

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2017)

**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

<b>4a</b>	(Code ) (Expenses \$ 393,634,543 including grants of \$ ) (Revenue \$ 468,773,196 )
	See Additional Data

<b>4b</b>	(Code ) (Expenses \$ 116,199,869 including grants of \$ ) (Revenue \$ 135,246,671 )
	See Additional Data

<b>4c</b>	(Code ) (Expenses \$ 23,710,657 including grants of \$ ) (Revenue \$ 45,760,717 )
	See Additional Data









<b>4d</b>	Other program services (Describe in Schedule O )
	(Expenses \$ including grants of \$ ) (Revenue \$ )

<b>4e</b>	<b>Total program service expenses</b> ▶ 533,545,069
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> 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	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> 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	<b>4</b>	No
<b>5</b> 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	<b>5</b>	No
<b>6</b> 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	<b>6</b>	No
<b>7</b> 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	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> 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	<b>9</b>	No
<b>10</b> 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	<b>10</b>	No
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</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	<b>11b</b>	No
<b>c</b> 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	<b>11c</b>	No
<b>d</b> 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	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> 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	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</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	<b>12b</b>	No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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	<b>14b</b> Yes	
<b>15</b> 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	<b>15</b>	No
<b>16</b> 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	<b>16</b>	No
<b>17</b> 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)	<b>17</b>	No
<b>18</b> 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	<b>18</b>	No
<b>19</b> 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	<b>19</b>	No

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . . 	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	<b>20b</b> Yes	
<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 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>	No
<b>36 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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .	<b>1a</b>	243
<b>b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	
<b>2a</b>	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 . . . . .	<b>2a</b>	3,896
<b>b</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)	<b>2b</b>	No
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>	
<b>4a</b>	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)? . . . . .	<b>4a</b>	Yes
<b>b</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)		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	
<b>6a</b>	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? . . . . .	<b>6a</b>	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? . . . . .	<b>7a</b>	No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>	
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	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 . . . . .	<b>13a</b>	
<b>b</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 . . . . .	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>	

**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	19	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
<b>b</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>b</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 ☐

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

Form **990** (2017)

[illegible]

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	3,992,664	18,023,908	798,874

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 587

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

## Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
TORCON INC 8 NEWMAN SPRINGS ROAD RED BANK, NJ 07701	GENERAL CONTRACTOR	22,271,511
HDR ARCHITECTURE 8404 INDIAN HILLS DRIVE OMAHA, NE 68114	ARCHITECTURAL	6,011,720
BERGEN ANESTHESIA GROUP PC 500 WEST MAIN STREET SUITE 16 WYCKOFF, NJ 07481	ANESTHESIA	4,664,125
NAVIGANT CONSULTING INC 150 NORTHR RIVERSIDE SUITE 2100 CHICAGO, IL 60606	CONSULTING	1,886,247
VALLEY INSTITUTE FOR PAIN 1 VALLEY HEALTH PLAZA 3RD FLOOR PARAMUS, NJ 07652	PAIN MANAGEMENT	1,589,800

<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 ► 114</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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>				
	<b>b</b> Membership dues . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . .	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	91,824			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____					
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		91,824			
<b>Program Service Revenue</b>			Business Code			
	<b>2a</b> INSURERS AND PATIENTS		621990	469,048,603	469,048,603	
	<b>b</b> MEDICARE/MEDICAID PAYMENTS		621990	210,731,981	210,731,981	
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶		679,780,584			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		8,654,956			8,654,956
	<b>4</b> Income from investment of tax-exempt bond proceeds ▶					
	<b>5</b> Royalties . . . . . ▶					
	<b>6a</b> Gross rents	(i) Real (ii) Personal				
		1,420,487				
	<b>b</b> Less rental expenses	3,376,539				
	<b>c</b> Rental income or (loss)	-1,956,052				
	<b>d</b> Net rental income or (loss) . . . . . ▶	-1,956,052			-1,956,052	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		104,299,146 63,247				
	<b>b</b> Less cost or other basis and sales expenses	96,248,669 0				
	<b>c</b> Gain or (loss)	8,050,477 63,247				
	<b>d</b> Net gain or (loss) . . . . . ▶	8,113,724			8,113,724	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>					
	<b>b</b> Less direct expenses . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events . . . ▶					
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>					
	<b>b</b> Less direct expenses . . . . . <b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . ▶						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . <b>a</b>						
<b>b</b> Less cost of goods sold . . . <b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . ▶						
Miscellaneous Revenue		Business Code				
<b>11a</b> VALLEY HEALTH PHARMACY	621990	2,685,470	888,281	1,797,189		
<b>b</b> FOOD SERVICES	621990	1,929,757	1,929,757			
<b>c</b> PURCHASE DISCOUNTS AND REBATES	621990	1,722,872	1,722,872			
<b>d</b> All other revenue . . . . .		6,051,861			6,051,861	
<b>e Total.</b> Add lines 11a-11d . . . . . ▶		12,389,960				
<b>12 Total revenue.</b> See Instructions . . . . . ▶		707,074,996	684,321,494	1,797,189	23,023,859	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	2,859,609	2,383,767	475,842	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	245,159,335	204,364,476	40,794,859	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	19,648,240	16,378,773	3,269,467	
<b>9</b> Other employee benefits.	23,237,362	19,370,665	3,866,697	
<b>10</b> Payroll taxes.	16,605,679	13,842,494	2,763,185	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	337,671		337,671	
<b>c</b> Accounting.	153,805		153,805	
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	41,200,343	33,967,377	7,232,966	
<b>12</b> Advertising and promotion.	233,376	233,376		
<b>13</b> Office expenses.	3,807,469	2,497,971	1,309,498	
<b>14</b> Information technology.				
<b>15</b> Royalties.				
<b>16</b> Occupancy.	16,297,269	3,165,076	13,132,193	
<b>17</b> Travel.	579,177	499,747	79,430	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	4,362,048	4,131,260	230,788	
<b>20</b> Interest.				
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	51,752,097	51,752,097		
<b>23</b> Insurance.				
<b>24</b> 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):				
<b>a</b> SUPPLIES	180,114,428	77,912,089	102,202,339	
<b>b</b> DRUGS	57,994,284	57,994,284		
<b>c</b> PROVISION FOR BAD DEBT	24,072,092	24,072,092		
<b>d</b> EQUIPMENT RENTALS	19,453,835	16,696,357	2,757,478	
<b>e</b> All other expenses	4,283,168	4,283,168		
<b>25</b> Total functional expenses. Add lines 1 through 24e.	712,151,287	533,545,069	178,606,218	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .			<b>1</b>		
	<b>2</b>	Savings and temporary cash investments . . . . .		16,753,947	<b>2</b>	32,923,076	
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>		
	<b>4</b>	Accounts receivable, net . . . . .		70,504,904	<b>4</b>	66,831,725	
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>		
	<b>6</b>	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 . . . . .			<b>6</b>		
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>		
	<b>8</b>	Inventories for sale or use . . . . .			<b>8</b>		
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		17,312,444	<b>9</b>	9,077,285	
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>	1,000,904,749			
	<b>b</b>	Less: accumulated depreciation . . . . .	<b>10b</b>	654,953,475	269,796,388	<b>10c</b>	345,951,274
	<b>11</b>	Investments—publicly traded securities . . . . .		477,681,099	<b>11</b>	475,944,580	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		10,059,343	<b>12</b>	11,215,487	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>		
	<b>14</b>	Intangible assets . . . . .			<b>14</b>		
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		159,346,781	<b>15</b>	191,056,410	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		1,021,454,906	<b>16</b>	1,132,999,837		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		87,535,348	<b>17</b>	77,803,691	
	<b>18</b>	Grants payable . . . . .			<b>18</b>		
	<b>19</b>	Deferred revenue . . . . .			<b>19</b>		
	<b>20</b>	Tax-exempt bond liabilities . . . . .			<b>20</b>		
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			<b>21</b>		
	<b>22</b>	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 . . . . .			<b>22</b>		
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>		
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>		
	<b>25</b>	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 . . . . .		110,906,561	<b>25</b>	104,668,546	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		198,441,909	<b>26</b>	182,472,237	
<b>Net Assets or Fund Balances</b>	<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>						
	<b>27</b>	Unrestricted net assets . . . . .		816,596,141	<b>27</b>	944,001,293	
	<b>28</b>	Temporarily restricted net assets . . . . .		1,987,529	<b>28</b>	2,096,980	
	<b>29</b>	Permanently restricted net assets . . . . .		4,429,327	<b>29</b>	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>						
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>		
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>		
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>		
	<b>33</b>	<b>Total net assets or fund balances . . . . .</b>		823,012,997	<b>33</b>	950,527,600	
	<b>34</b>	<b>Total liabilities and net assets/fund balances . . . . .</b>		1,021,454,906	<b>34</b>	1,132,999,837	

