Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ **Do not enter Social Security numbers on this form as it may be made public.**

▶ **Information about Form 990 and its instructions is at *www.irs.gov/form990*.**

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

C Name of organization
HACKENSACK MERIDIAN HEALTH, INC.-SUBORDINATES

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
C/O TAX DEPT 399 THORNALL ST 2ND FL

City or town, state or province, country, and ZIP or foreign postal code
EDISON, NJ 08837

D Employer identification number
01-0649794

E Telephone number
(908)675-6572

G Gross receipts $ 6,410,600,570.

F Name and address of principal officer: ROBERT C. GARRETT
C/O TAX DEPT, 399 THORNALL ST 2ND FL, EDISON, NJ 08837

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

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

H(c) Group exemption number ▶ 3827

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

J Website: ▶ WWW.HACKENSACKMERIDIANHEALTH.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶ **L** Year of formation: **M** State of legal domicile:

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATIONS ARE COMMITTED TO PROVIDING THE FULL SPECTRUM OF LIFE-ENHANCING CARE AND SERVICES TO CREATE AND SUSTAIN HEALTHY, VIBRANT COMMUNITIES.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	261
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	211
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	39,465
6	Total number of volunteers (estimate if necessary)	6	2,490
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	30,334,953.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	666,429,604.	343,294,898.
9	Program service revenue (Part VIII, line 2g)	5,008,702,580.	5,814,218,303.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	32,568,854.	66,115,971.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	174,776,803.	183,291,032.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,882,477,841.	6,406,920,204.

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Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	286,748,269.	259,247,265.
14	Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,015,916,678.	3,142,702,200.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 16,153,592.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,453,980,147.	2,762,839,413.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,756,645,094.	6,164,788,878.
19	Revenue less expenses. Subtract line 18 from line 12	125,832,747.	242,131,326.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	7,707,680,041.	6,235,809,441.
21	Total liabilities (Part X, line 26)	3,842,084,007.	2,045,637,361.
22	Net assets or fund balances. Subtract line 21 from line 20	3,865,596,034.	4,190,172,080.

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: 11/11/2022

▶ ROBERT L. GLENNING — PRES FIN&IT SVCS/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
OSE JOSEPH -ERAMEH		11/08/2022		P02534927

Firm's name ▶ KPMG LLP — Firm's EIN ▶ 13-5565207

Firm's address ▶ 345 PARK AVENUE NEW YORK, NY 10154-0102 — Phone no. 212-758-9700

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2021)

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 ORGANIZATIONS ARE COMMITTED TO PROVIDING THE FULL SPECTRUM OF LIFE-ENHANCING CARE AND SERVICES TO CREATE AND SUSTAIN HEALTHY, VIBRANT COMMUNITIES. PLEASE REFER TO SCHEDULE H, PART VI, QUESTION 5 FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT.

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

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

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

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

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

4a (Code:) (Expenses $ 1,046,782,166. including grants of $ NONE) (Revenue $ 1,365,114,677.)

ACUTE CARE: EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY ACUTE CARE SERVICES, INCLUDING INPATIENT CARDIAC, PEDIATRICS AND REHABILITATION SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. DURING 2021, THERE WERE 153,871 CASES RESULTING IN 792,221 PATIENT DAYS.

4b (Code:) (Expenses $ 748,280,158. including grants of $ NONE) (Revenue $ 593,810,188.)

PHARMACEUTICALS: EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY PHARMACEUTICAL SERVICES AND PHARMACEUTICALS, INCLUDING CHEMOTHERAPY DRUGS, TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

4c (Code:) (Expenses $ 323,035,571. including grants of $ NONE) (Revenue $ 346,136,296.)

OPERATING ROOM: EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY OPERATING ROOM SERVICES, INCLUDING PLASTIC SURGERY, TRAUMA, PEDIATRIC AND AMBULATORY SURGERY, TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY, DURING 2021. THE ORGANIZATION REGISTERED 92,573 SURGICAL OPERATIONS.

4d Other program services (Describe on Schedule O.)

(Expenses $ 2,800,988,693. including grants of $) (Revenue $ 3,619,711,260.)

4e Total program service expenses ▶ 4,919,086,588.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. **2a** 39465			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file.* See instructions.			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	**3b**	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**	X	
b	If "Yes," enter the name of the foreign country ▶ SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**	X	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	**17**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	261		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	211		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

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

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.

X 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 ▶
ROBERT L. GLENNING 399 THORNALL ST, 2ND FL EDISON, NJ 08837
848-888-4405

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 X

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.s
- 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 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) ROBERT C. GARRETT	57.00									
CEO/TRUSTEE	3.00	X		X				5,223,404.	NONE	339,021.
(2) NANCY CORCORAN-DAVIDOFF	52.00									
EVP CHF EXP T 4/2021	3.00	X		X				2,585,571.	NONE	63,901.
(3) MARK STAUDER	52.00									
CHAIRPERSON/COO	3.00	X		X				2,422,618.	NONE	24,741.
(4) ROBERT L. GLENNING	52.00									
PRES FIN&IT SVCS CFO	3.00	X		X				2,365,686.	NONE	38,570.
(5) IHOR SAWCZUK, M.D.	52.00									
REG PRES HOSPITALS	3.00				X			2,306,880.	NONE	89,472.
(6) PATRICK YOUNG	52.00									
PRES POP HEALTH	3.00				X			2,141,532.	NONE	190,769.
(7) DIANNE A. AROH	55.00									
EVP CHF PT OFF T9/21	NONE					X		1,812,660.	NONE	16,809.
(8) AUDREY C MURPHY, ESQ	52.00									
EVP CO-CHF LEGAL OFF	3.00				X			1,547,310.	NONE	220,600.
(9) KENNETH N SABLE, MD	52.00									
REG PRES HOSPITALS	3.00				X			1,550,924.	NONE	200,092.
(10) DEAN LIN	55.00									
PRES OF CARE TRANSF	NONE					X		1,555,627.	NONE	36,806.
(11) DANIEL VARGA, MD	52.00									
CHIEF PHYS EXEC	3.00				X			1,545,767.	NONE	39,257.
(12) JOSEPH PARRILLO, MD	55.00									
CHIEF, CARDIOLOGY	NONE					X		1,475,131.	NONE	31,457.
(13) MARK D. SPARTA, M.D.	52.00									
PRES HMH NORTH REG	3.00				X			1,354,169.	NONE	130,868.
(14) ANN B. GAVZY, ESQ.	52.00									
EVP CO-CHF LEGAL OFF	3.00				X			1,415,020.	NONE	43,858.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JAMES BLAZAR	52.00									
EVP CHIEF STRAT OFF	3.00				X			1,408,870.	NONE	35,071.
(16) TIMOTHY J. HOGAN	52.00									
PRESIDENT, CTS	3.00				X			1,394,374.	NONE	43,841.
(17) DONNA SNIDER, CFA	52.00									
SVP CHIEF INVEST OFF	3.00				X			1,273,488.	NONE	125,875.
(18) JOSEPH M. LEMAIRE	55.00									
PRES DIV SVC T 5/21	NONE	X		X				1,297,261.	NONE	14,500.
(19) TODD WAY	55.00									
REG PRES, HOSPITALS	NONE	X		X				1,260,883.	NONE	33,714.
(20) CATHERINE A. AINORA	52.00									
EVP CHF INTEGRAT OFF	3.00				X			1,206,538.	NONE	26,861.
(21) ANDRE GOY	55.00									
PHYS-IN-CHIEF ONC	NONE					X		1,088,123.	NONE	91,520.
(22) ANDREW L PECORA, MD	3.00									
TRUSTEE	NONE	X						1,083,691.	NONE	NONE
(23) BONITA F STANTON, MD	55.00									
DEAN, HMSOM	NONE					X		1,039,132.	NONE	19,700.
(24) PAUL K. CHUNG, M.D.	34.00									
TRUSTEE/MPI PHYS	NONE	X						900,388.	NONE	37,745.
(25) JOYCE HENDRICKS	52.00									
CHIEF DEVEL OFF	3.00	X		X				801,506.	NONE	33,612.
1b Sub-total ▶								42,056,553.	NONE	1,928,660.
c Total from continuation sheets to Part VII, Section A ▶								8,720,229.	491,362.	640,862.
d Total (add lines 1b and 1c) ▶								50,776,782.	491,362.	2,569,522.

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 ▶ 6,578

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) LINDA MCHUGH	52.00									
EVP CHIEF EXP OFF	3.00	X		X				762,688.	NONE	55,524.
(27) ANNE GOODWILL-PRITCHETT	52.00									
EVP REVENUE OPS	3.00				X			798,599.	NONE	16,203.
(28) THERESA BRODRICK	52.00									
EVP CHF NURSING EXEC	3.00				X			681,665.	NONE	112,195.
(29) PRANAYCHANDRA VAIDYA	40.00									
TRUSTEE/MED DIR	3.00	X						732,123.	NONE	23,289.
(30) AIDA CAPO, M.D.	55.00									
TRUSTEE/MED DIR PMA	NONE	X						200,110.	491,362.	37,389.
(31) HARPREET PALL, M.D.	40.00									
TRUSTEE/DEP CHAIR	NONE	X						581,979.	NONE	24,337.
(32) AMIE THORNTON	55.00									
TRUSTEE/SCY/TREA/CHF	NONE	X						541,488.	NONE	60,693.
(33) REGINA FOLEY	52.00									
EVP CHF TRANSFOR OFF	3.00				X			507,425.	NONE	91,918.
(34) RICHARD M NEIBART MD	29.00									
TRUSTEE/SVC MED DIR	NONE	X						579,428.	NONE	17,188.
(35) DONALD J. PARKER	55.00									
PRES CARRIER CLINIC	NONE	X						559,502.	NONE	32,698.
(36) RAYMOND F. FREDERICKS	NONE									
REG PRES HOSP T 6/19	NONE						X	533,017.	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) JOHN D. ROYALL, M.D.	40.00									
TRUSTEE/PHYS SOMC	NONE	X						435,747.	NONE	16,888.
(38) SURI PONAMGI, M.D.	35.00									
TRUSTEE/CHAIR SURG	NONE	X						426,482.	NONE	15,814.
(39) SANDRA ELLIOTT	55.00									
TRUSTEE/VP CHF INNOV	NONE	X						395,122.	NONE	31,424.
(40) KASH PATEL	52.00									
EVP CHF DIG INFO OFF	3.00				X			269,013.	NONE	55,987.
(41) SURENDER M GROVER MD	20.00									
SECY/CHAIR MD DEPT	NONE	X		X				262,983.	NONE	14,571.
(42) MARK D SCHLESINGER MD	55.00									
TRUSTEE/CHAIR ANESTH	NONE	X						172,911.	NONE	15,338.
(43) ADRIAN M. PRISTAS, MD	17.00									
TRUSTEE/CORP MED DIR	NONE	X						147,257.	NONE	19,406.
(44) STEVEN LISSER, M.D.	12.00									
TRUSTEE/ ASSOC MED DIR, CTS OR	NONE	X						132,690.	NONE	NONE
(45) A. JOYCE BUSCH	3.00									
SECRETARY/TREASURER	NONE	X		X				NONE	NONE	NONE
(46) ALEJANDRA PAZMINO	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(47) ALEXANDER DURAN	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) ALEXANDER TAYLOR	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(49) ALFRED J SCHIAVETTI, JR.	3.00									
CHAIRPERSON	3.00	X		X				NONE	NONE	NONE
(50) ALI MOOSVI, M.D.	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(51) AMY KOIZIM PEENE	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(52) ANDREW CITRON, M.D.	6.00									
CHAIRPERSON	NONE	X		X				NONE	NONE	NONE
(53) ANDRIA SCHNEIDERMAN	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(54) ANGELA R. OMINSKI	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(55) ANGELO DEROSA	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(56) ANKIT GUPTA	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(57) ANN DAMSGAARD	3.00									
SECRETARY	NONE	X		X				NONE	NONE	NONE
(58) ANN MARIE SACCARO	3.00									
TRUSTEE	3.00	X						NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(59) ANNE DERIENZO	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(60) ANTHONY C. TACCETTA, JR.	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(61) ANTHONY SCARDINO, JR.	6.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(62) ASAAD HANI SAMRA, M.D.	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(63) BARRY WESHNAK	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(64) BEHNAZ BAKER	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(65) BENEDICT J. TORCIVIA, JR.	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(66) BLANCA MANKIEWICZ	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(67) BRIAN MCLAUGHLIN	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(68) BRIAN N. NELSON, ESQ.	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(69) CAMILLE DORONIN	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(70) CAROL B. STILLWELL	6.00									
SECRETARY	NONE	X		X				NONE	NONE	NONE
(71) CAROL D. SCHAEFER	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(72) CARYL KOURGELIS	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(73) CHARLES H. SHOTMEYER	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(74) CHARLES V. SCHAEFER, III	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(75) CHRISTOPHER A. ROTIO	6.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(76) CHRISTOPHER FRITZ	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(77) CHRISTOPHER M. STRIANO	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(78) CHRISTOPHER MAHER	12.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(79) CHUCK GRINNEL	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(80) CLAUDIA R. MASTRAPASQUA	3.00									
TRUSTEE (TERMED 1/2021)	NONE	X						NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(81) COURTNEY FIORE	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(82) DANTE A. IMPLICITO, M.D.	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(83) DAVID BELOWICH	3.00									
TRUSTEE (TERMED 12/2021)	NONE	X						NONE	NONE	NONE
(84) DAVID EPSTEIN, ESQ.	15.00									
CHAIRPERSON/SECRETARY	NONE	X		X				NONE	NONE	NONE
(85) DAVID L. WYRSCH, JR.	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(86) DAVID LEE HERNANDEZ, JR.	6.00									
TRUSTEE (TERMED 11/2021)	NONE	X						NONE	NONE	NONE
(87) DAVID SANZARI	9.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(88) DAVID T. ROBERTSON, ESQ	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(89) DEBORAH R. MATHIS, CPA, CHBC	6.00									
CHAIRPERSON/SECRETARY	NONE	X		X				NONE	NONE	NONE
(90) DENISE MARRA DEPEKARY, ESQ	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(91) DENNIS ROBINSON	12.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(92) DOMENIC M. DIPIERO, III	6.00									
CO-CHAIRPERSON	3.00	X		X				NONE	NONE	NONE
(93) DOMINICK A. CAMA	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(94) DONALD N. DINALLO	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(95) DOUGLAS A. NORDSTROM	3.00									
CHAIRPERSON	NONE	X		X				NONE	NONE	NONE
(96) DOUGLAS SCHWARZ	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(97) EDWARD J. DIMON, ESQ.	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(98) EDWARD M. WALTERS, JR.	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(99) EDWARD PICCINICH	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(100) ELYSSA SCHECTER	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(101) ERIC M. KIRSCH, CFA	3.00									
TREASURER	NONE	X		X				NONE	NONE	NONE
(102) EVARISTO F. STANZIALE	6.00									
TRUSTEE/VICE CHAIRPERSON	NONE	X		X				NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(103) FRANK C. HOLTHAM, JR.	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(104) FRANK DITULLIO, III	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(105) FRANK J. VUONO	9.00									
TRUSTEE/SCRETARY	NONE	X		X				NONE	NONE	NONE
(106) FRANK L. FEKETE, CPA	27.00									
TRUSTEE/CHAIRPERSON	3.00	X		X				NONE	NONE	NONE
(107) FRED VOCCOLA	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(108) G. THOMAS CROONQUIST, JR.	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(109) GAIL B. GORDON, ESQ.	6.00									
TRUSTEE	3.00	X						NONE	NONE	NONE
(110) GARRY A. NEIL, MD	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(111) GARY PIERINGER	3.00									
TREASURER	NONE	X		X				NONE	NONE	NONE
(112) GARY TOLCHIN	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(113) GAURAV BAVEJA	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(114) GEORGE T. CROONQUIST	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(115) GLORIA MARTINI	18.00									
TRUSTEE/SECRETARY/TREAS	NONE	X		X				NONE	NONE	NONE
(116) GORDON PINGICER	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(117) GREGORIO GUILLEN, M.D.	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(118) HARLAN F. WEISMAN, MD	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(119) HARRIET L. DONNELLY	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(120) HEATHER CHOI	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(121) HEIDI B. MAGGS	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(122) HELEN LUCCIOLA	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(123) HILARY DIPIERO	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(124) HOLLY R. LONSDALE	3.00									
SECRETARY	NONE	X		X				NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(125) J. FLETCHER CREAMER, JR.	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(126) JACKIE HILLMAN	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(127) JAIME ROBERTSON-LAVALLE	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(128) JAMES J. GALEOTA	3.00									
TRUSTEE	3.00	X						NONE	NONE	NONE
(129) JAMES KIRKOS	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(130) JAMES M. BOLLERMAN	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(131) JAMES P. ANDERSEN	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(132) JAMES RENNA	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(133) JANE MUELLER	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(134) JANINE PURCARO	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(135) JASON CHENG	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(136) JASON SAVARESE	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(137) JAY M. JENEY	3.00									
VICE CHAIRPERSON	NONE	X		X				NONE	NONE	NONE
(138) JEANNINE ALI	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(139) JEREME J. KOKES	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(140) JEREMY GRUNIN	6.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(141) JEREMY S. DEFILIPPIS	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(142) JERROLD LANGER	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(143) JESSICA SMITH	3.00									
TREASURER	NONE	X		X				NONE	NONE	NONE
(144) JILL JOYCE	6.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(145) JOAN M. HART	3.00									
SECRETARY	NONE	X		X				NONE	NONE	NONE
(146) JOANNE GENTILESCO	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(147) JOANNE WEXLER	3.00									
TRUSTEE	3.00	X						NONE	NONE	NONE
(148) JOHN A. GIUNCO, ESQ.	9.00									
CHAIRPERSON	NONE	X		X				NONE	NONE	NONE
(149) JOHN A. SCHEPISI, ESQ.	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(150) JOHN APOVIAN, M.D.	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(151) JOHN C. MEDITZ	9.00									
TRUSTEE/CHAIRPERSON	3.00	X		X				NONE	NONE	NONE
(152) JOHN D. DELISO	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(153) JOHN F. KWASNIK, ESQ	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(154) JOHN F. REINHARDT	3.00									
SECRETARY	NONE	X		X				NONE	NONE	NONE
(155) JOHN G. MCDONOUGH, DMD	6.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(156) JOHN H. KLEIN	3.00									
TRUSTEE (RESIGNED 12/2021)	NONE	X						NONE	NONE	NONE
(157) JOHN IMPERATO	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(158) JOHN MAGGIACOMO, II	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(159) JOHN V. VISCEGLIA, JR.	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(160) JOHN WILCHA	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(161) JONATHAN B. SCHULTZ	3.00									
TREASURER	NONE	X		X				NONE	NONE	NONE
(162) JOSEPH A. RIZZI, ESQ.	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(163) JOSEPH BASRALIAN	3.00									
VICE CHAIRPERSON	NONE	X		X				NONE	NONE	NONE
(164) JOSEPH D. RULLI	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(165) JOSEPH P. BOGDAN, M.D.	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(166) JOSEPH P. LATTANZI, M.D.	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(167) JOSEPH P. RICCARDO	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(168) JOSEPH S. MIGNON	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(169) JOSEPH YEWAISIS	6.00									
CHAIRPERSON	NONE	X		X				NONE	NONE	NONE
(170) JUDITH BROPHY	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(171) JULIA RECAMAN	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(172) KAREN GOLDBLATT	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(173) KARL W. STROM, M.D.	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(174) KATHERINE YORK	12.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(175) KATIE BARNES	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(176) KEITH BANKS	6.00									
CO-CHAIRPERSON	3.00	X		X				NONE	NONE	NONE
(177) KENNETH D. NAHUM, DO	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(178) KEVIN J. COLLINS, ESQ.	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(179) KIMBERLY GUADAGNO	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶

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

Section B. Independent Contractors

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(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(180) KRISTEN BUNNELL	3.00									
TRUSTEE (TERMED 9/2021)	NONE	X						NONE	NONE	NONE
(181) LAURA BIANCHINI	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(182) LAWRENCE R. INSERRA, JR.	9.00									
CO-CHAIRPERSON/TREAS/CHAIRPERS	3.00	X		X				NONE	NONE	NONE
(183) LEON F. DEJULIUS	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(184) LEONARD J. SOMARRIBA, DPT	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(185) LEONARD LAURICELLA	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(186) LESLIE HITCHNER	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(187) LORI ANN DAVIDSON	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(188) LORRAINE MULLIGAN	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(189) LOUIS J. DUGHI, ESQ.	6.00									
TRUSTEE/VICE CHAIRPERSON	NONE	X		X				NONE	NONE	NONE
(190) LUKE KEALY, ESQ.	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶

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

Section B. Independent Contractors

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(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(191) MARGARET S. RIKER	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(192) MARIA MAHER	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(193) MARILYN TRAPANI	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(194) MARIO MARGHELLA	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(195) MARIS LOWN	12.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(196) MARTIN M. BARGER, ESQ.	3.00									
CHAIRPERSON	NONE	X		X				NONE	NONE	NONE
(197) MARTIN W. KAFAFIAN, ESQ.	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(198) MARVIN GOLDSTEIN, ESQ.	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(199) MARY BETH CUNNINGHAM	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(200) MARY PAT CHRISTIE	3.00									
TREASURER	NONE	X		X				NONE	NONE	NONE
(201) MATTHEW A. GOLSON	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(202) MATTHEW MATEY	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(203) MICHAEL A. KLEIMAN, DMD	9.00									
TRUSTEE	3.00	X						NONE	NONE	NONE
(204) MICHAEL GEARY	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(205) MICHAEL R. AARON, DO	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(206) MICHAEL S. MCGEARY	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(207) MICHAEL WALKER	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(208) MICHELLE JUNG, ESQ.	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(209) MOLLIE GIAMANCO	3.00									
TRUSTEE (TERMED 11/2021)	NONE	X						NONE	NONE	NONE
(210) NANCY MULHEREN	6.00									
VICE CHAIRPERSON	NONE	X		X				NONE	NONE	NONE
(211) NEGIN N GRIFFITH, M.D.	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(212) NICHOLAS MINICUCCI, JR.	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(213) NICK CANGIALOSI	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(214) O. OLIVER ANDERSEN	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(215) PATRICIA K. LOW	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(216) PETER C. GERHARD	3.00									
TRUSTEE	3.00	X						NONE	NONE	NONE
(217) PETER J. MENCEL, M.D.	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(218) PETER S. FALVO, JR., ESQ.	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(219) PETER T. ROSELLE	3.00									
SECRETARY	NONE	X		X				NONE	NONE	NONE
(220) PETER VISCEGLIA	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(221) PHIL SIMMS	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(222) PHILIP J. SCADUTO	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(223) PHILIP L. PERRICONE	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(224) PHYLLIS BUTTERMARK	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(225) PRAFUL RAJA	6.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(226) RAJIV PRASAD, MD	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(227) RICHARD BRANCA	3.00									
SECRETARY/TREASURER	NONE	X		X				NONE	NONE	NONE
(228) RICHARD HENNING	9.00									
VICE CHAIRPERSON	NONE	X		X				NONE	NONE	NONE
(229) RICHARD HUBSCHMAN, JR, ESQ	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(230) RICHARD J. SAKER	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(231) RICHARD KOLBER	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(232) RICHARD LOSHIAVO	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(233) ROBERT DIVINCENT	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(234) ROBERT G. HARMS	6.00									
CHAIRPERSON	NONE	X		X				NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(235) ROBERT J. GOELLNER	3.00									
SECRETARY	NONE	X		X				NONE	NONE	NONE
(236) ROBERT L. SWEENEY, DO	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(237) ROBERT O'HARA	6.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(238) ROBERT S. MORRIS	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(239) ROBERT STOHRER	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(240) ROBERT W. MULLEN, JR	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(241) ROBIN KLEIN	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(242) ROGER D. KORNBERG, PH.D.	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(243) ROSEMARIE J. SORCE	9.00									
CHAIRPERSON	NONE	X		X				NONE	NONE	NONE
(244) ROSEMARY A. CRANE	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(245) SAMUEL S. RAIA	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(246) SANDRA KEARY	6.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(247) SANDRA KISSLER	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(248) SCOTT TARRIFF	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(249) SEAN D. KAUFFMAN	3.00									
TREASURER	NONE	X		X				NONE	NONE	NONE
(250) SERENA DIMASO, ESQ.	6.00									
CHAIRPERSON	NONE	X		X				NONE	NONE	NONE
(251) SHANE SULLIVAN	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(252) SHAWN REYNOLDS	6.00									
VICE CHAIRPERSON	NONE	X		X				NONE	NONE	NONE
(253) SIRAN H. SAHAKIAN	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(254) SKYE J. GIBSON	6.00									
VICE CHAIRPERSON	NONE	X		X				NONE	NONE	NONE
(255) SOL J. BARER, PH.D.	3.00									
CHAIRPERSON	NONE	X		X				NONE	NONE	NONE
(256) STEPHAN C. LOWY	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(257) STEPHEN MARTINEZ	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(258) STEPHEN T BOSWELL, PHD, PE	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(259) STEVE ROTHMAN	3.00									
VICE CHAIRPERSON	NONE	X		X				NONE	NONE	NONE
(260) STEVEN M. SCOPELLITE	6.00									
CHAIRPERSON	NONE	X		X				NONE	NONE	NONE
(261) SUSAN HASSMILLER, PHD, RN	6.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(262) THOMAS B. BARHAM, SR	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(263) THOMAS C. YU, M.D.	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(264) THOMAS DEFELICE	6.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(265) THOMAS EASTWICK	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(266) THOMAS EVANS	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(267) THOMAS G. AMATO	6.00									
CO-CHAIRPERSON	NONE	X		X				NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(268) THOMAS GEISEL	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(269) THOMAS J. DOLAN	6.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(270) THOMAS J. KONONOWITZ	3.00									
TRUSTEE	3.00	X						NONE	NONE	NONE
(271) THOMAS LAKE, M.D.	3.00									
TREASURER	NONE	X		X				NONE	NONE	NONE
(272) THOMAS LANGBEIN	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(273) THOMAS M VENINO, JR.	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(274) THOMAS POLEN	6.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(275) ULISES E. DIAZ	15.00									
VICE CHAIRPERSON	NONE	X		X				NONE	NONE	NONE
(276) VICTOR LOLLI	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(277) VINCENT AMABILE	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(278) VINCENT CURATOLA	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶

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

Section B. Independent Contractors

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(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(279) VINCENT J. HAGER	3.00									
TREASURER	NONE	X		X				NONE	NONE	NONE
(280) WALTER R. EARLE II	6.00									
VICE CHAIRPERSON	NONE	X		X				NONE	NONE	NONE
(281) WALTER WYNKOOP, M.D.	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(282) WILLIAM C. HANSON	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(283) WILLIAM CRANE	3.00									
SECRETARY/TREASURER	NONE	X		X				NONE	NONE	NONE
(284) WILLIAM CUNNINGHAM	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(285) WILLIAM HICKEY	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(286) WILLIAM J. MONTGORIS	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(287) WILLIAM J. MURRAY	6.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(288) WILLIAM LAWLESS, PH.D.	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(289) WILLIAM MCLAUGHLIN	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(290) LAUREN WRIGHT	6.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(291) ROBERT SMITH	3.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ NONE

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	1,145,497.			
	d	Related organizations	1d	35,484,229.			
	e	Government grants (contributions)	1e	236,660,373.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	70,004,799.			
	g	Noncash contributions included in lines 1a-1f	1g	$			
	h	**Total.** Add lines 1a-1f ▶		343,294,898.			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	622110	5,751,272,016.	5,751,272,016.		
	b	LABORATORY REVENUE	621500	26,441,130.		26,441,130.	
	c	TUITION	611710	19,201,711.	19,201,711.		
	d	RESIDENTIAL CARE REVENUE	531190	8,798,186.	8,798,186.		
	e	NET PROGRAM RENTAL INCOME	531190	5,959,883.	5,959,883.		
	f	All other program service revenue	900099	2,545,377.	2,545,377.		
	g	**Total.** Add lines 2a-2f ▶		5,814,218,303.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		59,239,564.		1,121,671.	58,117,893.
	4	Income from investment of tax-exempt bond proceeds ▶		1,579.			1,579.
	5	Royalties ▶		NONE			
			(i) Real	(ii) Personal			
	6a	Gross rents 6a	11,056,734.				
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c	11,056,734.	NONE			
	d	Net rental income or (loss) ▶		11,056,734.			11,056,734.
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory 7a	2,774,662.	6,450,672.			
	b	Less: cost or other basis and sales expenses 7b	2,350,506.				
	c	Gain or (loss) 7c	424,156.	6,450,672.			
	d	Net gain or (loss) ▶		6,874,828.			6,874,828.
	8a	Gross income from fundraising events (not including $ 1,145,497. of contributions reported on line 1c). See Part IV, line 18 8a		1,309,999.			
	b	Less: direct expenses 8b		1,192,030.			
	c	Net income or (loss) from fundraising events ▶		117,969.			117,969.
	9a	Gross income from gaming activities. See Part IV, line 19 9a		333,248.			
	b	Less: direct expenses 9b		134,521.			
	c	Net income or (loss) from gaming activities ▶		198,727.			198,727.
	10a	Gross sales of inventory, less returns and allowances 10a		927,927.			
	b	Less: cost of goods sold 10b		3,309.			
	c	Net income or (loss) from sales of inventory ▶		924,618.			924,618.
Miscellaneous Revenue			Business Code				
	11a	MANAGEMENT FEE INCOME	900099	122,590,060.	110,554,118.	185,029.	11,850,913.
	b	PHARMACY REVENUE	900099	34,389,716.		795,022.	33,594,694.
	c	CAFETERIA	722210	7,343,502.			7,343,502.
	d	All other revenue	900099	6,669,706.		1,792,101.	4,877,605.
	e	**Total.** Add lines 11a-11d ▶		170,992,984.			
	12	**Total revenue.** See instructions ▶		6,406,920,204.	5,898,331,291.	30,334,953.	134,959,062.

