efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493321058130

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

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

C Name of organization
THE VALLEY HOSPITAL INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
223 NORTH VAN DIEN AVENUE

City or town, state or province, country, and ZIP or foreign postal code
RIDGEWOOD, NJ 07450

D Employer identification number
22-1487307

E Telephone number
(201) 447-8000

G Gross receipts $ 957,982,359

F Name and address of principal officer:
WILLIAM KLUTKOWSKI
223 NORTH VAN DIEN AVENUE
RIDGEWOOD, NJ 07450

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.VALLEYHEALTH.COM

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1925

M State of legal domicile: NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE VALLEY HOSPITAL SERVES THE COMMUNITY BY HEALING AND CARING FOR PATIENTS, COMFORTING THEIR FAMILIES AND TEACHING GOOD HEALTH.

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	4,175
6	Total number of volunteers (estimate if necessary)	**6**	1,395
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,475,261
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	-1,093,101

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	269,535	368,715
9	Program service revenue (Part VIII, line 2g)	720,350,624	828,330,166
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28,853,710	14,015,516
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,529,636	17,427,712
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	759,003,505	860,142,109
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	305,767,748	330,964,627
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	415,057,814	415,847,045
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	720,825,562	746,811,672
19	Revenue less expenses. Subtract line 18 from line 12	38,177,943	113,330,437

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,249,287,053	1,846,770,409
21	Total liabilities (Part X, line 26)	247,416,867	670,082,760
22	Net assets or fund balances. Subtract line 21 from line 20	1,001,870,186	1,176,687,649

Part II Signature Block

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

Sign Here

****** 2020-11-10
Signature of officer Date

WILLIAM KLUTKOWSKI VP FINANCE & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2020-11-10		P00434443

Firm's name ▶ PKF O'CONNOR DAVIES LLP — Firm's EIN ▶ 27-1728945

Firm's address ▶ 300 TICE BOULEVARD SUITE 315
WOODCLIFF LAKE, NJ 07677 — Phone no. (201) 712-9800

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

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

4a	(Code: See Additional Data)	(Expenses $	441,350,642	including grants of $	) (Revenue $	559,586,160)
4b	(Code: See Additional Data)	(Expenses $	148,983,102	including grants of $	) (Revenue $	210,695,816)
4c	(Code: See Additional Data)	(Expenses $	28,039,641	including grants of $	) (Revenue $	59,107,865)
4d	Other program services (Describe in Schedule O.)	(Expenses $		including grants of $	) (Revenue $	)
4e	**Total program service expenses ▶**		618,373,385			

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	263		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	4,175		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	Yes
b	If "Yes," enter the name of the foreign country: ▶CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	17		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**		No
6	Did the organization have members or stockholders?			**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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:
▶WILLIAM KLUTKOWSKI 223 NORTH VAN DIEN AVENUE RIDGEWOOD, NJ 07450 (201) 447-8000

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								4,110,438	7,750,622	726,087

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 ▶ 664

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such person*	**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 328 NEWMAN SPRINGS ROAD RED BANK, NJ 07701	GENERAL CONTRACTOR	26,069,473
HDR ARCHITECTURE 1917 SOUTH 67TH STREET OMAHA, NE 68106	ARCHITECTURAL	15,277,099
BERGEN ANESTHESIA GROUP PC 500 WEST MAIN STREET SUITE 16 WYCKOFF, NJ 07481	ANESTHESIA	4,884,672
VIZIENT PO BOX 742081 ATLANTA, GA 30374	TEMPORARY STAFFING	1,833,487
R4ARCHITECTURE LLC 539 CENTER STREET BETHLEHEM, PA 18018	ARCHITECTURAL	1,611,693

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 121

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e	368,715			
f All other contributions, gifts, grants, and similar amounts not included above	1f				
g Noncash contributions included in lines 1a - 1f: $	1g				
h **Total.** Add lines 1a-1f		368,715			
Program Service Revenue	Business Code				
2a INSURERS AND PATIENTS	621990	558,526,485	558,526,485		
b MEDICARE/MEDICAID PAYMENTS	621990	269,803,681	269,803,681		
c					
d					
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f	828,330,166				
3 Investment income (including dividends, interest, and other similar amounts)		14,568,826			14,568,826
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					

		(i) Real	(ii) Personal			
6a Gross rents	6a	4,528,257				
b Less: rental expenses	6b	5,956,672				
c Rental income or (loss)	6c	-1,428,415				
d Net rental income or (loss)				-1,428,415		-1,428,415

		(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	7a	91,330,268				
b Less: cost or other basis and sales expenses	7b	91,883,578				
c Gain or (loss)	7c	-553,310				
d Net gain or (loss)				-553,310		-553,310
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Other Revenue Miscellaneous Revenue	Business Code					
11a OTHER	900099	8,986,525				8,986,525
b VALLEY HEALTH PHARMACY	621990	3,534,936	1,059,675		2,475,261	
c PURCHASE DISCOUNTS AND REBATES	900099	3,493,632				3,493,632
d All other revenue		2,841,034				2,841,034
e **Total.** Add lines 11a–11d		18,856,127				
12 **Total revenue.** See instructions		860,142,109	829,389,841		2,475,261	27,908,292

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,903,041	2,398,485	504,556	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	266,804,174	220,432,846	46,371,328	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	16,207,131	13,390,332	2,816,799	
9 Other employee benefits	27,132,044	22,416,495	4,715,549	
10 Payroll taxes	17,918,237	14,804,047	3,114,190	
11 Fees for services (non-employees):				
a Management				
b Legal	27,555,414	25,437,679	2,117,735	
c Accounting	125,004		125,004	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	41,215,311	33,984,120	7,231,191	
12 Advertising and promotion	1,123,187	778,533	344,654	
13 Office expenses	4,055,479	1,951,795	2,103,684	
14 Information technology				
15 Royalties				
16 Occupancy	16,374,591	4,942,879	11,431,712	
17 Travel	528,879	480,861	48,018	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,981,792	3,764,485	217,307	
20 Interest	3,371,331	3,371,331		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	53,530,166	53,530,166		
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	133,452,106	89,475,364	43,976,742	
b DRUGS	78,103,149	78,103,149		
c PROVISION FOR BAD DEBT	27,305,004	27,305,004		
d EQUIPMENT RENTALS	20,478,033	17,158,215	3,319,818	
e All other expenses	4,647,599	4,647,599		
25 **Total functional expenses.** Add lines 1 through 24e	746,811,672	618,373,385	128,438,287	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		14,401,224	2	417,736,565
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		66,786,271	4	74,960,105
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		10,490,376	9	10,016,461
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,156,745,461			
	b	Less: accumulated depreciation	10b 752,342,634	427,372,689	10c	404,402,827
	11	Investments—publicly traded securities		536,172,531	11	752,358,675
	12	Investments—other securities. See Part IV, line 11		236,905	12	115,203
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		193,827,057	15	187,180,573
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,249,287,053	16	1,846,770,409
Liabilities	17	Accounts payable and accrued expenses		78,867,634	17	111,733,591
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	400,728,310
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		59,739,053	24	59,586,984
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		108,810,180	25	98,033,875
	26	**Total liabilities.** Add lines 17 through 25		247,416,867	26	670,082,760
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		995,363,544	27	1,170,107,959
	28	Net assets with donor restrictions		6,506,642	28	6,579,690
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		1,001,870,186	32	1,176,687,649
	33	Total liabilities and net assets/fund balances		1,249,287,053	33	1,846,770,409

