

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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.

2022

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE VALLEY HOSPITAL, INC.		D Employer identification number 22-1487307
	Doing business as		E Telephone number 201-447-8000
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	223 NORTH VAN DIEN AVENUE		G Gross receipts \$ 1,427,310,297.
	City or town, state or province, country, and ZIP or foreign postal code RIDGEWOOD, NJ 07450		
F Name and address of principal officer: AUDREY MEYERS SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	

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

J Website: WWW.VALLEYHEALTH.COM

K Form of organization: Corporation Trust Association Other

L Year of formation: 1925

M State of legal domicile: NJ

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE VALLEY HOSPITAL SERVES THE COMMUNITY BY HEALING AND CARING FOR PATIENTS, COMFORTING THEIR		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	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 2022 (Part V, line 2a)	5	4397
	6 Total number of volunteers (estimate if necessary)	6	900
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	6,213,572.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	48,649,420.	37,470,370.
	9 Program service revenue (Part VIII, line 2g)	894,617,449.	982,682,908.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	30,738,761.	16,868,807.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	26,523,473.	22,724,416.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,000,529,103.	1,059,746,501.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	89,176,604.	96,877,491.
	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)	344,729,669.	370,759,601.
	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)	421,953,657.	470,665,655.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	855,859,930.	938,302,747.	
19 Revenue less expenses. Subtract line 18 from line 12	144,669,173.	121,443,754.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 2,214,086,950.	End of Year 2,192,208,083.
	21 Total liabilities (Part X, line 26)	761,951,049.	720,677,990.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,452,135,901.	1,471,530,093.

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 AND CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name EDWARD G. O'CONNOR	Preparer's signature EDWARD G. O'CONNOR	Date 12/18/23	Check if self-employed <input type="checkbox"/>	PTIN P00434443
	Firm's name PKF O'CONNOR DAVIES ADVISORY, LLC	Firm's EIN 87-3231666	Phone no. 201-712-9800		
Firm's address 300 TICE BOULEVARD, SUITE 315 WOODCLIFF LAKE, NJ 07677					

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE VALLEY HOSPITAL SERVES THE COMMUNITY BY HEALING AND CARING FOR PATIENTS, COMFORTING THEIR FAMILIES AND TEACHING GOOD HEALTH. THE VALLEY HOSPITAL IS DISTINGUISHED BY A COMMITMENT TO EXCELLENCE IN CLINICAL CARE, INNOVATION IN PROGRAMS AND TECHNOLOGY, AND PROVIDING A

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 727,683,338. including grants of \$ 96,877,491.) (Revenue \$ 983,101,933.) THE VALLEY HOSPITAL IN RIDGEWOOD, NEW JERSEY IS A FULLY ACCREDITED, ACUTE CARE, NOT-FOR-PROFIT HOSPITAL SERVING MORE THAN 460,000 PEOPLE IN 34 TOWNS IN BERGEN COUNTY AND ADJOINING COMMUNITIES. THE VALLEY HOSPITAL IS PART OF VALLEY HEALTH SYSTEM, A REGIONAL HEALTHCARE SYSTEM THAT SERVES RESIDENTS IN NORTHERN NEW JERSEY AND SOUTHERN NEW YORK. IT COMPRISES THE VALLEY HOSPITAL, VALLEY HOME CARE, AND VALLEY MEDICAL GROUP. AS A NOT-FOR-PROFIT HOSPITAL, VALLEY IS COMMITTED TO GIVING BACK TO THE COMMUNITY. VALLEY SERVES THE COMMUNITY BY PROVIDING THOUSANDS OF HOURS OF HEALTHCARE EDUCATION AND SCREENINGS, SUPPORT GROUPS AND CLASSES TO ASSIST THOSE IN NEED, AND CARE TO ALL THOSE WHO COME THROUGH OUR DOORS, REGARDLESS OF THEIR ABILITY TO PAY. VALLEY'S CURRENT LICENSED CAPACITY IS 431 BEDS. BERGEN COUNTY IS THE MOST POPULOUS

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 727,683,338.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

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

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

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process 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? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NJ
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
WILLIAM KLUTKOWSKI - 201-447-8000
223 NORTH VAN DIEN AVENUE, RIDGEWOOD, NJ 07450

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 PRESIDENT & CEO, VHS	0.50 39.50	X		X				0.	3,974,039.	49,572.
(2) WILLIAM KLUTKOWSKI SR. VP, FINANCE & CFO	2.00 38.00			X				0.	1,016,955.	57,305.
(3) JOSEPH YALLOWITZ VP & CHIEF MEDICAL OFFICER	40.00 0.00					X		798,929.	0.	50,922.
(4) KARTEEK BHAVSAR SR. VP, OPERATIONS & BUSINESS DEVELO	40.00 0.00					X		622,758.	0.	22,546.
(5) DAVID BOHAN VP & CHIEF DEVELOPMENT OFFICER	40.00 0.00					X		582,103.	0.	39,668.
(6) CHARLES VANNOY VP/CNO, PATIENT CARE SVCS	40.00 0.00					X		472,084.	0.	46,772.
(7) BRAD HASPEL VP, ANCILLARY SERVICES	40.00 0.00					X		374,910.	0.	27,858.
(8) BETTYANN KEMPIN VP, ADMINISTRATION	40.00 0.00					X		346,631.	0.	49,392.
(9) JULIE LO CHIEF PHYSICIST	40.00 0.00					X		319,938.	0.	40,200.
(10) VINCENT FORLENZA CHAIR	0.10 0.40	X		X				0.	0.	0.
(11) KEVIN LOBO VICE CHAIR	0.10 0.40	X		X				0.	0.	0.
(12) FRANK J. SHEEHY VICE CHAIR	0.10 0.40	X		X				0.	0.	0.
(13) ANN LIMBERG VICE CHAIR & SECRETARY	0.10 0.40	X		X				0.	0.	0.
(14) JOSEPH MARION TREASURER	0.10 0.40	X		X				0.	0.	0.
(15) JUDY BASELICE TRUSTEE	0.10 0.40	X						0.	0.	0.
(16) JAMES BUSH TRUSTEE	0.10 0.40	X						0.	0.	0.
(17) MICHELLE HASSON TRUSTEE	0.10 0.40	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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) M. SHAWN KENNEDY TRUSTEE	0.10 0.40	X						0.	0.	0.
(19) BRUCE MACTAS TRUSTEE	0.10 0.40	X						0.	0.	0.
(20) DUANE SACHS TRUSTEE	0.10 0.40	X						0.	0.	0.
(21) DENIS SALAMONE TRUSTEE	0.10 0.40	X						0.	0.	0.
(22) SCOTT SCHROEDER TRUSTEE	0.10 0.40	X						0.	0.	0.
(23) EDWARD B. SELF, M.D. TRUSTEE	0.10 0.40	X						0.	0.	0.
(24) STEVEN SILVERSTEIN TRUSTEE	0.10 0.40	X						0.	0.	0.
(25) JEFFREY TUCKER TRUSTEE	0.10 0.40	X						0.	0.	0.
(26) PATRICIA VERDUIN TRUSTEE	0.10 0.40	X						0.	0.	0.
1b Subtotal								3,517,353.	4,990,994.	384,235.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,517,353.	4,990,994.	384,235.