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	258,855,327.	258,855,327.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	391,938.	391,938.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	42,890,609.	38,601,548.	4,289,061.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	11,610,766.	10,449,689.	1,161,077.	
7 Other salaries and wages	2,506,696,839.	2,171,167,322.	327,167,926.	8,361,591.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	120,935,687.	81,964,869.	38,652,602.	318,216.
9 Other employee benefits	293,196,456.	292,558,189.		638,267.
10 Payroll taxes	167,371,843.	24,468,234.	142,447,073.	456,536.
11 Fees for services (nonemployees):				
a Management	17,890,759.	5,104,268.	12,786,491.	
b Legal	24,540,205.	614,201.	23,923,804.	2,200.
c Accounting	125,165,101.	10,124,787.	115,026,394.	13,920.
d Lobbying	798,395.		798,395.	
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	169,724.		169,724.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	80,314,503.	29,870,811.	49,202,937.	1,240,755.
12 Advertising and promotion	42,687,019.	945,613.	40,822,098.	919,308.
13 Office expenses	55,500,716.	55,010,547.		490,169.
14 Information technology	16,857,054.	5,894,142.	10,950,974.	11,938.
15 Royalties	NONE			
16 Occupancy	108,534,913.	71,975,012.	35,802,687.	757,214.
17 Travel	3,947,852.	1,621,099.	2,249,057.	77,696.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	5,732,498.	3,262,069.	2,466,736.	3,693.
20 Interest	93,009,833.	79,384,085.	13,625,748.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	254,323,780.	211,898,380.	42,318,158.	107,242.
23 Insurance	68,914,225.	487,267.	68,426,958.	
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 MEDICAL SUPPLIES	712,490,604.	633,544,975.	78,943,242.	2,387.
b PHARMACEUTICAL SUPPLIES	532,286,649.	532,286,649.		
c PURCHASED SERVICES	350,580,315.	289,539,755.	59,805,088.	1,235,472.
d MAINTENANCE	191,565,766.	51,248,337.	140,317,429.	NONE
e All other expenses	77,529,502.	57,817,475.	18,195,039.	1,516,988.
25 **Total functional expenses.** Add lines 1 through 24e	6,164,788,878.	4,919,086,588.	1,229,548,698.	16,153,592.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	1,782,897.	1	468,545.
	2	Savings and temporary cash investments	88,784,890.	2	57,432,391.
	3	Pledges and grants receivable, net	38,635,888.	3	91,819,719.
	4	Accounts receivable, net	565,087,500.	4	701,187,237.
	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	NONE	5	NONE
	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)	2,613,325.	6	3,700,001.
	7	Notes and loans receivable, net	NONE	7	NONE
	8	Inventories for sale or use	183,081,184.	8	200,197,626.
	9	Prepaid expenses and deferred charges	51,901,370.	9	56,516,372.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 5868474955.			
	b	Less: accumulated depreciation — 10b: 2487623283.	3,221,295,156.	10c	3,380,851,672.
	11	Investments - publicly traded securities	749,441,912.	11	720,281,305.
	12	Investments - other securities. See Part IV, line 11	73,867,431.	12	70,086,987.
	13	Investments - program-related. See Part IV, line 11	451,517,039.	13	529,452,760.
	14	Intangible assets	20,734,222.	14	17,119,758.
	15	Other assets. See Part IV, line 11	2,258,937,227.	15	406,695,068.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	7,707,680,041.	16	6,235,809,441.
Liabilities	17	Accounts payable and accrued expenses	639,197,495.	17	799,948,131.
	18	Grants payable	NONE	18	NONE
	19	Deferred revenue	116,709,847.	19	155,264,795.
	20	Tax-exempt bond liabilities	4,592,947.	20	2,266,782.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	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	NONE	22	NONE
	23	Secured mortgages and notes payable to unrelated third parties	364,355,964.	23	357,541,217.
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	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	2,717,227,754.	25	730,616,436.
	26	**Total liabilities.** Add lines 17 through 25	3,842,084,007.	26	2,045,637,361.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ X and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	3,763,660,325.	27	4,041,772,444.
	28	Net assets with donor restrictions	101,935,709.	28	148,399,636.
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	3,865,596,034.	32	4,190,172,080.
	33	Total liabilities and net assets/fund balances	7,707,680,041.	33	6,235,809,441.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,406,920,204.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,164,788,878.
3	Revenue less expenses. Subtract line 2 from line 1	3	242,131,326.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,865,596,034.
5	Net unrealized gains (losses) on investments	5	5,967,442.
6	Donated services and use of facilities	6	195,000.
7	Investment expenses	7	
8	Prior period adjustments	8	15,886,528.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	60,395,750.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,190,172,080.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization	**Employer identification number**
HACKENSACK MERIDIAN HEALTH, INC.-SUBORDINATES	01-0649794

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 23

g Provide the following information about the supported organization(s).

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1-10 above (see instructions))	**(iv)** Is the organization listed in your governing document? Yes	**(iv)** No	**(v)** Amount of monetary support (see instructions)	**(vi)** Amount of other support (see instructions)
SEE SUPPLEMENTAL PAGE						
(A)						
(B)						
(C)						
(D)						
(E)						
Total					NONE	NONE

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	29,784,319.	35,738,775.	26,372,338.	28,857,675.	66,463,265.	187,216,372.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 **Total.** Add lines 1 through 3	29,784,319.	35,738,775.	26,372,338.	28,857,675.	66,463,265.	187,216,372.
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)						NONE
6 **Public support.** Subtract line 5 from line 4						187,216,372.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	29,784,319.	35,738,775.	26,372,338.	28,857,675.	66,463,265.	187,216,372.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,407,677.	7,851,015.	8,099,714.	9,475,198.	16,986,988.	45,820,592.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	223,126.	1,130,549.	85,082.	797,090.	1,055,622.	3,291,469.
11 **Total support.** Add lines 7 through 10						236,328,433.

12 Gross receipts from related activities, etc. (see instructions) . . . . . **12** 513,813.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . . **14** 79.22 %

15 Public support percentage from 2020 Schedule A, Part II, line 14 . . . . . **15** 81.50 %

16a **33 1/3 % support test - 2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☒

b **33 1/3 % support test - 2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	SEE SUPP PAGE 54,126.	120,269.	NONE	39,674,936.	15,420,347.	55,269,678.
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	296,920,451.	309,230,266.	294,499,080.	282,187,377.	273,373,751.	1,456,210,925.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						NONE
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
5 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
6 **Total.** Add lines 1 through 5	296,974,577.	309,350,535.	294,499,080.	321,862,313.	288,794,098.	1,511,480,603.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						NONE
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						NONE
c Add lines 7a and 7b						NONE
8 **Public support.** (Subtract line 7c from line 6.)						1,511,480,603.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	296,974,577.	309,350,535.	294,499,080.	321,862,313.	288,794,098.	1,511,480,603.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	18,905,547.	19,828,026.	21,170,947.	8,704,357.	4,018,129.	72,627,006.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	628,308.	585,503.	521,525.	8,208.	NONE	1,743,544.
c Add lines 10a and 10b	19,533,855.	20,413,529.	21,692,472.	8,712,565.	4,018,129.	74,370,550.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						NONE
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,104,215.	991,503.	99,730,481.	10,094,471.	11,332,019.	123,252,689.
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	317,612,647.	330,755,567.	415,922,033.	340,669,349.	304,144,246.	1,709,103,842.

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 2021 (line 8, column (f), divided by line 13, column (f))	15	88.44%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	88.92%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2021** (line 10c, column (f), divided by line 13, column (f))	17	4.35%
18 Investment income percentage from **2020** Schedule A, Part III, line 17	18	4.59%

19a **33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ X

b **33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

a [X] The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

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

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

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**	NONE	
2 Recoveries of prior-year distributions	**2**	NONE	
3 Other gross income (see instructions)	**3**	NONE	
4 Add lines 1 through 3.	**4**	NONE	
5 Depreciation and depletion	**5**	NONE	
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**	NONE	
7 Other expenses (see instructions)	**7**	NONE	
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**	NONE	

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**	NONE	
b Average monthly cash balances	**1b**	NONE	
c Fair market value of other non-exempt-use assets	**1c**	NONE	
d **Total** (add lines 1a, 1b, and 1c)	**1d**	NONE	
e **Discount** claimed for blockage or other factors (*explain in detail in* ***Part VI***): NONE			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**	NONE	
3 Subtract line 2 from line 1d.	**3**	NONE	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**	NONE	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**	NONE	
6 Multiply line 5 by 0.035.	**6**	NONE	
7 Recoveries of prior-year distributions	**7**	NONE	
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**	NONE	

Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**	NONE
2 Enter 0.85 of line 1.	**2**	NONE
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**	NONE
4 Enter greater of line 2 or line 3.	**4**	NONE
5 Income tax imposed in prior year	**5**	NONE
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**	NONE

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

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

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	NONE
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	NONE
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	NONE
4	Amounts paid to acquire exempt-use assets	4	NONE
5	Qualified set-aside amounts (prior IRS approval required - *provide details in* ***Part VI***)	5	NONE
6	Other distributions (*describe in* ***Part VI***). See instructions.	6	NONE
7	**Total annual distributions.** Add lines 1 through 6.	7	NONE
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	8	NONE
9	Distributable amount for 2021 from Section C, line 6	9	NONE
10	Line 8 amount divided by line 9 amount	10	NONE

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			NONE
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - *explain in* ***Part VI***). See instructions.		NONE	
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years		NONE	
h	Applied to 2021 distributable amount			NONE
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	NONE		
4	Distributions for 2021 from Section D, line 7: $ NONE			
a	Applied to underdistributions of prior years		NONE	
b	Applied to 2021 distributable amount			NONE
c	Remainder. Subtract lines 4a and 4b from line 4.	NONE		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI.*** See instructions.		NONE	
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI.*** See instructions.			NONE
7	**Excess distributions carryover to 2022.** Add lines 3j and 4c.	NONE		
8	Breakdown of line 7:			
a	Excess from 2017 . . . . NONE			
b	Excess from 2018 . . . . NONE			
c	Excess from 2019 . . . . NONE			
d	Excess from 2020 . . . . NONE			
e	Excess from 2021 . . . . NONE			

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

SCHEDULE A; PART I

THE PUBLIC CHARITY STATUS REFLECTED ON SCHEDULE A, PART I IS FOR THE ELEVEN FOUNDATIONS INCLUDED IN THIS GROUP FORM 990 AS THEY REPRESENT THE LARGEST NUMBER OF SUBORDINATES IN A SPECIFIC PUBLIC CHARITY STATUS. THESE ORGANIZATIONS DESCRIBED IN INTERNAL REVENUE CODE SECTION 170(B)(1)(A)(VI) AND INCLUDED IN THE GROUP EXEMPTION RULING ARE HACKENSACK MERIDIAN HEALTH FOUNDATION, INC., HACKENSACK UNIVERSITY MEDICAL CENTER FOUNDATION,INC., JERSEY SHORE UNIVERSITY MEDICAL CENTER FOUNDATION, INC., RIVERVIEW MEDICAL CENTER FOUNDATION, INC., OCEAN UNIVERSITY MEDICAL CENTER FOUNDATION,INC., SOUTHERN OCEAN MEDICAL CENTER FOUNDATION, INC., BAYSHORE MEDICAL CENTER FOUNDATION, INC., RARITAN BAY HEALTHCARE FOUNDATION,INC., PALISADES MEDICAL CENTER FOUNDATION, INC., JFK UNIVERSITY MEDICAL CENTER FOUNDATION,INC., AND MUHLENBERG FOUNDATION, INC. OUTLINED BELOW IS THE PUBLIC CHARITY STATUS FOR ALL OTHER SUBORDINATE ORGANIZATIONS INCLUDED IN THE GROUP EXEMPTION RULING AND THIS CONSOLIDATED GROUP FORM 990:

HMH HOSPITALS CORPORATION; SCHEDULE A, PART I, LINE 3, INTERNAL REVENUE CODE SECTION 170(B)(1)(A)(III) ORGANIZATION;

THE COMMUNITY HOSPITAL GROUP, INC.; SCHEDULE A, PART I, LINE 3, INTERNAL REVENUE CODE SECTION 170(B)(1)(A)(III) ORGANIZATION;

HEALTH INNOVATIONS UNLIMITED, INC.; SCHEDULE A, PART I, LINE 10, INTERNAL REVENUE CODE SECTION 509(A)(2) ORGANIZATION;

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.)

HACKENSACK MERIDIAN HEALTH REALTY CORPORATION; SCHEDULE A, PART I, LINE 12C, INTERNAL REVENUE CODE SECTION 509(A)(3) ORGANIZATION;

HMH RESIDENTIAL CARE, INC.; SCHEDULE A, PART I, LINE 10, INTERNAL REVENUE CODE SECTION 509(A)(2) ORGANIZATION;

HACKENSACK MERIDIAN AMBULATORY VENTURES, INC.; SCHEDULE A, PART I, LINE 10, INTERNAL REVENUE CODE SECTION 509(A)(2) ORGANIZATION;

BERGEN HEALTH MANAGEMENT SYSTEM, INC.; SCHEDULE A, PART I, LINE 2, INTERNAL REVENUE CODE SECTION 509(A)(1) ORGANIZATION;

MUHLENBERG REGIONAL MEDICAL CENTER, INC.; SCHEDULE A, PART I, LINE 10, INTERNAL REVENUE CODE SECTION 509(A)(2) ORGANIZATION;

HARTWYCK AT OAK TREE, INC.; SCHEDULE A, PART I, LINE 10, INTERNAL REVENUE CODE SECTION 509(A)(2) ORGANIZATION;

HARTWYCK AT JFK, INC.; SCHEDULE A, PART I, LINE 10, INTERNAL REVENUE CODE SECTION 509(A)(2) ORGANIZATION;

ROBERT WOOD JOHNSON, JR., LIFESTYLE INSTITUTE, INC.; SCHEDULE A, PART I, LINE 10, INTERNAL REVENUE CODE SECTION 509(A)(2) ORGANIZATION.

HMH CARRIER CLINIC, INC.; SCHEDULE A, PART I, LINE 10, INTERNAL REVENUE CODE SECTION 170(B)(1)(A)(III) ORGANIZATION.

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.)

CENTER FOR DISCOVERY AND INNOVATION, INC.; SCHEDULE A, PART I, LINE 10,

INTERNAL REVENUE CODE SECTION 170(B)(1)(A)(III) ORGANIZATION.

SCHEDULE A, PART II, SECTION A, LINE 1

UNUSUAL GRANTS EXCLUDED FROM SCHEDULE A, PART II, SECTION A, LINE 1

INCLUDE:

2017: $15,000,000; $5,000,000 AND $2,500,000

2018: $4,900,000; $1,000,000 AND $1,000,000

2019: $5,000,000 AND $3,006,000

2020: $7,182,040 AND $8,000,000

2021: $5,000,000

SCHEDULE A, PART II, LINE 10

OTHER INCOME INCLUDES GAMING NET INCOME AND SALE OF INVENTORY NET INCOME.

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

SCHEDULE A, PART III, LINE 12

OTHER INCOME INCLUDES MISCELLANEOUS INCOME, MANAGEMENT FEES, AND SALE OF INVENTORY NET INCOME.

SCHEDULE A, PART IV, SECTION A, QUESTION 1

HACKENSACK MERIDIAN HEALTH REALTY CORPORATION'S GOVERNING DOCUMENTS STATE THAT IT SUPPORTS HACKENSACK MERIDIAN HEALTH AND ITS AFFILIATES. THE AFFILIATES ARE THOSE ORGANIZATIONS LISTED IN SCHEDULE A, PART I, LINE 12G. THERE IS A HISTORIC AND CONTINUING RELATIONSHIP BETWEEN THESE ORGANIZATIONS IN WHICH HACKENSACK MERIDIAN HEALTH REALTY CORPORATION HOLDS THE TITLE OF THE PROPERTY ON BEHALF OF THESE AFFILIATES.

SCHEDULE A, PART IV, SECTION A, QUESTION 5A

EFFECTIVE 7/1/2021, THE COMMUNITY HOSPITAL GROUP, INC. (EIN: 22-6019101) MERGED INTO HMH HOSPITALS CORPORATION (EIN: 22-1487576). THE AUTHORITY TO MERGE TWO NEW JERSEY NONPROFIT CORPORATIONS IS SET FORTH IN THE NONPROFIT CORPORATIONS ACT, NJSA 15A - 1.1 ET SEQ. APPROVING SUCH A MERGER WAS INCLUDED IN THE MEMBER RESERVED POWERS UNDER THE GOVERNING DOCUMENTS FOR BOTH THE COMMUNITY HOSPITAL GROUP, INC AND HMH HOSPITALS CORPORATION.

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.)

HACKENSACK MERIDIAN HEALTH, INC., WHICH WAS THE SOLE MEMBER OF EACH OF THE COMMUNITY HOSPITAL GROUP, INC AND HMH HOSPITALS CORPORATION, APPROVED THE MERGER BY ACTION OF ITS BOARD, AS DID THE BOARDS OF BOTH THE COMMUNITY HOSPITAL GROUP, INC AND HMH HOSPITALS CORPORATION. THE REASONS FOR THE MERGER OF THE COMMUNITY HOSPITAL GROUP, INC INTO HMH HOSPITALS CORPORATION WERE SEVERAL, INCLUDING STANDARDIZATION, EFFICIENCIES AND CONSISTENCY IN HOSPITAL OPERATIONS, CONSISTENT GOVERNANCE OF ALL HMH HOSPITALS BY A SINGLE BOARD, STANDARDIZATION IN TERMS OF OPERATIONS AND DELIVERY OF QUALITY CARE TO OUR PATIENTS, EFFICIENCIES AND REDUCTION OF MULTIPLE BOARD MEETINGS, AND AN ALIGNMENT IN OPERATIONS AND GOVERNANCE AMONG ALL HOSPITALS IN THE NETWORK UNDER A SINGLE CORPORATE OPERATIONAL STRUCTURE AND BOARD. THE ACTION WAS ACCOMPLISHED BY THE FILING OF A CERTIFICATE OF MERGER AND PLAN OF MERGER WITH THE STATE OF NEW JERSEY - COPY ATTACHED.

SCHEDULE A, PART IV, SECTION D, QUESTION 3

THE SUPPORTED ORGANIZATIONS HAVE A SIGNIFICANT VOICE IN THIS ORGANIZATION'S INVESTMENT POLICIES AND IN DIRECTING THE USE OF THIS ORGANIZATION'S INCOME OR ASSETS SINCE THEY ARE ALL AFFILIATES WITHIN HACKENSACK MERIDIAN HEALTH, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. ALL ORGANIZATIONS, IN KEEPING WITH THE CHARITABLE MISSION OF HACKENSACK MERIDIAN HEALTH AND IN FURTHERING THE CONTINUUM OF CARE, WORK TOGETHER TO PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NONDISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR,

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.)

CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

SCHEDULE A, PART IV, SECTION E, QUESTION 2A

IN ACCORDANCE WITH ITS STATED MISSION AND CHARITABLE PURPOSES, HACKENSACK MERIDIAN HEALTH REALTY CORPORATION FURTHERS THE EXEMPT PURPOSES OF ITS SUPPORTED ORGANIZATIONS BY ACQUIRING, CONSTRUCTING, FINANCING, OPERATING AND OWNING OR LEASING PROPERTY FOR THEIR BENEFIT.

SCHEDULE A, PART IV, SECTION E, QUESTION 2B

THE ACTIVITIES OF HACKENSACK MERIDIAN HEALTH REALTY CORPORATION DESCRIBED ABOVE IN OUR RESPONSE TO PART IV, SECTION E, QUESTION 2A CONSTITUTE ACTIVITIES THAT, BUT FOR HACKENSACK MERIDIAN HEALTH REALTY CORPORATION'S INVOLVEMENT, THE SUPPORTED ORGANIZATIONS WOULD NORMALLY BE INVOLVED AS IT IS NECESSARY FOR THEM TO CONSTRUCT, FINANCE, OPERATE, OWN OR LEASE PROPERTY IN ORDER TO FURTHER THEIR EXEMPT PURPOSES AND PROVIDE THE BEST HEALTH CARE SERVICES TO THE COMMUNITY.

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

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO	(V) AMOUNT OF SUPPORT	(VI) AMOUNT OF OTHER SUPPORT
HMH HOSPITALS CORPORATION	22-1487576	3	X	NONE	NONE
HMH RESIDENTIAL CARE, INC.	22-2731440	10	X	NONE	NONE
JERSEY SHORE UNIVERSITY MEDICAL CENTER FOUNDATION, INC.	22-2342452	7	X	NONE	NONE
OCEAN UNIVERSITY MEDICAL CENTER FOUNDATION, INC.	22-2361311	7	X	NONE	NONE
RIVERVIEW MEDICAL CENTER FOUNDATION, INC.	22-2333524	7	X	NONE	NONE
HACKENSACK MERIDIAN HEALTH FOUNDATION, INC.	30-0107825	7	X	NONE	NONE
SOUTHERN OCEAN MEDICAL CENTER FOUNDATION, INC.	22-2666099	7	X	NONE	NONE
BAYSHORE MEDICAL CENTER FOUNDATION, INC.	22-2367109	7	X	NONE	NONE
HEALTH INNOVATIONS UNLIMITED, INC.	22-2581430	10	X	NONE	NONE
HACKENSACK MERIDIAN AMBULATORY VENTURES, INC.	46-1227706	10	X	NONE	NONE
BERGEN HEALTH MANAGEMENT SYSTEM, INC.	22-2989731	2	X	NONE	NONE
HACKENSACK UNIVERSITY MEDICAL CENTER FOUNDATION, INC.	22-2339534	7	X	NONE	NONE
RARITAN BAY HEALTHCARE FOUNDATION, INC.	22-2656665	7	X	NONE	NONE
PALISADES MEDICAL CENTER FOUNDATION, INC.	22-3693169	7	X	NONE	NONE
THE COMMUNITY HOSPITAL GROUP, INC.	22-6019101	3	X	NONE	NONE
JOHN F. KENNEDY UNIVERSITY MEDICAL CENTER FOUNDATION, INC.	22-2315044	7	X	NONE	NONE
MUHLENBERG REGIONAL MEDICAL CENTER FOUNDATION, INC.	51-0212678	7	X	NONE	NONE
HARTWYCK AT OAK TREE, INC.	22-2666023	10	X	NONE	NONE
ROBERT WOOD JOHNSON, JR., LIFESTYLE INSTITUTE, INC.	22-2421433	10	X	NONE	NONE
HMH CARRIER CLINIC, INC.	22-1714106	3	X	NONE	NONE
MUHLENBERG REGIONAL MEDICAL CENTER, INC.	22-1487258	10	X	NONE	NONE
CENTER FOR DISCOVERY AND INNOVATION, INC.	35-2662866	4	X	NONE	NONE
HARTWYCK AT JFK, INC.	20-4144804	10	X	NONE	NONE
TOTAL AMOUNT OF SUPPORT				NONE	NONE

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number
HACKENSACK MERIDIAN HEALTH, INC.-SUBORDINATES	01-0649794

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions . . . . . ▶ $

3 Volunteer hours for political campaign activities. See instructions . . . . . .

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No

4a Was a correction made? . . . . . ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		734,092.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		393,405.
j Total. Add lines 1c through 1i			1,127,497.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	**1**		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	**2**		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	**3**		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	**1**	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	**2a**	
b	Carryover from last year	**2b**	
c	Total	**2c**	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	**3**	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	**4**	
5	Taxable amount of lobbying and political expenditures. See instructions	**5**	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Part IV **Supplemental Information** *(continued)*

SCHEDULE C, PART II-B; LINES 1G AND 1I

DURING 2021, THE ORGANIZATION PAID OUTSIDE LOBBYING FIRMS A TOTAL OF $404,990 FOR LOBBYING ON A FEDERAL AND STATE LEVEL RELATED TO MEDICARE, MEDICAID AND OTHER HEALTHCARE LEGISLATIVE MATTERS.

