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PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 0144500

Form 990 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2024 calendar year, or tax year beginning and ending

B Check if applicable:
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/ terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
THE VALLEY HOSPITAL, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
4 VALLEY HEALTH PLAZA

City or town, state or province, country, and ZIP or foreign postal code
PARAMUS, NJ 07652

F Name and address of principal officer: ROBERT BRENNER
SAME AS C ABOVE

D Employer identification number
22-1487307

E Telephone number
201-447-8000

G Gross receipts $ 1,681,144,336.

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: WWW.VALLEYHEALTH.COM

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

L Year of formation: 1925

M State of legal domicile: NJ

Part I Summary

Activities & Governance

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	4835
6	Total number of volunteers (estimate if necessary)	6	1282
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	13,263,590.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	54,733,663.	51,959,731.
9	Program service revenue (Part VIII, line 2g)	1,055,445,485.	1,158,426,558.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,641,569.	27,027,112.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	33,252,229.	22,099,787.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,153,072,946.	1,259,513,188.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	127,498,284.	131,351,168.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	400,103,419.	431,428,880.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	507,751,391.	627,342,560.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,035,353,094.	1,190,122,608.
19	Revenue less expenses. Subtract line 18 from line 12	117,719,852.	69,390,580.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	2,368,786,881.	2,453,447,464.
21	Total liabilities (Part X, line 26)	711,098,872.	664,821,589.
22	Net assets or fund balances. Subtract line 21 from line 20	1,657,688,009.	1,788,625,875.

Part II Signature Block

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

Sign Here

Signature of officer Date

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

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
GARRETT M. HIGGINS	GARRETT M. HIGGINS	11/06/25	[ ]	P00543209

Firm's name PKF O'CONNOR DAVIES ADVISORY, LLC Firm's EIN 33-1374517

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

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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 $ 943,709,582. including grants of $ 131,351,168.) (Revenue $ 1,146,487,707.)
THE VALLEY HOSPITAL, LOCATED IN PARAMUS, 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 LICENSED CAPACITY IN 2023 WAS 431 BEDS. ON APRIL 14, 2024,

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 943,709,582.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	251		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	4835		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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 X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

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

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

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

WILLIAM KLUTKOWSKI - 201-447-8000

4 VALLEY HEALTH PLAZA, PARAMUS, NJ 07652

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, box 6 of 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) AUDREY MEYERS	14.30									
PRESIDENT & CEO, VHS THRU JUNE 2024	25.70	X		X				0.	6,593,387.	54,469.
(2) ROBERT W. BRENNER	12.00									
PRESIDENT & CEO, VHS EFF. JULY 2024	28.00	X		X				0.	1,878,651.	31,214.
(3) WILLIAM KLUTKOWSKI	12.00									
SR. VP, FINANCE & CFO	28.00			X				0.	1,252,548.	53,234.
(4) KARTEEK BHAVSAR	20.00									
SR VP & COO	20.00				X			0.	1,177,040.	29,075.
(5) JOSEPH YALLOWITZ	40.00									
VP & CHIEF MEDICAL OFFICER	0.00					X		928,406.	0.	58,016.
(6) DAVID BOHAN	4.00									
VP & CHIEF PHILANTHROPY OFFICER	36.00					X		678,150.	0.	31,939.
(7) CHARLES VANNOY	40.00									
VP/CNO, PATIENT CARE SVCS	0.00				X			595,903.	0.	52,537.
(8) BRAD HASPEL	40.00									
VP, ANCILLARY SERVICES	0.00					X		497,191.	0.	33,874.
(9) BETTYANN KEMPIN	40.00									
VP, ADMINISTRATION	0.00					X		483,237.	0.	38,570.
(10) PETER DIESTEL	40.00									
TRANSITIONAL CONSULTANT	0.00					X		446,537.	0.	32,951.
(11) KEVIN LOBO	0.10									
CHAIR	0.50	X		X				0.	0.	0.
(12) FRANK J. SHEEHY	0.10									
VICE CHAIR	0.50	X		X				0.	0.	0.
(13) ANN LIMBERG	0.10									
VICE CHAIR	0.50	X		X				0.	0.	0.
(14) JOSEPH MARION	0.10									
TREASURER	0.50	X		X				0.	0.	0.
(15) DENIS SALAMONE	0.10									
SECRETARY	0.50	X		X				0.	0.	0.
(16) JUDY BASELICE	0.10									
TRUSTEE	0.50	X						0.	0.	0.
(17) JAMES BUSH	0.10									
TRUSTEE	0.50	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) VINCENT FORLENZA	0.10									
CHAIR EMERITUS	0.50	X						0.	0.	0.
(19) MICHELLE HASSON	0.10									
TRUSTEE	0.50	X						0.	0.	0.
(20) M. SHAWN KENNEDY	0.10									
TRUSTEE	0.50	X						0.	0.	0.
(21) BRUCE MACTAS	0.10									
TRUSTEE	0.50	X						0.	0.	0.
(22) MICHAEL MCGUIRE	0.10									
TRUSTEE	0.50	X						0.	0.	0.
(23) DUANE SACHS	0.10									
TRUSTEE	0.50	X						0.	0.	0.
(24) SCOTT SCHROEDER	0.10									
TRUSTEE	0.50	X						0.	0.	0.
(25) JEFFREY TUCKER	0.10									
TRUSTEE	0.50	X						0.	0.	0.
(26) PATRICIA VERDUIN	0.10									
TRUSTEE	0.50	X						0.	0.	0.
1b Subtotal								3,629,424.	10,901,626.	415,879.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,629,424.	10,901,626.	415,879.

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 1,199

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
TORCON, INC. 328 NEWMAN SPRINGS ROAD, RED BANK, NJ 07091	GENERAL CONTRACTOR	76,231,466.
FMG GENERAL CONTRACTING CO, INC 616 MIDLAND AVENUE, YONKERS, NY 10704	GENERAL CONTRACTOR	15,223,380.
VAYA WORKFORCE SOLUTIONS, LLC P.O. BOX 713427, CHICAGO, IL 60667-4327	TEMPORARY STAFFING	14,187,908.
NIHON KOHDEN AMERICA INC 15615 ALTON PARKWAY, IRVINE, CA 92618	GENERAL CONTRACTOR	7,194,295.
DANKER LLC 291 EVANS WAY, SOMERVILLE, NJ 08876	ELECTRICAL CONTRACTOR	5,793,868.

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 410

SEE PART VII, SECTION A CONTINUATION SHEETS

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) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(27) WAYNE WALD, ESQ. TRUSTEE	0.10 0.50	X						0.	0.	0.
(28) TIMOTHY WENTWORTH TRUSTEE	0.10 0.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

432201
04-01-24

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	39,050,123.			
	e	Government grants (contributions)	1e	12,909,608.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f	1g	$			
	h	**Total.** Add lines 1a-1f		51,959,731.			
Program Service Revenue			Business Code				
	2a	PATIENT SERVICE REVENU	622110	1,132,383,338.	1,132,383,338.		
	b	PHARMACY	622110	22,104,012.	10,165,161.	11,938,851.	
	c	HEALTH AND WELLNESS CE	713940	3,939,208.	3,939,208.		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f		1,158,426,558.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		24,577,720.			24,577,720.
	4	Income from investment of tax-exempt bond proceeds		43,317.			43,317.
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents 6a	11,686,262.				
	b	Less: rental expenses 6b	9,186,913.				
	c	Rental income or (loss) 6c	2,499,349.				
	d	Net rental income or (loss)		2,499,349.			2,499,349.
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory 7a	414,850,310.				
	b	Less: cost or other basis and sales expenses 7b	412,444,235.				
	c	Gain or (loss) 7c	2,406,075.				
	d	Net gain or (loss)		2,406,075.			2,406,075.
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19 9a					
	b	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances 10a					
	b	Less: cost of goods sold 10b					
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
	11a	PURCHASE DISCOUNTS AND	900099	14,476,790.			14,476,790.
	b	FOOD SERVICES	722514	3,217,833.			3,217,833.
	c	NON-PATIENT LABORATORY	541380	1,324,739.		1,324,739.	
	d	All other revenue	900099	581,076.			581,076.
	e	**Total.** Add lines 11a-11d		19,600,438.			
	12	**Total revenue.** See instructions		1,259,513,188.	1,146,487,707.	13,263,590.	47,802,160.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	131,351,168.	131,351,168.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	648,440.	523,008.	125,432.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	4,785.	4,785.		
7 Other salaries and wages	361,371,863.	292,811,904.	68,559,959.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,777,816.	11,974,558.	2,803,258.	
9 Other employee benefits	30,491,420.	24,707,253.	5,784,167.	
10 Payroll taxes	24,134,556.	19,556,231.	4,578,325.	
11 Fees for services (nonemployees):				
a Management				
b Legal	3,527,821.		3,527,821.	
c Accounting	215,662.		215,662.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	51,909,359.	40,810,192.	11,099,167.	
12 Advertising and promotion	1,122,030.	530,565.	591,465.	
13 Office expenses	5,526,108.	3,621,042.	1,905,066.	
14 Information technology				
15 Royalties				
16 Occupancy	27,583,172.	12,733,495.	14,849,677.	
17 Travel	599,692.	438,983.	160,709.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,578,099.	3,327,559.	250,540.	
20 Interest	10,227,156.	10,227,156.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	84,061,460.	84,061,460.		
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	223,731,581.	96,889,288.	126,842,293.	
b DRUGS	140,314,570.	140,314,570.		
c PROVISION FOR BAD DEBT	41,196,849.	41,196,849.		
d EQUIPMENT RENTAL	27,418,724.	22,300,094.	5,118,630.	
e All other expenses	6,330,277.	6,329,422.	855.	
25 **Total functional expenses.** Add lines 1 through 24e	1,190,122,608.	943,709,582.	246,413,026.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		7,080,761.	2	13,838,843.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		110,203,286.	4	140,492,056.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		24,032,858.	5	24,808,330.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		11,067,272.	9	9,245,381.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,172,681,011.			
	b	Less: accumulated depreciation	10b 954,204,912.	1,150,660,926.	10c	1,218,476,099.
	11	Investments - publicly traded securities		915,632,141.	11	878,357,244.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		150,109,637.	15	168,229,511.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		2,368,786,881.	16	2,453,447,464.
Liabilities	17	Accounts payable and accrued expenses		195,373,452.	17	177,459,058.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		333,262,362.	20	318,231,797.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		60,605,214.	24	59,177,461.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		121,857,844.	25	109,953,273.
	26	**Total liabilities.** Add lines 17 through 25		711,098,872.	26	664,821,589.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		1,650,912,107.	27	1,781,828,668.
	28	Net assets with donor restrictions		6,775,902.	28	6,797,207.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		1,657,688,009.	32	1,788,625,875.
	33	Total liabilities and net assets/fund balances		2,368,786,881.	33	2,453,447,464.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,259,513,188.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,190,122,608.
3	Revenue less expenses. Subtract line 2 from line 1	3	69,390,580.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,657,688,009.
5	Net unrealized gains (losses) on investments	5	44,719,868.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	16,827,418.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,788,625,875.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	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: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	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	3b	X	

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

2024

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

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

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support test - 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2024.** 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 - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	*Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.	3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	**5**	
6 Other distributions (describe in **Part VI**). See instructions.	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	**8**	
9 Distributable amount for 2024 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-2024**	**(iii) Distributable Amount for 2024**
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 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

[X] 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: THE VALLEY HOSPITAL, INC.