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 794

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
TORCON, INC. 328 NEWMAN SPRINGS ROAD, RED BANK, NJ 07701	GENERAL CONTRACTOR	19,602,091.
VAYA WORKFORCE SOLUTIONS, LLC, 5930 CORNERSTONE COURT WEST, SUITE# 300, SAN	TEMPORARY STAFFING	16,543,144.
PANGAIA PARTNERS, LLC, EAST 80 ROUTE 4, SUITE# 110, PARAMUS, NJ 07652	IT INFRASTRUCTURE SOLUTIONS	13,926,340.
HDR ARCHITECTURE 1917 SOUTH 67TH STREET, OMAHA, NE 68106	ARCHITECTURAL SERVICES	2,914,073.
MAYO COLLABORATIVE SERVICES, INC. P.O. BOX 9146, MINNEAPOLIS, PA 55480	LABORATORY SERVICES	2,130,214.

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 141

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) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) WAYNE WALD, ESQ. TRUSTEE	0.10 0.40	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	35,480,451.				
	e	Government grants (contributions)	1e	1,933,601.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	56,318.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f			37,470,370.			
Program Service Revenue	2 a	PATIENT SERVICE REVENUE	Business Code	621990	979,635,034.	979,635,034.		
	b	HEALTH AND WELLNESS CE		713940	3,047,874.	3,047,874.		
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			982,682,908.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			14,312,051.		14,312,051.	
	4	Income from investment of tax-exempt bond proceeds			563,717.		563,717.	
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
			6a		9,094,409.			
			6b		6,477,651.			
	c	Rental income or (loss)	6c		2,616,758.			
	d	Net rental income or (loss)			2,616,758.		2,616,758.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7a		63,044,494.	34,690.		
			7b		61,086,145.	0.		
	c	Gain or (loss)	7c		1,958,349.	34,690.		
	d	Net gain or (loss)			1,993,039.		1,993,039.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	PHARMACY	Business Code	621990	10,223,929.	4,068,785.	6,155,144.	
	b	PURCHASE DISCOUNTS AND		900099	4,981,452.		4,981,452.	
	c	NON-PATIENT LABORATORY		541380	2,144,787.	2,144,787.		
	d	All other revenue		621990	2,757,490.	419,025.	2,338,465.	
	e	Total. Add lines 11a-11d			20,107,658.			
12	Total revenue. See instructions			1,059,746,501.	983,101,933.	6,213,572.	32,960,626.	

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	96,877,491.	96,877,491.		
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	1,164,160.	938,968.	225,192.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	312,942,562.	252,407,167.	60,535,395.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,133,447.	9,786,838.	2,346,609.	
9 Other employee benefits	23,287,163.	18,783,426.	4,503,737.	
10 Payroll taxes	21,232,269.	17,125,948.	4,106,321.	
11 Fees for services (nonemployees):				
a Management				
b Legal	3,060,551.	286,766.	2,773,785.	
c Accounting	212,318.		212,318.	
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.)	72,829,743.	65,030,413.	7,799,330.	
12 Advertising and promotion	164,167.	164,167.		
13 Office expenses	5,054,794.	3,305,251.	1,749,543.	
14 Information technology				
15 Royalties				
16 Occupancy	27,450,116.	8,335,754.	19,114,362.	
17 Travel	480,465.	339,963.	140,502.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,106,825.	3,017,944.	88,881.	
20 Interest	3,641,205.	3,641,205.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	60,467,102.	60,467,102.		
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	134,134,986.	31,565,640.	102,569,346.	
b DRUGS	100,429,320.	100,429,320.	0.	
c PROVISION FOR BAD DEBT	29,959,601.	29,959,601.		
d EQUIPMENT RENTAL	23,686,352.	19,232,264.	4,454,088.	
e All other expenses	5,988,110.	5,988,110.		
25 Total functional expenses. Add lines 1 through 24e	938,302,747.	727,683,338.	210,619,409.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	7,610,097.	2	5,957,584.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	88,830,870.	4	96,646,472.
	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	22,592,263.	5	23,283,646.
	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	6,595,119.	9	8,858,083.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,829,243,079.		
	b Less: accumulated depreciation	10b 912,670,985.	675,076,013.	10c 916,572,094.
	11 Investments - publicly traded securities	1,253,327,843.	11	997,147,668.
	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	160,054,745.	15	143,742,536.
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,214,086,950.	16	2,192,208,083.	
Liabilities	17 Accounts payable and accrued expenses	215,615,034.	17	191,606,849.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	369,518,483.	20	354,390,867.
	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	58,410,905.	24	60,857,448.
	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	118,406,627.	25	113,822,826.
	26 Total liabilities. Add lines 17 through 25	761,951,049.	26	720,677,990.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,445,449,460.	27	1,464,806,994.
	28 Net assets with donor restrictions	6,686,441.	28	6,723,099.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,452,135,901.	32	1,471,530,093.
	33 Total liabilities and net assets/fund balances	2,214,086,950.	33	2,192,208,083.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,059,746,501.
2	Total expenses (must equal Part IX, column (A), line 25)	2	938,302,747.
3	Revenue less expenses. Subtract line 2 from line 1	3	121,443,754.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,452,135,901.
5	Net unrealized gains (losses) on investments	5	-95,467,605.
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	-6,581,957.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,471,530,093.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

Form **990** (2022)

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

2022

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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2a, 2b, 3a, 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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

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.)

[Blank area for supplemental information with horizontal lines.]

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

THE VALLEY HOSPITAL, INC.

Employer identification number

22-1487307

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 23,500,816.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 11,372,741.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 1,200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 733,601.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 509,867.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 97,027.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>56,318.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 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?

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

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

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

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

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

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

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

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

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

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

Schedule D (Form 990) 2022

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		92,685,923.		92,685,923.
b Buildings		645,114,626.	464,964,860.	180,149,766.
c Leasehold improvements				
d Equipment		514,737,690.	446,559,660.	68,178,030.
e Other		576,704,840.	1,146,465.	575,558,375.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				916,572,094.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) ASSETS HELD BY RELATED ORGANIZATION	30,229,868.
(2) DEFERRED FINANCING COSTS AND OTHER ASSETS	113,512,668.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	143,742,536.