THE ORGANIZATION HAS ALLOCATED TOWARD LOBBYING ACTIVITY A PERCENTAGE OF COMPENSATION PAID TO CERTAIN SENIOR MANAGEMENT PERSONNEL TO REPRESENT TIME SPENT ADDRESSING FEDERAL AND STATE HEALTHCARE MATTERS. THIS ALLOCATION AMOUNTED TO $329,102 IN 2021.

THE ORGANIZATION IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION, THE NEW JERSEY BUSINESS AND INDUSTRY ASSOCIATION, THE AMERICAN MEDICAL REHABILITATION PROVIDERS ASSOCIATION, THE GREATER NY HOSPITAL ASSOCIATION, AND FAIR SHARE HOSPITALS COLLABORATIVE, WHICH ALL ENGAGE IN LOBBYING EFFORTS ON BEHALF OF THEIR MEMBER HOSPITALS. A PORTION OF THE DUES PAID TO THESE ORGANIZATIONS HAS BEEN ALLOCATED TO LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE ORGANIZATION. THIS ALLOCATION AMOUNTED TO $393,405 IN 2021.

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

2021

Open to Public Inspection

Name of the organization

HACKENSACK MERIDIAN HEALTH, INC.-SUBORDINATES

Employer identification number

01-0649794

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

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

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

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

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

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	167,003,613.	158,968,801.	162,257,233.	157,006,999.	69,956,053.
b Contributions	23,550,349.	1,052,641.	1,533,685.	8,630,341.	3,090,021.
c Net investment earnings, gains, and losses	-15,396,190.	7,755,196.	2,488,608.	4,713,778.	4,391,459.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,113,135.	773,025.	7,310,724.	8,446,525.	143,341.
f Administrative expenses					
g End of year balance	173,044,637.	167,003,613.	158,968,802.	161,904,593.	77,294,192.

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

- a Board designated or quasi-endowment ▶ 15.8200 %
- b Permanent endowment ▶ 50.6000 %
- c Term endowment ▶ 33.5800 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations	3a(i)		X
(ii) Related organizations	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		137,083,325.		137,083,325.
b Buildings		2949112108.	1159451554.	1,789,660,554.
c Leasehold improvements		122,381,154.	40,316,690.	82,064,464.
d Equipment		2182807687.	1256758819.	926,048,868.
e Other		477,090,682.	31,096,220.	445,994,462.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				3,380,851,672.

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
SEE SUPPLEMENTAL PAGE		
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ▶	529,452,760.	

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) SECURITY DEPOSITS	1,201.
(2) ESTIMATED AMOUNTS DUE FROM	
(3) THIRD PARTY PAYORS AND	
(4) OTHER RECEIVABLES	79,824,850.
(5) DUE FROM RELATED PARTIES	194,079,897.
(6) OTHER ASSETS	132,789,120.
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	406,695,068.

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) SEE SUPPLEMENTAL PAGE	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	730,616,436.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	

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	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	

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.

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART V, QUESTION 4

MERIDIAN FOUNDATIONS

==========

ENDOWMENT FUNDS ARE TO BE USED CONSISTENT WITH INTENT AND IN FURTHERANCE OF THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES.

THE FOUNDATIONS OF HACKENSACK MERIDIAN HEALTH HAVE A PRACTICE OF APPROPRIATING FOR DISTRIBUTION EACH YEAR THE FIRST 5% OF THE CURRENT EARNINGS ON ENDOWMENT FUNDS. IN ESTABLISHING THIS PRACTICE, THE FOUNDATIONS CONSIDERED THE DURATION AND PRESERVATION OF THE FUNDS; THE PURPOSES OF BOTH THE FUND AND MERIDIAN; THE GENERAL ECONOMIC CONDITIONS INCLUDING THE EFFECTS OF INFLATION OR DEFLATION; THE INVESTMENT POLICY AND EXPECTED TOTAL INCOME RETURN AND APPRECIATION ON THE INVESTMENTS; AND OTHER RESOURCES OF MERIDIAN. ACCORDINGLY, OVER THE LONG TERM, THE FOUNDATIONS EXPECT THE CURRENT SPENDING PRACTICE TO ALLOW ITS ENDOWMENTS TO GROW AT AN ANTICIPATED RATE OF 3% ANNUALLY.

HACKENSACK UNIVERSITY MEDICAL CENTER FOUNDATION, INC.

==========

INVESTMENT RETURN OBJECTIVE AND RISK PARAMETERS

THE FOUNDATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO

Part XIII Supplemental Information *(continued)*

PROGRAMS SUPPORTED BY SUCH FUNDS WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS. UNDER THIS POLICY, THE ENDOWMENT ASSETS ARE INVESTED IN A DIVERSIFIED MANNER THAT IS INTENDED TO PRODUCE RESULTS THAT OVER THE LONG TERM WILL AVERAGE AN ESTIMATED 5% RETURN WHILE ASSUMING A MODERATE LEVEL OF INVESTMENT RISK. ACTUAL RETURNS IN ANY GIVEN YEAR MAY VARY FROM THIS AMOUNT.

STRATEGIES EMPLOYED FOR ACHIEVING OBJECTIVES

TO SATISFY ITS LONG-TERM RATE-OF-RETURN OBJECTIVES, THE FOUNDATION RELIES ON A TOTAL RETURN STRATEGY IN WHICH INVESTMENT RETURNS ARE ACHIEVED THROUGH BOTH CAPITAL APPRECIATION AND CURRENT YIELD.

SPENDING POLICY AND HOW THE INVESTMENT OBJECTIVES RELATE TO SPENDING POLICY

THE FOUNDATION HAS A POLICY OF APPROPRIATING FOR DISTRIBUTION OUT OF TEMPORARILY RESTRICTED NET ASSETS EACH YEAR BETWEEN 4% AND 4.5% OF THE ENDOWMENT FUNDS' TOTAL FAIR VALUE, INCLUDING ACCUMULATED TOTAL INVESTMENT RETURNS. IN ESTABLISHING THIS POLICY, THE FOUNDATION CONSIDERED THE LONG-TERM EXPECTED RETURN ON ITS ENDOWMENT ASSETS WHICH IS EXPECTED TO EXCEED THE ALLOWABLE SPENDING, AND THEREFORE OVER THE LONG TERM, THE FOUNDATION EXPECTS ITS ENDOWMENT FUNDS TO GROW. THIS IS CONSISTENT WITH THE FOUNDATION'S OBJECTIVE TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS HELD IN PERPETUITY OR FOR A SPECIFIED TERM, AS WELL AS

Part XIII Supplemental Information *(continued)*

TO PROVIDE ADDITIONAL REAL GROWTH THROUGH NEW GIFTS AND INVESTMENT RETURN.

RARITAN BAY HEALTHCARE FOUNDATION, INC.

==========

ENDOWMENT FUNDS ARE TO BE USED CONSISTENT WITH INTENT AND IN FURTHERANCE OF THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES.

JOHN F. KENNEDY MEDICAL CENTER FOUNDATION, INC. & MUHLENBERG FOUNDATION,INC.

==========

ENDOWMENT FUNDS ARE USED TO SUPPORT THE CHARITABLE ACTIVITIES AND PROGRAMS OF THE ORGANIZATION AND ITS AFFILIATES.

SCHEDULE D, PART X, QUESTION 2

THE ORGANIZATIONS ARE AFFILIATES WITHIN HACKENSACK MERIDIAN HEALTH, INC. AND AFFILIATES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK ("NETWORK"). THE NETWORK ISSUES AUDITED CONSOLIDATED FINANCIAL STATEMENTS PREPARED BY PRICEWATERHOUSE COOPERS, L.L.P., AN INDEPENDENT CPA FIRM, WHICH INCLUDE ALL RELATED ENTITIES; INCLUDING THE SUBORDINATE ORGANIZATIONS INCLUDED IN THE GROUP EXEMPTION RULING AND THIS CONSOLIDATED GROUP FORM 990. THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS ALSO CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS. THE FIN 48 (ASC 740) DISCLOSURE BELOW IS FROM THE NETWORK'S INCOME

Part XIII Supplemental Information *(continued)*

TAX FOOTNOTE INCLUDED IN THE SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES FOOTNOTE OF ITS AUDITED CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDING DECEMBER 31, 2021:

ALL OF THE NOT-FOR-PROFIT ENTITIES INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS ARE CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("CODE") AND ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. THESE ENTITIES, EXCEPT FOR THE PHYSICIAN PRACTICES, ARE ALSO EXEMPT FROM STATE INCOME TAXES. PER THE REQUIREMENT TO ASSESS FOR TAX UNCERTAINTY, MANAGEMENT HAS DETERMINED THAT IT DOES NOT HAVE ANY SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRED TO BE ACCRUED OR REPORTED.

Part XIII **Supplemental Information** *(continued)*

SCHEDULE D, PART VIII - INVESTMENTS - PROGRAM RELATED

DESCRIPTION	BOOK VALUE	COST OR FMV
CHARITABLE GIFT ANNUITY	3,775,024.	FMV
REMAINDER TRUST RECEIVABLE	9,445,297.	FMV
BENEFICIAL INTEREST IN PERPETUAL TRUST	7,418,475.	FMV
INTEREST IN NET ASSETS BALANCE OF FOUNDATIONS	267,806,963.	FMV
CHARITABLE REMAINDER TRUST	1,363,706.	FMV
SPLIT INTEREST AGREEMENTS	19,382,713.	FMV
INVESTMENT IN SUBSIDIARIES	45,572,364.	FMV
INVESTMENT IN JOINT VENTURES	174,647,540.	FMV
INVEST IN DEFERRED COMP PLAN	40,678.	FMV
TOTALS	529,452,760.	

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART X - OTHER LIABILITIES

DESCRIPTION	BOOK VALUE
THIRD PARTY PAYORS	375,467,557.
ACCRUED PENSION OBLIGATION	110,470,337.
DUE TO RELATED PARTIES	95,395,860.
OTHER CURRENT LIABILITIES	25,953,543.
ACCRUED INTEREST PAYABLE	6,949,324.
ACCRUED RETIREMENT BENEFITS	34,905,030.
ACCRUED PROFESSIONAL LIABILITY	81,380,631.
SWAP	94,154.
OTHER LONG-TERM LIABILITIES	NONE
TOTALS	730,616,436.

SCHEDULE E (Form 990)

Department of the Treasury
Internal Revenue Service

Schools

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

HACKENSACK MERIDIAN HEALTH, INC.-SUBORDINATES

Employer identification number

01-0649794

Part I

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy on its primarily publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	X	
	SEE SUPPLEMENTAL PAGE			
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		X
c	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		X
e	Educational policies?	5e		X
f	Use of facilities?	5f		X
g	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

SCHEDULE E; QUESTION 3

BERGEN HEALTH MANAGEMENT SYSTEM, INC. LISTED ITS NON-DISCRIMINATORY

POLICY IN ITS BROCHURE AND ALSO PLACED AN ADVERTISEMENT IN A NEWSPAPER.

SCHEDULE E; QUESTION 6A

THE ORGANIZATION RECEIVED A TUITION SUBSIDY FROM THE NJ CARES FOR KIDS

PROGRAM THORUGH THE OFFICE FOR CHILDREN IN HACKENSACK, NJ.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

HACKENSACK MERIDIAN HEALTH, INC.-SUBORDINATES

Employer identification number

01-0649794

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

	(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
(1)	CENTRAL AMERICA/CARIBBEAN	NONE	NONE	INVESTMENTS		47,440,595.
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal	NONE	NONE			47,440,595.
b	Total from continuation sheets to Part I					
c	**Totals** (add lines 3a and 3b)	NONE	NONE			47,440,595.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☒ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	☐ Yes	☒ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☒ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☒ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☒ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)*	☐ Yes	☒ No

SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

HACKENSACK MERIDIAN HEALTH, INC.-SUBORDINATES

Employer identification number

01-0649794

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
			Yes	**No**			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 JSUMCF GOLF (event type)	(b) Event #2 HUMCF GOLF (event type)	(c) Other events 16 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	482,450.	464,075.	1,508,971.	2,455,496.
	2 Less: Contributions	204,892.	196,291.	744,314.	1,145,497.
	3 Gross income (line 1 minus line 2)	277,558.	267,784.	764,657.	1,309,999.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	85,087.	323,103.	550,829.	959,019.
	7 Food and beverages			36,221.	36,221.
	8 Entertainment	39,840.		33,732.	73,572.
	9 Other direct expenses	10,443.	21,280.	91,495.	123,218.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				1,192,030.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				117,969.

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue			333,248.	333,248.
Direct Expenses	2 Cash prizes			110,937.	110,937.
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			23,584.	23,584.
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☒ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				134,521.
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				198,727.

9 Enter the state(s) in which the organization conducts gaming activities: NJ,

a Is the organization licensed to conduct gaming activities in each of these states? ☒ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☒ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	**13a**		%
b An outside facility	**13b**	100.0000	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ PAIGE COOPER

Address ▶ 343 THORNALL STREET EDISON, NJ 08837

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ PAIGE COOPER

Gaming manager compensation ▶ $ _____

Description of services provided ▶ SPECIAL EVENTS COORDINATOR

☐ Director/officer ☒ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE G, PART II, LINE 11

ALTHOUGH PART II, LINE 11 SHOWS NET INCOME, THE SPECIAL EVENTS TRULY EARNED NET INCOME OF $1,263,466 WHEN YOU FACTOR IN THE CONTRIBUTION PORTION REPORTED ON LINE 2.

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

HACKENSACK MERIDIAN HEALTH, INC.-SUBORDINATES

Employer identification number

01-0649794

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b	If "Yes," was it a written policy?	1b	X	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. ☐ Applied uniformly to all hospital facilities ☒ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☒ Other 200.0000 %	3a	X	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☒ Other 600.0000 %	3b	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"?	4	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	X	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		X
6a	Did the organization prepare a community benefit report during the tax year?	6a	X	
b	If "Yes," did the organization make it available to the public?	6b	X	
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			152,811,324.	16,793,111.	136,018,213.	2.41
b Medicaid (from Worksheet 3, column a)			798,904,925.	496,682,860.	302,222,065.	5.35
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total.** Financial Assistance and Means-Tested Government Programs			951,716,249.	513,475,971.	438,240,278.	7.76
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,078,524.	287,126.	2,791,397.	0.05
f Health professions education (from Worksheet 5)			114,066,830.	41,469,238.	72,597,592.	1.28
g Subsidized health services (from Worksheet 6)			1,857,087,919.	1,534,215,629.	322,872,290.	5.71
h Research (from Worksheet 7)			39,881,148.	35,597,616.	4,283,532.	0.08
i Cash and in-kind contributions for community benefit (from Worksheet 8)			282,175,174.		282,175,174.	4.99
j **Total.** Other Benefits			2,296,289,595.	1,611,569,609.	684,719,985.	12.11
k **Total.** Add lines 7d and 7j			3,248,005,844.	2,125,045,580.	1,122,960,263.	19.87

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

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

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount 2 280,815,914.			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit 3 35,107,088.			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	760,077,633.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	897,678,211.
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-137,600,578.
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other		

Section C. Collection Practices

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

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

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	COASTAL ENDOSCOPY	MEDICAL SERVICES	0.51000		0.49000
2	CENTER, LLC				
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities
(list in order of size, from largest to smallest - see instructions)
How many hospital facilities did the organization operate during the tax year? 15
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 JERSEY SHORE UNIVERSITY MEDICAL CTR 1945 ROUTE 33 NEPTUNE NJ 07753 JERSEYSHOREUNIVERSITYMEDICALCENTER.COM HMH HOSPITALS CORPORAT 22-1487576	11303 X	X	X	X		X	X			A
2 RIVERVIEW MEDICAL CENTER ONE RIVER PLAZA RED BANK NJ 07701 WWW.RIVERVIEWMEDICALCENTER.COM HMH HOSPITALS CORPORAT 22-1487576	11305 X	X				X	X			A
3 OCEAN UNIVERSITY MEDICAL CENTER 425 JACK MARTIN BLVD BRICK NJ 08724 WWW.OCEANMEDICALCENTER.COM HMH HOSPITALS CORPORAT 22-1487576	11505 X	X				X	X			A
4 SOUTHERN OCEAN MEDICAL CENTER 1140 RT. 72 WEST MANAHAWKIN NJ 08050 WWW.SOUTHERNOCEANMEDICALCENTER.COM HMH HOSPITALS CORPORAT 22-1487576	11504 X	X					X			A
5 BAYSHORE MEDICAL CENTER 727 NORTH BEERS STREET HOLMDEL NJ 07733 WWW.BAYSHOREHOSPITAL.ORG HMH HOSPITALS CORPORAT 22-1487576	11301 X	X					X			A
6 RARITAN BAY MEDICAL CENTER 530 NEW BRUNSWICK AVENUE PERTH AMBOY NJ 08861 WWW.RBMC.ORG HMH HOSPITALS CORPORAT 22-1487576	11203 X	X		X			X			B
7 OLD BRIDGE MEDICAL CENTER ONE HOSPITAL PLAZA OLD BRIDGE NJ 08857 WWW.RBMC.ORG HMH HOSPITALS CORPORAT 22-1487576	11206 X	X		X			X			B
8 PALISADES MEDICAL CENTER, INC. 7600 RIVER ROAD NORTH BERGEN NJ 07047 WWW.PALISADESMEDICAL.ORG HMH HOSPITALS CORPORAT 22-1487576	10905 X	X		X			X			C
9 HACKENSACK UNIVERSITY MEDICAL CENTER 30 PROSPECT AVENUE HACKENSACK NJ 07601 WWW.HACKENSACKUMC.ORG HMH HOSPITALS CORPORAT 22-1487576	10204 X	X	X	X		X	X			D
10 HACKENSACKUMC AT PASCACK VALLEY 250 OLD HOOK ROAD WESTWOOD NJ 07675 WWW.HACKENSACKUMCPV.COM	24745 X	X					X		JOINT VENTURE	E

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? _____
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 HACKENSACKUMC MOUNTAINSIDE ONE BAY AVENUE MONTCLAIR NJ 07042 WWW.MOUNTAINSIDEHOSP.COM	10708 X	 X					 X		JOINT VENTURE	F
2 JFK UNIVERSITY MEDICAL CENTER 65 JAMES STREET EDISON NJ 08820 WWW.JFKMC.ORG HMH HOSPITALS CORPORAT 22-1487576	11201 X	 X		 X		 X	 X			G
3 JFK JOHNSON REHABILITATION INSTITUTE 65 JAMES STREET EDISON NJ 08820 WWW.JFKMC.ORG HMH HOSPITALS CORPORAT 22-1487576	22293 X	 X		 X		 X			REHAB CENTER	H
4 HMH CARRIER CLINIC, INC. 252 ROUTE 601 BELLE MEAD NJ 08502 WWW.CARRIERCLINIC.ORG 	51806 X								PSYCHIATRIC HOSPITAL	I
5 SHORE REHABILITATION INSTITUTE, INC. 425 JACK MARTIN BLVD BRICK NJ 08724 WWW.HACKENSACKMERIDIANHEALTH.ORG HMH HOSPITALS CORPORAT 22-1487576	22219 X								REHAB CENTER	J
6										
7										
8										
9										
10										

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 A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1-5

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The significant health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	[ ] Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 2019			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X	
7	Did the hospital facility make its CHNA report widely available to the public?	7	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	[X] Hospital facility's website (list url): SEE SECTION C			
b	[ ] Other website (list url):			
c	[X] Made a paper copy available for public inspection without charge at the hospital facility			
d	[ ] Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 2019			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a	If "Yes," (list url): SEE SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

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 B

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 6-7

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The significant health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	[ ] Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 2019			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X	
7	Did the hospital facility make its CHNA report widely available to the public?	7	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	[X] Hospital facility's website (list url): SEE SECTION C			
b	[ ] Other website (list url):			
c	[X] Made a paper copy available for public inspection without charge at the hospital facility			
d	[ ] Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 2019			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a	If "Yes," (list url): SEE SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

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 PALISADES MEDICAL CENTER, INC.

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 8

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The significant health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	[ ] Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 2019			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X	
7	Did the hospital facility make its CHNA report widely available to the public?	7	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	[X] Hospital facility's website (list url): SEE SECTION C			
b	[ ] Other website (list url):			
c	[X] Made a paper copy available for public inspection without charge at the hospital facility			
d	[ ] Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 2019			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a	If "Yes," (list url): SEE SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

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 HACKENSACK UNIVERSITY MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 9

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The significant health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	[ ] Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 2019			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X	
7	Did the hospital facility make its CHNA report widely available to the public?	7	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	[X] Hospital facility's website (list url): SEE SECTION C			
b	[ ] Other website (list url):			
c	[X] Made a paper copy available for public inspection without charge at the hospital facility			
d	[ ] Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 2019			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a	If "Yes," (list url): SEE SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

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 HACKENSACKUMC AT PASCACK VALLEY

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 10

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The significant health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	[ ] Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 2019			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X	
7	Did the hospital facility make its CHNA report widely available to the public?	7	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	[X] Hospital facility's website (list url): SEE SECTION C			
b	[ ] Other website (list url):			
c	[X] Made a paper copy available for public inspection without charge at the hospital facility			
d	[ ] Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 2019			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a	If "Yes," (list url): SEE SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

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 HACKENSACKUMC MOUNTAINSIDE

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 11

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The significant health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	[ ] Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 2019			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X	
7	Did the hospital facility make its CHNA report widely available to the public?	7	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	[X] Hospital facility's website (list url): SEE SECTION C			
b	[ ] Other website (list url):			
c	[X] Made a paper copy available for public inspection without charge at the hospital facility			
d	[ ] Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 2019			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a	If "Yes," (list url): SEE SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

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 JFK UNIVERSITY MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 12

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The significant health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	[ ] Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 2019			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X	
7	Did the hospital facility make its CHNA report widely available to the public?	7	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	[X] Hospital facility's website (list url): SEE SECTION C			
b	[ ] Other website (list url):			
c	[X] Made a paper copy available for public inspection without charge at the hospital facility			
d	[ ] Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 2019			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a	If "Yes," (list url): SEE SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

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 JFK JOHNSON REHABILITATION INSTITUTE

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 13

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The significant health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	[ ] Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 2019			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X	
7	Did the hospital facility make its CHNA report widely available to the public?	7	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	[X] Hospital facility's website (list url): SEE SECTION C			
b	[ ] Other website (list url):			
c	[X] Made a paper copy available for public inspection without charge at the hospital facility			
d	[ ] Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 2019			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a	If "Yes," (list url): SEE SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

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 HMH CARRIER CLINIC, INC.

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 14

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The significant health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	[ ] Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 2019			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X	
7	Did the hospital facility make its CHNA report widely available to the public?	7	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	[X] Hospital facility's website (list url): SEE SECTION C			
b	[ ] Other website (list url):			
c	[X] Made a paper copy available for public inspection without charge at the hospital facility			
d	[ ] Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 2019			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a	If "Yes," (list url): SEE SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

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 SHORE REHABILITATION INSTITUTE, INC.

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 15

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The significant health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	[ ] Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 2019			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X	
7	Did the hospital facility make its CHNA report widely available to the public?	7	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	[X] Hospital facility's website (list url): SEE SECTION C			
b	[ ] Other website (list url):			
c	[X] Made a paper copy available for public inspection without charge at the hospital facility			
d	[ ] Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 2019			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a	If "Yes," (list url): SEE SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group A

			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? If "Yes," indicate the eligibility criteria explained in the FAP:	**13**	X	
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.0000 % and FPG family income limit for eligibility for discounted care of 600.0000 %			
b	[ ] Income level other than FPG (describe in Section C)			
c	[X] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[X] Residency			
h	[ ] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	**14**	X	
15	Explained the method for applying for financial assistance?	**15**	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[X] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	**16**	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): SEE SECTION C			
b	[X] The FAP application form was widely available on a website (list url): SEE SECTION C			
c	[X] A plain language summary of the FAP was widely available on a website (list url): SEE SECTION C			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations			
j	[ ] Other (describe in Section C)			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group B

			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? If "Yes," indicate the eligibility criteria explained in the FAP:	**13**	X	
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.0000 % and FPG family income limit for eligibility for discounted care of 600.0000 %			
b	[ ] Income level other than FPG (describe in Section C)			
c	[X] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[X] Residency			
h	[ ] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	**14**	X	
15	Explained the method for applying for financial assistance?	**15**	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[X] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	**16**	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): SEE SECTION C			
b	[X] The FAP application form was widely available on a website (list url): SEE SECTION C			
c	[X] A plain language summary of the FAP was widely available on a website (list url): SEE SECTION C			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations			
j	[ ] Other (describe in Section C)			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group PALISADES MEDICAL CENTER, INC.