**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>	707,074,996
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	712,151,287
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-5,076,291
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	823,012,997
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<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>	132,590,894
<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>	950,527,600

**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 type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<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		
<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?		No
<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		

# Additional Data

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

Form 990 (2017)

**Form 990, Part III, Line 4a:**

THE VALLEY HOSPITAL IS A FULLY ACCREDITED, ACUTE CARE, NOT-FOR-PROFIT HOSPITAL SERVING MORE THAN 440,000 PEOPLE IN 32 TOWNS IN BERGEN COUNTY AND ADJOINING COMMUNITIES AS A NOT-FOR-PROFIT HOSPITAL, VALLEY IS COMMITTED TO GIVING BACK TO THE COMMUNITY VALLEY SERVES THE COMMUNITY BY PROVIDING THOUSANDS OF HOURS OF HEALTHCARE EDUCATION AND SCREENINGS, SUPPORT GROUPS AND CLASSES TO ASSIST THOSE IN NEED, AND CARE TO ALL THOSE WHO COME THROUGH OUR DOORS, REGARDLESS OF THEIR ABILITY TO PAY THE VALLEY HOSPITAL IS PROUD OF ITS HISTORY OF QUALITY PATIENT CARE AND COMMUNITY SERVICE VALLEY'S CURRENT LICENSED CAPACITY IS 451 BEDS IN 2017, 45,539 INDIVIDUALS WERE ADMITTED TO VALLEY, 70,500 PEOPLE WERE TREATED IN THE EMERGENCY DEPARTMENT AND 3,319 BABIES WERE BORN VALLEY'S COMMUNITY CARE CLINIC HAD 6,800 VISITS IN 2017 THEY PROVIDE CARE AT NO COST TO THE PATIENTS WHO QUALIFY IN 16 (MEDICAL, NEUROLOGY, GI, GENERAL SURGERY, BREAST SURGERY, RHEUMATOLOGY, OPHTHALMOLOGY, GYN, OB, PEDIATRICS, PULMONARY, CARDIOLOGY, PAIN, DERMATOLOGY, ORTHOPEDICS AND UROLOGY) SPECIALTY CLINICS THEY CONTINUE TO PROVIDE CARE TO CHILDREN IN FOSTER CARE IN BERGEN AND PASSAIC COUNTIES THAT REQUIRE COMPLEX MEDICAL AND SUBSPECIALTY CARE

**Form 990, Part III, Line 4b:**

VALLEY'S OUTPATIENT TRANSITIONAL CARE IS A MULTIDISCIPLINARY PROGRAM WHOSE GOAL IS TO KEEP HEART FAILURE PATIENTS FUNCTIONING IN THEIR HOMES AND COMMUNITY AND TO PREVENT HOSPITAL READMISSIONS 391 PATIENTS WERE TREATED IN 2017 AND THE 30-DAY READMISSION RATE IS 2.59 PERCENT, WHICH IS BELOW THE NATIONAL AVERAGE THE MOBILE INTEGRATED HEALTHCARE PROGRAM SAW 379 PATIENTS IN 2017 THESE INTERVENTIONS INVOLVED CLARIFYING MEDICATIONS AND DOSES, ENSURING FOLLOW-UP APPOINTMENTS ARE SCHEDULED AND ASSISTING PATIENTS AND FAMILIES WITH QUESTIONS THESE PATIENTS HAVE CHF, ARE POST-PROCEDURE, ARE ON NEW MEDICATION OR DIAGNOSIS OR POST-DISCHARGE WITHOUT SUPPORTIVE CARE SUCH AS HOME CARE

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**Form 990, Part III, Line 4c:**

IN 2017 VALLEY FORMED THE SYSTEM-WIDE LGBTQ INTERDISCIPLINARY TEAM TO WORK TOWARD GOALS TO BECOME A MORE INCLUSIVE FOR OUR LGTBQ PATIENTS, GUESTS AND EMPLOYEES VALLEY HAS EARNED DESIGNATION AS AN LGBTQ HEALTHCARE EQUALITY LEADER FROM THE HUMAN RIGHTS CAMPAIGN FOUNDATION AS A LEADER, VALLEY HAS EARNED THE TOP SCORE IN EACH OF THE FOUR AREAS THAT ARE EVALUATED NON-DISCRIMINATION AND STAFF TRAINING, LGBTQ PATIENT SERVICES AND SUPPORT, EMPLOYEE BENEFITS AND POLICIES AND LGBTQ PATIENT AND COMMUNITY ENGAGEMENT VALLEY PARTNERS WITH A NUMBER OF COMMUNITY ORGANIZATIONS TO PROVIDE EDUCATION AND CARE FOR THE COMMUNITIES WE SERVE SOME PARTNERS INCLUDE RIDGEWOOD LIBRARY, MAHWAH LIBRARY, HEALTH DEPARTMENTS FOR MAHWAH, FAIR LAWN, RIDGEWOOD AND SADDLE RIVER, BERGEN COUNTY HEALTH DEPARTMENT, COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP OF BERGEN COUNTY, CHRISTIAN HEALTH CARE CENTER, NEW JERSEY MAYORS WELLNESS CAMPAIGN, STUPID CANCER, BERGEN VOLUNTEER MEDICAL INITIATIVE, RIDGEWOOD HIGH SCHOOL, BERGEN COMMUNITY COLLEGE AND RAMAPO COLLEGE, AND COMMUNITY MEALS, INC THRIVE REACHED 1,140 WOMEN AT THE 23 PROGRAMS THEY HOSTED IN 2017 SOME OF THE PROGRAMS INCLUDE JUST FOR GIRLS, MOMMY AND ME SERIES, PELVIC HEALTH, DREAMING OF A BETTER NIGHT'S SLEEP, CELEBRATING HEART HEALTH, THRIVE! WALKING CLUB, BE WELL, STAY WELL, AND MENOPAUSE AND SEXUAL HEALTH

