

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the **2020** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE VALLEY HOSPITAL, INC.		D Employer identification number 22-1487307
	Doing business as		E Telephone number 201-447-8000
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 1,482,735,706.
	223 NORTH VAN DIEN AVENUE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code RIDGEWOOD, NJ 07450		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: WILLIAM KLUTKOWSKI SAME AS C ABOVE			If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.VALLEYHEALTH.COM			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1925 M State of legal domicile: NJ

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE VALLEY HOSPITAL SERVES THE COMMUNITY BY HEALING AND CARING FOR PATIENTS, COMFORTING THEIR		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	4156
	6 Total number of volunteers (estimate if necessary)	6	1301
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	5,424,898.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	368,715.	90,953,885.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	828,330,166.	761,188,083.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,015,516.	33,006,001.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,427,712.	12,249,054.
		860,142,109.	897,397,023.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	79,111,186.
	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)	330,964,627.	405,415,923.
	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)	415,847,045.	358,963,016.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	746,811,672.	843,490,125.	
19 Revenue less expenses. Subtract line 18 from line 12	113,330,437.	53,906,898.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1846770409.	2094706375.
	22 Net assets or fund balances. Subtract line 21 from line 20	670,082,760.	779,283,273.
	1176687649.	1315423102.	

Part II Signature Block

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

Sign Here	Signature of officer		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 <input type="checkbox"/> if self-employed	PTIN
	EDWARD G. O'CONNOR	EDWARD G. O'CONNOR	11/11/21		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 [X]

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

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 [X] 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 [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 651,332,157. including grants of \$ 79,111,186.) (Revenue \$ 761,622,455.) THE VALLEY HOSPITAL IN RIDGEWOOD, NEW JERSEY 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.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 651,332,157.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	233
1b	0
1c	

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

		Yes	No
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		4156
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
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)?		X
b	If "Yes," enter the name of the foreign country 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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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	X
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	X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	18	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	17	
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
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?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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 on Schedule O		X

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?		X
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?	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		X
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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	X	
b	Other officers or key employees of the organization	X	
	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?		X
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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 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 on Schedule O)
- 19** Describe on 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 - 201-447-8000
223 NORTH VAN DIEN AVENUE, RIDGEWOOD, NJ 07450

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, and 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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AUDREY MEYERS PRESIDENT/CEO, VHS	18.00 22.00	X		X				0.	1,842,384.	45,085.
(2) RICHARD KENNAN SR VP FINANCE & CFO THRU 8/2020	32.00 8.00			X				0.	1,159,434.	37,643.
(3) JOSEPH YALLOWITZ VP & CHIEF MEDICAL OFFICER	40.00				X		733,203.	0.	44,360.	
(4) ANN MARIE LEICHMAN SR VP/CNO PATIENT CARE SVC	40.00				X		679,658.	0.	40,260.	
(5) WILLIAM KLUTKOWSKI VP & CFO EFF. 3/2020	10.00 30.00			X			0.	664,987.	51,335.	
(6) JULIA KARCHER VP, ADMINISTRATION	40.00				X		501,339.	0.	36,286.	
(7) KARTEEK BHAVSAR VP, ADMINISTRATION	40.00				X		496,829.	0.	21,225.	
(8) JULIE W LO CHIEF PHYSICIST	40.00					X	302,676.	0.	36,069.	
(9) BETTYANN KEMPIN ASST VP, ONCOLOGY	40.00					X	289,568.	0.	45,183.	
(10) STACY MACK ASST VP, HEART & VASCULAR	40.00					X	289,710.	0.	42,706.	
(11) BRAD HASPEL ASST VP, ANCILLARY SERVICES	40.00					X	303,033.	0.	26,730.	
(12) CHARLES VANNOY ASST VP, WOMEN'S/CHILDREN'S	40.00					X	286,267.	0.	42,193.	
(13) VINCENT FORLENZA CHAIRMAN	0.10 0.40	X		X			0.	0.	0.	
(14) FRANK J. SHEEHY VICE CHAIRMAN	0.10 0.40	X		X			0.	0.	0.	
(15) JOSEPH MARION TREASURER	0.10 0.40	X		X			0.	0.	0.	
(16) ANN LIMBERG SECRETARY	0.10 0.40	X		X			0.	0.	0.	
(17) EDWARD B. SELF, M.D. TRUSTEE	0.10 0.40	X					0.	0.	0.	

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 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			
(18) STEVEN SILVERSTEIN TRUSTEE	0.10 0.40	X						0.	0.	0.
(19) MICHELLE HASSON TRUSTEE	0.10 0.40	X						0.	0.	0.
(20) BRUCE MACTAS TRUSTEE	0.10 0.40	X						0.	0.	0.
(21) JUDY BASELICE TRUSTEE	0.10 0.40	X						0.	0.	0.
(22) DUANE SACHS TRUSTEE	0.10 0.40	X						0.	0.	0.
(23) SCOTT SCHROEDER TRUSTEE	0.10 0.40	X						0.	0.	0.
(24) JEFFREY S. TUCKER TRUSTEE	0.10 0.40	X						0.	0.	0.
(25) PATRICIA VERDUIN TRUSTEE	0.10 0.40	X						0.	0.	0.
(26) DENIS SALAMONE TRUSTEE	0.10 0.40	X						0.	0.	0.
1b Subtotal								3,882,283.	3,666,805.	469,075.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,882,283.	3,666,805.	469,075.

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 **648**

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

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	28,971,707.
HDR ARCHITECTURE 1917 SOUTH 67TH STREET, OMAHA, NE 68106	ARCHITECTURAL	7,292,566.
BERGEN ANESTHESIA GROUP PC, 500 WEST MAIN STREET, SUITE 16, WYCKOFF, NJ 07481	ANESTHESIA	4,950,765.
VIZIENT PO BOX 742081, ATLANTA, GA 30374	TEMPORARY STAFFING	2,874,433.
MAYO COLLABORATIVE SERVICES INC PO BOX 9146, MINNEAPOLIS, PA 55480	ARCHITECTURAL	1,400,960.

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 **109**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	16,320,525.				
	e Government grants (contributions)	1e	74,633,360.				
	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			90,953,885.			
Program Service Revenue	2 a NET PATIENT SERVICE REVENUE	Business Code	621990	759,893,629.	759,893,629.		
	b HEALTH AND WELLNESS CENTER		713940	1,294,454.	1,294,454.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			761,188,083.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			17,853,636.		17,853,636.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	5,177,589.				
		(ii) Personal					
		6b Less: rental expenses	6,498,070.				
	6c Rental income or (loss)	-1,320,481.					
	d Net rental income or (loss)			-1,320,481.		-1,320,481.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	593,087,841.	905,137.			
		(ii) Other					
		7b Less: cost or other basis and sales expenses	578,468,647.	371,966.			
	7c Gain or (loss)	14,619,194.	533,171.				
	d Net gain or (loss)			15,152,365.		15,152,365.	
8 a 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							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a 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							
Miscellaneous Revenue	11 a VALLEY HEALTH PHARMACY	Business Code	621990	5,424,898.	5,424,898.		
	b PURCHASE DISCOUNTS AND REBATES		900099	3,170,400.		3,170,400.	
	c OTHER		900099	3,008,668.		3,008,668.	
	d All other revenue		621990	1,965,569.	434,372.	1,531,197.	
	e Total. Add lines 11a-11d			13,569,535.			
12 Total revenue. See instructions			897,397,023.	761,622,455.	5,424,898.	39,395,785.	