Employer identification number: 22-1487307

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		$ 28,475,490.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 10,147,237.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 5,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 2,944,788.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 427,396.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 258,259.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE VALLEY HOSPITAL, INC.

Employer identification number: 22-1487307

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

Name of organization: THE VALLEY HOSPITAL, INC.

Employer identification number: 22-1487307

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) $

Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
THE VALLEY HOSPITAL, INC.

Employer identification number
22-1487307

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

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X $ _____

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 in Part XIII ☐

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	20,381,631.	18,289,676.	20,840,125.	20,740,794.	18,696,561.
b Contributions	251,625.	522,678.	303,256.	1,085,386.	580,178.
c Net investment earnings, gains, and losses	2,431,148.	2,135,133.	-2,170,944.	2,340,095.	2,048,555.
d Grants or scholarships					
e Other expenditures for facilities and programs	763,000.	565,856.	682,761.	3,326,150.	584,500.
f Administrative expenses					
g End of year balance	22,301,404.	20,381,631.	18,289,676.	20,840,125.	20,740,794.

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

a Board designated or quasi-endowment 17.7961 %
b Permanent endowment 45.8320 %
c Term endowment 36.3719 %

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		92,685,923.		92,685,923.
b Buildings		1,470,826,410.	550,771,058.	920,055,352.
c Leasehold improvements				
d Equipment		576,716,123.	402,438,742.	174,277,381.
e Other		32,452,555.	995,112.	31,457,443.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				1,218,476,099.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

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	31,595,555.
(2)	DEFERRED FINANCING COSTS AND OTHER ASSETS	136,633,956.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*		168,229,511.

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	6,152,175.
(3)	AMOUNT DUE TO THIRD PARTY PAYERS AND OTHER LIABILITIES	68,752,402.
(4)	ESTIMATED PROFESSIONAL MEDICAL LIABILITY	35,048,696.
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*		109,953,273.

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 ... X

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

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

1	Total revenue, gains, and other support per audited financial statements			1	1,455,006,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	44,719,868.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	323,058,821.		
e	Add lines 2a through 2d			2e	367,778,689.
3	Subtract line 2e from line 1			3	1,087,227,311.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	172,285,877.		
c	Add lines 4a and 4b			4c	172,285,877.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	1,259,513,188.

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

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

1	Total expenses and losses per audited financial statements			1	1,325,373,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	346,392,269.		
e	Add lines 2a through 2d			2e	346,392,269.
3	Subtract line 2e from line 1			3	978,980,731.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	211,141,877.		
c	Add lines 4a and 4b			4c	211,141,877.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	1,190,122,608.

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 V, LINE 4:

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.

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 2024 OR 2023.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES NETTED AGAINST RENTAL INCOME	9,186,913.
REVENUE ATTRIBUTABLE TO RELATED ORGANIZATION	263,466,065.
ELIMINATIONS	38,856,000.
TRANSFERS FROM VHS - COLIGOCARE SHARED SAVINGS	3,759,704.
TRANSFERS FROM VHS - CAPTIVE SAVINGS	7,790,139.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	323,058,821.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 4B - OTHER ADJUSTMENTS:	
PROVISION FOR BAD DEBT	41,196,849.
CONTRIBUTIONS NETTED AGAINST EXPENSES	131,089,028.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	172,285,877.

PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES NETTED AGAINST RENTAL INCOME	9,186,913.
EXPENSES ATTRIBUTABLE TO RELATED ORGANIZATION	337,205,356.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	346,392,269.

PART XII, LINE 4B - OTHER ADJUSTMENTS:	
PROVISION FOR BAD DEBT	41,196,849.
CONTRIBUTION NETTED AGAINST EXPENSES	131,089,028.
ELIMINATIONS	38,856,000.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	211,141,877.

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization
THE VALLEY HOSPITAL, INC.

Employer identification number
22-1487307

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy (FAP) during the tax year? If "No," skip to question 6a	1a	X	
b If "Yes," was it a written policy?	1b	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the FAP to its various hospital facilities during the tax year:			
[X] Applied uniformly to all hospital facilities [ ] Applied uniformly to most hospital facilities			
[ ] Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a Did the organization use federal poverty guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	3a	X	
[ ] 100% [ ] 150% [X] 200% [ ] Other _____ %			
b Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	3b	X	
[ ] 200% [ ] 250% [ ] 300% [ ] 350% [ ] 400% [X] Other 500 %			
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4 Did the organization's FAP that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a Did the organization budget amounts for free or discounted care provided under its FAP during the tax year?	5a	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a Did the organization prepare a community benefit report during the tax year?	6a	X	
b If "Yes," did the organization make it available to the public?	6b	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial assistance at cost (from Worksheet 1)			10,386,309.	258,259.	10,128,050.	.85%
b Medicaid (from Worksheet 3, column a)			38,886,656.	24,525,169.	14,361,487.	1.21%
c Costs of other means-tested government programs (from Worksheet 3, column b)			0.	0.		
d **Total.** Financial assistance and means-tested government programs			49,272,965.	24,783,428.	24,489,537.	2.06%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			4,051,393.	48,685.	4,002,708.	.34%
f Health professions education (from Worksheet 5)			5,039,708.	0.	5,039,708.	.42%
g Subsidized health services (from Worksheet 6)			3,008,196.	0.	3,008,196.	.25%
h Research (from Worksheet 7)			3,316,941.		3,316,941.	.28%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			554,098.		554,098.	.05%
j **Total.** Other benefits			15,970,336.	48,685.	15,921,651.	1.34%
k **Total.** Add lines 7d and 7j			65,243,301.	24,832,113.	40,411,188.	3.40%

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	2		312,267.		312,267.	.03%
4	Environmental improvements	2		35,980.		35,980.	.00%
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development	3	586	283,950.		283,950.	.02%
9	Other						
10	Total	7	586	632,197.		632,197.	.05%

Part III Bad Debt, Medicare, & Collection Practices

				Yes	No
Section A. Bad Debt Expense					
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	41,196,849.		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP. 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	17,714,646.		
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	346,680,880.		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	489,628,046.		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-142,947,166.		
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: ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other				
Section C. Collection Practices					
9a	Did the organization have a written debt collection policy during the tax year?	9a	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 - see instructions)

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility):	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 THE VALLEY HOSPITAL 4 VALLEY HEALTH PLAZA PARAMUS, NJ 07652	X									

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

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

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

		Yes	No
Community Health Needs Assessment (CHNA)			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		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	2		X
3 During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	3	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a [X] A definition of the community served by the hospital facility			
b [X] Demographics of the community			
c [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d [X] How data was obtained			
e [X] The significant health needs of the community			
f [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g [X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h [X] The process for consulting with persons representing the community's interests			
i [X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA			
j [ ] Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 22			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	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	6a	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	6b	X	
7 Did the hospital facility make its CHNA report widely available to the public?	7	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a [X] Hospital facility's website (list url): WWW.VALLEYHEALTH.COM/SERVICES/COMMUNITY-HEALTH			
b [ ] Other website (list url):			
c [X] Made a paper copy available for public inspection without charge at the hospital facility			
d [ ] Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 22			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a If "Yes," list url: WWW.VALLEYHEALTH.COM/SERVICES/COMMUNITY-HEALTH			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
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 FAP that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	X	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	[X] FPG, with FPG family income limit for eligibility for free care of and FPG family income limit 200 % for eligibility for discounted care of 500 %			
b	[ ] Income level other than FPG (describe in Section C)			
c	[X] Asset level			
d	[ ] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[ ] Residency			
h	[ ] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	**14**	X	
15	Explained the method for applying for financial assistance?	**15**	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of their application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of their application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	**16**	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): SEE PART V, PAGE 8			
b	[X] The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8			
c	[X] A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by limited-English proficiency (LEP) populations			
j	[ ] Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

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

			Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written FAP that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			
f	☒ None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) on line 19 (check all that apply):

- **a** ☐ Provided a written notice about upcoming extraordinary collection actions (ECAs) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- **b** ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- **c** ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)
- **d** ☒ Made presumptive eligibility determinations (if not, describe in Section C)
- **e** ☐ Other (describe in Section C)
- **f** ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

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

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

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 5: THE ASSESSMENT INCORPORATES DATA FROM MULTIPLE SOURCES, INCLUDING PRIMARY RESEARCH (THROUGH THE PRC COMMUNITY HEALTH SURVEY AND PRC ONLINE KEY INFORMANT SURVEY) AND QUALITATIVE RESEARCH, INCLUDING FOCUS GROUPS AND KEY INFORMANT INTERVIEWS, AS WELL AS A REVIEW OF SECONDARY DATA, INCLUDING VITAL STATISTICS AND OTHER EXISTING HEALTH INDICATORS. 1,356 COMMUNITY HEALTH SURVEYS AND 146 KEY INFORMANT SURVEYS WERE COMPLETED.

THE VALLEY HOSPITAL:
PART V, SECTION B, LINE 6A: THE VALLEY HOSPITAL IS PART OF A REGIONAL PARTNERSHIP, THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP (CHIP) OF BERGEN COUNTY. THE OTHER HOSPITAL FACILITIES INCLUDED IN THE CHIP AND THEREFORE THE ASSESSMENT ARE: HOLY NAME MEDICAL CENTER, ENGLEWOOD HEALTH, HACKENSACK MERIDIAN HACKENSACK UNIVERSITY MEDICAL CENTER, HACKENSACK MERIDIAN PASCACK VALLEY MEDICAL CENTER, BERGEN NEW BRIDGE MEDICAL CENTER, AND CHRISTIAN HEALTH.

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 PRIORITIES PREVIOUSLY IDENTIFIED IN THE 2019 ASSESSMENT CONTINUE TO BE PRESSING NEEDS BUT ARE NOW FURTHER COMPLICATED BY THE IMPACT OF THE COVID-19 PANDEMIC. EXISTING INEQUITIES IN OPPORTUNITY, ACCESS, AND EDUCATION WERE EXACERBATED BY THE PANDEMIC. THE INEQUITIES HIGHLIGHTED BY THE PANDEMIC ELEVATED HEALTH EQUITY AS A LENS TO BE PRIORITIZED AND MORE CLOSELY ADDRESSED IN THE 2022-2025 PLANNING EFFORT.

HEALTH NEEDS IDENTIFIED IN THE CHNA RESEARCH WERE CONFIRMED BY COMMUNITY STAKEHOLDERS AND REFINED THROUGH COLLABORATIVE DISCUSSION. LOCAL CONCERNS WERE THEN ALIGNED WITH THE STATEWIDE HEALTH PRIORITIES IN THE NEW JERSEY STATE HEALTH IMPROVEMENT PLAN (2020). THIS APPROACH ENSURES PRIORITY AREAS REFLECT LOCAL CONCERNS AND COMMUNITY-GENERATED STRATEGIES FOR ACTION WHILE ESTABLISHING A CONNECTION TO STATEWIDE INITIATIVES. THERE WAS OVERWHELMING SUPPORT FOR THE STRATEGY, AND ULTIMATELY PARTICIPANTS ENDORSED THE PRIORITY AREAS FOR 2023-2025 AS HEALTHY MINDS, HEALTHY BODIES, AND BUILDING BRIDGES.