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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/CEO, VHS	0 50 ..... 40 00	X		X				0	3,479,003	47,458
FRANK SHEEHY ..... CHAIRMAN	3 00 ..... 0 50	X		X				0	0	0
EDWARD B SELF MD ..... TREASURER	3 00 ..... 0 50	X		X				0	0	0
ANN M LIMBERG ..... SECRETARY	3 00 ..... 0 50	X		X				0	0	0
JOAN BRUNELLE ..... TRUSTEE	3 00 ..... 0 50	X						0	0	0
MICHELLE HASSON ..... TRUSTEE	3 00 ..... 0 50	X						0	0	0
BRUCE J MACTAS ..... TRUSTEE	3 00 ..... 0 50	X						0	0	0
GEORGE BECKER MD ..... TRUSTEE	3 00 ..... 0 50	X						0	0	0
JUDY BASELICE ..... TRUSTEE	3 00 ..... 0 50	X						0	0	0
RAKESH SHARMA MD FCCP ..... TRUSTEE	3 00 ..... 0 50	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			
STEVEN SILVERSTEIN ..... VICE CHAIRMAN	3 00 .....	X		X				0	0	0
DUANE SACHS ..... TRUSTEE	3 00 .....	X						0	0	0
DEBRA TAYLOR ..... TRUSTEE	3 00 .....	X						0	0	0
JEFFREY S TUCKER ..... TRUSTEE	2 50 .....	X						0	0	0
PATRICIA VERDUIN ..... TRUSTEE	1 00 3 00 .....	X						0	0	0
DENIS SALAMONE ..... TRUSTEE	3 00 .....	X						0	0	0
KEVIN LOBO ..... TRUSTEE	3 00 .....	X						0	0	0
WAYNE WALD ..... TRUSTEE	3 00 .....	X						0	0	0
RICHARD KENNAN ..... SR VP FINANCE & CFO	1 00 ..... 40 00			X				0	10,481,351	46,480
MARIA MEDIAGO ..... VP, FACILITIES MANAGEMENT	1 00 ..... 40 00			X				0	585,889	47,238

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			
GAIL CALLANDRILLO ..... VP, PLANNING/ GOVT RELATIONS	1 00 ..... 40 00			X				0	547,108	53,769
MEGAN FRASER ..... VP, COMMUNICATIONS	1 00 ..... 40 00			X				0	403,076	27,597
PETER W DIESTEL ..... SR VP ADMINISTRATION/COO	1 00 ..... 40 00			X				0	836,517	55,056
ROBIN G HOLLANDER ..... SER VP, LEGAL SERVICES	1 00 ..... 40 00			X				0	733,358	58,350
ERIC CAREY ..... VP/CIO, INFORMATION SYSTEMS	1 00 ..... 40 00			X				0	508,573	53,464
JOSE BALDERRAMA ..... VP, HUMAN RESOURCES	1 00 ..... 40 00			X				0	449,033	35,127
DAVID J BOHAN ..... VP, FOUNDATION	1 00 ..... 40 00				X			317,304	0	15,677
WILLIAM KLUTKOWSKI ..... VP, FINANCE	40 00 .....				X			407,383	0	55,225
JULIA KARCHER ..... VP, ADMINISTRATION	40 00 .....				X			396,975	0	25,704
ANN MARIE LEICHMAN ..... VP/CNO PATIENT CARE SERVIC	40 00 .....				X			528,622	0	55,032

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			620,294	0	50,957
KARTEEK BHAVSAR ..... VP, ADMINISTRATION	40 00 .....				X			364,516	0	21,920
STACY MACK ..... ASST VP, HEART & VASCULAR INST	40 00 .....					X		248,984	0	0
LEONARD GUGLIELMO ..... ASST VP, FACILITIES	40 00 .....					X		292,394	0	36,477
JULIE W LO ..... CHIEF PHYSICIST	40 00 .....					X		267,261	0	45,229
BRAD HASPEL ..... ASST VP, ANCILLARY SERVICES	40 00 .....					X		260,036	0	33,057
JOHN MCCONNELL ..... PHYSICIAN DIRECTOR	40 00 .....					X		288,895	0	35,057

<b>SCHEDULE A</b> (Form 990 or 990EZ)	<b>Public Charity Status and Public Support</b> 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 <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .	OMB No 1545-0047
		<b>2017</b> <b>Open to Public Inspection</b>
Department of the Treasury Internal Revenue Service <b>Name of the organization</b> THE VALLEY HOSPITAL INC	<b>Employer identification number</b> 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 12, check only one box )

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2

☐

A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ) )
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations \_\_\_\_\_
- g

Provide the following information about the supported organization(s)

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)  
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> 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	<b>Public support.</b> Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
13	<b>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> . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2016 Schedule A, Part II, line 14	15
16a	<b>33 1/3% support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
b	<b>33 1/3% support test—2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
17a	<b>10%-facts-and-circumstances test—2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
b	<b>10%-facts-and-circumstances test—2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span>► <input type="checkbox"/></span>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2017.** 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—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		
<b>2</b> 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>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> 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>		
<b>2</b>		
<b>3</b> 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>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>	Yes	No
<b>a</b> 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>2a</b>		
<b>b</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>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> 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>3a</b>		
<b>b</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>		
<b>3b</b>		



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

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

<b>Section A - Adjusted Net Income</b>		(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 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(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 Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e 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 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			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 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013. . . . .			
c From 2014. . . . .			
d From 2015. . . . .			
e From 2016. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013. . . . .			
b Excess from 2014. . . . .			
c Excess from 2015. . . . .			
d Excess from 2016. . . . .			
e Excess from 2017. . . . .			

Additional Data

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

**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

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493319200068

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

2017

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.

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

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

1

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

Held at the End of the Year

2a

2b

2c

2d

3

Number of conservation easements on a certified historic structure included in (a)

4

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

5

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

6

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

7

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

8

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

9

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

10

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

11

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

1b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2017

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

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

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

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? . . . . .