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	79,111,186.	79,111,186.		
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	3,128,458.	2,596,620.	531,838.	
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	268,047,003.	223,396,816.	44,650,187.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	89,375,624.	74,485,930.	14,889,694.	
9 Other employee benefits	27,043,264.	22,538,178.	4,505,086.	
10 Payroll taxes	17,821,574.	14,852,500.	2,969,074.	
11 Fees for services (nonemployees):				
a Management				
b Legal	332,302.		332,302.	
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 Sch. O.)	44,419,339.	38,321,898.	6,097,441.	
12 Advertising and promotion	743,527.	480,870.	262,657.	
13 Office expenses	3,824,841.	2,066,227.	1,758,614.	
14 Information technology				
15 Royalties				
16 Occupancy	16,176,546.	5,076,335.	11,100,211.	
17 Travel	334,434.	296,893.	37,541.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,429,876.	2,326,324.	103,552.	
20 Interest	3,773,862.	3,773,862.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	53,556,077.	53,556,077.		
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	103,614,323.	2,274,638.	101,339,685.	
b DRUGS	83,660,496.	83,660,496.		
c EQUIPMENT RENTALS	20,863,566.	17,408,484.	3,455,082.	
d PROVISION FOR BAD DEBT	20,262,213.	20,262,213.		
e All other expenses	4,846,610.	4,846,610.		
25 Total functional expenses. Add lines 1 through 24e	843,490,125.	651,332,157.	192,157,968.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	417,736,565.	2	374,451,825.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	74,960,105.	4	82,284,585.
	5 Loans and other receivables from 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	10,016,461.	9	20,973,725.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1287107230.		
	b Less: accumulated depreciation	10b 804,401,543.	10c	
	11 Investments - publicly traded securities	752,358,675.	11	955,814,648.
	12 Investments - other securities. See Part IV, line 11	115,203.	12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	187,180,573.	15	178,475,905.
16 Total assets. Add lines 1 through 15 (must equal line 33)	1846770409.	16	2094706375.	
Liabilities	17 Accounts payable and accrued expenses	111,733,591.	17	229,434,263.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	400,728,310.	20	384,730,219.
	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	59,586,984.	24	58,953,806.
	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	98,033,875.	25	106,164,985.
	26 Total liabilities. Add lines 17 through 25	670,082,760.	26	779,283,273.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1170107959.	27	1308757553.
	28 Net assets with donor restrictions	6,579,690.	28	6,665,549.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	1176687649.	32	1315423102.
	33 Total liabilities and net assets/fund balances	1846770409.	33	2094706375.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	897,397,023.
2	Total expenses (must equal Part IX, column (A), line 25)	2	843,490,125.
3	Revenue less expenses. Subtract line 2 from line 1	3	53,906,898.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,176,687,649.
5	Net unrealized gains (losses) on investments	5	8,200,223.
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 on Schedule O)	9	76,628,332.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,315,423,102.

Part XII Financial Statements and Reporting

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

- 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?
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?
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?
If the organization changed either its oversight process or selection process during the tax year, explain on 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?
- 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 on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

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

2020

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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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 lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
2a			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
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):		
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 0.015 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 0.035.	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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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.)

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

THE VALLEY HOSPITAL, INC.

Employer identification number

22-1487307

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization THE VALLEY HOSPITAL, INC.	Employer identification number 22-1487307
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STATE OF NEW JERSEY HEALTH CARE SUBSIDY FUND DEPARTMENT OF HEALTH AND SENIOR SERVICES TRENTON, NJ 08625	\$ 338,597.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVE., SW WASHINGTON, DC 20201	\$ 74,294,763.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	THE VALLEY HOSPITAL FOUNDATION, INC. 223 NORTH VAN DIEN AVE RIDGEWOOD, NJ 07450	\$ 15,726,267.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	VALLEY HEALTH SYSTEM, INC 223 NORTH VAN DIEN AVE RIDGEWOOD, NJ 07450	\$ 100,076.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	COLIGOCARE, LLC 223 NORTH VAN DIEN AVE RIDGEWOOD, NJ 07450	\$ 494,182.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE VALLEY HOSPITAL, INC.	Employer identification number 22-1487307
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization THE VALLEY HOSPITAL, INC.	Employer identification number 22-1487307
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

2020

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 (for example, recreation or education) Preservation of a 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 Tax 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?

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)?

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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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 make 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 program
 - 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 on 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 Term 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 line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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		92,962,762.		92,962,762.
b Buildings		560,160,453.	378,192,162.	181,968,291.
c Leasehold improvements				
d Equipment		471,966,801.	424,951,995.	47,014,806.
e Other		162,017,214.	1,257,386.	160,759,828.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				482,705,687.

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. (Col. (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. (Col. (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	42,753,788.
(2) DEFERRED FINANCING COSTS AND OTHER ASSETS	135,722,117.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	178,475,905.

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	
(2) ACCRUED BOND INTEREST PAYABLE	7,365,827.
(3) AMOUNT DUE TO THIRD PARTY PAYERS	
(4) AND OTHER LIABILITIES	66,652,535.
(5) ESTIMATED PROFESSIONAL MEDICAL	
(6) LIABILITY	32,146,623.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	106,164,985.

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 FASB 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	886,013,818.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	8,200,223.	
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	8,200,223.	
3	Subtract line 2e from line 1	3	877,813,595.	
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	19,583,428.	
c	Add lines 4a and 4b	4c	19,583,428.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	897,397,023.	

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	824,439,870.
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	1,706,140.	
e	Add lines 2a through 2d	2e	1,706,140.	
3	Subtract line 2e from line 1	3	822,733,730.	
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	20,756,395.	
c	Add lines 4a and 4b	4c	20,756,395.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	843,490,125.	

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.

PART X, LINE 2:

THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES BY PRESCRIBING A RECOGNITION THRESHOLD 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 2020 OR 2019.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PROVISION FOR BAD DEBTS OFFSET AGAINST REVENUE	20,262,213.
RENTAL LOSS INCLUDED IN STRATEGIC INITIATIVES	-1,706,138.
CONTRIBUTIONS FROM COLIGOCARE, LLC	494,182.
LOSS ON DISPOSITION OF ASSETS	533,171.

Part XIII Supplemental Information (continued)

TOTAL TO SCHEDULE D, PART XI, LINE 4B 19,583,428.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL LOSS INCLUDED IN STRATEGIC INITIATIVES 1,706,138.

ROUNDING 2.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 1,706,140.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

BAD DEBT PROVISION OFFSET AGAINST REVENUE 20,262,213.

CONTRIBUTIONS FROM COLIGOCARE, LLC 494,182.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 20,756,395.

**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/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

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	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500</u> %	<input checked="" type="checkbox"/>	
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"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			8618137.		8618137.	1.02%
b Medicaid (from Worksheet 3, column a)			20309096.	13690761.	6618335.	.78%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			28927233.	13690761.	15236472.	1.80%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2877584.	77,854.	2799730.	.33%
f Health professions education (from Worksheet 5)			1696484.		1696484.	.20%
g Subsidized health services (from Worksheet 6)			2360986.		2360986.	.28%
h Research (from Worksheet 7)			2371613.		2371613.	.28%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			334,714.	220.	334,494.	.04%
j Total. Other Benefits			9641381.	78,074.	9563307.	1.13%
k Total. Add lines 7d and 7j			38568614.	13768835.	24799779.	2.93%

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest)

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)

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

Table with 9 columns: Licensed hospital, gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1 has an 'X' in the 'Licensed hospital' column.

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?		X
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		X
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	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
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	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
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	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.VALLEYHEALTH.COM/SERVICES/COMMUNITY-H</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>WWW.VALLEYHEALTH.COM/SERVICES/COMMUNITY-HEALTH</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

		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?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2020

Part V Facility Information (continued)

Billing and Collections

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

	Yes	No
<p>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?</p>	X	
<p>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:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>f <input type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p>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?</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p>	X	
<p>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):</p> <p>a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)</p> <p>b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)</p> <p>c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p>d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p>		

Policy Relating to Emergency Medical Care

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

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 THE VALLEY HOSPITAL

	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 <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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	X
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	X
If "Yes," explain in Section C.		