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	860,142,109
2	Total expenses (must equal Part IX, column (A), line 25)	2	746,811,672
3	Revenue less expenses. Subtract line 2 from line 1	3	113,330,437
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,001,870,186
5	Net unrealized gains (losses) on investments	5	39,985,841
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	21,501,185
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,176,687,649

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 22-1487307

Name: THE VALLEY HOSPITAL INC

Form 990 (2019)

Form 990, Part III, Line 4a:

THE VALLEY HOSPITAL, IN RIDGEWOOD, NJ, 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. THE VALLEY HOSPITAL IS PART OF VALLEY HEALTH SYSTEM, A REGIONAL HEALTHCARE SYSTEM THAT SERVES RESIDENTS IN NORTHERN NEW JERSEY AND SOUTHERN NEW YORK. IT COMPRISES THE VALLEY HOSPITAL, VALLEY HOME CARE, AND VALLEY MEDICAL GROUP. 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. VALLEY'S CURRENT LICENSED CAPACITY IS 431 BEDS. BERGEN COUNTY IS PREDOMINANTLY WHITE AND NON-HISPANIC. THERE ARE 932,202 RESIDENTS IN THE 233.01 SQUARE MILES OF BERGEN COUNTY, NJ. 20.6 PERCENT OF THE POPULATION IS HISPANIC AND 16.9 PERCENT ASIAN. THE MEDIAN HOUSEHOLD INCOME IS $95,837. RESIDENTS ARE GENERALLY WELL-EDUCATED AND HAVE HIGHER GRADUATION RATES THAN NJ AND THE U.S. THE VALLEY HOSPITAL EMPLOYS PEOPLE WHO REPRESENT AND LIVE IN THE COMMUNITIES WE SERVE. MORE THAN 3,680 EMPLOYEES AND 1,350 ACTIVE VOLUNTEERS CONSTITUTE THE VALLEY HOSPITAL.IN 2019, 48,664 INDIVIDUALS WERE ADMITTED TO VALLEY, 70,420 PEOPLE WERE TREATED IN THE EMERGENCY DEPARTMENT, AND 3,510 BABIES WERE BORN. IN ADDITION TO ITS CENTERS OF EXCELLENCE IN CARDIAC/HEART FAILURE, DIABETES, ONCOLOGY, PULMONARY, GERIATRICS, TOTAL JOINT, AND NEUROVASCULAR, VALLEY ALSO OFFERS THE SERVICES OF A COMPREHENSIVE CANCER CENTER, CENTER FOR CHILDBIRTH, CENTER FOR MINIMALLY INVASIVE AND ROBOTIC SURGERY, A TOTAL JOINT REPLACEMENT CENTER, A NEUROSCIENCE CENTER, A CENTER FOR METABOLIC SURGERY AND WEIGHT-LOSS MANAGEMENT, A CENTER FOR SLEEP MEDICINE, THE GAMMA KNIFE CENTER, AND THE KIREKER CENTER FOR CHILD DEVELOPMENT, AMONG OTHERS. ACCORDING TO THE MOST RECENT DATA AVAILABLE, THE VALLEY HOSPITAL HAS BEEN RANKED BY NJBIZ AS THE FIFTH BUSIEST HOSPITAL IN THE STATE BASED ON TOTAL INPATIENT DISCHARGES.1,648 PEOPLE PARTICIPATED IN 73 BLOOD PRESSURE SCREENING CLINICS. 963 PEOPLE ATTENDED PROGRAMS ON CARDIAC AND STROKE. SOME PROGRAM TOPICS INCLUDE: MANAGING BLOOD PRESSURE, WOMEN AND STROKE, HEART HEALTH JEOPARDY, HEART VALVE SURGERY, WOMEN TAKE HEART, SLEEP AND TROUBLED HEART. 173 PEOPLE PARTICIPATED IN 2 FREE STROKE SCREENINGS. VALLEY ALSO HOSTS A STROKE SUPPORT GROUP OFFERED MONTHLY.287 PEOPLE PARTICIPATED IN VALLEY'S FREE COMPREHENSIVE HEART SCREENING, A PROGRAM DESIGNED TO IDENTIFY A PERSON'S POTENTIAL RISK FOR HEART DISEASE AND HELP PATIENTS TAKE STEPS TO PREVENT IT.

Form 990, Part III, Line 4b:

BERGEN COUNTY HAS THE SECOND HIGHEST PERCENTAGE OF ADULTS 65 AND OVER AMONG ALL COUNTIES IN NEW JERSEY. 16.4 PERCENT OF BERGEN COUNTY RESIDENTS ARE OVER AGE 65 COMPARED TO NEW JERSEY OVERALL AT 15.1 PERCENT. VALLEY HEALTH PRIMETIME WAS CREATED TO HELP OLDER ADULTS STAY HEALTHY BY TEACHING THEM GOOD HEALTH AND PROVIDING OPPORTUNITIES TO REMAIN SOCIALLY ACTIVE. IN 2019, VALLEY HEALTH PRIMETIME OFFERED 52 FREE PROGRAMS TO OVER 1,500 OLDER ADULTS. ADDITIONALLY, VALLEY'S COMMUNITY HEALTH DEPARTMENT WORKS WITH A NUMBER OF LOW-INCOME SENIOR HOUSING FACILITIES TO PROVIDE, SCREENINGS, EDUCATION, DONATIONS, AND RESOURCES FOR ITS RESIDENTS. EACH YEAR VALLEY DINING PREPARES OVER 23,000 MEALS FOR COMMUNITY MEALS, INC. AND FINANCIAL RESOURCES TO SUPPORT HOMEBOUND OLDER ADULTS IN VALLEY'S SERVICE AREA. VALLEY'S COMMUNITY CARE CLINIC HAD 6,230 VISITS IN 2019. 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. BY PARTNERING WITH AREA RELIGIOUS INSTITUTIONS, VALLEY IS ABLE TO WORK WITH UNDERSERVED POPULATIONS TO HELP MEET ACCESS TO CARE NEEDS OF THEIR MEMBERS BY PROVIDING ON-SITE HEALTH FAIRS, SCREENINGS, AND EDUCATION ON VARIOUS HEALTH TOPICS, AS WELL AS CONNECT INDIVIDUALS TO RESOURCES. 3,500 PEOPLE PARTICIPATED IN FREE SCREENINGS PROVIDED BY VALLEY AND OVER 37,500 PEOPLE PARTICIPATED IN FREE EDUCATION PROGRAMS IN 2019.NOT ONLY HAS VALLEY ENLISTED THE SERVICES OF UBER HEALTH TO PROVIDE TRANSPORTATION FOR PATIENTS WHO QUALIFY BASED ON INCOME LEVEL, BUT VALLEY OFFERS A FREE NON-EMERGENT TRANSPORTATION SERVICE FOR PATIENTS WHO ARE UNABLE TO DRIVE OR HAVE ACCESS TO PUBLIC TRANSPORTATION. VALLEY HEALTH SYSTEM HAS ALSO PARTNERED WITH DISPATCHHEALTH, A NATIONWIDE ON-DEMAND HEALTHCARE COMPANY TO DELIVER HIGH-QUALITY URGENT CARE TO NORTHERN NEW JERSEY RESIDENTS OF ALL AGES, IN THE COMFORT OF THEIR HOMES. DISPATCHHEALTH AND VALLEY ARE WORKING TOGETHER TO INCREASE ACCESSIBILITY TO AFFORDABLE CARE FOR SENIORS OR BUSY WORKING PARENTS, BOTH OF WHO CAN BENEFIT FROM STAYING HOME FOR TREATMENT. IN FACT, THE MEDICAL COST FOR A DISPATCHHEALTH VISIT IS NEARLY ONE-TENTH OF THE MEDICAL COST FOR AN ER VISIT.