			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? If "Yes," indicate the eligibility criteria explained in the FAP:	**13**	X	
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.0000 % and FPG family income limit for eligibility for discounted care of 600.0000 %			
b	[ ] Income level other than FPG (describe in Section C)			
c	[X] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[X] Residency			
h	[ ] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	**14**	X	
15	Explained the method for applying for financial assistance?	**15**	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[X] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	**16**	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): SEE SECTION C			
b	[X] The FAP application form was widely available on a website (list url): SEE SECTION C			
c	[X] A plain language summary of the FAP was widely available on a website (list url): SEE SECTION C			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations			
j	[ ] Other (describe in Section C)			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group HACKENSACK UNIVERSITY MEDICAL CENTER

			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? If "Yes," indicate the eligibility criteria explained in the FAP:	13	X	
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.0000 % and FPG family income limit for eligibility for discounted care of 600.0000 %			
b	[ ] Income level other than FPG (describe in Section C)			
c	[X] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[X] Residency			
h	[ ] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[X] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): SEE SECTION C			
b	[X] The FAP application form was widely available on a website (list url): SEE SECTION C			
c	[X] A plain language summary of the FAP was widely available on a website (list url): SEE SECTION C			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations			
j	[ ] Other (describe in Section C)			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group HACKENSACKUMC AT PASCACK VALLEY

			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? If "Yes," indicate the eligibility criteria explained in the FAP:	13	X	
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.0000 % and FPG family income limit for eligibility for discounted care of 300.0000 %			
b	[ ] Income level other than FPG (describe in Section C)			
c	[X] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[X] Residency			
h	[ ] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): SEE SECTION C			
b	[X] The FAP application form was widely available on a website (list url): SEE SECTION C			
c	[X] A plain language summary of the FAP was widely available on a website (list url): SEE SECTION C			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations			
j	[ ] Other (describe in Section C)			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group HACKENSACKUMC MOUNTAINSIDE

			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? If "Yes," indicate the eligibility criteria explained in the FAP:	13	X	
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.0000 % and FPG family income limit for eligibility for discounted care of 300.0000 %			
b	[ ] Income level other than FPG (describe in Section C)			
c	[X] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[X] Residency			
h	[ ] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): SEE SECTION C			
b	[X] The FAP application form was widely available on a website (list url): SEE SECTION C			
c	[X] A plain language summary of the FAP was widely available on a website (list url): SEE SECTION C			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations			
j	[ ] Other (describe in Section C)			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group JFK UNIVERSITY MEDICAL CENTER

			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? If "Yes," indicate the eligibility criteria explained in the FAP:	13	X	
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.0000 % and FPG family income limit for eligibility for discounted care of 600.0000 %			
b	[ ] Income level other than FPG (describe in Section C)			
c	[X] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[X] Residency			
h	[ ] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[X] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): SEE SECTION C			
b	[X] The FAP application form was widely available on a website (list url): SEE SECTION C			
c	[X] A plain language summary of the FAP was widely available on a website (list url): SEE SECTION C			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations			
j	[ ] Other (describe in Section C)			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group JFK JOHNSON REHABILITATION INSTITUTE

			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? If "Yes," indicate the eligibility criteria explained in the FAP:	13	X	
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.0000 % and FPG family income limit for eligibility for discounted care of 600.0000 %			
b	[ ] Income level other than FPG (describe in Section C)			
c	[X] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[X] Residency			
h	[ ] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[X] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): SEE SECTION C			
b	[X] The FAP application form was widely available on a website (list url): SEE SECTION C			
c	[X] A plain language summary of the FAP was widely available on a website (list url): SEE SECTION C			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations			
j	[ ] Other (describe in Section C)			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group HMH CARRIER CLINIC, INC.

			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? If "Yes," indicate the eligibility criteria explained in the FAP:	13	X	
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100.0000 % and FPG family income limit for eligibility for discounted care of 100.0000 %			
b	[ ] Income level other than FPG (describe in Section C)			
c	[X] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[X] Residency			
h	[ ] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): SEE SECTION C			
b	[X] The FAP application form was widely available on a website (list url): SEE SECTION C			
c	[X] A plain language summary of the FAP was widely available on a website (list url): SEE SECTION C			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations			
j	[ ] Other (describe in Section C)			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group SHORE REHABILITATION INSTITUTE, INC.

			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? If "Yes," indicate the eligibility criteria explained in the FAP:	13	X	
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.0000 % and FPG family income limit for eligibility for discounted care of 600.0000 %			
b	[ ] Income level other than FPG (describe in Section C)			
c	[X] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[X] Residency			
h	[ ] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[X] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): SEE SECTION C			
b	[X] The FAP application form was widely available on a website (list url): SEE SECTION C			
c	[X] A plain language summary of the FAP was widely available on a website (list url): SEE SECTION C			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations			
j	[ ] Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group A

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

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

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group B

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

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

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group PALISADES MEDICAL CENTER, INC.

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

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

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

Policy Relating to Emergency Medical Care

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

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

Billing and Collections

Name of hospital facility or letter of facility reporting group HACKENSACK UNIVERSITY MEDICAL CENTER

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

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

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group HACKENSACKUMC AT PASCACK VALLEY

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

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

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group HACKENSACKUMC MOUNTAINSIDE

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

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

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group JFK UNIVERSITY MEDICAL CENTER

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

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

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

Policy Relating to Emergency Medical Care

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

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

Billing and Collections

Name of hospital facility or letter of facility reporting group JFK JOHNSON REHABILITATION INSTITUTE

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

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

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

Policy Relating to Emergency Medical Care

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

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

Billing and Collections

Name of hospital facility or letter of facility reporting group HMH CARRIER CLINIC, INC.

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

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

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

Policy Relating to Emergency Medical Care

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

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

Billing and Collections

Name of hospital facility or letter of facility reporting group SHORE REHABILITATION INSTITUTE, INC.

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

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

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group A

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group B

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

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

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

Name of hospital facility or letter of facility reporting group PALISADES MEDICAL CENTER, INC.

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

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

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

Name of hospital facility or letter of facility reporting group HACKENSACK UNIVERSITY MEDICAL CENTER

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

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

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

Name of hospital facility or letter of facility reporting group HACKENSACKUMC AT PASCACK VALLEY

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

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

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

Name of hospital facility or letter of facility reporting group HACKENSACKUMC MOUNTAINSIDE

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

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

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

Name of hospital facility or letter of facility reporting group JFK UNIVERSITY MEDICAL CENTER

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

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

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

Name of hospital facility or letter of facility reporting group JFK JOHNSON REHABILITATION INSTITUTE

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

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

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

Name of hospital facility or letter of facility reporting group HMH CARRIER CLINIC, INC.

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

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

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

Name of hospital facility or letter of facility reporting group SHORE REHABILITATION INSTITUTE, INC.

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

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

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

PART V, SECTION B, LINE 5

BAYSHORE MEDICAL CENTER, JERSEY SHORE UNIVERSITY MEDICAL CENTER, OCEAN UNIVERSITY MEDICAL CENTER, RIVERVIEW MEDICAL CENTER, SOUTHERN OCEAN MEDICAL CENTER

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TO SOLICIT INPUT FROM KEY INFORMANTS, THOSE INDIVIDUALS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY, AN ONLINE KEY INFORMANT SURVEY WAS IMPLEMENTED AS PART OF THE CHNA PROCESS. A LIST OF RECOMMENDED PARTICIPANTS WAS PROVIDED BY HACKENSACK MERIDIAN HEALTH; THIS LIST INCLUDED NAMES AND CONTACT INFORMATION FOR PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, AND A VARIETY OF OTHER COMMUNITY LEADERS. POTENTIAL PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS OF THE COMMUNITY OVERALL. KEY INFORMANTS WERE CONTACTED BY EMAIL, INTRODUCING THE PURPOSE OF THE SURVEY AND PROVIDING A LINK TO TAKE THE SURVEY ONLINE; REMINDER EMAILS WERE SENT AS NEEDED TO INCREASE PARTICIPATION. THE SURVEY WAS AVAILABLE TO COMPLETE FOR ONE MONTH. IN ALL, 84 COMMUNITY STAKEHOLDERS TOOK PART IN THE ONLINE KEY INFORMANT SURVEY. A SAMPLE OF THOSE CONSULTED INCLUDED THE FOLLOWING:

- AMERICAN CANCER SOCIETY
- BAYSHORE MEDICAL CENTER COMMUNITY ADVISORY COMMITTEE
- CENTRAL JERSEY FAMILY HEALTH CONSORTIUM
- CIRCUS OWN/SUPER FOODTOWN
- COASTAL VOLUNTEERS IN MEDICINE
- COMMUNITY AFFAIRS & RESOURCE CENTER (CARC)
- DEPARTMENT OF MATERNAL AND CHILD HEALTH
- EDISON SENIOR CENTER
- EDISON TOWNSHIP HEALTH AND HUMAN SERVICES
- GEORGIAN COURT UNIVERSITY
- HORIZON BLUE CROSS BLUE SHIELD OF NJ
- JEWISH COMMUNITY CENTER MIDDLESEX COUNTY
- METUCHEN LIBRARY
- MIDDLESEX COUNTY OFFICE HEALTH SERVICES
- MONMOUTH COUNTY OFFICE OF MENTAL HEALTH
- NEIGHBORHOOD HEALTH SERVICES CORPORATION
- PLAINFIELD PUBLIC SCHOOLS
- PREFERRED BEHAVIORAL HEALTH GROUP
- RARITAN BAY AREA YMCA
- RIVERVIEW MEDICAL CENTER
- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL
- SAINT PETER'S UNIVERSITY HOSPITAL
- SOUTHERN REGIONAL SCHOOL DISTRICT
- UNION COUNTY OFFICE OF HEALTH MANAGEMENT
- UNITED WAY OF NORTHERN NJ
- VNA HEALTH GROUP - CHILDREN & FAMILY HEALTH INSTITUTE

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.

- WELLSPRING CENTER FOR PREVENTION
- WOODBRIDGE DEPARTMENT HEALTH HUMAN SERVICES

THROUGH THIS PROCESS, INPUT WAS GATHERED FROM SEVERAL INDIVIDUALS WHOSE ORGANIZATIONS WORK WITH LOW-INCOME, MINORITY, OR OTHER MEDICALLY UNDERSERVED POPULATIONS.

IN THE ONLINE SURVEY, KEY INFORMANTS WERE ASKED TO RATE THE DEGREE TO WHICH VARIOUS HEALTH ISSUES ARE A PROBLEM IN THEIR OWN COMMUNITY. FOLLOW-UP QUESTIONS ASKED THEM TO DESCRIBE WHY THEY IDENTIFY PROBLEM AREAS AS SUCH AND HOW THESE MIGHT BETTER BE ADDRESSED. RESULTS OF THEIR RATINGS, AS WELL AS THEIR VERBATIM COMMENTS, ARE INCLUDED THROUGHOUT THIS REPORT AS THEY RELATE TO THE VARIOUS OTHER DATA PRESENTED.

RARITAN BAY MEDICAL CENTER & OLD BRIDGE MEDICAL CENTER
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TO SOLICIT INPUT FROM KEY INFORMANTS, THOSE INDIVIDUALS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY, AN ONLINE KEY INFORMANT SURVEY ALSO WAS IMPLEMENTED AS PART OF THIS PROCESS. A LIST OF RECOMMENDED PARTICIPANTS WAS PROVIDED BY HACKENSACK MERIDIAN HEALTH; THIS LIST INCLUDED NAMES AND CONTACT INFORMATION FOR PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, AND A VARIETY OF OTHER COMMUNITY LEADERS. POTENTIAL PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS OF THE COMMUNITY OVERALL.

KEY INFORMANTS WERE CONTACTED BY EMAIL, INTRODUCING THE PURPOSE OF THE SURVEY AND PROVIDING A LINK TO TAKE THE SURVEY ONLINE; REMINDER EMAILS WERE SENT AS NEEDED TO INCREASE PARTICIPATION. LOCAL STAKEHOLDERS WERE ASKED TO PROVIDE INPUT ABOUT COMMUNITIES IN MIDDLESEX COUNTY; THE INPUT ALSO INCLUDED STAKEHOLDERS WHO WORK MORE REGIONALLY OR STATEWIDE. IN ALL, 78 COMMUNITY STAKEHOLDERS IN THE RARITAN BAY MEDICAL CENTER SERVICE AREA TOOK PART IN THE ONLINE KEY INFORMANT SURVEY. A SAMPLE OF THOSE RARITAN BAY MEDICAL CENTER CONSULTED INCLUDED THE FOLLOWING:

- AMERICAN CANCER SOCIETY
- BAYSHORE MEDICAL CENTER COMMUNITY ADVISORY COMMITTEE
- CENTRAL JERSEY FAMILY HEALTH CONSORTIUM
- CIRCUS OWN/SUPER FOODTOWN
- COASTAL VOLUNTEERS IN MEDICINE
- COMMUNITY AFFAIRS & RESOURCE CENTER (CARC)
- DEPARTMENT OF MATERNAL AND CHILD HEALTH
- EDISON SENIOR CENTER
- EDISON TOWNSHIP HEALTH AND HUMAN SERVICES
- GEORGIAN COURT UNIVERSITY
- HORIZON BLUE CROSS BLUE SHIELD OF NJ
- JEWISH COMMUNITY CENTER MIDDLESEX COUNTY
- METUCHEN LIBRARY

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.

- MIDDLESEX COUNTY OFFICE HEALTH SERVICES
- MONMOUTH COUNTY OFFICE OF MENTAL HEALTH
- NEIGHBORHOOD HEALTH SERVICES CORPORATION
- PLAINFIELD PUBLIC SCHOOLS
- PREFERRED BEHAVIORAL HEALTH GROUP
- RARITAN BAY AREA YMCA
- RIVERVIEW MEDICAL CENTER
- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL
- SAINT PETER'S UNIVERSITY HOSPITAL
- SOUTHERN REGIONAL SCHOOL DISTRICT
- UNION COUNTY OFFICE OF HEALTH MANAGEMENT
- UNITED WAY OF NORTHERN NJ
- VNA HEALTH GROUP - CHILDREN & FAMILY HEALTH INSTITUTE
- WELLSPRING CENTER FOR PREVENTION
- WOODBRIDGE DEPARTMENT HEALTH HUMAN SERVICES

THROUGH THIS PROCESS, INPUT WAS GATHERED FROM SEVERAL INDIVIDUALS WHOSE ORGANIZATIONS WORK WITH LOW-INCOME, MINORITY, OR OTHER MEDICALLY UNDERSERVED POPULATIONS.

IN THE ONLINE SURVEY, KEY INFORMANTS WERE ASKED TO RATE THE DEGREE TO WHICH VARIOUS HEALTH ISSUES ARE A PROBLEM IN THEIR OWN COMMUNITY. FOLLOW-UP QUESTIONS ASKED THEM TO DESCRIBE WHY THEY IDENTIFY PROBLEM AREAS AS SUCH AND HOW THESE MIGHT BETTER BE ADDRESSED. RESULTS OF THEIR RATINGS, AS WELL AS THEIR VERBATIM COMMENTS, ARE INCLUDED THROUGHOUT THIS REPORT AS THEY RELATE TO THE VARIOUS OTHER DATA PRESENTED.

PALISADES MEDICAL CENTER
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TO SOLICIT INPUT FROM KEY INFORMANTS, THOSE INDIVIDUALS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY, AN ONLINE KEY INFORMANT SURVEY ALSO WAS IMPLEMENTED AS PART OF THIS PROCESS. A LIST OF RECOMMENDED PARTICIPANTS WAS PROVIDED BY HACKENSACK MERIDIAN HEALTH; THIS LIST INCLUDED NAMES AND CONTACT INFORMATION FOR PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, AND A VARIETY OF OTHER COMMUNITY LEADERS. POTENTIAL PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS OF THE COMMUNITY OVERALL.

KEY INFORMANTS WERE CONTACTED BY EMAIL, INTRODUCING THE PURPOSE OF THE SURVEY AND PROVIDING A LINK TO TAKE THE SURVEY ONLINE; REMINDER EMAILS WERE SENT AS NEEDED TO INCREASE PARTICIPATION. LOCAL STAKEHOLDERS WERE ASKED TO PROVIDE INPUT ABOUT COMMUNITIES IN MIDDLESEX COUNTY; THE INPUT ALSO INCLUDED STAKEHOLDERS WHO WORK MORE REGIONALLY OR STATEWIDE. IN ALL, 75 COMMUNITY STAKEHOLDERS IN THE PALISADES MEDICAL CENTER SERVICE AREA TOOK PART IN THE ONLINE KEY INFORMANT SURVEY. A SAMPLE OF THOSE PALISADES MEDICAL CENTER CONSULTED INCLUDED THE FOLLOWING:

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.

- AMERICAN CANCER SOCIETY
- CENTRAL JERSEY FAMILY HEALTH CONSORTIUM
- CENTRASTATE HEALTHCARE SYSTEM
- CIRCUS OWN/SUPER FOODTOWN
- COASTAL VOLUNTEERS IN MEDICINE
- COMMUNITY AFFAIRS & RESOURCE CENTER (CARC)
- COMMUNITY CHILD CARE SOLUTIONS (CCCS)
- DEPARTMENT OF MATERNAL AND CHILD HEALTH
- DR. HERBERT N. RICHARDSON SCHOOL
- EZ RIDE
- GEORGIAN COURT UNIVERSITY
- HABCORE
- HORIZON BLUE CROSS BLUE SHIELD OF NJ
- JEWISH RENAISSANCE FOUNDATION
- JOHNSON & JOHNSON - SAFE KIDS
- LUNCHBREAK
- MT CARMEL NURSING SERVICE
- NAHN-NJ CHAPTER SCHOOL NURSE PROGRAM RUTGERS
- NEIGHBORHOOD HEALTH SERVICES CORPORATION
- NEW JERSEY BLIND CITIZENS ASSOCIATION
- PREFERRED BEHAVIORAL HEALTH GROUP
- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL
- SAINT PETER'S UNIVERSITY HOSPITAL
- SUSAN G. KOMEN CENTRAL AND SOUTH JERSEY
- UNITED WAY OF NORTHERN NJ
- VNA HEALTH GROUP - CHILDREN & FAMILY HEALTH INSTITUTE
- WELLSPRING CENTER FOR PREVENTION

THROUGH THIS PROCESS, INPUT WAS GATHERED FROM SEVERAL INDIVIDUALS WHOSE ORGANIZATIONS WORK WITH LOW-INCOME, MINORITY, OR OTHER MEDICALLY UNDERSERVED POPULATIONS.

IN THE ONLINE SURVEY, KEY INFORMANTS WERE ASKED TO RATE THE DEGREE TO WHICH VARIOUS HEALTH ISSUES ARE A PROBLEM IN THEIR OWN COMMUNITY. FOLLOW-UP QUESTIONS ASKED THEM TO DESCRIBE WHY THEY IDENTIFY PROBLEM AREAS AS SUCH AND HOW THESE MIGHT BETTER BE ADDRESSED. RESULTS OF THEIR RATINGS, AS WELL AS THEIR VERBATIM COMMENTS, ARE INCLUDED THROUGHOUT THIS REPORT AS THEY RELATE TO THE VARIOUS OTHER DATA PRESENTED.

HACKENSACK UNIVERSITY MEDICAL CENTER & HACKENSACKUMC AT PASCACK VALLEY

THE ORGANIZATIONS CONDUCTED A CHNA THROUGH THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP OF BERGEN COUNTY ("CHIP"). A STEERING COMMITTEE MADE UP OF SENIOR REPRESENTATIVES FROM EACH HOSPITAL THAT PARTICIPATED IN THE CHNA AND THE BERGEN COUNTY DEPARTMENT OF HEALTH SERVICES ("BCDHS") GUIDED THIS PROJECT. AN ADVISORY COMMITTEE, WHICH INCLUDED ADDITIONAL STAFF FROM THE PARTICIPATING HOSPITALS AND BCDHS, AS WELL AS REPRESENTATIVES FROM LOCAL HEALTH DEPARTMENTS AND A NUMBER OF BERGEN

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.

COUNTY'S LEADING HEALTH AND SOCIAL SERVICE ORGANIZATIONS, PROVIDED ADDITIONAL INPUT. THE COMBINED EXPERTISE, KNOWLEDGE, AND COMMITMENT OF THE MEMBERS OF THESE COMMITTEES WERE VITAL TO THIS PROJECT.

KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH APPROXIMATELY 80 COMMUNITY STAKEHOLDERS FROM THROUGHOUT BERGEN COUNTY. THESE INTERVIEWS CONFIRMED AND/OR REFINED THE FINDINGS FROM QUANTITATIVE DATA SOURCES AND PROVIDED VALUABLE INSIGHT ON COMMUNITY NEED, COMMUNITY HEALTH PRIORITIES, SEGMENTS OF THE POPULATION MOST AT-RISK, AND COMMUNITY HEALTH ASSETS. INDIVIDUAL INTERVIEWS WERE CONDUCTED BY PHONE USING A STRUCTURED INTERVIEW GUIDE DEVELOPED BY JOHN SNOW, INC. (JSI), WHO WAS HIRED BY THE STEERING COMMITTEE TO ASSIST AND COMPLETE THE CHNA, AND THE STEERING COMMITTEE. AT THE OUTSET, JSI WORKED WITH THE STEERING COMMITTEE TO IDENTIFY A REPRESENTATIVE LIST OF KEY INFORMANTS THAT COULD PROVIDE A DEEP AND BROAD PERSPECTIVE ON THE HEALTH-RELATED NEEDS OF THE COUNTY. THIS LIST INCLUDED ADMINISTRATIVE AND CLINICAL REPRESENTATIVES FROM EACH OF THE HOSPITALS AND BCDHS, AS WELL AS REPRESENTATIVES FROM ACROSS MANY SECTORS, INCLUDING HEALTH, PUBLIC HEALTH, SOCIAL SERVICE, ACADEMIC, AND BUSINESS. DETAILED NOTES WERE TAKEN FOR EACH INTERVIEW. FOR A LIST OF INTERVIEWEES, THEIR ORGANIZATIONAL AFFILIATIONS, INTERVIEW DATES, AND THE INTERVIEW GUIDE, PLEASE SEE THE CHNA'S APPENDIX A. KEY THEMES AND FINDINGS FROM THESE INTERVIEWS ARE INCLUDED IN THE NARRATIVE SECTIONS OF THIS REPORT. A SAMPLE OF THOSE CONSULTED INCLUDED THE FOLLOWING:

- AMERICAN CANCER SOCIETY
- BERGEN COUNTY DEPARTMENT OF HEALTH SERVICES
- BERGEN COUNTY HOUSING AUTHORITY
- BERGEN FAMILY CENTER
- COMPREHENSIVE BEHAVIORAL HEALTH CARE
- CHILDREN'S AID AND FAMILY SERVICES
- CITY OF GARFIELD
- ENGLEWOOD HEALTH PHYSICIANS NETWORK
- FAMILY PROMISE OF RIDGEWOOD
- HACKENSACK SCHOOL DISTRICT
- GARDEN STATE EQUALITY
- JEWISH HOME FAMILY
- METROPOLITAN CHURCH
- MIDLAND PARK SENIOR CENTER AND AGE-FRIENDLY RIDGEWOOD
- NORTH HUDSON COMMUNITY ACTION CORPORATION
- SOCIAL SERVICE ASSOCIATION OF RIDGEWOOD AND VICINITY
- THE RUSSELL BERRIE FOUNDATION
- TOWNSHIP OF TEANECK
- VALLEY HEALTH SYSTEM
- VAN DYK HEALTH CARE
- WESTWOOD POLICE DEPARTMENT

THROUGH THIS PROCESS, INPUT WAS GATHERED FROM SEVERAL INDIVIDUALS WHOSE ORGANIZATIONS WORK WITH LOW-INCOME, MINORITY, OR OTHER MEDICALLY

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.

UNDERSERVED POPULATIONS.

IN INTERVIEWS, FOCUS GROUPS, AND ONLINE SURVEYS, KEY INFORMANTS WERE ASKED TO RATE THE DEGREE TO WHICH VARIOUS HEALTH ISSUES ARE A PROBLEM IN THEIR OWN COMMUNITY. FOLLOW-UP QUESTIONS ASKED THEM TO DESCRIBE WHY THEY IDENTIFY PROBLEM AREAS AS SUCH AND HOW THESE MIGHT BETTER BE ADDRESSED. RESULTS OF THEIR RATINGS, AS WELL AS THEIR VERBATIM COMMENTS, ARE INCLUDED THROUGHOUT THIS REPORT AS THEY RELATE TO THE VARIOUS OTHER DATA PRESENTED.

HACKENSACKUMC MOUNTAINSIDE
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TO SOLICIT INPUT FROM KEY INFORMANTS, THOSE INDIVIDUALS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY, AN ONLINE KEY INFORMANT SURVEY ALSO WAS IMPLEMENTED AS PART OF THIS PROCESS. A LIST OF RECOMMENDED PARTICIPANTS WAS PROVIDED BY HACKENSACK MERIDIAN HEALTH; THIS LIST INCLUDED NAMES AND CONTACT INFORMATION FOR PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, AND A VARIETY OF OTHER COMMUNITY LEADERS. POTENTIAL PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS OF THE COMMUNITY OVERALL.

KEY INFORMANTS WERE CONTACTED BY EMAIL, INTRODUCING THE PURPOSE OF THE SURVEY AND PROVIDING A LINK TO TAKE THE SURVEY ONLINE; REMINDER EMAILS WERE SENT AS NEEDED TO INCREASE PARTICIPATION. LOCAL STAKEHOLDERS WERE ASKED TO PROVIDE INPUT ABOUT COMMUNITIES IN MIDDLESEX COUNTY; THE INPUT ALSO INCLUDED STAKEHOLDERS WHO WORK MORE REGIONALLY OR STATEWIDE. IN ALL, 77 COMMUNITY STAKEHOLDERS IN THE HACKENSACKUMC MOUNTAINSIDE MEDICAL CENTER SERVICE AREA TOOK PART IN THE ONLINE KEY INFORMANT SURVEY. A SAMPLE OF THOSE MOUNTAINSIDE MEDICAL CENTER CONSULTED INCLUDED THE FOLLOWING:

- AMERICAN CANCER SOCIETY
- ARC OF ESSEX COUNTY
- CENTRAL JERSEY FAMILY HEALTH CONSORTIUM
- CENTRASTATE HEALTHCARE SYSTEM
- CIRCUS OWN/SUPER FOODTOWN
- COASTAL VOLUNTEERS IN MEDICINE
- COMMUNITY AFFAIRS & RESOURCE CENTER (CARC)
- COMMUNITY CHILD CARE SOLUTIONS (CCCS)
- DEPARTMENT OF MATERNAL AND CHILD HEALTH
- DR. HERBERT N. RICHARDSON SCHOOL
- EZ RIDE
- GEORGIAN COURT UNIVERSITY
- HABCORE
- HORIZON BLUE CROSS BLUE SHIELD OF NJ
- JEWISH RENAISSANCE FOUNDATION

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.

- JOHNSON & JOHNSON - SAFE KIDS
- LUNCHBREAK
- MT CARMEL NURSING SERVICE
- MONTCLAIR STATE UNIVERSITY
- MONTCLAIR YMCA
- NAHN-NJ CHAPTER SCHOOL NURSE PROGRAM RUTGERS
- NEIGHBORHOOD HEALTH SERVICES CORPORATION
- NEW JERSEY BLIND CITIZENS ASSOCIATION
- PREFERRED BEHAVIORAL HEALTH GROUP
- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL
- SAINT PETER'S UNIVERSITY HOSPITAL
- SUSAN G. KOMEN CENTRAL AND SOUTH JERSEY
- UNITED WAY OF NORTHERN NJ
- VNA HEALTH GROUP - CHILDREN & FAMILY HEALTH INSTITUTE
- WELLSPRING CENTER FOR PREVENTION

THROUGH THIS PROCESS, INPUT WAS GATHERED FROM SEVERAL INDIVIDUALS WHOSE ORGANIZATIONS WORK WITH LOW-INCOME, MINORITY, OR OTHER MEDICALLY UNDERSERVED POPULATIONS.