Schedule H (Form 990) 2020

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?		X
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		X
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		X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The significant health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> 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		
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		
6b 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		
7 Did the hospital facility make its CHNA report widely available to the public?		
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website (list url): _____		
b <input type="checkbox"/> Other website (list url): _____		
c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11		
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?		
a If "Yes," (list url): _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

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.

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.

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.

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

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.

- 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 DISEASE

THE 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.

THE VALLEY HOSPITAL

PART V, LINE 16A, FAP WEBSITE:

WWW.VALLEYHEALTH.COM/BILLING-INSURANCE/FINANCIAL-ASSISTANCE

THE VALLEY HOSPITAL

PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.VALLEYHEALTH.COM/BILLING-INSURANCE/FINANCIAL-ASSISTANCE

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.

THE VALLEY HOSPITAL

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.VALLEYHEALTH.COM/BILLING-INSURANCE/FINANCIAL-ASSISTANCE

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 PROCESS. REPRESENTATIVES FROM HEALTH AND SOCIAL SERVICE PROVIDERS; COUNTY LEADERSHIP AND STAFF; FAITH LEADERS; COMMUNITY RESIDENTS; HOSPITAL LEADERSHIP, CLINICIANS AND STAFF; COMMUNITY AND PUBLIC HEALTH OFFICIALS; AND COMMUNITY ORGANIZERS AND ADVOCATES PARTICIPATED IN THE PROCESS. EACH REPRESENTATIVE ORGANIZATION ON THE STEERING COMMITTEE SUBMITTED A LIST OF KEY 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 COMMUNITY STAKEHOLDERS THROUGHOUT THE COUNTY. THE INTERVIEWS CONFIRMED AND/OR REFINED THE FINDINGS FROM QUANTITATIVE DATA SOURCES AND PROVIDED VALUABLE INSIGHT ON COMMUNITY NEED, COMMUNITY HEALTH PRIORITIES, SEGMENTS OF THE POPULATION MOST AT-RISK AND COMMUNITY HEALTH ASSETS. TO FURTHER-ENGAGE COMMUNITY RESIDENTS AND STAKEHOLDERS, INCLUDING SEGMENTS THAT ARE TYPICALLY HARD TO REACH, A MAIL-BASED RANDOM HOUSEHOLD SURVEY WAS DISTRIBUTED TO MORE THAN 4,000 RANDOMLY IDENTIFIED HOUSEHOLDS IN THE COUNTY. IN ALL, 1,372 COMMUNITY RESIDENTS RESPONDED TO THE SURVEY.

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.

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 VICE PRESIDENT OF PREVENTION AND COMMUNITY
SERVICES, CHILDREN'S AID AND FAMILY SERVICES

- MARIAM GERGES, DIRECTOR OF SCHOOL BASED HEALTH SERVICES, DWIGHT
MORROW ZONE, BERGEN FAMILY CENTER

- WENDY LAMPARELLI, SCHOOL NURSE, HACKENSACK SCHOOL DISTRICT

- ILLISE ZIMMERMAN, CEO, PARTNERSHIP FOR MATERNAL AND CHILD HEALTH

- GARY BUCHHEISTER, DIRECTOR OF RECREATION, WESTWOOD RECREATION
DEPARTMENT

- DR. STEVEN CLARKE, DIRECTOR, WYCKOFF BOARD OF HEALTH

- ROBERT ESPOSITO, DIRECTOR, BERGEN COUNTY DIVISION OF COMMUNITY
DEVELOPMENT

- KEN KATTER, HEALTH OFFICER, TOWNSHIP OF TEANECK

- DANIEL KOTKIN, DIVISION OF DISABILITY SERVICES, BERGEN COUNTY
DEPARTMENT OF HEALTH SERVICES

- DARLENE REVEILLE, PUBLIC HEALTH NURSE, CITY OF GARFIELD

- KAREN WOLUJEWICZ, ASSISTANT HEALTH OFFICER, BERGEN COUNTY DEPARTMENT

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.

OF HEALTH SERVICES

- ANN GUILLORY, 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 PADOVANO, REGISTERED DIETICIAN, SHOPRITE OF HILLSDALE
- JAMIE PEPPER, REGISTERED DIETICIAN, SHOPRITE OF NORTHVALE
- KEVIN BRENDLEN, VICE PRESIDENT OF STRATEGIC PARTNERSHIPS, VAN DYK

HEALTH CARE

- SUSAN CRANDALL, BERGEN COUNTY CANCER EDUCATION AND EARLY DETECTION (CEED) PROGRAM COORDINATOR, BERGEN COUNTY DEPARTMENT OF HEALTH SERVICES
- CAROL SILVER ELLIOTT, CEO/PRESIDENT, JEWISH HOME FAMILY
- KIMBERLY GITTINES, HEALTH SYSTEM MANAGER, AMERICAN CANCER SOCIETY
- AMANDA MISSEY, PRESIDENT/CEO, BERGEN VOLUNTEER MEDICAL INITIATIVE
- KATHY NUGENT, DIRECTOR OF REGIONAL PROGRAMS, CANCERCARE
- DR. FLORDELIZ PANEM, CHIEF MEDICAL OFFICER, NORTH HUDSON COMMUNITY

ACTION

- ELIZABETH DAVIS, EXECUTIVE DIRECTOR, SENIOR HOUSING SERVICES
- JULIA ORLANDO, DIRECTOR, BERGEN COUNTY HOUSING AUTHORITY
- SUE ULLRICH, PROGRAM DIRECTOR, RIDGECREST APARTMENTS
- LT. JAY HUTCHINSON, 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

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.

- JOAN CAMPANELLI, SENIOR SERVICES, BERGEN COUNTY DIVISION OF SENIOR SERVICES

- KAARIN VARON, PROGRAM OFFICER, THE RUSSELL BERRIE FOUNDATION

- REV. MACK BRANDON, METROPOLITAN CHURCH

- KATE DUGGAN, EXECUTIVE DIRECTOR, FAMILY PROMISE OF RIDGEWOOD

- JOAN QUIGLEY, PRESIDENT/CEO, NORTH HUDSON COMMUNITY ACTION

CORPORATION

- DENISE VOLLKOMMER, EXECUTIVE DIRECTOR, SOCIAL SERVICE ASSOCIATION OF RIDGEWOOD AND VICINITY

BERGEN NEW BRIDGE MEDICAL CENTER

- SENIOR LEADERSHIP TEAM (GROUP INTERVIEW WITH APPROXIMATELY 12 ATTENDEES)

- DR. RAJASHREE KANTHA, PHYSICIAN

- ADRIENNE MARIANO, DIRECTOR OF BEHAVIORAL HEALTH SERVICES

- DEBORAH VISCONI, PRESIDENT/CEO

ENGLEWOOD HEALTH

- DR. STEPHEN BRUNNQUELL, PRESIDENT, ENGLEWOOD HEALTH PHYSICIANS

NETWORK

- DR. HILLARY COHEN, VICE PRESIDENT OF MEDICAL AFFAIRS

- KATHY KAMINSKY, SENIOR VICE PRESIDENT, CHIEF POPULATION HEALTH OFFICER, CHIEF NURSING OFFICER

- RICHARD LERNER, BOARD OF TRUSTEES

- DR. ANNE PARK, DIRECTOR OF COMMUNITY HEALTH

- THOMAS SENTER, CHAIRMAN OF THE BOARD

- RICHARD SPOSA, DIRECTOR OF EMERGENCY MEDICAL SERVICES

- JOANN VENEZIA, PROGRAM DIRECTOR OF BEHAVIORAL HEALTH SERVICES

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.