Form 990, Part III, Line 4c:

1,719 PEOPLE PARTICIPATED IN CANCER EDUCATION AND SCREENING PROGRAMS IN 2019. BREAST CANCER, PROSTATE CANCER, AND COLON CANCER, AS WELL AS NUTRITION AND CANCER WERE TOPICS OF INTEREST. ADDITIONALLY, SMOKING AND VAPING WERE TOPICS THAT WERE WIDELY DISCUSSED. OVER 2,500 PEOPLE ATTENDED FREE SUPPORT GROUPS OFFERED BY VALLEY IN 2019. VALLEY ALSO PROVIDES MEETING SPACE FOR THREE 12-STEP PROGRAMS AND SUPPORT GROUPS FOR ALZHEIMER'S NEW JERSEY, CHILDREN AND ADULTS WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (CHADD), AND CRONES/COLITIS FOUNDATION. ANOTHER 5,507 PEOPLE ATTENDED MENTAL HEALTH AND SUBSTANCE ABUSE EDUCATION PROGRAMS ON TOPICS INCLUDING POSITIVE COPING, WINTER BLUES, ANXIETY ISSUES, BULLYING, MINDFULNESS, PALLIATIVE CARE, MANAGING STRESS, AND NALOXONE TRAINING. 520 PEOPLE ATTENDED WEEKLY GUIDED IMAGERY SESSIONS AND AN ADDITIONAL 441 PEOPLE ATTENDED THE NEW DRUMMING CIRCLE, AN EVIDENCE-BASED, MIND-BODY ACTIVITY THAT USES THE DRUM AS A TOOL FOR PERSONAL EXPRESSION AND HELPS TO LESSEN THE FEELINGS OF BURNOUT AND FATIGUE. 1,190 PEOPLE ATTENDED PROGRAMS ON ARTHRITIS, OSTEOPOROSIS, AND BACK PAIN. ARTHRITIS MANAGEMENT AND FALLS PREVENTION WERE POPULAR TOPICS ALONG WITH JOINT REPLACEMENT. MORE THAN 200 COMMUNITY RESIDENTS TURNED OUT FOR "JOINTS IN MOTION" AN INFORMATIVE EVENT FOCUSED ON ORTHOPEDICS AND JOINT REPLACEMENTS PRESENTED IN CONJUNCTION WITH STRYKER ORTHOPAEDICS AND HELD AT STRYKER'S CORPORATE AND MANUFACTURING HEADQUARTERS IN MAHWAH.

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	1,710,491	43,337
RICHARD KENNAN SR VP FINANCE & CFO	1.00 40.00			X				0	1,354,045	45,075
PETER W DIESTEL PRESIDENT, VHS OPERATIONS	1.00 40.00			X				0	1,031,980	44,214
ROBIN G HOLLANDER SR VP, LEGAL SERVICES	1.00 40.00			X				0	829,575	43,475
JOSEPH YALLOWITZ VP & CHIEF MEDICAL OFFICER	40.00				X			669,661	0	44,451
ANN MARIE LEICHMAN SR VP/CNO PATIENT CARE SERV	40.00				X			642,938	0	36,862
GAIL CALLANDRILLO VP, PLANNING/ GOVT RELATIO	1.00 40.00			X				0	624,740	43,917
ERIC CAREY VP/CIO, INFORMATION SYSTEM	1.00 40.00			X				0	568,035	52,989
JOSE BALDERRAMA VP, HUMAN RESOURCES	1.00 40.00			X				0	526,848	30,730
DAVID J BOHAN VP & CHIEF DEVELOPMENT OFFICER	40.00				X			508,242	0	35,004

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			
WILLIAM KLUTKOWSKI VP & CHIEF FINANCIAL OFFICER	1.00 40.00				X			11,386	477,058	49,060
JULIA KARCHER VP, ADMINISTRATION	40.00				X			460,696	0	20,826
KARTEEK BHAVSAR VP, ADMINISTRATION	40.00				X			450,485	0	20,900
MEGAN FRASER VP, COMMUNICATIONS	1.00 40.00			X				0	431,359	31,056
JULIE W LO CHIEF PHYSICIST	40.00					X		280,225	0	44,135
BETTYANN KEMPIN ASST VP, ONCOLOGY	40.00					X		271,061	0	42,455
BRAD HASPEL ASST VP,ANCILLARY SERVICES	40.00					X		284,506	0	23,561
STACY MACK ASST VP, HEART & VASCULAR	40.00					X		266,983	0	40,057
ARLENE PAQUET ASST VP, QUALITY & PATIENT SAFETY	40.00					X		264,255	0	28,449
MARIA MEDIAGO VP, FACILITIES MGMT. THRU 3/31/19	1.00 40.00				X			0	196,491	5,534

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			
VINCENT FORLENZA CHAIRMAN	0.50 0.50	X		X				0	0	0
FRANK SHEEHY VICE CHAIRMAN	0.50 0.50	X		X				0	0	0
JOSEPH MARION TREASURER	0.50 0.50	X		X				0	0	0
EDWARD B SELF MD TREASURER THRU 5/2019, TRUSTEE	0.50 0.50	X		X				0	0	0
ANN M LIMBERG SECRETARY	0.50 0.50	X		X				0	0	0
STEVEN SILVERSTEIN TRUSTEE	0.50 0.50	X						0	0	0
MICHELLE HASSON TRUSTEE	0.50 0.50	X						0	0	0
BRUCE J MACTAS TRUSTEE	0.50 0.50	X						0	0	0
JUDY BASELICE TRUSTEE	0.50 0.50	X						0	0	0
DUANE SACHS TRUSTEE	0.50 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			
SCOTT SCHROEDER TRUSTEE	0.50 0.50	X						0	0	0
JEFFREY S TUCKER TRUSTEE	0.50 0.50	X						0	0	0
PATRICIA VERDUIN TRUSTEE	0.50 0.50	X						0	0	0
DENIS SALAMONE TRUSTEE	0.50 0.50	X						0	0	0
KEVIN LOBO TRUSTEE	0.50 0.50	X						0	0	0
WAYNE WALD TRUSTEE	0.50 0.50	X						0	0	0
BARNETT RUKIN TRUSTEE - THRU 12/18/19	0.50 0.50	X						0	0	0
DAVID MONTGOMERY MD TRUSTEE - THRU 5/22/19	0.50	X						0	0	0
RAKESH SHARMA MD FCCP TRUSTEE - THRU 5/22/19	0.50	X						0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493321058130

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE VALLEY HOSPITAL INC

Employer identification number
22-1487307

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

The organization is not a private foundation because it is: (For lines 1 through 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 331/3% 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 331/3% 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** 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—2018.** 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

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

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

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

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ 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 2019 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-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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: 93493321058130

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE VALLEY HOSPITAL INC

Employer identification number
22-1487307

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ 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
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

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

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other .....