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	6,830,995.
(3) AMOUNT DUE TO THIRD PARTY PAYERS AND OTHER	
(4) LIABILITIES	71,064,403.
(5) ESTIMATED PROFESSIONAL MEDICAL LIABILITY	35,927,428.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	113,822,826.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	935,722,207.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-95,467,605.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	1,437,602.	
e	Add lines 2a through 2d		2e	-94,030,003.
3	Subtract line 2e from line 1		3	1,029,752,210.
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	29,994,291.	
c	Add lines 4a and 4b		4c	29,994,291.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,059,746,501.

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	909,746,058.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	1,437,602.	
e	Add lines 2a through 2d		2e	1,437,602.
3	Subtract line 2e from line 1		3	908,308,456.
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	29,994,291.	
c	Add lines 4a and 4b		4c	29,994,291.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	938,302,747.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES BY PRESCRIBING A

RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON

EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX

UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET. THERE WERE

NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2022 OR 2021.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES NETTED AGAINST RENTAL INCOME 1,437,602.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PROVISION FOR BAD DEBT 29,959,601.

Part XIII Supplemental Information (continued)

RECLASS OF GAIN ON DISPOSITION OF ASSETS TO PART VIII 34,690.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 29,994,291.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES NETTED AGAINST RENTAL INCOME 1,437,602.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

PROVISION FOR BAD DEBT 29,959,601.

RECLASS OF GAIN ON DISPOSITION OF ASSETS TO PART VIII 34,690.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 29,994,291.

**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

2022

Open to Public Inspection

Name of the organization THE VALLEY HOSPITAL, INC.	Employer identification number 22-1487307
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Part I Financial Assistance and Certain Other Community Benefits at Cost

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			11,041,513.	666,627.	10,374,886.	1.11%
b Medicaid (from Worksheet 3, column a)			30,281,611.	22,063,444.	8,218,167.	.88%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			41,323,124.	22,730,071.	18,593,053.	1.99%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,637,712.	32,178.	3,605,534.	.38%
f Health professions education (from Worksheet 5)			2,283,901.		2,283,901.	.24%
g Subsidized health services (from Worksheet 6)			2,691,325.		2,691,325.	.29%
h Research (from Worksheet 7)			2,945,699.		2,945,699.	.31%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			443,239.	3,005.	440,234.	.05%
j Total. Other Benefits			12,001,876.	35,183.	11,966,693.	1.27%
k Total. Add lines 7d and 7j			53,325,000.	22,765,254.	30,559,746.	3.26%

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.

Table with 7 columns: (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. Rows include Physical improvements and housing, Economic development, Community support, Environmental improvements, Leadership development and training for community members, Coalition building, Community health improvement advocacy, Workforce development, and Other.

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?
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
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit
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.

Yes/No grid for Section A and B questions, with 'X' marks indicating 'Yes' answers.

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME)
6 Enter Medicare allowable costs of care relating to payments on line 5
7 Subtract line 6 from line 5. This is the surplus (or shortfall)
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?
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

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

Table with 5 columns: (a) Name of entity, (b) Description of primary activity of entity, (c) Organization's profit % or stock ownership %, (d) Officers, directors, or 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):

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

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

Table with 3 columns: Question, Yes, No. Rows include Community Health Needs Assessment questions 1 through 12c.

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2022

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 financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	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 <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> 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?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

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

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

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Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group: _____

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

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

Part V Facility Information (continued)

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

THE VALLEY HOSPITAL:

PART V, SECTION B, LINE 6A: THE HOSPITAL'S CHNA WAS COMPLETED WITH THE

FOLLOWING OTHER HOSPITAL FACILITIES: CHRISTIAN HEALTH CARE CENTER (RAMAPO

RIDGE PSYCHIATRIC HOSPITAL), ENGLEWOOD HOSPITAL AND MEDICAL CENTER,

HACKENSACK UNIVERSITY MEDICAL CENTER, HACKENSACKUMC AT PASCACK VALLEY,

HOLY NAME MEDICAL CENTER AND BERGEN NEW BRIDGE MEDICAL CENTER.

THE VALLEY HOSPITAL:

PART V, SECTION B, LINE 6B: THE HOSPITAL'S CHNA WAS ALSO COMPLETED WITH

THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP OF BERGEN COUNTY AND THE

DEPARTMENT OF HEALTH.

THE VALLEY HOSPITAL:

PART V, SECTION B, LINE 11: THE VALLEY HOSPITAL CHNA IDENTIFIED ELEVEN

(11) AREAS OF OPPORTUNITY. THESE AREAS WERE DETERMINED AFTER CONSIDERATION

OF VARIOUS CRITERIA, INCLUDING: STANDING IN COMPARISON WITH BENCHMARK DATA

(PARTICULARLY NATIONAL DATA); THE PREPONDERANCE OF SIGNIFICANT FINDINGS

WITHIN TOPIC AREAS; THE MAGNITUDE OF THE ISSUE IN TERMS OF THE NUMBER OF

PERSONS AFFECTED; AND THE POTENTIAL HEALTH IMPACT OF A GIVEN ISSUE. VALLEY

HEALTH SYSTEM ACKNOWLEDGES THE WIDE RANGE OF ISSUES THAT EMERGED FROM THE

CHNA PROCESS AND DETERMINED IT COULD EFFECTIVELY FOCUS ON THOSE HEALTH

NEEDS WHICH ARE THE MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY

TO INFLUENCE. VALLEY HEALTH SYSTEM WILL CONTINUE TO LEAD EFFORTS IN

SUPPORT OF THE PRIORITIZED NEEDS RELATED TO HEALTHY MINDS, HEALTHY BODIES,

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.

AND BUILDING BRIDGES.

STRATEGIES FOR ADDRESSING THESE NEEDS INCLUDE ACCESS, TRAINING, OUTREACH

AND EDUCATION TO DIVERSE AND VULNERABLE AUDIENCES. IDENTIFY METRICS TO

INCREASE PARTICIPATION OF AT-RISK INDIVIDUALS. PROVIDE HEALTH EDUCATION

CLASSES AND FREE SCREENINGS, PARTICIPATE IN COMMUNITY EVENTS ON ASPECTS OF

CHRONIC DISEASE, AND RESPOND TO REQUESTS FOR INFORMATION AND COLLABORATION

FROM DIVERSE ORGANIZATIONS. LEVERAGE COMMUNITY PARTNERS AND SEEK

OPPORTUNITIES TO PROVIDE SUPPORT FOR OTHER AGENCIES TO MEET THE IDENTIFIED

NEEDS OF THE COMMUNITY. VALLEY HEALTH SYSTEM WILL COLLABORATE WITH OUR

COMMUNITY PARTNERS, WHERE POSSIBLE, IN ADDRESSING KEY CONTRIBUTING FACTORS

OUTSIDE OF THE CLINICAL EXPERTISE AND SCOPE OF THE ORGANIZATION. SPECIFIC

EXAMPLES OF THESE KEY CONTRIBUTING FACTORS INCLUDE, INJURY AND VIOLENCE,

USE OF MARIJUANA, CIRRHOSIS/LIVER DISEASE DEATHS, LACK OF TRANSPORTATION,

EMERGENCY ROOM UTILIZATION.