HACKENSACK MERIDIAN HEALTH PASCACK VALLEY MEDICAL CENTER

- DR. ERIC AVEZZANO, GASTROENTEROLOGY
- DAWN DEPALMA, MANAGER OF PATIENT EXPERIENCE
- DR. EDWARD GOLD, INTERNAL MEDICINE
- ANA MARIA RESTREPO, DIRECTOR OF THE EMERGENCY SERVICES

HACKENSACK UNIVERSITY MEDICAL CENTER

- CLINICAL AND DEPARTMENT LEADERSHIP (GROUP 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 MANAGER, INDIAN MEDICAL PROGRAM
- EDWARD TORRES, ADMINISTRATIVE DIRECTOR OF LABORATORY SERVICES
- ANNA WANG, MANAGER OF COMMUNITY PROGRAMS, ASIAN HEALTH SERVICES

RAMAPO RIDGE PSYCHIATRIC HOSPITAL

- CLINICAL AND DEPARTMENT LEADERSHIP (GROUP MEETING WITH APPROXIMATELY 10 ATTENDEES)

THE VALLEY HOSPITAL

- DR. GEORGE BECKER, MEDICAL DIRECTOR, EMERGENCY DEPARTMENT
- LAFE BUSH, DIRECTOR OF EMERGENCY SERVICES
- TONI MODAK, DIRECTOR OF POPULATION HEALTH, VALLEY HEALTH SYSTEM
- DIANE TEDESCHI, DIRECTOR OF COMMUNITY CARE CLINIC

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.

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.

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

Part VI Supplemental Information (Continuation)

PART III, LINE 2:

THIS IS THE TOTAL BAD DEBT EXPENSE FOR THE HOSPITAL DISCOUNTED BY THE RATIO OF PATIENT CARE COST TO CHARGES.

PART III, LINE 3:

THIS IS THE TOTAL BAD DEBT EXPENSE FOR PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE DISCOUNT BY THE RATIO OF PATIENT CARE COST TO CHARGES.

PART III, LINE 4:

NET PATIENT SERVICE REVENUES ARE RECOGNIZED AT THE AMOUNT THAT REFLECTS THE CONSIDERATION TO WHICH THE ORGANIZATION EXPECTS TO BE ENTITLED IN EXCHANGE FOR PROVIDING PATIENT CARE. THESE AMOUNTS ARE DUE FROM PATIENTS, THIRD-PARTY PAYORS (INCLUDING COMMERCIAL AND GOVERNMENTAL PROGRAMS) AND OTHERS AND INCLUDES VARIABLE CONSIDERATION FOR RETROACTIVE REVENUE ADJUSTMENTS DUE TO SETTLEMENT OF AUDITS, REVIEWS AND INVESTIGATIONS.

GENERALLY, THE ORGANIZATION BILLS THE PATIENTS AND THIRD-PARTY PAYORS SEVERAL DAYS AFTER THE SERVICES ARE PERFORMED AND/OR THE PATIENT IS DISCHARGED FROM THE FACILITY. REVENUES ARE RECOGNIZED AS PERFORMANCE OBLIGATIONS ARE SATISFIED.

PERFORMANCE OBLIGATIONS ARE DETERMINED BASED ON THE NATURE OF THE SERVICES PROVIDED BY THE ORGANIZATION. REVENUES FOR PERFORMANCE OBLIGATIONS SATISFIED OVER TIME IS RECOGNIZED BASED ON ACTUAL SERVICES INCURRED IN RELATION TO TOTAL EXPECTED (OR ACTUAL) PAYMENTS. THE ORGANIZATION BELIEVES THAT THIS METHOD PROVIDES A FAITHFUL DEPICTION OF THE TRANSFER OF SERVICES OVER THE TERM OF THE PERFORMANCE OBLIGATION BASED ON THE INPUTS NEEDED TO SATISFY THE OBLIGATION. GENERALLY, PERFORMANCE OBLIGATIONS SATISFIED OVER TIME RELATE TO PATIENTS IN THE ORGANIZATION RECEIVING INPATIENT ACUTE CARE SERVICES. THE ORGANIZATION MEASURES THE PERFORMANCE OBLIGATION FROM

Part VI Supplemental Information (Continuation)

ADMISSION INTO THE FACILITY TO THE POINT WHEN IT IS NO LONGER REQUIRED TO PROVIDE SERVICES TO THAT PATIENT, WHICH IS GENERALLY AT THE TIME OF DISCHARGE. REVENUES FOR PERFORMANCE OBLIGATIONS SATISFIED AT A POINT IN TIME ARE RECOGNIZED WHEN SERVICES ARE PROVIDED AND THE ORGANIZATION DOES NOT BELIEVE IT IS REQUIRED TO PROVIDE ADDITIONAL SERVICES TO THE PATIENT.

GENERALLY, BECAUSE ALL THE ORGANIZATION'S PERFORMANCE OBLIGATIONS RELATE TO CONTRACTS WITH A DURATION OF LESS THAN ONE YEAR, THE ORGANIZATION HAS ELECTED TO APPLY THE OPTIONAL EXEMPTION PROVIDED IN ACCOUNTING STANDARD CODIFICATION (ASC) 606-10-50-14(A) AND, THEREFORE, THE ORGANIZATION IS NOT REQUIRED TO DISCLOSE THE AGGREGATE AMOUNT OF THE TRANSACTION PRICE ALLOCATED TO PERFORMANCE OBLIGATIONS THAT ARE UNSATISFIED OR PARTIALLY UNSATISFIED AT THE END OF THE REPORTING PERIOD. THE UNSATISFIED OR PARTIALLY UNSATISFIED PERFORMANCE OBLIGATIONS REFERRED TO ABOVE ARE PRIMARILY RELATED TO INPATIENT ACUTE CARE SERVICES AT THE END OF THE REPORTING PERIOD. THE PERFORMANCE OBLIGATIONS FOR THESE CONTRACTS ARE GENERALLY COMPLETED WHEN THE PATIENTS ARE DISCHARGED, WHICH GENERALLY OCCURS WITHIN DAYS OR WEEKS OF THE END OF THE REPORTING PERIOD.

THE ORGANIZATION DETERMINES THE TRANSACTION PRICE BASED ON STANDARD CHARGES FOR SERVICES PROVIDED, REDUCED BY CONTRACTUAL ADJUSTMENTS PROVIDED TO THIRD-PARTY PAYORS, DISCOUNTS PROVIDED TO UNINSURED PATIENTS IN ACCORDANCE WITH THE ORGANIZATION'S POLICY AND/OR IMPLICIT PRICE CONCESSIONS PROVIDED TO UNINSURED PATIENTS. THE ORGANIZATION DETERMINES ITS ESTIMATES OF CONTRACTUAL ADJUSTMENTS AND DISCOUNTS BASED ON CONTRACTUAL AGREEMENTS, ITS DISCOUNT POLICIES AND HISTORICAL EXPERIENCE. THE ORGANIZATION DETERMINES ITS ESTIMATE OF IMPLICIT PRICE CONCESSIONS BASED ON ITS HISTORICAL COLLECTION EXPERIENCE WITH THIS CLASS OF PATIENTS.

Part VI Supplemental Information (Continuation)

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 \$33.2 MILLION.

PART III, LINE 9B:

WHEN A PATIENT MAY QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE, OUR SYSTEM IS SET UP TO STOP SENDING STATEMENTS TO PREVENT THEM FROM GOING TO A COLLECTION AGENCY. WE ALSO HAVE THE ABILITY TO MANUALLY PUT AN ACCOUNT ON HOLD TO AVOID COLLECTION ACTIVITY AS WELL.