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		92,302,678		92,302,678
b Buildings . . . . .		459,440,680	307,291,754	152,148,926
c Leasehold improvements		16,268,067	12,996,457	3,271,610
d Equipment . . . . .		401,058,001	333,584,652	67,473,349
e Other . . . . .		31,835,323	1,080,612	30,754,711
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				345,951,274

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.  
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶		

Part VIII

Investments—Program Related.  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) ASSETS HELD BY RELATED ORGANIZATION	36,691,655
(2) DEFERRED FINANCING COSTS AND OTHER ASSETS	120,151,942
(3) PENSION BENEFIT	34,212,813
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	191,056,410

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.  
See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value	
(1) Federal income taxes		
AMOUNT DUE TO THIRD PARTY PAYERS AND OTHER LIABILITIES	70,713,546	
ESTIMATED PROFESSIONAL MEDICAL LIABILITY	33,955,000	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	104,668,546	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☐

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	703,993,974
<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>	20,991,070
<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>	20,991,070
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	683,002,904
<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>	24,072,092
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	24,072,092
<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>	707,074,996

**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>	688,079,195
<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>	688,079,195
<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>	24,072,092
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	24,072,092
<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>	712,151,287

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII**    **Supplemental Information** *(continued)*

Return Reference	Explanation



**Additional Data**

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

**Supplemental Information**

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	PROVISION FOR BAD DEBTS OFFSET AGAINST REVENUE 24,072,092

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	BAD DEBT PROVISION OFFSET AGAINST REVENUE 24,072,092

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization  
THE VALLEY HOSPITAL INC

**Employer identification number**

22-1487307

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

- 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			INVESTMENT, LIST TOTAL 0 LIST 74 _ 2TCAI - 11/07/14 10 35AM WORKSHEET FORM 990 - SCH F (PART I)SHARE'S		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
<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.

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

- 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 separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* ☐ Yes ☒ No

**Part V**   **Supplemental Information**

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

ReturnReference	Explanation

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization  
THE VALLEY HOSPITAL INC

Employer identification number  
22-1487307

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
1b	If "Yes," was it a written policy?	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		
3a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	Yes	
3b	Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other 50000 0000000000 %	Yes	
4	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"?	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
5b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		No
5c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a	Did the organization prepare a community benefit report during the tax year?	Yes	
6b	If "Yes," did the organization make it available to the public?	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)			5,355,885		5,355,885	0 750 %
b Medicaid (from Worksheet 3, column a)			21,625,132	12,412,272	9,212,860	1 290 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			26,981,017	12,412,272	14,568,745	2 040 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,718,824	216,990	3,501,834	0 490 %
f Health professions education (from Worksheet 5)			2,999,048	517,118	2,481,930	0 350 %
g Subsidized health services (from Worksheet 6)			1,168,814		1,168,814	0 160 %
h Research (from Worksheet 7)			2,041,645		2,041,645	0 290 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			582,134		582,134	0 080 %
j Total. Other Benefits			10,510,465	734,108	9,776,357	1 370 %
k Total. Add lines 7d and 7j			37,491,482	13,146,380	24,345,102	3 410 %



**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
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support			341,112	99,098	242,014	0.030 %
<b>4</b> Environmental improvements			36,586		36,586	0.010 %
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development			204,370		204,370	0.030 %
<b>9</b> Other						
<b>10 Total</b>			582,068	99,098	482,970	0.070 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>		No
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>		
	6,530,759		
<b>3</b> 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.	<b>3</b>		
	3,395,994		
<b>4</b> 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**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	185,932,367
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	267,041,100
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-81,108,733
<b>8</b> 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.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>	Yes	
<b>b</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.	<b>9b</b>	Yes	

**Part IV Management Companies and Joint Ventures**

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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 %
<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>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**Part V Facility Information****Section A. Hospital Facilities**

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

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

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

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

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

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

THE VALLEY HOSPITAL

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

1

**Community Health Needs Assessment**

	Yes	No
<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>3</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</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>6 a</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> Yes	
<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>7</b> Yes	
<b>a</b> <input checked="" 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>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>17</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>WWW VALLEYHEALTH COM</u>	<b>10</b> Yes	
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<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
Did the hospital facility have in place during the tax year a written financial assistance policy that			
<b>13</b> 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	<b>13</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>500 000000000000</u> %			
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)			
<b>c</b> <input type="checkbox"/> Asset level			
<b>d</b> <input type="checkbox"/> Medical indigency			
<b>e</b> <input type="checkbox"/> Insurance status			
<b>f</b> <input checked="" type="checkbox"/> Underinsurance discount			
<b>g</b> <input type="checkbox"/> Residency			
<b>h</b> <input type="checkbox"/> Other (describe in Section C)			
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes	
<b>15</b> 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)	<b>15</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
<b>e</b> <input type="checkbox"/> Other (describe in Section C)			
<b>16</b> Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW VALLEYHEALTH COM</u>			
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW VALLEYHEALTH COM</u>			
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW VALLEYHEALTH COM</u>			
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>f</b> <input checked="" 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)			
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
<b>h</b> <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
<b>j</b> <input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** (continued)**Billing and Collections**

THE VALLEY HOSPITAL

**Name of hospital facility or letter of facility reporting group**

	Yes	No
<b>17</b> 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 nonpayment? . . . . .	<b>17</b> Yes	
<b>18</b> 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		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input checked="" type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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? . . . . .	<b>19</b> Yes	
If "Yes," check all actions in which the hospital facility or a third party engaged		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input checked="" type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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)		
<b>a</b> <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? . . . . .	<b>21</b> Yes	
If "No," indicate why		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

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

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

THE VALLEY HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**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

	Yes	No
<b>23</b>		No
<b>24</b>		No

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

[illegible]

**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	THE HOSPITAL PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT WHICH IS MAILED TO OUR SERVICE AREA COMMUNITY BENEFIT STATISTICS ARE ALSO REPORTED AT OUR ANNUAL MEETING, WHICH IS OPEN TO THE PUBLIC
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

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7G	THERE ARE NO SUBSIDIZED HEALTH SERVICES WHICH ARE ATTRIBUTABLE TO A PHYSICIAN CLINIC COSTS INCLUDED REPRESENT MEDICATION AND TRANSPORTATION FOR INDIGENT PATIENTS
PART II, COMMUNITY BUILDING ACTIVITIES	SEE STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 4	THE AMOUNT OF THE PROVISION FOR BAD DEBT IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE AND OTHER COLLECTION INDICATORS THE METHODOLOGY USED IS THE COST TO CHARGE RATIO, APPLIED ON A BASIS CONSISTENT WITH MEDICARE COST REPORTING PRINCIPLES
PART III, LINE 8	IN ADDITION TO CHARITY CARE, BAD DEBT, AND THE TREATMENT OF FINANCIALLY NEEDY PATIENTS UNDER THE MEDICAID PROGRAM, THE HOSPITAL PROVIDES SERVICES TO ELDERLY AND DISABLED PATIENTS COVERED UNDER THE MEDICARE PROGRAM REGARDLESS OF INCOME THE UNPAID COSTS ATTRIBUTED TO PROVIDING CARE UNDER THIS PROGRAM, AND THUS CONSIDERED A COMMUNITY BENEFIT, WERE ESTIMATED AT \$65.6 MILLION