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

Complete if the organization answered "Yes" 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:

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		92,597,757		92,597,757
b Buildings		518,487,317	343,961,392	174,525,925
c Leasehold improvements		16,642,404	13,935,694	2,706,710
d Equipment		457,832,191	393,220,789	64,611,402
e Other		71,185,792	1,224,759	69,961,033
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				404,402,827

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	47,022,248
(2)DEFERRED FINANCING COSTS AND OTHER ASSETS	129,319,927
(3)PENSION BENEFIT	10,838,398
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	187,180,573

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	98,033,875

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.

1	Total revenue, gains, and other support per audited financial statements			1	874,251,361
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	39,985,841		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	39,985,841
3	Subtract line **2e** from line **1**			3	834,265,520
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	25,876,589		
c	Add lines **4a** and **4b**			4c	25,876,589
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	860,142,109

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

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

1	Total expenses and losses per audited financial statements			1	651,335,906
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	651,335,906
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	95,475,766		
c	Add lines **4a** and **4b**			4c	95,475,766
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	746,811,672

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 X, LINE 2:	THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES BY PRESCRIBING A RECOGNITION THR ESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET. THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION IN 2019 OR 2018.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	PROVISION FOR BAD DEBTS OFFSET AGAINST REVENUE 27,305,004. RENTAL LOSS INCLUDED IN STRATEGIC INITIATIVES -1,428,415.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	BAD DEBT PROVISION OFFSET AGAINST REVENUE 27,305,004. EXPENSES REPORTED AS CHANGES IN NET ASSETS PER FINANCIAL STATEMENTS 68,170,762.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493321058130

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.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE VALLEY HOSPITAL INC

Employer identification number
22-1487307

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 50000.0000000000 %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			9,263,304		9,263,304	1.290 %
b Medicaid (from Worksheet 3, column a)			21,989,263	15,127,212	6,862,051	0.950 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			31,252,567	15,127,212	16,125,355	2.240 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			4,055,389	133,712	3,921,677	0.550 %
f Health professions education (from Worksheet 5)			2,431,188		2,431,188	0.340 %
g Subsidized health services (from Worksheet 6)			1,348,556		1,348,556	0.180 %
h Research (from Worksheet 7)			3,204,646		3,204,646	0.450 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			678,693	610	678,083	0.090 %
j **Total.** Other Benefits			11,718,472	134,322	11,584,150	1.610 %
k **Total.** Add lines 7d and 7j			42,971,039	15,261,534	27,709,505	3.850 %

Part II Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			332,045	86,131	245,914	0.030 %
4 Environmental improvements			37,193	3,792	33,401	0.010 %
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			264,152		264,152	0.040 %
9 Other						
10 Total			633,390	89,923	543,467	0.080 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. 2 27,305,004			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. 3 11,741,152			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	255,550,234
6	Enter Medicare allowable costs of care relating to payments on line 5	6	354,161,272
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-98,611,038
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

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

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group THE VALLEY HOSPITAL

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 19			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): WWW.VALLEYHEALTH.COM/SERVICES/COMMUNITY-HEALTH			
b	☐ Other website (list url):			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): WWW.VALLEYHEALTH.COM/SERVICES/COMMUNITY-HEALTH			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	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:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.000000000000 % and FPG family income limit for eligibility for discounted care of 500.000000000000 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): WWW.VALLEYHEALTH.COM/BILLING-INSURANCE/FINANCIAL-ASSISTANCE			
b	☑ The FAP application form was widely available on a website (list url): WWW.VALLEYHEALTH.COM/BILLING-INSURANCE/FINANCIAL-ASSISTANCE			
c	☑ A plain language summary of the FAP was widely available on a website (list url): WWW.VALLEYHEALTH.COM/BILLING-INSURANCE/FINANCIAL-ASSISTANCE			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ 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
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	**17**	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☐ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**	Yes	
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):			
a ☑ 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 (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

THE VALLEY HOSPITAL

Name of hospital facility or letter of facility reporting group

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

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

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

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

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17		No
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☐ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):			
a ☐ 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 (if not, describe in Section C)			
b ☐ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☐ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☐ Made presumptive eligibility determinations (if not, describe in Section C)			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group _____

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

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

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

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

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

Part VI Supplemental Information

Provide the following information.

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

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

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

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

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

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

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A:	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. IN ADDITION, THE COMMUNITY BENEFIT REPORT IS ALSO POSTED ON THE HOSPITAL'S WEBSITE.
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:	IN 2019, THE ORGANIZATION ADOPTED THE FINANCIAL ACCOUNTING STANDARDS BOARD (THE FASB) ACCOUNTING STANDARDS UPDATE (ASU) NO. 2014-09, REVENUE FROM CONTRACTS WITH CUSTOMERS (TOPIC 606) USING THE MODIFIED RETROSPECTIVE APPROACH. ASU NO. 2014-09 SUPERSEDES THE REVENUE RECOGNITION REQUIREMENTS IN TOPIC 605, REVENUE RECOGNITION, AND MOST INDUSTRY SPECIFIC GUIDANCE. THE CORE PRINCIPLE UNDER ASU NO. 2014-09 IS THAT REVENUES ARE RECOGNIZED TO DEPICT THE TRANSFER OF PROMISED GOODS OR SERVICES TO CUSTOMERS (PATIENTS) IN AN AMOUNT THAT REFLECTS THE CONSIDERATION AT WHICH THE ENTITY EXPECTS TO BE ENTITLED IN EXCHANGE FOR THOSE GOODS OR SERVICES. ADDITIONALLY, ASU NO. 2014-09 REQUIRES ENHANCED DISCLOSURES OF REVENUE ARRANGEMENTS.THE ORGANIZATION APPLIED THE MODIFIED RETROSPECTIVE APPROACH TO ALL CONTRACTS WHEN ADOPTING ASU NO. 2014-09. AS A RESULT OF THE ADOPTION, THE MAJORITY OF WHAT WAS PREVIOUSLY CLASSIFIED AS THE PROVISION FOR BAD DEBTS IN THE CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS IS NOW REFLECTED AS IMPLICIT PRICE CONCESSIONS, AS DEFINED IN TOPIC 606, AND THEREFORE INCLUDED AS A REDUCTION OF NET PATIENT SERVICE REVENUES. FOR CHANGES IN TRANSACTION PRICE RELATED TO CHANGES IN PATIENT CIRCUMSTANCES, THE ORGANIZATION WILL PROSPECTIVELY RECOGNIZE THOSE AMOUNTS AS A PROVISION FOR BAD DEBTS WITHIN OPERATING EXPENSES ON THE CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS. FOR PERIODS PRIOR TO JANUARY 1, 2019, THE PROVISION FOR BAD DEBTS OF APPROXIMATELY $27.7 MILLION HAS BEEN PRESENTED CONSISTENT WITH THE PREVIOUS REVENUE RECOGNITION STANDARDS THAT REQUIRED SEPARATE PRESENTATION OF THESE AMOUNTS AS A COMPONENT OF NET PATIENT SERVICE REVENUES. ADDITIONALLY, AS A RESULT OF THE ADOPTION OF ASU NO. 2014-09, THE ALLOWANCE FOR DOUBTFUL ACCOUNTS OF APPROXIMATELY $58.2 MILLION AS OF JANUARY 1, 2019 WAS RECLASSIFIED AS A COMPONENT OF ACCOUNTS RECEIVABLE, NET. ALSO DUE TO THE ADOPTION OF ASU NO.2014-09 $14.5 MILLION WAS RECORDED AS A CUMULATIVE EFFECT OF ACCOUNTING PRINCIPLE AS A RESULT OFREVIEWING RESERVES RECORDED WITHIN DUE TO THIRD-PARTY PAYORS AS OF DECEMBER 31, 2019.
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 $98.6 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:	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.
SCHEDULE H, PART VI, LINE 7	THE HOSPITAL FILES A COMMUNITY BENEFIT REPORT WITH NEW JERSEY.