PART VI, LINE 2:

HOSPITAL STAFF REVIEWS ALL THE DISCHARGE DATA FROM THE STATE DOHSS TO DETERMINE WHAT THE 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).

Part VI Supplemental Information (Continuation)

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.

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

Part VI Supplemental Information (Continuation)

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.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

THE VALLEY HOSPITAL, INC.

Employer identification number
22-1487307

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY HEALTH PHYSICIANS, INC 223 NORTH VAN DIEN AVE RIDGEWOOD, NJ 07450	32-0041186	501(C)(3)	78,883,801.	0.			GENERAL SUPPORT
RAMAPO COLLEGE FOUNDATION 505 RAMAPO VALLEY RD MAHWAH, NJ 07495	51-0244756	501(C)(3)	20,000.	0.			GENERAL SUPPORT
FAMILY PROMISE 100 DAYTON ST RIDGEWOOD, NJ 07450	22-2853599	501(C)(3)	20,000.	0.			GENERAL SUPPORT
PONY POWER THERAPIES INC 1170 RAMAPO VALLEY RD MAHWAH, NJ 07495	20-3210841	501(C)(3)	20,000.	0.			GENERAL SUPPORT
BERGEN VOLUNTEER MEDICAL INITIATIVE - 75 ESSEX ST - HACKENSACK, NJ 07692	20-2633437	501(C)(3)	25,000.	0.			GENERAL SUPPORT
THE CNTR FOR ALCOHOL & DRUG RESOURC - 22-08 ROUTE 208 S - FAIR LAWN, NJ 07410	22-2286969	501(C)(3)	10,500.	0.			GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **14.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIDGEWOOD YMCA 55 N BROAD ST RIDGEWOOD, NJ 07450	22-1508752	501(C)(3)	8,000.	0.			GENERAL SUPPORT
WEST BERGEN MENTAL HEALTH INC 120 CHESTNUT ST RIDGEWOOD, NJ 07450	22-1736531	501(C)(3)	8,000.	0.			GENERAL SUPPORT
MONTVALE CHAMBER OF COMMERCE 12 MERCEDES DR MONTVALE, NJ 07645	APPLIED FOR	501(C)(3)	7,500.	0.			GENERAL SUPPORT
BERGEN VOLUNTEER CENTER 64 PASSAIC ST HACKENSACK, NJ 07692	22-1821282	501(C)(3)	7,500.	0.			GENERAL SUPPORT
COMMUNITY MEALS INC 105 COTTAGE PL RIDGEWOOD, NJ 07450	22-1976783	501(C)(3)	6,000.	0.			GENERAL SUPPORT
NORTH JERSEY MASTERS 2208 LANCASTER CT MAHAH, NJ 07495	22-2335554	501(C)(3)	5,500.	0.			GENERAL SUPPORT

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1b	X	
2		X
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2020

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 aren't 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				
(1) AUDREY MEYERS PRESIDENT/CEO, VHS	(i) 0.	(ii) 0.	(iii) 0.	21,375.	23,710.	0.	0.
(ii) 1,166,636.	592,200.	83,548.	21,375.	23,710.	1,887,469.	0.	0.
(2) RICHARD KENNAN SR VP FINANCE & CFO THRU 8/2020	(i) 0.	(ii) 0.	(iii) 0.	21,375.	16,268.	0.	0.
(ii) 633,136.	342,696.	183,602.	21,375.	16,268.	1,197,077.	0.	0.
(3) JOSEPH YALLOWITZ VP & CHIEF MEDICAL OFFICER	(i) 462,121.	(ii) 172,329.	(iii) 98,753.	14,250.	30,110.	0.	0.
(ii) 0.	0.	0.	0.	0.	777,563.	0.	0.
(4) ANN MARIE LEICHMAN SR VP/CNO PATIENT CARE SVC	(i) 411,922.	(ii) 168,290.	(iii) 99,446.	18,375.	21,885.	0.	0.
(ii) 0.	0.	0.	0.	0.	719,918.	0.	0.
(5) WILLIAM KLUTKOWSKI VP & CFO EFF. 3/2020	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(ii) 445,152.	121,535.	98,300.	18,525.	32,810.	716,322.	0.	0.
(6) JULIA KARCHER VP, ADMINISTRATION	(i) 311,824.	(ii) 109,910.	(iii) 79,605.	18,525.	17,761.	0.	0.
(ii) 0.	0.	0.	0.	0.	537,625.	0.	0.
(7) KARTEEK BHAVSAR VP, ADMINISTRATION	(i) 316,454.	(ii) 117,312.	(iii) 63,063.	18,525.	2,700.	0.	0.
(ii) 0.	0.	0.	0.	0.	518,054.	0.	0.
(8) JULIE W LO CHIEF PHYSICIST	(i) 301,562.	(ii) 100.	(iii) 1,014.	15,675.	20,394.	0.	0.
(ii) 0.	0.	0.	0.	0.	338,745.	0.	0.
(9) BETTYANN KEMPIN ASST VP, ONCOLOGY	(i) 248,358.	(ii) 39,229.	(iii) 1,981.	21,375.	23,808.	0.	0.
(ii) 0.	0.	0.	0.	0.	334,751.	0.	0.
(10) STACY MACK ASST VP, HEART & VASCULAR	(i) 245,119.	(ii) 43,334.	(iii) 1,257.	14,250.	28,456.	0.	0.
(ii) 0.	0.	0.	0.	0.	332,416.	0.	0.
(11) BRAD HASPEL ASST VP, ANCILLARY SERVICES	(i) 235,801.	(ii) 47,245.	(iii) 19,987.	15,490.	11,240.	0.	0.
(ii) 0.	0.	0.	0.	0.	329,763.	0.	0.
(12) CHARLES VANNOY ASST VP, WOMEN'S/CHILDREN'S	(i) 240,847.	(ii) 43,484.	(iii) 1,936.	18,525.	23,668.	0.	0.
(ii) 0.	0.	0.	0.	0.	328,460.	0.	0.
(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.

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.

PART I, LINE 3:

THE ORGANIZATION'S BOARD IS A SHARED BOARD WITH THE VALLEY HEALTH SYSTEM. THE VALLEY HEALTH SYSTEM HAS DEVELOPED A COMPENSATION PLAN, WHICH GOVERNS THE COMPENSATION FOR ALL EXECUTIVES, INCLUDING THE CEO AND VICE PRESIDENTS OF THE ORGANIZATION. THE PLAN WAS DEVELOPED IN CONJUNCTION WITH A CONSULTING FIRM, REVIEWED BY THE PHYSICIAN LEADERSHIP COUNCIL AND APPROVED BY THE BOARD OF TRUSTEES AND THE VALLEY HEALTH SYSTEM PHYSICIAN COMPENSATION COMMITTEE. ON AN ANNUAL BASIS, THE PLAN IS REVIEWED AND UPDATED AS NEEDED.

PART I, LINE 4B:

THE FOLLOWING PERSONS PARTICIPATED IN A SERP PLAN:

- AUDREY MEYERS
- ANNE MARIE LEICHMAN
- WILLIAM KLUTKOWSKI
- JULIA KARCHER

PART I, LINE 7:

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.