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
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 MAJOR HEALTH ISSUES ARE IN THE COMMUNITY WE LOOK AT DISEASE SPECIFIC INCIDENCE RATES IN OUR COMMUNITY AND DEVELOP FORECASTS FOR WHAT HEALTH ISSUES ARE PROJECTED TO PLAGUE THE POPULATION IN THE FUTURE WE REVIEW CENSUS DATA TO MONITOR DEMOGRAPHIC SHIFTS AND WE CONDUCT QUALITATIVE RESEARCH (FOCUS GROUPS) TO ASSESS COMMUNITY FEEDBACK TO NEW PROGRAMS AND SERVICES WE DEVELOP OUR CORE SERVICES AROUND THE MAJOR HEALTH ISSUES IN THE COMMUNITY - THUS, THEY ARE MOSTLY IN THE AREA OF HEART AND VASCULAR DISEASE, ONCOLOGY (MEDICAL AND SURGICAL), NEUROLOGY (STROKE) AND WOMEN'S AND CHILDREN'S SERVICES (OB, NICU, PICU, MFM AND IVF)

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
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 STATEMENTS CONTAIN INFORMATION ALERTING PATIENTS OF FINANCIAL ASSISTANCE THE HOSPITAL'S HANDBOOKS EXPLAIN FINANCIAL OPTIONS WHICH INCLUDE INFORMATION OF STATE ASSISTANCE, DISCOUNT POLICY 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 NORTHWEST BERGEN AND PASSAIC COUNTIES THESE COMMUNITIES ACCOUNT FOR 70% OF ALL OUR DISCHARGES THE POPULATION IS 440,000 PEOPLE

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 5	<p>RENEWAL, WHICH IS BEING EVALUATED, IS ALL ABOUT MEETING THE HEALTH CARE NEEDS OF OUR COMMUNITY. THE OLDEST BUILDING ON THE CAMPUS, PHILLIPS, WAS CONSTRUCTED IN 1960. IT HOUSES OVER 250 BEDS, MOST OF WHICH ARE IN SMALL, OUTDATED, SEMI-PRIVATE ROOMS. THE PHYSICAL STRUCTURE CAN NO LONGER ACCOMMODATE THE EQUIPMENT AND TECHNOLOGY NEEDED TO DELIVER CARE, THUS OUR PLANS TO RENEW OUR CAMPUS ARE BASED IN OUR MISSION TO PROVIDE THE BEST QUALITY CARE TO THE RESIDENTS OF OUR COMMUNITY. WHEN WE BUILT THE LUCKOW PAVILION IN PARAMUS, WE DID RESEARCH THAT INDICATED THE BEST WAY TO DELIVER CARE TO CANCER PATIENTS WAS TO LOCATE ALL SERVICES INTO ONE BUILDING. THIS NOT ONLY PROVIDES A SERVICE TO THE PATIENT, IT IS GOOD MEDICINE AS THE MEDICAL ONCOLOGISTS, SURGICAL ONCOLOGISTS AND RADIATION ONCOLOGISTS CAN CONSULT EACH OTHER TO ENSURE THAT THE PATIENT IS RECEIVING THE MOST APPROPRIATE TREATMENT. WE BUILT THE AMBULATORY SURGERY CENTER TO ADAPT TO THE CHANGING PRACTICE OF PERFORMING SURGERY ON A SAME DAY BASIS.</p>

Schedule H (Form 990) 2017



## Additional Data

**Software ID:****Software Version:**

**EIN:** 22-1487307

**Name:** THE VALLEY HOSPITAL INC

**Form 990 Schedule H, Part V Section A. Hospital Facilities**[illegible]

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

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

Form and Line Reference	Explanation
THE VALLEY HOSPITAL	PART V, SECTION B, LINE 5 THE PARTICIPATING HOSPITALS UTILIZED THE SERVICES OF A NUMBER OF PEOPLE REPRESENTING VARIOUS AREAS OF THE HEALTHCARE COMMUNITY IN BERGEN COUNTY THE MEMBERS OF THE LEADERSHIP STEERING COMMITTEE AND ADVISORY COMMITTEE ARE LISTED BELOW LEADERSHIP STEERING COMMITTEE CATHY PILONE, CHRISTIAN HEALTH CARE CENTERMICHAEL PIETROWICZ, ENGLEWOOD HOSPITAL AND MEDICAL CENTER TOM FLYNN, HACKENSACK UNIVERSITY MEDICAL CENTER CATHERINE YAXLEY, HOLY NAME MEDICAL CENTER COLETTE CUMMINGS, THE VALLEY HOSPITAL MARLA KLEIN, BERGEN COUNTY DEPARTMENT OF HEALTH SERVICES ELIZABETH RUBOCK, BERGEN COUNTY DEPARTMENT OF HEALTH SERVICES ADVISORY COMMITTEE NANCY MANGIERI, BERGEN COUNTY DEPT OF HEALTH SERVICES DOUG STRUYK, CHRISTIAN HEALTH CARE CENTER DAVE VOLPE, BOROUGH OF BERGEN FIELD NELSON XAVIER-CRUZ, CITY OF ENGLEWOOD JOHN CHRIST, CITY OF HACKENSACK NANCY ELLSON, HOLY NAME MEDICAL CENTER PAUL OSTROW, HOLY NAME MEDICAL CENTER VINNY URGOLA, NORTH HUDSON COMMUNITY ACTION CORPORATION SARA BERK, THE VALLEY HOSPITAL GAIL CALLANDRILLO, THE VALLEY HOSPITAL

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
THE VALLEY HOSPITAL	PART V, SECTION B, LINE 6A THE HOSPITAL'S CHNA WAS COMPLETED WITH THE FOLLOWING OTHER HOSPITAL FACILITIES CHRISTIAN HEALTH CARE CENTER, ENGLEWOOD HOSPITAL AND MEDICAL CENTER, HACKENSACK UNIVERSITY MEDICAL CENTER AND HOLY NAME MEDICAL CENTER

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

Form and Line Reference	Explanation
THE VALLEY HOSPITAL	<p>PART V, SECTION B, LINE 11 VALLEY HOSPITAL HAS ADDRESSED ALL OF OUR PRIORITY GOALS AND SE CONDARY GOALS OBESITY, FITNESS AND NUTRITION1 VALLEY HAS SPONSORED TWO LARGE MAYOR WELLNES S WEIGHT LOSS CHALLENGES, COMBINED PARTICIPANTS LOST 1,821 POUNDS AND OF THOSE WHO HAD THE IR TOTAL CHOLESTEROL AND A1C SCREENED AND RESCREENED THE MAJORITY SAW POSITIVE RESULTS 2 W E HAVE ALSO PARTNERED WITH COMMUNITY MEALS ON WHEELS TO PROVIDE MEALS FOR 7 BERGEN COUNTY TOWNS 3 VALLEY PROVIDES LOW COST EXERCISE CLASSES FOR SENIORS AND PARTNERED WITH THE COUNT Y HEALTH DEPARTMENT TO OFFER FREE EXERCISE IN THE PARK CLASSES 4 HEALTHY STEPS IS A 12 WEE K WALKING CLUB THAT OFFERS BOTH EXERCISE, HEALTH EDUCATION AND FREE SCREENINGS 5 WE ALSO O FFERED MANY NUTRITION PROGRAMS TO THE COMMUNITY, FOCUSED ON HEALTHY EATING, EATING WITH DI ABETES, READING FOOD LABELS ETC MANY OF THESE WERE PROVIDED TO SCHOOL AGE CHILDREN 6 VALL EYS CENTER FOR FAMILY EDUCATION PROVIDED FREE BREASTFEEDING CLASSES TO APPROXIMATELY 800 P EOPLE 7 SPECIFIC FITNESS AND NUTRITION EDUCATION WAS ALSO PROVIDED TO THE DIABETIC AND PRE -DIABETIC POPULATION CHRONIC DISEASE1 CARDIOVASCULAR DISEASE - THE CENTER FOR WOMEN'S AND MEN'S HEART HEALTH OFFERED 744 FREE SCREENINGS A LARGE PERCENTAGE OF THE PARTICIPANTS HAD EITHER A HIGH A1C OR CHOLESTEROL AND/OR OBESE MANY WERE REFERRED TO A CARDIOLOGIST OR PR IMARY CARE PHYSICIAN VALLEY PROVIDED PROGRAMS TO TARGET STROKE WHICH INCLUDED THREE STROK E SCREENINGS, 191 PEOPLE WERE SCREENED VALLEY ALSO PROVIDED EDUCATION TARGETED TO PREVENT ION AND TREATMENT OF CARDIOVASCULAR DISEASE 2 ONCOLOGY - IN PARTNERSHIP WITH THE BERGEN CO UNTY DEPARTMENT OF HEALTH, THE PROSTATE CENTER SCREENED 20 MEN IDENTIFIED AS PART OF THE C EED PROGRAM IN ADDITION 137 PEOPLE RECEIVED A FREE SKIN CANCER SCREENING AND 107 PEOPLE R ECEIVED COLORECTAL SCREENING KITS VALLEY HAS ALSO PROVIDED ONCOLOGY EDUCATION PROGRAMS 3 PULMONARY - THE LUNG CANCER CENTER SCREENED APPROXIMATELY 100 AT RISK PATIENTS ALSO OUR S MOKING CESSATION PROGRAM SERVED 41 PEOPLE 4 VALLEY'S MOBILE INTENSIVE CARE UNIT INITIATED A NEW MOBILE INTEGRATED HEALTHCARE PROGRAM WHICH PROVIDES POST-DISCHARGE HOME CHECK-UPS AN D TREATMENT TO VULNERABLE PATIENTS THEY HAVE ALSO PROVIDED COVERAGE AT VARIOUS COMMUNITY EVENTS SUCH AS CHARITY RUNS, SCHOOL EVENTS, CONCERTS AND PARADES OLDER ADULTS1 THROUGH PR IME TIME, VALLEY HAS PROVIDED PROGRAMS GEARED TO PROMOTING HEALTH AND WELLNESS TO THE OLDE R ADULT POPULATION PRIME TIME PROVIDED EDUCATION AND SCREENING PROGRAMS GEARED SPECIFICAL LY FOR SENIORS VALLEY ALSO PARTNERED WITH BERGEN COMMUNITY COLLEGE, CHRISTIAN HEALTH CARE CENTER AND VAN DYK HEALTH CARE TO PROVIDED EDUCATION ACCESS TO CARE 1 VALLEY HAS WORKED C LOSELY WITH TWO CHURCHES THAT SERVE PREDOMINATELY MEMBERS OF THE AFRICAN AMERICAN COMMUNIT Y A RELATIONSHIP HAS BEEN ESTABLISHED AND PLANS ARE SET TO PROVIDE A STROKE SCREENING AND HEART HEALTHY LECTURES IN THE COMING YEAR 2 VALLEY HAS ENLISTED THE HELP OF PHARMATEK TO HELP PATIENTS ENROLL IN PRESCR</p>

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

Form and Line Reference	Explanation
THE VALLEY HOSPITAL	PTION ASSISTANCE PROGRAMS 3 VALLEY CONTINUES TO PROVIDE DONATIONS TO ORGANIZATIONS THAT S UPPORT HEALTH AND WELLNESS INITIATIVES TO UNDERSERVED POPULATIONS MENTAL HEALTH 1 VALLEY HAS ENLISTED THE HELP OF RAMAPO RIDGE PSYCHIATRIC HOSPITAL TO ASSIST WITH MEETING SOME OF THE MENTAL HEALTH NEEDS OF OUR COMMUNITY THEIR STAFF HAS BEEN INSTRUMENTAL IN PROVIDING E DUCATION TO THE COMMUNITY AND SCHOOLS IN ADDITION, COMMUNITY HEALTH AND INTEGRATIVE MEDIC INE STAFF HAS PROVIDED EDUCATION ON STRESS RELIEF

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	TO SOLICIT INPUT FROM KEY INFORMANTS, THOSE INDIVIDUALS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY, AN ONLINE KEY INFORMANT SURVEY WAS ALSO IMPLEMENTED AS PART OF THIS PROCESS. A LIST OF RECOMMENDED PARTICIPANTS WAS PROVIDED BY THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP OF BERGEN COUNTY, THIS LIST INCLUDED NAMES AND CONTACT INFORMATION FOR PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, AND A VARIETY OF OTHER COMMUNITY LEADERS. POTENTIAL PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS OF THE COMMUNITY OVERALL. KEY INFORMANTS WERE CONTACTED BY EMAIL, INTRODUCING THE PURPOSE OF THE SURVEY AND PROVIDING A LINK TO TAKE THE SURVEY ONLINE, REMINDER EMAILS WERE SENT AS NEEDED TO INCREASE PARTICIPATION. IN ALL, 75 COMMUNITY STAKEHOLDERS IN BERGEN COUNTY TOOK PART IN THE ONLINE KEY INFORMANT SURVEY. FINAL PARTICIPATION INCLUDED REPRESENTATIVES OF THE ORGANIZATIONS OUTLINED BELOW - BERGEN COUNTY CANCER EDUCATION AND EARLY DETECTION- BERGEN COUNTY DEPARTMENT OF HEALTH SERVICES- BERGEN COUNTY DEPARTMENT OF HUMAN SERVICES- BERGEN COUNTY SCHOOL NURSES ASSOCIATION- BERGEN COUNTY SPECIAL SERVICES- BERGEN COUNTY UNITED WAY- BERGEN COUNTY YOUTH SERVICES COMMISSION- BERGEN REGIONAL MEDICAL CENTER- BERGEN VOLUNTEER CENTER- BERGENFIELD/HACKENSACK HEALTH DEPARTMENTS- BRIGHTVIEW SENIOR LIVING- CANCERCARE- CARE PLUS MEDICAL SERVICES- CENTER FOR DENTISTRY AT HUMC- CHILDREN'S AID AND FAMILY SERVICES- CHRISTIAN HEALTH CARE CENTER- EDGEWATER OFFICE OF PUBLIC HEALTH/HEALTH DEPARTMENT- ENGLEWOOD HEALTH DEPARTMENT