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:

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.

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 ADMISNITRATION, PRC ADMINISTERED 571 SURVEYS AT RANDOM THROUGHOUT THE SERVICE AREA.

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.

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 ADMINISTRATION OF THE SURVEYS, DATA

COLLECTION, AND DATA ANALYSIS WAS CONDUCTED BY PRC.

THE FOLLOWING FOCUS GROUPS AND INDIVIDUALS WERE CONSULTED:

FOCUS GROUPS:

- AFRICAN AMERICAN COMMUNITY LEADERS
- ELDER CARE PROVIDERS
- EMT/FIRST RESPONDERS
- HEALTH OFFICIALS 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

Part V Facility Information *(continued)*

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

- DR. 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

- COMMISSIONER 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, COMMISSIONER TRACY ZUR

Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (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:

232100 11-18-22

Part VI Supplemental Information (Continuation)

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

PART III, LINE 3:

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

PART III, LINE 4:

NET PATIENT SERVICE REVENUES ARE RECOGNIZED AT THE AMOUNT THAT REFLECTS
THE CONSIDERATION TO WHICH THE ORGANIZATION EXPECTS TO BE ENTITLED IN
EXCHANGE FOR PROVIDING PATIENT CARE. THESE AMOUNTS ARE DUE FROM PATIENTS,
THIRD-PARTY PAYORS (INCLUDING COMMERCIAL AND GOVERNMENTAL PROGRAMS) AND
OTHERS AND INCLUDES VARIABLE CONSIDERATION FOR RETROACTIVE REVENUE
ADJUSTMENTS DUE TO SETTLEMENT OF AUDITS, REVIEWS AND INVESTIGATIONS.
GENERALLY, THE ORGANIZATION BILLS THE PATIENTS AND THIRD-PARTY PAYORS
SEVERAL DAYS AFTER THE SERVICES ARE PERFORMED AND/OR THE PATIENT IS
DISCHARGED FROM THE FACILITY. REVENUES ARE RECOGNIZED AS PERFORMANCE
OBLIGATIONS ARE SATISFIED.

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

Part VI Supplemental Information (Continuation)

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

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

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

Part VI Supplemental Information (Continuation)

PART III, LINE 8:

IN ADDITION TO CHARITY CARE, BAD DEBT, AND THE TREATMENT OF FINANCIALLY
NEEDY PATIENTS UNDER THE MEDICAID PROGRAM, THE HOSPITAL PROVIDES SERVICES
TO ELDERLY AND DISABLED PATIENTS COVERED UNDER THE MEDICARE PROGRAM
REGARDLESS OF INCOME. THE UNPAID COSTS ATTRIBUTED TO PROVIDING CARE UNDER
THIS PROGRAM (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
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:

Part VI Supplemental Information (Continuation)

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)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of 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. 223 NORTH VAN DIEN AVENUE RIDGEWOOD, NJ 07450	32-0041186	501(C)(3)	96,532,031.	0.			GENERAL SUPPORT
VALLEY HEALTH SYSTEM 223 NORTH VAN DIEN AVENUE RIDGEWOOD, NJ 07450	22-2922016	501(C)(3)	118,540.	0.			GENERAL SUPPORT
BERGEN VOLUNTEER MEDICAL INITIATIVE - 75 ESSEX STREET - HACKENSACK, NJ 07692	20-2633437	501(C)(3)	25,000.	0.			GENERAL SUPPORT
US UKRAINE FOUNDATION 6312 SEVEN CORNERS CENTER# 361 FALLS CHURCH, VA 22044-2409	52-1778729	501(C)(3)	25,000.	0.			GENERAL SUPPORT
FAMILY PROMISE OF BERGEN COUNTY 100 DAYTON STREET RIDGEWOOD, NJ 07450	22-2853599	501(C)(3)	20,000.	0.			GENERAL SUPPORT
BOROUGH OF PARAMUS JOCKISH SQUARE PARAMUS, NJ 07652	22-6002186	BOROUGH OF PARAMUS	15,500.	0.			GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **18.**
- 3** Enter total number of other organizations listed in the line 1 table **3.**

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

Schedule I (Form 990) 2022

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
PONY POWER THERAPIES, INC. 1170 RAMAPO VALLEY ROAD MAHWAH, NJ 07430	20-3210841	501(C)(3)	15,000.	0.			GENERAL SUPPORT
MAHWAH REGIONAL CHAMBER OF COMMERCE, INC. - ONE INTERNATIONAL BOULEVARD - MAHWAH, NJ 07495	22-3145589	501(C)(6)	12,175.	0.			GENERAL SUPPORT
CHILDREN'S AID & FAMILY SERVICES, INC. - 200 ROBIN ROAD - PARAMUS, NJ 07652	22-1487147	501(C)(3)	11,000.	0.			GENERAL SUPPORT
AMERICAN CANCER SOCIETY P.O. BOX P MANASQUAN, NJ 08736	13-1788491	501(C)(3)	10,500.	0.			GENERAL SUPPORT
RIDGEWOOD BASEBALL & SOFTBALL ASSOC. - P.O. BOX# 163 - RIDGEWOOD, NJ 07451	22-6063696	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BERGEN VOLUNTEER CENTER 64 PASSAIC STREET HACKENSACK, NJ 07601	22-1821282	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BERGEN PERFORMING ARTS CENTER, INC. - 30 NORTH VAN BRUNT STREET - ENGLEWOOD, NJ 07631	30-0194642	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PARAMUS EMERGENCY MEDICAL SERVICES 1 JOCKISH SQUARE WEST PARAMUS, NJ 07652-2771	22-6002186	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WAINSCOT MEDIA ONE MAYNARD DRIVE PARK RIDGE, NJ 07656	20-4872209	FOR PROFIT	8,995.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST BERGEN MENTAL HEALTH, INC. 120 CHESTNUT STREET RIDGEWOOD, NJ 07450	22-1736531	501(C)(3)	8,000.	0.			GENERAL SUPPORT
MONTVALE CHAMBER OF COMMERCE 12 MERCEDES DRIVE MONTVALE, NJ 07645	20-8485568	501(C)(6)	7,500.	0.			GENERAL SUPPORT
MARCH OF DIMES FOUNDATION P.O. BOX# 18819 ATLANTA, GA 31126	13-1846366	501(C)(3)	7,500.	0.			GENERAL SUPPORT
NJ SHARING NETWORK 691 CENTRAL AVENUE NEW PROVIDENCE, NJ 07974	20-2737719	501(C)(3)	7,500.	0.			GENERAL SUPPORT
RIDGEWOOD YMCA 55 N BROAD STREET RIDGEWOOD, NJ 07450	22-1508752	501(C)(3)	7,250.	0.			GENERAL SUPPORT
COMMUNITY MEALS, INC. 105 COTTAGE PLACE RIDGEWOOD, NJ 07450	22-1976783	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.