HEALTHY MINDS - BEHAVIORAL HEALTH AND MENTAL HEALTH, SUBSTANCE ABUSE, STRESS, ADVERSE CHILDHOOD EXPERIENCES.
HEALTHY BODIES - CHRONIC DISEASE PREVENTION AND AWARENESS. THIS INCLUDES CANCER, DIABETES, HEART DISEASE, STROKE, TOBACCO USE, NUTRITION, PHYSICAL ACTIVITY AND WEIGHT, RESPIRATORY DISEASES.
BUILDING BRIDGES - IMPROVING COMMUNICATION, FOSTERING COLLABORATION, OUTREACH AND INCLUSION. SUB-PRIORITIES INCLUDE APPOINTMENT AVAILABILITY, FINDING A PHYSICIAN, INCONVENIENT HOURS, AND LACK OF TRANSPORTATION.

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 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

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. REFINED THE FINDINGS FROM QUANTITATIVE DATA SOURCES AND PROVIDED VALUABLE INSIGHT ON COMMUNITY NEED, COMMUNITY HEALTH PRIORITIES, TO ENSURE THE BEST REPRESENTATION OF THE POPULATION SURVEYED, A MIXED-MODE METHODOLOGY WAS IMPLEMENTED. THIS INCLUDED TARGETED SURVEYS CONDUCTED BY PRC VIA TELEPHONE (CELL PHONE AND LANDLINE) OR THROUGH ONLINE QUESTIONNAIRES, AS WELL AS A COMMUNITY OUTREACH COMPONENT, PROMOTED BY THE STUDY SPONSERS THROUGH SOCIAL MEDIA POSTING AND OTHER COMMUNICATIONS,

RANDOM-SMAPLE SURVEYS WERE USED FOR TARGETED ADMINISTRATION, PRC ADMINISTERED 571 SURVEYS AT RANDOM THROUGHOUT THE SERVICE AREA.

COMMUNITY OUTREACH SURVEYS (COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP OF BERGEN COUNTY) PRC CREATED A LINK TO AN ONLINE VERSION OF THE SURVEY, AND AREA HOSPITALS ALONG WITH PARTNERSHIP ORGANIZATIONS PROMOTED THIS LINK THROUGHOUT THE VARIOUS COMMUNITIES IN ORDER TO DRIVE ADDITIONAL PARTICIPATION AND BOLSTER OVERALL SAMPLES. THIS YIELDED AN ADDITIONAL 785 SURVEYS TO THE OVERALL SAMPLE.

IN ALL 1,356 SURVEYS WERE COMPLETED THROUGH THESE MECHANISMS. ONCE THE INTERVIEWS WERE COMPLETED, THESE WERE WEIGHTED IN PROPORTION TO THE ACTUAL POPULATION DISTRIBUTION SO AS TO APPROPRIATELY REPRESENT THE SERVICE AREA AS A WHOLE. ALL ADMINSITRATION OF THE SURVEYS, DATA COLLECTION, AND DATA ANALYSIS WAS CONDUCTED BY PRC.

THE FOLLOWING FOCUS GROUPS AND INDIVIDUALS WERE CONSULTED:
FOCUS GROUPS:

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.

- AFRICAN AMERICAN COMMUNITY LEADERS
- ELDER CARE PROVIDERS
- EMT/FIRST RESPONDERS
- HEALTH OFFICALS FROM BERGEN COUNTY COMMUNITY
- KOREAN LANGUAGE SPEAKERS
- LGBTQ+ COMMUNITY MEMBERS
- MENTAL HEALTH AND SUBSTANCE USER PROVIDERS
- LATINX COMMUNITY LEADERS
- YOUTH SERVICE PROVIDERS

VIRTUAL INTERVIEWS:

- LYNN ALGRANT, BERGEN COMMUNITY ACTION
- HELEN ARCHIONTOU, YMCA NORTHERN NJ
- DR. HILLARY COHEN, CME ENGELWOOD HEALTH
- LIZ CORSINI, BERGEN FAMILY CENTER
- DR. MOHAMMED ELRAFEI, CHRISTIAN HEALTH RAMAPO RIDGE PSYCHIATRIC HOSPITAL
- SOFIA MAGNIFICO, CHRISTIAN HEALTH
- MICHAEL MCCANN, FORGE HEALTH
- COMMINSIONER GERMAINE ORTIZ
- KRISTINE PENDY, BERGEN NEW BRIDGE HEALTH
- VITO VENERUSO, NORTH HUDSON COMMUNITY ACTION
- DEBORAH VISCONI, BERGEN NEW BRIDGE MEDICAL CENTER
- EJ VIZZI, AGE FRIENDLY TEANECK
- CHAIRWOMEN, COMMISSIONR TRACY ZUR

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year? 0

Name and address	Type of facility (describe)

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 FAP.

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 (for example, 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 AND IS AVAILABLE UPON REQUEST. COMMUNITY BENEFIT STATISTICS ARE ALSO REPORTED AT OUR ANNUAL MEETING, WHICH IS OPEN TO THE PUBLIC.

PART I, LINE 7:
THE COST TO CHARGE RATIO USED TO CALCULATE THE AMOUNTS IN THE TABLE WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES.

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 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

Part VI Supplemental Information *(Continuation)*

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.

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 (MEDICARE SHORTFALL) ARE CONSIDERED TO BE COMMUNITY BENEFIT.

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

Part VI Supplemental Information *(Continuation)*

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, 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 34 TOWNS IN NORTHWEST BERGEN AND PASSAIC COUNTIES. THESE COMMUNITIES ACCOUNT FOR OVER 65% OF ALL OF OUR DISCHARGES. THE POPULATION IS 460,000 PEOPLE.

PART VI, LINE 5:
CONSTRUCTION IS CURRENTLY IN PROCESS FOR A NEW STATE OF THE ART HOSPITAL OPENING IN 2024. THE NEW HOSPITAL WILL PROVIDE AN EVEN BETTER EXPERIENCE FOR PATIENTS AND FAMILIES, MEETING THE HEALTH CARE NEEDS OF THE NORTHERN NEW JERSEY COMMUNITY FOR YEARS TO COME.

SCHEDULE I (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

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? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
VALLEY PHYSICIAN SERVICES, INC. 4 VALLEY HEALTH PLAZA PARAMUS, NJ 07652	32-0041186	501 (C) 3	130744481	0.			GENERAL SUPPORT
VALLEY HEALTH SYSTEM, INC 4 VALLEY HEALTH PLAZA PARAMUS, NJ 07652	22-2922016	501 (C) 3	344,547.	0.			GENERAL SUPPORT
BERGEN VOLUNTEER MEDICAL INITIATIVE - 75 ESSEX STREET - HACKENSACK, NJ 07692	20-2633437	501 (C) 3	30,000.	0.			GENERAL SUPPORT
BOROUGH OF PARAMUS 1 JOCKISH SQUARE PARAMUS, NJ 07652	22-6002186	BOROUGH OF PARAMUS	25,000.	0.			GENERAL SUPPORT
PONY POWER THERAPIES INC 1170 RAMAPO VALLEY ROAD MAHWAH, NJ 07430	20-3210841	501 (C) 3	20,000.	0.			GENERAL SUPPORT
AMERICAN RED CROSS 209 FAIRFIEDL ROAD FAIRFIELD, NJ 07004	53-0196605	501 (C) 3	15,000.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 15.

3 Enter total number of other organizations listed in the line 1 table ..... 5.

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
AMERICAN CANCER SOCIETY 2310 ROUTE 34, LOWER LEVEL MANASQUAN, NJ 08736	13-1788491	501 (C) 3	15,000.	0.			GENERAL SUPPORT
BERGEN PERFORMING ARTS CENTER INC 30 NORTH VAN BRUNT STREET ENGLEWOOD, NJ 07631	30-0194642	501 (C) 3	15,000.	0.			GENERAL SUPPORT
CHILDREN'S AID & FAMILY SERVICES 200 ROBIN ROAD PARAMUS, NJ 07652	22-1487147	501 (C) 3	13,000.	0.			GENERAL SUPPORT
MAHWAH REGIONAL CHAMBER OF COMMERCE - 1 INTERNATIONAL BOULEVARD - MAHWAH, NJ 07495	22-3145589	501 (C) 6	12,740.	0.			GENERAL SUPPORT
CHRISTIAN HEALTH CARE CENTER 301 SICOMAC AVENUE WYCKOFF, NJ 07481	22-1546163	501 (C) 3	11,000.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUB OF PATERSON 264 21ST AVE PATERSON, NJ 07501	22-1726665	501 (C) 3	10,000.	0.			GENERAL SUPPORT
FAMILY PROMISE 100 DAYTON ST. RIDGEWOOD, NJ 07450	22-2853599	501 (C) 3	10,000.	0.			GENERAL SUPPORT
NJ HOSPITAL ASSOCIATION P.O. BOX 828776 PHILADELPHIA, PA 19182-8776	21-0618622	501 (C) 6	10,000.	0.			GENERAL SUPPORT
WEST BERGEN MENTAL HEALTH INC 120 CHESTNUT ST RIDGEWOOD, NJ 07450	22-1736531	501 (C) 3	8,000.	0.			GENERAL SUPPORT

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
MONTVALE CHAMBER OF COMMERCE 12 MERCEDES DRIVE MONTVALE, NJ 07645	20-8485568	501 (C) 6	7,500.	0.			GENERAL SUPPORT
THE SHARING NETWORK FOUNDATION INC 691 CENTRAL AVENUE NEW PROVIDENCE, NJ 07974	20-2737719	501 (C) 3	7,500.	0.			GENERAL SUPPORT
ADLER APHASIA CENTER 60 W HUNTER AVE MAYWOOD, NJ 07607	02-0687863	501 (C) 3	7,000.	0.			GENERAL SUPPORT
SYMMETRE DESIGN GROUP LLC 555 GOFFLE ROAD, SUITE 214 RIDGEWOOD, NJ 07450	22-3752838		6,400.	0.			GENERAL SUPPORT
MOUNT SINAI HEALTH SYSTEM 1 GUSTAVE L. LEVY PLACE BOX 1223 NEW YORK, NY 10002-9657	13-3939476	501 (C) 3	6,000.	0.			GENERAL SUPPORT

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE BOARD'S COMMITTEE FOR COMMUNITY BENEFITS APPROVES THE GRANTS AND CHECKS ARE SENT TO EACH RECIPIENT BY YEAR-END, PROVIDING A CLEAR TIMELINE FOR THE PROCESS. THE RECIPIENTS THEN RECEIVE A LETTER FOR THE AWARD AMOUNT THAT STIPULATES REPORTS MUST BE SENT TO THE ORGANIZATION CONVEYING WHAT THE FUNDS HAVE BEEN USED FOR DURING THE YEAR. THE REQUIRED REPORTS MUST BE SENT TO THE ORGANIZATION BY JULY 1 EVERY YEAR. ONCE THE REPORTS ARE RECEIVED, THE ORGANIZATION'S STAFF REVIEWS THE REPORTS TO ENSURE THE GRANT FUNDS ARE UTILIZED AS STIPULATED.

SCHEDULE J (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE VALLEY HOSPITAL, INC.