Additional Data

Software ID:

Software Version:

EIN: 22-1487307

Name: THE VALLEY HOSPITAL INC

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	THE VALLEY HOSPITAL 223 NORTH VAN DIEN AVENUE RIDGEWOOD, NJ 07450	X									

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 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.

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 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
THE VALLEY HOSPITAL	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.

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:	THE HOSPITAL FACILITY TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY BY ENGAGING INDIVIDUALS ACROSS BERGEN COUNTY TO PARTICIPATE IN THE ASSESSMENT AND PLANNING PR OCESS. REPRESENTATIVES FROM HEALTH AND SOCIAL SERVICE PROVIDERS; COUNTY LEADERSHIP AND STA FF; FAITH LEADERS; COMMUNITY RESIDENTS; HOSPITAL LEADERSHIP, CLINICIANS AND STAFF; COMMUNI TY AND PUBLIC HEALTH OFFICIALS; AND COMMUNITY ORGANIZERS AND ADVOCATES PARTICIPATED IN THE PROCESS. EACH REPRESENTATIVE ORGANIZATION ON THE STEERING COMMITTEE SUBMITTED A LIST OF K EY INFORMANTS THAT COULD PROVIDE A DEEP AND BROAD PERSPECTIVE ON THE HEALTH-RELATED NEEDS OF THE COUNTY AND BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK. KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH APPROXIMATELY 80 COMMUN ITY STAKEHOLDERS THROUGHOUT THE COUNTY. THE INTERVIEWS CONFIRMED AND/OR REFINED THE FINDIN GS FROM QUANTITATIVE DATA SOURCES AND PROVIDED VALUABLE INSIGHT ON COMMUNITY NEED, COMMUNI TY HEALTH PRIORITIES, SEGMENTS OF THE POPULATION MOST AT-RISK AND COMMUNITY HEALTH ASSETS. TO FURTHER-ENGAGE COMMUNITY RESIDENTS AND STAKEHOLDERS, INCLUDING SEGMENTS THAT ARE TYPIC ALLY HARD TO REACH, A MAIL-BASED RANDOM HOUSEHOLD SURVEY WAS DISTRIBUTED TO MORE THAN 4,00 0 RANDOMLY IDENTIFIED HOUSEHOLDS IN THE COUNTY. IN ALL, 1,372 COMMUNITY RESIDENTS RESPONDE D TO THE SURVEY.THE FOLLOWING INDIVIDUALS WERE CONSULTED:- SUE DEBIAK, DIVISION DIRECTOR, OFFICE OF ALCOHOL AND DRUG DEPENDENCY, BERGEN COUNTY DEPARTMENT OF HEALTH SERVICES- SUSAN DEVLIN, ASSOCIATE EXECUTIVE DIRECTOR, COMPREHENSIVE BEHAVIORAL HEALTH CARE- MICHELLE HART LOUGHLIN, DIRECTOR, DIVISION OF MENTAL HEALTH SERVICES, BERGEN COUNTY DEPARTMENT OF HEALTH SERVICES- CAROLYN DEBOER, DIRECTOR OF CORPORATION PLANNING, PARTNERSHIP FOR MATERNAL AND CHILD HEALTH- THOMAS DEMAIO, PRINCIPAL, PASCACK VALLEY HIGH SCHOOL- ELLEN ELIAS, SENIOR VI CE PRESIDENT OF PREVENTION AND COMMUNITY SERVICES, CHILDREN'S AID AND FAMILY SERVICES- MAR IAM GERGES, DIRECTOR OF SCHOOL BASED HEALTH SERVICES, DWIGHT MORROW ZONE, BERGEN FAMILY CE NTER- WENDY LAMPARELLI, SCHOOL NURSE, HACKENSACK SCHOOL DISTRICT- ILLISE ZIMMERMAN, CEO, P ARTNERSHIP FOR MATERNAL AND CHILD HEALTH- GARY BUCHHEISTER, DIRECTOR OF RECREATION, WESTWO OD RECREATION DEPARTMENT- DR. STEVEN CLARKE, DIRECTOR, WYCKOFF BOARD OF HEALTH- ROBERT ESP OSITO, DIRECTOR, BERGEN COUNTY DIVISION OF COMMUNITY DEVELOPMENT- KEN KATTER, HEALTH OFFIC ER, TOWNSHIP OF TEANECK- DANIEL KOTKIN, DIVISION OF DISABILITY SERVICES, BERGEN COUNTY DEP ARTMENT OF HEALTH SERVICES- DARLENE REVEILLE, PUBLIC HEALTH NURSE, CITY OF GARFIELD- KAREN WOLUJEWICZ, ASSISTANT HEALTH OFFICER, BERGEN COUNTY DEPARTMENT OF HEALTH SERVICES- ANN GU ILLORY, CHAIRWOMAN OF HEALTH AND HUMAN SERVICES COMMITTEE, BERGEN COUNTY LINKS- JAE CHUN, HEALTH INSURANCE AGENT/INTERPRETER- BIANCA MAYES, HEALTH AND WELLNESS COORDINATOR, GARDEN STATE EQUALITY- JEANNE MARTIN, EXECUTIVE DIRECTOR, MEALS ON WHEELS NORTH JERSEY- JACLYN PA DOVANO, REGISTERED DIETICIAN,