IN THE ONLINE SURVEY, KEY INFORMANTS WERE ASKED TO RATE THE DEGREE TO WHICH VARIOUS HEALTH ISSUES ARE A PROBLEM IN THEIR OWN COMMUNITY. FOLLOW-UP QUESTIONS ASKED THEM TO DESCRIBE WHY THEY IDENTIFY PROBLEM AREAS AS SUCH AND HOW THESE MIGHT BETTER BE ADDRESSED. RESULTS OF THEIR RATINGS, AS WELL AS THEIR VERBATIM COMMENTS, ARE INCLUDED THROUGHOUT THIS REPORT AS THEY RELATE TO THE VARIOUS OTHER DATA PRESENTED.

JFK UNIVERSITY MEDICAL CENTER & JFK JOHNSON REHABILITATION INSTITUTE

TO SOLICIT INPUT FROM KEY INFORMANTS, THOSE INDIVIDUALS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY, AN ONLINE KEY INFORMANT SURVEY ALSO WAS IMPLEMENTED AS PART OF THIS PROCESS. A LIST OF RECOMMENDED PARTICIPANTS WAS PROVIDED BY HACKENSACK MERIDIAN HEALTH; THIS LIST INCLUDED NAMES AND CONTACT INFORMATION FOR PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, AND A VARIETY OF OTHER COMMUNITY LEADERS. POTENTIAL PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS OF THE COMMUNITY OVERALL.

KEY INFORMANTS WERE CONTACTED BY EMAIL, INTRODUCING THE PURPOSE OF THE SURVEY AND PROVIDING A LINK TO TAKE THE SURVEY ONLINE; REMINDER EMAILS WERE SENT AS NEEDED TO INCREASE PARTICIPATION. LOCAL STAKEHOLDERS WERE ASKED TO PROVIDE INPUT ABOUT COMMUNITIES IN MIDDLESEX COUNTY; THE INPUT ALSO INCLUDED STAKEHOLDERS WHO WORK MORE REGIONALLY OR STATEWIDE. IN ALL, 78 COMMUNITY STAKEHOLDERS IN THE JFK UNIVERSITY MEDICAL CENTER SERVICE AREA TOOK PART IN THE ONLINE KEY INFORMANT SURVEY. A SAMPLE OF THOSE JFK UNIVERSITY MEDICAL CENTER AND JFK JOHNSON REHABILITATION INSTITUTE

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.

CONSULTED INCLUDED THE FOLLOWING:

- AMERICAN CANCER SOCIETY
- CENTRAL JERSEY FAMILY HEALTH CONSORTIUM
- CENTRASTATE HEALTHCARE SYSTEM
- CITY OF PERTH AMBOY
- COASTAL VOLUNTEERS IN MEDICINE
- COMMUNITY AFFAIRS & RESOURCE CENTER (CARC)
- COMMUNITY CHILD CARE SOLUTIONS (CCCS)
- DEPARTMENT OF MATERNAL AND CHILD HEALTH
- DR. HERBERT N. RICHARDSON SCHOOL
- EZ RIDE
- GEORGIAN COURT UNIVERSITY
- HABCORE
- HORIZON BLUE CROSS BLUE SHIELD OF NJ
- JEWISH RENAISSANCE FOUNDATION
- JOHNSON & JOHNSON - SAFE KIDS
- LUNCHBREAK
- METUCHEN SENIOR CENTER
- MIDDLESEX COUNTY OFFICE HEALTH SERVICES
- MILLTOWN
- NAHN-NJ CHAPTER SCHOOL NURSE PROGRAM RUTGERS
- NEIGHBORHOOD HEALTH SERVICES CORPORATION
- NEW JERSEY BLIND CITIZENS ASSOCIATION
- PREFERRED BEHAVIORAL HEALTH GROUP
- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL
- SAINT PETER'S UNIVERSITY HOSPITAL
- SUSAN G. KOMEN CENTRAL AND SOUTH JERSEY
- UNITED WAY OF NORTHERN NJ
- VNA HEALTH GROUP - CHILDREN & FAMILY HEALTH INSTITUTE
- WELLSPRING CENTER FOR PREVENTION

THROUGH THIS PROCESS, INPUT WAS GATHERED FROM SEVERAL INDIVIDUALS WHOSE ORGANIZATIONS WORK WITH LOW-INCOME, MINORITY, OR OTHER MEDICALLY UNDERSERVED POPULATIONS.

IN THE ONLINE SURVEY, KEY INFORMANTS WERE ASKED TO RATE THE DEGREE TO WHICH VARIOUS HEALTH ISSUES ARE A PROBLEM IN THEIR OWN COMMUNITY. FOLLOW-UP QUESTIONS ASKED THEM TO DESCRIBE WHY THEY IDENTIFY PROBLEM AREAS AS SUCH AND HOW THESE MIGHT BETTER BE ADDRESSED. RESULTS OF THEIR RATINGS, AS WELL AS THEIR VERBATIM COMMENTS, ARE INCLUDED THROUGHOUT THIS REPORT AS THEY RELATE TO THE VARIOUS OTHER DATA PRESENTED.

HMH CARRIER CLINIC
==========
TO SOLICIT INPUT FROM KEY INFORMANTS, THOSE INDIVIDUALS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY, AN ONLINE KEY INFORMANT SURVEY ALSO WAS IMPLEMENTED AS PART OF THIS PROCESS. A LIST OF RECOMMENDED

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.

PARTICIPANTS WAS PROVIDED BY HACKENSACK MERIDIAN HEALTH; THIS LIST INCLUDED NAMES AND CONTACT INFORMATION FOR PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, AND A VARIETY OF OTHER COMMUNITY LEADERS. POTENTIAL PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS OF THE COMMUNITY OVERALL.

KEY INFORMANTS WERE CONTACTED BY EMAIL, INTRODUCING THE PURPOSE OF THE SURVEY AND PROVIDING A LINK TO TAKE THE SURVEY ONLINE; REMINDER EMAILS WERE SENT AS NEEDED TO INCREASE PARTICIPATION. LOCAL STAKEHOLDERS WERE ASKED TO PROVIDE INPUT ABOUT COMMUNITIES IN SOMERSET, MIDDLESEX, MERCER, MONMOUTH, AND OCEAN COUNTIES; THE INPUT ALSO INCLUDED STAKEHOLDERS WHO WORK MORE REGIONALLY OR STATEWIDE. IN ALL, 177 COMMUNITY STAKEHOLDERS IN THE CARRIER CLINIC SERVICE AREA TOOK PART IN THE ONLINE KEY INFORMANT SURVEY. BELOW IS A SAMPLE OF THE PARTICIPANTS HMH CARRIER CLINIC CONSULTED:

- AMERICAN CANCER SOCIETY
- ATRIUM HEALTH AND SENIOR LIVING
- BAYSHORE MEDICAL CENTER CAC
- BRICK SENIOR CENTER
- BRICK TOWNSHIP
- BRICK TOWNSHIP POLICE DEPARTMENT
- CENTRAL JERSEY FAMILY HEALTH CONSORTIUM
- CENTRASTATE HEALTHCARE SYSTEM
- DEPARTMENT OF EDUCATION, NJ - SOMERSET COUNTY
- EDISON SENIOR CENTER
- EDISON TOWNSHIP HEALTH AND HUMAN SERVICES
- H & M POTTER ELEMENTARY SCHOOL
- HORIZON BLUE CROSS BLUE SHIELD OF NJ
- JERSEY SHORE UNIVERSITY MEDICAL CENTER
- JEWISH COMMUNITY CENTER - MIDDLESEX COUNTY
- JFK UNIVERSITY MEDICAL CENTER
- JOHNSON & JOHNSON - SAFE KIDS
- LBI HEALTH DEPARTMENT
- MONMOUTH COUNTY OFFICE OF MENTAL HEALTH
- MONMOUTH COUNTY REGIONAL HEALTH COMMISSION
- MONMOUTH COUNTY SCHOOL NURSES ASSOCIATION
- NEW JERSEY ASSOCIATION OF MENTAL HEALTH & ADDICTION AGENCIES (NJAMHAA)
- NEW JERSEY BLIND CITIZENS ASSOCIATION
- NEW JERSEY HOSPITAL ASSOCIATION (NJHA)
- OCEAN COUNTY HEALTH DEPARTMENT
- OCEAN COUNTY OFFICE OF SENIOR SERVICES
- OCEAN COUNTY YMCA
- RIVERVIEW MEDICAL CENTER
- ROOSEVELT CARE CENTER
- SEACREST VILLAGE
- SOMERSET COUNTY DEPARTMENT OF HUMAN SERVICES

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

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

- STAFFORD POLICE DEPARTMENT
- UNITED WAY UNION COUNTY
- VNA HEALTH GROUP - CHILDREN & FAMILY HEALTH INSTITUTE
- WELLSPRING CENTER FOR PREVENTION
- WINTRODE FAMILY FOUNDATION
- WOODBRIDGE DEPARTMENT HEALTH HUMAN SERVICES

THROUGH THIS PROCESS, INPUT WAS GATHERED FROM SEVERAL INDIVIDUALS WHOSE ORGANIZATIONS WORK WITH LOW-INCOME, MINORITY, OR OTHER MEDICALLY UNDERSERVED POPULATIONS.

IN THE ONLINE SURVEY, KEY INFORMANTS WERE ASKED TO RATE THE DEGREE TO WHICH VARIOUS HEALTH ISSUES ARE A PROBLEM IN THEIR OWN COMMUNITY. FOLLOW-UP QUESTIONS ASKED THEM TO DESCRIBE WHY THEY IDENTIFY PROBLEM AREAS AS SUCH AND HOW THESE MIGHT BETTER BE ADDRESSED. RESULTS OF THEIR RATINGS, AS WELL AS THEIR VERBATIM COMMENTS, ARE INCLUDED THROUGHOUT THIS REPORT AS THEY RELATE TO THE VARIOUS OTHER DATA PRESENTED.

SHORE REHABILITATION INSTITUTE
==========

TO SOLICIT INPUT FROM KEY INFORMANTS, THOSE INDIVIDUALS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY, AN ONLINE KEY INFORMANT SURVEY ALSO WAS IMPLEMENTED AS PART OF THIS PROCESS. A LIST OF RECOMMENDED PARTICIPANTS WAS PROVIDED BY HACKENSACK MERIDIAN HEALTH; THIS LIST INCLUDED NAMES AND CONTACT INFORMATION FOR PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, AND A VARIETY OF OTHER COMMUNITY LEADERS. POTENTIAL PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS OF THE COMMUNITY OVERALL.

KEY INFORMANTS WERE CONTACTED BY EMAIL, INTRODUCING THE PURPOSE OF THE SURVEY AND PROVIDING A LINK TO TAKE THE SURVEY ONLINE; REMINDER EMAILS WERE SENT AS NEEDED TO INCREASE PARTICIPATION. LOCAL STAKEHOLDERS WERE ASKED TO PROVIDE INPUT ABOUT COMMUNITIES IN OCEAN COUNTY; THE INPUT ALSO INCLUDED STAKEHOLDERS WHO WORK MORE REGIONALLY OR STATEWIDE. IN ALL, 79 COMMUNITY STAKEHOLDERS IN THE SHORE REHABILITATION INSTITUTE SERVICE AREA TOOK PART IN THE ONLINE KEY INFORMANT SURVEY. BELOW IS A SAMPLE OF THE PARTICIPANTS SHORE REHABILITATION INSTITUTE CONSULTED:

- AMERICAN CANCER SOCIETY
- BOROUGH OF POINT PLEASANT
- BRICK SENIOR CENTER
- CENTRAL JERSEY FAMILY HEALTH CONSORTIUM
- CIRCUS OWN/SUPER FOODTOWN
- COASTAL VOLUNTEERS IN MEDICINE
- COMMUNITY AFFAIRS & RESOURCE CENTER (CARC)
- DEPARTMENT OF MATERNAL AND CHILD HEALTH
- DR. HERBERT N. RICHARDSON SCHOOL

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.

- EZ RIDE
- GEORGIAN COURT UNIVERSITY
- HORIZON BLUE CROSS BLUE SHIELD OF NJ
- JEWISH RENAISSANCE FOUNDATION
- LBI HEALTH DEPARTMENT
- MONOC (MONMOUTH-OCEAN HOSPITAL SERVICE CORPORATION)
- MONMOUTH COUNTY OFFICE OF MENTAL HEALTH
- OCEAN COUNTY DEPARTMENT OF HUMAN SERVICES
- OCEAN COUNTY YMCA
- PLAINFIELD CONNECTIONS - MATERNAL AND CHILD HOME VISITATION PROGRAMS
- PREFERRED BEHAVIORAL HEALTH GROUP
- ROOSEVELT CARE CENTER
- RIVERVIEW MEDICAL CENTER
- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL
- SAINT PETER'S UNIVERSITY HOSPITAL
- STAFFORD POLICE DEPARTMENT
- TOWNSHIP OF BRICK
- UNITED WAY OF NORTHERN NJ
- VNA HEALTH GROUP - CHILDREN & FAMILY HEALTH INSTITUTE
- WELLSPRING CENTER FOR PREVENTION
- WOODBRIDGE DEPARTMENT HEALTH HUMAN SERVICES

THROUGH THIS PROCESS, INPUT WAS GATHERED FROM SEVERAL INDIVIDUALS WHOSE ORGANIZATIONS WORK WITH LOW-INCOME, MINORITY, OR OTHER MEDICALLY UNDERSERVED POPULATIONS.

IN THE ONLINE SURVEY, KEY INFORMANTS WERE ASKED TO RATE THE DEGREE TO WHICH VARIOUS HEALTH ISSUES ARE A PROBLEM IN THEIR OWN COMMUNITY. FOLLOW-UP QUESTIONS ASKED THEM TO DESCRIBE WHY THEY IDENTIFY PROBLEM AREAS AS SUCH AND HOW THESE MIGHT BETTER BE ADDRESSED. RESULTS OF THEIR RATINGS, AS WELL AS THEIR VERBATIM COMMENTS, ARE INCLUDED THROUGHOUT THIS REPORT AS THEY RELATE TO THE VARIOUS OTHER DATA PRESENTED.

PART V, SECTION B, LINE 6A

ALL HOSPITALS (EXCEPT HACKENSACK UNIVERSITY MEDICAL CENTER AND HACKENSACKUMC AT PASCACK VALLEY)

THE 2019 HACKENSACK MERIDIAN HEALTH HOSPITALS, WITH THE EXCEPTION OF HACKENSACK UNIVERSITY MEDICAL CENTER AND HACKENSACKUMC AT PASCACK VALLEY, CHNA WAS CONDUCTED WITH THE FOLLOWING HOSPITALS: BAYSHORE MEDICAL CENTER, SOUTHERN OCEAN MEDICAL CENTER, OCEAN UNIVERSITY MEDICAL CENTER AND SHORE REHABILITATION INSTITUTE, JERSEY SHORE UNIVERSITY MEDICAL CENTER AND K. HOVNANIAN CHILDREN'S HOSPITAL, RIVERVIEW MEDICAL CENTER, HMH CARRIER

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.

CLINIC, JFK UNIVERSITY MEDICAL CENTER AND JFK JOHNSON REHABILITATION INSTITUTE, HACKENSACKUMC MOUNTAINSIDE, PALISADES MEDICAL CENTER, RARITAN BAY MEDICAL CENTER.

HACKENSACK UNIVERSITY MEDICAL CENTER AND HACKENSACKUMC AT PASCACK VALLEY
==========
THE BERGEN COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND STRATEGIC PLANNING PROCESS WAS MADE POSSIBLE THROUGH THE GENEROUS SUPPORT OF BERGEN NEW BRIDGE MEDICAL CENTER, ENGLEWOOD HEALTH, HACKENSACK MERIDIAN HEALTH HACKENSACK UNIVERSITY MEDICAL CENTER, HACKENSACK MERIDIAN HEALTH PASCACK VALLEY MEDICAL CENTER, HOLY NAME MEDICAL CENTER, RAMAPO RIDGE PSYCHIATRIC HOSPITAL (A PART OF CHRISTIAN HEALTH CARE CENTER), AND THE VALLEY HOSPITAL. REPRESENTATIVES FROM THESE SEVEN HOSPITALS, ALONG WITH REPRESENTATIVES OF THE BERGEN COUNTY DEPARTMENT OF HEALTH SERVICES (BCDHS) AND THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP OF BERGEN COUNTY, WORKED COLLABORATIVELY FOR OVER A YEAR TO PLAN AND EXECUTE THIS ASSESSMENT.

PART V, SECTION B, LINE 6B

ALL HOSPITAL FACILITIES
==========
PLEASE SEE RESPONSE TO PART V, SECTION B, LINE 5 ABOVE FOR LISTING OF NON-HOSPITAL ORGANIZATIONS PARTICIPATING IN THE CHNA OF EACH OF THE HOSPITAL FACILITIES.

PART V, SECTION B, QUESTION 7A

BAYSHORE MEDICAL CENTER
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

HMH CARRIER CLINIC
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

HACKENSACK UNIVERSITY MEDICAL CENTER
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

JERSEY SHORE UNIVERSITY MEDICAL CENTER
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/ABOUT-US/COMMUNITY-HEALTH-NEED

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.

S-ASSESSMENT

JFK UNIVERSITY MEDICAL CENTER
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/ABOUT-US/COMMUNITY-HEALTH-NEED
S-ASSESSMENT

JFK JOHNSON REHABILITATION INSTITUTE
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/ABOUT-US/COMMUNITY-HEALTH-NEED
S-ASSESSMENT

MOUNTAINSIDE MEDICAL CENTER
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/ABOUT-US/COMMUNITY-HEALTH-NEED
S-ASSESSMENT

OCEAN UNIVERSITY MEDICAL CENTER
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/ABOUT-US/COMMUNITY-HEALTH-NEED
S-ASSESSMENT

PALISADES MEDICAL CENTER
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/ABOUT-US/COMMUNITY-HEALTH-NEED
S-ASSESSMENT

PASCACK VALLEY MEDICAL CENTER
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/ABOUT-US/COMMUNITY-HEALTH-NEED
S-ASSESSMENT

RARITAN BAY MEDICAL CENTER
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/ABOUT-US/COMMUNITY-HEALTH-NEED
S-ASSESSMENT

RIVERVIEW MEDICAL CENTER
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/ABOUT-US/COMMUNITY-HEALTH-NEED
S-ASSESSMENT

SHORE REHABILITATION INSTITUTE
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/ABOUT-US/COMMUNITY-HEALTH-NEED
S-ASSESSMENT

SOUTHERN OCEAN MEDICAL CENTER
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/ABOUT-US/COMMUNITY-HEALTH-NEED
S-ASSESSMENT

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.

PART V, SECTION B, QUESTION 10A

BAYSHORE MEDICAL CENTER
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/ABOUT-US/COMMUNITY-HEALTH-NEED
S-ASSESSMENT

HMH CARRIER CLINIC
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/ABOUT-US/COMMUNITY-HEALTH-NEED
S-ASSESSMENT

HACKENSACK UNIVERSITY MEDICAL CENTER
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/ABOUT-US/COMMUNITY-HEALTH-NEED
S-ASSESSMENT

JERSEY SHORE UNIVERSITY MEDICAL CENTER
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/ABOUT-US/COMMUNITY-HEALTH-NEED
S-ASSESSMENT

JFK UNIVERSITY MEDICAL CENTER
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/ABOUT-US/COMMUNITY-HEALTH-NEED
S-ASSESSMENT

JFK JOHNSON REHABILITATION INSTITUTE
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/ABOUT-US/COMMUNITY-HEALTH-NEED
S-ASSESSMENT

MOUNTAINSIDE MEDICAL CENTER
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/ABOUT-US/COMMUNITY-HEALTH-NEED
S-ASSESSMENT

OCEAN UNIVERSITY MEDICAL CENTER
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/ABOUT-US/COMMUNITY-HEALTH-NEED
S-ASSESSMENT

PALISADES MEDICAL CENTER
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/ABOUT-US/COMMUNITY-HEALTH-NEED
S-ASSESSMENT

PASCACK VALLEY MEDICAL CENTER
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/ABOUT-US/COMMUNITY-HEALTH-NEED
S-ASSESSMENT

RARITAN BAY MEDICAL CENTER
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/ABOUT-US/COMMUNITY-HEALTH-NEED
S-ASSESSMENT

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.

RIVERVIEW MEDICAL CENTER
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/ABOUT-US/COMMUNITY-HEALTH-NEED
S-ASSESSMENT

SHORE REHABILITATION INSTITUTE
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/ABOUT-US/COMMUNITY-HEALTH-NEED
S-ASSESSMENT

SOUTHERN OCEAN MEDICAL CENTER
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/ABOUT-US/COMMUNITY-HEALTH-NEED
S-ASSESSMENT

PART V, SECTION B, LINE 11

BAYSHORE MEDICAL CENTER, JERSEY SHORE UNIVERSITY MEDICAL CENTER, OCEAN UNIVERSITY MEDICAL CENTER, RIVERVIEW MEDICAL CENTER, SOUTHERN OCEAN MEDICAL CENTER

FOUR MAJOR SIGNIFICANT HEALTH NEEDS CATEGORIES, OF WHICH CONTAIN TWELVE TOTAL SIGNIFICANT HEALTH NEEDS SUB-CATEGORIES AS PRIORITIZED BY COMMUNITY FEEDBACK EXERCISES, WERE IDENTIFIED IN THE CHNA:

1. CHRONIC & COMPLEX CONDITIONS, INCLUDING:
. HEART DISEASE & STROKE
. DIABETES
. CANCER
. POTENTIALLY DISABLING CONDITIONS
. SEPTICEMIA
2. BEHAVIORAL HEALTH, INCLUDING:
. MENTAL HEALTH
. SUBSTANCE ABUSE
3. SOCIAL DETERMINANTS OF HEALTH, INCLUDING:
. ACCESS TO CARE
. POVERTY
. EMPLOYMENT
. LANGUAGE & CULTURE
4. WELLNESS & PREVENTION (RISK FACTORS), INCLUDING:
. NUTRITION, PHYSICAL ACTIVITY & WEIGHT

FOR EACH MAJOR SIGNIFICANT HEALTH NEEDS CATEGORY, STRATEGIES OF HOW THE HOSPITAL FACILITY IS ADDRESSING THE SIGNIFICANT NEEDS ARE AS FOLLOWS:

1. CHRONIC & COMPLEX CONDITIONS:

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.

IDENTIFICATION OF THOSE AT-RISK (OUTREACH, SCREENING, ASSESSMENT, REFERRAL):
-CONDUCT OR SUPPORT CHRONIC/COMPLEX CONDITIONS SCREENING PROGRAMS IN CLINICAL AND NON-CLINICAL SETTINGS THROUGH WELLNESS FAIRS OR STAND-ALONE SCREENING EVENTS
-WELLNESS SCREENINGS (BLOOD PRESSURE, PULSE, TOTAL CHOLESTEROL, TOTAL GLUCOSE, BMI, STROKE RISK ASSESSMENT); VASCULAR SCREENINGS (BLOOD PRESSURE, BMI, ABI, AAA MEASUREMENT, EKG, CAROTID ULTRASOUND); DIABETIC RETINOPATHY SCREENINGS; MEMORY SCREENINGS; CANCER SCREENINGS (SKIN, COLORECTAL, LUNG); VISUAL ACUITY SCREENINGS; BONE DENSITY SCREENINGS; HEARING SCREENINGS; BALANCE SCREENINGS

HEALTH EDUCATION AND PREVENTION:
-SUPPORT FREE LECTURES AND EDUCATIONAL SEMINARS, CONDUCTED BY HOSPITAL CLINICAL AND NON-CLINICAL STAFF, RELATED TO CHRONIC/COMPLEX CONDITIONS IN TARGETED COMMUNITY-BASED SETTINGS
-SUPPORT FAITH-BASED OUTREACH INITIATIVES THAT FOCUS ON ENGAGING DIVERSE COMMUNITIES THROUGH WELLNESS FAIRS AND EDUCATIONAL PROGRAMS
-PROVIDE EDUCATION ON SEPTICEMIA PREVENTION, IDENTIFICATION, AND TREATMENT IN PATIENT-CARE SETTINGS

BEHAVIOR MODIFICATION AND DISEASE MANAGEMENT:
-CONDUCT OR SUPPORT EVIDENCE-BASED BEHAVIOR CHANGE AND SELF-MANAGEMENT SUPPORT PROGRAMS
-TAKE CONTROL OF YOUR HEALTH - DIABETES SELF-MANAGEMENT, TOMANDO CONTROL DE SU SALUD, CANCER THRIVING AND SURVIVING
-A MATTER OF BALANCE

PATIENT NAVIGATION AND ACCESS TO CARE:
-SUPPORT CASE MANAGEMENT AND PATIENT NAVIGATION PROGRAMS TO SUPPORT THOSE WITH CHRONIC/COMPLEX CONDITIONS AND THEIR CAREGIVERS
-OFFER SUPPORT GROUPS FOR INDIVIDUALS WITH CHRONIC/COMPLEX CONDITIONS, THOSE AFFECTED BY THE LOSS OF A LOVED ONE, AND CAREGIVERS

CROSS-SECTOR COLLABORATION AND PARTNERSHIP:
-PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO PROMOTE COLLABORATION, SHARE KNOWLEDGE, AND COORDINATE COMMUNITY HEALTH IMPROVEMENT ACTIVITIES RELATED TO CHRONIC/COMPLEX CONDITIONS

2. BEHAVIORAL HEALTH:

IDENTIFICATION OF THOSE AT-RISK (OUTREACH, SCREENING, ASSESSMENT, REFERRAL):
- CONDUCT UNIVERSAL SCREENINGS FOR MENTAL HEALTH IN PATIENT-CARE SETTINGS
- CONDUCT UNIVERSAL MENTAL HEALTH AND SUBSTANCE USE SCREENINGS IN COMMUNITY-BASED SETTINGS

HEALTH EDUCATION AND PREVENTION:

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.