Employer identification number

22-1487307

Part I Questions Regarding Compensation

			Yes	No
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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☒ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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	**1b**	X	
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?	**2**		X
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.			
	☒ Compensation committee	☐ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**	X	
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	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?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	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	**7**	X	
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	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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) AUDREY MEYERS	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT & CEO, VHS THRU JUNE 2024	(ii)	1,414,852.	1,167,040.	4,011,495.	25,875.	28,594.	6,647,856.	3,954,895.
(2) ROBERT W. BRENNER	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT & CEO, VHS EFF. JULY 2024	(ii)	1,277,532.	443,100.	158,019.	15,525.	15,689.	1,909,865.	0.
(3) WILLIAM KLUTKOWSKI	(i)	0.	0.	0.	0.	0.	0.	0.
SR. VP, FINANCE & CFO	(ii)	830,046.	309,631.	112,871.	24,150.	29,084.	1,305,782.	0.
(4) KARTEEK BHAVSAR	(i)	0.	0.	0.	0.	0.	0.	0.
SR VP & COO	(ii)	794,877.	334,460.	47,703.	25,875.	3,200.	1,206,115.	0.
(5) JOSEPH YALLOWITZ	(i)	657,683.	192,075.	78,648.	18,975.	39,041.	986,422.	0.
VP & CHIEF MEDICAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DAVID BOHAN	(i)	457,520.	175,792.	44,838.	15,850.	16,089.	710,089.	0.
VP & CHIEF PHILANTHROPY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CHARLES VANNOY	(i)	415,907.	129,282.	50,714.	25,453.	27,084.	648,440.	0.
VP/CNO, PATIENT CARE SVCS	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) BRAD HASPEL	(i)	329,453.	97,969.	69,769.	20,945.	12,929.	531,065.	0.
VP, ANCILLARY SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) BETTYANN KEMPIN	(i)	330,461.	103,603.	49,173.	24,341.	14,229.	521,807.	0.
VP, ADMINISTRATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) PETER DIESTEL	(i)	355,287.	91,250.	0.	18,847.	14,104.	479,488.	0.
TRANSITIONAL CONSULTANT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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:
AUDREY MEYERS, WILLIAM KLUTKOWSKI AND PETER DIESTEL PARTICIPATED IN A
SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN. THE FOLLOWING
INDIVIDUAL RECEIVED A PAYMENT IN 2024: AUDREY MEYERS, $3,954,895 AS
REPORTED IN PART II, COLUMN BIII AND COLUMN F.

AUDREY MEYERS AND PETER DIESTEL PARTICIPATED IN A CAP-EX (SPLIT-DOLLAR LIFE
INSURANCE PLAN). THEY DID NOT RECEIVE A PAYMENT DURING 2024.

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).

SCHEDULE K (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: THE VALLEY HOSPITAL, INC.

Employer identification number: 22-1487307

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	645790NB8	12/11/19	402,437,137.	CONSTRUCTION OF NEW HOSPITAL		X		X		X
B												
C												
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	65,065,000.			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	404,876,950.			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	2,437,137.			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	400,000,000.			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2024			

		A		B		C		D	
		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							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	.00 %		%		%		%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	.00 %		%		%		%	
6	Total of lines 4 and 5	.00 %		%		%		%	
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

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

Part IV Arbitrage *(continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

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

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

PART II, LINE 1
OF THE $65,065,000 REPORTED AS AMOUNT OF BONDS RETIRED, APPROXIMATELY
$59,410,000 REPRESENTS SCHEDULED PRINCIPAL PAYMENTS MADE THROUGH
DECEMBER 31, 2024, AND $5,655,000 REPRESENTS EARLY RETIREMENT OF BONDS
THROUGH OPEN-MARKET REPURCHASES BY THE ISSUER DURING 2023-2024.
THESE REPURCHASED BONDS WERE LEGALLY EXTINGUISHED AND REMOVED FROM THE
OUTSTANDING BALANCE OF THE SERIES 2019 NJHCFFA HOSPITAL REVENUE BONDS
IN ACCORDANCE WITH 1.150-3(B)(1)(II) OF THE TREASURY REGULATIONS WHICH
TREATS BONDS ACQUIRED AND EXTINGUISHED BY THE ISSUER AS RETIRED.

PART II, LINE 3
THE DIFFERENCE BETWEEN THE ISSUE PRICE AND THE TOTAL AMOUNT OF PROCEEDS
REPRESENTS INVESTMENT EARNINGS.

SCHEDULE L
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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? To	From	**(e)** Original principal amount	**(f)** Balance due	**(g)** In default? Yes	No	**(h)** Approved by board or committee? Yes	No	**(i)** Written agreement? Yes	No
(1) AUDREY MEYERS	PRESIDEN	SEE PART		X	9,071,138.	12,324,814.		X	X		X	
(2) ROBIN GOLDFIS	SENIOR V	SEE PART		X	3,392,128.	4,607,852.		X	X		X	
(3) PETER DIESTEL	PRESIDEN	SEE PART		X	5,796,536.	7,875,664.		X	X		X	
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						$ 24,808,330.						

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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule L (Form 990) (Rev. 12-2024)**

SEE PART V FOR CONTINUATIONS

LHA 432131 01-15-25

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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 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 COMPOUND INTEREST (AT THE IRS LONG-TERM APR). THE EXECUTIVE'S BENEFICIARY THEN RECEIVES PROCEEDS AS DETERMINED BY THE GOVERNING CAP-EX LEGAL AGREEMENT. IF DEATH HAD OCCURRED DURING THE REPORTING YEAR, ANY REMAINING DEATH PROCEEDS WOULD

Part V Supplemental Information

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

HAVE BEEN PAID TO THE HOSPITAL.

SCHEDULE O (Form 990)
(Rev. December 2024)
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 for instructions and the latest information.

OMB No. 1545-0047

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:
VALLEY HOSPITAL MOVED FROM RIDGEWOOD TO A NEW FACILITY IN PARAMUS. THE NEW HOSPITAL HAS 370 BEDS.

BERGEN COUNTY IS THE MOST POPULOUS COUNTY IN NEW JERSEY AND ONE OF THE WEALTHIEST COUNTIES IN THE UNITED STATES. THERE ARE 978,641 RESIDENTS IN THE 233.01 SQUARE MILES OF BERGEN COUNTY, NJ. THE POPULATION IS 56.9% WHITE AND NON-HISPANIC, 22.7% HISPANIC, 5.2% BLACK, AND 16.6% ASIAN. SEVEN PERCENT OF THE POPULATION IS NOT PROFICIENT IN ENGLISH. THE CHILD POVERTY RATE IS 8%. THE MEDIAN HOUSEHOLD INCOME IS $116,709. RESIDENTS ARE GENERALLY WELL-EDUCATED AND HAVE HIGHER GRADUATION RATES THAN NJ AS A WHOLE AND THE U.S. AS A WHOLE. BERGEN COUNTY FARES BETTER THAN THE AVERAGE COUNTY IN NEW JERSEY FOR HEALTH OUTCOMES. THE VALLEY HOSPITAL EMPLOYS PEOPLE WHO REPRESENT AND LIVE IN THE COMMUNITIES WE SERVE. MORE THAN 3,700 EMPLOYEES CONSTITUTE THE VALLEY HOSPITAL.

VALLEY PARTICIPATES IN A COMMUNITY HEALTH NEEDS ASSESSMENT EVERY THREE YEARS. THIS ASSESSMENT IS PART OF A REGIONAL PROJECT CONDUCTED BY PROFESSIONAL RESEARCH CONSULTANTS, INC. (PRC) FOR THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP (CHIP) OF BERGEN COUNTY. THE ASSESSMENT INCORPORATES DATA FROM MULTIPLE SOURCES, INCLUDING PRIMARY RESEARCH (THROUGH THE PRC COMMUNITY HEALTH SURVEY AND PRC ONLINE KEY INFORMANT SURVEY), AS WELL AS SECONDARY RESEARCH (VITAL STATISTICS AND OTHER EXISTING HEALTH-RELATED DATA). IT ALSO ALLOWS FOR TRENDING AND COMPARISON TO BENCHMARK DATA AT THE STATE AND NATIONAL LEVELS.

IN 2024, 58,290 INDIVIDUALS WERE ADMITTED TO VALLEY, 78,286 PEOPLE WERE TREATED IN THE EMERGENCY DEPARTMENT, AND 3,905 BABIES WERE BORN. VALLEY'S KEY SERVICES INCLUDE CARDIOLOGY, ONCOLOGY, WOMEN'S AND CHILDREN'S SERVICES, EMERGENCY CARE, ORTHOPEDICS, AND NEUROSCIENCES. VALLEY ALSO OFFERS THE SERVICES OF A CENTER FOR MINIMALLY INVASIVE AND ROBOTIC SURGERY, A TOTAL JOINT REPLACEMENT CENTER, A NEUROSCIENCE CENTER, A CENTER FOR BARIATRIC SURGERY AND WEIGHT-LOSS MANAGEMENT, A CENTER FOR SLEEP MEDICINE, THE GAMMA KNIFE CENTER, AND THE KIREKER CENTER FOR CHILD DEVELOPMENT, AMONG OTHERS.

VALLEY'S FAMILY CARE CENTER HAD 6,678 VISITS IN 2024. CARE IS PROVIDED TO PATIENTS THROUGH CHARITY CARE AND TO PATIENTS WITH MEDICAID/MEDICARE. THIRTEEN ADULT SUBSPECIALTIES, IN ADDITION TO INTERNAL MEDICINE, ROTATE THROUGH THE CENTER (NEPHROLOGY, NEUROLOGY, GI, RHEUMATOLOGY, GYN, OB, ENT, PULMONARY, CARDIOLOGY, DERMATOLOGY, ORTHOPEDICS, PODIATRY, AND UROLOGY) TO PROVIDE SERVICES FOR THOSE WHO WOULD OTHERWISE STRUGGLE WITH FOLLOW-UP OR CONTINUED CARE. PEDIATRIC PATIENTS ARE ALSO SEEN AT THE CENTER. MANY PATIENTS ARE MEDICALLY COMPLEX AND NEED ASSISTANCE CONNECTING WITH RESOURCES. SOCIAL WORKERS AND A FINANCIAL COORDINATOR ASSIST PATIENTS WITH CONNECTING WITH

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RESOURCES AND APPLYING FOR NEEDED COVERAGE, SUCH AS CHARITY CARE OR MEDICAID.

EACH YEAR, VALLEY DINING PREPARES OVER 23,000 MEALS FOR COMMUNITY MEALS, INC., AND PROVIDES FINANCIAL RESOURCES TO SUPPORT HOMEBOUND OLDER ADULTS IN VALLEY'S SERVICE AREA.

VALLEY HEALTH SYSTEM HAS BEEN DESIGNATED AS AN LGBTQ+ HEALTHCARE EQUALITY HIGH PERFORMER BY THE HUMAN RIGHTS CAMPAIGN FOUNDATION, THE EDUCATIONAL ARM OF THE NATION'S LARGEST LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUEER (LGBTQ+) CIVIL RIGHTS ORGANIZATION. THE HEALTHCARE EQUALITY INDEX STRIVES TO ENSURE LGBTQ+ PEOPLE ARE PROTECTED AND AFFIRMED BY THEIR HEALTHCARE PROVIDERS AND FEEL SAFE SEEKING SERVICES. HEI ACTIVE PARTICIPANTS ARE RECOGNIZED FOR IMPLEMENTING ROBUST, COMPREHENSIVE LGBTQ+ INCLUSIVE POLICIES THAT HOPEFULLY, BECAUSE OF THEIR WORK, BECOME STANDARD PRACTICE.

VALLEY WORKS WITH LOCAL PARTNERS TO PROMOTE INCLUSIVITY AND EQUALITY. WHERE VALLEY WAS A SPONSOR, 2,087 COMMUNITY MEMBERS ATTENDED IN-PERSON AND VIRTUAL EDUCATION PROGRAMS ON LGBTQ+ HEALTH AND LOCAL PRIDE CELEBRATIONS.
FORMED IN 2020 IN THE WAKE OF NATIONWIDE PROTESTS AND DEMONSTRATIONS FOLLOWING THE DEATH OF GEORGE FLOYD, THE SOCIAL EQUALITY COUNCIL AIMS TO PROVIDE A FORUM FOR INDIVIDUALS THROUGHOUT VALLEY TO HAVE A VOICE FOR SHARING DIFFERENT PERSPECTIVES. VALLEY'S SOCIAL EQUALITY STRATEGY HAS FIVE FOUNDATIONAL PILLARS THAT REFLECT THE STRATEGIC PRIORITIES CREATED TO ENABLE THE ORGANIZATION TO ADDRESS THE DIVERSE NEEDS OF OUR STAFF, PATIENTS, FAMILIES, AND THE COMMUNITY WE SERVE. THIS STRUCTURAL FRAMEWORK GUIDES THE SOCIAL EQUALITY COUNCIL IN CREATING AN ENVIRONMENT WHERE EMPLOYEES, PATIENTS, AND FAMILIES FEEL SAFE BEING WHO THEY ARE, WHILE ADDRESSING CONCERNS RELATED TO RACE AND EQUALITY.

VALLEY CONTINUES TO PARTNER WITH BERGEN COMMUNITY COLLEGE TO DISCUSS HEALTH INEQUITIES AND HEALTH NEEDS OF THE BIPOC COMMUNITY. VALLEY AND BERGEN SPONSORED UCHE BLACKSTOCK, MD, AN ER PHYSICIAN AND PROMINENT ADVOCATE FOR HEALTH EQUITY, WHO SPOKE TO 200 COMMUNITY MEMBERS ABOUT WHY HEALTHCARE REFORM CANNOT SUCCEED WITHOUT ALSO ADDRESSING SYSTEMIC RACISM IN SOCIETY AND HEALTHCARE.

PARTICIPATION IN COMMUNITY EDUCATION CLASSES HAS GROWN EXPONENTIALLY THROUGH THE USE OF VIRTUAL EDUCATION TOOLS AND SOCIAL MEDIA. IN 2024, 14,650 PEOPLE ATTENDED FREE, IN-PERSON SCREENINGS, EXERCISE PROGRAMS, AND EDUCATION EVENTS. AN ADDITIONAL 120,732 PEOPLE VIEWED VIRTUAL EDUCATION, PODCASTS, WRITTEN EDUCATION, AND SOCIAL MEDIA. IN 2024, A TOTAL OF 149,918 PEOPLE LEARNED ABOUT GOOD HEALTH FROM VALLEY'S COMMUNITY HEALTH DEPARTMENT. WHEN ASKED, 94.6% OF PARTICIPANTS SHARED THAT THEY INCREASED THEIR KNOWLEDGE AS A RESULT OF ATTENDING ONE OF OUR PROGRAMS. AND 85.3% SAID THEY INTEND TO MAKE LIFESTYLE CHANGES AS A RESULT OF WHAT THEY LEARNED.

OVER 900 PEOPLE PARTICIPATED IN FREE BLOOD PRESSURE SCREENING CLINICS, AND 22,329 PEOPLE PARTICIPATED IN PROGRAMS ON CARDIAC AND STROKE. SOME PROGRAM TOPICS INCLUDE WOMEN'S HEART, WHAT IS A CALCIUM SCORE, HIGH BLOOD PRESSURE, ATRIAL FIBRILLATION, AND TIA AND STROKE.

BOTH VIRTUAL AND IN-PERSON SESSIONS OF THE VALLEY HOSPITAL'S SMOKING

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CESSATION PROGRAM WERE OFFERED IN 2024. OF THE 45 PEOPLE WHO COMPLETED THE PROGRAM, 25 PEOPLE REPORT BEING SMOKE-FREE. PARTICIPANTS ALSO REPORT UNEXPECTED BENEFITS AFTER QUITTING, SUCH AS IMPROVED TASTE AND SMELL, BETTER SKIN AND APPEARANCE, AND EVEN REDUCED STRESS LEVELS.

THREE HUNDRED AND TWENTY INDIVIDUALS PARTICIPATED IN VALLEY'S FREE WALKING GROUP EXERCISE PROGRAMS. NUTRITION PROGRAMS WERE ATTENDED BY 13,039 PEOPLE, COVERING TOPICS SUCH AS FAD DIETS, NUTRITION TRENDS, NUTRITION JEOPARDY, PLANT-BASED EATING, AND NUTRITION AND DIABETES.

VALLEY WORKS WITH THE OTHER BERGEN COUNTY HOSPITALS, THE BERGEN COUNTY HEALTH DEPARTMENT, AND OTHER SERVICE ORGANIZATIONS ON EFFORTS TO IMPROVE HEALTH IN OUR COMMUNITIES. THE CHIP IS JUST ONE COMMUNITY PARTNERSHIP THAT IS DEDICATED TO IMPROVING HEALTH. AS PART OF THE CHIP, VALLEY DONATES INSTRUCTORS TO PROVIDE FREE EXERCISE CLASSES IN LOCAL PARKS. VALLEY ALSO PROVIDES IN-KIND LEADERSHIP TO THE BOARD.

THE NORTHWEST BERGEN REGIONAL HEALTH COMMISSION (NWBRHC) PROVIDES PUBLIC HEALTH SERVICES TO MANY TOWNS IN OUR AREA. WE PARTNER WITH NWBRHC TO PROVIDE PUBLIC HEALTH EDUCATION AND NURSING SERVICES TO 12 OF THEIR TOWNS. VALLEY ALSO PROVIDES PUBLIC HEALTH SERVICES TO THE VILLAGE OF RIDGEWOOD AND CHILD HEALTH SERVICES TO FAIR LAWN AND GLEN ROCK. PUBLIC HEALTH NURSES PLAY A CRUCIAL ROLE IN COMMUNICABLE DISEASE CONTROL, FOCUSING ON PREVENTION, INVESTIGATION, AND EDUCATION TO PROTECT COMMUNITIES. INVESTIGATING DISEASE OUTBREAKS WORKS TO MINIMIZE FURTHER TRANSMISSION. PUBLIC HEALTH NURSES ALSO CONDUCT IMMUNIZATION AUDITS IN AREA SCHOOLS. IN 2024, VALLEY'S PUBLIC HEALTH NURSES COMPLETED ALMOST 3,000 INVESTIGATIONS AND AUDITED 86 SCHOOLS WITH 6,809 RECORDS.

VALLEY IS PROUD TO AFFILIATE WITH HIGH-QUALITY ORGANIZATIONS TO OFFER OUR PATIENTS THE BEST CARE AND SERVICE. OUR ACADEMIC AFFILIATION WITH THE MOUNT SINAI HEALTH SYSTEM PROVIDES STATE-OF-THE-ART, COMPREHENSIVE CANCER CARE AND SPECIALTY CHILDREN'S SERVICES TO OUR PATIENTS AND THEIR FAMILIES.

IN 2024, 29,729 PEOPLE ATTENDED CANCER PROGRAMS. THIS REMARKABLE RESPONSE WAS DUE TO A VIRTUAL PROSTATE CANCER EDUCATION THAT APPEARED TO "GO VIRAL" IN 2023. COLON CANCER AWARENESS, UTERINE CANCER, CANCER IN MEN, AND BREAST HEALTH.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:
VALLEY RECEIVED THE SCOPY AWARD BY THE AMERICAN COLLEGE OF GASTROENTEROLOGY FOR ITS EFFORTS IN COMMUNITY ENGAGEMENT, EDUCATION, AND AWARENESS EFFORTS FOR COLORECTAL CANCER PREVENTION. SEVERAL EVENTS WERE HELD AT PUBLIC LIBRARIES, CHURCHES, AND A SHOPPING MALL TO PROMOTE COLORECTAL CANCER AWARENESS.

VALLEY HEALTH SYSTEM PARTICIPATED IN THE 22ND ANNUAL RELAY FOR LIFE, AND VALLEY'S TEAM RAISED OVER $27,500! VALLEY'S 22-YEAR TOTAL OF RELAY FOR LIFE DONATIONS TO THE AMERICAN CANCER SOCIETY COMES TO APPROXIMATELY $466,000.

ALMOST 3,000 PEOPLE ATTENDED MENTAL HEALTH EDUCATION, AND OVER 1,000 ATTENDED SUBSTANCE ABUSE PREVENTION PROGRAMS ON TOPICS INCLUDING HOW EMOTIONAL HEALTH IMPACTS PHYSICAL HEALTH, DEMENTIA, DRUG MISUSE,

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LONELINESS, AND PRESCRIPTION DRUG INTERACTIONS. WE PARTNER WITH AREA MENTAL HEALTH ORGANIZATIONS TO ENSURE THAT INFORMATION IS PROVIDED WHEN REQUESTED.

DRUMMING FOR STRESS IS AN EVIDENCE-BASED PROGRAM THAT'S BEEN SHOWN TO REDUCE STRESS, ANXIETY, AND DEPRESSION; HELP CONTROL CHRONIC PAIN; AND LOWER BLOOD PRESSURE. VALLEY PROVIDES INSTRUCTORS, EQUIPMENT, AND SUPPORT TO PROVIDE THIS PROGRAM MONTHLY FOR COMMUNITY MEMBERS. TWO HUNDRED AND SIXTY-ONE PEOPLE ATTENDED SESSIONS IN 2024.

OVER 13,000 PEOPLE LEARNED ABOUT VARIOUS ORTHOPEDIC TOPICS, SUCH AS OSTEOARTHRITIS, JOINT PAIN, OSTEOPOROSIS, AND FALL PREVENTION. VALLEY PROVIDES AN INSTRUCTOR, LOCATION, AND ADMINISTRATIVE SUPPORT FOR PROJECT HEALTHY BONES. THIS FREE, 24-WEEK EXERCISE CLASS AND EDUCATION PROGRAM IS FOR OLDER WOMEN AND MEN AT RISK FOR, OR WHO HAVE, OSTEOPOROSIS. IN 2024, 60 INDIVIDUALS PARTICIPATED.

VALLEY'S COMMUNITY SPEAKER'S BUREAU PROVIDED SPEAKERS FOR 30 COMMUNITY ORGANIZATIONS, SUCH AS CHURCHES, LOW-INCOME HOUSING, SENIOR CENTERS, AND SOCIAL CLUBS. THERE WERE 1,140 PEOPLE WHO ATTENDED PROGRAMS ON TOPICS INCLUDING SLEEP HEALTH, STROKE PREVENTION, MEMORY, BALANCE, NUTRITION, MENTAL HEALTH, AND HEART HEALTH.