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:	SHOPRITE OF HILLSDALE- JAMIE PEPPER, REGISTERED DIETICIAN, SHOPRITE OF NORTHVALE- KEVIN BR ENDLEN, VICE PRESIDENT OF STRATEGIC PARTNERSHIPS, VAN DYK HEALTH CARE- SUSAN CRANDALL, BER GEN COUNTY CANCER EDUCATION AND EARLY DETECTION (CEED) PROGRAM COORDINATOR, BERGEN COUNTY DEPARTMENT OF HEALTH SERVICES- CAROL SILVER ELLIOTT, CEO/PRESIDENT, JEWISH HOME FAMILY- KI MBERLY GITTINES, HEALTH SYSTEM MANAGER, AMERICAN CANCER SOCIETY- AMANDA MISSEY, PRESIDENT/ CEO, BERGEN VOLUNTEER MEDICAL INITIATIVE- KATHY NUGENT, DIRECTOR OF REGIONAL PROGRAMS, CAN CERCARE- DR. FLORDELIZ PANEM, CHIEF MEDICAL OFFICER, NORTH HUDSON COMMUNITY ACTION- ELIZAB ETH DAVIS, EXECUTIVE DIRECTOR, SENIOR HOUSING SERVICES- JULIA ORLANDO, DIRECTOR, BERGEN CO UNTY HOUSING AUTHORITY- SUE ULLRICH, PROGRAM DIRECTOR, RIDGECREST APARTMENTS- LT. JAY HUTC HINSON, WESTWOOD POLICE DEPARTMENT- LISA BONTEMPS, PROGRAM MANAGER, WESTWOOD FOR ALL AGES- SHEILA BROGAN, MIDLAND PARK SENIOR CENTER AND AGE-FRIENDLY RIDGEWOOD- BRIANNA GREENBERG, CASE MANAGER, BERGEN COUNTY DIVISION OF SENIOR SERVICES- JANET SHARMA, PROJECT COORDINATOR , AGE FRIENDLY ENGLEWOOD- JOAN CAMPANELLI, SENIOR SERVICES, BERGEN COUNTY DIVISION OF SENI OR SERVICES- KAARIN VARON, PROGRAM OFFICER, THE RUSSELL BERRIE FOUNDATION- REV. MACK BRAND ON, METROPOLITAN CHURCH- KATE DUGGAN, EXECUTIVE DIRECTOR, FAMILY PROMISE OF RIDGEWOOD- JOA N QUIGLEY, PRESIDENT/CEO, NORTH HUDSON COMMUNITY ACTION CORPORATION- DENISE VOLLKOMMER, EX ECUTIVE DIRECTOR, SOCIAL SERVICE ASSOCIATION OF RIDGEWOOD AND VICINITYBERGEN NEW BRIDGE ME DICAL CENTER- SENIOR LEADERSHIP TEAM (GROUP INTERVIEW WITH APPROXIMATELY 12 ATTENDEES)- DR . RAJASHREE KANTHA, PHYSICIAN- ADRIENNE MARIANO, DIRECTOR OF BEHAVIORAL HEALTH SERVICES- D EBORAH VISCONI, PRESIDENT/CEOENGLEWOOD HEALTH- DR. STEPHEN BRUNNQUELL, PRESIDENT, ENGLEWOO D HEALTH PHYSICIANS NETWORK- DR. HILLARY COHEN, VICE PRESIDENT OF MEDICAL AFFAIRS- KATHY K AMINSKY, SENIOR VICE PRESIDENT, CHIEF POPULATION HEALTH OFFICER, CHIEF NURSING OFFICER- RI CHARD LERNER, BOARD OF TRUSTEES- DR. ANNE PARK, DIRECTOR OF COMMUNITY HEALTH- THOMAS SENTE R, CHAIRMAN OF THE BOARD- RICHARD SPOSA, DIRECTOR OF EMERGENCY MEDICAL SERVICES- JOANN VEN EZIA, PROGRAM DIRECTOR OF BEHAVIORAL HEALTH SERVICESHACKENSACK MERIDIAN HEALTH PASCACK VAL LEY MEDICAL CENTER- DR. ERIC AVEZZANO, GASTROENTEROLOGY- DAWN DEPALMA, MANAGER OF PATIENT EXPERIENCE- DR. EDWARD GOLD, INTERNAL MEDICINE- ANA MARIA RESTREPO, DIRECTOR OF THE EMERGE NCY SERVICESHACKENSACK UNIVERSITY MEDICAL CENTER- CLINICAL AND DEPARTMENT LEADERSHIP (GROU P MEETING WITH APPROXIMATELY 20 ATTENDEES)HOLY NAME MEDICAL CENTER- KYUNG HEE CHOI, VP OF ASIAN HEALTH SERVICES- DR. CLENTON COLEMAN, INTERNAL MEDICINE- REKHA NANDWANI, PROGRAM MAN AGER, INDIAN MEDICAL PROGRAM- EDWARD TORRES, ADMINISTRATIVE DIRECTOR OF LABORATORY SERVICE S- ANNA WANG, MANAGER OF COMMUNITY PROGRAMS, ASIAN HEALTH SERVICESRAMAPO RIDGE PSYCHIATRIC HOSPITAL- CLINICAL AND DEPARTMENT LEADERSHIP (GROUP MEETING WITH APPROXIMATELY 10 ATTENDE ES)THE VALLEY HOSPITAL- DR. GE

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:	ORGE BECKER, MEDICAL DIRECTOR, EMERGENCY DEPARTMENT- LAFE BUSH, DIRECTOR OF EMERGENCY SERV ICES- TONI MODAK, DIRECTOR OF POPULATION HEALTH, VALLEY HEALTH SYSTEM- DIANE TEDESCHI, DIR ECTOR OF COMMUNITY CARE CLINIC

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493321058130

Schedule J (Form 990)

Compensation Information

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE VALLEY HOSPITAL INC

Employer identification number
22-1487307

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
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 on Line 1a?	**2**		No
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.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	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	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	AUDREY MEYERS, PRESIDENT, IS COMPENSATED BY THE VALLEY HEALTH SYSTEM INC ("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.
FORM 990, SCHEDULE J, PART I, LINE 7	THE FOLLOWING EMPLOYEES RECEIVED A BOARD DISCRETIONARY BONUS IN THEIR 2019 W-2 FROM THE ORGANIZATION: 1. DAVID J BOHAN, $113,035 2. JULIA KARCHER, $94,200 3. ANN MARIE LEICHMAN, $148,332 4. JOSEPH YALLOWITZ, $149,732 5. KARTEEK BHAVSAR, $103,327 6. STACY MACK, $36,804 7. BETTYANN KEMPIN, $37,503 8. JULIE W LO, $1,370 9. BRAD HASPEL, $40,628 10. ARLENE PAQUET, $43,542