THE FOLLOWING EMPLOYEES OF THE ORGANIZATION RECEIVED A BOARD-APPROVED DISCRETIONARY BONUS, AWARDED BASED ON PERFORMANCE, AS REPORTED FOR THEM IN

PART II, COLUMN B(II):

- 1. JOSEPH YALLOWITZ, \$172,329
- 2. ANN MARIE LEICHMAN, \$168,290
- 3. DAVID BOHAN, \$110,840
- 4. JULIA KARCHER, \$109,910
- 5. KARTEEK BHAVSAR, \$117,312
- 6. JULIE LO, \$100
- 7. BETTYANN KEMPIN, \$39,229
- 8. STACY M MACK, \$43,334
- 9. BRAD A HASPEL, \$47,245
- 10. CHARLES VANNOY, \$43,484

**SCHEDULE K
(Form 990)**
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, 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
2020
 Open to Public Inspection

Name of the organization

THE VALLEY HOSPITAL, INC.

Employer identification number
22-1487307

Part I Bond Issues SEE PART VI FOR COLUMN (A) CONTINUATIONS

(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) Pooled financing	
						Yes	No	Yes	No	Yes	No
NEW JERSEY HEALTH CARE A FACILITIES FINANCING AUT 22-1987084645790NB8			12/11/19	402437137.	CONSTRUCTION OF NEW HOSPITAL		X		X		X
B											
C											
D											

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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		11,632,617.						
5 Capitalized interest from proceeds		2,437,137.						
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		73,812,221.						
11 Other spent proceeds								
12 Other unspent proceeds		314,555,162.						
13 Year of substantial completion								

	Yes		No		Yes		No	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a 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 a 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							

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

Schedule K (Form 990) 2020

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						
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		%		%		%		%
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		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
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 non-governmental 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						

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

2020

Open to Public
Inspection

Name of the organization

THE VALLEY HOSPITAL, INC.

Employer identification number

22-1487307

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FAMILIES AND TEACHING GOOD HEALTH.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMPASSIONATE AND RESPECTFUL ENVIRONMENT.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

BERGEN COUNTY IS PREDOMINANTLY WHITE AND NON-HISPANIC. THERE ARE
955,732 RESIDENTS IN THE 233.01 SQUARE MILES OF BERGEN COUNTY, NJ. THE
POPULATION IS 21% HISPANIC AND 17% ASIAN. THE MEDIAN HOUSEHOLD INCOME
IS \$101,144. RESIDENTS ARE GENERALLY WELL-EDUCATED AND HAVE HIGHER
GRADUATION RATES THAN NJ AS A WHOLE AND THE U.S. AS A WHOLE. THE VALLEY
HOSPITAL EMPLOYS PEOPLE WHO REPRESENT AND LIVE IN THE COMMUNITIES WE
SERVE. MORE THAN 3,600 EMPLOYEES CONSTITUTE THE VALLEY HOSPITAL.

ON MARCH 14, 2020, VALLEY ADMITTED ITS FIRST PATIENT WITH COVID-19. THE
YEAR THAT FOLLOWED BROUGHT UNPRECEDENTED PROFESSIONAL AND DEEPLY
PERSONAL CHALLENGES FOR THE COMMUNITY. THROUGHOUT THE CRISIS, VALLEY'S
EMPLOYEES HEROICALLY STEPPED UP AND, REGARDLESS OF THEIR USUAL ROLE,
MET RAPIDLY CHANGING NEEDS. OVER 2,660 COVID-19 PATIENTS CAME THROUGH
THE DOORS OF THE HOSPITAL IN 2020.

VALLEY LAUNCHED A MAJOR REMOTE WORKFORCE ALLOWING THE PROVISION OF
SUPPORT SERVICES IN ALL CLINICAL AREAS TO CARE FOR COVID-19 PATIENTS.
NURSING UNITS WERE RETROFITTED TO CARE FOR CRITICALLY ILL PATIENTS
THROUGH THE CREATION OF OVER 200 NEGATIVE PRESSURE ROOMS. BY

RETROFITTING ROOMS TO ALLOW INFUSION PUMPS TO REMAIN OUTSIDE ROOMS,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization THE VALLEY HOSPITAL, INC.	Employer identification number 22-1487307
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STAFF SAFETY IMPROVED AND SCARCE PPE WAS PRESERVED.

OUR PARAMEDICS TRANSITIONED FROM TRAVELING IN SUV/PICKUPS IN TO AMBULANCES SO THAT WHEN THERE WAS A SUSPECTED COVID-19 CASE AND NO ONE ELSE RESPONDED, THEY WOULD BE ABLE TO TRANSPORT THE PATIENT WITHOUT DELAY. MANY OF THE TOWNS DID NOT RESPOND TO COVID CASES FOR MANY MONTHS.

STAFF WAS REDEPLOYED TO ADDRESS SYSTEM ISSUES. REDEPLOYED STAFF WAS CROSS-TRAINED AND RE-TRAINED TO SUPPORT SYSTEM NEEDS. SOME NEW POSITIONS STAFFED BY REDEPLOYED EMPLOYEES INCLUDED RUNNERS, LAUNDRY STAFF, CLEANING STAFF, PRONATION TEAM, AND TEMPERATURE MONITORS. A COVID 19 SCREENING HOTLINE WAS ESTABLISHED FOR PEOPLE TO SPEAK DIRECTLY WITH A NURSE REGARDING COVID CONCERNS. ADDITIONALLY, SWAB AND GO SITES FOR SICK PATIENTS TO BE CARED FOR OUTSIDE OF THE OFFICE SETTING WAS SET UP, WHICH HELPED PRESERVE PPE AND REDUCE COVID TRANSMISSION TO STAFF. WHEN THE PANDEMIC STRUCK, SOCIAL WORKERS UNITED WITH FLOOR NURSES TO MEET THE UNCERTAIN NEEDS OF OUR COVID PATIENTS. THEY BECAME THE LIAISONS, LINKING PATIENTS AND FAMILIES NOW SEPARATED DUE TO VISITATION RESTRICTIONS. BY APRIL 2020, OUR HOSPITAL WAS AT 80% COVID-POSITIVE CAPACITY. PARTNERSHIP WITH THE PALLIATIVE CARE STAFF BECAME EVEN MORE ESSENTIAL, AS FAMILIES FACED DIFFICULT, HEART-WRENCHING DECISIONS. MORE THAN EVER, FAMILIES NEEDED COMMUNICATION AND SUPPORT TO DEAL WITH THEIR FEARS, PAIN, SADNESS, AND LOSS. WE COLLABORATED WITH HOSPICE SOCIAL WORKERS WHO HAD DEVELOPED BEREAVEMENT OUTREACH PLANS FOR FAMILIES WHO EXPERIENCED A LOSS. SADLY, MANY OF OUR ELDERLY PATIENTS PASSED AWAY. LOCAL NURSING HOMES TRANSFERRED TO US MANY RESIDENTS DIAGNOSED WITH COVID-19, THEN WORKED WITH US TO DEVELOP PATHWAYS FOR PATIENTS WHO SURVIVED TO RETURN TO THOSE FACILITIES. COLLABORATION WITH FUNERAL HOMES WAS AT ITS PEAK.

Name of the organization THE VALLEY HOSPITAL, INC.	Employer identification number 22-1487307
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IN 2020, 41,345 INDIVIDUALS WERE ADMITTED TO VALLEY, 51,792 PEOPLE WERE TREATED IN THE EMERGENCY DEPARTMENT, AND 3,528 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.

BERGEN COUNTY HAS THE SECOND HIGHEST PERCENTAGE OF ADULTS 65 AND OVER AMONG ALL COUNTIES IN NEW JERSEY. PEOPLE OVER THE AGE 65 MAKE UP 17.7% OF BERGEN COUNTY RESIDENTS COMPARED TO NEW JERSEY OVERALL AT 16.6%.

VALLEY HEALTH PRIMETIME WAS CREATED TO HELP OLDER ADULTS STAY HEALTHY BY TEACHING THEM GOOD HEALTH AND PROVIDING OPPORTUNITIES TO REMAIN SOCIALLY ACTIVE. IN 2020, VALLEY HEALTH PRIMETIME TRANSITIONED TO VIRTUAL PROGRAMS AND OFFERED 34 FREE, VIRTUAL PROGRAMS TO OVER 930 OLDER ADULTS. 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 4,716 VISITS IN 2020. 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.