**SCHEDULE J
(Form 990)**

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

2022

Open to Public
Inspection

Name of the organization THE VALLEY HOSPITAL, INC.	Employer identification number 22-1487307
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Part I Questions Regarding Compensation

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

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

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2022

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 PRESIDENT & CEO, VHS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,249,299.	984,960.	1,739,780.	22,875.	26,697.	4,023,611.	1,583,249.
(2) WILLIAM KLUTKOWSKI SR. VP, FINANCE & CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	627,904.	192,180.	196,871.	21,138.	36,167.	1,074,260.	0.
(3) JOSEPH YALLOWITZ VP & CHIEF MEDICAL OFFICER	(i)	517,904.	143,815.	137,210.	14,756.	36,166.	849,851.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KARTEEK BHAVSAR SR. VP, OPERATIONS & BUSINESS DEVELOPMENT	(i)	415,727.	113,442.	93,589.	19,696.	2,850.	645,304.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DAVID BOHAN VP & CHIEF DEVELOPMENT OFFICER	(i)	367,744.	118,908.	95,451.	15,250.	24,418.	621,771.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CHARLES VANNOY VP/CNO, PATIENT CARE SVCS	(i)	340,878.	92,628.	38,578.	22,875.	23,897.	518,856.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) BRAD HASPEL VP, ANCILLARY SERVICES	(i)	267,342.	41,105.	66,463.	16,775.	11,083.	402,768.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) BETTYANN KEMPIN VP, ADMINISTRATION	(i)	260,967.	41,345.	44,319.	22,875.	26,517.	396,023.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JULIE LO CHIEF PHYSICIST	(i)	318,776.	100.	1,062.	16,775.	23,425.	360,138.	0.
	(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 AND WILLIAM KLUTKOWSKI PARTICIPATED IN A SUPPLEMENTAL

NON-QUALIFIED DEFERRED COMPENSATION PLAN. AUDREY MEYERS RECEIVED A PAYMENT

IN THE AMOUNT OF \$1,583,249 FROM THIS PLAN AS REPORTED IN PART II, COLUMN

BIII AND COLUMN F.

AUDREY MEYERS, ROBIN GOLDFISCHER-HOLLANDER, AND PETER DIESTEL PARTICIPATED

IN A CAP-EX (SPLIT-DOLLAR LIFE INSURANCE PLAN). THEY DID NOT RECEIVE A

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.

PAYMENT DURING 2022:

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

PART I, LINE 7:

EMPLOYEES OF THE ORGANIZATION RECEIVED A BOARD-APPROVED DISCRETIONARY

BONUS, AWARDED BASED ON PERFORMANCE, AS REPORTED IN PART II, COLUMN B(II).

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

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

	(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												

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		35,650,000.						
2 Amount of bonds legally defeased								
3 Total proceeds of issue		404,790,911.						
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds		33,516,333.						
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		368,837,441.						
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion								
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X						
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Schedule K (Form 990) 2022

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 government00 %		%		%		%
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 government00 %		%		%		%
6 Total of lines 4 and 500 %		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

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

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 3

THE DIFFERENCE BETWEEN THE ISSUE PRICE AND THE TOTAL AMOUNT OF PROCEEDS REPRESENTS INVESTMENT EARNINGS.

SCHEDULE L
(Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

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.

2022

Attach to Form 990 or Form 990-EZ.

Open To Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

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

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

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
AUDREY MEYERS	PRESIDEN	SEE PART		X	9,071,138.	11,567,349.		X	X		X	
ROBIN GOLDFISCH	SENIOR V	SEE PART		X	3,392,128.	4,324,660.		X	X		X	
PETER DIESTEL	PRESIDEN	SEE PART		X	5,796,536.	7,391,637.		X	X		X	
Total						\$ 23,283,646.						

Part III Grants or Assistance Benefiting Interested Persons.

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

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

SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information.

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

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

(A) NAME OF PERSON: AUDREY MEYERS

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

(C) PURPOSE OF LOAN: SEE PART V

(A) NAME OF PERSON: ROBIN GOLDFISCHER-HOLLANDER

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

(C) PURPOSE OF LOAN: SEE PART V

(A) NAME OF PERSON: PETER DIESTEL

(B) RELATIONSHIP WITH ORGANIZATION: PRESIDENT, VHS OPERATIONS

(C) PURPOSE OF LOAN: SEE PART V

SCHEDULE L, PART II, COLUMN (C)

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

Part V Supplemental Information

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

HOSPITAL RECOVERS ALL OF ITS OUTLAYS PLUS INTEREST.

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

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

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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

COUNTY IN NEW JERSEY AND ONE OF THE WEALTHIEST COUNTIES IN THE UNITED

STATES. THERE ARE 952,997 RESIDENTS IN THE 233.01 SQUARE MILES OF

BERGEN COUNTY, NJ. THE POPULATION IS 52.7% WHITE AND NON-HISPANIC,

22.7% HISPANIC, 7.8% BLACK, AND 17.6% ASIAN. THE MEDIAN HOUSEHOLD

INCOME IS \$109,497. RESIDENTS ARE GENERALLY WELL-EDUCATED AND HAVE

HIGHER GRADUATION RATES THAN NJ AS A WHOLE AND THE U.S. AS A WHOLE. THE

VALLEY HOSPITAL EMPLOYS PEOPLE WHO REPRESENT AND LIVE IN THE

COMMUNITIES WE SERVE. MORE THAN 3,600 EMPLOYEES CONSTITUTE THE VALLEY

HOSPITAL.