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 6A	THE HOSPITAL'S CHNA WAS COMPLETED WITH THE FOLLOWING OTHER HOSPITAL FACILITIES CHRISTIAN HEALTH CARE CENTER (RAMAPO RIDGE PSYCHIATRIC HOSPITAL), ENGLEWOOD HOSPITAL AND MEDICAL CENTER, HACKENSACK UNIVERSITY MEDICAL CENTER, HACKENSACKUMC AT PASCACK VALLEY AND HOLY NAME MEDICAL CENTER

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 6B	THE HOSPITAL'S CHNA WAS ALSO COMPLETED WITH THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP OF BERGEN COUNTY AND THE DEPARTMENT OF HEALTH



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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	THE VALLEY HOSPITAL CHNA IDENTIFIED EIGHTEEN (18) AREAS OF OPPORTUNITY THESE AREAS WERE DETERMINED AFTER CONSIDERATION OF VARIOUS CRITERIA, INCLUDING STANDING IN COMPARISON WITH BENCHMARK DATA (PARTICULARLY NATIONAL DATA), THE PREPONDERANCE OF SIGNIFICANT FINDINGS WITHIN TOPIC AREAS, THE MAGNITUDE OF THE ISSUE IN TERMS OF THE NUMBER OF PERSONS AFFECTED, AND THE POTENTIAL HEALTH IMPACT OF A GIVEN ISSUE WE WILL BE ADDRESSING 16 OF THE 18 AREAS BY - IMPROVE HEALTH STATUS THROUGH CHRONIC DISEASE AND CARE MANAGEMENT - CONTINUE TO OFFER COMMUNITY CARE CLINIC- EXPAND REACH TO UNDERSERVED AND SPECIAL POPULATIONS- EXPAND PRIMARY AND PREVENTATIVE CARE, AND ENHANCE ACCESS AND CONVENIENCE OF PROVIDER SERVICES - CONTINUE TO OFFER PROGRAMS, SERVICES AND SUPPORT GROUPS TO PROMOTE POSITIVE MENTAL HEALTH AND PREVENT SUBSTANCE ABUSE- INCREASE ACCESS TO IMMUNIZATIONS AND REDUCE INFECTIOUS DISEASETHE TWO AREAS NOT COVERED ARE CHILDREN'S DENTAL CARE AND CHILDREN'S PHYSICAL ACTIVITY THEY WILL NOT BE ADDRESSED BECAUSE CHILDREN'S DENTAL CARE- HOSPITAL DOES NOT HAVE THE EXPERTISE TO EFFECTIVELY ADDRESS CHILDREN'S DENTAL CARE ISSUE IS NOT A PRIORITY FOR COMMUNITY MEMBERS AND THEREFORE APPROACH IS UNLIKELY TO SUCCEED NEED IS NOT AS PRESSING AS OTHER PROBLEMS CHILDREN'S PHYSICAL ACTIVITY INITIATIVES ARE INCLUDED IN OUR EFFORTS TO IMPROVE HEALTH STATUS HOWEVER WE CHOSE TO ADDRESS ACTIVITY INITIATIVES FOR ALL AGE LEVELS, NOT SPECIFICALLY CHILDREN ONLY

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**
- ▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**2017**

**Open to Public Inspection**

Name of the organization  
THE VALLEY HOSPITAL INC

Employer identification number

22-1487307

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

**Yes No**

**1b**

**2**

**4a**

No

**4b**

Yes

**4c**

No

**5a**

No

**5b**

No

**6a**

No

**6b**

No

**7**

Yes

**8**

No

**9**

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

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

**Schedule J (Form 990) 2017**

**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 3	AUDREY MEYERS, PRESIDENT, IS COMPENSATED BY THE VALLEY SYSTEM. VALLEY HOSPITAL AND THE SYSTEM SETS UP THE FOLLOWING PROCEDURES TO ESTABLISH COMPENSATION FOR OF THE PRESIDENT. THE HOSPITAL AND SYSTEM 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 2017. DURING 2017 AUDREY MEYERS AND RICHARD KEENAN WITHDREW FUNDS FROM THE DEFERRED COMPENSATION PLAN (DC PLAN) ESTABLISHED BY THE VALLEY HOSPITAL. THE DC PLAN ALLOWS EACH EMPLOYEE IN THE PLAN TO DEFER THEIR COMPENSATION ON AN ANNUAL BASIS UP TO CERTAIN LIMITS. THE DC PLAN IS NOT FUNDED WITH FUNDS FROM THE VALLEY HOSPITAL. THE AMOUNTS WITHDRAWN IN 2017 BY AUDREY MEYERS AND RICHARD KEENAN FROM THE DC PLAN REPRESENTS THE ACCUMULATION OF MANY YEARS OF DEFERRALS OF EACH EMPLOYEE'S DEFERRAL INTO THE DC PLAN. ALL COMPENSATION REPORTED IN THE 2017 SCHEDULE J COLUMN F WERE REPORTED AS DEFERRED COMPENSATION ON THE PROIR YEARS FORM 990 AS REQUIRED BY THE INSTRUCTIONS TO THE FORM 990.
PART I, LINE 4B	-