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)	1,066,752	551,670	92,069	20,825	22,512	1,753,828	0
1RICHARD KENNAN SR VP FINANCE & CFO	(i)	0	0	0	0	0	0	0
	(ii)	751,754	345,772	256,519	21,000	24,075	1,399,120	84
2PETER W DIESTEL PRESIDENT, VHS OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	615,617	291,407	124,956	18,200	26,014	1,076,194	79,020
3ROBIN G HOLLANDER SR VP, LEGAL SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	520,554	263,003	46,018	18,200	25,275	873,050	0
4JOSEPH YALLOWITZ VP & CHIEF MEDICAL OFFICER	(i)	423,777	149,732	96,152	14,000	30,451	714,112	0
	(ii)	0	0	0	0	0	0	0
5ANN MARIE LEICHMAN SR VP/CNO PATIENT CARE SERV	(i)	380,879	148,332	113,727	15,400	21,462	679,800	25,581
	(ii)	0	0	0	0	0	0	0
6GAIL CALLANDRILLO VP, PLANNING/ GOVT RELATIO	(i)	0	0	0	0	0	0	0
	(ii)	321,886	105,530	197,324	21,000	22,917	668,657	46,168
7ERIC CAREY VP/CIO, INFORMATION SYSTEM	(i)	0	0	0	0	0	0	0
	(ii)	364,524	118,326	85,185	24,823	28,166	621,024	0
8JOSE BALDERRAMA VP, HUMAN RESOURCES	(i)	0	0	0	0	0	0	0
	(ii)	345,407	113,954	67,487	14,000	16,730	557,578	0
9DAVID J BOHAN VP & CHIEF DEVELOPMENT OFFICER	(i)	327,740	113,035	67,467	14,000	21,004	543,246	0
	(ii)	0	0	0	0	0	0	0
10WILLIAM KLUTKOWSKI VP & CHIEF FINANCIAL OFFICER	(i)	10,486	0	900	404	1,185	12,975	0
	(ii)	281,748	106,800	88,510	18,200	29,271	524,529	0
11JULIA KARCHER VP, ADMINISTRATION	(i)	289,913	94,200	76,583	18,200	2,626	481,522	0
	(ii)	0	0	0	0	0	0	0
12KARTEEK BHAVSAR VP, ADMINISTRATION	(i)	287,531	103,327	59,627	18,200	2,700	471,385	0
	(ii)	0	0	0	0	0	0	0
13MEGAN FRASER VP, COMMUNICATIONS	(i)	0	0	0	0	0	0	0
	(ii)	265,268	86,856	79,235	18,491	12,565	462,415	0
14JULIE W LO CHIEF PHYSICIST	(i)	277,887	1,370	968	15,587	28,548	324,360	0
	(ii)	0	0	0	0	0	0	0
15BETTYANN KEMPIN ASST VP, ONCOLOGY	(i)	231,673	37,503	1,885	20,762	21,693	313,516	0
	(ii)	0	0	0	0	0	0	0
16BRAD HASPEL ASST VP,ANCILLARY SERVICES	(i)	240,440	40,628	3,438	13,580	9,981	308,067	0
	(ii)	0	0	0	0	0	0	0
17STACY MACK ASST VP, HEART & VASCULAR	(i)	229,006	36,804	1,173	13,526	26,531	307,040	0
	(ii)	0	0	0	0	0	0	0
18ARLENE PAQUET ASST VP, QUALITY & PATIENT SAFETY	(i)	211,712	43,542	9,001	19,238	9,211	292,704	0
	(ii)	0	0	0	0	0	0	0
19MARIA MEDIAGO VP, FACILITIES MGMT. THRU 3/31/19	(i)	0	0	0	0	0	0	0
	(ii)	56,727	107,941	31,823	4,747	787	202,025	31,293

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493321058130

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE VALLEY HOSPITAL INC

Employer identification number
22-1487307

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	645790NB8	12-11-2019	402,437,137	CONSTRUCTION OF NEW HOSPITAL		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	402,437,137			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	2,437,137			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion				

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X						
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?		X						

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %							
6	Total of lines 4 and 5	0 %							
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?		X						
c	No rebate due?	X							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493321058130

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE VALLEY HOSPITAL INC

Employer identification number
22-1487307

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	ON 5/21/19 THE VALLEY HOSPITAL, INC. UPDATED AND ADOPTED NEW BYLAWS AND LEGAL DOCUMENTS TO IMPLEMENT FORMALLY THE BOARD'S INTEGRATION INTO A PARALLEL BOARD OF THE VALLEY HEALTH SYSTEM ("VHS") BOARD. THIS CHANGE TOOK EFFECT ON JULY 1, 2019.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	EFFECTIVE 5/22/2019, VALLEY HEALTH SYSTEM, INC. IS THE SOLE MEMBER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	VALLEY HEALTH SYSTEM, INC. AS THE SOLE MEMBER OF THE CORPORATION HAS THE POWER: 1. TO REMOVE ANY OF THE CORPORATION'S TRUSTEES, WITH OR WITHOUT CAUSE, AND TO APPROVE ANY RECOMMENDATION TO REMOVE A TRUSTEE BY THE BOARD; 2. TO APPROVE THE ELECTION, RE-ELECTION, APPOINTMENT, REAPPOINTMENT AND REMOVAL OF ANY OFFICERS OF THE CORPORATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE FOLLOWING RIGHTS AND POWERS ARE RESERVED TO THE SOLE MEMBER OF THE VALLEY HOSPITAL, IN C. (THE "CORPORATION"): A) TO DETERMINE THE NUMBER OF TRUSTEES ON THE BOARD; B) TO NOMINAT E AND ELECT THE TRUSTEES OF THE CORPORATION; C) TO REMOVE ANY OF THE CORPORATION'S TRUSTEE S, WITH OR WITHOUT CAUSE, AND TO APPROVE ANY RECOMMENDATION TO REMOVE A TRUSTEE BY THE BOA RD; D) TO APPROVE THE ELECTION, RE-ELECTION, APPOINTMENT, REAPPOINTMENT AND REMOVAL OF ANY OFFICERS OF THE CORPORATION; E) TO AMEND, REVISE OR RESTATE THE CORPORATION'S CERTIFICATE OF INCORPORATION AND BYLAWS, AND TO APPROVE ALL AMENDMENTS OR REVISIONS TO THE CORPORATIO N'S CERTIFICATE OF INCORPORATION AND BYLAWS THAT MAY BE PROPOSED OR APPROVED BY THE BOARD BEFORE THEY BECOME EFFECTIVE; F) TO ADOPT OR CHANGE THE MISSION, PURPOSE, PHILOSOPHY OR OB JECTIVES OF THE CORPORATION; G) TO CHANGE THE LEGAL STRUCTURE OF THE CORPORATION; H) TO CO MMIT TO ADD OR THE ADDITION OF ANOTHER HOSPITAL OR HEALTH SYSTEM TO THE CORPORATION; I) TO DISSOLVE, DIVIDE, CONVERT OR LIQUIDATE THE CORPORATION, TO CONSOLIDATE OR MERGE THE CORPO RATION WITH ANOTHER CORPORATION OR ENTITY, TO SELL ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION, TO CAUSE THE CORPORATION TO ACQUIRE SUBSTANTIALLY ALL OF THE ASSETS OF ANOTHER CORPORATION OR ENTITY, AND TO APPROVE ANY OF THE FOREGOING ACTIONS THAT ARE RECOM MENDED BY THE BOARD BEFORE SUCH ACTION BECOMES EFFECTIVE; J) TO APPROVE THE ANNUAL CAPITAL AND OPERATING BUDGETS OF THE CORPORATION AND ANY AMENDMENTS THERETO; K) TO INITIATE AND T O APPROVE THE INCURRENCE OF DEBT BY THE CORPORATION OR TO IMPLEMENT ANY FINANCING STRATEGY , INCLUDING WITHOUT LIMITATION IN CONNECTION WITH ANY DEBT ISSUANCE, CAPITAL OR OPERATING LEASING TRANSACTIONS, AND TAXABLE AND NONTAXABLE FINANCINGS; L) TO APPROVE THE INCURRENCE OF DEBT BY THE CORPORATION IN EXCESS OF THOSE THRESHOLDS ESTABLISHED BY THE BOARD, IF SUCH INCURRENCE OF DEBT IS NOT INCLUDED IN THE CORPORATION'S APPROVED BUDGETS, WHETHER IN A SI NGLE TRANSACTION OR A SERIES OF RELATED TRANSACTIONS; M) TO CAUSE OR DIRECT THE CORPORATIO N TO PAY, LOAN OR OTHERWISE TRANSFER SUCH FUNDS AS ARE NECESSARY TO PAY ANY OUTSTANDING IN DEBTEDNESS OBLIGATIONS, INCLUDING BUT NOT LIMITED TO BORROWINGS, GUATANTIES, NON-RECOURSE INDEBTEDNESS, LEASES, AND DERIVATIVE INSTRUMENTS, CREATED OR APPROVED BY THE CORPORATION; N) TO EXERCISE SUCH OVERSIGHT, INCLUDING INITIATING ACTION OR APPROVING ACTION BY THE CORP ORATION, OVER THE MANAGEMENT POLICIES, DISPOSITION OR ENCUMBRANCE OF ASSETS, INCLUDING REA L OR PERSONAL PROPERTY OF THE CORPORATION TO CAUSE OR ENSURE COMPLIANCE WITH TERMS AND CON DITIONS OF INDEBTEDNESS OBLIGATIONS AND FINANCIAL RELATIONSHIPS RELATED IN ANY MANNER TO S UCH INDEBTEDNESS; O) TO APPROVE THE CAPITAL EXPENDITURES BY THE CORPORATION IN EXCESS OF T HOSE THRESHOLDS ESTABLISHED BY THE BOARD, IF SUCH CAPITAL EXPENDITURES ARE NOT INCLUDED IN THE CORPORATION'S APPROVED BUDGETS, WHETHER IN A SINGLE TRANSACTION OR A SERIES OF RELATE D TRANSACTIONS; P) TO APPROVE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	ANY DONATION OR ANY OTHER TRANSFER OF THE CORPORATION'S ASSETS, OTHER THAN TO AN AFFILIATE D ENTITY, IN EXCESS OF AN AMOUNT EQUAL TO OR GREATER THAN THE THRESHOLDS ESTABLISHED BY TH E BOARD FOR SUCH CORPORATION, UNLESS SPECIFICALLY AUTHORIZED IN THE CORPORATION'S APPROVED BUDGETS; Q) TO SELECT AND APPOINT AUDITORS OF THE CORPORATION; R) TO INITIATE AND APPROVE STRATEGIC PLANS AND MISSION STATEMENTS OF THE CORPORATION; S) TO INITIATE AND APPROVE INV ESTMENT POLICIES AND CAPITAL CAMPAIGNS OF THE CORPORATION; T) TO INITIATE AND APPROVE THE CLOSURE OR RELOCATION OF A LICENSED HEALTH CARE FACILITY OF THE CORPORATION; U) TO INITIAT E AND APPROVE THE FORMATION OF SUBSIDIARIES OF THE CORPORATION; V) TO APPROVE THE CORPORAT ION'S ACQUISITION OF CONTROLLING INTERESTS IN ORGANIZATIONS OR BUSINESSES OUTSIDE OF THE C ORPORATION'S APPROVED STRATEGIC PLAN; W) TO THE EXTENT NOT EXPRESSLY SET FORTH ABOVE, TO D IRECT OR REQUIRE THE CORPORATION TO TAKE ANY OTHER LAWFUL ACTS OR ACTIONS WITH RESPECT TO THE CORPORATION'S BUSINESS, AFFAIRS, MANAGEMENT, PROPERTIES OR ACTIVITIES THAT THE SOLE ME MBER MAY DIRECT.

