13	Investments—program-related. See Part IV, line 11 . . . . .			13		
	14	Intangible assets . . . . .			14		
	15	Other assets. See Part IV, line 11 . . . . .		140,263,209	15	145,326,775	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		953,139,248	16	975,221,417		
Liabilities	17	Accounts payable and accrued expenses . . . . .		85,481,019	17	84,487,914	
	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 . . . . .		117,393,167	25	116,161,470	
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		202,874,186	26	200,649,384	
	Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
27		Unrestricted net assets . . . . .		743,837,465	27	768,137,385	
28		Temporarily restricted net assets . . . . .		1,998,270	28	2,005,321	
29		Permanently restricted net assets . . . . .		4,429,327	29	4,429,327	
<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>							
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		<b>Total net assets or fund balances . . . . .</b>		750,265,062	33	774,572,033	
34		<b>Total liabilities and net assets/fund balances . . . . .</b>		953,139,248	34	975,221,417	

**Part XI**   **Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	672,424,783
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	656,626,399
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	15,798,384
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	<b>4</b>	750,265,062
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	-8,157,234
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	16,665,821
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	774,572,033

**Part XII**   **Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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		
<b>2a</b>	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		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b>	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b>	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?	Yes	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	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			
AUDREY MEYERS ..... PRESIDENT	38 00 ..... 2 00	X		X				1,505,017	0	45,496
JOSEPH MARION ..... CHAIRMAN	2 50 ..... 0 50	X		X				0	0	0
JOHN W ALBOHM ESQ ..... VICE CHAIRMAN & SECRETARY	3 00 .....	X		X				0	0	0
FRANK SHEEHY ..... VICE CHAIRMAN	3 00 .....	X		X				0	0	0
JUDY BASELICE ..... TRUSTEE	3 00 .....	X						0	0	0
GEORGE BECKER MD ..... TRUSTEE	3 00 .....	X						0	0	0
JOAN BRUNELLE ..... TRUSTEE	3 00 .....	X						0	0	0
MICHELLE HASSON ..... TRUSTEE	3 00 .....	X						0	0	0
ANN M LIMBERG ..... TRUSTEE	3 00 .....	X						0	0	0
BRUCE J MACTAS ..... TRUSTEE	3 00 .....	X						0	0	0

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			
MICHAEL RAHMIN MD ..... TRUSTEE	3 00 ..... 0 50	X						0	0	0
EDWARD B SELF MD ..... TREASURER	3 00 .....	X		X				0	0	0
RAKESH SHARMA MD FCCP ..... TRUSTEE	3 00 .....	X						0	0	0
STEVEN SILVERSTEIN ..... TRUSTEE	2 50 ..... 1 00	X						0	0	0
JUSTICE GARY STEIN ..... TRUSTEE	3 00 .....	X						0	0	0
DEBRA TAYLOR ..... TRUSTEE	3 00 .....	X						0	0	0
JEFFREY S TUCKER ..... TRUSTEE	2 50 ..... 1 00	X						0	0	0
PATRICIA VERDUIN ..... TRUSTEE	3 00 .....	X						0	0	0
DENIS SALAMONE ..... TRUSTEE	3 00 .....	X						0	0	0
RICHARD KEENAN ..... SR VP, FINANCE/CFO	39 50 ..... 0 50			X				1,175,831	0	47,126

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			
MARIA MEDIAGO ..... VP, FACILITIES MANAGEMENT	40 00 .....				X			473,713	0	42,306
GAIL CALLANDRILLO ..... VP, PLANNING/ GOV'T RELATI	40 00 .....				X			518,266	0	50,899
ANASTASIOS KOZAITIS ..... PRESIDENT, FOUNDATION	40 00 .....				X			406,158	0	46,923
MEGAN FRASER ..... VP, COMMUNICATIONS/MARKETI	40 00 .....				X			371,518	0	47,951
WILLIAM KLUTKOWSKI ..... VP, FINANCE	40 00 .....				X			382,781	0	49,621
JULIA KARCHER ..... VP, ADMINISTRATION	40 00 .....				X			365,004	0	28,136
PETER W DIESTEL ..... SR VP, ADMINISTRATION/COO	40 00 .....				X			830,648	0	49,967
ROBIN G HOLLANDER ..... SR VP, LEGAL SERVICES/GENE	40 00 .....				X			672,535	0	52,548
ANN MARIE LEICHMAN ..... VP/CNO PATIENT CARE SERVIC	40 00 .....				X			506,635	0	47,185
ERIC CAREY ..... VP/CIO, INFORMATION SYSTEM	40 00 .....				X			458,408	0	49,444



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			
JOSEPH YALLOWITZ ..... VP & CHIEF MEDICAL OFFICER	40 00 .....				X			384,441	0	26,662
JOSE A BALDERRAMA ..... VP, HUMAN RESOURCES	40 00 .....				X			350,855	0	20,479
KARTEEK BHAVSAR ..... VP, ADMINISTRATION	40 00 .....				X			251,480	0	25,394
ROBERT W BRENNER ..... SENIOR VP/CHIEF PHYSICIAN EXECUTIVE	40 00 .....				X			194,020	0	2,130
LEONARD GUGLIELMO ..... ASST VP, FACILITIES, CHIEF SUPPLY CHIAN OFFICER	40 00 .....					X		271,166	0	35,093
KI-CHUEN CHAK ..... CHIEF PHYSICIST	40 00 .....					X		265,682	0	43,646
CLAIRE GRANDE ..... ASST VP, WOMEN'S/CHILDREN'S SERVICES	40 00 .....					X		258,762	0	22,334
JULIE W LO ..... CLIN SUPERVISOR PHYSICIST	40 00 .....					X		252,511	0	46,707
BRAD HASPEL ..... ASST VP,ANCILLARY SERVICES	40 00 .....					X		237,743	0	35,827
MITCHELL RUBINSTEIN ..... FORMER VP, MEDICAL AFFAIRS	0 00 .....						X	199,254	0	2,078

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			
PETER SCHWARTZ ..... FORMER KEY EMPLOYEE	0 00 .....						X	132,055	0	0
AUTHUR DE SIMONE ..... FORMER KEY EMPLOYEE	0 00 .....						X	104,431	0	0

SCHEDULE A  
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization THE VALLEY HOSPITAL INC	Employer identification number 22-1487307
---	--

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

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

1

☐

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

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

An 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 (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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2014 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2015.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 ► <input type="checkbox"/>						
b 33 1/3% support test—2014.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 ► <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2015.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 ► <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2014.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 ► <input type="checkbox"/>						
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 ► <input type="checkbox"/>						

**Part III Support 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2015.** 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—2014.** 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> 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 <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI</b> .	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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 Activities Test. Answer (a) and (b) below.			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
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? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**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)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

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

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



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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013. . . . .			
<b>e</b> From 2014. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			

**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)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
THE VALLEY HOSPITAL INC

Employer identification number  
22-1487307

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <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" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)  
☐ Protection of natural habitat  
☐ Preservation of open space

☐ Preservation of an historically important land area  
☐ Preservation of a certified historic structure

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, handling of violations, and enforcing conservation easements during the year  
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

Part III

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

(continued)

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

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

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

Part V

Endowment Funds. Complete if the organization answered "Yes" 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 on lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

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)	Accumulated (c)depreciation	(d)Book value
1a Land		62,277,965		62,277,965
b Buildings		370,769,134	263,799,799	106,969,335
c Leasehold improvements		15,345,022	12,129,082	3,215,940
d Equipment		363,689,351	280,339,934	83,349,417
e Other		13,650,361	1,393,694	12,256,667
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				268,069,324



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	640,092,292
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-8,157,234
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-8,157,234
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	648,249,526
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	24,175,257
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	24,175,257
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	672,424,783

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	632,451,142
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	632,451,142
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	24,175,257
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	24,175,257
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	656,626,399

**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 OFFSET AGAINST REVENUE 24,175,257

**Part XIII**

**Supplemental Information** *(continued)*

Return Reference	Explanation

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

- **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](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

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.