THRIVE! EMPOWERS WOMEN OF ALL AGES TO TAKE CHARGE OF THEIR WELLNESS, IMPROVE THE HEALTH OF THEIR FAMILIES, AND SET ASIDE TIME FOR THEMSELVES TO HAVE A LITTLE FUN. THRIVE! MOMS HIT 2,482 MEMBERS. IN 2024, THRIVE! HOSTED 30 HEALTH EDUCATION CLASSES, A WALKING GROUP WITH 80 MOMS, AND PARTICIPATED IN 13 COMMUNITY EVENTS WITH PARTNERS LIKE FIT FOR MOM, A PRENATAL AND POSTNATAL FITNESS PROGRAM; A LOCAL BABY STORE; AND A BIKE SAFETY EVENT WITH THE LOCAL POLICE DEPARTMENT.

THE GIFT OF ORGAN AND TISSUE DONATION IS A TRULY LIFESAVING GIFT FOR GRATEFUL PATIENTS AND THEIR FAMILIES. IN 2024, VALLEY FACILITATED 26 SUCCESSFUL ORGAN TRANSPLANTS FROM NINE ORGAN DONORS, AND 1,394 TISSUE AND EYE GIFTS FROM 22 TISSUE DONORS. THE VALLEY HOSPITAL HAS EARNED NATIONAL RECOGNITION FROM THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' HEALTH RESOURCES AND SERVICES ADMINISTRATION'S (HRSA) DONATION CAMPAIGN FOR ITS EFFORTS TO INCREASE ORGAN, EYE, AND TISSUE DONOR REGISTRATIONS ACROSS THE STATE. THE VALLEY HOSPITAL COORDINATES ITS YEAR-ROUND OUTREACH EFFORTS BY PARTNERING WITH NJ SHARING NETWORK, THE NONPROFIT ORGANIZATION RESPONSIBLE FOR THE RECOVERY AND PLACEMENT OF DONATED ORGANS AND TISSUE IN THE GARDEN STATE.

VALLEY PROVIDED $100,000 TO LOCAL ORGANIZATIONS TO IMPROVE ACCESS AND BUILD CAPACITY THROUGH GRANTS. AN ADDITIONAL $349,706 OF CASH AND IN-KIND DONATIONS WERE GIVEN TO COMMUNITY GROUPS AND LOCAL CHARITY EVENTS TO ADDRESS HOMELESSNESS, CANCER, FOOD INSECURITY, ACCESS TO CARE, MENTAL HEALTH, CHILDREN'S HEALTH, MATERNAL HEALTH, AND LGBTQ+ HEALTH.

EACH YEAR, VALLEY EMPLOYEES DONATE TO THE COLLECTION FOR OUR TROOPS. IN 2024, 34 PACKAGES, TOTALING ABOUT 561 POUNDS, WERE DELIVERED TO TROOPS OVERSEAS.

A TOTAL OF 152 COATS WERE DONATED TO THE JERSEY CARES COAT DRIVE, 50 WOMEN'S COATS WERE DONATED TO OASIS, AND 90 TOYS WERE DONATED TO UNITED

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WAY OF PASSAIC COUNTY. VALLEY EMPLOYEES AND COMMUNITY MEMBERS DONATED DIAPERS TO CHILDREN'S AID AND FAMILY SERVICES DIAPER DRIVE.

VALLEY HOSTED BACKPACK DRIVES AND DONATED 180 BACKPACKS TO THE BOYS & GIRLS CLUB OF PATERSON AND PASSAIC AND UNITED WAY OF PASSAIC COUNTY. NINETY-FOUR PACKS OF SCHOOL SUPPLIES WERE CREATED AND DONATED TO THE JEWISH FEDERATION.

VALLEY PARTNERED WITH THE JEWISH FEDERATION FOR THEIR ANNUAL MARCH MEGA FOOD DRIVE. STAFF AND MEMBERS OF THE COMMUNITY DONATED TO THE MULTIPLE COLLECTION SITES THROUGHOUT VALLEY HEALTH SYSTEM. TWENTY-FIVE THOUSAND POUNDS OF FOOD WAS COLLECTED AND DISTRIBUTED TO 23 ORGANIZATIONS FROM BERGEN, PASSAIC, AND HUDSON COUNTIES.

WITH THE MOVE OF THE VALLEY HOSPITAL FROM RIDGEWOOD TO PARAMUS, VALLEY WAS ABLE TO MAKE EQUIPMENT DONATIONS TO LOCAL ORGANIZATIONS. FOR INSTANCE, TWO LOCAL ORGANIZATIONS THAT SERVE ADULTS WITH DEVELOPMENTAL NEEDS RECEIVED HOSPITAL BEDS. TWO OTHER ORGANIZATIONS THAT SERVE INDIVIDUALS WITH FOOD INSECURITY RECEIVED KITCHEN EQUIPMENT.

VALLEY'S PARAMEDIC TEAM PROVIDED OVER 50 HOURS OF EDUCATION, INCLUDING TRAINING LOCAL, VOLUNTEER EMTS ON TOPICS SUCH AS SPORTS INJURIES, SUBMERSION INJURIES, AND STOP THE BLEED. OUR TEAM ALSO WORKS WITH SCHOOLS TO DISCUSS CAREERS AS PARAMEDICS AND TRAIN STUDENTS IN LIFE-SAVING SKILLS.

IN PARTNERSHIP WITH THE ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI, VALLEY HEALTH SYSTEM OFFICIALLY LAUNCHED ITS NEW GRADUATE MEDICAL EDUCATION (GME) PROGRAM AND WELCOMED ITS FIRST CLASS OF RESIDENTS IN 2024. THE NEW GME PROGRAM, ACCREDITED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME), TRAINS VALLEY'S RESIDENT PHYSICIANS TO BECOME THE HEALTHCARE LEADERS OF TOMORROW AND INSTILLS A COMMITMENT TO CLINICAL EXCELLENCE, EDUCATION, AND COMPASSIONATE CARE FOR PATIENTS IN THE COMMUNITIES VALLEY SERVES.

THE VALLEY HOSPITAL'S GRADUATE NURSE RESIDENCY PROGRAM HAS BEEN AWARDED ACCREDITATION WITH DISTINCTION, THE HIGHEST RECOGNITION POSSIBLE, BY THE AMERICAN NURSES CREDENTIALING CENTER (ANCC)'S PRACTICE TRANSITION ACCREDITATION PROGRAM. THIS RECOGNITION IS AWARDED TO PROGRAMS THAT EXCEL IN OFFERING A COLLABORATIVE LEARNING ENVIRONMENT AND THE OPPORTUNITY TO WORK WITH EXPERIENCED STAFF IN REAL-LIFE SETTINGS. VALLEY'S PROGRAM BROUGHT IN 60 NEW RN RESIDENTS IN 2024, STRENGTHENING THE PIPELINE TO MEET FUTURE PATIENT CARE NEEDS.

THE SIMULATION PROGRAM AT VALLEY COLLABORATES TO ENSURE OUR PHYSICIANS, GME RESIDENTS, AND STAFF ARE TRAINED TO BE CONFIDENT, COMPETENT, AND STRIVE FOR IMPROVED PATIENT OUTCOMES. GROUNDED BY EVIDENCE-BASED PRACTICES AND SUPPORTED BY STATE-OF-THE-ART HIGH-FIDELITY SIMULATION EQUIPMENT, LEARNERS ARE GUIDED TOWARDS THE ORGANIZATIONAL HRO GOAL OF 100% RELIABILITY AND ZERO PATIENT HARM.

TO ENSURE TOMORROW'S WORKFORCE, VALLEY PROVIDES CAREER DEVELOPMENT OPPORTUNITIES. THE BOYS & GIRLS CLUBS OF PASSAIC, PASSAIC COUNTY WORKFORCE DEVELOPMENT, AND THINK BIG! FOR KIDS ALL PARTICIPATED IN CAREER EVENTS, LEARNING ABOUT MEDICAL SERVICES AND HEALTHCARE CAREERS. A CAREER EVENT ALSO TOOK PLACE AT THE STEAM HIGH SCHOOL IN PATERSON.

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ADDITIONALLY, 24 STUDENTS FROM THE PATERSON STEAM HIGH SCHOOL RECEIVED HEARTSAVER & AED TRAINING CERTIFICATION.

FIFTY-NINE HIGH SCHOOL SENIORS PARTICIPATED IN VALLEY'S CAREER FRONTIERS HIGH SCHOOL WORKFORCE DEVELOPMENT PROGRAM DURING THEIR SCHOOL YEAR. "CAREER FRONTIERS" HIGH SCHOOL INTERNSHIP PROGRAM PROVIDES HIGH SCHOOL SENIOR INTERNS THE OPPORTUNITY TO LEARN THROUGH SERVICE. STUDENTS INTERESTED IN A HEALTHCARE CAREER LEARN THROUGH OBSERVATION AND EXPERIENCE TO SUPPORT THEIR CAREER READINESS. INTERNS SERVE PATIENTS, FAMILIES, AND STAFF WITH ADDED EXPERIENCES THAT MAY INCLUDE ASSISTING WITH DEPARTMENT PROJECTS, OBSERVING PATIENT CARE OR PROCEDURES, ATTENDING MEETINGS, ESTABLISHING MEANINGFUL CONNECTIONS WITH PATIENTS, THEIR FAMILIES, VISITORS, AND INTERACTING WITH A VARIETY OF DIVERSE HEALTHCARE PROFESSIONALS. STUDENTS ARE REQUIRED TO COMPLETE WEEKLY REFLECTION JOURNALS AND ATTEND IN-DEPTH DEPARTMENT TOURS AND SPECIAL HEALTHCARE CAREER EDUCATION EVENTS.

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 THAT 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, AN IMAGING TECH, A PHYSICIAN, A MEDICAL RESIDENT, AND AN ADMINISTRATOR WHO ARE ALL GRADUATES OF RAHP.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

THE VALLEY HOSPITAL HAS RECEIVED TWO AWARDS FROM PRACTICE GREENHEALTH, A LEADER IN HEALTHCARE SUSTAINABILITY. THE PARTNER FOR CHANGE AWARD RECOGNIZES VALLEY'S PERFORMANCE IN ENVIRONMENTAL SUSTAINABILITY PROGRAMS AND ACTIVITIES, AND THE GREENING THE OR RECOGNITION AWARD HIGHLIGHTS OUR PROGRESS IN REDUCING THE IMPACT OF THE SURGICAL ENVIRONMENT. THE HOSPITAL IS OPERATED AND MAINTAINED USING ENVIRONMENTALLY FRIENDLY PRINCIPLES, WITH MORE THAN 30% OF THE HOSPITAL CAMPUS DEDICATED TO OPEN GREEN SPACE. THE HOSPITAL HAS TWO GREEN ROOFS, WHICH REDUCE STORMWATER RUNOFF AND IMPROVE ENERGY EFFICIENCY. THE HOSPITAL ALSO FEATURES A COGENERATION PLANT, WHICH PRODUCES 30-40% OF ITS POWER, DEPENDING ON THE SEASON. THE HOSPITAL CAN PRODUCE ITS OWN STEAM, HOT WATER, AND AIR CONDITIONING, WHILE REDUCING VALLEY'S CARBON FOOTPRINT.