COMMUNITY EDUCATION CLASSES WERE ORIGINALLY DESIGNED AS IN-PERSON

Name of the organization THE VALLEY HOSPITAL, INC.	Employer identification number 22-1487307
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SESSIONS, BUT WHEN THE PANDEMIC HIT, THE COMMUNITY HEALTH DEPARTMENT QUICKLY ASSESSED HOW TO OFFER CLASSES VIRTUALLY. OVER 9,400 PEOPLE PARTICIPATED IN FREE EDUCATION PROGRAMS IN PERSON AND VIRTUALLY IN 2020, AND 586 PEOPLE PARTICIPATED IN FREE SCREENINGS PROVIDED BY VALLEY PRIOR TO THE COVID-19 PANDEMIC.

OVER 500 PEOPLE PARTICIPATED IN BLOOD PRESSURE SCREENING CLINICS PRIOR TO THE COVID-19 PANDEMIC, AND 1,128 PEOPLE PARTICIPATED IN PROGRAMS ON CARDIAC AND STROKE. SOME PROGRAM TOPICS INCLUDE MANAGING BLOOD PRESSURE, HEART HEALTH JEOPARDY, HEART VALVE SURGERY, C-REACTIVE PROTEIN, WOMEN TAKE HEART, AND ATRIAL FIBRILLATION. VALLEY ALSO HOSTS A STROKE SUPPORT GROUP WITH APPROXIMATELY 15 PARTICIPANTS EACH MONTH.

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, HAD 259 PARTICIPANTS.

IN 2020, 246 PEOPLE PARTICIPATED IN CANCER EDUCATION PROGRAMS. THYROID, MAMMOGRAMS, SKIN CANCER, PROSTATE, GENETICS, COLON CANCER, AND NUTRITION AND CANCER WERE TOPICS OF INTEREST.

OVER 1,000 PEOPLE ATTENDED FREE SUPPORT GROUPS OFFERED BY VALLEY IN 2020. OVER 1,800 PEOPLE ATTENDED MENTAL HEALTH AND SUBSTANCE ABUSE EDUCATION PROGRAMS ON TOPICS INCLUDING POSITIVE COPING, MANAGING STRESS, COPING WITH COVID, STRESS IN STUDENTS, AND MINDFULNESS.

PROGRAMS ON FIBROMYALGIA, JOINT PAIN, AND BACK PAIN HAD AN AUDIENCE OF 127 PEOPLE.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION IS INCLUDED IN CONSOLIDATED BYLAWS FOR VALLEY HEALTH SYSTEM, INC., THE VALLEY HOSPITAL, INC., AND VALLEY PHYSICIAN SERVICES, INC.

Name of the organization THE VALLEY HOSPITAL, INC.	Employer identification number 22-1487307
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IN APRIL 2020, THE BYLAWS WERE AMENDED TO INCLUDE AN ARTICLE FOR CRISIS STANDARDS OF CARE (CSC) AND AMENDMENTS TO THE BYLAWS DURING CSC DUE TO A PERVASIVE OR CATASTROPHIC DISASTER (I.E. THE COVID-19 PANDEMIC). THE CRISIS STANDARD OF CARE BYLAWS PROVISIONS INCLUDE THE FOLLOWING DURING THE CSC:

THE PERMITTED NUMBER OF TRUSTEES WAS AMENDED TO BE NO FEWER THAN NINE.

THE EXECUTIVE COMMITTEE WAS ALLOWED TO ACT ON BEHALF OF THE FULL BOARD UNTIL THE BOARD IS ABLE TO ACT OR OTHERWISE EXERCISE ITS POWERS.

THE BOARD DELEGATES FINAL APPROVAL OF MEDICAL STAFF PRIVILEGES TO THE PRESIDENT & CEO OF THE HOSPITAL.

THE BOARD EMPOWERS MANAGEMENT TO CHANGE POLICIES AND PROCEDURES AS IT DEEMS NECESSARY.

THE EXECUTIVE COMMITTEE OF THE MEDICAL STAFF DELEGATES APPROVAL OF MEDICAL STAFF PRIVILEGE CHANGES AND TEMPORARY PRIVILEGES TO THE PRESIDENT OF THE MEDICAL STAFF OR DESIGNEE.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION'S SOLE MEMBER IS VALLEY HEALTH SYSTEM, INC.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION'S SOLE MEMBER HAS THE RIGHT TO NOMINATE, ELECT, AND REMOVE THE MEMBERS OF THE ORGANIZATION'S GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7B:

THE FOLLOWING DECISIONS OF THE ORGANIZATION ARE RESERVED TO THE ORGANIZATION'S SOLE MEMBER:

Name of the organization THE VALLEY HOSPITAL, INC.	Employer identification number 22-1487307
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TO DETERMINE THE NUMBER OF TRUSTEES ON THE BOARD

TO AMEND, REVISE OR RESTATE THE CORPORATION'S CERTIFICATE OF INCORPORATION AND BYLAWS, AND TO APPROVE ALL AMENDMENTS OR REVISIONS TO THE CORPORATION'S CERTIFICATE OF INCORPORATION AND BYLAWS THAT MAY BE PROPOSED OR APPROVED BY THE BOARD BEFORE THEY BECOME EFFECTIVE;

TO ADOPT OR CHANGE THE MISSION, PURPOSE, PHILOSOPHY OR OBJECTIVES OF THE CORPORATION;

TO CHANGE THE LEGAL STRUCTURE OF THE CORPORATION;

TO COMMIT TO ADD OR THE ADDITION OF ANOTHER HOSPITAL OR HEALTH SYSTEM TO THE CORPORATION;

TO DISSOLVE, DIVIDE, CONVERT OR LIQUIDATE THE CORPORATION, TO CONSOLIDATE OR MERGE THE CORPORATION 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 RECOMMENDED BY THE BOARD BEFORE SUCH ACTION BECOMES EFFECTIVE;

TO APPROVE THE ANNUAL CAPITAL AND OPERATING BUDGETS OF THE CORPORATION AND ANY AMENDMENTS THERETO;

TO INITIATE AND TO 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;

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 SINGLE TRANSACTION OR A SERIES OF RELATED TRANSACTIONS;

TO CAUSE OR DIRECT THE CORPORATION TO PAY, LOAN OR OTHERWISE TRANSFER SUCH

Name of the organization THE VALLEY HOSPITAL, INC.	Employer identification number 22-1487307
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FUNDS AS ARE NECESSARY TO PAY ANY OUTSTANDING INDEBTEDNESS OBLIGATIONS, INCLUDING BUT NOT LIMITED TO BORROWINGS, GUARANTIES, NON-RECOURSE INDEBTEDNESS, LEASES, AND DERIVATIVE INSTRUMENTS, CREATED OR APPROVED BY THE CORPORATION;

TO EXERCISE SUCH OVERSIGHT, INCLUDING INITIATING ACTION OR APPROVING ACTION BY THE CORPORATION, OVER THE MANAGEMENT, POLICIES, DISPOSITION OR ENCUMBRANCE OF ASSETS, INCLUDING REAL OR PERSONAL PROPERTY, OF THE CORPORATION TO CAUSE OR ENSURE COMPLIANCE WITH TERMS AND CONDITIONS OF INDEBTEDNESS OBLIGATIONS AND FINANCIAL RELATIONSHIPS RELATED IN ANY MANNER TO SUCH INDEBTEDNESS;