- 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
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

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

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### **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" on 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

2015

Open to Public  
Inspection

<b>Name of the organization</b> THE VALLEY HOSPITAL INC	<b>Employer identification number</b> 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 type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a	Yes	
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 type="checkbox"/> Other _____ 50000 0000000000 %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was 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)			7,636,711	600,000	7,036,711	1 070 %
b Medicaid (from Worksheet 3, column a)			14,413,689	10,178,390	4,235,299	0 650 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d <b>Total</b> Financial Assistance and Means-Tested Government Programs			22,050,400	10,778,390	11,272,010	1 720 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,241,386	348,299	1,893,087	0 290 %
f Health professions education (from Worksheet 5)			2,419,014	533,786	1,885,228	0 290 %
g Subsidized health services (from Worksheet 6)			2,329,610	989,635	1,339,975	0 200 %
h Research (from Worksheet 7)			1,189,369		1,189,369	0 180 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			399,770		399,770	0 060 %
j <b>Total.</b> Other Benefits			8,579,149	1,871,720	6,707,429	1 020 %
k <b>Total.</b> Add lines 7d and 7j			30,629,549	12,650,110	17,979,439	2 740 %

Part II Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development					
3	Community support		308,469	98,619	209,850	0.030 %
4	Environmental improvements		29,900		29,900	0 %
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development		314,113		314,113	0.050 %
9	Other					
10	Total		652,482	98,619	553,863	0.080 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

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

1

Yes

No

2

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

2

7,721,198

3

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

3

2,316,359

4

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

Section B. Medicare

5

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

5

203,670,675

6

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

6

269,283,570

7

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

7

-65,612,895

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.  
☐ Cost accounting system      ☐ Cost to charge ratio      ☐ Other

Section C. Collection Practices

9a

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

9a

Yes

No

b

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

9b

Yes

No

Part IV Management Companies and Joint Ventures

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

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

Schedule H (Form 990) 2015

## Section A. Hospital Facilities

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

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)

[illegible]

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
<b>Community Health Needs Assessment</b>		
<b>1</b> 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? .....	<b>1</b>	No
<b>2</b> 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 .....	<b>2</b>	No
<b>3</b> 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 ..... If "Yes," indicate what the CHNA report describes (check all that apply) <b>a</b> <input type="checkbox"/> A definition of the community served by the hospital facility <b>b</b> <input type="checkbox"/> Demographics of the community <b>c</b> <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community <b>d</b> <input type="checkbox"/> How data was obtained <b>e</b> <input type="checkbox"/> The significant health needs of the community <b>f</b> <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups <b>g</b> <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs <b>h</b> <input type="checkbox"/> The process for consulting with persons representing the community's interests <b>i</b> <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs <b>j</b> <input type="checkbox"/> Other (describe in Section C)	<b>3</b>	Yes
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>		
<b>5</b> 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 .....	<b>5</b>	Yes
<b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	<b>6a</b>	Yes
<b>b</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 .....	<b>6b</b>	No
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? ..... If "Yes," indicate how the CHNA report was made widely available (check all that apply) <b>a</b> <input type="checkbox"/> Hospital facility's website (list url) <u>WWW.VALLEYHEALTH.COM</u> <b>b</b> <input type="checkbox"/> Other website (list url) _____ <b>c</b> <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility <b>d</b> <input type="checkbox"/> Other (describe in Section C)	<b>7</b>	Yes
<b>8</b> 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 . . . . .	<b>8</b>	Yes
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>14</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? ..... <b>a</b> If "Yes" (list url) <u>WWW.VALLEYHEALTH.COM</u> <b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	<b>10</b>	Yes
<b>10b</b>		No
<b>11</b> 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		
<b>12a</b> 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)? .....	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		



Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

THE VALLEY HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No	
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 <div><div>a</div><div><input type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 500 000000000000 % <div><div>b</div><div><input type="checkbox"/> Income level other than FPG (describe in Section C)</div><div><div>c</div><div><input type="checkbox"/> Asset level</div><div><div>d</div><div><input type="checkbox"/> Medical indigency</div><div><div>e</div><div><input type="checkbox"/> Insurance status</div><div><div>f</div><div><input type="checkbox"/> Underinsurance discount</div><div><div>g</div><div><input type="checkbox"/> Residency</div><div><div>h</div><div><input type="checkbox"/> Other (describe in Section C)</div></div></div></div></div></div></div></div></div></div>	13	Yes	
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? 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) <div><div>a</div><div><input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</div><div><div>b</div><div><input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</div><div><div>c</div><div><input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</div><div><div>d</div><div><input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</div><div><div>e</div><div><input type="checkbox"/> Other (describe in Section C)</div></div></div></div></div></div>	15	Yes	
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) <div><div>a</div><div><input type="checkbox"/> The FAP was widely available on a website (list url) WWW VALLEYHEALTH COM</div><div><div>b</div><div><input type="checkbox"/> The FAP application form was widely available on a website (list url) WWW VALLEYHEALTH COM</div><div><div>c</div><div><input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) WWW VALLEYHEALTH COM</div><div><div>d</div><div><input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div><div>e</div><div><input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div><div>f</div><div><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)</div><div><div>g</div><div><input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility</div><div><div>h</div><div><input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</div><div><div>i</div><div><input type="checkbox"/> Other (describe in Section C)</div></div></div></div></div></div></div></div></div></div>	16	Yes	

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 <div><div>a</div><div><input type="checkbox"/> Reporting to credit agency(ies)</div><div><div>b</div><div><input type="checkbox"/> Selling an individual's debt to another party</div><div><div>c</div><div><input type="checkbox"/> Actions that require a legal or judicial process</div><div><div>d</div><div><input type="checkbox"/> Other similar actions (describe in Section C)</div><div><div>e</div><div><input type="checkbox"/> None of these actions or other similar actions were permitted</div></div></div></div></div></div>			

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 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	19	Yes	
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input 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 19 (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 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			
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	21	Yes	
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)			
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 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

**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)
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

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 \$65 6 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

## **Schedule H (Form 990) 2015**

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)  
How many hospital facilities did the organization operate during the tax year?  
1

Name, address, primary website address, and state license number

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	THE VALLEY HOSPITAL 223 NORTH VAN DIEN AVENUE RIDGEWOOD,NJ 07450	X	X				X			

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" on 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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
THE VALLEY HOSPITAL INC

Employer identification number  
22-1487307

Part I Questions Regarding Compensation

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <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 indemnification 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>b</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		
<b>2</b> 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?		
<b>3</b> 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 type="checkbox"/> Written employment contract</div><div><input 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>		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment?		No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
<b>c</b> 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.		No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <b>a</b> The organization?		No
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.		No
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <b>a</b> The organization?		No
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.		No
<b>7</b> For persons listed on 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.	Yes	
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		



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

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

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

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

**Part III** Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4B	-THE FOLLOWING PERSONS RECEIVED PAYMENT FROM SERP PLAN DURING 2015. PETER DIESTEL RECEIVED \$38,617. THIS AMOUNT IS TAXABLE AND IS REPORTED ON PART II COLUMN F. -PETER SCHWARTZ RECEIVED PAYMENT OF \$132,055 FROM EXECUTIVE BENEFIT PLAN, AND AUTHUR DE SIMONE RECEIVED PAYMENT OF \$104,431 FROM EXECUTIVE BENEFIT PLAN DURING 2015. THESE AMOUNTS ARE TAXABLE AND REPORTED ON PART II COLUMN F. -NO ONE CONTRIBUTED IN 457(F) PLAN DURING 2015.
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: AUDREY MEYERS - \$467,522; RICHARD KEENAN - \$293,798; MEGAN FRASER - \$74,186; MARIA MEDIAGO - \$91,391; GAIL CALLANDRILLO - \$91,899; ANASTASIOS KOZAITIS - \$79,888; WILLIAM KLUTKOWSKI - \$82,443; JULIA KARCHER - \$78,890; PETER DIESTEL - \$226,045; ROBIN HOLLANDER - \$177,413; ANN MARIE LEICHMAN - \$105,210; ERIC CAREY - \$95,634; ROBERT W BRENNER - \$40,000; KARTEEK BHAVSAR - \$31,995; JOSE BALDERRAMA - \$23,212; CLAIRE GRANDE - \$32,582; MITCHELL RUBINSTEIN - \$91,800. BONUS IS DETERMINED BY A MANAGEMENT SCORECARD & LEADERSHIP COMPETENCIES WITH ESTABLISHED PAYOUT TARGETS AS APPROVED BY CEO. THE FOLLOWING INDIVIDUALS RECEIVED THE FOLLOWING BONUS, WHICH WAS TAXABLE AND INCLUDED IN EACH OF HIS/HER W-2: LEONARD GUGLIELMO - \$37,435; BRAD HASPEL - \$31,869. BONUS IS DETERMINED BY THE ORGANIZATION MEETING ESTABLISHED PATIENT SATISFACTION SCORES. THE FOLLOWING INDIVIDUALS RECEIVED THE FOLLOWING BONUS, WHICH WAS TAXABLE AND INCLUDED IN EACH OF HIS/HER W-2: KI-CHUEN CHAK - \$650; JULIE W LO - \$675. BONUS CAN ALSO BE DEFERRED TO 457F PLAN AND 401K PLAN.