- SUPPORT STIGMA FREE COMMUNITIES TO RAISE AWARENESS AND REDUCE THE STIGMA ASSOCIATED WITH MENTAL HEALTH AND SUBSTANCE USE ISSUES
- ORGANIZE FREE LECTURES AND EDUCATIONAL SEMINARS, CONDUCTED BY HOSPITAL CLINICAL AND NON-CLINICAL STAFF, RELATED TO MENTAL HEALTH AND SUBSTANCE USE ISSUES IN TARGETED COMMUNITY-BASED SETTINGS

BEHAVIOR MODIFICATION AND DISEASE MANAGEMENT:
- SUPPORT PARTNERSHIPS WITH LOCAL HEALTH DEPARTMENTS, SUBSTANCE USE PROVIDERS, AND CLINICAL PROVIDERS TO CONTINUE PEER RECOVERY COACH PROGRAMS
- SUPPORT INTEGRATIVE WELLNESS PROGRAMS IN SCHOOL-BASED SETTINGS TO ADDRESS STRESS, DEPRESSION, ANXIETY, AND TO PROMOTE MENTAL WELLNESS
- SUPPORT EVIDENCE-BASED PREVENTION AND CESSATION PROGRAMS GEARED TOWARD REDUCING VAPING AND E-CIGARETTE USE

PATIENT NAVIGATION AND ACCESS TO CARE:
- SUPPORT MENTAL HEALTH AND SUBSTANCE USE SUPPORT GROUPS FOR THOSE WITH OR RECOVERING FROM MENTAL HEALTH OR SUBSTANCE USE AND THEIR FAMILY/FRIENDS/CAREGIVERS

CROSS-SECTOR COLLABORATION AND PARTNERSHIP:
- PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASKFORCES TO PROMOTE COLLABORATION, SHARE KNOWLEDGE, AND COORDINATE COMMUNITY HEALTH IMPROVEMENT ACTIVITIES
- SUPPORT DRUG TAKE BACK EFFORTS WITH LOCAL LAW ENFORCEMENT AND OTHER COMMUNITY-BASED PARTNERS

3. SOCIAL DETERMINANTS OF HEALTH:

BEHAVIOR MODIFICATION AND DISEASE MANAGEMENT:
- SUPPORT COMMUNITY PARTNERS THAT ADDRESS BARRIERS TO WELLNESS ASSOCIATED WITH THE SOCIAL DETERMINANTS OF HEALTH

PATIENT NAVIGATION AND ACCESS TO CARE:
- CONTINUE TO OFFER HEALTH INSURANCE ENROLLMENT COUNSELING AND ASSISTANCE
- SUPPORT INNOVATIVE SOLUTIONS TO ADDRESSING LEADING BARRIERS TO CARE: CONVENIENT CARE (URGENT CARE, REDICLINIC, TELEHEALTH)
- PROVIDE CULTURAL COMPETENCY TRAINING FOR HOSPITAL CLINICIANS AND STAFF

CROSS-SECTOR COLLABORATION AND PARTNERSHIP:
- PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASKFORCES TO PROMOTE COLLABORATION, SHARE KNOWLEDGE, AND COORDINATE COMMUNITY HEALTH IMPROVEMENT ACTIVITIES
- SUPPORT FOOD BANKS AND OTHER PROGRAMS THAT ADDRESS FOOD INSECURITY

4. WELLNESS & PREVENTION (RISK FACTORS):

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.

IDENTIFICATION OF THOSE AT-RISK (OUTREACH, SCREENING, ASSESSMENT, REFERRAL):
- PROMOTE SCREENING FOR BMI ALONG WITH COUNSELING FOR PHYSICAL ACTIVITY AND NUTRITION

HEALTH EDUCATION AND PREVENTION:
- CONTINUE TO OFFER AND SUPPORT PREVENTION, EDUCATION, AND WELLNESS PROGRAMS THAT EDUCATE INDIVIDUALS ON LIFESTYLE CHANGES AND MAKE REFERRALS TO APPROPRIATE COMMUNITY RESOURCES
- HEALTHY COOKING DEMONSTRATIONS; STOP THE BLEED; ARE YOU GETTING A GOOD NIGHT'S SLEEP?; PAWSITIVE ACTION TEAM; SAFESITTER

BEHAVIOR MODIFICATION AND DISEASE MANAGEMENT:
- SUPPORT ACTIVE LIVING PROGRAMS THAT PROVIDE OPPORTUNITIES FOR INDIVIDUALS TO BE ACTIVE: SAFE ROUTES TO SCHOOL; YMCA HEALTHY KIDS DAY; SENIOR FITNESS EVENTS; SOCIAL COMMUNITIES ACTIVITIES NETWORK (SCAN);
- SUPPORT PROGRAMS IN COMMUNITY-BASED SETTINGS THAT ENHANCE ACCESS TO NUTRITIOUS AND AFFORDABLE FOODS: LOCAL FARMER'S MARKETS; LOCAL COMMUNITY GARDENS
- IMPLEMENT OR CONDUCT COOKING DEMONSTRATIONS AND WORKSHOPS THAT EDUCATE PEOPLE ON HEALTHY EATING AND FOOD PREPARATION

CROSS-SECTOR COLLABORATION AND PARTNERSHIP:
- PARTICIPATE IN LOCAL AND REGIONAL COALITIONS AND TASK FORCES TO PROMOTE COLLABORATION, SHARE KNOWLEDGE, AND COORDINATE COMMUNITY HEALTH IMPROVEMENT ACTIVITIES RELATED TO WELLNESS AND PREVENTION

RARITAN BAY MEDICAL CENTER
==========
FOUR MAJOR SIGNIFICANT HEALTH NEEDS CATEGORIES, OF WHICH CONTAIN FIFTEEN TOTAL SIGNIFICANT HEALTH NEEDS SUB-CATEGORIES AS PRIORITIZED BY COMMUNITY FEEDBACK EXERCISES, WERE IDENTIFIED IN RARITAN BAY MEDICAL CENTER CHNA:

1. CHRONIC & COMPLEX CONDITIONS, INCLUDING:
. HEART DISEASE & STROKE
. DIABETES
. CANCER
. RESPIRATORY DISEASE
. POTENTIALLY DISABLING CONDITIONS
. SEPTICEMIA
2. BEHAVIORAL HEALTH, INCLUDING:
. MENTAL HEALTH
. SUBSTANCE ABUSE
3. SOCIAL DETERMINANTS OF HEALTH, INCLUDING:
. ACCESS TO CARE
. POVERTY

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.

. EMPLOYMENT
. LANGUAGE & CULTURE
. HEALTH LITERACY
4. WELLNESS & PREVENTION (RISK FACTORS), INCLUDING:
. NUTRITION, PHYSICAL ACTIVITY & WEIGHT
. ORAL HEALTH

FOR EACH MAJOR SIGNIFICANT HEALTH NEEDS CATEGORY, STRATEGIES OF HOW THE HOSPITAL FACILITY IS ADDRESSING THE SIGNIFICANT NEEDS ARE AS FOLLOWS:
1. CHRONIC & COMPLEX CONDITIONS:

IDENTIFICATION OF THOSE AT-RISK (OUTREACH, SCREENING, ASSESSMENT, REFERRAL):
-CONDUCT OR SUPPORT CHRONIC/COMPLEX CONDITIONS SCREENING PROGRAMS IN CLINICAL AND NON-CLINICAL SETTINGS THROUGH WELLNESS FAIRS OR STAND-ALONE SCREENING EVENTS
-WELLNESS SCREENINGS (BLOOD PRESSURE, PULSE, TOTAL CHOLESTEROL, TOTAL GLUCOSE, BMI, STROKE RISK ASSESSMENT); VASCULAR SCREENINGS (BLOOD PRESSURE, BMI, ABI, AAA MEASUREMENT, EKG, CAROTID ULTRASOUND); DIABETIC RETINOPATHY SCREENINGS; MEMORY SCREENINGS; CANCER SCREENINGS (SKIN, COLORECTAL, LUNG); VISUAL ACUITY SCREENINGS; BONE DENSITY SCREENINGS; HEARING SCREENINGS; BALANCE SCREENINGS

HEALTH EDUCATION AND PREVENTION:
-SUPPORT FREE LECTURES AND EDUCATIONAL SEMINARS, CONDUCTED BY HOSPITAL CLINICAL AND NON-CLINICAL STAFF, RELATED TO CHRONIC/COMPLEX CONDITIONS IN TARGETED COMMUNITY-BASED SETTINGS
-SUPPORT FAITH-BASED OUTREACH INITIATIVES THAT FOCUS ON ENGAGING DIVERSE COMMUNITIES THROUGH WELLNESS FAIRS AND EDUCATIONAL PROGRAMS
-PROVIDE EDUCATION ON SEPTICEMIA PREVENTION, IDENTIFICATION, AND TREATMENT IN PATIENT-CARE SETTINGS

BEHAVIOR MODIFICATION AND DISEASE MANAGEMENT:
-CONDUCT OR SUPPORT EVIDENCE-BASED BEHAVIOR CHANGE AND SELF-MANAGEMENT SUPPORT PROGRAMS
-TAKE CONTROL OF YOUR HEALTH - DIABETES SELF-MANAGEMENT, TOMANDO CONTROL DE SU SALUD, CANCER THRIVING AND SURVIVING

PATIENT NAVIGATION AND ACCESS TO CARE:
-SUPPORT CASE MANAGEMENT AND PATIENT NAVIGATION PROGRAMS TO SUPPORT THOSE WITH CHRONIC/COMPLEX CONDITIONS AND THEIR CAREGIVERS
-OFFER SUPPORT GROUPS FOR INDIVIDUALS WITH CHRONIC/COMPLEX CONDITIONS, THOSE AFFECTED BY THE LOSS OF A LOVED ONE, AND CAREGIVERS

CROSS-SECTOR COLLABORATION AND PARTNERSHIP:
-PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO PROMOTE COLLABORATION, SHARE KNOWLEDGE, AND COORDINATE COMMUNITY HEALTH IMPROVEMENT ACTIVITIES RELATED TO CHRONIC/COMPLEX CONDITIONS

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.

2. BEHAVIORAL HEALTH:

HEALTH EDUCATION AND PREVENTION:
- SUPPORT STIGMA FREE COMMUNITIES TO RAISE AWARENESS AND REDUCE THE STIGMA ASSOCIATED WITH MENTAL HEALTH AND SUBSTANCE USE ISSUES
- ORGANIZE FREE LECTURES AND EDUCATIONAL SEMINARS, CONDUCTED BY HOSPITAL CLINICAL AND NON-CLINICAL STAFF, RELATED TO MENTAL HEALTH AND SUBSTANCE USE ISSUES IN TARGETED COMMUNITY-BASED SETTINGS
- CONDUCT AND SUPPORT TOBACCO AND E-CIGARETTE/VAPING CONTROL AND PREVENTION EFFORTS

BEHAVIOR MODIFICATION AND DISEASE MANAGEMENT:
- IMPLEMENT AND SUPPORT EVIDENCE-BASED CESSATION PROGRAMS GEARED TOWARD REDUCING VAPING AND E-CIGARETTE USE

PATIENT NAVIGATION AND ACCESS TO CARE:
- SUPPORT PARTNERSHIPS WITH CLINICAL AND NON-CLINICAL PARTNERS TO ENHANCE ACCESS TO AROUND-THE-CLOCK TREATMENT FOR THOSE WITH SUBSTANCE USE DISORDERS

CARE COORDINATION AND SERVICE INTEGRATION:
- SUPPORT INTEGRATED BEHAVIORAL HEALTH SERVICES (MENTAL HEALTH AND SUBSTANCE USE) IN PRIMARY CARE AND OTHER SPECIALTY CARE SETTINGS FOR THOSE WITH OR AT-RISK OF MENTAL HEALTH ISSUES, INCLUDING SCREENING, ASSESSMENT, AND TREATMENT

CROSS-SECTOR COLLABORATION AND PARTNERSHIP:
- PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASKFORCES TO PROMOTE COLLABORATION, SHARE KNOWLEDGE, AND COORDINATE COMMUNITY HEALTH IMPROVEMENT ACTIVITIES

3. SOCIAL DETERMINANTS OF HEALTH:

IDENTIFICATION OF THOSE AT-RISK (OUTREACH, SCREENING, ASSESSMENT, REFERRAL):
- IMPLEMENT OR SUPPORT PROGRAMS THAT SCREEN FOR THE SOCIAL DETERMINANTS OF HEALTH AND MAKE APPROPRIATE REFERRALS TO COMMUNITY-BASED RESOURCES

HEALTH EDUCATION AND PREVENTION:
- CONDUCT TARGETED OUTREACH TO DIVERSE POPULATIONS AND NON-ENGLISH SPEAKERS TO ENGAGE THEM IN CARE, PROGRAMS, AND SERVICES

BEHAVIOR MODIFICATION AND DISEASE MANAGEMENT:
- SUPPORT COMMUNITY PARTNERS THAT ADDRESS BARRIERS TO WELLNESS ASSOCIATED WITH THE SOCIAL DETERMINANTS OF HEALTH

PATIENT NAVIGATION AND ACCESS TO CARE:

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.

- PROVIDE INFORMATION ON WHERE AND HOW TO ACCESS COMMUNITY RESOURCES
- CONTINUE TO OFFER HEALTH INSURANCE ENROLLMENT COUNSELING AND ASSISTANCE
- MAINTAIN A HEALTH RESOURCES INVENTORY FOR RESIDENTS AND COMMUNITY ORGANIZATIONS THAT IDENTIFIES RESOURCES TO ADDRESS SOCIAL DETERMINANTS OF HEALTH
- SUPPORT INNOVATIVE SOLUTIONS TO ADDRESSING LEADING BARRIERS TO CARE: CONVENIENT CARE (URGENT CARE, REDICLINIC, TELEHEALTH)
- PROVIDE CULTURAL COMPETENCY TRAINING FOR HOSPITAL CLINICIANS AND STAFF

CROSS-SECTOR COLLABORATION AND PARTNERSHIP:
- PARTICIPATE IN LOCAL AND REGIONAL COALITIONS AND TASK FORCES TO PROMOTE COLLABORATION, SHARE KNOWLEDGE, AND COORDINATE COMMUNITY HEALTH IMPROVEMENT ACTIVITIES RELATED TO WELLNESS AND PREVENTION: HEALTHIER PERTH AMBOY; HEALTHIER MIDDLESEX; MIDDLESEX COUNTY HEALTH AND WELLNESS COUNCIL; RARITAN BAY AREA YMCA; JEWISH RENAISSANCE; PUERTO RICAN ASSOCIATION FOR HUMAN DEVELOPMENT, INC. (PRAHD)

4. WELLNESS & PREVENTION (RISK FACTORS):

IDENTIFICATION OF THOSE AT-RISK (OUTREACH, SCREENING, ASSESSMENT, REFERRAL):
- PROMOTE SCREENING FOR BMI ALONG WITH COUNSELING FOR PHYSICAL ACTIVITY AND NUTRITION

HEALTH EDUCATION AND PREVENTION:
- CONTINUE TO OFFER AND SUPPORT PREVENTION, EDUCATION, AND WELLNESS PROGRAMS THAT EDUCATE INDIVIDUALS ON LIFESTYLE CHANGES AND MAKE REFERRALS TO APPROPRIATE COMMUNITY RESOURCES
- PROVIDE FREE OR LOW-COST PARENTING AND/OR CAREGIVER EDUCATION AND SUPPORT PROGRAMS TO ENHANCE KNOWLEDGE, SKILLS, AND CONFIDENCE: SAFESITTER; SUPPORT GROUPS; BREASTFEEDING AND NEW MOMS SUPPORT GROUP

BEHAVIOR MODIFICATION AND DISEASE MANAGEMENT:
- SUPPORT ACTIVE LIVING PROGRAMS THAT PROVIDE OPPORTUNITIES FOR INDIVIDUALS TO BE ACTIVE: SAFE ROUTES TO SCHOOL; YMCA HEALTHY KIDS DAY; SENIOR FITNESS EVENTS; SOCIAL COMMUNITIES ACTIVITIES NETWORK (SCAN);
- SUPPORT PROGRAMS IN COMMUNITY-BASED SETTINGS THAT ENHANCE ACCESS TO NUTRITIOUS AND AFFORDABLE FOODS: LOCAL FARMER'S MARKETS; LOCAL COMMUNITY GARDENS
- IMPLEMENT OR CONDUCT COOKING DEMONSTRATIONS AND WORKSHOPS THAT EDUCATE PEOPLE ON HEALTHY EATING AND FOOD PREPARATION

PATIENT NAVIGATION AND ACCESS TO CARE:
-OFFER AND PROMOTE FREE INFLUENZA VACCINATIONS
-EXPLORE PARTNERSHIPS TO INCREASE ACCESS TO LOW-COST DENTAL CARE

CROSS-SECTOR COLLABORATION AND PARTNERSHIP:
- PARTICIPATE IN LOCAL AND REGIONAL COALITIONS AND TASK FORCES TO PROMOTE COLLABORATION, SHARE KNOWLEDGE, AND COORDINATE COMMUNITY HEALTH IMPROVEMENT ACTIVITIES RELATED TO WELLNESS AND PREVENTION: HEALTHIER

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.

PERTH AMBOY; HEALTHIER MIDDLESEX; MIDDLESEX COUNTY HEALTH AND WELLNESS COUNCIL; RARITAN BAY AREA YMCA; JEWISH RENAISSANCE; PUERTO RICAN ASSOCIATION FOR HUMAN DEVELOPMENT, INC. (PRAHD)

PALISADES MEDICAL CENTER
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FOUR MAJOR SIGNIFICANT HEALTH NEEDS CATEGORIES, OF WHICH CONTAIN FIFTEEN TOTAL SIGNIFICANT HEALTH NEEDS SUB-CATEGORIES AS PRIORITIZED BY COMMUNITY FEEDBACK EXERCISES, WERE IDENTIFIED IN PALISADES MEDICAL CENTER'S CHNA:

1. CHRONIC & COMPLEX CONDITIONS, INCLUDING:
. HEART DISEASE & STROKE
. DIABETES
. CANCER
. SEPTICEMIA
2. BEHAVIORAL HEALTH, INCLUDING:
. MENTAL HEALTH
. SUBSTANCE ABUSE
3. SOCIAL DETERMINANTS OF HEALTH, INCLUDING:
. ACCESS TO CARE
. POVERTY
. EMPLOYMENT
. EDUCATION
. HOUSING
. LANGUAGE & CULTURE
4. WELLNESS & PREVENTION (RISK FACTORS), INCLUDING:
. NUTRITION, PHYSICAL ACTIVITY & WEIGHT
. INJURY & VIOLENCE
. SEXUAL HEALTH

FOR EACH MAJOR SIGNIFICANT HEALTH NEEDS CATEGORY, STRATEGIES OF HOW THE HOSPITAL FACILITY IS ADDRESSING THE SIGNIFICANT NEEDS ARE AS FOLLOWS:
1. CHRONIC & COMPLEX CONDITIONS:

IDENTIFICATION OF THOSE AT-RISK (OUTREACH, SCREENING, ASSESSMENT, REFERRAL):
- CONDUCT OR SUPPORT CHRONIC/COMPLEX CONDITIONS SCREENING PROGRAMS IN CLINICAL AND NON-CLINICAL SETTINGS THROUGH WELLNESS FAIRS OR STAND-ALONE SCREENING EVENTS: WELLNESS SCREENINGS (BLOOD PRESSURE, PULSE, BMI); A1C SCREENINGS FOR LATINO POPULATION; PEAK FLOW SCREENING; HIV/AIDS SCREENING

HEALTH EDUCATION AND PREVENTION:
-SUPPORT FREE LECTURES AND EDUCATIONAL SEMINARS, CONDUCTED BY HOSPITAL CLINICAL AND NON-CLINICAL STAFF, RELATED TO CHRONIC/COMPLEX CONDITIONS IN TARGETED COMMUNITY-BASED SETTINGS
-SUPPORT FAITH-BASED OUTREACH INITIATIVES THAT FOCUS ON ENGAGING DIVERSE COMMUNITIES THROUGH WELLNESS FAIRS AND EDUCATIONAL PROGRAMS
- PROVIDE EDUCATION IN PATIENT CARE AND COMMUNITY-BASED SETTING ON

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.

SEPTICEMIA PREVENTION, IDENTIFICATION, AND TREATMENT

BEHAVIOR MODIFICATION AND DISEASE MANAGEMENT:
- CONDUCT OR SUPPORT EVIDENCE-BASED BEHAVIOR CHANGE AND SELF-MANAGEMENT SUPPORT PROGRAMS: TAKE CONTROL OF YOUR HEALTH - DIABETES SELF-MANAGEMENT, TOMANDO CONTROL DE SU SALUD, CANCER THRIVING AND SURVIVING; A MATTER OF BALANCE

PATIENT NAVIGATION AND ACCESS TO CARE:
-SUPPORT CASE MANAGEMENT AND PATIENT NAVIGATION PROGRAMS TO SUPPORT THOSE WITH CHRONIC/COMPLEX CONDITIONS AND THEIR CAREGIVERS
-OFFER SUPPORT GROUPS FOR INDIVIDUALS WITH CHRONIC/COMPLEX CONDITIONS, THOSE AFFECTED BY THE LOSS OF A LOVED ONE, AND CAREGIVERS

CROSS-SECTOR COLLABORATION AND PARTNERSHIP:
-PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO PROMOTE COLLABORATION, SHARE KNOWLEDGE, AND COORDINATE COMMUNITY HEALTH IMPROVEMENT ACTIVITIES RELATED TO CHRONIC/COMPLEX CONDITIONS

2. BEHAVIORAL HEALTH:

IDENTIFICATION OF THOSE AT-RISK (OUTREACH, SCREENING, ASSESSMENT, REFERRAL):
- CONDUCT TARGETED MENTAL HEALTH SCREENINGS IN COMMUNITY-BASED SETTINGS

HEALTH EDUCATION AND PREVENTION:
- SUPPORT STIGMA FREE COMMUNITIES TO RAISE AWARENESS AND REDUCE THE STIGMA ASSOCIATED WITH MENTAL HEALTH AND SUBSTANCE USE ISSUES
- ORGANIZE FREE LECTURES AND EDUCATIONAL SEMINARS, CONDUCTED BY HOSPITAL CLINICAL AND NON-CLINICAL STAFF, RELATED TO MENTAL HEALTH AND SUBSTANCE USE ISSUES IN TARGETED COMMUNITY-BASED SETTINGS
- CONDUCT AND SUPPORT TOBACCO AND E-CIGARETTE/VAPING CONTROL AND PREVENTION EFFORTS

BEHAVIOR MODIFICATION AND DISEASE MANAGEMENT:
- SUPPORT PARTNERSHIPS WITH LOCAL HEALTH DEPARTMENTS, SUBSTANCE USE PROVIDERS, AND CLINICAL PROVIDERS TO CONTINUE PEER RECOVERY COACH PROGRAMS
- SUPPORT PROGRAMS THAT REDUCE OLDER ADULT DEPRESSION AND ISOLATION IN COMMUNITY-BASED SETTINGS
- SUPPORT EVIDENCE-BASED PREVENTION AND CESSATION PROGRAMS GEARED TOWARD REDUCING VAPING AND E-CIGARETTE USE

PATIENT NAVIGATION AND ACCESS TO CARE:
- PARTICIPATE IN HOSPITAL-BASED BRIDGE PROGRAMS WITH CLINICAL AND NON-CLINICAL PARTNERS TO ENHANCE ACCESS TO TREATMENT FOR THOSE WITH SUBSTANCE USE DISORDERS

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.

- SUPPORT MENTAL HEALTH AND SUBSTANCE USE SUPPORT GROUPS FOR THOSE WITH OR RECOVERING FROM MENTAL HEALTH OR SUBSTANCE USE AND THEIR FAMILY/FRIENDS/CAREGIVERS

CARE COORDINATION AND SERVICE INTEGRATION:
- SUPPORT INTEGRATED BEHAVIORAL HEALTH SERVICES (MENTAL HEALTH AND SUBSTANCE USE) IN PRIMARY CARE AND OTHER SPECIALTY CARE SETTINGS FOR THOSE WITH OR AT-RISK OF MENTAL HEALTH ISSUES, INCLUDING SCREENING, ASSESSMENT, AND TREATMENT

CROSS-SECTOR COLLABORATION AND PARTNERSHIP:
- PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASKFORCES TO PROMOTE COLLABORATION, SHARE KNOWLEDGE, AND COORDINATE COMMUNITY HEALTH IMPROVEMENT ACTIVITIES

3. SOCIAL DETERMINANTS OF HEALTH:

IDENTIFICATION OF THOSE AT-RISK (OUTREACH, SCREENING, ASSESSMENT, REFERRAL):
- IMPLEMENT OR SUPPORT PROGRAMS THAT SCREEN FOR THE SOCIAL DETERMINANTS OF HEALTH AND MAKE APPROPRIATE REFERRALS TO COMMUNITY-BASED RESOURCES

HEALTH EDUCATION AND PREVENTION:
- PROVIDE INFORMATION ON WHERE AND HOW TO ACCESS COMMUNITY RESOURCES

BEHAVIOR MODIFICATION AND DISEASE MANAGEMENT:
- SUPPORT COMMUNITY PARTNERS THAT ADDRESS BARRIERS TO WELLNESS ASSOCIATED WITH THE SOCIAL DETERMINANTS OF HEALTH

PATIENT NAVIGATION AND ACCESS TO CARE:
- CONTINUE TO OFFER HEALTH INSURANCE ENROLLMENT COUNSELING AND ASSISTANCE
- MAINTAIN A HEALTH RESOURCES INVENTORY FOR RESIDENTS AND COMMUNITY ORGANIZATIONS THAT IDENTIFIES RESOURCES TO ADDRESS SOCIAL DETERMINANTS OF HEALTH
- PROVIDE CULTURAL COMPETENCY TRAINING FOR HOSPITAL CLINICIANS AND STAFF

CROSS-SECTOR COLLABORATION AND PARTNERSHIP:
- PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO PROMOTE COLLABORATION, SHARE KNOWLEDGE, AND COORDINATE COMMUNITY HEALTH IMPROVEMENT ACTIVITIES: NORTH HUDSON COMMUNITY ACTION; LOCAL MUNICIPAL DEPARTMENTS; SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)
- PARTICIPATE IN COLLABORATIVE EFFORTS TO PROMOTE VIOLENCE PREVENTION AND COMMUNITY COHESION

4. WELLNESS & PREVENTION (RISK FACTORS):

IDENTIFICATION OF THOSE AT-RISK (OUTREACH, SCREENING, ASSESSMENT, REFERRAL):

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.