THE PATIENT AND FAMILY ADVISORY COUNCIL (PFAC) IS AN ACTIVE COMMITTEE AT VALLEY. PFAC PROVIDES A VITAL ROLE IN OFFERING INSIGHTS AND FEEDBACK FROM PATIENTS AND THEIR FAMILIES TO IMPROVE THE QUALITY OF CARE AND OVERALL PATIENT EXPERIENCE. PFAC MEETS REGULARLY TO DISCUSS AND ADDRESS VARIOUS ASPECTS OF PATIENT CARE, ENSURING THAT THE COMMUNITY'S VOICE IS HEARD AND CONSIDERED IN DECISION-MAKING PROCESSES.

IN 2024, VALLEY HAD 1,282 VOLUNTEERS, THE LARGEST NUMBER OF VOLUNTEERS IN VALLEY'S HISTORY.

FOR THE SECOND CONSECUTIVE YEAR, THE VALLEY HOSPITAL HAS BEEN NAMED ONE

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OF AMERICA'S 100 BEST HOSPITALS FOR 2024 BY HEALTHGRADES. THIS DISTINCTION PLACES VALLEY IN THE TOP 2% OF HOSPITALS NATIONWIDE. VALLEY IS ONE OF ONLY THREE HOSPITALS IN NEW JERSEY AND THE ONLY HOSPITAL IN BERGEN COUNTY TO EARN A SPOT ON THE LIST.

THE VALLEY HOSPITAL HAS BEEN RECOGNIZED AS ONE OF AMERICA'S 100 BEST HOSPITALS FOR STROKE CARE FOR EIGHT YEARS IN A ROW, PRESENTED BY HEALTHGRADES.

THE VALLEY HOSPITAL HOLDS DISEASE-SPECIFIC CERTIFICATIONS FROM THE JOINT COMMISSION IN STROKE, TOTAL HIP REPLACEMENT, AND TOTAL KNEE REPLACEMENT.

THE VALLEY HOSPITAL RECEIVED THE AMERICAN HEART ASSOCIATION'S GET WITH THE GUIDELINES RESUSCITATION GOLD QUALITY ACHIEVEMENT AWARD FOR ITS COMMITMENT TO TREATING IN-HOSPITAL CARDIAC ARREST, ULTIMATELY HELPING TO IMPROVE SURVIVAL RATES.

VALLEY ALSO RECEIVED THE AMERICAN HEART ASSOCIATION'S MISSION: LIFELINE EMS SILVER ACHIEVEMENT AWARD FOR ITS COMMITMENT TO OFFERING RAPID AND RESEARCH-BASED CARE TO PEOPLE EXPERIENCING THE MOST SEVERE FORM OF HEART ATTACKS AND STROKES, ULTIMATELY SAVING LIVES.

THE VALLEY HOSPITAL HAS BEEN NAMED ONE OF THE WORLD'S BEST HOSPITALS BY NEWSWEEK IN ITS WORLD'S BEST HOSPITALS 2024 LIST. THE RANKING RECOGNIZES THE BEST MEDICAL INSTITUTIONS ACROSS 30 COUNTRIES. VALLEY WAS
RANKED AMONG THE TOP THREE HOSPITALS IN NEW JERSEY AND WAS RANKED 137TH IN THE COUNTRY FOR 2024.

THE VALLEY HOSPITAL HAS BEEN RANKED AMONG THE BEST HOSPITALS IN NEW JERSEY BY U.S. NEWS & WORLD REPORT. VALLEY PLACED THIRD AMONG 63 NEW JERSEY HOSPITALS THAT WERE EVALUATED. VALLEY ALSO ACHIEVED AN OVERALL RATING AS THE 15TH BEST HOSPITAL IN THE ENTIRE NEW YORK METROPOLITAN AREA. IN ADDITION, THE VALLEY HOSPITAL ACHIEVED THE HIGHEST POSSIBLE RATING OF "HIGH PERFORMING" IN 16 ADULT PROCEDURES AND CONDITIONS (ABDOMINAL AORTIC ANEURYSM REPAIR, CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD), COLON CANCER SURGERY, GYNECOLOGICAL CANCER SURGERY, HEART ATTACK, HEART BYPASS SURGERY, HEART FAILURE, HIP FRACTURE, HIP REPLACEMENT, KIDNEY FAILURE, KNEE REPLACEMENT, LEUKEMIA, LYMPHOMA, AND MYELOMA, LUNG CANCER SURGERY, PNEUMONIA, STROKE, AND TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR). VALLEY WAS ALSO RECOGNIZED AS HIGH PERFORMING IN THE ADULT SPECIALTIES OF ORTHOPEDICS AND UROLOGY.

FOR THE 22ND TIME, THE VALLEY HOSPITAL HAS BEEN RECOGNIZED WITH AN "A" FOR PATIENT SAFETY AS PART OF THE HOSPITAL SAFETY GRADE PROGRAM FROM THE LEAPFROG GROUP. THIS NATIONAL DISTINCTION CELEBRATES VALLEY'S ACHIEVEMENTS IN PROTECTING HOSPITAL PATIENTS FROM PREVENTABLE HARM AND ERRORS.

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.

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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 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;
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

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

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 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 12C:
THE VALLEY HEALTH SYSTEM HAS A CONFLICT OF INTEREST POLICY WHICH COVERS ALL CONTROLLED ORGANIZATIONS WITHIN THE HEALTH SYSTEM, INCLUDING THIS ORGANIZATION. THE POLICY REQUIRES ALL TRUSTEES, OFFICERS, AND MEMBERS OF COMMITTEES WITH BOARD DELEGATED POWERS, TO ANNUALLY SIGN A CONFLICT OF INTEREST STATEMENT, DISCLOSING ANY POTENTIAL CONFLICTS WHICH MAY EXIST. SUCH PERSONS ARE ALSO REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICTS AS THEY ARISE. CONFLICTS ARE DETERMINED BY THE BOARD OF TRUSTEES OR DELEGATED COMMITTEE CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. PERSONS WITH CONFLICTS OF INTEREST MUST NOT PARTICIPATE IN THE DISCUSSION OR VOTE ON THE RELATED MATTER.

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 2023.

FORM 990, PART VI, SECTION C, LINE 19:
THE HOSPITAL MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE BY POSTING OF THE RETURN ON GUIDESTAR.ORG AND SIMILAR TYPES OF WEBSITES. IN ADDITION FORM 990 AS WELL AS THE FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY AND OTHER RELEVENT DOCUMENTS ARE AVAILABLE UPON REQUEST.

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

CHANGE IN ASSETS HELD BY RELATED ORG	21,305.
NET ASSETS RELEASED FOR OPERATING PURPOSES	5,256,270.
TRANSFERS FROM VHS - COLIGOCARE SHARED SAVINGS	3,759,704.
TRANSFERS FROM VHS - CAPTIVE SAVINGS	7,790,139.
TOTAL TO FORM 990, PART XI, LINE 9	16,827,418.

Name of the organization
THE VALLEY HOSPITAL, INC.

Employer identification number
22-1487307

FORM 990, PART XII, LINE 2C:
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

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 4 VALLEY HEALTH PLAZA PARAMUS, NJ 07652	REAL ESTATE HOLDINGS	DELAWARE	0.	0.	THE VALLEY HOSPITAL, INC.
1200 EAST RIDGEWOOD, LLC - 46-4115513 4 VALLEY HEALTH PLAZA PARAMUS, NJ 07652	REAL ESTATE HOLDINGS	DELAWARE	4,132,533.	25,676,668.	THE VALLEY HOSPITAL, INC.
555 MAPLE ACQUISITION. LLC - 45-3070365 4 VALLEY HEALTH PLAZA PARAMUS, NJ 07652	REAL ESTATE HOLDINGS	DELAWARE	0.	0.	THE VALLEY HOSPITAL, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
THE VALLEY HOSPITAL FOUNDATION, INC. - 22-2324554, 4 VALLEY HEALTH PLAZA, PARAMUS, NJ 07652	SOLICITS AND RECEIVES CONTRIBUTIONS FOR THE BENEFIT OF HEALTH SYSTEM	NEW JERSEY	501(C)(3)	LINE 7	VALLEY HEALTH SYSTEM, INC.		X
VALLEY HEALTH SYSTEM, INC. - 22-2922016 4 VALLEY HEALTH PLAZA PARAMUS, NJ 07652	PROVIDES MANAGEMENT & PLANNING SERVICES FOR ITS MEMBERS	NEW JERSEY	501(C)(3)	LINE 10	N/A		X
VALLEY HOME CARE, INC. - 22-3208480 4 VALLEY HEALTH PLAZA PARAMUS, NJ 07652	PROVIDES REHABILITATION VISITS AND HOME HEALTH AIDS VISITS TO PATIENTS	NEW JERSEY	501(C)(3)	LINE 10	VALLEY HEALTH SYSTEM, INC.		X
VALLEY PHYSICIAN SERVICE NY, P.C. - 45-3125678, 4 VALLEY HEALTH PLAZA, PARAMUS, NJ 07652	OPERATES URGENT/PRIMARY CARE CLINICS	NEW JERSEY	501(C)(3)	LINE 10	VALLEY PHYSICIAN SERVICES, INC.		X

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(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 organization? Yes	(g) No
VALLEY PHYSICIAN SERVICES, INC. - 32-0041186 4 VALLEY HEALTH PLAZA 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 PHYSICIANS SERVICES, P.C. - 46-5285330, 4 VALLEY HEALTH PLAZA, PARAMUS, NJ 07652	PROVIDE PRIMARY AND SPECIALTY MEDICAL CARE	NEW JERSEY	501(C)(3)	LINE 10	VALLEY PHYSICIAN SERVICES, INC.		X

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
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

SEE PART VII FOR CONTINUATIONS

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

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

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b	X	
c	Gift, grant, or capital contribution from related organization(s)	1c	X	
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	X	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o	Sharing of paid employees with related organization(s)	1o	X	
p	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r	X	
s	Other transfer of cash or property from related organization(s)	1s	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 PHYSICIANS SERVICES, P.C.	C	28,475,490.	COST
(2)	VALLEY PHYSICIAN SERVICES, NY, PC	C	427,396.	COST
(3)	VALLEY PHYSICIAN SERVICES, INC.	B	130,744,481.	COST
(4)				
(5)				
(6)				

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

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

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

Part 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

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning _____ , 2024, and ending _____ , 20 ____

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

2024

Name of filer
THE VALLEY HOSPITAL, INC.

EIN or SSN
22-1487307

Name and title of officer or person subject to tax
WILLIAM KLUTKOWSKI
SENIOR VP OF FINANCE & CFO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here	☐	**b** **Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	
2a	**Form 990-EZ** check here	☐	**b** **Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a	**Form 1120-POL** check here	☐	**b** **Total tax** (Form 1120-POL, line 22)	**3b**	
4a	**Form 990-PF** check here	☐	**b** **Tax based on investment income** (Form 990-PF, Part V, line 5)	**4b**	
5a	**Form 8868** check here	☐	**b** **Balance due** (Form 8868, line 3c)	**5b**	
6a	**Form 990-T** check here	☒	**b** **Total tax** (Form 990-T, Part III, line 4)	**6b**	0.
7a	**Form 4720** check here	☐	**b** **Total tax** (Form 4720, Part III, line 1)	**7b**	
8a	**Form 5227** check here	☐	**b** **FMV of assets at end of tax year** (Form 5227, Item D)	**8b**	
9a	**Form 5330** check here	☐	**b** **Tax due** (Form 5330, Part II, line 19)	**9b**	
10a	**Form 8038-CP** check here	☐	**b** **Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	**10b**	

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

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____ , (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize PKF O'CONNOR DAVIES ADVISORY, LLC to enter my PIN 18900

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 13882503218

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature GARRETT M. HIGGINS Date 11/06/25

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8879-TE** (2024)

LHA 402521 12-26-24

EXTENDED TO NOVEMBER 17, 2025

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2024 or other tax year beginning _____ , and ending _____ .