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. IN ADDITION, THE ORGANIZATION EMAILS TO ALL MEMBERS OF THE GOVERNING BODY A LINK TO A PASSWORD-PROTECTED WEBSITE ON WHICH THE ENTIRE FORM 990 IS AVAILABLE FOR REVIEW.

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 RELEVENT DOCUMENTS ARE AVAILABLE UPON REQUEST AT 223 NORTH VAN DIEN AVENUE, RIDGEWOOD, NJ 07450.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	NET ASSETS RELEASED FOR OPERTTING PURPOSES 73,049. CHANGE IN ASSETS HELD BY RELATED ORGANIZATION 8,664,074. NET TRANSFER FROM VALLEY HOSPITAL FOUNDATION 5,014,701. CHANGE IN ACCRUED PENSION LIABILITY TO BE RECOGNIZED IN FUTURE PERIODS -6,809,122. NET GAIN ON DISPOSITION OF ASSETS 67,553. CUMULATIVE EFFECT OF CHANGE IN ACCOUNTING PRINCIPLE 14,490,930.

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.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493321058130

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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) 620 WINTERS AVENUE LLC 223 NORTH VAN DIEN AVENUE RIDGEWOOD, NJ 07450 46-2091667	REAL ESTATE HOLDINGS	DE			THE VALLEY HOSPITAL INC
(2) 1200 EAST RIDGEWOOD LLC 223 NORTH VAN DIEN AVENUE RIDGEWOOD, NJ 07450 46-4115513	REAL ESTATE HOLDINGS	DE	3,736,659	21,966,036	THE VALLEY HOSPITAL INC
(3) 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
(4) 599 PARAMUS ACQUISITION LLC 223 NORTH VAN DIEN AVENUE RIDGEWOOD, NJ 07450 46-0985392	REAL ESTATE HOLDINGS	DE		11,624,539	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	(g) 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 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	
(3)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
(4)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
(5)VALLEY PHYSICIAN SERVICE NY PC 15 ESSEX ROAD PARAMUS, NJ 07652 45-3125678	OPERATES URGENT/PRIMARY CARE CLINICS	NJ	501(C)(3)	LINE 10	VALLEY PHYSICIAN SERVICES INC		No
(6)VALLEY MEDICAL SERVICES PC 15 ESSEX ROAD PARAMUS, NJ 07652 46-5297054	PROVIDE PRIMARY AND SPECIALTY MEDICAL CARE	NJ	501(C)(3)	LINE 10	VALLEY PHYSICIAN SERVICES INC		No
(7)VALLEY PHYSICIANS SERVICES PC 15 ESSEX ROAD PARAMUS, NJ 07652 46-5285330	PROVIDE PRIMARY AND SPECIALTY MEDICAL CARE	NJ	501(C)(3)	LINE 10	VALLEY PHYSICIAN SERVICES 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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)VHS INSURANCE COMPANY LTD 010 MAIN STREET CAYMAN ISLANDS CJ 98-0408200	PROVIDES PROFESSIONAL, MEDICAL AND COMMERCIAL GENERAL LIABILITY INSURANCE	CJ	VALLEY HEALTH SYSTEM	C					No
(2)VALLEY HEALTH MEDICAL GROUP INC 15 ESSEX ROAD PARAMUS, NJ 07652 22-3475235	OPERATES URGENT/PRIMARY CARE CLINICS	NJ	VALLEY HEALTH SYSTEM	C					No
(3)VALLEY HEALTH MEDICAL GROUP NJPC 15 ESSEX ROAD PARAMUS, NJ 07652 22-3475166	OPERATES URGENT/PRIMARY CARE CLINICS	NJ	N/A	C					No

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	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 PHYSICIAN SERVICES INC	R	63,900,000	COST
(2)VHS INSURANCE COMPANY LTD	S	45,038,985	COST
(3)VALLEY HOME CARE INC	S	30,211,141	COST
(4)THE VALLEY HOSPITAL FOUNDATION INC	S	49,926,033	COST

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation