

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)

**2021**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the **2021** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE VALLEY HOSPITAL, INC.</b>		<b>D</b> Employer identification number <b>22-1487307</b>
	Doing business as		<b>E</b> Telephone number <b>201-447-8000</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>1,559,454,955.</b>
	<b>223 NORTH VAN DIEN AVENUE</b>		<b>H(a)</b> 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 <b>RIDGEWOOD, NJ 07450</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>AUDREY MEYERS</b> <b>SAME AS C ABOVE</b>			If "No," attach a list. See instructions
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>WWW.VALLEYHEALTH.COM</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1925</b> <b>M</b> State of legal domicile: <b>NJ</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE VALLEY HOSPITAL SERVES THE COMMUNITY BY HEALING AND CARING FOR PATIENTS, COMFORTING THEIR</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>19</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>18</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>4328</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>900</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>690,191.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>90,953,885.</b>	<b>48,649,420.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>761,188,083.</b>	<b>894,617,449.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>33,006,001.</b>	<b>30,738,761.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12,249,054.</b>	<b>26,523,473.</b>
		<b>897,397,023.</b>	<b>1000529103.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>79,111,186.</b>	<b>89,176,604.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>405,415,923.</b>	<b>344,729,669.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>358,963,016.</b>	<b>421,953,657.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>843,490,125.</b>	<b>855,859,930.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>53,906,898.</b>	<b>144,669,173.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>2094706375.</b>	<b>2214086950.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>779,283,273.</b>	<b>761,951,049.</b>
	<b>1315423102.</b>	<b>1452135901.</b>	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date		
	<b>AUDREY MEYERS, PRESIDENT &amp; CEO,</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>EDWARD G. O'CONNOR</b>	<b>EDWARD G. O'CONNOR</b>	<b>12/20/22</b>		<b>P00434443</b>
	Firm's name ▶ <b>PKF O'CONNOR DAVIES, LLP</b>	Firm's EIN ▶ <b>27-1728945</b>			
	Firm's address ▶ <b>300 TICE BOULEVARD, SUITE 315</b> <b>WOODCLIFF LAKE, NJ 07677</b>		Phone no. <b>201-712-9800</b>		

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 \$ 689,209,926. including grants of \$ 89,176,604. ) (Revenue \$ 894,476,641. ) 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 689,209,926.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	19		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	18		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) RICHARD KENNAN FORMER SENIOR VP FINANCE/CFO	0.00 0.00						X	0.	4,692,143.	0.
(2) AUDREY MEYERS PRESIDENT & CEO, VHS	0.50 39.50	X		X				0.	1,715,221.	46,536.
(3) WILLIAM KLUTKOWSKI SR. VP, FINANCE & CFO	2.00 38.00			X				0.	709,400.	54,102.
(4) JOSEPH YALLOWITZ VP & CHIEF MEDICAL OFFICER	40.00 0.00					X		678,459.	0.	48,302.
(5) DAVID BOHAN VP & CHIEF DEVELOPMENT OFFICER	40.00 0.00					X		519,079.	0.	37,343.
(6) KARTEEK BHAVSAR VP, ADMINISTRATION	40.00 0.00				X			509,494.	0.	21,600.
(7) JULIA KARCHER VP, ADMINISTRATION	40.00 0.00				X			371,529.	104,315.	42,830.
(8) ANN MARIE LEICHMAN SR. VP/CNO, PATIENT CARE SVCS	40.00 0.00				X			429,153.	0.	31,818.
(9) CHARLES VANNOY VP/CNO, PATIENT CARE SVCS	40.00 0.00				X			339,560.	0.	41,196.
(10) JULIE LO CHIEF PHYSICIST	40.00 0.00					X		307,552.	0.	35,208.
(11) BETTYANN KEMPIN AVP, ONCOLOGY	40.00 0.00					X		293,694.	0.	46,329.
(12) BRAD HASPEL AVP, ANCILLARY SERVICES	40.00 0.00					X		296,974.	0.	27,535.
(13) VINCENT FORLENZA CHAIRMAN	0.10 0.40	X		X				0.	0.	0.
(14) JOSEPH MARION TREASURER	0.10 0.40	X		X				0.	0.	0.
(15) ANN LIMBERG VICE CHAIRMAN & SECRETARY	0.10 0.40	X		X				0.	0.	0.
(16) KEVIN LOBO VICE CHAIRMAN	0.10 0.40	X		X				0.	0.	0.
(17) FRANK J. SHEEHY VICE CHAIRMAN	0.10 0.40	X		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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) JUDY BASELICE TRUSTEE	0.10 0.40	X						0.	0.	0.
(19) JAMES BUSH TRUSTEE	0.10 0.40	X						0.	0.	0.
(20) MICHELLE HASSON TRUSTEE	0.10 0.40	X						0.	0.	0.
(21) M. SHAWN KENNEDY TRUSTEE	0.10 0.40	X						0.	0.	0.
(22) BRUCE MACTAS TRUSTEE	0.10 0.40	X						0.	0.	0.
(23) DUANE SACHS TRUSTEE	0.10 0.40	X						0.	0.	0.
(24) DENIS SALAMONE TRUSTEE	0.10 0.40	X						0.	0.	0.
(25) SCOTT SCHROEDER TRUSTEE	0.10 0.40	X						0.	0.	0.
(26) EDWARD B. SELF, M.D. TRUSTEE	0.10 0.40	X						0.	0.	0.
<b>1b Subtotal</b>								3,745,494.	7,221,079.	432,799.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								3,745,494.	7,221,079.	432,799.

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 697

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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>	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>		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	17,637,815.
HDR ARCHITECTURE 1917 SOUTH 67TH STREET, OMAHA, NE 68106	ARCHITECTURAL	4,676,959.
BERGEN ANESTHESIA GROUP PC, 500 WEST MAIN STREET, SUITE 16, WYCKOFF, NJ 07481	ANESTHESIA	3,547,122.
VIZIENT P.O. BOX 742081, ATLANTA, GA 30374	TEMPORARY STAFFING	3,257,547.
MAYO COLLABORATIVE SERVICES INC P.O. BOX 9146, MINNEAPOLIS, PA 55480	LABORATORY	1,801,635.

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 130

SEE PART VII, SECTION A CONTINUATION SHEETS



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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include STEVEN SILVERSTEIN, JEFFREY S. TUCKER, PATRICIA VERDUIN, and WAYNE WALD, ESQ.

Total to Part VII, Section A, line 1c

**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	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>	45,960,616.				
	<b>e</b> Government grants (contributions)	<b>1e</b>	2,688,804.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			48,649,420.			
Program Service Revenue	<b>2 a</b> PATIENT SERVICE REVENUE	Business Code	621990	884433022.	884433022.		
	<b>b</b> PHARMACY REVENUE		621990	8,010,884.	7,320,693.	690,191.	
	<b>c</b> HEALTH AND WELLNESS CENTER		713940	2,173,543.	2,173,543.		
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			894617449.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			20,838,353.		20838353.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	6a	9,101,434.			
		(ii) Personal	6b	6,971,363.			
			6c	2,130,071.			
	<b>d</b> Net rental income or (loss)			2,130,071.		2130071.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	7a	561,280,371.	574,526.		
		(ii) Other	7b	551,471,430.	483,059.		
			7c	9,808,941.	91,467.		
	<b>d</b> Net gain or (loss)			9,900,408.		9900408.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a				
	<b>b</b> Less: direct expenses		8b				
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19		9a					
<b>b</b> Less: direct expenses		9b					
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances		10a					
<b>b</b> Less: cost of goods sold		10b					
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> PHARMACY - EMPLOYEES	Business Code	621990	14,853,178.		14853178.	
	<b>b</b> PURCHASE DISCOUNTS AND REBATES		900099	4,717,892.		4717892.	
	<b>c</b> PENSION SETTLEMENT REFUND		900099	1,941,533.		1941533.	
	<b>d</b> All other revenue		621990	2,880,799.	549,383.	2331416.	
	<b>e Total.</b> Add lines 11a-11d			24,393,402.			
<b>12 Total revenue.</b> See instructions			1000529103.	894476641.	690,191.	56712851.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	89,176,604.	89,176,604.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,775,601.	1,473,749.	301,852.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	286,696,839.	236,118,784.	50,578,055.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,944,995.	8,190,245.	1,754,750.	
<b>9</b> Other employee benefits	27,323,065.	22,502,924.	4,820,141.	
<b>10</b> Payroll taxes	18,989,169.	15,639,480.	3,349,689.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	137,004.		137,004.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	53,763,801.	47,668,715.	6,095,086.	
<b>12</b> Advertising and promotion	821,333.	540,205.	281,128.	
<b>13</b> Office expenses	4,248,268.	2,460,995.	1,787,273.	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	20,956,096.	8,169,067.	12,787,029.	
<b>17</b> Travel	351,421.	312,953.	38,468.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	2,524,067.	2,439,657.	84,410.	
<b>20</b> Interest	3,454,073.	3,454,073.		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	56,711,249.	56,711,249.		
<b>23</b> Insurance				
<b>24</b> 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.)				
<b>a</b> <b>SUPPLIES</b>	128,454,749.	46,830,701.	81,624,048.	
<b>b</b> <b>DRUGS</b>	93,573,236.	93,573,236.		
<b>c</b> <b>PROVISION FOR BAD DEBT</b>	30,312,650.	30,312,650.		
<b>d</b> <b>EQUIPMENT RENTAL</b>	21,308,929.	18,297,858.	3,011,071.	
<b>e</b> All other expenses	5,336,781.	5,336,781.		
<b>25</b> Total functional expenses. Add lines 1 through 24e	855,859,930.	689,209,926.	166,650,004.	0.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	374,451,825.	<b>2</b>	7,610,097.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	82,284,585.	<b>4</b>	88,830,870.
	<b>5</b> 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 .....	21,941,068.	<b>5</b>	22,592,263.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	20,973,725.	<b>9</b>	6,595,119.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1531817012.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 856,740,999.	<b>10c</b>	675,076,013.
	<b>11</b> Investments - publicly traded securities .....	955,814,648.	<b>11</b>	1253327843.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	156,534,837.	<b>15</b>	160,054,745.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	2094706375.	<b>16</b>	2214086950.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	229,434,263.	<b>17</b>	215,615,034.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....	384,730,219.	<b>20</b>	369,518,483.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	58,953,806.	<b>24</b>	58,410,905.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	106,164,985.	<b>25</b>	118,406,627.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	779,283,273.	<b>26</b>	761,951,049.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	1308757553.	<b>27</b>	1445449460.
	<b>28</b> Net assets with donor restrictions .....	6,665,549.	<b>28</b>	6,686,441.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	1315423102.	<b>32</b>	1452135901.
	<b>33</b> Total liabilities and net assets/fund balances .....	2094706375.	<b>33</b>	2214086950.

**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)	1,000,529,103.
2	Total expenses (must equal Part IX, column (A), line 25)	855,859,930.
3	Revenue less expenses. Subtract line 2 from line 1	144,669,173.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	1,315,423,102.
5	Net unrealized gains (losses) on investments	-4,953,407.
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain on Schedule O)	-3,002,967.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	1,452,135,901.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
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?		X
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		

Form 990 (2021)

SCHEDULE A (Form 990)

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

2021

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).
3 X 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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
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.
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...
11 An organization organized and operated exclusively to test for public safety.
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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on 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.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. 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 - 2020. 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> 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>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> 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>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on 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>		
<b>c</b> Did a disqualified person (as defined on 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>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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	<b>Total annual distributions.</b> 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 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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), 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), 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).

Name of organization  <b>THE VALLEY HOSPITAL, INC.</b>	Employer identification number  <b>22-1487307</b>
--	---

**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	<hr/> <hr/> <hr/>	\$ <u>25,684,298.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>14,828,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>4,889,287.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>558,231.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>1,311,604.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>742,113.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>THE VALLEY HOSPITAL, INC.</b>	Employer identification number  <b>22-1487307</b>
--	---

**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
7	<hr/> <hr/> <hr/>	\$ <u>440,642.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>194,445.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>THE VALLEY HOSPITAL, INC.</b>	Employer identification number  <b>22-1487307</b>
--	---

**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  <b>THE VALLEY HOSPITAL, INC.</b>	Employer identification number  <b>22-1487307</b>
--	---

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure; 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register; 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year; 4 Number of states where property subject to conservation easement is located; 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No); 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No); 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: \$. Rows include: 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.; 1b 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) 2021

**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		621,566,076.	400,668,907.	220,897,169.
c Leasehold improvements				
d Equipment		486,544,979.	454,947,649.	31,597,330.
e Other		330,743,195.	1,124,443.	329,618,752.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				675,076,013.

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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	36,848,483.
(2) DEFERRED FINANCING COSTS AND OTHER ASSETS	123,206,262.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	160,054,745.

**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	7,128,125.
(3) AMOUNT DUE TO THIRD PARTY PAYERS	
(4) AND OTHER LIABILITIES	73,073,333.
(5) ESTIMATED PROFESSIONAL MEDICAL	
(6) LIABILITY	38,205,169.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	118,406,627.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	967,086,249.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-4,953,407.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	1,914,670.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-3,038,737.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	970,124,986.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	30,404,117.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	30,404,117.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	1000529103.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	827,370,483.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	1,914,670.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,914,670.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	825,455,813.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	30,404,117.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	30,404,117.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	855,859,930.

**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 THRESHOLD IN 2021 OR 2020.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

RECLASS OF CERTAIN RENTAL LOSSES TO PART VIII 1,914,670.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

RECLASS OF PROVISION FOR BAD DEBTS 30,312,650.

**Part XIII** Supplemental Information (continued)

RECLASS OF GAIN ON DISPOSITION OF ASSETS TO PART VIII 91,467.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 30,404,117.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASS OF CERTAIN RENTAL LOSSES TO PART VIII 1,914,670.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

PROVISION FOR BAD DEBTS 30,312,650.

RECLASS OF GAIN ON DISPOSITION OF ASSETS TO PART VIII 91,467.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 30,404,117.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

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
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy? .....	<input checked="" type="checkbox"/>	
<b>2</b> 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		
<b>3</b> 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.		
<b>a</b> 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 checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
<b>b</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 checked="" type="checkbox"/>	
<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> %		
<b>c</b> 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.		
<b>4</b> 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"/>	
<b>5a</b> 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>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? .....		<input checked="" type="checkbox"/>
<b>c</b> 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? .....		
<b>6a</b> Did the organization prepare a community benefit report during the tax year? .....	<input checked="" type="checkbox"/>	
<b>b</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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....			9360767.		9360767.	1.19%
<b>b</b> Medicaid (from Worksheet 3, column a) .....			24119661.	18025344.	6094317.	.77%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs .....			33480428.	18025344.	15455084.	1.96%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....			3063832.	56,742.	3007090.	.38%
<b>f</b> Health professions education (from Worksheet 5) .....			2173571.		2173571.	.27%
<b>g</b> Subsidized health services (from Worksheet 6) .....			2012918.		2012918.	.26%
<b>h</b> Research (from Worksheet 7) .....			2546315.		2546315.	.32%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....			356,971.	590.	356,381.	.05%
<b>j Total.</b> Other Benefits .....			10153607.	57,332.	10096275.	1.28%
<b>k Total.</b> Add lines 7d and 7j .....			43634035.	18082676.	25551359.	3.24%



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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			323,779.	86,131.	237,648.	.03%
4 Environmental improvements			24,739.		24,739.	.00%
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			46,598.		46,598.	.01%
9 Other						
10 Total			395,116.	86,131.	308,985.	.04%

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

**Section A. Bad Debt Expense**

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? .....	1	X
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount .....	2	30,312,649.
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit .....	3	13,034,439.
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) .....	5	276,391,381.
6 Enter Medicare allowable costs of care relating to payments on line 5 .....	6	355,048,088.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) .....	7	-78,656,707.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

9a Did the organization have a written debt collection policy during the tax year? .....	9a	X
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI .....	9b	X

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

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
<b>Community Health Needs Assessment</b>		
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:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:			
<b>a</b>	<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>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance status		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? .....	<b>X</b>	
<b>15</b>	Explained the method for applying for financial assistance? .....	<b>X</b>	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>c</b>	<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>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2021

**Part V Facility Information** (continued)

**Billing and Collections**

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

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

**Policy Relating to Emergency Medical Care**

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

**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
<b>22</b> 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.		
<b>a</b> <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>b</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		
<b>c</b> <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		
<b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b> 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.		
<b>24</b> 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) 2021

**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
<b>Community Health Needs Assessment</b>		
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

**OF 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.

- 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

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

**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.

**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

**HACKENSACK MERIDIAN HEALTH PASCACK VALLEY MEDICAL CENTER**

**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.

- 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 \$78.7 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.

Multiple horizontal lines for supplemental information.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
VALLEY PHYSICIAN SERVICES, INC. 223 NORTH VAN DIEN AVENUE RIDGEWOOD, NJ 07450	32-0041186	501(C)(3)	86,660,239.	0.			GENERAL SUPPORT
VALLEY HEALTH SYSTEM 223 NORTH VAN DIEN AVENUE RIDGEWOOD, NJ 07450	22-2922016	501(C)(3)	2,245,605.	0.			GENERAL SUPPORT
BOROUGH OF PARAMUS JOCKISH SQUARE PARAMUS, NJ 07652	22-6002186	BOROUGH OF PARAMUS	55,000.	0.			GENERAL SUPPORT
BERGEN VOLUNTEER MEDICAL INITIATIVE - 75 ESSEX STREET - HACKENSACK, NJ 07692	20-2633437	501(C)(3)	32,500.	0.			GENERAL SUPPORT
FAMILY PROMISE OF BERGEN COUNTY 100 DAYTON STREET RIDGEWOOD, NJ 07450	22-2853599	501(C)(3)	20,000.	0.			GENERAL SUPPORT
PONY POWER THERAPIES, INC. 1170 RAMAPO VALLEY ROAD MAHWAH, NJ 07430	20-3210841	501(C)(3)	17,500.	0.			GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **16.**
- 3** Enter total number of other organizations listed in the line 1 table **1.**

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

Schedule I (Form 990) 2021

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAHWAH REGIONAL CHAMBER OF COMMERCE, INC. - ONE INTERNATIONAL BOULEVARD - MAHWAH, NJ 07495	22-3145589	501(C)(6)	10,525.	0.			GENERAL SUPPORT
CHILDREN'S AID & FAMILY SERVICES, INC. - 200 ROBIN ROAD - PARAMUS, NJ 07652	22-1487147	501(C)(3)	9,000.	0.			GENERAL SUPPORT
WEST BERGEN MENTAL HEALTH, INC. 120 CHESTNUT STREET RIDGEWOOD, NJ 07450	22-1736531	501(C)(3)	8,000.	0.			GENERAL SUPPORT
SHARING NETWORK FOUNDATION, INC. 691 CENTRAL AVENUE NEW PROVIDENCE, NJ 07974	20-2737719	501(C)(3)	7,500.	0.			GENERAL SUPPORT
BERGEN VOLUNTEER CENTER 64 PASSAIC STREET HACKENSACK, NJ 07601	22-1821282	501(C)(3)	7,000.	0.			GENERAL SUPPORT
ADLER APHASIA CENTER 60 WEST HUNTER AVENUE MAYWOOD, NJ 07607	02-0687863	501(C)(3)	6,750.	0.			GENERAL SUPPORT
CANCER CARE, INC. 275 7TH AVENUE NEW YORK, NY 10001	13-1825919	501(C)(3)	6,000.	0.			GENERAL SUPPORT
AMERICAN CANCER SOCIETY P.O. BOX P MANASQUAN, NJ 08736	13-1788491	501(C)(3)	6,000.	0.			GENERAL SUPPORT
COMMUNITY MEALS, INC. 105 COTTAGE PLACE RIDGEWOOD, NJ 07450	22-1976783	501(C)(3)	6,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**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 noncash 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 STREET RIDGEWOOD, NJ 07450	22-1508752	501(C)(3)	6,000.	0.			GENERAL SUPPORT
CHRISTIAN HEALTH CARE CENTER 301 SICOMAC AVENUE WYCKOFF, NJ 07481	22-1546163	501(C)(3)	5,500.	0.			GENERAL SUPPORT





**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

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](http://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
<b>1b</b>	X	
<b>2</b>		X
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2021

**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 and/or 1099-NEC 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) RICHARD KENNAN FORMER SENIOR VP FINANCE/CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	4,692,143.	0.	0.	4,692,143.	4,692,143.
(2) AUDREY MEYERS PRESIDENT & CEO, VHS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,165,777.	450,000.	99,444.	21,750.	24,786.	1,761,757.	0.
(3) WILLIAM KLUTKOWSKI SR. VP, FINANCE & CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	489,691.	95,000.	124,709.	20,300.	33,802.	763,502.	0.
(4) JOSEPH YALLOWITZ VP & CHIEF MEDICAL OFFICER	(i)	458,153.	105,000.	115,306.	14,500.	33,802.	726,761.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DAVID BOHAN VP & CHIEF DEVELOPMENT OFFICER	(i)	355,001.	90,000.	74,078.	14,500.	22,843.	556,422.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KARTEEK BHAVSAR VP, ADMINISTRATION	(i)	349,766.	85,000.	74,728.	18,850.	2,750.	531,094.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JULIA KARCHER VP, ADMINISTRATION	(i)	227,438.	80,000.	64,091.	16,065.	15,185.	402,779.	0.
	(ii)	84,813.	0.	19,502.	5,985.	5,595.	115,895.	0.
(8) ANN MARIE LEICHMAN SR. VP/CNO, PATIENT CARE SVCS	(i)	269,718.	105,040.	54,395.	17,050.	14,768.	460,971.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CHARLES VANNOY VP/CNO, PATIENT CARE SVCS	(i)	276,214.	41,700.	21,646.	18,850.	22,346.	380,756.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JULIE LO CHIEF PHYSICIST	(i)	300,308.	6,237.	1,007.	15,950.	19,258.	342,760.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) BETTYANN KEMPIN AVP, ONCOLOGY	(i)	250,701.	41,027.	1,966.	21,750.	24,579.	340,023.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) BRAD HASPEL AVP, ANCILLARY SERVICES	(i)	235,474.	36,831.	24,669.	15,911.	11,624.	324,509.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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:**

RICHARD KEENAN RECEIVED A FINAL DISTRIBUTION PAYMENT FROM HIS NONQUALIFIED

RETIREMENT PLAN AS REPORTED ON PART II, COLUMN BIII AND COLUMN F. THE

FOLLOWING PERSONS ALSO PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED

RETIREMENT PLAN. THEY DID NOT RECEIVE A PAYMENT DURING 2021:

- AUDREY MEYERS

- ANNE MARIE LEICHMAN

**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.

- WILLIAM KLUTKOWSKI

- JULIA KARCHER

AUDREY MEYERS, ROBIN GOLDFISCHER-HOLLANDER, AND PETER DIESTEL PARTICIPATED  
IN A CAP-EX (SPLIT-DOLLAR LIFE INSURANCE PLAN). THEY DID NOT RECEIVE A  
PAYMENT DURING 2021:

SEE SCHEDULE L, PART V, FOR A BROADER DESCRIPTION OF THE ARRANGEMENT.

PART I, LINE 7:

EMPLOYEES OF THE ORGANIZATION RECEIVED A BOARD-APPROVED DISCRETIONARY  
BONUS, AWARDED BASED ON PERFORMANCE, AS REPORTED IN PART II, COLUMN B(II).

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

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
	<b>A</b>	NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	645790NB8	12/11/19	402437137.	CONSTRUCTION OF NEW HOSPITAL		X		X		X
	<b>B</b>												
	<b>C</b>												
	<b>D</b>												

Part II	Proceeds	A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	402,511,017.							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds	22,799,829.							
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	2,437,137.							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	226,079,885.							
11	Other spent proceeds								
12	Other unspent proceeds	151,120,286.							
13	Year of substantial completion								
		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.

<b>Part III Private Business Use</b>								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X						
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....		X						
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		X						
<b>b</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?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X						
<b>d</b> 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? ...								
<b>4</b> 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 .....								
<b>5</b> 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 .....								
<b>6</b> Total of lines 4 and 5 .....								
<b>7</b> Does the bond issue meet the private security or payment test? .....		X						
<b>8a</b> 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>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> 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						

<b>Part IV Arbitrage</b>								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X						
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? .....		X						
<b>b</b> Exception to rebate? .....		X						
<b>c</b> No rebate due? .....	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....		X						





**SCHEDULE L**  
**(Form 990)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2021**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
AUDREY MEYERS	PRESIDENT	SEE PART		X	9,071,138.	11223425.		X	X		X	
ROBIN GOLDFISCH	SENIOR V	SEE PART		X	3,392,128.	4,196,971.		X	X		X	
PETER DIESTEL	PRESIDENT	SEE PART		X	5,796,536.	7,171,867.		X	X		X	
<b>Total</b> .....						▶ \$ 22592263.						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

SEE PART V FOR CONTINUATIONS

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

**Part V Supplemental Information.**

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

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: AUDREY MEYERS

(B) RELATIONSHIP WITH ORGANIZATION: PRESIDENT/CEO, VHS

(C) PURPOSE OF LOAN: SEE PART V

(A) NAME OF PERSON: ROBIN GOLDFISCHER-HOLLANDER

(B) RELATIONSHIP WITH ORGANIZATION: SENIOR VP, LEGAL SERVICES

(C) PURPOSE OF LOAN: SEE PART V

(A) NAME OF PERSON: PETER DIESTEL

(B) RELATIONSHIP WITH ORGANIZATION: PRESIDENT, VHS OPERATIONS

(C) PURPOSE OF LOAN: SEE PART V

SCHEDULE L, PART II, COLUMN (C)

THE HOSPITAL PROVIDES SUPPLEMENTAL RETIREMENT BENEFITS THROUGH AN ALTERNATIVE FUNDING ARRANGEMENT THE IRS CALLS "COLLATERAL ASSIGNMENT SPLIT DOLLAR" (CASD). ALTHOUGH THE IRS REQUIRES REPORTING IN THE LOAN SECTION OF SCHEDULE L, CASD IS NOT A LOAN BECAUSE NO FUNDS ARE TRANSFERRED TO THE EXECUTIVE. RATHER, THE "LOAN" TREATMENT APPLIES BECAUSE AFTER THE EXECUTIVE HAS RECEIVED RETIREMENT BENEFITS, THE

**Part V** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

HOSPITAL RECOVERS ALL OF ITS OUTLAYS PLUS INTEREST.

THE RECOVERY RIGHT IS A KEY ADVANTAGE OF CASD FOR THE HOSPITAL. RATHER THAN PAYING RETIREMENT BENEFITS TO THE EXECUTIVE THAT WOULD NEVER BE RECOVERED, UNDER CASD THE HOSPITAL RECOVERS NOT ONLY ITS OUTLAYS BUT ALSO CONSIDERATION FOR THE TIME VALUE OF MONEY.

CASD WORKS AS FOLLOWS. THE HOSPITAL DEPOSITS FUNDS INTO CASH VALUE LIFE INSURANCE POLICIES ON THE EXECUTIVE'S LIFE. DURING LIFE, TO THE EXTENT THE EXECUTIVE FULFILLS SERVICE AND VESTING REQUIREMENTS, THE EXECUTIVE CAN BORROW AGAINST THE CASH SURRENDER VALUE TO SUPPLEMENT RETIREMENT INCOME. POLICY PERFORMANCE IS CLOSELY MONITORED. IF POLICY PERFORMANCE LAGS, THE EXECUTIVE'S BORROWING RIGHTS ARE REDUCED TO PROTECT THE HOSPITAL'S RECOVERY RIGHTS.

AT THE EXECUTIVE'S DEATH, THE POLICY DEATH PROCEEDS ARE FIRST USED TO REPAY THE HOSPITAL ITS DEPOSITS PLUS COMPOUNDED INTEREST (AT THE IRS LONG-TERM APPLICABLE FEDERAL RATE). THE EXECUTIVE'S BENEFICIARY THEN RECEIVES ANY PROJECTED RETIREMENT BORROWING THE EXECUTIVE DID NOT ACCESS DURING LIFE. IF DEATH HAD OCCURRED DURING THE REPORTING YEAR, ANY REMAINING DEATH PROCEEDS WOULD HAVE BEEN PAID TO THE HOSPITAL.

**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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 THE MOST POPULOUS COUNTY IN NEW JERSEY AND ONE OF THE WEALTHIEST COUNTIES IN THE UNITED STATES. THERE ARE 931,275 RESIDENTS IN THE 233.01 SQUARE MILES OF BERGEN COUNTY, NJ. THE POPULATION IS 55% WHITE AND NON-HISPANIC, 21% HISPANIC, 7% BLACK, AND 17% ASIAN. THE MEDIAN HOUSEHOLD INCOME IS \$104,623. 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.

OVER 2,660 COVID-19 PATIENTS CAME THROUGH THE DOORS OF THE HOSPITAL IN 2021. IN FEBRUARY 2021, VALLEY OPENED A COVID-19 VACCINE CENTER AND ADMINISTERED MORE THAN 170,000 COVID-19 VACCINES TO MEMBERS OF OUR COMMUNITY THROUGHOUT THE YEAR.

BY THE END OF 2021, A TOTAL OF 974 MONOCLONAL ANTIBODY INFUSIONS WERE GIVEN. MONOCLONAL ANTIBODY TREATMENT IS FOR PATIENTS AT HIGH-RISK WITH MILD TO MODERATE COVID-19 INFECTION AND GIVEN WITHIN 10 DAYS OF SYMPTOM ONSET.

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

Schedule O (Form 990) 2021

132211 11-11-21

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

IN 2021, 50,120 INDIVIDUALS WERE ADMITTED TO VALLEY, 61,884 PEOPLE WERE TREATED IN THE EMERGENCY DEPARTMENT, AND 3,875 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.

THE VALLEY HOSPITAL EMERGENCY DEPARTMENT IS A RECIPIENT OF THE LANTERN AWARD FROM THE EMERGENCY NURSES ASSOCIATION. VALLEY IS ONE OF ONLY 28 HOSPITALS NATIONWIDE TO EARN THIS AWARD FOR 2019-2022 AND IS THE FIRST AND ONLY HOSPITAL IN BERGEN COUNTY TO RECEIVE THIS RECOGNITION SINCE THE PROGRAM'S INCEPTION IN 2011.

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% OF BERGEN COUNTY RESIDENTS COMPARED TO NEW JERSEY OVERALL AT 16%. VALLEY HEALTH PRIMETIME WAS CREATED TO HELP OLDER ADULTS STAY HEALTHY BY TEACHING THEM GOOD HEALTH AND PROVIDING OPPORTUNITIES TO REMAIN SOCIALLY ACTIVE. IN 2021, VALLEY HEALTH PRIMETIME TRANSITIONED TO VIRTUAL PROGRAMS AND OFFERED 34 FREE, VIRTUAL PROGRAMS TO OVER 1,358 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.

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

VALLEY'S COMMUNITY CARE CLINIC HAD 4,805 VISITS IN 2021. 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.

IN 2020, THE VALLEY HOSPITAL WAS AWARDED THE "LGBTQ HEALTHCARE EQUALITY LEADER" DESIGNATION BY THE HUMAN RIGHTS CAMPAIGN (HRC) FOUNDATION FOR EARNING A TOP SCORE FOR ITS LGBTQ-INCLUSIVE POLICIES AND PRACTICES.

VALLEY RECEIVED THE TOP SCORE OF 100 FOR THE THIRD TIME FOR ITS LGBTQ-INCLUSIVE POLICIES AND PRACTICES IN FOUR AREAS:

NON-DISCRIMINATION AND STAFF TRAINING, LGBTQ PATIENT SERVICES AND SUPPORT, EMPLOYEE BENEFITS AND POLICIES, AND LGBTQ PATIENT AND COMMUNITY ENGAGEMENT. THE HEI SURVEY IS REVIEWED EVERY TWO YEARS.

VALLEY SUPPORTS BUDDIES OF NEW JERSEY, GARDEN STATE EQUALITY, AND FRIENDS OF MAHWAH PRIDE TO EXPAND RESOURCES TO THE LGBTQ COMMUNITY.

VALLEY'S SOCIAL EQUALITY COUNCIL IS DEVELOPING INITIATIVES AND PROGRAMS THAT ENCOURAGE SAFETY AND EQUAL ACCESS TO ALL OPPORTUNITIES, SO THAT EVERYONE CAN LEAD A HEALTHY AND FULFILLED LIFE, REGARDLESS OF AN INDIVIDUAL'S BACKGROUND, ETHNICITY, OR RACE.

BY COLLABORATING WITH AREA ORGANIZATIONS, VALLEY IS ABLE TO WORK WITH UNDERSERVED POPULATIONS TO HELP MEET ACCESS TO CARE NEEDS OF THEIR MEMBERS AND CONNECT INDIVIDUALS TO RESOURCES.

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

COMMUNITY EDUCATION CLASSES WERE ORIGINALLY DESIGNED AS IN-PERSON SESSIONS, BUT WHEN THE PANDEMIC HIT, THE COMMUNITY HEALTH DEPARTMENT QUICKLY ASSESSED HOW TO OFFER CLASSES VIRTUALLY. OVER 16,157 PEOPLE PARTICIPATED IN FREE EDUCATION PROGRAMS IN PERSON AND VIRTUALLY IN 2021.

LIFESTYLES, OUR WORLD-CLASS HEALTH AND FITNESS CENTER, FEATURES THREE POOLS AND THE LATEST STRENGTH AND CARDIO EQUIPMENT. THE TEAM OF HIGHLY EXPERIENCED AND DEGREED HEALTH PROFESSIONALS DESIGN PROGRAMMING TO MEET THE WELLNESS NEEDS FOR PEOPLE OF ALL AGES. TO ENCOURAGE THE COMMUNITY TO STAY HEALTHY DURING THE PANDEMIC, LIFESTYLES LAUNCHED A FREE "LIFESTYLES AT HOME" VIDEO SERIES FOR THE COMMUNITY, FEATURING 95 INSTRUCTIONAL VIDEOS COVERING FLEXIBILITY, CARDIO/FITNESS, CARDIO/STRENGTH TRAINING, STRENGTH TRAINING, AND MIND/BODY.

PARTICIPANTS IN VALLEY'S FREE WALKING PROGRAMS WALKED 10,200 MILES IN 2021. PARTICIPANTS IN WEIGHT LOSS CHALLENGES OFFERED BY VALLEY IN PARTNERSHIP WITH THE RIDGEWOOD AND PARAMUS BOARDS OF HEALTH LOST A TOTAL OF 417 LBS. FIFTY PERCENT OF THOSE PARTICIPANTS ALSO LOWERED THEIR A1C AND CHOLESTEROL. ALSO, 1,500 PEOPLE ATTENDED NUTRITION PROGRAMS ON TOPICS SUCH AS HEALTHY SUMMER EATING, THE MEDITERRANEAN DIET, WEIGHT LOSS STRATEGIES, AND THE TRUTH BEHIND DIET TRENDS.

OVER 350 PEOPLE PARTICIPATED IN BLOOD PRESSURE SCREENING CLINICS, AND 835 PEOPLE PARTICIPATED IN PROGRAMS ON CARDIAC AND STROKE. SOME PROGRAM TOPICS INCLUDE MANAGING BLOOD PRESSURE, METABOLIC SYNDROME, WOMEN'S CARDIAC HEALTH, STROKE, AND ATRIAL FIBRILLATION. VALLEY ALSO HOSTS A

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

STROKE SUPPORT GROUP WITH APPROXIMATELY 10 PARTICIPANTS EACH MONTH.

THE VALLEY HOSPITAL WAS AWARDED THE ADVANCED COMPREHENSIVE STROKE CENTER CERTIFICATION THE HIGHEST-LEVEL RECOGNITION THAT A STROKE CENTER CAN RECEIVE FROM THE JOINT COMMISSION. THIS PRESTIGIOUS CERTIFICATION SIGNIFIES THAT VALLEY HAS MET RIGOROUS PERFORMANCE STANDARDS AND DEMONSTRATED THE ABILITY TO TREAT EVEN THE MOST COMPLEX STROKE CASES.

VALLEY IS PROUD TO AFFILIATE WITH HIGH-QUALITY ORGANIZATIONS TO OFFER OUR PATIENTS THE BEST CARE AND SERVICE. WE HAVE ESTABLISHED AN ACADEMIC AFFILIATION WITH MOUNT SINAI HEALTH SYSTEM TO PROVIDE STATE-OF-THE-ART, COMPREHENSIVE CANCER CARE AND SPECIALTY CHILDREN'S SERVICES TO OUR PATIENTS AND THEIR FAMILIES. WE HAVE ALSO ESTABLISHED A CARDIAC AFFILIATION WITH CLEVELAND CLINIC THE NO. 1 HEART HOSPITAL IN THE COUNTRY TO SHARE BEST PRACTICES, COORDINATE CARE, AND DEVELOP PROGRAMS TO IMPROVE QUALITY AND PATIENT SAFETY.

THE VALLEY HOSPITAL ONCE AGAIN RECEIVED THE GET WITH THE GUIDELINES-STROKE GOLDPLUS ACHIEVEMENT AWARD FOR IMPLEMENTING SPECIFIC, RESEARCH-BASED QUALITY IMPROVEMENT MEASURES FOR THE TREATMENT OF STROKE PATIENTS. HOSPITALS THAT EARN THIS RECOGNITION HAVE REACHED AN AGGRESSIVE GOAL OF TREATING STROKE PATIENTS WITH 85% OR HIGHER COMPLIANCE TO CORE STANDARD LEVELS OF CARE, AS OUTLINED BY THE AMERICAN HEART ASSOCIATION AND AMERICAN STROKE ASSOCIATION, FOR TWO CONSECUTIVE YEARS. VALLEY ALSO EARNED THE TARGET: STROKE HONOR ROLL RECOGNITION FOR MEETING QUALITY MEASURES DEVELOPED TO REDUCE THE TIME BETWEEN THE PATIENT'S ARRIVAL AT THE HOSPITAL AND TREATMENT WITH CLOT-DISSOLVING



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

MEDICATION.

PART III, LINE 4A, CONTINUATION PART II

NOT ONLY HAS VALLEY ENLISTED THE SERVICES OF UBER HEALTH TO PROVIDE TRANSPORTATION FOR PATIENTS WHO QUALIFY BASED ON INCOME LEVEL, BUT VALLEY OFFERS A FREE NON-EMERGENT TRANSPORTATION SERVICE FOR PATIENTS WHO ARE UNABLE TO DRIVE OR HAVE ACCESS TO PUBLIC TRANSPORTATION. VALLEY HEALTH SYSTEM HAS ALSO PARTNERED WITH DISPATCHHEALTH, A NATIONWIDE ON-DEMAND HEALTHCARE COMPANY, TO DELIVER HIGH-QUALITY URGENT CARE TO NORTHERN NEW JERSEY RESIDENTS OF ALL AGES, IN THE COMFORT OF THEIR HOMES. DISPATCHHEALTH AND VALLEY ARE WORKING TOGETHER TO INCREASE ACCESSIBILITY TO AFFORDABLE CARE FOR SENIORS OR BUSY WORKING PARENTS, BOTH OF WHOM CAN BENEFIT FROM STAYING HOME FOR TREATMENT. IN FACT, THE MEDICAL COST FOR A DISPATCHHEALTH VISIT IS NEARLY ONE-TENTH OF THE MEDICAL COST FOR AN ER VISIT. IN 2021, DISPATCHHEALTH MADE 6,343 VISITS.

THE VALLEY HOSPITAL WAS DESIGNATED A LUNG CANCER SCREENING CENTER BY THE AMERICAN COLLEGE OF RADIOLOGY (ACR). THE ACR LUNG CANCER SCREENING CENTER DESIGNATION IS A VOLUNTARY PROGRAM THAT RECOGNIZES FACILITIES THAT HAVE COMMITTED TO PRACTICE SAFE, EFFECTIVE DIAGNOSTIC CARE FOR INDIVIDUALS AT THE HIGHEST RISK FOR LUNG CANCER. IN ORDER TO RECEIVE THIS ELITE DISTINCTION, VALLEY MUST BE ACCREDITED BY THE ACR AND UNDERGO A RIGOROUS ASSESSMENT OF ITS LUNG CANCER SCREENING PROTOCOL AND INFRASTRUCTURE. ALSO REQUIRED ARE PROCEDURES IN PLACE FOR FOLLOW-UP PATIENT CARE, SUCH AS COUNSELING AND SMOKING CESSATION PROGRAMS.

VALLEY WAS THE FIRST HEALTHCARE ORGANIZATION IN NEW JERSEY TO BE

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

ACCREDITED BY THE ASSOCIATION FOR THE ACCREDITATION OF HUMAN RESEARCH PROTECTION PROGRAMS. THIS PLACES VALLEY AMONG THE MOST RESPECTED RESEARCH INSTITUTIONS IN THE WORLD.

VALLEY'S CANCER PROGRAM EARNED A THREE-YEAR ACCREDITATION BY THE COMMISSION ON CANCER OF THE AMERICAN COLLEGE OF SURGEONS. ACCREDITATION IS ONLY AWARDED TO FACILITIES THAT VOLUNTARILY COMMIT TO PROVIDING THE HIGHEST QUALITY OF CANCER CARE THROUGH A PATIENT-CENTERED, MULTIDISCIPLINARY APPROACH.

THE VALLEY HOSPITAL'S ENDOSCOPY DEPARTMENT RECEIVED THE AMERICAN COLLEGE OF GASTROENTEROLOGY'S 2021 SCOPY AWARD (SERVICE AWARD FOR COLORECTAL OUTREACH, PREVENTION, AND YEAR-ROUND EXCELLENCE). THIS ANNUAL AWARD RECOGNIZES THE ACHIEVEMENTS OF HEALTHCARE ORGANIZATIONS IN THEIR COMMUNITY ENGAGEMENT, EDUCATION, AND AWARENESS EFFORTS FOR COLORECTAL CANCER PREVENTION. VALLEY WAS RECOGNIZED IN THE CATEGORY OF "BEST COMMUNITY SERVICE DELIVERY AND COMPREHENSIVE COMMUNITY EDUCATION INITIATIVE BY A HEALTH SYSTEM."

VALLEY WAS INVITED TO PARTICIPATE IN A PILOT PROJECT AIMED AT IMPROVING RACIAL AND ETHNIC DIVERSITY IN CANCER CLINICAL TRIALS. VALLEY WAS ONE OF 75 RESEARCH SITES NATIONWIDE TO BE SELECTED FOR THE PROJECT, A COLLABORATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY (ASCO) AND THE ASSOCIATION OF COMMUNITY CANCER CENTERS (ACCC). VALLEY WILL WORK WITH OTHER RESEARCH SITES TO ESTABLISH STRATEGIES TO INCREASE PARTICIPATION IN CANCER CLINICAL TRIALS, PARTICULARLY AMONG PATIENTS FROM HISTORICALLY UNDERREPRESENTED ETHNIC AND RACIAL COMMUNITIES.

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

VALLEY HEALTH SYSTEM WAS RE-ACCREDITED WITH THE CEO CANCER GOLD STANDARD FOR MAINTAINING A STRONG COMMITMENT TO THE HEALTH OF ITS EMPLOYEES THROUGH HEALTHY WORKPLACE INITIATIVES AND ACCESS TO QUALITY CANCER PREVENTION AND TREATMENT SERVICES. VALLEY HAS HELD CEO CANCER GOLD STANDARD ACCREDITATION SINCE 2013.

IN 2021, 818 PEOPLE PARTICIPATED IN CANCER EDUCATION PROGRAMS. GYNECOLOGIC CANCERS, BREAST HEALTH/ MAMMOGRAMS, SKIN CANCER, PROSTATE, AND COLON CANCER WERE TOPICS OF INTEREST.

OVER 1,700 PEOPLE ATTENDED FREE SUPPORT GROUPS OFFERED BY VALLEY IN 2021. OVER 1,400 PEOPLE ATTENDED MENTAL HEALTH AND SUBSTANCE ABUSE EDUCATION PROGRAMS ON TOPICS INCLUDING TEEN MENTAL HEALTH, BULLYING, SENIORS AND ISOLATION, VAPING, ADDICTION, AND THE EFFECTS OF COVID-19 ON MENTAL HEALTH.

PROGRAMS ON RHEUMATOID, BACK PAIN, PHYSICAL THERAPY, OSTEOPOROSIS, AND JOINT PAIN HAD AN AUDIENCE OF 725 PEOPLE.

VALLEY OFFERS OPPORTUNITIES FOR COMMUNITY MEMBERS TO VOLUNTEER. OVER THE PAST YEAR, OUR COMMUNITY HAS REDEFINED WHAT IT MEANS TO BE A VOLUNTEER. OUR AMAZING VOLUNTEERS STEPPED UP IN NEW WAYS TO CONTINUE TO ENGAGE WITH PATIENTS, CELEBRATE AND SUPPORT STAFF, AND SERVE OUR COMMUNITY.

TO MEET THE NEEDS OF OUR COMMUNITY, VOLUNTEER RESOURCES HAS CONTINUED TO OFFER VIRTUAL VOLUNTEER OPPORTUNITIES FOR HIGH SCHOOL AND COLLEGE STUDENTS TO PROMOTE SERVICE LEARNING AND MINDFULNESS, HIGHLIGHT

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

HEALTHCARE CAREERS, AND PROVIDE EDUCATION. THESE INNOVATIVE OPPORTUNITIES HAVE AFFORDED STUDENTS THE ABILITY TO CONTINUE THEIR VOLUNTEERISM AND MEET SCHOOL REQUIREMENTS FOR SERVICE HOURS VIRTUALLY. IN 2021, WE WERE ABLE TO WELCOME BACK VALLEY VOLUNTEERS TO AREAS THROUGHOUT THE SYSTEM. VOLUNTEERS SERVED IN KEY AREAS INCLUDING VACCINATION CLINICS, THE EMERGENCY DEPARTMENT, TRANSPORT, PET THERAPY FOR STAFF, AND ASSISTING STAFF IN OFFICES. IN 2021, WE HAD 300 VOLUNTEERS WHO SERVED APPROXIMATELY 30,000 HOURS THROUGHOUT THE SYSTEM.

THE RIDGEWOOD ACADEMY FOR HEALTH PROFESSIONS (RAHP) IS A PARTNERSHIP BETWEEN VALLEY, RIDGEWOOD HIGH SCHOOL, AND BERGEN COMMUNITY COLLEGE. THIS THREE-YEAR PROGRAM BEGAN IN 2005 AND HAS GRADUATED OVER 500 STUDENTS INTERESTED IN PURSUING CAREERS IN HEALTHCARE. DURING THE STUDENT'S FIRST YEAR, TERMED THEIR "EXPLORATION YEAR," STUDENTS VISIT THREE FULL-DAY SESSIONS LEARNING ABOUT DIFFERENT DEPARTMENTS IN THE HEALTHCARE SETTING. THE SECOND YEAR CONCENTRATES ON AREAS OF INTEREST THE STUDENTS WOULD LIKE TO FURTHER INVESTIGATE. DURING THE STUDENT'S THIRD YEAR, TERMED THEIR "MENTORSHIP YEAR," STUDENTS CHOOSE ONE HEALTH-RELATED ISSUE TO EXPLORE UNDER THE GUIDANCE OF A MENTOR AND PREPARE A CAPSTONE PROJECT. VALLEY HAS ALREADY HIRED THREE NURSES, TWO SOCIAL WORKERS, AND AN ADMINISTRATOR WHO ARE ALL GRADUATES OF RAHP.

FOR THE SIXTH CONSECUTIVE YEAR, VALLEY RECEIVED NATIONAL ACCOLADES FOR OUR SUSTAINABILITY PRACTICES FROM PRACTICE GREENHEALTH, THE NATION'S LEADING ORGANIZATION DEDICATED TO ENVIRONMENTAL SUSTAINABILITY IN HEALTHCARE. VALLEY RECEIVED THE GREENHEALTH ENVIRONMENTAL EXCELLENCE AWARD FOR ITS ONGOING COMMITMENT TO IMPROVING ITS ENVIRONMENTAL PERFORMANCE AND EFFORTS TO BUILD SUSTAINABILITY INTO THE HOSPITAL'S

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

OPERATIONS.

VALLEY WAS RECOGNIZED BY THE COMMERCE AND INDUSTRY ASSOCIATION OF NEW JERSEY (CIANJ) AND ITS FLAGSHIP PUBLICATION, COMMERCE MAGAZINE, FOR OUR ENVIRONMENTAL LEADERSHIP IN WASTE MINIMIZATION. VALLEY HAS A LONG-STANDING COMMITMENT TO SUSTAINABILITY AND ENVIRONMENTALLY FRIENDLY PRACTICES. DURING 2020, A MULTITUDE OF INITIATIVES WERE IMPLEMENTED TO FURTHER DECREASE OUR CARBON FOOTPRINT:

-SUSTAINABLY MADE, REUSABLE PATIENT-BELONGING BAGS CONTINUE TO REPLACE SINGLE-USE PLASTIC BAGS.

-VALLEY DINING SWITCHED FROM STYROFOAM PLATES AND CLAMSHELL FOOD CONTAINERS TO COMPOSTABLE PRODUCTS.

-THE ADDITION OF THE SETERICYCLE CSRX CONTROLLED WASTE DISPOSAL SYSTEM ENSURES THAT INAPPROPRIATE WASTE DOES NOT ENTER THE COMMUNITY'S WATERSHED.

-USING EMERALD BRAND TREE-FREE PRODUCTS SAVED 947 TREES AND 325,296 GALLONS OF WATER AND AVOIDED CREATING 102,772 POUNDS OF LANDFILL WASTE.

-THE PURCHASE OF 20 REUSABLE PATIENT GROUNDING ELECTRODES IS DRASTICALLY REDUCING THE NUMBER OF DISPOSABLE GROUNDING PADS USED.

-A REDUCTION IN THE NUMBER OF INSTRUMENTS IN THE SURGICAL INSTRUMENTATION TRAYS LED TO A REDUCTION IN THE AMOUNT OF WATER AND ENZYMATIC CLEANERS REQUIRED TO REPROCESS INSTRUMENTATION.

VALLEY WORKS WITH OVER 70 LOCAL, SMALL BUSINESSES TO PROVIDE AN ARRAY OF SERVICES. SOME LOCAL BUSINESSES INCLUDE SERVICES FOR FURNITURE PURCHASES AND REPAIRS, TEMPORARY AND OUTDOOR SIGNAGE, MARKETING AND

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

PRINTING MATERIALS, TRAFFIC AND SAFETY EQUIPMENT, JANITORIAL SUPPLY,  
HVAC AND ELECTRICAL SERVICES, AND CONSTRUCTION.

THE COMPASSION FUND IS VALLEY'S WAY OF HELPING FELLOW EMPLOYEES IN  
SERIOUS NEED OF FINANCIAL ASSISTANCE TO PAY RENT, UTILITY BILLS, FOOD  
COSTS, AND OTHER EVERYDAY EXPENSES.

VALLEY PROVIDED \$100,000 TO LOCAL ORGANIZATIONS TO IMPROVE ACCESS AND  
BUILD CAPACITY THROUGH GRANTS. AN ADDITIONAL \$195,838 OF CASH AND  
IN-KIND DONATIONS WERE GIVEN TO COMMUNITY GROUPS AND LOCAL CHARITY  
EVENTS TO SUPPORT ACCESS TO CARE, MENTAL HEALTH, CANCER, HEART DISEASE,  
AND EFFORTS TO IMPROVE NON-MEDICAL DETERMINANTS OF HEALTH.

IN ADDITION TO VALLEY SPONSORING LOCAL EVENTS, OUR EMPLOYEES  
PARTICIPATE IN MANY EVENTS TO RAISE FUNDS FOR RESEARCH. IN 2021, THE  
LUSTGARTEN FOUNDATION WALK FOR PANCREATIC CANCER RESEARCH, NJ SHARING  
NETWORK 5K, ALS ASSOCIATION'S WALK TO DEFEAT ALS, RELAY FOR LIFE, AND  
THE BREAST CANCER WALK ARE SOME OF THE EVENTS VALLEY EMPLOYEE TEAMS  
PARTICIPATED IN.

PART III, LINE 4A, CONTINUATION PART II

THE CORONAVIRUS (COVID-19) PANDEMIC HAS LEFT A DEVASTATING IMPACT  
AROUND THE WORLD. INDIA WAS EXPERIENCING THE WORLD'S WORST OUTBREAK  
WITH NEW CASES SURGING PAST 400,000 PER DAY. THE NEW JERSEY HOSPITAL  
ASSOCIATION AND LOCAL HEALTHCARE FACILITIES RECOGNIZED THE NEED TO ACT  
FAST TO ASSIST INDIA IN THEIR FIGHT AGAINST COVID-19. AS PART OF THIS  
EFFORT, VALLEY DONATED FOUR RESPIRATORY VENTILATORS AND SEVEN SYRINGE  
PUMPS.

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

VALLEY'S PARAMEDIC TEAM PROVIDED OVER 80 HOURS OF EDUCATION TO LOCAL, VOLUNTEER EMTS. THE FREE TRAINING INCLUDED PERTINENT TOPICS, SUCH AS EPINEPHRINE AUTO INJECTOR TRAINING, NARCAN USE, PRE-HOSPITAL TRAUMA LIFE SUPPORT, PEDIATRIC CARE, WINTER EMERGENCIES, SEPSIS, AND STROKE.

THE VALLEY HOSPITAL GAMMA KNIFE TEAM, VALLEY HOSPITAL SECURITY, AND PARAMUS POLICE DEPARTMENT PARTICIPATED IN DISTANCE ALARM TRAINING, AN 8-HOUR COURSE DEVELOPED BY THE US DEPARTMENT OF ENERGY'S OFFICE OF RADIOLOGICAL SECURITY (ORS), TO REVIEW SECURITY ENHANCEMENTS IN THE GAMMA KNIFE SUITE IN THE LUCKOW PAVILION AND TO DEVELOP AND DISCUSS TECHNIQUES AND PROCEDURES WHEN RESPONDING TO THE ATTEMPTED THEFT OF RADIOACTIVE MATERIALS FROM THE GAMMA SUITE. A SECOND 2-HOUR TABLE-TOP EXERCISE DEVELOPED BY ORS WAS HELD TO PREPARE FOR AN ATTACK AND THEFT OF RADIOACTIVE MATERIAL.

SINCE 2003, THE VALLEY HOSPITAL HAS BEEN A RECIPIENT OF THE PRESTIGIOUS MAGNET DESIGNATION FOR NURSING EXCELLENCE FROM THE AMERICAN NURSES CREDENTIALING CENTER.

THE VALLEY HOSPITAL RECEIVED THE INTERNATIONAL BOARD-CERTIFIED LACTATION CONSULTANT (IBCLC) CARE AWARD BY THE INTERNATIONAL BOARD OF LACTATION CONSULTANT EXAMINERS AND THE INTERNATIONAL LACTATION CONSULTANT ASSOCIATION. THE IBCLC CARE AWARD RECOGNIZES HEALTHCARE ORGANIZATIONS THAT STAFF IBCLC-CERTIFIED PROFESSIONALS AND EXCEL IN PROMOTING, PROTECTING, AND SUPPORTING BREASTFEEDING. THIS IS A GLOBAL, TWO-YEAR RECOGNITION. IBCLCS FOCUS ON PREVENTIVE CARE AND ARE AVAILABLE DURING PREGNANCY TO ASSESS AND PROVIDE INFORMATION ON HOW TO

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

SUCCESSFULLY INITIATE BREASTFEEDING. THEY CONTINUE ASSISTANCE AFTER THE  
 BABY IS BORN BY HELPING FAMILIES OVERCOME BREASTFEEDING CHALLENGES,  
 PROVIDING ACCURATE INFORMATION, AND OFFERING CONTINUING SUPPORT AS  
 THEIR BABY GROWS.

IN ADDITION TO LACTATION SERVICES, OVER 1,100 PEOPLE JOINED VALLEY FOR  
 BREASTFEEDING SUPPORT GROUPS AND CLASSES IN 2021.

FOR THE EIGHTH TIME, THE VALLEY HOSPITAL EARNED THE 2021 WOMEN'S CHOICE  
 AWARD AS ONE OF AMERICA'S 100 BEST HOSPITALS FOR PATIENT EXPERIENCE,  
 WHICH SIGNIFIES THAT THEY HAVE MET THE HIGHEST STANDARDS FOR PATIENT  
 EXPERIENCE IN THE U.S. VALLEY IS ONE OF ONLY FOUR HOSPITALS IN NEW  
 JERSEY THAT RECEIVED THIS DISTINCTION. THIS DISTINCTION REFLECTS  
 VALLEY'S COMMITMENT AND DEDICATION TO PROVIDING EXCEPTIONAL CARE AND  
 SERVICE TO ALL PATIENTS, INCLUDING WOMEN AND THEIR FAMILIES. VALLEY  
 ALSO EARNED THE WOMEN'S CHOICE AWARD FOR AMERICA'S BEST BREAST CENTERS  
 AND AMERICA'S BEST HOSPITALS FOR OBSTETRICS.

FOR THE 17TH TIME, THE VALLEY HOSPITAL RECEIVED AN "A" GRADE FOR  
 PATIENT SAFETY FROM THE LEAPFROG GROUP. THIS RECOGNITION DISTINGUISHES  
 VALLEY AS ONE OF THE SAFEST HOSPITALS IN THE UNITED STATES. SAFETY IS  
 ALWAYS PARAMOUNT AT VALLEY. DURING THE LAST 20 MONTHS, OUR PHYSICIANS,  
 NURSES, AND STAFF HAVE GONE ABOVE AND BEYOND TO MAKE VALLEY A SAFE  
 PLACE TO RECEIVE CARE, VISIT A LOVED ONE, AND WORK, MAKING THIS  
 DISTINCTION ALL THE MORE MEANINGFUL.

THE VALLEY HOSPITAL WAS ONCE AGAIN NAMED ONE OF AMERICA'S 250 BEST  
 HOSPITALS BY HEALTHGRADES, PLACING US AMONG THE TOP FIVE PERCENT OF



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

HOSPITALS NATIONWIDE FOR SUPERIOR CLINICAL PERFORMANCE. VALLEY IS ONE OF ONLY FOUR HOSPITALS IN NEW JERSEY AND THE ONLY HOSPITAL IN BERGEN, PASSAIC, ESSEX, AND HUDSON COUNTIES TO EARN THIS DISTINCTION FOR 2021. HEALTHGRADES BESTOWED THIS AWARD AFTER ASSESSING MORE THAN 4,500 HOSPITALS NATIONWIDE FOR OVERALL CLINICAL EXCELLENCE ACROSS A BROAD SPECTRUM OF CARE. THIS DISTINCTION IS A TESTAMENT TO VALLEY'S COMMITMENT TO PROVIDING SAFE, HIGH-QUALITY CLINICAL CARE AND SERVICE TO OUR PATIENTS AND FAMILIES.

THE VALLEY HOSPITAL HOLDS DISEASE-SPECIFIC CERTIFICATIONS FROM THE JOINT COMMISSION IN PERINATAL CARE; COMPREHENSIVE STROKE; TOTAL HIP REPLACEMENT; TOTAL KNEE REPLACEMENT; AND WOUND CARE.

THE VALLEY HOSPITAL ONCE AGAIN RECEIVED DISEASE-SPECIFIC CARE CERTIFICATION IN WOUND CARE FROM THE JOINT COMMISSION. THIS CERTIFICATION IS GIVEN TO INSTITUTIONS AND PROGRAMS THAT ARE COMMITTED TO PROVIDING CONSISTENT CLINICAL QUALITY WHEN PROVIDING CARE FOR THEIR PATIENTS. BEING CERTIFIED RECOGNIZES VALLEY'S SAFE AND EFFECTIVE CARE OF INFECTION-RELATED DISEASES INVOLVING WOUNDS.

THE VALLEY HOSPITAL WAS RANKED THE THIRD BEST HOSPITAL IN NEW JERSEY AND ACHIEVED AN OVERALL RANKING AS THE FIFTEENTH BEST HOSPITAL (IN A THREE-WAY TIE) IN THE ENTIRE NEW YORK METROPOLITAN AREA, BY U.S. NEWS & WORLD REPORT FOR 2021-2022. IN ADDITION, VALLEY ACHIEVED THE HIGHEST POSSIBLE RATING HIGH PERFORMING IN 12 AREAS OF CARE (UP FROM EIGHT LAST YEAR): ORTHOPEDICS, CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD), COLON CANCER SURGERY, DIABETES, HEART ATTACK, HEART FAILURE, HIP REPLACEMENT, KNEE REPLACEMENT, KIDNEY FAILURE, LUNG CANCER SURGERY,

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

PNEUMONIA, AND STROKE. THE U.S. NEWS & WORLD REPORT ANALYSIS OF HOSPITALS INCLUDES NATIONWIDE DATA FROM ACROSS MULTIPLE CLINICAL SPECIALTIES, PROCEDURES, AND CONDITIONS. SCORES ARE BASED ON PATIENT OUTCOMES, PATIENT EXPERIENCE, A VARIETY OF CARE-RELATED FACTORS, AND EXPERT OPINION OBTAINED THROUGH PHYSICIAN SURVEYS. OF THE NEARLY 5,000 HOSPITALS ANALYZED, AND 30,000 PHYSICIANS SURVEYED, ONLY 175 HOSPITALS RANKED IN AT LEAST ONE OF THE SPECIALTIES. THESE DISTINCTIONS ARE A REFLECTION OF VALLEY'S LONGSTANDING COMMITMENT TO PROVIDING EXCELLENT CLINICAL CARE AND SERVICE TO ALL MEMBERS OF THE COMMUNITY WE SERVE.

THE VALLEY HOSPITAL WAS NAMED ONE OF THE WORLD'S BEST HOSPITALS BY NEWSWEEK FOR A THIRD CONSECUTIVE YEAR. CREATED BY STATISTICA, THE WORLD'S BEST HOSPITALS 2021 RANKING LISTS THE 2,000 BEST HOSPITALS ACROSS 25 COUNTRIES, INCLUDING THE UNITED STATES, THE UNITED KINGDOM, GERMANY, AND CANADA. VALLEY WAS RANKED AS THE 132ND BEST HOSPITAL IN THE U.S. AND THE THIRD BEST HOSPITAL IN NEW JERSEY FOR 2021. THE 2,000 HOSPITALS RECOGNIZED ON THE WORLD'S BEST HOSPITALS 2021 LIST WERE SELECTED BASED ON RECOMMENDATIONS FROM MEDICAL PROFESSIONALS, PATIENT SURVEY RESULTS, AND MEDICAL PERFORMANCE INDICATORS. SCORES ARE COMPARABLE ONLY BETWEEN HOSPITALS IN THE SAME COUNTRY. THE NUMBER OF AWARDS PER COUNTRY VARIED BASED ON THE NUMBER OF HOSPITALS AND DATA AVAILABILITY. THE U.S. HAD THE MOST HOSPITALS AWARDED, WITH 334.

THE VALLEY HOSPITAL WAS RECOGNIZED WITH THE 2021-2022 AMERICAN ASSOCIATION FOR RESPIRATORY CARE APEX RECOGNITION AWARD FOR OUR CONTINUED BEST PRACTICES AND PROMOTION OF PATIENT SAFETY IN RESPIRATORY CARE. THIS IS OUR SECOND CONSECUTIVE APEX RECOGNITION AWARD, HAVING PREVIOUSLY RECEIVED IT FOR 2019-2020. THE APEX RECOGNITION AWARD

Name of the organization <b>THE VALLEY HOSPITAL, INC.</b>	Employer identification number <b>22-1487307</b>
--	---

DISTINGUISHES FACILITIES FOR THEIR COMMITMENT TO EXCELLENCE IN PROFESSIONAL DEVELOPMENT, EVIDENCE-BASED CARE, PATIENT SAFETY, PATIENT SATISFACTION, AND QUALITY IMPROVEMENT.

FOR THE 21ST CONSECUTIVE YEAR, VALLEY HEALTH SYSTEM WAS NAMED AMONG HEALTHCARE'S "MOST WIRED," ACCORDING TO CHIME HEALTHCARE'S MOST WIRED 2021 SURVEY. VALLEY RECEIVED A LEVEL 9 CERTIFICATION ONE OF THE HIGHEST GIVEN BY CHIME IN RECOGNITION OF ITS STATUS AS A LEADER IN HEALTHCARE TECHNOLOGY. THE MOST WIRED DISTINCTION RECOGNIZES HOSPITALS AND HEALTH SYSTEMS THAT ARE AT THE FOREFRONT OF APPLYING CORE AND ADVANCED TECHNOLOGIES TO IMPROVE HEALTHCARE IN THEIR COMMUNITIES.

THE VALLEY HOSPITAL WAS RANKED AMONG THE TOP THREE HOSPITALS BY NJBIZ, BASED ON INPATIENT ACTIVITY. VALLEY POSTED NEARLY 34,000 DISCHARGES IN 2021, MOVING UP TWO SPOTS FROM LAST YEAR'S LIST. THESE NUMBERS VALIDATE THAT BECAUSE OF THE OUTSTANDING CARE OUR STAFF PROVIDES, HUNDREDS OF THOUSANDS OF PATIENTS CONTINUE TO CHOOSE VALLEY FOR THEIR HEALTH AND WELLNESS NEEDS. VALLEY HEALTH SYSTEM HAS EARNED THE TOP SPOT IN EACH OF THE FIVE CATEGORIES IN WHICH IT WAS NOMINATED IN THE 2021 NJBIZ READER RANKINGS POLL. VALLEY RECEIVED THE MOST VOTES IN THESE CATEGORIES:

- BEST HEALTH CARE SYSTEM
- BEST HOSPITAL
- BEST CARDIAC CARE CENTER
- BEST PHYSICIAN GROUP (VALLEY MEDICAL GROUP)
- BEST NONPROFIT ORGANIZATION (THE VALLEY HOSPITAL FOUNDATION)

PART III, LINE 4A, CONTINUATION PART III

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

VALLEY WAS HONORED TO BE AMONG THE TOP THREE HOSPITALS IN THE JEWISH STANDARD'S 2021 READERS' CHOICE. VALLEY WAS RANKED FOR INPATIENT EXPERIENCE, EMERGENCY ROOM, BIRTHING CENTER, BREAST CARE CENTER, AND HOSPITAL FOOD. VALLEY ALSO RANKED AMONG THE TOP TWO HOSPITALS FOR HOME HEALTH CARE.

VALLEY ACHIEVED MANY SIGNIFICANT ACCOLADES AND RECOGNITIONS IN 2021, DESPITE CONTINUING TO DEAL WITH THE IMPACTS OF THE ONGOING PANDEMIC. THE RECOGNITIONS AND ACTIVITIES INCLUDE BEING NAMED AMONG THE TOP THREE BEST HOSPITALS IN NEW JERSEY BY U.S. NEWS & WORLD REPORT, BEING NAMED AS THE BEST PLACE TO WORK BY 201 MAGAZINE, BEING RECOGNIZED BY HEALTHGRADES AS ONE OF AMERICA'S 250 BEST HOSPITALS.

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:

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

Name of the organization <b>THE VALLEY HOSPITAL, INC.</b>	Employer identification number <b>22-1487307</b>
--	---

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 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;

Name of the organization <b>THE VALLEY HOSPITAL, INC.</b>	Employer identification number <b>22-1487307</b>
--	---

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 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

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

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. 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 2021.

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

THE HOSPITAL MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE BY POSTING OF THE RETURN ON GUIDESTAR.ORG AND SIMILAR TYPES OF WEBSITES. IN ADDITION FORM 990 AS WELL AS THE FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY AND OTHER RELEVANT DOCUMENTS ARE AVAILABLE UPON REQUEST.

Name of the organization <b>THE VALLEY HOSPITAL, INC.</b>	Employer identification number <b>22-1487307</b>
--	---

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

CHANGE IN HOSPITAL NET ASSETS HELD BY VALLEY HOSPITAL

FOUNDATION -5,905,363.

ADJUSTMENT FOR NET ASSETS OF DISREGARDED ENTITIES 2,902,396.

TOTAL TO FORM 990, PART XI, LINE 9 -3,002,967.

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

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, INC.
1200 EAST RIDGEWOOD, LLC - 46-4115513 223 NORTH VAN DIEN AVENUE RIDGEWOOD, NJ 07450	REAL ESTATE HOLDINGS	DELAWARE	3,672,595.	22,350,640.	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.	9,942,120.	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 223 NORTH VAN DIEN AVENUE RIDGEWOOD, NJ 07450	PROVIDES MANAGEMENT & PLANNING SERVICES FOR ITS MEMBERS	NEW JERSEY	501(C)(3)	LINE 3	N/A		X
VALLEY PHYSICIAN SERVICES INC. - 32-0041186 15 ESSEX ROAD PARAMUS, NJ 07652	PROVIDES MEDICAL CARE TO CARRYOUT THE PURPOSE OF THE VALLEY HEALTH SYSTEM	NEW JERSEY	501(C)(3)	LINE 10	THE VALLEY HOSPITAL, INC.	X	
VALLEY HOME CARE INC. - 22-3208480 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
THE VALLEY HOSPITAL FOUNDATION, INC. - 22-2324554, 223 NORTH VAN DIEN AVENUE, RIDGEWOOD, NJ 07450	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) 2021



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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
VHS INSURANCE COMPANY LTD. - 98-0408200 010 MAIN STREET CAYMAN ISLANDS, CAYMAN ISLANDS	PROVIDES PROFESSIONAL, MEDICAL AND COMMERCIAL	CAYMAN ISLANDS	VALLEY HEALTH SYSTEM	C CORP	0.	0.	.00%		X

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

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

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

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> 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, P.C.	S	25,684,298.	COST
(2) VALLEY PHYSICIAN SERVICES INC.	R	86,660,239.	COST
(3) VALLEY PHYSICIAN SERVICES, P.C., NY	S	558,231.	COST
(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**

# **The Valley Hospital**

Consolidated Financial Statements and  
Supplementary Information

December 31, 2021 and 2020

# The Valley Hospital

---

Table of Contents

December 31, 2021 and 2020

	<u>Page</u>
<b>Independent Auditors' Report</b>	1
<b>Consolidated Financial Statements</b>	
Consolidated Balance Sheets	3
Consolidated Statements of Operations and Changes in Net Assets	4
Consolidated Statements of Cash Flows	6
Notes to Consolidated Financial Statements	7
<b>Supplementary Information</b>	
Consolidating Balance Sheet	28
Consolidating Statement of Operations and Changes in Net Assets	30



## **Independent Auditors' Report**

To the Board of Trustees of  
The Valley Hospital

### **Report on the Audit of the Consolidated Financial Statements**

#### ***Opinion***

We have audited the consolidated financial statements of The Valley Hospital and affiliated companies (collectively, the Organization), which comprise the consolidated balance sheets as of December 31, 2021 and 2020, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, based on our audits and the reports of the other auditors, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of the Organization as of December 31, 2021 and 2020, and the results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

We did not audit the financial statements of The Valley Medical Group, for which The Valley Hospital is the sole member, which statements reflect total assets constituting 6 percent and 7 percent, respectively, of consolidated total assets at December 31, 2021 and 2020, and total revenues constituting 19 percent and 17 percent, respectively, of consolidated total revenues for the years then ended. Those statements were audited by other auditors, whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for The Valley Medical Group, is based solely on the report of the other auditors.

#### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the consolidated Financial Statements section of our report. We are required to be independent of the Organization and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### ***Responsibilities of Management for the Consolidated Financial Statements***

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern within one year after the date that the consolidated financial statements are available to be issued.

## ***Auditors' Responsibilities for the Audit of the Consolidated Financial Statements***

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings and certain internal control-related matters that we identified during the audit.

### **Report on Supplementary Information**

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying supplementary information included in the consolidating balance sheet as of December 31, 2021 and consolidating statement of operations and changes in net assets for the year then ended is presented for purposes of additional analysis rather than to present the financial position, results of operations and changes in net assets of the individual companies and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

*Baker Tilly US, LLP*

Iselin, New Jersey  
March 30, 2022

## The Valley Hospital

Consolidated Balance Sheets  
December 31, 2021 and 2020  
(In Thousands)

	<u>2021</u>	<u>2020</u>		<u>2021</u>	<u>2020</u>
<b>Assets</b>			<b>Liabilities and Net Assets</b>		
<b>Current Assets</b>			<b>Current Liabilities</b>		
Cash and cash equivalents	\$ 15,108	\$ 20,062	Accounts payable	\$ 44,321	\$ 41,696
Assets whose use is limited, current	19,013	19,251	Medicare advance payments	69,646	45,150
Accounts receivable	102,455	95,435	Accrued salaries and related benefits	59,626	58,357
Prepaid expenses	7,393	8,379	Current portion of long-term debt	11,885	11,885
Supplies and other current assets	17,520	22,719	Current portion of finance lease obligation	399	290
Total current assets	<u>161,489</u>	<u>165,846</u>	Current portion of operating lease liability	7,394	7,847
<b>Assets Whose Use is Limited</b>			Other accrued expenses	66,820	54,602
Board designated	1,065,589	977,282	Accrued bond interest payable	<u>7,128</u>	<u>7,366</u>
Trustee-held funds	162,039	314,308	Total current liabilities	267,219	227,193
Donor restricted investments	<u>6,686</u>	<u>6,666</u>	<b>Medicare Advance Payments, Noncurrent Portion</b>	-	65,496
	<u>1,234,314</u>	<u>1,298,256</u>	<b>Operating Lease Liability, Noncurrent Portion</b>	74,757	81,868
<b>Property and Equipment, Net</b>	698,473	520,353	<b>Long-Term Debt, Noncurrent Portion</b>	356,877	372,041
<b>Finance Lease Right-of-Use Asset</b>	51,620	53,966	<b>Finance Lease, Noncurrent Portion</b>	58,768	59,167
<b>Operating Lease Right-of-Use Asset</b>	79,933	88,001	<b>Estimated Professional Liability</b>	38,205	32,147
<b>Other Assets</b>	77,496	71,337	<b>Amounts Due to Third-Party Payors and Other Liabilities</b>	<u>81,157</u>	<u>70,695</u>
<b>Assets Held by Related Organization</b>	40,299	46,752	Total liabilities	<u>876,983</u>	<u>908,607</u>
	<u>2,343,624</u>	<u>2,244,511</u>	<b>Net Assets</b>		
Total assets	<u>\$ 2,343,624</u>	<u>\$ 2,244,511</u>	Without donor restrictions	1,456,504	1,325,240
			With donor restrictions	<u>10,137</u>	<u>10,664</u>
			Total net assets	<u>1,466,641</u>	<u>1,335,904</u>
			Total liabilities and net assets	<u>\$ 2,343,624</u>	<u>\$ 2,244,511</u>

See notes to consolidated financial statements

## The Valley Hospital

### Consolidated Statements of Operations and Changes in Net Assets

Years Ended December 31, 2021 and 2020

(In Thousands)

	<u>2021</u>	<u>2020</u>
<b>Changes in Net Assets Without Donor Restrictions</b>		
Net patient service revenues	\$ 1,028,839	\$ 875,519
COVID-19 funding grant revenues	5,634	77,516
Other revenues	<u>32,355</u>	<u>20,239</u>
Total operating revenues	<u>1,066,828</u>	<u>973,274</u>
<b>Expenses</b>		
Salaries and wages	441,902	417,606
Employee benefits	84,520	78,822
Medical fees	741	1,370
Other expenses	375,057	324,499
Interest expense	3,454	3,774
Depreciation	<u>48,521</u>	<u>49,840</u>
Total operating expenses	<u>954,195</u>	<u>875,911</u>
Operating income before other items and special projects	112,633	97,363
<b>Other Items and Special Projects</b>	<u>(18,192)</u>	<u>(15,707)</u>
Operating income	<u>\$ 94,441</u>	<u>\$ 81,656</u>

See notes to consolidated financial statements

## The Valley Hospital

### Consolidated Statements of Operations and Changes in Net Assets

Years Ended December 31, 2021 and 2020

(In Thousands)

	<u>2021</u>	<u>2020</u>
<b>Other Income (Loss)</b>		
Income from operations	\$ 94,441	\$ 81,656
Investment income	27,742	32,473
Change in unrealized (losses) gains on investments	(4,953)	8,200
Pension costs	1,941	(77,971)
	<u>119,171</u>	<u>44,358</u>
Revenues in excess of expenses		
	<u>119,171</u>	<u>44,358</u>
<b>Other Changes in Net Assets Without Donor Restrictions</b>		
Change in prepaid pension asset/accrued pension liability to be recognized in future periods	-	81,344
Net changes in assets held by related organization and net assets transfers to/from affiliated entities	12,093	12,622
	<u>12,093</u>	<u>93,966</u>
Total other changes in net assets without donor restrictions		
	<u>12,093</u>	<u>93,966</u>
Increase in net assets without donor restrictions	131,264	138,324
<b>Changes in Net Assets With Donor Restrictions</b>		
Decrease in assets with donor restrictions	(527)	(768)
	<u>(527)</u>	<u>(768)</u>
Increase in net assets	130,737	137,556
<b>Net Assets, Beginning</b>	<u>1,335,904</u>	<u>1,198,348</u>
<b>Net Assets, Ending</b>	<u>\$ 1,466,641</u>	<u>\$ 1,335,904</u>

See notes to consolidated financial statements

## The Valley Hospital

Consolidated Statements of Cash Flows  
Years Ended December 31, 2021 and 2020  
(In Thousands)

	<u>2021</u>	<u>2020</u>
<b>Cash Flows From Operating Activities</b>		
Increase in net assets	\$ 130,737	\$ 137,556
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation	54,570	54,424
Finance lease right-to-use asset amortization	2,346	2,347
Operating lease right-to-use asset amortization	8,068	10,840
Amortization of bond premium, bond discount and deferred financing costs	(3,279)	(3,816)
Change in assets held by related organization	6,453	5,122
Change in prepaid pension asset/accrued pension liability to be recognized in future periods	-	(81,344)
Net realized (gains) losses on investments	(9,809)	(14,619)
Change in unrealized (gains) on investments	4,953	(8,200)
Transfers to/from affiliated entities	(18,546)	(17,744)
Changes in assets and liabilities:		
Accounts receivable	(7,020)	(5,056)
Prepaid expenses, supplies and other current assets	6,185	(14,018)
Other assets	(6,159)	2,688
Accounts payable and other current liabilities	15,874	10,659
Pension asset/liability	-	92,182
Medicare advance payments	(41,000)	110,646
Operating lease liabilities	(7,564)	(10,193)
Estimated professional liability	6,058	(153)
Amounts due to third-party payors and other liabilities	10,462	2,116
Net cash provided by operating activities	<u>152,329</u>	<u>273,437</u>
<b>Cash Flows From Investing Activities</b>		
Purchase of property and equipment	(232,690)	(143,087)
Purchases of assets whose use is limited	(648,140)	(809,995)
Sales of assets whose use is limited	564,669	614,023
Net cash used in investing activities	<u>(316,161)</u>	<u>(339,059)</u>
<b>Cash Flows From Financing Activities</b>		
Transfers to/from affiliated entities	18,546	17,744
Principal payments on long-term debt	(11,885)	(11,880)
Principal payments on capital lease obligation	(290)	(188)
Net cash provided by financing activities	<u>6,371</u>	<u>5,676</u>
Decrease in cash and cash equivalents and restricted cash	(157,461)	(59,946)
<b>Cash and Cash Equivalents and Restricted Cash, Beginning</b>	<u>353,621</u>	<u>413,567</u>
<b>Cash and Cash Equivalents and Restricted Cash, Ending</b>	<u>\$ 196,160</u>	<u>\$ 353,621</u>
<b>Supplemental Disclosure of Cash Flow Information</b>		
Cash paid during the year for interest	<u>\$ 3,127</u>	<u>\$ 3,137</u>
<b>Supplemental Schedule of Noncash Investing and Financing Activities</b>		
Right-of-use assets obtained in exchange for lease obligations	<u>\$ -</u>	<u>\$ 25,725</u>
<b>Reconciliation of Cash and Restricted Cash to Balance Sheets</b>		
Cash and cash equivalents, operations	\$ 15,108	\$ 20,062
Assets whose use is limited, current	19,013	19,251
Trustee-held funds	162,039	314,308
	<u>\$ 196,160</u>	<u>\$ 353,621</u>

See notes to consolidated financial statements

# The Valley Hospital

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

---

## 1. Organization and Summary of Significant Accounting Policies

### Organization

The Valley Hospital, Inc. (the Hospital) is a 431-bed, not-for-profit acute care hospital located in Ridgewood, New Jersey and is a subsidiary corporation of Valley Health System, Inc. (the System).

The Hospital is the sole member of Valley Physician Services, Inc. (VPS). On January 1, 2017, VPS assigned its New Jersey physician contracts to Valley Physician Services, PC. Effective with the assignment of these contracts, VPS became a management services corporation providing service to both captive professional corporations: Valley Physician Services, P.C. and Valley Physician Services, NY, P.C.

All of VPS, Valley Physician Services, P.C., and Valley Physician Services NY, PC, trade under the name Valley Medical Group (VMG). All VMG operations are reflected in the 2021 and 2020 consolidated financial statements.

Other related corporations are Valley Home Care, Inc., The Valley Hospital Foundation, Inc., ColigoCare, LLC (a clinically integrated network) and several limited liability corporations created for real estate acquisitions.

### Principles of Consolidation

As of December 31, 2021 and 2020 and for the years then ended, the consolidated financial statements include the accounts of the Hospital and VMG, and the other companies created for real estate acquisitions (collectively, the Organization). All significant intercompany accounts and transactions have been eliminated.

### Use of Estimates

The preparation of the consolidated financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. There is at least a reasonable possibility that certain estimates will change by material amounts in the near term. Actual results could differ from those estimates.

### Cash, Cash Equivalents and Restricted Cash and Cash Equivalents

The Organization considers all highly liquid financial instruments purchased with a maturity of three months or less to be cash equivalents, except for amounts reported within limited use assets. Cash and cash equivalents and restricted cash and cash equivalents include cash and money market funds. Restricted cash has been restricted by debt agreements for a specific purpose.

The Organization has balances in these financial institutions that exceed federal depository insurance limits. Management does not believe the credit risk related to these deposits to be significant.

### Investments

All investments are classified as trading securities. Investments included in limited use assets in the accompanying consolidated balance sheets consist of cash, equity securities, equity mutual funds, U.S. government obligations and government secured obligations, corporate bonds.

# The Valley Hospital

## Notes to Consolidated Financial Statements

December 31, 2021 and 2020

Investment income or loss (including realized gains and losses on investments, interest and dividends) and changes in unrealized gains and losses on investments are included in revenues in excess of expenses unless the income or loss is restricted by donor or law.

Investment income on deferred compensation investments and on other limited use assets is reported as other income in the consolidated statements of operations and changes in net assets. Deferred compensation assets are included in other assets on the consolidated balance sheets.

### **Assets Whose Use is Limited**

Assets whose use is limited primarily include assets held by trustee under indenture agreements; designated assets set aside by the Board of Trustees (Board) for future capital improvements, over which the Board retains control and may at its discretion subsequently use for other purposes; and donor-restricted assets.

### **Accounts Receivable**

Accounts receivable are recorded at net realizable value at the transaction price based on standard charges for services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured or underinsured patients in accordance with the Organization's policies and/or implicit price concessions provided to uninsured or underinsured patients and do not bear interest. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenues in the period of the change.

### **Supplies**

Supplies are carried at the lower of cost (first-in, first-out method) or net realizable value. Supplies totaling approximately \$13.8 million and \$13.1 million are included in supplies and other current assets in the consolidated balance sheets at December 31, 2021 and 2020, respectively.

### **Property and Equipment**

Property and equipment are recorded at cost. Annual provisions for depreciation of property and equipment are computed using the straight-line method. Additions are depreciated beginning with the month that the asset is placed in service.

Property and equipment are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. If such assets are deemed to be impaired, the impairment to be recognized is measured by the amount by which the carrying amount of the assets exceeds the fair value. Assets to be disposed of are reported at the lower of the carrying amount or fair value less costs to sell. There were no such impairment losses recorded in 2021 or 2020.

### **Donor-Restricted Gifts**

Unconditional promises to give cash and other assets to the Organization are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as support with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the consolidated statements of operations and changes in net assets as net assets released from restriction. Donor-restricted contributions whose restrictions are met within the same year as received are reported as contributions without donor restrictions in the accompanying consolidated financial statements.



# The Valley Hospital

## Notes to Consolidated Financial Statements

December 31, 2021 and 2020

### Deferred Compensation

Certain Organization employees participate in deferred compensation plans. In connection with these plans, the Organization deposits amounts with trustees on behalf of the participating employees. The assets are restricted for payments under the plans, but may revert to the Organization in the event of a bankruptcy filing. At December 31, 2021 and 2020, amounts on deposit with trustees were equal to liabilities under the plans and aggregated \$17.5 million and \$20.2 million, respectively. Investments consist of mutual funds and are reported at fair value based upon quoted market price. Amounts on deposit are recorded in other assets and liability amounts are included in amounts due to third-party payors and other liabilities in the accompanying consolidated balance sheets.

The investments held by the trustees are classified as trading securities. For the years ended December 31, 2021 and 2020, the Organization recorded investment income related to deferred compensation assets of \$2.3 million and \$1.9 million, respectively, as other revenues. Changes to the deferred compensation liability are recorded in employee benefits expense.

The Organization has a deferred compensation plan for certain executives which invests in life insurance policies for these executives. At December 31, 2021 and 2020, there is an insurance asset of \$22.6 million and \$21.9 million, respectively, which is included in other assets. Related benefit liabilities and expense of \$7.5 million in 2021 and \$7.2 million in 2020 are included in amounts due to third-party payors and other liabilities in the consolidated balance sheets and employee benefits expenses in the consolidated statements of operations and changes in net assets.

### Deferred Financing Costs

Costs incurred in connection with the issuance of long-term debt have been deferred and are being amortized over the terms of the related debt using the effective interest method. Deferred financing costs are reported as a direct reduction of long-term debt.

### Classification of Net Assets

The Organization separately accounts for and reports net assets with donor restrictions and net assets without donor restrictions. Net assets with donor restrictions are those whose use is restricted by the donor for a specified period of time or purpose or to be maintained by the Organization in perpetuity. The Organization recognizes its accumulated interest in the net assets of the Valley Hospital Foundation, Inc. (Foundation) as assets held by a related organization in the accompanying consolidated balance sheets. Changes in the Organization's interest in the net assets of the Foundation are reported in the accompanying consolidated statements of operations and changes in net assets. The net assets held by the Foundation on behalf of the Organization are for the benefit for the Organization for health care services and capital expenditures.

### Self-Insured Health Benefits

The Organization maintains limited self-insured medical, dental and workers' compensation coverage for its employees. Claims under the plan are accrued as the incidents that give rise to them occur and an estimate of unpaid claims is included in other accrued expenses.

### Medical Malpractice Insurance

The Organization participates in the VHS Insurance Company, LTD. (VHSIC) malpractice program. The provision for estimated medical malpractice claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported. The Organization records the actuarially determined liabilities for incurred but not reported professional and general liabilities. Anticipated insurance recoveries or claims receivable from VHSIC associated with reported claims are reported separately in the Organization's consolidated balance sheets at net realizable value in other assets.

### Revenue Recognition

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 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.

### Other Expenses

The major categories included in other expenses are drugs, surgical supplies, cardiac cath supplies, other medical supplies, professional fees, contracted services, rent, repairs and maintenance.

### Measure of Operations

The consolidated statements of operations and changes in net assets reflect all operating revenues and expenses that are an integral part of the Organization's healthcare services and supporting activities and net assets released from donor restrictions to support operating expenditures. Changes in revenues in excess of expenses that are excluded from operating income, consistent with industry practice, include investment income (including realized and unrealized gains and losses on investments, interest, dividends and investment expense) and net periodic pension cost.

# The Valley Hospital

## Notes to Consolidated Financial Statements

December 31, 2021 and 2020

### Revenues in Excess of Expenses

The consolidated statements of operations and changes in net assets include the determination of revenues in excess of expenses. Changes in net assets without donor restrictions which are excluded from the determination of revenues in excess of expenses, consistent with industry practice, include pension liability adjustment, permanent transfers of assets to and from subsidiaries for other than goods and services and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets).

### Income Taxes

As of December 31, 2021 and 2020 and for the years then ended, the Hospital and VMG are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code (IRC) and are exempt from federal income taxes on related income pursuant to Section 501(a) of the IRC.

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 threshold in 2021 or 2020.

### Subsequent Events

The Organization has evaluated the impact of subsequent events through March 30, 2022, representing the date at which the consolidated financial statements were issued.

## 2. Liquidity and Availability

The Organization's financial assets available within one year of the consolidated balance sheets date for general expenditure such as operating expenses are as follows (in thousands):

	<u>2021</u>	<u>2020</u>
Financial assets at year-end:		
Cash and cash equivalents	\$ 15,108	\$ 20,062
Accounts receivable	102,455	95,435
Board designated investments	<u>1,065,589</u>	<u>977,282</u>
 Total financial assets	 <u>\$ 1,183,152</u>	 <u>\$ 1,092,779</u>

As part of the Organization's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due. In addition, the Organization invests cash in excess of daily requirements in short-term investments.

In 2020, the Organization maintained a \$150 million line of credit, as discussed in more detail in Note 19. This line of credit expired in 2021 and was not renewed.

## 3. Charity Care

The Organization provides care to patients who meet certain criteria defined by the New Jersey Department of Health (DOH) without charge or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. Charges for charity care rendered were approximately \$21.6 million and \$17.6 million for the years ended December 31, 2021 and 2020, respectively. Total charity care costs were approximately \$5.3 million and \$4.7 million for the years ended December 31, 2021 and 2020, respectively.

# The Valley Hospital

## Notes to Consolidated Financial Statements

December 31, 2021 and 2020

Additionally, the Organization sponsors other charitable programs, which provide substantial benefit to the broader community. Such programs include services to the needy and elderly population that require special support, various clinical outreach programs, as well as health promotion and education for the general community welfare. Health care and other services are also provided to those covered by Medicaid and Medicare for which the Organization is not reimbursed at its full cost.

The Organization receives revenue through the State of New Jersey Charity Care Subsidy Fund. The amount received totaled \$0.4 million and \$0.3 million for the years ended December 31, 2021 and 2020, respectively, and is included in other revenues.

#### 4. COVID-19

COVID-19 grant revenues consist of amounts received from federal funding sources related to the COVID-19 pandemic. The Organization accounts for this funding in accordance with FASB ASC 958-605 guidance for conditional contributions and accordingly, revenues are recognized when barriers are substantially met, which occurs when the Organization complies with the terms and conditions related to the purpose of the grant rather than those that are administrative in nature. The Organization measures the amounts recognized in accordance with FASB ASC 606 for variable consideration, including constraints of variable consideration, and accordingly, revenue is measured at amounts for which it is probable that there will not be a significant reversal in a future period.

In March 2020, the Coronavirus Aid, Relief, and Economic Security (CARES) Act was signed into law to combat the financial effects of COVID-19. The CARES Act created a Provider Relief Fund (PRF) to provide financial support for healthcare providers. In accordance with the terms and conditions of PRF, the Organization could apply the funding against lost revenues and eligible expenses not reimbursed from other sources. The Organization received PRF payments of \$5.6 million in 2021 and \$77.5 million in 2020.

The Organization incurred lost revenues and eligible expenses of \$5.6 million in 2021 and \$77.5 million in 2020, in accordance with the terms of the respective funding sources, which were recognized and included in COVID-19 grant revenues in the accompanying consolidating statements of operations and changes in net assets.

The Organization's methodology for calculating lost revenues was the difference between 2020 budgeted patient care revenues compared to actual patient care revenues in 2021 and 2020.

The majority of the funding received is subject to future reporting and audit requirements. Noncompliance with the terms and conditions of the funding sources could result in repayment of some or all of the support, which can be subject to government review and interpretation. An estimate of the possible effects of these matters cannot be made as of the date these consolidated financial statements were available to be issued.

The Medicare Accelerated and Advance Payment Program, which existed before the pandemic, was designed to help hospitals and other healthcare providers facing cash flow disruptions during an emergency. These loans must be paid back with timelines and terms for repayment. The CARES Act significantly expanded the program during the COVID-19 public health emergency. In 2020, the Organization received \$110.6 million in Medicare Advanced Payments.

# The Valley Hospital

## Notes to Consolidated Financial Statements

December 31, 2021 and 2020

The Coronavirus Response and Relief Supplemental Appropriations Act of 2021, which was signed into law on December 27, 2020, gave providers that received Medicare Advanced payments one year from the first loan payment to begin making repayments, which delayed the start of repayments for the Organization to the spring of 2021. Once repayments began, the Organization continued to submit Medicare claims but a portion of those new claims are offset to repay the Organization's loan. The repayment terms are 25 percent of claims made during the first 11 months of repayment and 50 percent of claims made during the next 6 months of repayment. Providers are required to have paid back the loans in full 29 months after the first payment is made, which is expected to be in September 2022. If any money remains unpaid at that time, an interest rate of 4 percent will accrue on the unpaid balance.

During 2021, approximately \$41.0 million of the advance was repaid to Medicare and the balance of \$69.6 million is included in current liabilities in the accompanying consolidating balance sheet and is expected to be repaid in full in 2022.

### 5. Net Patient Service Revenues

The composition of the Organization's net patient care service revenues by payor for the years ended December 31 is as follows:

	<u>2021</u>	<u>2020</u>
Medicare	\$ 276,288	\$ 227,960
Horizon	225,010	182,240
United/Oxford	163,809	151,046
Self-pay/charity	9,127	10,304
Other	<u>354,605</u>	<u>303,969</u>
Total	<u>\$ 1,028,839</u>	<u>\$ 875,519</u>

The composition of patient care service revenues based on the Organization's lines of business for years ended December 31 is as follows:

	<u>2021</u>	<u>2020</u>
Hospital	\$ 869,665	\$ 739,631
Physicians practice	<u>159,174</u>	<u>135,888</u>
Total	<u>\$ 1,028,839</u>	<u>\$ 875,519</u>

The Organization has agreements with third-party payors that provide for payment for services rendered at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

*Medicare:* The Organization is paid for most Medicare inpatient and outpatient services under the national prospective payment system and other methodologies of the Medicare program for certain other services. Federal regulations provide for certain adjustments to current and prior years' payment rates, based on industry-wide and hospital-specific data. Medicare cost reports of the Organization have been audited and settled for years through 2017 at December 31, 2021. Medicare informed hospitals of their intent to reopen cost report years 2006-2009 and 2011-2013. The Organization has filed appeals for 2010-2014 with the Provider Reimbursement Review Board.

# The Valley Hospital

## Notes to Consolidated Financial Statements

December 31, 2021 and 2020

*Medicaid:* Inpatient acute care services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per discharge. Outpatient services rendered to Medicaid program beneficiaries are reimbursed under cost-based and fee schedule methodologies. The Organization is reimbursed for outpatient services at a tentative rate with final settlement determined after submission of annual cost reports and audits thereof by the Medicaid fiscal intermediary. The Medicaid cost reports of the Organization for years through 2019 have been audited and settled.

*Other third-party payors:* The Organization also has entered into payment agreements with certain commercial insurance carriers and health maintenance organizations. The basis for payment to the Organization under these agreements includes prospectively determined rates per discharge or days of hospitalization and discounts from established charges.

There are various proposals at the federal and state levels that could, among other things, significantly reduce payment rates or modify payment methods. The ultimate outcome of these proposals and other market changes, including the potential effects of health care reform that has been enacted by the federal government, cannot presently be determined. Future changes in the Medicare and Medicaid programs and any reduction of funding could have an adverse impact on the Organization.

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. The Organization believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing that could have a material adverse effect on its financial statements. Noncompliance with such laws and regulations could result in fines, penalties and exclusion from such programs.

Settlements with third-party payors for retroactive adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor and the Organization's historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known (that is, new information becomes available), or as years are settled or are no longer subject to such audits, reviews and investigations. Revenues received under third-party arrangements are subject to audit and retroactive adjustments. For the year ended December 31, 2020, net patient service revenues on the consolidated statement of operations and changes in net assets include favorable transaction price adjustments in the amount of \$0.3 million related to successful settlements and favorable changes to estimated third-party payor settlement estimates. There were no favorable transaction price adjustments related to successful settlements and favorable changes to estimated third-party payor settlement estimates in 2021.

Generally, patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. The Organization also provides services to uninsured patients, and offers those uninsured or underinsured patients a discount, either by policy or law, from standard charges. The Organization estimates the transaction price for patients with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charges by any contractual adjustment, discounts and implicit price concessions. Subsequent changes to the estimate of the transaction price are generally recorded as adjustment to net patient service revenues in the period of the change. For the year ended December 31, 2021, the impact of changes in the estimates of discounts and contractual adjustments for performance obligations satisfied in prior years was insignificant to the consolidated financial statements.

Consistent with the Organization's mission, care is provided to patients regardless of their ability to pay. Therefore, the Organization has determined it has provided implicit price concessions to uninsured patients and other patient balances (for example, copays and deductibles). The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts the Organization expects to collect based on its collection history with those patients.

# The Valley Hospital

Notes to Consolidated Financial Statements  
December 31, 2021 and 2020

## 6. Assets Whose Use is Limited

The components of assets whose use is limited are set forth in the following table (in thousands):

	<u>2021</u>	<u>2020</u>
Cash and cash equivalents	\$ 191,629	\$ 361,692
Equity securities	22,111	12,060
Pooled equity funds	172,178	97,640
U.S. government obligations and government secured obligations	495,391	519,733
Corporate bonds	368,301	322,337
	<u>1,249,610</u>	<u>1,313,462</u>
Accrued interest receivable	3,717	4,045
Total	1,253,327	1,317,507
Less assets whose use is limited, current	<u>19,013</u>	<u>19,251</u>
Assets whose use is limited, noncurrent portion	<u>\$ 1,234,314</u>	<u>\$ 1,298,256</u>

Unrealized gains and losses represent the change in the difference between cost and fair value of the limited use assets. For the years ended December 31, 2021 and 2020, the change in net unrealized gains and (losses) was approximately \$(5.0) million and \$8.2 million, respectively.

Investment income consists of the following (in thousands):

	<u>2021</u>	<u>2020</u>
Interest and dividend income	\$ 17,933	\$ 17,854
Realized gains on sales of securities	9,809	14,619
Total investment income	<u>\$ 27,742</u>	<u>\$ 32,473</u>

## 7. Property and Equipment

A summary of property and equipment as follows (in thousands):

	<u>2021</u>	<u>2020</u>
Land	\$ 92,963	\$ 92,963
Land improvements	16,985	16,881
Building	581,781	543,279
Equipment and furnishings	551,139	533,503
	<u>1,242,868</u>	<u>1,186,626</u>
Less accumulated depreciation	<u>897,992</u>	<u>839,922</u>
	344,876	346,704
Construction in progress	<u>353,597</u>	<u>173,649</u>
Property and equipment, net	<u>\$ 698,473</u>	<u>\$ 520,353</u>

# The Valley Hospital

## Notes to Consolidated Financial Statements

December 31, 2021 and 2020

Depreciation expense for the years ended December 31, 2021 and 2020 totaled \$54.7 million and \$55.0 million, respectively. Included in these amounts are \$6.0 million and \$4.6 million in 2021 and 2020, respectively, which are included in other items and special projects (see Note 12).

The Organization has begun the process of replacing the acute care facility, with a new acute care hospital and medical center facility to be located in Paramus, New Jersey. At December 31, 2021, the Organization had commitments outstanding of approximately \$316.2 million related to current construction projects. The Organization has obtained financing through the issuance of bonds in 2019 (Note 18).

### 8. Net Assets With Donor Restrictions

Net assets with donor restrictions are available for the following purposes (in thousands):

	<u>2021</u>	<u>2020</u>
Health care services	\$ 1,596	\$ 1,601
VMG services	3,451	3,998
Health education	661	636
Endowment funds	<u>4,429</u>	<u>4,429</u>
Total	<u>\$ 10,137</u>	<u>\$ 10,664</u>

Endowment funds have been restricted by donors to be maintained in perpetuity and are held by the Organization. The Organization follows the requirements of the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as they relate to its donor-restricted contributions and net assets, effective upon the State of New Jersey's enactment of the legislation in March 2009.

The Organization has interpreted UPMIFA as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment fund absent explicit donor stipulations to the contrary. As a result of this interpretation, the Organization classifies as net assets with donor restrictions the original value of the gifts donated to the permanent endowment and the original value of subsequent gifts to the permanent endowment. Accumulations to the permanent endowment are used in accordance with the direction of the applicable donor gift. The remaining portion of the donor-restricted endowment fund that is classified as net assets with donor restrictions in perpetuity until the amounts are appropriated for expenditure in accordance with a manner consistent with the standard of prudence proscribed by UPMIFA. In accordance with UPMIFA, the Organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (1) the duration and preservation of the fund; (2) the purposes of the Organization and the donor-restricted endowment fund; (3) general economic conditions; (4) the possible effect of inflation and deflation; (5) the expected total return from income and the appreciation of investments; (6) other resources of the Organization; and (7) the investment and spending policies of the Organization.

The Organization has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to the endowment funds while seeking to maintain the purchasing power of the funds. To satisfy long-term return objectives, the Organization relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Organization employs a long-term equity oriented strategy of investing in both traditional and alternative asset classes.



# The Valley Hospital

Notes to Consolidated Financial Statements  
December 31, 2021 and 2020

## 9. Related-Party Transactions

The Organization has amounts due (to) and from related parties as follows (in thousands):

	<u>2021</u>	<u>2020</u>
Valley Health System, Inc.	\$ (3,386)	\$ (7,837)
Valley Hospital Foundation, Inc.	1,143	988
Total	<u>\$ (2,243)</u>	<u>\$ (6,849)</u>

These amounts are reported within supplies and other current assets and other accrued expenses and primarily represent services provided and expenses paid on behalf of affiliates and are noninterest bearing.

The Organization had net asset transfers (to) and from related parties as follows (in thousands):

	<u>2021</u>	<u>2020</u>
Contributions from Foundation	\$ 15,376	\$ 16,580
Change in assets held by related organization	(6,452)	(5,122)
Transfer from Hospital to VMG	(61,164)	(78,420)
VMG net transfers	60,944	79,484
Transfer from Valley Health System	4,889	100
Acquisition companies net transfers	(1,500)	-
Total	<u>\$ 12,093</u>	<u>\$ 12,622</u>

These amounts are recorded as net changes in assets held by related organization and net transfers to/from affiliated entities on the consolidated statements of operations and changes in net assets. For the years ended December 31, 2021 and 2020, the Organization reported approximately \$15.4 million and \$16.6 million, respectively, of contributions received from the Foundation which include both equipment reimbursements and other funds without donor restrictions. The Hospital and VMG reported \$40.3 million and \$46.8 million at December 31, 2021 and 2020, respectively, for its accumulated interest in net assets of the Foundation as assets held by related organization in the accompanying consolidated balance sheets. Changes in the Organization's interest in the net assets were \$(6.5) million and \$(4.3) million for the years ended December 31, 2021 and 2020, respectively.

Effective January 1, 2017, certain administrative department cost centers were transferred to The Valley Health System. For the years ended December 31, 2021 and 2020, total costs, consisting of salaries and operating expenses, of \$87.6 million and \$77.8 million, respectively, were charged to individual entities based upon pre-determined allocation methods. These amounts are included in operating expenses on the consolidating statements of operations and changes in net assets.

# The Valley Hospital

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

## 10. Pension Plans

### Defined Benefit Plan

The Organization maintained a defined benefit plan covering employees of the Hospital and VMG. The benefits were based on years of service and final average earnings. The Organization's funding policy was based on contribution levels recommended by consulting actuaries considering Employee Retirement Income Security Act of 1974 (ERISA) regulations.

On May 13, 2019, the Board resolved its intent to terminate the defined benefit plan. The Pension Plan termination was effective June 30, 2019 and any active participants with nonvested benefits accrued in the Plan became fully vested as of such date. As a result of the decision to terminate the Plan, the benefit obligation for the fiscal year ended December 31, 2019 assumed that 70 percent of active and terminated vested participants would elect a lump sum distribution at the plan termination distributions date, and that annuities would be purchased for the remaining plan participants. The benefit obligation in 2019 was adjusted for this pending termination.

The Pension Plan received a favorable determination letter, dated February 4, 2020, from the Internal Revenue Service (IRS). The pension liability was settled in either a lump sum payment or a purchased annuity. There was a final Pension Plan termination lump sum opportunity offered to the 1,500 active and terminated vested participants. Lump sum payments totaling approximately \$174.8 million were distributed during 2020 to about 1,100 participants who elected to receive an immediate distribution as part of the plan termination lump sum window. Benefits for the remaining plan population were transferred to Pacific Life Insurance Company for an annuity purchase premium of \$110.6 million, which was paid in July 2020. A settlement was recorded in 2020 by the Organization for the lump sum payments and annuity purchase premium. On December 31, 2020, assets in excess of those used to settle pension benefits were withdrawn from the plan. The amount withdrawn was \$14.5 million.

The following table provides a reconciliation of the changes in the projected benefit obligation and fair value of the plan assets and a statement of the funded status of the Plan for the year ended December 31, 2020 (in thousands):

Change in benefit obligation:	
Benefit obligation, beginning of year	\$ 281,018
Interest cost	3,418
Actuarial loss	2,997
Benefits paid	(2,055)
Settlements	<u>(285,378)</u>
Benefit obligation, end of year	<u>-</u>
Change in plan assets:	
Fair value of plan assets, beginning of year	291,856
Actual return on plan assets	10,092
Employer contribution / asset reversion	(14,515)
Benefits paid (annuity)	(2,055)
Benefits paid (lump sum)	<u>(285,378)</u>
Fair value of plan assets, end of year	<u>-</u>
Funded status	<u>\$ -</u>

# The Valley Hospital

## Notes to Consolidated Financial Statements

December 31, 2021 and 2020

Net periodic pension costs (benefit) are comprised of the following during 2020 (in thousands):

Interest cost	\$	3,418
Expected return on assets		(4,620)
Recognized actuarial loss		3,213
Amortization of prior service cost		128
		<hr/>
Total	\$	<u>2,139</u>

In addition, there were pension settlement and costs of \$75.1 million for the year ended December 31, 2020, which is included in other income (loss) in the consolidated statement of operations and changes in net assets, in accordance with the adoption of ASU No. 2017-07, *Compensation - Retirement Benefits (Topic 715): Improving the Presentation of Net Periodic Pension Cost and Net Periodic Postretirement Benefit Cost*. The total pension benefit (cost) was \$1.9 million and (\$78.0) million for the years ended December 31, 2021 and 2020, respectively. The pension benefit of \$1.9 million in 2021 was a refund of an over-payment from the final settlement related to the purchase of the pension annuities.

Weighted-average assumptions used in determining the net periodic pension cost were as follows during 2020:

Discount rate	2.50 %
Expected long-term rate of return on market-related plan assets	3.25

### 401(k) Retirement Savings Plan

In April 2004, the Organization introduced a 401(k) Retirement Savings Plan. The Organization no longer offered the defined benefit plan to employees hired after April 1, 2004. Participants of the defined benefit plan had the option to continue with the defined benefit plan, or begin to earn benefits in the new 401(k) plan effective April 1, 2004 with full credit for benefits earned through the defined benefit plan as of March 31, 2004.

All employees of the Organization who have attained the age of 21, completed one year of service and have at least 1,000 hours of service are eligible to participate. Employees may contribute 1 percent to 25 percent of their salary on a pretax basis, not to exceed the IRS limitation of \$19,500 in 2021 and 2020. All employee pretax contributions are 100 percent vested. Prior to January 1, 2010, the Organization contributed 2 percent of the employee's base compensation and it matched up to 2 percent of the employee's contribution.

Effective January 1, 2010, the Organization introduced a new formula under the 401(k) plan to determine the basic contribution percentage that will be provided to each employee in the Organization. Using a points scale system, every employee will be credited with one point for each full year of credited service (a calendar year with 1,000 hours of service), as well as one point for each full year of employee's age. Basic contributions range from 1 percent to 6 percent based on points. Additionally, the Organization will match 100 percent of the first 3.5 percent employee contribution on top of the basic contribution.

Effective January 1, 2019, changes have been made to the basic and matching contributions. The basic contribution will now include only years of service and will range between 1.5 percent and 4 percent. Additionally, the Organization will match 100 percent of the first 1 percent employee contribution and 50 percent of the next 5 percent employee contribution on top of the basic contribution. The Organization contributed \$14.0 and \$13.2 million to the 401(k) Retirement Savings Plan in 2021 and 2020, respectively.

# The Valley Hospital

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

## 11. Concentrations of Credit Risk

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The concentrations of gross accounts receivable from patients and third-party payors were as follows:

	<u>2021</u>	<u>2020</u>
Blue Cross	28 %	18 %
Medicare and Medicaid	16	24
Commercial	9	8
United/Oxford	13	15
Managed care	23	22
Self-pay	11	13
	<u>100 %</u>	<u>100 %</u>

## 12. Other Items and Special Projects

The components of other items and special projects are included in operating income, as follows (in thousands):

	<u>2021</u>	<u>2020</u>
Offsite properties	\$ (9,644)	\$ (7,920)
Strategic initiatives and other nonrecurring items	<u>(8,548)</u>	<u>(7,787)</u>
Total	<u>\$ (18,192)</u>	<u>\$ (15,707)</u>

## 13. Fair Value Measurements

For assets and liabilities required to be measured at fair value, the Organization measures fair value based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements are applied based on the unit of account from the Organization's perspective. The unit of account determines what is being measured by reference to the level at which the asset or liability is aggregated (or disaggregated) for purposes of applying other accounting pronouncements.

The Organization follows a valuation hierarchy that prioritizes observable and unobservable inputs used to measure fair value into three broad levels, which are described below:

Level 1 - Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs.

Level 2 - Observable inputs that are based on inputs not quoted in active markets, but corroborated by market data.

Level 3 - Unobservable inputs are used when little or no market data is available. The fair value hierarchy gives the lowest priority to Level 3 inputs.

## The Valley Hospital

### Notes to Consolidated Financial Statements

December 31, 2021 and 2020

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. In determining fair value, the Organization uses valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible and considers nonperformance risk in its assessment of fair value. Financial instruments (included in cash and cash equivalents, limited use assets, and deferred compensation assets carried at fair value as of December 31, 2021 and 2020 are classified in the tables below in one of the three categories described above (in thousands):

	2021			
	Level 1	Level 2	Level 3	Total
Equity securities	\$ 22,111	\$ -	\$ -	\$ 22,111
Fixed income:				
Mortgage backed securities	-	1,225	-	1,225
U.S. Treasuries	494,166	-	-	494,166
Corporate bonds	-	297,646	-	297,646
Loomis Sayles Mutual Fund	70,655	-	-	70,655
Equity mutual funds:				
Deferred Comp Mutual Funds	17,459	-	-	17,459
Pooled equity funds:				
MSCI ACWI	-	51,743	-	51,743
Equity Index Fund	-	86,190	-	86,190
Russell 200 Index Fund	-	34,245	-	34,245
	<u>\$ 604,391</u>	<u>\$ 471,049</u>	<u>\$ -</u>	<u>1,075,440</u>
Total assets in the fair value hierarchy				
Cash and cash equivalents				<u>191,629</u>
Assets at fair value				<u>\$ 1,267,069</u>

The table above includes \$17,459 of deferred compensation mutual funds as of December 31, 2021 which are recorded to other assets on the consolidated balances sheets. The table above does not include \$3,717 of accrued investment income which is included in assets whose use is limited on the consolidated balance sheet.

	2020			
	Level 1	Level 2	Level 3	Total
Equity securities	\$ 12,060	\$ -	\$ -	\$ 12,060
Fixed income:				
Mortgage backed securities	-	2,048	-	2,048
U.S. Treasuries	517,685	-	-	517,685
Corporate bonds	-	277,076	-	277,076
Loomis Sayles Mutual Fund	45,261	-	-	45,261
Equity mutual funds:				
Deferred Comp Mutual Funds	20,221	-	-	20,221
Pooled equity funds:				
MSCI ACWI	-	28,328	-	28,328
Equity Index Fund	-	48,238	-	48,238
Russell 2000 Index Fund	-	21,074	-	21,074
	<u>\$ 595,227</u>	<u>\$ 376,764</u>	<u>\$ -</u>	<u>971,991</u>
Total assets in the fair value hierarchy				
Cash and cash equivalents				<u>361,692</u>
Assets at fair value				<u>\$ 1,333,683</u>

# The Valley Hospital

## Notes to Consolidated Financial Statements

December 31, 2021 and 2020

The table above includes \$20,221 of deferred compensation mutual funds as of December 31, 2020 which are recorded to other assets on the consolidated balances sheets. The table above does not include \$4,045 of accrued investment income which is included in assets whose use is limited on the consolidated balance sheet.

### Financial Instruments

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2021 and 2020.

Equity securities: Valued at closing price reported on the active market on which the individual securities are traded.

Fixed income and equity mutual funds, U.S. government obligations, bonds and commercial mortgage-backed securities: Valued based on quoted market prices, estimated quoted market prices of similar securities and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets.

The pooled equity funds are valued based on the underlying investments which are determined to have readily determinable fair value. The following represents the funds' objectives, restrictions and unfunded commitments:

Blackrock Equity Index Non-Lendable Fund: The fund's objective is to seek results that correspond to the price and yield performance of the S&P 500 Index. The Organization is required to provide notice for redemption of this fund by the 15th day of the month prior to redemption. There were no unfunded commitments related to this fund at December 31, 2021 and 2020.

Blackrock MSCI ACWI EX-US Non-Lendable Fund: The fund's objective is to seek investment results that correspond generally to the price and yield performance of the MSCI ACWI ex-U.S. Net Dividend Return Index. The Organization is required to provide notice for redemption of this fund by the 15th day of the month prior to redemption. There were no unfunded commitments related to this fund at December 31, 2021 and 2020.

Blackrock Russell 2000 Index Non-Lendable Fund: The fund's objective is to seek investment results that correspond generally to the price and yield performance of the Russell 2000 Index. The Organization is required to provide notice for redemption of this fund by the 15th day of the month prior to redemption. There were no unfunded commitments related to this fund at December 31, 2021 and 2020.

### 14. Contingencies

Various investigations, lawsuits and claims arising in the normal course of operations are pending or on appeal against the Organization. While the ultimate effect of such actions cannot be determined at this time, it is the opinion of management that the liabilities which may arise from such actions would not materially affect the consolidated financial position or results of operations of the Organization.