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1AUDREY MEYERSPRESIDENT	(i)	962,606	467,522	74,889	25,175	20,321	1,550,513	0
	(ii)	0	0	0	0	0	0	0
1RICHARD KEENAN SR VP, FINANCE/CFO	(i)	652,068	293,798	229,965	25,175	21,951	1,222,957	0
	(ii)	0	0	0	0	0	0	0
2MARIA MEDIAGO VP, FACILITIES MANAGEMENT	(i)	282,782	91,391	99,540	21,790	20,516	516,019	0
	(ii)	0	0	0	0	0	0	0
3GAIL CALLANDRILLO VP, PLANNING/ GOV'T RELATI	(i)	303,296	91,899	123,071	25,175	25,724	569,165	0
	(ii)	0	0	0	0	0	0	0
4ANASTASIOS KOZAITIS PRESIDENT, FOUNDATION	(i)	273,719	79,888	52,551	18,960	27,963	453,081	0
	(ii)	0	0	0	0	0	0	0
5MEGAN FRASER VP, COMMUNICATIONS/MARKETI	(i)	244,636	74,186	52,696	21,348	26,603	419,469	0
	(ii)	0	0	0	0	0	0	0
6WILLIAM KLUTKOWSKI VP, FINANCE	(i)	244,956	82,443	55,382	21,479	28,142	432,402	0
	(ii)	0	0	0	0	0	0	0
7JULIA KARCHER VP, ADMINISTRATION	(i)	245,693	78,890	40,421	21,136	7,000	393,140	0
	(ii)	0	0	0	0	0	0	0
8PETER W DIESTEL SR VP, ADMINISTRATION/COO	(i)	538,349	226,045	66,254	22,525	27,442	880,615	38,617
	(ii)	0	0	0	0	0	0	0
9ROBIN G HOLLANDER SR VP, LEGAL SERVICES/GENE	(i)	471,661	177,413	23,461	22,525	30,023	725,083	0
	(ii)	0	0	0	0	0	0	0
10ANN MARIE LEICHMAN VP/CNO PATIENT CARE SERVIC	(i)	321,962	105,210	79,463	22,525	24,660	553,820	0
	(ii)	0	0	0	0	0	0	0
11ERIC CAREY VP/CIO, INFORMATION SYSTEM	(i)	314,564	95,634	48,210	22,525	26,919	507,852	0
	(ii)	0	0	0	0	0	0	0
12JOSEPH YALLOWITZ VP & CHIEF MEDICAL OFFICER	(i)	377,578	0	6,863	0	26,662	411,103	0
	(ii)	0	0	0	0	0	0	0
13JOSE A BALDERRAMA VP, HUMAN RESOURCES	(i)	283,263	23,212	44,380	3,515	16,964	371,334	0
	(ii)	0	0	0	0	0	0	0
14KARTEEK BHAVSAR VP, ADMINISTRATION	(i)	211,273	31,995	8,212	18,744	6,650	276,874	0
	(ii)	0	0	0	0	0	0	0
15ROBERT W BRENNER SENIOR VP/CHIEF PHYSICIAN EXECUTIVE	(i)	152,869	40,000	1,151	0	2,130	196,150	0
	(ii)	0	0	0	0	0	0	0
16LEONARD GUGLIELMO ASST VP, FACILITIES, CHIEF SUPPLY CH	(i)	224,122	37,435	9,609	25,090	10,003	306,259	0
	(ii)	0	0	0	0	0	0	0
17KI-CHUEN CHAK CHIEF PHYSICIST	(i)	256,570	650	8,462	24,515	19,131	309,328	0
	(ii)	0	0	0	0	0	0	0
18CLAIRE GRANDE ASST VP, WOMEN'S/CHILDREN'S SERVICES	(i)	216,988	32,582	9,192	21,261	1,073	281,096	0
	(ii)	0	0	0	0	0	0	0
19JULIE W LO CLIN SUPERVISOR PHYSICIST	(i)	251,284	675	552	16,983	29,724	299,218	0
	(ii)	0	0	0	0	0	0	0