IN 2022, 52,081 INDIVIDUALS WERE ADMITTED TO VALLEY, 69,751 PEOPLE WERE

TREATED IN THE EMERGENCY DEPARTMENT, AND A RECORD-BREAKING 4,049 BABIES

WERE BORN. IN ADDITION TO ITS "CENTERS OF EXCELLENCE" IN CARDIAC/HEART

FAILURE, DIABETES, ONCOLOGY, PULMONARY, GERIATRICS, TOTAL JOINT, AND

NEUROVASCULAR, VALLEY ALSO OFFERS THE SERVICES OF A COMPREHENSIVE

CANCER CENTER, CENTER FOR CHILDBIRTH, CENTER FOR MINIMALLY INVASIVE AND

ROBOTIC SURGERY, A TOTAL JOINT REPLACEMENT CENTER, A NEUROSCIENCE

CENTER, A CENTER FOR METABOLIC SURGERY AND WEIGHT-LOSS MANAGEMENT, A

CENTER FOR SLEEP MEDICINE, THE GAMMA KNIFE CENTER, AND THE KIREKER

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

Schedule O (Form 990) 2022

232211 10-28-22

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CENTER FOR CHILD DEVELOPMENT, AMONG OTHERS. THE VALLEY HOSPITAL
EMERGENCY DEPARTMENT (ED) HAS BEEN SELECTED AS A RECIPIENT OF THE
PRESTIGIOUS LANTERN AWARD FROM THE EMERGENCY NURSES ASSOCIATION. VALLEY
IS ONE OF ONLY 29 HOSPITALS NATIONWIDE, AND THE ONLY HOSPITAL IN BERGEN
COUNTY, TO EARN THIS AWARD FOR 2022 AND IS THE FIRST AND ONLY HOSPITAL
IN BERGEN COUNTY TO RECEIVE THIS RECOGNITION SINCE THE PROGRAM'S
INCEPTION IN 2011. RECIPIENTS OF THE LANTERN AWARD DEMONSTRATE
EXCEPTIONAL AND INNOVATIVE PERFORMANCE IN LEADERSHIP, PRACTICE,
EDUCATION, ADVOCACY, AND RESEARCH. THE AWARD SHOWCASES VALLEY'S
ACCOMPLISHMENTS IN INCORPORATING EVIDENCE-BASED PRACTICE INTO EMERGENCY
CARE AND IS A SYMBOL OF OUR COMMITMENT TO QUALITY, SAFETY, AND A
HEALTHY WORK ENVIRONMENT. THE VALLEY HOSPITAL HAS EARNED EXEMPLAR
RECOGNITION FROM NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDERS (NICHE).
THIS DISTINCTION THE HIGHEST AVAILABLE FROM NICHE IS GIVEN TO
HEALTHCARE ORGANIZATIONS THAT IMPLEMENT SUCCESSFUL, SYSTEM-WIDE
INTERVENTIONS AND INITIATIVES FOCUSING ON THE CARE OF OLDER ADULTS.
EXEMPLAR RECOGNITION IS A REFLECTION OF VALLEY'S COMMITMENT TO
PROVIDING OLDER ADULTS WITH THE HIGHEST-QUALITY HEALTHCARE SERVICES.
THE VALLEY HOSPITAL HAS ALSO RECEIVED THE 2022 TRAILBLAZER AWARD FROM
NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDERS (NICHE) AND THE ABIM
FOUNDATION. THE AWARD RECOGNIZES CLINICAL TEAMS FOR THEIR EFFORTS TO
IMPROVE THE QUALITY OF CARE FOR OLDER ADULTS EFFORTS THAT REDUCE
UNNECESSARY TESTS AND TREATMENTS, PRIORITIZE PATIENT SAFETY, AND
IMPROVE CARE COORDINATION. WITH ITS MOVE 2 IMPROVE PROGRAM, VALLEY IS
INDEED A TRAILBLAZER IN ELDER CARE, USING AN INTERDISCIPLINARY
APPROACH, BEST PRACTICES, AND CLINICAL EVIDENCE TO KEEP PATIENTS
MOVING, SAFE, AND INDEPENDENT.

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VALLEY HEALTH PRIMETIME WAS CREATED TO HELP OLDER ADULTS STAY HEALTHY BY TEACHING THEM GOOD HEALTH AND PROVIDING OPPORTUNITIES TO REMAIN SOCIALLY ACTIVE. IN 2022, VALLEY HEALTH PRIMETIME OFFERED 33 FREE, VIRTUAL PROGRAMS TO 1,397 OLDER ADULTS. EACH YEAR, VALLEY DINING PREPARES OVER 23,000 MEALS FOR COMMUNITY MEALS, INC., AND FINANCIAL RESOURCES TO SUPPORT HOMEBOUND OLDER ADULTS IN VALLEY'S SERVICE AREA.

VALLEY'S COMMUNITY CARE CLINIC HAD 5,018 VISITS IN 2022. THEY PROVIDE CARE AT NO COST TO THE PATIENTS WHO QUALIFY IN 16 (MEDICAL, NEUROLOGY, GI, GENERAL SURGERY, BREAST SURGERY, RHEUMATOLOGY, OPHTHALMOLOGY, GYN, OB, PEDIATRICS, PULMONARY, CARDIOLOGY, PAIN, DERMATOLOGY, ORTHOPEDICS, AND UROLOGY) SPECIALTY CLINICS. THEY CONTINUE TO PROVIDE CARE TO CHILDREN IN FOSTER CARE IN BERGEN AND PASSAIC COUNTIES THAT REQUIRE COMPLEX MEDICAL AND SUBSPECIALTY CARE.

THE VALLEY HOSPITAL HAS ONCE AGAIN BEEN AWARDED THE LGBTQ+ HEALTHCARE EQUALITY LEADER DESIGNATION BY THE HUMAN RIGHTS CAMPAIGN (HRC) FOUNDATION, EARNING A TOP SCORE FOR ITS LGBTQ-INCLUSIVE POLICIES AND PRACTICES. 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. 135 COMMUNITY MEMBERS ATTENDED EDUCATION PROGRAMS ON TRANSGENDER HEALTH AND A LOCAL PRIDE CELEBRATION, WHERE VALLEY WAS A SPONSOR.

VALLEY'S SOCIAL EQUALITY COUNCIL IS DEVELOPING INITIATIVES AND PROGRAMS

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THAT ENCOURAGE SAFETY AND EQUAL ACCESS TO ALL OPPORTUNITIES, SO THAT EVERYONE CAN LEAD A HEALTHY AND FULFILLED LIFE, REGARDLESS OF AN INDIVIDUAL'S BACKGROUND, ETHNICITY, OR RACE. BY COLLABORATING WITH AREA ORGANIZATIONS, VALLEY IS ABLE TO WORK WITH UNDERSERVED POPULATIONS TO HELP MEET THE ACCESS TO CARE NEEDS AND CONNECT INDIVIDUALS TO RESOURCES. OVER 1,162 EMPLOYEES ATTENDED A "WHAT CAUSES INEQUALITY?" TRAINING CLASS. HAVING ALL EMPLOYEES PARTICIPATE IN THIS TRAINING IS A MEANINGFUL COMPONENT OF THE STEPS VALLEY IS TAKING TO CREATE AN ENVIRONMENT WHERE EMPLOYEES FEEL SAFE AND RESPECTED FOR WHO THEY ARE, AND TO IMPROVE OUR STAFF'S UNDERSTANDING OF ISSUES RELATED TO RACE AND EQUALITY. VALLEY ALSO CONTINUES OUR COMMITMENT TO COMBAT SOCIAL INJUSTICE BY DIVERSIFYING OUR SUPPLIER NETWORK.