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 MEYERS PRESIDENT/CEO, VHS	(i)	0	0	0	0	0	0	0
	(ii)	1,020,380	481,941	1,976,682	25,650	21,808	3,526,461	949,749
1RICHARD KENNAN SR VP FINANCE & CFO	(i)	0	0	0	0	0	0	0
	(ii)	746,339	313,122	9,421,890	24,640	21,840	10,527,831	5,436,158
2MARIA MEDIAGO VP, FACILITIES MANAGEMENT	(i)	0	0	0	0	0	0	0
	(ii)	309,021	96,641	180,227	25,650	21,588	633,127	0
3GAIL CALLANDRILLO VP, PLANNING/ GOVT RELATIONS	(i)	0	0	0	0	0	0	0
	(ii)	325,813	98,198	123,097	25,650	28,119	600,877	0
4MEGAN FRASER VP, COMMUNICATIONS	(i)	0	0	0	0	0	0	0
	(ii)	272,157	81,482	49,437	17,084	10,513	430,673	0
5PETER W DIESTEL SR VP ADMINISTRATION/COO	(i)	0	0	0	0	0	0	0
	(ii)	590,877	224,360	21,280	25,650	29,406	891,573	0
6ROBIN G HOLLANDER SER VP, LEGAL SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	505,497	210,650	17,211	25,458	32,892	791,708	0
7ERIC CAREY VP/CIO, INFORMATION SYSTEMS	(i)	0	0	0	0	0	0	0
	(ii)	345,578	106,463	56,532	20,426	33,038	562,037	0
8JOSE BALDERRAMA VP, HUMAN RESOURCES	(i)	0	0	0	0	0	0	0
	(ii)	315,269	91,294	42,470	17,550	17,577	484,160	0
9DAVID J BOHAN VP, FOUNDATION	(i)	247,290	15,000	55,014	0	15,677	332,981	0
	(ii)	0	0	0	0	0	0	0
10WILLIAM KLUTKOWSKI VP, FINANCE	(i)	278,384	80,560	48,439	25,500	29,725	462,608	0
	(ii)	0	0	0	0	0	0	0
11JULIA KARCHER VP, ADMINISTRATION	(i)	278,358	80,447	38,170	23,627	2,077	422,679	0
	(ii)	0	0	0	0	0	0	0
12ANN MARIE LEICHMAN VP/CNO PATIENT CARE SERVIC	(i)	357,469	98,192	72,961	24,735	30,297	583,654	0
	(ii)	0	0	0	0	0	0	0
13JOSEPH YALLOWITZ VP & CHIEF MEDICAL OFFICER	(i)	421,293	124,754	74,247	20,092	30,865	671,251	0
	(ii)	0	0	0	0	0	0	0
14KARTEEK BHAVSAR VP, ADMINISTRATION	(i)	256,921	76,272	31,323	19,370	2,550	386,436	0
	(ii)	0	0	0	0	0	0	0
15STACY MACK ASST VP, HEART & VASCULAR INST	(i)	215,958	32,292	734	0	0	248,984	0
	(ii)	0	0	0	0	0	0	0
16LEONARD GUGLIELMO ASST VP, FACILITIES	(i)	240,746	41,268	10,380	25,650	10,827	328,871	0
	(ii)	0	0	0	0	0	0	0
17JULIE W LO CHIEF PHYSICIST	(i)	266,219	450	592	17,215	28,014	312,490	0
	(ii)	0	0	0	0	0	0	0
18BRAD HASPEL ASST VP, ANCILLARY SERVICES	(i)	220,497	36,337	3,202	22,077	10,980	293,093	0
	(ii)	0	0	0	0	0	0	0
19JOHN MCCONNELL PHYSICIAN DIRECTOR	(i)	258,664	23,733	6,498	25,650	9,407	323,952	0
	(ii)	0	0	0	0	0	0	0

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE VALLEY HOSPITAL INC

**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

**2017**

**Open to Public Inspection**

**Employer identification number**

22-1487307

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE BYLAWS WERE UPDATED ON MARCH 17, 2017 FOR THE FOLLOWING 1 A 2008 BYLAW AMENDMENT ADOPTED BY THE BOARD, WHICH ALLEVIATED THE OBLIGATION OF THE PRESIDENT OF THE MEDICAL STAFF TO SERVE ON THE EXECUTIVE COMMITTEE OF THE BOARD WAS NOT REMOVED FROM THE BYLAWS THIS REVISION CONFORMS THE BYLAWS AND CODIFIES THE PRACTICE IN PLACE SINCE 2008 2 THE NON-DISCRIMINATION LANGUAGE FOUND IN POLICIES AND BYLAWS THROUGHOUT THE SYSTEM WAS UPDATED TO CONFORM WITH CHANGES IN STATE AND FEDERAL LAWS THIS UPDATE CONFORMS THE BYLAWS WITH THESE CHANGES

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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 SUBMITTED TO MEMBERS OF THE BOARD AUDIT COMMITTEE FOR REVIEW AND COMMENTS EACH ISSUE IS DOCUMENTED AND ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED FOR FILING

**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



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE HOSPITAL HAS ESTABLISHED A POLICY FOR COMPENSATION OF ITS OFFICERS, TOP MANAGEMENT AND KEY EMPLOYEES THE POLICY MANDATES THAT COMPENSATION FOR ITS OFFICERS, TOP MANAGEMENT AND KEY EMPLOYEES, BE PERIODICALLY REVIEWED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES FREE OF ANY MEMBERS WITH CONFLICTS OF INTEREST RELATED THERETO THE COMMITTEE DETERMINES THAT THE EXECUTIVES ARE BEING PAID AN APPROPRIATE LEVEL OF COMPENSATION BY USING COMPARATIVE DATA FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS COMPENSATION DECISION ON THE AMOUNT OF COMPENSATION PAID AND TERM IS ADEQUATELY DOCUMENTED IN A CONTEMPORANEOUSLY WRITTEN FORMAT THIS PROCESS WAS LAST UNDERTAKEN IN 2016

## 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 DYKEN AVENUE, RIDGEWOOD, NJ 07450

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN ACCRUED PENSION LIABILITY TO BE RECOGNIZED IN FUTURE PERIODS 36,448,580 CHANGE IN ASSETS HELD BY VALLEY HOSPITAL FOUNDATION 728,142 NET TRANSFER TO AFFILIATES 350,000 RESERVE PROVISION 78,560,030 STRATEGIC INITIATIVES 16,504,142

**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)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2017

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		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		11,902,495	THE VALLEY HOSPITAL INC
(3) 620 WINTERS AVENUE LLC 223 NORTH VAN DIEN AVENUE RIDGEWOOD, NJ 07450	REAL ESTATE HOLDINGS	DE			THE VALLEY HOSPITAL INC
(4) 1200 EAST RIDGEWOOD LLC 223 NORTH VAN DIEN AVENUE RIDGEWOOD, NJ 07450 46-4115513	REAL ESTATE HOLDINGS	DE	2,736,837	23,996,648	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 10	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 10	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 10	VALLEY HEALTH SYSTEM INC		No
(5) THE VALLEY HOSPITAL FOUNDATION INC 223 NORTH VAN DIEN AVENUE  RIDGEWOOD, NJ 07450 22-2324554	SOLICIT, RECEIVE AND APPLY CONTRIBUTIONS FOR THE BENEFIT OF THE HOSPITAL	NJ	501(C){3}	LINE 7	VALLEY HEALTH SYSTEM INC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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
<b>(1)</b> VALLEY HEALTH MEDICAL GROUP INC 15 ESSEX ROAD PARAMUS, NJ 07652 22-3475233	OPERATES URGENT/PRIMARY CARE CLINICS	NJ	VALLEY HEALTH SYSTEM INC	C					No
<b>(2)</b> VALLEY HEALTH MEDICAL GROUP NJPC 15 ESSEX ROAD PARAMUS, NJ 07652 22-3475166	OPERATES URGENT/PRIMARY CARE CLINICS	NJ	N/A	C					No
<b>(3)</b> VALLEY PHYSICIAN SERVICE NY PC 15 ESSEX ROAD PARAMUS, NJ 07652 45-3125678	OPERATES URGENT/PRIMARY CARE CLINICS	NY	N/A	C					No
<b>(4)</b> 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		79,404,936	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?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) VALLEY MEDICAL SERVICES INC	S	1,800,000	COST
(2) VALLEY PHYSICIAN SERVICES INC	R	55,200,000	COST
(3) VHS INSURANCE COMPANY LTD	R	7,313,000	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)