- PROMOTE SCREENING FOR BMI ALONG WITH COUNSELING FOR PHYSICAL ACTIVITY AND NUTRITION

HEALTH EDUCATION AND PREVENTION:
- CONTINUE TO OFFER AND SUPPORT PREVENTION, EDUCATION, AND WELLNESS PROGRAMS THAT EDUCATE INDIVIDUALS ON LIFESTYLE CHANGES AND MAKE REFERRALS TO APPROPRIATE COMMUNITY RESOURCES: HEALTHY COOKING DEMONSTRATIONS
- PROVIDE FREE OR LOW-COST PARENTING AND/OR CAREGIVER EDUCATION AND SUPPORT PROGRAMS TO ENHANCE KNOWLEDGE, SKILLS, AND CONFIDENCE: BREASTFEEDING/LACTATION PROGRAMS

BEHAVIOR MODIFICATION AND DISEASE MANAGEMENT:
- SUPPORT ACTIVE LIVING PROGRAMS THAT PROVIDE OPPORTUNITIES FOR INDIVIDUALS TO BE ACTIVE

CROSS-SECTOR COLLABORATION AND PARTNERSHIP:
- PARTICIPATE IN LOCAL AND REGIONAL COALITIONS AND TASK FORCES TO PROMOTE COLLABORATION, SHARE KNOWLEDGE, AND COORDINATE COMMUNITY HEALTH IMPROVEMENT ACTIVITIES RELATED TO WELLNESS AND PREVENTION

HACKENSACK UNIVERSITY MEDICAL CENTER
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FOUR MAJOR SIGNIFICANT HEALTH NEEDS CATEGORIES, OF WHICH CONTAIN SIXTEEN TOTAL SIGNIFICANT HEALTH NEEDS SUB-CATEGORIES AS PRIORITIZED BY COMMUNITY FEEDBACK EXERCISES, WERE IDENTIFIED IN HACKENSACK UNIVERSITY MEDICAL CENTER'S CHNA:

1. CHRONIC & COMPLEX CONDITIONS, INCLUDING:
. CARDIOVASCULAR & CEREBROVASCULAR DISEASES
. DIABETES
. CANCER
. ASTHMA
. INFECTIOUS DISEASE
. OLDER ADULT HEALTH/HEALTHY AGING
. MATERNAL & INFANT HEALTH

2. BEHAVIORAL HEALTH, INCLUDING:
. MENTAL HEALTH
. SUBSTANCE ABUSE
3. SOCIAL DETERMINANTS OF HEALTH, INCLUDING:
. PERCEIVED BARRIERS TO CARE
. HEALTH INSURANCE
. SERVICE UTILIZATION

4. WELLNESS & PREVENTION (RISK FACTORS), INCLUDING:
. OVERALL HEALTH STATUS
. NUTRITION & WEIGHT
. ROUTINE HEALTH VISITS

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.

. PHYSICAL ACTIVITY

FOR EACH MAJOR SIGNIFICANT HEALTH NEEDS CATEGORY, STRATEGIES OF HOW THE HOSPITAL FACILITY IS ADDRESSING THE SIGNIFICANT NEEDS ARE AS FOLLOWS:
1. CHRONIC & COMPLEX CONDITIONS:

IDENTIFICATION OF THOSE AT-RISK (OUTREACH, SCREENING, ASSESSMENT, REFERRAL):
- CONDUCT OR SUPPORT CHRONIC/COMPLEX CONDITIONS SCREENING PROGRAMS IN CLINICAL AND NON-CLINICAL SETTINGS THROUGH WELLNESS FAIRS OR STAND-ALONE SCREENING EVENTS: WELLNESS SCREENINGS (BLOOD PRESSURE, PULSE, BMI); MEMORY SCREENINGS; CANCER SCREENING

HEALTH EDUCATION AND PREVENTION:
-SUPPORT FREE LECTURES AND EDUCATIONAL SEMINARS, CONDUCTED BY HOSPITAL CLINICAL AND NON-CLINICAL STAFF, RELATED TO CHRONIC/COMPLEX CONDITIONS IN TARGETED COMMUNITY-BASED SETTINGS
-SUPPORT FAITH-BASED OUTREACH INITIATIVES THAT FOCUS ON ENGAGING DIVERSE COMMUNITIES THROUGH WELLNESS FAIRS AND EDUCATIONAL PROGRAMS
- PROVIDE EDUCATION IN PATIENTCARE AND COMMUNITY-BASED SETTING ON SEPTICEMIA PREVENTION, IDENTIFICATION, AND TREATMENT

BEHAVIOR MODIFICATION AND DISEASE MANAGEMENT:
- CONDUCT OR SUPPORT EVIDENCE-BASED BEHAVIOR CHANGE AND SELF-MANAGEMENT SUPPORT PROGRAMS: TAKE CONTROL OF YOUR HEALTH - DIABETES SELF-MANAGEMENT, TOMANDO CONTROL DE SU SALUD, CANCER THRIVING AND SURVIVING; A MATTER OF BALANCE; PREVENT T2; CAR FIT; ASTHMA INFORMATION AND RELIEF (A.I.R.) MOBILE CARE UNIT

PATIENT NAVIGATION AND ACCESS TO CARE:
-SUPPORT CASE MANAGEMENT AND PATIENT NAVIGATION PROGRAMS TO SUPPORT THOSE WITH CHRONIC/COMPLEX CONDITIONS AND THEIR CAREGIVERS
-OFFER SUPPORT GROUPS FOR INDIVIDUALS WITH CHRONIC/COMPLEX CONDITIONS, THOSE AFFECTED BY THE LOSS OF A LOVED ONE, AND CAREGIVERS

CROSS-SECTOR COLLABORATION AND PARTNERSHIP:
-PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO PROMOTE COLLABORATION, SHARE KNOWLEDGE, AND COORDINATE COMMUNITY HEALTH IMPROVEMENT ACTIVITIES RELATED TO CHRONIC/COMPLEX CONDITIONS

2. BEHAVIORAL HEALTH:

IDENTIFICATION OF THOSE AT-RISK (OUTREACH, SCREENING, ASSESSMENT, REFERRAL):
- CONDUCT TARGETED MENTAL HEALTH SCREENINGS IN COMMUNITY-BASED SETTINGS

HEALTH EDUCATION AND PREVENTION:

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.

- SUPPORT MENTAL HEALTH FIRST AID TRAININGS IN TARGETED COMMUNITY-BASED SETTINGS TO RAISE AWARENESS, REDUCE STIGMA, AND EDUCATE RESIDENTS AND SERVICE PROVIDERS ABOUT MENTAL HEALTH AND SUBSTANCE USE
- SUPPORT STIGMA FREE COMMUNITIES TO RAISE AWARENESS AND REDUCE THE STIGMA ASSOCIATED WITH MENTAL HEALTH AND SUBSTANCE USE ISSUES
- ORGANIZE FREE LECTURES AND EDUCATIONAL SEMINARS, CONDUCTED BY HOSPITAL CLINICAL AND NON-CLINICAL STAFF, RELATED TO MENTAL HEALTH AND SUBSTANCE USE ISSUES IN TARGETED COMMUNITY-BASED SETTINGS
- CONDUCT AND SUPPORT TOBACCO AND E-CIGARETTE/VAPING CONTROL AND PREVENTION EFFORTS

BEHAVIOR MODIFICATION AND DISEASE MANAGEMENT:
- SUPPORT PARTNERSHIPS WITH LOCAL HEALTH DEPARTMENTS, SUBSTANCE USE PROVIDERS, AND CLINICAL PROVIDERS TO CONTINUE PEER RECOVERY COACH PROGRAMS
- SUPPORT EVIDENCE-BASED PREVENTION AND CESSATION PROGRAMS GEARED TOWARD REDUCING VAPING AND E-CIGARETTE USE

CROSS-SECTOR COLLABORATION AND PARTNERSHIP:
- PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASKFORCES TO PROMOTE COLLABORATION, SHARE KNOWLEDGE, AND COORDINATE COMMUNITY HEALTH IMPROVEMENT ACTIVITIES: BERGEN COUNTY PROSECUTOR'S OFFICE
- SUPPORT DRUG TAKE BACK EFFORTS WITH LOCAL LAW ENFORCEMENT AND OTHER COMMUNITY-BASED PARTNERS
- PROVIDE FREE NARCAN REPLACEMENT KITS TO FIRST RESPONDERS

3. SOCIAL DETERMINANTS OF HEALTH:

IDENTIFICATION OF THOSE AT-RISK (OUTREACH, SCREENING, ASSESSMENT, REFERRAL):
- IMPLEMENT OR SUPPORT PROGRAMS THAT SCREEN FOR THE SOCIAL DETERMINANTS OF HEALTH AND MAKE APPROPRIATE REFERRALS TO COMMUNITY-BASED RESOURCES
- IMPLEMENT OR SUPPORT PROGRAMS THAT SCREEN FOR DOMESTIC AND INTERPERSONAL VIOLENCE AND PROVIDE REFERRALS TO COMMUNITY RESOURCES

BEHAVIOR MODIFICATION AND DISEASE MANAGEMENT:
- SUPPORT COMMUNITY PARTNERS THAT ADDRESS BARRIERS TO WELLNESS ASSOCIATED WITH THE SOCIAL DETERMINANTS OF HEALTH

PATIENT NAVIGATION AND ACCESS TO CARE:
- SUPPORT INNOVATIVE SOLUTIONS TO ADDRESS LEADING BARRIERS TO CARE: CONVENIENT CARE (CITYMD, TELEHEALTH)
- MAINTAIN A HEALTH RESOURCES INVENTORY FOR RESIDENTS AND COMMUNITY ORGANIZATIONS THAT IDENTIFIES RESOURCES TO ADDRESS SOCIAL DETERMINANTS OF HEALTH
- PROVIDE CULTURAL COMPETENCY TRAINING FOR HOSPITAL CLINICIANS AND STAFF
- PROVIDE RESOURCES THAT REDUCE BARRIERS RELATED TO HEALTH LITERACY: GETTING THE MOST OUT OF YOUR DOCTOR'S VISIT; ASK ME THREE

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.

CROSS-SECTOR COLLABORATION AND PARTNERSHIP:
- PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO PROMOTE COLLABORATION, SHARE KNOWLEDGE, AND COORDINATE COMMUNITY HEALTH IMPROVEMENT ACTIVITIES: BERGEN COUNTY COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP (CHIP); BERGEN COUNTY DEPARTMENT OF HEALTH SERVICES; BERGEN COUNTY MENTAL HEALTH BOARD
- SUPPORT FOOD BANKS AND OTHER PROGRAMS THAT ADDRESS FOOD INSECURITY

4. WELLNESS & PREVENTION (RISK FACTORS):

IDENTIFICATION OF THOSE AT-RISK (OUTREACH, SCREENING, ASSESSMENT, REFERRAL):
- PROMOTE SCREENING FOR BMI ALONG WITH COUNSELING FOR PHYSICAL ACTIVITY AND NUTRITION

HEALTH EDUCATION AND PREVENTION:
- CONTINUE TO OFFER AND SUPPORT PREVENTION, EDUCATION, AND WELLNESS PROGRAMS THAT EDUCATE INDIVIDUALS ON LIFESTYLE CHANGES AND MAKE REFERRALS TO APPROPRIATE COMMUNITY RESOURCES: VEGGIECATION
- PROVIDE FREE OR LOW-COST PARENTING AND/OR CAREGIVER EDUCATION AND SUPPORT PROGRAMS TO ENHANCE KNOWLEDGE, SKILLS, AND CONFIDENCE: BREASTFEEDING/LACTATION PROGRAMS; CAR SEAT SAFETY; SAFESITTER; SUPPORT GROUPS; BIKE HELMET SAFETY

BEHAVIOR MODIFICATION AND DISEASE MANAGEMENT:
- SUPPORT ACTIVE LIVING PROGRAMS THAT PROVIDE OPPORTUNITIES FOR INDIVIDUALS TO BE ACTIVE
- SUPPORT PROGRAMS IN COMMUNITY-BASED SETTINGS THAT ENHANCE ACCESS TO NUTRITIOUS AND AFFORDABLE FOODS
- CONTINUE TO OFFER COOKING DEMONSTRATIONS AND WORKSHOPS THAT EDUCATE PEOPLE ON HEALTHY EATING AND FOOD PREPARATION

PATIENT NAVIGATION AND ACCESS TO CARE:
- PROVIDE FREE FLU VACCINATIONS IN COMMUNITY-BASED SETTINGS

CROSS-SECTOR COLLABORATION AND PARTNERSHIP:
- PARTICIPATE IN LOCAL AND REGIONAL COALITIONS AND TASK FORCES TO PROMOTE COLLABORATION, SHARE KNOWLEDGE, AND COORDINATE COMMUNITY HEALTH IMPROVEMENT ACTIVITIES RELATED TO WELLNESS AND PREVENTION

PASCACK VALLEY MEDICAL CENTER
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FOUR MAJOR SIGNIFICANT HEALTH NEEDS CATEGORIES, OF WHICH CONTAIN SIXTEEN TOTAL SIGNIFICANT HEALTH NEEDS SUB-CATEGORIES AS PRIORITIZED BY COMMUNITY FEEDBACK EXERCISES, WERE IDENTIFIED IN PASCACK VALLEY MEDICAL CENTER'S CHNA:

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.

1. CHRONIC & COMPLEX CONDITIONS, INCLUDING:
. CARDIOVASCULAR & CEREBROVASCULAR DISEASES
. DIABETES
. CANCER
. ASTHMA
. INFECTIOUS DISEASE
. OLDER ADULT HEALTH/HEALTHY AGING
. MATERNAL & INFANT HEALTH

2. BEHAVIORAL HEALTH, INCLUDING:
. MENTAL HEALTH
. SUBSTANCE ABUSE

3. SOCIAL DETERMINANTS OF HEALTH, INCLUDING:
. PERCEIVED BARRIERS TO CARE
. HEALTH INSURANCE
. SERVICE UTILIZATION

4. WELLNESS & PREVENTION (RISK FACTORS), INCLUDING:
. OVERALL HEALTH STATUS
. NUTRITION & WEIGHT
. ROUTINE HEALTH VISITS
. PHYSICAL ACTIVITY

FOR EACH MAJOR SIGNIFICANT HEALTH NEEDS CATEGORY, STRATEGIES OF HOW THE HOSPITAL FACILITY IS ADDRESSING THE SIGNIFICANT NEEDS ARE AS FOLLOWS:
1. CHRONIC & COMPLEX CONDITIONS:

IDENTIFICATION OF THOSE AT-RISK (OUTREACH, SCREENING, ASSESSMENT, REFERRAL):
- CONDUCT OR SUPPORT CHRONIC/COMPLEX CONDITIONS SCREENING PROGRAMS IN CLINICAL AND NON-CLINICAL SETTINGS THROUGH WELLNESS FAIRS OR STAND-ALONE SCREENING EVENTS: WELLNESS SCREENINGS (BLOOD PRESSURE, PULSE, BMI)

HEALTH EDUCATION AND PREVENTION:
-SUPPORT FREE LECTURES AND EDUCATIONAL SEMINARS, CONDUCTED BY HOSPITAL CLINICAL AND NON-CLINICAL STAFF, RELATED TO CHRONIC/COMPLEX CONDITIONS IN TARGETED COMMUNITY-BASED SETTINGS
- PROVIDE EDUCATION IN PATIENT CARE AND COMMUNITY-BASED SETTING ON SEPTICEMIA PREVENTION, IDENTIFICATION, AND TREATMENT

BEHAVIOR MODIFICATION AND DISEASE MANAGEMENT:
- CONDUCT OR SUPPORT EVIDENCE-BASED BEHAVIOR CHANGE AND SELF-MANAGEMENT SUPPORT PROGRAMS: TAKE CONTROL OF YOUR HEALTH - DIABETES SELF-MANAGEMENT, TOMANDO CONTROL DE SU SALUD, CANCER THRIVING AND SURVIVING; WELLNESS CHALLENGE

PATIENT NAVIGATION AND ACCESS TO CARE:

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.

-SUPPORT CASE MANAGEMENT AND PATIENT NAVIGATION PROGRAMS TO SUPPORT THOSE WITH CHRONIC/COMPLEX CONDITIONS AND THEIR CAREGIVERS
-OFFER SUPPORT GROUPS FOR INDIVIDUALS WITH CHRONIC/COMPLEX CONDITIONS, THOSE AFFECTED BY THE LOSS OF A LOVED ONE, AND CAREGIVERS

CROSS-SECTOR COLLABORATION AND PARTNERSHIP:
-PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO PROMOTE COLLABORATION, SHARE KNOWLEDGE, AND COORDINATE COMMUNITY HEALTH IMPROVEMENT ACTIVITIES RELATED TO CHRONIC/COMPLEX CONDITIONS

2. BEHAVIORAL HEALTH:

IDENTIFICATION OF THOSE AT-RISK (OUTREACH, SCREENING, ASSESSMENT, REFERRAL):
- CONDUCT TARGETED MENTAL HEALTH SCREENINGS IN COMMUNITY-BASED SETTINGS

HEALTH EDUCATION AND PREVENTION:

- SUPPORT STIGMA FREE COMMUNITIES TO RAISE AWARENESS AND REDUCE THE STIGMA ASSOCIATED WITH MENTAL HEALTH AND SUBSTANCE USE ISSUES
- ORGANIZE FREE LECTURES AND EDUCATIONAL SEMINARS, CONDUCTED BY HOSPITAL CLINICAL AND NON-CLINICAL STAFF, RELATED TO MENTAL HEALTH AND SUBSTANCE USE ISSUES IN TARGETED COMMUNITY-BASED SETTINGS
- CONDUCT AND SUPPORT TOBACCO AND E-CIGARETTE/VAPING CONTROL AND PREVENTION EFFORTS

BEHAVIOR MODIFICATION AND DISEASE MANAGEMENT:
- SUPPORT EVIDENCE-BASED PREVENTION AND CESSATION PROGRAMS GEARED TOWARD REDUCING VAPING AND E-CIGARETTE USE

PATIENT NAVIGATION AND ACCESS TO CARE:
- SUPPORT MENTAL HEALTH AND SUBSTANCE USE SUPPORT GROUPS FOR THOSE WITH OR RECOVERING FROM MENTAL HEALTH OR SUBSTANCE USE AND THEIR FAMILY/FRIENDS/CAREGIVERS

CROSS-SECTOR COLLABORATION AND PARTNERSHIP:
- PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO PROMOTE COLLABORATION, SHARE KNOWLEDGE, AND COORDINATE COMMUNITY HEALTH IMPROVEMENT ACTIVITIES
- SUPPORT CROSS-SECTOR PARTNERSHIPS GEARED TO ENGAGING AND REFERRING SUBSTANCE USERS/MISUSERS TO TREATMENT

3. SOCIAL DETERMINANTS OF HEALTH:

PATIENT NAVIGATION AND ACCESS TO CARE:
- SUPPORT INNOVATIVE SOLUTIONS TO ADDRESS LEADING BARRIERS TO CARE
- CONTINUE TO OFFER HEALTH INSURANCE ENROLLMENT COUNSELING/ASSISTANCE
- PROVIDE INFORMATION ON WHERE AND HOW TO ACCESS COMMUNITY RESOURCES

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.

- PROVIDE CULTURAL COMPETENCY AND HEALTH LITERACY TRAINING FOR HOSPITAL CLINICIANS AND STAFF

CROSS-SECTOR COLLABORATION AND PARTNERSHIP:
- PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO PROMOTE COLLABORATION, SHARE KNOWLEDGE, AND COORDINATE COMMUNITY HEALTH IMPROVEMENT ACTIVITIES

4. WELLNESS & PREVENTION (RISK FACTORS):

HEALTH EDUCATION AND PREVENTION:
- CONTINUE TO OFFER AND SUPPORT PREVENTION, EDUCATION, AND WELLNESS PROGRAMS THAT EDUCATE INDIVIDUALS ON LIFESTYLE CHANGES AND MAKE REFERRALS TO APPROPRIATE COMMUNITY RESOURCES
- PROVIDE FREE OR LOW-COST PARENTING AND/OR CAREGIVER EDUCATION AND SUPPORT PROGRAMS TO ENHANCE KNOWLEDGE, SKILLS, AND CONFIDENCE
- CONTINUE TO OFFER THE PASCACK VALLEY WELLNESS CHALLENGE

BEHAVIOR MODIFICATION AND DISEASE MANAGEMENT:
- SUPPORT ACTIVE LIVING PROGRAMS THAT PROVIDE OPPORTUNITIES FOR INDIVIDUALS TO BE ACTIVE
- SUPPORT PROGRAMS IN COMMUNITY-BASED SETTINGS THAT ENHANCE ACCESS TO NUTRITIOUS AND AFFORDABLE FOODS
- CONTINUE TO OFFER COOKING DEMONSTRATIONS AND WORKSHOPS THAT EDUCATE PEOPLE ON HEALTHY EATING AND FOOD PREPARATION

CROSS-SECTOR COLLABORATION AND PARTNERSHIP:
- PARTICIPATE IN LOCAL AND REGIONAL COALITIONS AND TASK FORCES TO PROMOTE COLLABORATION, SHARE KNOWLEDGE, AND COORDINATE COMMUNITY HEALTH IMPROVEMENT ACTIVITIES RELATED TO WELLNESS AND PREVENTION.

MOUNTAINSIDE MEDICAL CENTER
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FOUR MAJOR SIGNIFICANT HEALTH NEEDS CATEGORIES, OF WHICH CONTAIN EIGHTEEN TOTAL SIGNIFICANT HEALTH NEEDS SUB-CATEGORIES AS PRIORITIZED BY COMMUNITY FEEDBACK EXERCISES, WERE IDENTIFIED IN MOUNTAINSIDE MEDICAL CENTER'S CHNA:

1. CHRONIC & COMPLEX CONDITIONS, INCLUDING:
. HEART DISEASE & STROKE
. DIABETES
. CANCER
. RESPIRATORY DISEASE
. POTENTIALLY DISABLING CONDITIONS
. SEPTICEMIA
2. BEHAVIORAL HEALTH, INCLUDING:
. MENTAL HEALTH

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.

. SUBSTANCE ABUSE
3. SOCIAL DETERMINANTS OF HEALTH, INCLUDING:
. ACCESS TO CARE
. POVERTY
. EMPLOYMENT
. EDUCATION
. HOUSING
. LANGUAGE & CULTURE
4. WELLNESS & PREVENTION (RISK FACTORS), INCLUDING:
. NUTRITION, PHYSICAL ACTIVITY & WEIGHT
. INJURY & VIOLENCE
. ORAL HEALTH
. SEXUAL HEALTH

FOR EACH MAJOR SIGNIFICANT HEALTH NEEDS CATEGORY, STRATEGIES OF HOW THE HOSPITAL FACILITY IS ADDRESSING THE SIGNIFICANT NEEDS ARE AS FOLLOWS:
1. CHRONIC & COMPLEX CONDITIONS:

IDENTIFICATION OF THOSE AT-RISK (OUTREACH, SCREENING, ASSESSMENT, REFERRAL):
- CONDUCT OR SUPPORT CHRONIC/COMPLEX CONDITIONS SCREENING PROGRAMS IN CLINICAL AND NON-CLINICAL SETTINGS THROUGH WELLNESS FAIRS OR STAND-ALONE SCREENING EVENTS: STROKE SCREENINGS (BLOOD PRESSURE, TOTAL CHOLESTEROL, GLUCOSE); BLOOD PRESSURE SCREENINGS; CANCER SCREENINGS

HEALTH EDUCATION AND PREVENTION:
-SUPPORT FREE LECTURES AND EDUCATIONAL SEMINARS, CONDUCTED BY HOSPITAL CLINICAL AND NON-CLINICAL STAFF, RELATED TO CHRONIC/COMPLEX CONDITIONS IN TARGETED COMMUNITY-BASED SETTINGS
- SUPPORT FAITH-BASED OUTREACH INITIATIVES THAT FOCUS ON ENGAGING DIVERSE COMMUNITIES THROUGH WELLNESS FAIRS AND EDUCATIONAL PROGRAMS
- PROVIDE EDUCATION ON SEPTICEMIA PREVENTION, IDENTIFICATION, AND TREATMENT IN PATIENT CARE AND COMMUNITY-BASED SETTINGS

BEHAVIOR MODIFICATION AND DISEASE MANAGEMENT:
- SUPPORT EVIDENCE-BASED BEHAVIOR CHANGE AND SELF-MANAGEMENT SUPPORT PROGRAMS

PATIENT NAVIGATION AND ACCESS TO CARE:
-SUPPORT CASE MANAGEMENT AND PATIENT NAVIGATION PROGRAMS TO SUPPORT THOSE WITH CHRONIC/COMPLEX CONDITIONS AND THEIR CAREGIVERS
-OFFER SUPPORT GROUPS FOR INDIVIDUALS WITH CHRONIC/COMPLEX CONDITIONS, THOSE AFFECTED BY THE LOSS OF A LOVED ONE, AND CAREGIVERS: LIVING WITH CANCER SUPPORT GROUP; BARIATRIC SUPPORT GROUP; STROKE SUPPORT GROUP; ANEURYSM SUPPORT GROUP

CROSS-SECTOR COLLABORATION AND PARTNERSHIP:
-PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO

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.

PROMOTE COLLABORATION, SHARE KNOWLEDGE, AND COORDINATE COMMUNITY HEALTH IMPROVEMENT ACTIVITIES RELATED TO CHRONIC/COMPLEX CONDITIONS

2. BEHAVIORAL HEALTH:

IDENTIFICATION OF THOSE AT-RISK (OUTREACH, SCREENING, ASSESSMENT, REFERRAL):
- CONDUCT TARGETED MENTAL HEALTH SCREENINGS IN COMMUNITY-BASED SETTINGS
- CONDUCT UNIVERSAL MENTAL HEALTH AND SUBSTANCE USE SCREENINGS IN PATIENT-CARE SETTINGS

HEALTH EDUCATION AND PREVENTION:
- CONDUCT OR SUPPORT MENTAL HEALTH FIRST AID TRAININGS IN TARGETED COMMUNITY-BASED SETTINGS TO RAISE AWARENESS, REDUCE STIGMA, AND EDUCATE RESIDENTS AND SERVICE PROVIDERS ABOUT MENTAL HEALTH AND SUBSTANCE USE
- SUPPORT STIGMA FREE COMMUNITIES TO RAISE AWARENESS AND REDUCE THE STIGMA ASSOCIATED WITH MENTAL HEALTH AND SUBSTANCE USE ISSUES
- ORGANIZE FREE LECTURES AND EDUCATIONAL SEMINARS, CONDUCTED BY HOSPITAL CLINICAL AND NON-CLINICAL STAFF, RELATED TO MENTAL HEALTH AND SUBSTANCE USE ISSUES IN TARGETED COMMUNITY-BASED SETTINGS
- CONDUCT AND SUPPORT TOBACCO, E-CIGARETTE/VAPING, AND SECONDHAND SMOKE CONTROL AND PREVENTION EFFORTS

BEHAVIOR MODIFICATION AND DISEASE MANAGEMENT:
- SUPPORT WELLNESS PROGRAMS IN SCHOOL-BASED SETTINGS TO ADDRESS STRESS, DEPRESSION, ANXIETY, AND TO PROMOTE MENTAL WELLNESS
-PROVIDE PROGRAMS THAT REDUCE OLDER ADULT DEPRESSION AND ISOLATION IN COMMUNITY-BASED SETTINGS

CARE COORDINATION AND SERVICE INTEGRATION:
-SUPPORT INTEGRATED BEHAVIORAL HEALTH SERVICES (MENTAL HEALTH AND SUBSTANCE USE) IN PRIMARY CARE AND OTHER SPECIALTY CARE SETTINGS FOR THOSE WITH OR AT-RISK OF MENTAL HEALTH ISSUES, INCLUDING SCREENING, ASSESSMENT, AND TREATMENT

PATIENT NAVIGATION AND ACCESS TO CARE:
- EXPLORE PARTNERSHIPS WITH CLINICAL AND NON-CLINICAL PARTNERS TO ENHANCE ACCESS TO TREATMENT FOR THOSE WITH SUBSTANCE USE DISORDERS
- SUPPORT MENTAL HEALTH AND SUBSTANCE USE SUPPORT GROUPS FOR THOSE WITH OR RECOVERING FROM MENTAL HEALTH OR SUBSTANCE USE AND THEIR FAMILY/FRIENDS/CAREGIVERS

CROSS-SECTOR COLLABORATION AND PARTNERSHIP:
- PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO PROMOTE COLLABORATION, SHARE KNOWLEDGE, AND COORDINATE COMMUNITY HEALTH IMPROVEMENT ACTIVITIES
- SUPPORT CROSS-SECTOR PARTNERSHIPS GEARED TO ENGAGING AND REFERRING SUBSTANCE USERS/MISUSERS TO TREATMENT

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.