VALLEY PARTNERED WITH BERGEN COMMUNITY COLLEGE TO CELEBRATE BLACK HISTORY MONTH WITH TWO PROGRAMS THAT ENCOURAGE SAFETY AND EQUAL ACCESS TO ALL. PATHWAYS, PIPELINES, PREPARATION, AND PARTICIPATION IN STEM FEATURED A PANEL OF EXPERTS DISCUSSING THE IMPORTANCE OF PEOPLE OF COLOR IN HEALTH AND STEM CAREERS. EXPLORING BETTER HEALTH IN THE BLACK COMMUNITY ADDRESSED HEALTH DISPARITIES IN THE BIPOC COMMUNITY. OTHER HEALTH PROGRAMS INCLUDED SINGLE MOTHER BY CHOICE AND HYPERTENSION AND KIDNEY DISEASE IN THE BLACK POPULATION. VALLEY PARTICIPATED IN THREE HEALTHCARE CAREER EXHIBITIONS CALLED "WHO MAKES UP A HOSPITAL?" AND TWO FIRST RESPONDER EVENTS AT THE BOYS & GIRLS CLUBS OF PATERSON AND PASSAIC AND THE PATERSON STEAM HIGH SCHOOL. ADDITIONALLY, VALLEY PHYSICIANS WERE INVITED TO JERSEY CITY PUBLIC SCHOOLS TO DISCUSS DIFFERENT HEALTHCARE CAREERS AND CAREER PATHS.

THE RIDGEWOOD ACADEMY FOR HEALTH PROFESSIONS (RAHP) IS A PARTNERSHIP

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BETWEEN VALLEY, RIDGEWOOD HIGH SCHOOL, AND BERGEN COMMUNITY COLLEGE.

THIS THREE-YEAR PROGRAM BEGAN IN 2005 AND HAS GRADUATED OVER 500

STUDENTS INTERESTED IN PURSUING CAREERS IN HEALTHCARE. DURING THE

STUDENT'S FIRST YEAR, TERMED THEIR "EXPLORATION YEAR," STUDENTS VISIT

THREE FULL-DAY SESSIONS LEARNING ABOUT DIFFERENT DEPARTMENTS IN THE

HEALTHCARE SETTING. THE SECOND YEAR CONCENTRATES ON AREAS OF INTEREST

THE STUDENTS WOULD LIKE TO FURTHER INVESTIGATE. DURING THE STUDENT'S

THIRD YEAR, TERMED THEIR "MENTORSHIP YEAR," STUDENTS CHOOSE ONE

HEALTH-RELATED ISSUE TO EXPLORE UNDER THE GUIDANCE OF A MENTOR AND

PREPARE A CAPSTONE PROJECT. VALLEY HAS ALREADY HIRED THREE NURSES, TWO

SOCIAL WORKERS, AN IMAGING TECH, AND AN ADMINISTRATOR WHO ARE ALL

GRADUATES OF RAHP.

COMMUNITY EDUCATION CLASSES WERE ORIGINALLY DESIGNED AS IN-PERSON

SESSIONS, BUT WHEN THE PANDEMIC HIT, THE COMMUNITY HEALTH DEPARTMENT

TRANSITIONED TO OFFERING CLASSES VIRTUALLY. OVER 15,256 PEOPLE

PARTICIPATED IN LIVE, FREE EDUCATION PROGRAMS IN PERSON AND VIRTUALLY

IN 2022. AN ADDITIONAL 68,898 PEOPLE PARTICIPATED IN RECORDED VERSIONS

ON VALLEY'S WEBSITE IN 2022. VALLEY LAUNCHED "CONVERSATIONS LIKE NO

OTHER" AUDIO PODCAST THAT GOES BEYOND THE CONVENTIONAL AND EVERYDAY

HEALTH TOPICS TO GO DEEPER INTO THE PERSONAL ISSUES FACING MEN, WOMEN,

AND CHILDREN OF ALL AGES. IN 2022, OVER 630 PEOPLE LISTENED TO THE

VARIETY OF EPISODES.

LIFESTYLES, OUR WORLD-CLASS HEALTH AND FITNESS CENTER, FEATURES THREE

POOLS AND THE LATEST STRENGTH AND CARDIO EQUIPMENT. THE TEAM OF HIGHLY

EXPERIENCED AND DEGREED HEALTH PROFESSIONALS DESIGN PROGRAMMING TO MEET

THE WELLNESS NEEDS OF PEOPLE OF ALL AGES.

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VALLEY HEALTH LIFESTYLES HOSTED A "NOBODY FIGHTS ALONE" FUNDRAISER TO FIGHT AGAINST BREAST CANCER AND HONOR FORMER EMPLOYEE AND FRIEND, CHRISSEY FLATT.

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

THE ORGANIZATION AMENDED ITS BYLAWS IN 2022 WITH RESPECT TO THE CRISIS STANDARDS OF CARE AND OTHER EMERGENCIES (CSC). SIGNIFICANT CHANGES DURING CSC:

- NUMBER OF TRUSTEES: NO FEWER THAN NINE (9).
- EMERGENCY POWERS: THE EXECUTIVE COMMITTEE IS PERMITTED TO ACT ON BEHALF OF THE FULL BOARD UNTIL THE BOARD IS ABLE TO ACT OR OTHERWISE EXERCISE ITS POWERS DURING A CSC.