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21BRAD HASPEL ASST VP, ANCILLARY SERVICES	(i)	204,247	31,869	1,627	18,194	17,633	273,570	0
	(ii)	0	0	0	0	- 0	- 0	0
1MITCHELL RUBINSTEIN FORMER VP, MEDICAL AFFAIRS	(i)	107,211	91,800	243	1,112	966	201,332	0
	(ii)	0	0	0	0	- 0	- 0	0
2PETER SCHWARTZ FORMER KEY EMPLOYEE	(i)	0	0	132,055	0	0	132,055	132,055
	(ii)	0	0	0	0	- 0	- 0	0
3AUTHUR DE SIMONE FORMER KEY EMPLOYEE	(i)	0	0	104,431	0	0	104,431	104,431
	(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](http://www.irs.gov/form990).

OMB No 1545-0047

**2015****Open to Public  
Inspection**Name of the organization  
THE VALLEY HOSPITAL INC

Employer identification number

22-1487307

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE BYLAWS OF THE VALLEY HOSPITAL HAVE BEEN AMENDED AS FOLLOWS SECTION 3 2 DELETED PROVISION ALLOWING THE SECRETARY/ TREASURER OF THE MEDICAL STAFF TO SERVE AS AN EX OFFICIO MEMBER OF THE BOARD OF TRUSTEES OF THE HOSPITAL THE BYLAWS WERE AMENDED ON DECEMBER 16,2015
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

**990 Schedule O, Supplemental Information**

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 INTERESTED 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 IF A CONFLICT OF INTEREST EXISTS IF IT IS DETERMINED THAT A CONFLICT EXISTS THE MEMBER 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
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 2015

**990 Schedule O, Supplemental Information**

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
FORM 990, PART XI, LINE 9	CHANGE IN ACCRUED PENSION LIABILITY TO BE RECOGNIZED IN FUTURE PERIODS -10,274,337 CHANGE IN ASSETS HELD BY VALLEY HOSPITAL FOUNDATION -289,560 CHANGES TO PRIOR YEAR ALLOWANCES 27,229,718

**990 Schedule O, Supplemental Information**

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)

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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

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	0	12,180,473	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	3,416,789	25,870,375	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 9	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 9	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

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

Cat No 50135Y

Schedule R (Form 990) 2015

Part III

Identification of Related Organizations Taxable as a Partnership

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

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
VALLEY HEALTH MEDICAL (1)GROUP INC  15 ESSEX ROAD PARAMUS, NJ 07652 22-3475233	OPERATES URGENT/PRIMARY CARE CLINICS	NJ	VALLEY HEALTH SYSTEM INC	C					No
VALLEY HEALTH MEDICAL (2)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		62,377,217	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
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>	Yes	
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>	Yes	
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>	Yes	
<b>1n</b>		No
<b>1o</b>	Yes	
<b>1p</b>		No
<b>1q</b>	Yes	
<b>1r</b>	Yes	
<b>1s</b>		No

<b>2</b> 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	0	COST
(2) VALLEY PHYSICIAN SERVICES INC	Q	52,750,000	COST
(3) VHS INSURANCE COMPANY LTD	R	8,604,000	COST

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

[illegible]

**Part VII**   **Supplemental Information**

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

Return Reference	Explanation
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