# The Valley Hospital

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

## 15. Professional Insurance

Through March 20, 2003, the Organization had malpractice insurance coverage on a claims made basis under a retrospectively rated policy based primarily on experience of a group of health care providers. Premiums were accrued based on the ultimate cost of the Organization's claims experience to date. Losses from unasserted claims and incidents that may have occurred, but have not been identified under the incident reporting system are included in other accrued expenses in the amount of approximately \$1 million at December 31, 2021 and 2020 based principally on estimates that incorporate the Organization's past experience as well as other considerations, including the nature of each claim or incident and relevant trend factors.

Effective March 20, 2003, the Organization became insured for its malpractice and general liability claims under a policy from VHSIC. Under this policy, the Organization is insured for professional liability up to \$3.0 million for each incident and with \$12.0 million annual aggregate, with an interstitial layer of \$2m/\$2m excess of \$3m/\$12m. The Organization funds VHSIC for the projected cost of future professional liabilities. Suggested funding levels are actuarially determined based on experience to date of VHSIC and a projected investment return. In accordance with GAAP, VHSIC is required to apply deposit accounting based upon VHSIC (insurer) not providing indemnification of the Organization (insured) against loss or liability.

The actuarially determined undiscounted professional and general liabilities aggregated approximately \$38.2 million and \$32.1 million at December 31, 2021 and 2020, respectively (includes approximately \$7.2 million and \$6.2 million at December 31, 2021 and 2020, respectively, for estimated incurred but not reported costs), and are reported as estimated professional liability in the Organization's consolidated balance sheets. At December 31, 2021 and 2020, approximately \$36.2 million and \$27.3 million, respectively, of insurance claims receivable from the captive are included in other assets in the accompanying consolidated balance sheets.

The Organization maintains excess liability coverage with several qualified commercial carriers of up to \$40 million loss per incident once in excess of primary coverage.

## 16. Other Revenues

The Organization's other revenues consist of the following (in thousands):

	<u>2021</u>	<u>2020</u>
Patient convenience	\$ 549	\$ 434
Valley Health Pharmacy	7,319	5,269
Food services	1,801	1,531
Purchase discounts and rebates	4,718	3,170
Investment (loss) income	2,905	2,486
Charity care subsidy	441	339
Acquisition companies rent	3,672	3,693
ColigoCare shared savings	6,077	549
Other	4,873	2,768
	<u>4,873</u>	<u>2,768</u>
Total	<u>\$ 32,355</u>	<u>\$ 20,239</u>

# The Valley Hospital

## Notes to Consolidated Financial Statements

December 31, 2021 and 2020

### 17. Right-of-Use Assets and Lease Liabilities

The Organization enters into finance and operating leases for buildings, office space and equipment. As of January 1, 2019, the Organization adopted the provisions of ASC 842. Accordingly, all agreements with terms for more than one year were capitalized, where a right-of-use asset was identified. In connection with the adoption of ASC 842 on January 1, 2019, certain practical expedients available under ASC 842-10-65-1 were elected that provide certain concessions to ease the burden of transition, such as the treatment of indirect lease costs, and service contracts which may contain embedded leases. In addition, certain expedients not related to the transition were elected, such as the election to capitalize lease and nonlease components of an agreement as a single component for purposes of simplicity, with the exception of those related to equipment and machinery. Generally, amounts capitalized represent the present value of minimum lease payments over the term, and the duration is equivalent to the base agreement, however, management used certain assumptions when determining the value and duration of leases. These assumptions include, but are not limited to, the probability of renewing a lease term, certain future events impacting lease payments, as well as fair value not explicit in an agreement. Most of our leases do not include variable payments but contain scheduled escalations. The leases expire at various dates through 2047.

#### Operating Right-of-Use Assets and Operating Lease Liabilities

In the calculation of the right-of-use asset and lease liability, the Organization assumed lease renewals of one to three terms where it was probable that the Organization would continue to utilize the facility. Lease expense is recognized on a straight-line basis over the lease term and is included in other expenses on the consolidated statements of operations and changes in net assets. Lease expense was \$10.3 million and \$11.0 million for the years ended December 31, 2021 and 2020, respectively. The Organization had a current lease liability of \$7.4 million and \$7.8 million at December 31, 2021 and 2020, respectively, and a noncurrent lease liability of \$74.8 million and \$81.8 million at December 31, 2021 and 2020, respectively. The future lease payments are discounted using the practical expedient for not-for-profit entities, which is the risk-free interest rate. The interest rate used in calculating the lease liability ranges from 1.74 percent to 6.50 percent depending on the length of the lease term. Additional information with respect to the Organization's operating leases as of December 31, 2021 and 2020 is presented below.

	Weighted Average Remaining Lease Term in Years	
	2021	2020
Hospital	-	0.49
VMG	16.12	16.38

The following table presents information about the amount and timing of cash flows arising from operating leases as of December 31, 2021 (in thousands):

2022	\$	9,150
2023		8,177
2024		6,299
2025		5,805
2026		5,402
Thereafter		64,225
Total lease payments		99,058
Less interest		(16,907)
Present value of lease liabilities	\$	82,151



# The Valley Hospital

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

## Finance Lease Right-of-Use Asset and Finance Lease Obligation

On October 12, 2016, the Organization entered into leasing arrangement by which the lessor will construct a fitness and wellness center with medical office space and ancillary service facilities which was made available for use by the Organization upon substantial completion of construction of the leased premises. The lease commencement date, the date the leased premises is made available for use to the Organization, was February 1, 2018. The lease is payable in monthly installments over a period of 25 years from the lease commencement date with a purchase option of \$1 at the end of the term.

The lease was recorded as a finance lease with a long-term lease asset and lease liability in the amount of \$59.7 million and is amortized over the term of the lease. The following is a schedule by years of future minimum lease payments under the finance lease as of December 31, 2021 (in thousands):

2022	\$	3,518
2023		3,615
2024		3,714
2025		3,816
2026		3,921
Thereafter		<u>89,631</u>
Total minimum lease payments		108,215
Less amount representing interest at 6%		<u>(49,048)</u>
Present value of net minimum lease payments	\$	<u>59,167</u>

## 18. Long-Term Debt

In December 2019, the Hospital completed a financing (Series 2019) with the New Jersey Health Care Facilities Financing Authority (NJHCFFA) for \$356,410,000 of publicly issued tax-exempt bonds. These funds, together with investment earnings and other available funds, will be used to finance the costs of planning, development, acquisition, construction, equipping, expansion, furnishing and renovation of a new 372 bed, approximately 875,000 square foot acute care hospital and medical center facility to be located in Paramus, New Jersey, including a 1,500 space parking garage attached thereto, and all infrastructure improvements, relocations and modifications.

The Series 2019 funds are structured with fixed-rate serial bonds maturing from 2020 to 2039 and fixed-rate term bonds maturing in 2044 and 2049.

Yields on the Series 2019 serial bonds range from 1.12 percent for the 2020 maturity to 2.56 percent for the 2039 maturity. Yields for the fixed-rate term bonds are as follows: for the term bond maturing in 2044, a yield to call of 2.71 percent and for the term bond maturing in 2049, a yield to call of 3.15 percent.

The overall interest cost for the bond issue is 2.93 percent. During 2021 and 2020, \$22.8 million and \$11.6 million, respectively, of interest costs incurred with the new hospital were capitalized and included within construction in progress in the consolidated financial statements.

# The Valley Hospital

## Notes to Consolidated Financial Statements

December 31, 2021 and 2020

A summary of long-term debt is as follows as of December 31, 2021 and 2020 (in thousands):

	<u>2021</u>	<u>2020</u>
Hospital revenue bonds financed with the NJHCFFA, Series 2019	\$ 332,645	\$ 344,530
Net original issue premium	46,027	46,027
Less current portion	(11,885)	(11,885)
Less unamortized underwriter discount	(1,479)	(1,592)
Less accumulated amortization of bond premium	(7,675)	(4,235)
Less unamortized bond issuance costs	(756)	(804)
	<u>                    </u>	<u>                    </u>
Long-term debt	<u>\$ 356,877</u>	<u>\$ 372,041</u>

Principal payments for the next five years under the NJHCFFA obligations are as follows (in thousands):

2022	\$ 11,885
2023	11,880
2024	11,880
2025	11,880
2026	11,880
Aggregate thereafter	<u>273,240</u>
	<u>                    </u>
	<u>\$ 332,645</u>

The 2019 Bonds loan agreements require the Hospital to comply with financial covenants.

### 19. Line of Credit

In 2020, the Hospital had a line of credit agreement with TD Bank, N.A. for \$150 million. Amounts advanced under this line of credit were due on demand and interest is charged at the LIBOR plus 140 basis points. There is an undrawn fee on the line of credit of 0.11 percent per annum. There were no borrowings at December 31, 2021 and December 31, 2020, respectively. The line of credit expired in 2021 and was not renewed.

# The Valley Hospital

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

## 20. Functional Expenses

The consolidated financial statements report certain categories of expenses that are attributed to more than one program or supporting function. Therefore, expenses require allocation on a reasonable basis that is consistently applied. Salaries, benefits, medical fees and other expenses are allocated based upon estimates of time and effort. Depreciation and interest are allocated based upon square footage. Amounts shown are in thousands:

	2021		
	Total	Program	Administrative
Salaries and wages	\$ 441,902	\$ 383,834	\$ 58,068
Employee benefits	84,520	71,661	12,859
Medical fees	741	741	-
Other expenses	375,057	306,416	68,641
Depreciation	48,521	34,774	13,747
Interest	3,454	3,454	-
Total	<u>\$ 954,195</u>	<u>\$ 800,880</u>	<u>\$ 153,315</u>

  

	2020		
	Total	Program	Administrative
Salaries and wages	\$ 417,606	\$ 363,852	\$ 53,754
Employee benefits	78,822	66,937	11,885
Medical fees	1,370	1,370	-
Other expenses	324,499	262,480	62,019
Depreciation	49,840	36,383	13,457
Interest	3,774	3,774	-
Total	<u>\$ 875,911</u>	<u>\$ 734,796</u>	<u>\$ 141,115</u>

## The Valley Hospital

Consolidating Balance Sheet

December 31, 2021

(In Thousands)

	<u>Valley Hospital</u>	<u>Valley Medical Group</u>	<u>Acquisition Companies</u>	<u>Eliminations</u>	<u>Consolidated</u>
<b>Assets</b>					
<b>Current Assets</b>					
Cash and cash equivalents	\$ 5,195	\$ 7,498	\$ 2,415	\$ -	\$ 15,108
Assets whose use is limited, current	19,013	-	-	-	19,013
Accounts receivable	88,831	13,624	-	-	102,455
Prepaid expenses	6,595	798	-	-	7,393
Supplies and other current assets	17,032	3,224	-	(2,736)	17,520
	<u>136,666</u>	<u>25,144</u>	<u>2,415</u>	<u>(2,736)</u>	<u>161,489</u>
<b>Assets Whose Use is Limited</b>					
Board designated	1,065,589	-	-	-	1,065,589
Trustee-held funds	162,039	-	-	-	162,039
Donor restricted investments	6,686	-	-	-	6,686
	<u>1,234,314</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>1,234,314</u>
<b>Property and Equipment, Net</b>	637,578	23,397	37,498	-	698,473
<b>Finance Lease Right-of-Use Asset</b>	51,620	-	-	-	51,620
<b>Operating Lease Right-of-Use Assets</b>	-	79,933	-	-	79,933
<b>Other Assets</b>	76,657	349	490	-	77,496
<b>Assets Held by Related Organization</b>	36,848	3,451	-	-	40,299
Total assets	<u>\$ 2,173,683</u>	<u>\$ 132,274</u>	<u>\$ 40,403</u>	<u>\$ (2,736)</u>	<u>\$ 2,343,624</u>

## The Valley Hospital

Consolidating Balance Sheet

December 31, 2021

(In Thousands)

	<u>Valley Hospital</u>	<u>Valley Medical Group</u>	<u>Acquisition Companies</u>	<u>Eliminations</u>	<u>Consolidated</u>
<b>Liabilities and Net Assets</b>					
<b>Current Liabilities</b>					
Accounts payable	\$ 42,882	\$ 1,439	\$ -	\$ -	\$ 44,321
Medicare advance payments	69,646	2,736	-	(2,736)	69,646
Accrued salaries and related benefits	45,125	14,501	-	-	59,626
Current portion of long-term debt	11,885	-	-	-	11,885
Current portion of finance lease obligation	399	-	-	-	399
Current portion of operating lease liability	-	7,394	-	-	7,394
Other accrued expenses	57,392	8,857	571	-	66,820
Accrued bond interest payable	7,128	-	-	-	7,128
	<u>234,457</u>	<u>34,927</u>	<u>571</u>	<u>(2,736)</u>	<u>267,219</u>
Total current liabilities	234,457	34,927	571	(2,736)	267,219
<b>Operating Lease Noncurrent Portion</b>	-	74,757	-	-	74,757
<b>Long-Term Debt, Noncurrent Portion</b>	356,877	-	-	-	356,877
<b>Finance Lease, Noncurrent Portion</b>	58,768	-	-	-	58,768
<b>Estimated Professional Liability</b>	38,205	-	-	-	38,205
<b>Amounts Due to Third-Party Payors and Other Liabilities</b>	73,073	8,084	-	-	81,157
	<u>761,380</u>	<u>117,768</u>	<u>571</u>	<u>(2,736)</u>	<u>876,983</u>
Total liabilities	761,380	117,768	571	(2,736)	876,983
<b>Net Assets</b>					
Without donor restrictions	1,405,617	11,055	39,832	-	1,456,504
With donor restrictions	6,686	3,451	-	-	10,137
	<u>1,412,303</u>	<u>14,506</u>	<u>39,832</u>	<u>-</u>	<u>1,466,641</u>
Total net assets	1,412,303	14,506	39,832	-	1,466,641
Total liabilities and net assets	<u>\$ 2,173,683</u>	<u>\$ 132,274</u>	<u>\$ 40,403</u>	<u>\$ (2,736)</u>	<u>\$ 2,343,624</u>

## The Valley Hospital

Consolidating Statement of Operations and Changes in Net Assets  
Year Ended December 31, 2021  
(In Thousands)

	Valley Hospital	Valley Medical Group	Acquisition Companies	Eliminations	Consolidated
<b>Changes in Net Assets Without Donor Restrictions</b>					
Net patient service revenues	\$ 869,665	\$ 159,174	\$ -	\$ -	\$ 1,028,839
COVID-19 funding grant revenues	1,312	4,322	-	-	5,634
Other revenues	21,746	36,477	3,672	(29,540)	32,355
Total operating revenues	892,723	199,973	3,672	(29,540)	1,066,828
<b>Expenses</b>					
Salaries and wages	285,428	156,474	-	-	441,902
Employee benefits	58,325	26,195	-	-	84,520
Medical fees	30,281	-	-	(29,540)	741
Other expenses	291,543	80,794	2,720	-	375,057
Interest expense	3,454	-	-	-	3,454
Depreciation	48,521	-	-	-	48,521
Total operating expenses	717,552	263,463	2,720	(29,540)	954,195
Operating income (loss) before other items and special projects	175,171	(63,490)	952	-	112,633
<b>Other Items and Special Projects</b>	(15,373)	-	(2,819)	-	(18,192)
Operating income (loss)	159,798	(63,490)	(1,867)	-	94,441
<b>Other Income (Loss)</b>					
Nonoperating gains and losses	27,742	-	-	-	27,742
Change in unrealized gains and losses on investments	(4,953)	-	-	-	(4,953)
Pension costs	1,941	-	-	-	1,941
Revenues in excess of (less than) expenses	184,528	(63,490)	(1,867)	-	119,171
<b>Other Changes in Net Assets Without Donor Restrictions</b>					
Net changes in assets held by related organization and net assets transfers to/from affiliated entities	(47,351)	60,944	(1,500)	-	12,093
Total other changes in net assets without donor restrictions	(47,351)	60,944	(1,500)	-	12,093
Increase (decrease) in net assets without donor restrictions	137,177	(2,546)	(3,367)	-	131,264
<b>Changes in Net Assets With Donor Restrictions</b>					
Net assets released from restriction for operating purposes	20	(547)	-	-	(527)
Increase (decrease) in net assets with donor restrictions	20	(547)	-	-	(527)
Increase (decrease) in net assets	137,197	(3,093)	(3,367)	-	130,737
<b>Net Assets, Beginning</b>	1,275,106	17,599	43,199	-	1,335,904
<b>Net Assets, Ending</b>	\$ 1,412,303	\$ 14,506	\$ 39,832	\$ -	\$ 1,466,641