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

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

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

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

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

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

TO DETERMINE THE NUMBER OF TRUSTEES ON THE BOARD TO AMEND, REVISE OR RESTATE THE CORPORATION'S CERTIFICATE OF INCORPORATION AND BYLAWS, AND TO APPROVE ALL AMENDMENTS OR REVISIONS TO THE CORPORATION'S

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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;

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TO EXERCISE SUCH OVERSIGHT, INCLUDING INITIATING ACTION OR APPROVING ACTION
 BY THE CORPORATION, OVER THE MANAGEMENT, POLICIES, DISPOSITION OR
 ENCUMBRANCE OF ASSETS, INCLUDING REAL OR PERSONAL PROPERTY, OF THE
 CORPORATION TO CAUSE OR ENSURE COMPLIANCE WITH TERMS AND CONDITIONS OF
 INDEBTEDNESS OBLIGATIONS AND FINANCIAL RELATIONSHIPS RELATED IN ANY MANNER
 TO SUCH INDEBTEDNESS;
 TO APPROVE THE CAPITAL EXPENDITURES BY THE CORPORATION IN EXCESS OF THOSE
 THRESHOLDS ESTABLISHED BY THE BOARD, IF SUCH CAPITAL EXPENDITURES ARE NOT
 INCLUDED IN THE CORPORATION'S APPROVED BUDGETS, WHETHER IN A SINGLE
 TRANSACTION OR A SERIES OF RELATED TRANSACTIONS;
 TO APPROVE ANY DONATION OR ANY OTHER TRANSFER OF THE CORPORATION'S ASSETS,
 OTHER THAN TO AN AFFILIATED ENTITY, IN EXCESS OF AN AMOUNT EQUAL TO OR
 GREATER THAN THE THRESHOLDS ESTABLISHED BY THE BOARD FOR SUCH CORPORATION,
 UNLESS SPECIFICALLY AUTHORIZED IN THE CORPORATION'S APPROVED BUDGETS;
 TO SELECT AND APPOINT AUDITORS OF THE CORPORATION;
 TO INITIATE AND APPROVE STRATEGIC PLANS AND MISSION STATEMENTS OF THE
 CORPORATION;
 TO INITIATE AND APPROVE INVESTMENT POLICIES AND CAPITAL CAMPAIGNS OF THE
 CORPORATION;
 TO INITIATE AND APPROVE THE CLOSURE OR RELOCATION OF A LICENSED HEALTH CARE
 FACILITY OF THE CORPORATION;
 TO INITIATE AND APPROVE THE FORMATION OF SUBSIDIARIES OF THE CORPORATION;
 TO APPROVE THE CORPORATION'S ACQUISITION OF CONTROLLING INTERESTS IN
 ORGANIZATIONS OR BUSINESSES OUTSIDE OF THE CORPORATION'S APPROVED STRATEGIC
 PLAN;
 TO THE EXTENT NOT EXPRESSLY SET FORTH ABOVE, TO DIRECT OR REQUIRE THE
 CORPORATION TO TAKE ANY OTHER LAWFUL ACTS OR ACTIONS WITH RESPECT TO THE
 CORPORATION'S BUSINESS, AFFAIRS, MANAGEMENT, PROPERTIES OR ACTIVITIES THAT

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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

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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 2022.

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

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

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

CHANGE IN HOSPITAL NET ASSETS HELD BY VALLEY HOSPITAL	-6,581,957.
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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)**

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

2022

**Open to Public
Inspection**

Name of the organization <p align="center">THE VALLEY HOSPITAL, INC.</p>	Employer identification number <p align="center">22-1487307</p>
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
620 WINTERS AVENUE, LLC - 46-2091667 223 NORTH VAN DIEN AVENUE RIDGEWOOD, NJ 07450	REAL ESTATE HOLDINGS	DELAWARE	0.	0.	THE VALLEY HOSPITAL, INC.
1200 EAST RIDGEWOOD, LLC - 46-4115513 223 NORTH VAN DIEN AVENUE RIDGEWOOD, NJ 07450	REAL ESTATE HOLDINGS	DELAWARE	3,693,896.	20,408,401.	THE VALLEY HOSPITAL, INC.
555 MAPLE ACQUISITION, LLC - 45-3070365 223 NORTH VAN DIEN AVENUE RIDGEWOOD, NJ 07450	REAL ESTATE HOLDINGS	DELAWARE	0.	8,110,000.	THE VALLEY HOSPITAL, INC.
599 PARAMUS ACQUISITION, LLC - 46-0985392 223 NORTH VAN DIEN AVENUE RIDGEWOOD, NJ 07450	REAL ESTATE HOLDINGS	DELAWARE	0.	8,355,440.	THE VALLEY HOSPITAL, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE VALLEY HOSPITAL FOUNDATION, INC. - 22-2324554, 223 NORTH VAN DIEN AVENUE, RIDGEWOOD, NJ 07450	SOLICITS AND RECEIVES CONTRIBUTIONS FOR THE BENEFIT OF HEALTH SYSTEM	NEW JERSEY	501(C)(3)	LINE 7	VALLEY HEALTH SYSTEM, INC.		X
VALLEY HEALTH SYSTEM, INC. - 22-2922016 223 NORTH VAN DIEN AVENUE RIDGEWOOD, NJ 07450	PROVIDES MANAGEMENT & PLANNING SERVICES FOR ITS MEMBERS	NEW JERSEY	501(C)(3)	LINE 3	N/A		X
VALLEY HOME CARE, INC. - 22-3208480 15 ESSEX ROAD PARAMUS, NJ 07652	PROVIDES REHABILITATION VISITS AND HOME HEALTH AIDS VISITS TO PATIENTS	NEW JERSEY	501(C)(3)	LINE 10	VALLEY HEALTH SYSTEM, INC.		X
VALLEY MEDICAL SERVICES, P.C. - 46-5297054 15 ESSEX ROAD PARAMUS, NJ 07652	PROVIDE PRIMARY AND SPECIALTY MEDICAL CARE	NEW JERSEY	501(C)(3)	LINE 10	VALLEY PHYSICIAN SERVICES, INC.		X

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

Schedule R (Form 990) 2022

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	No
VALLEY PHYSICIAN SERVICE NY, P.C. - 45-3125678, 15 ESSEX ROAD, PARAMUS, NJ 07652	OPERATES URGENT/PRIMARY CARE CLINICS	NEW JERSEY	501(C)(3)	LINE 10	VALLEY PHYSICIAN SERVICES, INC.		X
VALLEY PHYSICIAN SERVICES, INC. - 32-0041186 15 ESSEX ROAD PARAMUS, NJ 07652	PROVIDES MEDICAL CARE TO CARRYOUT THE PURPOSE OF THE VALLEY HEALTH SYSTEM	NEW JERSEY	501(C)(3)	LINE 10	THE VALLEY HOSPITAL, INC.	X	
VALLEY PHYSICIANS SERVICES, P.C. - 46-5285330, 15 ESSEX ROAD, 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?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) VALLEY PHYSICIAN SERVICE NY, P.C.	C	509,867.	COST
(2) VALLEY PHYSICIANS SERVICES, P.C.	C	23,500,816.	COST
(3) VALLEY PHYSICIAN SERVICES, INC.	R	58,500,000.	COST
(4) VALLEY PHYSICIAN SERVICES, INC.	B	96,532,031.	COST
(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.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

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