TO APPROVE THE CAPITAL EXPENDITURES BY THE CORPORATION IN EXCESS OF THOSE 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 RELATED TRANSACTIONS;

TO APPROVE ANY DONATION OR ANY OTHER TRANSFER OF THE CORPORATION'S ASSETS, OTHER THAN TO AN AFFILIATED ENTITY, IN EXCESS OF AN AMOUNT EQUAL TO OR GREATER THAN THE THRESHOLDS ESTABLISHED BY THE BOARD FOR SUCH CORPORATION, UNLESS SPECIFICALLY AUTHORIZED IN THE CORPORATION'S APPROVED BUDGETS;

TO SELECT AND APPOINT AUDITORS OF THE CORPORATION;

TO INITIATE AND APPROVE STRATEGIC PLANS AND MISSION STATEMENTS OF THE CORPORATION;

TO INITIATE AND APPROVE INVESTMENT POLICIES AND CAPITAL CAMPAIGNS OF THE CORPORATION;

TO INITIATE AND APPROVE THE CLOSURE OR RELOCATION OF A LICENSED HEALTH CARE FACILITY OF THE CORPORATION;

TO INITIATE AND APPROVE THE FORMATION OF SUBSIDIARIES OF THE CORPORATION;

TO APPROVE THE CORPORATION'S ACQUISITION OF CONTROLLING INTERESTS IN ORGANIZATIONS OR BUSINESSES OUTSIDE OF THE CORPORATION'S APPROVED STRATEGIC

Name of the organization THE VALLEY HOSPITAL, INC.	Employer identification number 22-1487307
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PLAN;

TO THE EXTENT NOT EXPRESSLY SET FORTH ABOVE, TO DIRECT 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 MEMBER MAY DIRECT.

FORM 990, PART VI, SECTION B, LINE 11B:

THE VALLEY HOSPITAL HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 IS PREPARED, IT IS SUBMITTED TO MANAGEMENT AND THE AUDIT COMMITTEE FOR REVIEW. ANY COMMENTS ARE SUMMARIZED AND PROVIDED TO THE DIRECTOR OF FINANCE. EACH ISSUE IS DOCUMENTED AND ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED BY THE AUDIT COMMITTEE FOR FILING WITH THE INTERNAL REVENUE SERVICE. BEFORE FILING, THE FORM 990 IS MADE AVAILABLE FOR THE BOARD'S REVIEW, BY HARD COPY AND OR ELECTRONIC COPY.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION'S BOARD IS A SHARED BOARD WITH THE VALLEY HEALTH SYSTEM. THE VALLEY HEALTH SYSTEM HAS DEVELOPED A COMPENSATION PLAN, WHICH GOVERNS THE COMPENSATION FOR ALL EXECUTIVES, INCLUDING THE CEO AND VICE PRESIDENTS OF THE ORGANIZATION. THE PLAN WAS DEVELOPED IN CONJUNCTION WITH A CONSULTING FIRM, REVIEWED BY THE PHYSICIAN LEADERSHIP COUNCIL AND APPROVED BY THE BOARD OF TRUSTEES AND THE VALLEY HEALTH SYSTEM PHYSICIAN COMPENSATION COMMITTEE. ON AN ANNUAL BASIS, THE PLAN IS REVIEWED AND UPDATED AS NEEDED. THIS PROCESS WAS LAST UNDERTAKEN IN 2020.

FORM 990, PART VI, SECTION C, LINE 19:

Name of the organization THE VALLEY HOSPITAL, INC.	Employer identification number 22-1487307
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THE HOSPITAL MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE BY POSTING OF THE RETURN ON GUIDESTAR.ORG AND SIMILAR TYPES OF WEBSITES. IN ADDITION FORM 990 AS WELL AS THE FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY AND OTHER RELEVANT DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

NET ASSETS RELEASED FOR OPERATING PURPOSES	85,858.
CHANGE IN ASSETS HELD BY RELATED ORGANIZATION	-4,268,460.
CHANGE IN ACCRUED PENSION LIABILITY TO BE RECOGNIZED IN FUTURE PERIODS	81,344,105.
NET LOSS ON DISPOSITION OF ASSETS	-533,171.
TOTAL TO FORM 990, PART XI, LINE 9	76,628,332.

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR SELECTING AN INDEPENDENT ACCOUNTANT AND ESTABLISHING A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT HAS NOT CHANGED FROM PRIOR YEARS.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

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
620 WINTERS AVENUE, LLC - 46-2091667					
223 NORTH VAN DIEN AVENUE RIDGEWOOD, NJ 07450	REAL ESTATE HOLDINGS	DELAWARE	0.	0.	THE VALLEY HOSPITAL, 0. INC.
1200 EAST RIDGEWOOD, LLC - 46-4115513					
223 NORTH VAN DIEN AVENUE RIDGEWOOD, NJ 07450	REAL ESTATE HOLDINGS	DELAWARE	3,693,422.	20,709,385.	THE VALLEY HOSPITAL, INC.
555 MAPLE ACQUISITION LLC - 45-3070365					
223 NORTH VAN DIEN AVENUE RIDGEWOOD, NJ 07450	REAL ESTATE HOLDINGS	DELAWARE	0.	8,110,000.	THE VALLEY HOSPITAL, INC.
599 PARAMUS ACQUISITION LLC - 46-0985392					
223 NORTH VAN DIEN AVENUE RIDGEWOOD, NJ 07450	REAL ESTATE HOLDINGS	DELAWARE	0.	11,498,069.	THE VALLEY HOSPITAL, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
VALLEY HEALTH SYSTEM INC. - 22-2922016	PROVIDES MANAGEMENT & PLANNING SERVICES FOR ITS MEMBERS	NEW JERSEY	501(C)(3)	LINE 3	N/A		
223 NORTH VAN DIEN AVENUE RIDGEWOOD, NJ 07450	PROVIDES MEDICAL CARE TO CARRYOUT THE PURPOSE OF THE VALLEY HEALTH SYSTEM	NEW JERSEY	501(C)(3)	LINE 10	THE VALLEY HOSPITAL, INC.		X
15 ESSEX ROAD PARAMUS, NJ 07652	PROVIDES REHABILITATION VISITS AND HOME HEALTH AIDS VISITS TO PATIENTS	NEW JERSEY	501(C)(3)	LINE 10	VALLEY HEALTH SYSTEM, INC.		X
VALLEY HOME CARE INC. - 22-3208480	SOLICITS AND RECEIVES CONTRIBUTIONS FOR THE BENEFIT OF HEALTH SYSTEM	NEW JERSEY	501(C)(3)	LINE 7	VALLEY HEALTH SYSTEM, INC.		X

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

Schedule R (Form 990) 2020

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

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

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

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

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	78,883,801.COST	
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

VHS INSURANCE COMPANY LTD.

PRIMARY ACTIVITY: PROVIDES PROFESSIONAL, MEDICAL AND COMMERCIAL GENERAL
LIABILITY INSURANCE

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20__

2020

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

THE VALLEY HOSPITAL, INC.

22-1487307

Name and title of officer or person subject to tax

**WILLIAM KLUTKOWSKI
VP FINANCE & CFO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____ 0.
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **PKF O'CONNOR DAVIES, LLP** to enter my PIN **18900**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

26242354321

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **EDWARD G. O'CONNOR** Date **11/11/21**

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. THE VALLEY HOSPITAL, INC.	Taxpayer identification number (TIN) 22-1487307
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 223 NORTH VAN DIEN AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. RIDGEWOOD, NJ 07450	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

WILLIAM KLUTKOWSKI

- The books are in the care of ▶ **223 NORTH VAN DIEN AVENUE - RIDGEWOOD, NJ 07450**
Telephone No. ▶ **201-447-8000** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2020** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.