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

OMB No. 1545-0047

2024

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A [X] Check box if address changed.

B Exempt under section
[X] 501(c)(3)
[ ] 408(e) [ ] 220(e)
[ ] 408A [ ] 530(a)
[ ] 529(a) [ ] 529A

Print or Type

Name of organization ([ ] Check box if name changed and see instructions.)
THE VALLEY HOSPITAL, INC.

D Employer identification number
22-1487307

Number, street, and room or suite no. If a P.O. box, see instructions.
4 VALLEY HEALTH PLAZA

E Group exemption number (see instructions)

City or town, state or province, country, and ZIP or foreign postal code
PARAMUS, NJ 07652

F [ ] Check box if an amended return.

C Book value of all assets at end of year ..... 2,453,447,464.

G Check organization type [X] 501(c) corporation [ ] 501(c) trust [ ] 401(a) trust [ ] Other trust [ ] State college/university [ ] 6417(d)(1)(A) Applicable entity

H Check if filing only to claim [ ] Credit from Form 8941 [ ] Refund shown on Form 2439 [ ] Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... [ ]

J Enter the number of attached Schedules A (Form 990-T) 2

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? [ ] Yes [X] No
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of WILLIAM KLUTKOWSKI Telephone number 201-447-8000

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2	Reserved	2	
3	Add lines 1 and 2	3	
4	Charitable contributions (see instructions for limitation rules)	4	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net operating loss. See instructions	6	0.
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	1,000.
9	**Trusts.** Section 199A deduction. See instructions	9	
10	**Total deductions.** Add lines 8 and 9	10	1,000.
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11 by 21% (0.21)	1	0.
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11, from: [ ] Tax rate schedule or [ ] Schedule D (Form 1041)	2	
3	**Proxy tax.** See instructions	3	
4a	Amount from Form 4255, Part I , line 3, column (q)	4a	
b	Other tax amounts. See instructions	4b	
5	Alternative minimum tax	5	
6	**Tax on noncompliant facility income.** See instructions	6	
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see instructions)	1b			
c	General business credit. Attach Form 3800 (see instructions)	1c			
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	
2	Subtract line 1e from Part II, line 7			2	0.
3a	Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a			
b	Amount due from Form 8611	3b			
c	Amount due from Form 8697	3c			
d	Amount due from Form 8866	3d			
e	Other amounts due (see instructions)	3e			
f	Total amounts due. Add lines 3a through 3e			3f	0.
4	**Total tax.** Add lines 2 and 3f (see instructions). [ ] Check if includes tax previously deferred under section 1294. Enter tax amount here			4	0.

Part III Tax and Payments *(continued)*

5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)			5	0.
6 a	Payments: Preceding year's overpayment credited to the current year	6a			
b	Current year's estimated tax payments. Check if section 643(g) election applies ☐	6b			
c	Tax deposited with Form 8868	6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
e	Backup withholding (see instructions)	6e			
f	Credit for small employer health insurance premiums (attach Form 8941)	6f			
g	Elective payment election amount from Form 3800	6g	1,930,503.		
h	Payment from Form 2439	6h			
i	Credit from Form 4136	6i			
j	Other (see instructions)	6j			
7	**Total payments.** Add lines 6a through 6j			7	1,930,503.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐			8	
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9	
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid			10	1,930,503.
11	Enter the amount of line 10 you want: **Credited to 2025 estimated tax** **Refunded**			11	1,930,503.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year $		
4	Enter available pre-2018 NOL carryovers here $ 1,284,359. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		

Business Activity Code	Available post-2017 NOL carryover
621990	$ 5,627,178.
621990	$ 1,329,677.
	$
	$

6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer | Date | SENIOR VP OF FINANCE & CFO (Title)

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
GARRETT M. HIGGINS	GARRETT M. HIGGINS	11/06/25		P00543209

Firm's name PKF O'CONNOR DAVIES ADVISORY, LLC — Firm's EIN 33-1374517

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

Form **990-T** (2024)

423711 01-30-25

FORM 990-T PRE-2018 NET OPERATING LOSS DEDUCTION STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/07	157,009.	157,009.	0.	0.
12/31/08	223,333.	223,333.	0.	0.
12/31/09	235,970.	235,970.	0.	0.
12/31/10	226,191.	217,572.	8,619.	8,619.
12/31/11	149,737.	0.	149,737.	149,737.
12/31/12	222,177.	0.	222,177.	222,177.
12/31/15	146,307.	0.	146,307.	146,307.
12/31/16	329,092.	0.	329,092.	329,092.
12/31/17	428,427.	0.	428,427.	428,427.
NOL CARRYOVER AVAILABLE THIS YEAR			1,284,359.	1,284,359.

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2024

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization: THE VALLEY HOSPITAL, INC.

B Employer identification number: 22-1487307

C Unrelated business activity code (see instructions): 621990

D Sequence: 1 of 2

E Describe the unrelated trade or business: PHARMACY

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 11,938,851.				
b	Less returns and allowances c Balance	1c	11,938,851.		
2	Cost of goods sold (Part III, line 8)	2	12,998,590.		
3	Gross profit. Subtract line 2 from line 1c	3	-1,059,739.		-1,059,739.
4a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	**Total.** Combine lines 3 through 12	13	-1,059,739.		-1,059,739.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	
3	Repairs and maintenance			3	
4	Bad debts			4	
5	Interest (attach statement). See instructions			5	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions	7			
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement) SEE STATEMENT 2			14	2,568,181.
15	**Total deductions.** Add lines 1 through 14			15	2,568,181.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16	-3,627,920.
17	Deduction for net operating loss. See instructions			17	0.
18	**Unrelated business taxable income.** Subtract line 17 from line 16			18	-3,627,920.

Part III Cost of Goods Sold

Enter method of inventory valuation N/A

1	Inventory at beginning of year	1	0.
2	Purchases	2	0.
3	Cost of labor	3	873,129.
4	Additional section 263A costs (attach statement)	4	0.
5	Other costs (attach statement) STATEMENT 4	5	12,125,461.
6	**Total.** Add lines 1 through 5	6	12,998,590.
7	Inventory at end of year	7	0.
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	12,998,590.

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ☐ Yes ☒ No

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) 0.

4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				

5 **Total deductions.** Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) 0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 0.

9 Allocable deductions. Multiply line 3c by line 6				

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 0.

11 **Total dividends-received deductions** included in line 10 0.

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations: 3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations: 7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Totals			0.	0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Schedule A (Form 990-T) 2024

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

Enter amounts for each periodical listed above in the corresponding column.

		A	B	C	D
2	Gross advertising income				
a	Add columns A through D. Enter here and on Part I, line 11, column (A)				0.
3	Direct advertising costs by periodical				
a	Add columns A through D. Enter here and on Part I, line 11, column (B)				0.
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a	Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	**2.** Title	**3.** Percentage of time devoted to business	**4.** Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

FORM 990-T (A) OTHER DEDUCTIONS STATEMENT 2

DESCRIPTION	AMOUNT
ADMINISTRATIVE EXPENSES	2,404,917.
BUILDING EXPENSES	64,795.
CAFETERIA EXPENSES	7,238.
HOUSEKEEPING EXPENSES	15,342.
MAINTENANCE	12,315.
OTHER MISC. EXPENSES	13,222.
PLANT OPERATIONS	46,352.
ACCOUNTING FEES	4,000.
TOTAL TO SCHEDULE A, PART II, LINE 14	2,568,181.

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	645,099.	0.	645,099.	645,099.
12/31/19	1,093,101.	0.	1,093,101.	1,093,101.
12/31/20	1,413,085.	0.	1,413,085.	1,413,085.
12/31/22	913,840.	0.	913,840.	913,840.
12/31/23	1,562,053.	0.	1,562,053.	1,562,053.
NOL CARRYOVER AVAILABLE THIS YEAR			5,627,178.	5,627,178.

FORM 990-T (A) COST OF GOODS SOLD - OTHER COSTS STATEMENT 4

DESCRIPTION	AMOUNT
SUPPLIES	12,072,319.
CONTRACT SERVICES	23,670.
OTHER EXPENSES	29,358.
LEASE EXPENSES	114.
TOTAL TO FORM 990-T, SCHEDULE A, LINE 5	12,125,461.

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2024

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization: THE VALLEY HOSPITAL, INC.

B Employer identification number: 22-1487307

C Unrelated business activity code (see instructions): 621990

D Sequence: 2 of 2

E Describe the unrelated trade or business: LABORATORY

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 1,324,739.				
b	Less returns and allowances c Balance	1c	1,324,739.		
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3	1,324,739.		1,324,739.
4a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	**Total.** Combine lines 3 through 12	13	1,324,739.		1,324,739.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	1,546,422.
3	Repairs and maintenance			3	
4	Bad debts			4	
5	Interest (attach statement). See instructions			5	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions	7			
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	386,606.
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement)	SEE STATEMENT 5		14	565,747.
15	**Total deductions.** Add lines 1 through 14			15	2,498,775.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16	-1,174,036.
17	Deduction for net operating loss. See instructions			17	0.
18	**Unrelated business taxable income.** Subtract line 17 from line 16			18	-1,174,036.

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	**Total.** Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	☐ Yes ☐ No	

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐

B ☐

C ☐

D ☐

		A	B	C	D
2	Rent received or accrued				
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) 0.

4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				

5 **Total deductions.** Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) 0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐

B ☐

C ☐

D ☐

		A	B	C	D
2	Gross income from or allocable to debt-financed property				
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 0.

9	Allocable deductions. Multiply line 3c by line 6				

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 0.

11 **Total dividends-received deductions** included in line 10 0.

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations: 3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations: 7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Totals			0.	0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Schedule A (Form 990-T) 2024

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

Enter amounts for each periodical listed above in the corresponding column.

		A	B	C	D
2	Gross advertising income				
a	Add columns A through D. Enter here and on Part I, line 11, column (A)				0.
3	Direct advertising costs by periodical				
a	Add columns A through D. Enter here and on Part I, line 11, column (B)				0.
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a	Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

FORM 990-T (A) OTHER DEDUCTIONS STATEMENT 5

DESCRIPTION	AMOUNT
OTHER EXPENSES	324,195.
SUPPLY COSTS - VMG	241,552.
TOTAL TO SCHEDULE A, PART II, LINE 14	565,747.

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 6

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/21	376,181.	0.	376,181.	376,181.
12/31/22	418,203.	0.	418,203.	418,203.
12/31/23	535,293.	0.	535,293.	535,293.
NOL CARRYOVER AVAILABLE THIS YEAR			1,329,677.	1,329,677.