3. SOCIAL DETERMINANTS OF HEALTH:

IDENTIFICATION OF THOSE AT-RISK (OUTREACH, SCREENING, ASSESSMENT, REFERRAL):
- IMPLEMENT OR SUPPORT PROGRAMS THAT SCREEN FOR THE SOCIAL DETERMINANTS OF HEALTH AND MAKE APPROPRIATE REFERRALS TO COMMUNITY-BASED RESOURCES
- CONTINUE TO SCREEN FOR DOMESTIC AND INTERPERSONAL VIOLENCE AND PROVIDE REFERRALS TO COMMUNITY RESOURCES

PATIENT NAVIGATION AND ACCESS TO CARE:
- SUPPORT COMMUNITY PARTNERS THAT ADDRESS BARRIERS ASSOCIATED WITH THE SOCIAL DETERMINANTS OF HEALTH
- CONTINUE TO OFFER HEALTH INSURANCE ENROLLMENT COUNSELING AND ASSISTANCE AND PATIENT NAVIGATION SUPPORT SERVICES
- MAINTAIN A HEALTH RESOURCES INVENTORY FOR RESIDENTS AND COMMUNITY ORGANIZATIONS THAT IDENTIFIES RESOURCES TO ADDRESS SOCIAL DETERMINANTS OF HEALTH
- PROVIDE CULTURAL COMPETENCY AND HEALTH LITERACY TRAINING FOR HOSPITAL CLINICIANS AND STAFF

CROSS-SECTOR COLLABORATION AND PARTNERSHIP:
- PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO PROMOTE COLLABORATION, SHARE KNOWLEDGE, AND COORDINATE COMMUNITY HEALTH IMPROVEMENT ACTIVITIES
- SUPPORT FOOD BANKS AND OTHER PROGRAMS THAT ADDRESS FOOD INSECURITY

4. WELLNESS & PREVENTION (RISK FACTORS):

IDENTIFICATION OF THOSE AT-RISK (OUTREACH, SCREENING, ASSESSMENT, REFERRAL):
- PROMOTE SCREENING FOR BMI ALONG WITH COUNSELING FOR PHYSICAL ACTIVITY AND NUTRITION

HEALTH EDUCATION AND PREVENTION:
- CONTINUE TO OFFER AND SUPPORT PREVENTION, EDUCATION, AND WELLNESS PROGRAMS THAT EDUCATE INDIVIDUALS ON LIFESTYLE CHANGES AND MAKE REFERRALS TO APPROPRIATE COMMUNITY RESOURCES: HEALTHY COOKING DEMONSTRATIONS; OLDER ADULT FOOD SAFETY AND COOKING FOR ONE
- PROVIDE FREE OR LOW-COST PARENTING AND/OR CAREGIVER EDUCATION AND SUPPORT PROGRAMS TO ENHANCE KNOWLEDGE, SKILLS, AND CONFIDENCE: SAFESITTER; BREASTFEEDING/LACTATION

BEHAVIOR MODIFICATION AND DISEASE MANAGEMENT:
- SUPPORT ACTIVE LIVING PROGRAMS THAT PROVIDE OPPORTUNITIES FOR INDIVIDUALS TO BE ACTIVE: SAFE ROUTES TO SCHOOL; YMCA HEALTHY KIDS DAY; SENIOR FITNESS EVENTS
- SUPPORT PROGRAMS IN COMMUNITY-BASED SETTINGS THAT ENHANCE ACCESS TO

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.

NUTRITIOUS AND AFFORDABLE FOODS: LOCAL FARMER'S MARKETS; LOCAL COMMUNITY GARDENS; VEGGIE MOBILE
- CONTINUE TO OFFER COOKING DEMONSTRATIONS AND WORKSHOPS THAT EDUCATE PEOPLE ON HEALTHY EATING AND FOOD PREPARATION

PATIENT NAVIGATION AND ACCESS TO CARE:
- SUPPORT FREE OR LOW-COST INFLUENZA AND PNEUMONIA VACCINATIONS IN COMMUNITY-BASED SETTINGS
- OFFER ACCESS TO FREE AND LOW-COST DENTAL CARE

CROSS-SECTOR COLLABORATION AND PARTNERSHIP:
- PARTICIPATE IN LOCAL AND REGIONAL COALITIONS AND TASK FORCES TO PROMOTE COLLABORATION, SHARE KNOWLEDGE, AND COORDINATE COMMUNITY HEALTH IMPROVEMENT ACTIVITIES RELATED TO WELLNESS AND PREVENTION

JFK UNIVERSITY MEDICAL CENTER & JFK JOHNSON REHABILITATION INSTITUTE
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FOUR MAJOR SIGNIFICANT HEALTH NEEDS CATEGORIES, OF WHICH CONTAIN FIFTEEN TOTAL SIGNIFICANT HEALTH NEEDS SUB-CATEGORIES AS PRIORITIZED BY COMMUNITY FEEDBACK EXERCISES, WERE IDENTIFIED IN JFK UNIVERSITY MEDICAL CENTER'S CHNA:

1. CHRONIC & COMPLEX CONDITIONS, INCLUDING:
. HEART DISEASE & STROKE
. DIABETES
. CANCER
. RESPIRATORY DISEASE
. SEPTICEMIA
2. BEHAVIORAL HEALTH, INCLUDING:
. MENTAL HEALTH
. SUBSTANCE ABUSE
3. SOCIAL DETERMINANTS OF HEALTH, INCLUDING:
. ACCESS TO CARE
. POVERTY
. EMPLOYMENT
. HEALTH LITERACY
. LANGUAGE & CULTURE
4. WELLNESS & PREVENTION (RISK FACTORS), INCLUDING:
. NUTRITION, PHYSICAL ACTIVITY & WEIGHT
. INJURY & VIOLENCE
. ORAL HEALTH

FOR EACH MAJOR SIGNIFICANT HEALTH NEEDS CATEGORY, STRATEGIES OF HOW THE HOSPITAL FACILITY IS ADDRESSING THE SIGNIFICANT NEEDS ARE AS FOLLOWS:
1. CHRONIC & COMPLEX CONDITIONS:

IDENTIFICATION OF THOSE AT-RISK (OUTREACH, SCREENING, ASSESSMENT, REFERRAL):

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.

- CONDUCT OR SUPPORT CHRONIC/COMPLEX CONDITIONS SCREENING PROGRAMS IN CLINICAL AND NON-CLINICAL SETTINGS THROUGH WELLNESS FAIRS OR STAND-ALONE SCREENING EVENTS: WELLNESS SCREENINGS (BLOOD PRESSURE, PULSE, TOTAL CHOLESTEROL, TOTAL GLUCOSE, BMI, STROKE RISK ASSESSMENT); VASCULAR SCREENINGS (BLOOD PRESSURE, BMI, ABI, AAA MEASUREMENT, EKG, CAROTID ULTRASOUND); DIABETIC RETINOPATHY SCREENINGS; MEMORY SCREENINGS; CANCER SCREENINGS (SKIN, COLORECTAL, LUNG); VISUAL ACUITY SCREENINGS; BONE DENSITY SCREENINGS; HEARING SCREENINGS; BALANCE SCREENINGS; PEDIATRIC ASTHMA SCREENINGS

HEALTH EDUCATION AND PREVENTION:
-SUPPORT FREE LECTURES AND EDUCATIONAL SEMINARS, CONDUCTED BY HOSPITAL CLINICAL AND NON-CLINICAL STAFF, RELATED TO CHRONIC/COMPLEX CONDITIONS IN TARGETED COMMUNITY-BASED SETTINGS
- SUPPORT FAITH-BASED OUTREACH INITIATIVES THAT FOCUS ON ENGAGING DIVERSE COMMUNITIES THROUGH WELLNESS FAIRS AND EDUCATIONAL PROGRAMS
- PROVIDE EDUCATION ON SEPTICEMIA PREVENTION, IDENTIFICATION, AND TREATMENT IN PATIENT CARE AND COMMUNITY-BASED SETTINGS

BEHAVIOR MODIFICATION AND DISEASE MANAGEMENT:
- SUPPORT EVIDENCE-BASED BEHAVIOR CHANGE AND SELF-MANAGEMENT SUPPORT PROGRAMS: TAKE CONTROL OF YOUR HEALTH - DIABETES SELF-MANAGEMENT, TOMANDO CONTROL DE SU SALUD, CANCER THRIVING AND SURVIVING

PATIENT NAVIGATION AND ACCESS TO CARE:
-SUPPORT CASE MANAGEMENT AND PATIENT NAVIGATION PROGRAMS TO SUPPORT THOSE WITH CHRONIC/COMPLEX CONDITIONS AND THEIR CAREGIVERS
-OFFER SUPPORT GROUPS FOR INDIVIDUALS WITH CHRONIC/COMPLEX CONDITIONS, THOSE AFFECTED BY THE LOSS OF A LOVED ONE, AND CAREGIVERS: PARKINSON'S SUPPORT GROUP; CAREGIVER SUPPORT GROUP; LIVING WITH CANCER; EPILEPSY SUPPORT GROUP; BRAIN INJURY SUPPORT GROUP; STROKE SUPPORT GROUP; BREAST CANCER SUPPORT GROUP; INSULIN PUMP THERAPY SUPPORT; BRAIN TUMOR SUPPORT GROUP

CROSS-SECTOR COLLABORATION AND PARTNERSHIP:
-PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO PROMOTE COLLABORATION, SHARE KNOWLEDGE, AND COORDINATE COMMUNITY HEALTH IMPROVEMENT ACTIVITIES RELATED TO CHRONIC/COMPLEX CONDITIONS: HEALTHY PLAINFIELD; HEALTHIER MIDDLESEX; MIDDLESEX COUNTY HEALTH AND WELLNESS COUNCIL; METUCHEN, EDISON, WOODBRIDGE, SOUTH AMBOY YMCA; JEWISH COMMUNITY CENTER (JCC)

2. BEHAVIORAL HEALTH:

IDENTIFICATION OF THOSE AT-RISK (OUTREACH, SCREENING, ASSESSMENT, REFERRAL):
- SUPPORT EFFORTS TO CONDUCT MENTAL HEALTH SCREENINGS AND PROVIDE REFERRALS IN PRIMARY CARE SETTINGS

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.

HEALTH EDUCATION AND PREVENTION:
- CONDUCT OR SUPPORT MENTAL HEALTH FIRST AID TRAININGS IN TARGETED COMMUNITY-BASED SETTINGS TO RAISE AWARENESS, REDUCE STIGMA, AND EDUCATE RESIDENTS AND SERVICE PROVIDERS ABOUT MENTAL HEALTH AND SUBSTANCE USE
- SUPPORT STIGMA FREE COMMUNITIES TO RAISE AWARENESS AND REDUCE THE STIGMA ASSOCIATED WITH MENTAL HEALTH AND SUBSTANCE USE ISSUES
- ORGANIZE FREE LECTURES AND EDUCATIONAL SEMINARS, CONDUCTED BY HOSPITAL CLINICAL AND NON-CLINICAL STAFF, RELATED TO MENTAL HEALTH AND SUBSTANCE USE ISSUES IN TARGETED COMMUNITY-BASED SETTINGS

BEHAVIOR MODIFICATION AND DISEASE MANAGEMENT:
- IMPLEMENT AND SUPPORT EVIDENCE-BASED PREVENTION AND CESSATION PROGRAMS GEARED TOWARD REDUCING VAPING AND E-CIGARETTE USE

PATIENT NAVIGATION AND ACCESS TO CARE:
- SUPPORT MENTAL HEALTH AND SUBSTANCE USE SUPPORT GROUPS FOR THOSE WITH OR RECOVERING FROM MENTAL HEALTH OR SUBSTANCE USE AND THEIR FAMILY/FRIENDS/CAREGIVERS

CROSS-SECTOR COLLABORATION AND PARTNERSHIP:
- PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO PROMOTE COLLABORATION, SHARE KNOWLEDGE, AND COORDINATE COMMUNITY HEALTH IMPROVEMENT ACTIVITIES: HEALTHY PLAINFIELD; HEALTHIER MIDDLESEX; MIDDLESEX COUNTY HEALTH AND WELLNESS COUNCIL; METUCHEN, EDISON, WOODBRIDGE, SOUTH AMBOY YMCA; JEWISH COMMUNITY CENTER (JCC)
- SUPPORT DRUG TAKE BACK EFFORTS WITH LOCAL LAW ENFORCEMENT AND OTHER COMMUNITY-BASED PARTNERS

3. SOCIAL DETERMINANTS OF HEALTH:

IDENTIFICATION OF THOSE AT-RISK (OUTREACH, SCREENING, ASSESSMENT, REFERRAL):
- IMPLEMENT OR SUPPORT PROGRAMS THAT SCREEN FOR THE SOCIAL DETERMINANTS OF HEALTH AND MAKE APPROPRIATE REFERRALS TO COMMUNITY-BASED RESOURCES

HEALTH EDUCATION AND PREVENTION:
- CONDUCT TARGETED OUTREACH TO DIVERSE POPULATIONS AND NON-ENGLISH SPEAKERS TO ENGAGE THEM IN CARE, PROGRAMS, AND SERVICES

BEHAVIOR MODIFICATION AND DISEASE MANAGEMENT:
- SUPPORT COMMUNITY PARTNERS THAT ADDRESS BARRIERS ASSOCIATED WITH THE SOCIAL DETERMINANTS OF HEALTH

PATIENT NAVIGATION AND ACCESS TO CARE:
- PROVIDE INFORMATION ON WHERE AND HOW TO ACCESS COMMUNITY RESOURCES
- CONTINUE TO OFFER HEALTH INSURANCE ENROLLMENT COUNSELING AND ASSISTANCE AND PATIENT NAVIGATION SUPPORT SERVICES

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

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

- MAINTAIN A HEALTH RESOURCES INVENTORY FOR RESIDENTS AND COMMUNITY ORGANIZATIONS THAT IDENTIFIES RESOURCES TO ADDRESS SOCIAL DETERMINANTS OF HEALTH
- SUPPORT INNOVATIVE SOLUTIONS TO ADDRESS LEADING BARRIERS TO CARE: CONVENIENT CARE (URGENT CARE, REDICLINIC, TELEHEALTH); CO-LOCATED CLINICS; FAMILY HEALTH CENTERS; PLAINFIELD HEALTH CONNECTIONS; SATELLITE ED

CROSS-SECTOR COLLABORATION AND PARTNERSHIP:
- PARTICIPATE IN LOCAL AND REGIONAL COALITIONS AND TASK FORCES TO PROMOTE COLLABORATION, SHARE KNOWLEDGE, AND COORDINATE COMMUNITY HEALTH IMPROVEMENT ACTIVITIES RELATED TO WELLNESS AND PREVENTION: HEALTHY PLAINFIELD; HEALTHIER MIDDLESEX; MIDDLESEX COUNTY HEALTH AND WELLNESS COUNCIL; METUCHEN, EDISON, WOODBRIDGE, SOUTH AMBOY YMCA; JEWISH COMMUNITY CENTER (JCC)

4. WELLNESS & PREVENTION (RISK FACTORS):

IDENTIFICATION OF THOSE AT-RISK (OUTREACH, SCREENING, ASSESSMENT, REFERRAL):
- PROMOTE SCREENING FOR BMI ALONG WITH COUNSELING FOR PHYSICAL ACTIVITY AND NUTRITION

HEALTH EDUCATION AND PREVENTION:
- CONTINUE TO OFFER AND SUPPORT PREVENTION, EDUCATION, AND WELLNESS PROGRAMS THAT EDUCATE INDIVIDUALS ON LIFESTYLE CHANGES AND MAKE REFERRALS TO APPROPRIATE COMMUNITY RESOURCES: HEALTHY COOKING DEMONSTRATIONS; PAWSITIVE ACTION TEAM
- PROVIDE FREE OR LOW-COST PARENTING AND/OR CAREGIVER EDUCATION AND SUPPORT PROGRAMS TO ENHANCE KNOWLEDGE, SKILLS, AND CONFIDENCE: CAR SEAT SAFETY; SUPPORT GROUPS; BIKE HELMET SAFETY; BREASTFEEDING AND NEW MOMS SUPPORT GROUP

BEHAVIOR MODIFICATION AND DISEASE MANAGEMENT:
- SUPPORT ACTIVE LIVING PROGRAMS THAT PROVIDE OPPORTUNITIES FOR INDIVIDUALS TO BE ACTIVE: SAFE ROUTES TO SCHOOL; YMCA HEALTHY KIDS DAY; SENIOR FITNESS EVENTS
- CONTINUE TO OFFER COOKING DEMONSTRATIONS AND WORKSHOPS THAT EDUCATE PEOPLE ON HEALTHY EATING AND FOOD PREPARATION

PATIENT NAVIGATION AND ACCESS TO CARE:
- OFFER AND PROMOTE INFLUENZA VACCINATIONS AT FAMILY HEALTH CENTERS
- OFFER ACCESS TO FREE AND LOW-COST DENTAL CARE

CROSS-SECTOR COLLABORATION AND PARTNERSHIP:
- PARTICIPATE IN LOCAL AND REGIONAL COALITIONS AND TASK FORCES TO PROMOTE COLLABORATION, SHARE KNOWLEDGE, AND COORDINATE COMMUNITY HEALTH IMPROVEMENT ACTIVITIES RELATED TO WELLNESS AND PREVENTION: HEALTHY

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.

PLAINFIELD; HEALTHIER MIDDLESEX; MIDDLESEX COUNTY HEALTH AND WELLNESS COUNCIL; METUCHEN, EDISON, WOODBRIDGE, SOUTH AMBOY YMCA; JEWISH COMMUNITY CENTER (JCC); GIVE KIDS A SMILE

HMH CARRIER CLINIC
==========
FOUR MAJOR SIGNIFICANT HEALTH NEEDS CATEGORIES, OF WHICH CONTAIN FOURTEEN TOTAL SIGNIFICANT HEALTH NEEDS SUB-CATEGORIES AS PRIORITIZED BY COMMUNITY FEEDBACK EXERCISES, WERE IDENTIFIED IN HMH CARRIER CLINIC'S CHNA:

1. CHRONIC & COMPLEX CONDITIONS, INCLUDING:
. HEART DISEASE & STROKE
. DIABETES
. CANCER
. RESPIRATORY DISEASE
. POTENTIALLY DISABLING CONDITIONS
. SEPTICEMIA
2. BEHAVIORAL HEALTH, INCLUDING:
. MENTAL HEALTH
. SUBSTANCE ABUSE
3. SOCIAL DETERMINANTS OF HEALTH, INCLUDING:
. ACCESS TO CARE
. POVERTY
. EMPLOYMENT
. HEALTH LITERACY
4. WELLNESS & PREVENTION (RISK FACTORS), INCLUDING:
. NUTRITION, PHYSICAL ACTIVITY & WEIGHT
. ORAL HEALTH

OF THE MAJOR SIGNIFICANT HEALTH NEEDS CATEGORIES ABOVE, TWO OF THE MAJOR CATEGORIES WERE AGREED AS PRIORITY FOR HMH CARRIER CLINIC'S SPECIALIZATION. STRATEGIES OF HOW THE HOSPITAL FACILITY IS ADDRESSING THE SIGNIFICANT NEEDS ARE AS FOLLOWS:
1. BEHAVIORAL HEALTH:

IDENTIFICATION OF THOSE AT-RISK (OUTREACH, SCREENING, ASSESSMENT, REFERRAL):
- CONTINUE TO CONDUCT FREE MENTAL HEALTH SCREENINGS FOR ANXIETY, DEPRESSION, AND ALCOHOL DEPENDENCE

HEALTH EDUCATION AND PREVENTION:
- CONDUCT OR SUPPORT MENTAL HEALTH FIRST AID TRAININGS IN TARGETED COMMUNITY-BASED SETTINGS TO RAISE AWARENESS, REDUCE STIGMA, AND EDUCATE RESIDENTS AND SERVICE PROVIDERS ABOUT MENTAL HEALTH AND SUBSTANCE USE
- SUPPORT STIGMA FREE COMMUNITIES TO RAISE AWARENESS AND REDUCE THE STIGMA ASSOCIATED WITH MENTAL HEALTH AND SUBSTANCE USE ISSUES
- OFFER FREE LECTURES AND EDUCATIONAL SEMINARS, CONDUCTED BY HOSPITAL CLINICAL AND NON-CLINICAL STAFF, RELATED TO MENTAL HEALTH AND SUBSTANCE

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.

USE ISSUES IN TARGETED COMMUNITY-BASED SETTINGS
-SUPPORT TOBACCO, E-CIGARETTE/VAPING, AND SECONDHAND SMOKE CONTROL AND PREVENTION EFFORTS

BEHAVIOR MODIFICATION AND DISEASE MANAGEMENT:
- SUPPORT EVIDENCE-BASED PREVENTION AND CESSATION PROGRAMS GEARED TOWARD REDUCING VAPING AND E-CIGARETTE USE

PATIENT NAVIGATION AND ACCESS TO CARE:
- CONTINUE TO PARTNER WITH CLINICAL AND NON-CLINICAL PARTNERS TO ENHANCE ACCESS TO TREATMENT FOR THOSE WITH SUBSTANCE USE DISORDERS
-SUPPORT MENTAL HEALTH AND SUBSTANCE USE SUPPORT GROUPS FOR THOSE WITH OR RECOVERING FROM MENTAL HEALTH OR SUBSTANCE USE AND THEIR FAMILY/FRIENDS/CAREGIVERS

CROSS-SECTOR COLLABORATION AND PARTNERSHIP:
- PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO PROMOTE COLLABORATION, SHARE KNOWLEDGE, AND COORDINATE COMMUNITY HEALTH IMPROVEMENT ACTIVITIES
- SUPPORT DRUG TAKE BACK EFFORTS WITH LOCAL LAW ENFORCEMENT AND OTHER COMMUNITY-BASED PARTNERS

2. SOCIAL DETERMINANTS OF HEALTH:

IDENTIFICATION OF THOSE AT-RISK (OUTREACH, SCREENING, ASSESSMENT, REFERRAL):
- CONDUCT PROGRAMS THAT SCREEN FOR THE SOCIAL DETERMINANTS OF HEALTH AND MAKE APPROPRIATE REFERRALS TO COMMUNITY-BASED RESOURCES
-CONDUCT SCREENINGS FOR DOMESTIC AND INTERPERSONAL VIOLENCE AND PROVIDE REFERRALS TO COMMUNITY RESOURCES

HEALTH EDUCATION AND PREVENTION:
- SUPPORT COMMUNITY PARTNERS THAT ADDRESS BARRIERS ASSOCIATED WITH THE SOCIAL DETERMINANTS OF HEALTH

PATIENT NAVIGATION AND ACCESS TO CARE:
- PROVIDE CULTURAL COMPETENCY AND HEALTH LITERACY TRAINING FOR HOSPITAL CLINICIANS AND STAFF
- MAINTAIN A HEALTH RESOURCES INVENTORY FOR RESIDENTS AND COMMUNITY ORGANIZATIONS THAT IDENTIFIES RESOURCES TO ADDRESS SOCIAL DETERMINANTS OF HEALTH

CROSS-SECTOR COLLABORATION AND PARTNERSHIP:
- PARTICIPATE IN LOCAL AND REGIONAL COALITIONS AND TASK FORCES TO PROMOTE COLLABORATION, SHARE KNOWLEDGE, AND COORDINATE COMMUNITY HEALTH IMPROVEMENT ACTIVITIES RELATED TO WELLNESS AND PREVENTION

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.

SHORE REHABILITATION INSTITUTE
==========
FOUR MAJOR SIGNIFICANT HEALTH NEEDS CATEGORIES, OF WHICH CONTAIN TWELVE TOTAL SIGNIFICANT HEALTH NEEDS SUB-CATEGORIES AS PRIORITIZED BY COMMUNITY FEEDBACK EXERCISES, WERE IDENTIFIED IN THE SHORE REHABILITATION INSTITUTE'S CHNA:

1. CHRONIC & COMPLEX CONDITIONS, INCLUDING:
. HEART DISEASE & STROKE
. DIABETES
. CANCER
. RESPIRATORY DISEASE
. KIDNEY DISEASE
. POTENTIALLY DISABLING CONDITIONS
. SEPTICEMIA
2. BEHAVIORAL HEALTH, INCLUDING:
. MENTAL HEALTH
. SUBSTANCE ABUSE
3. SOCIAL DETERMINANTS OF HEALTH, INCLUDING:
. ACCESS TO CARE
. POVERTY
. EMPLOYMENT
. HOUSING
4. WELLNESS & PREVENTION (RISK FACTORS), INCLUDING:
. NUTRITION, PHYSICAL ACTIVITY & WEIGHT
. INJURY & VIOLENCE

OF THE MAJOR SIGNIFICANT HEALTH NEEDS CATEGORIES ABOVE, THREE OF THE MAJOR CATEGORIES WERE AGREED AS PRIORITY FOR SHORE REHABILITATION INSTITUTE'S SPECIALIZATION. STRATEGIES OF HOW THE HOSPITAL FACILITY IS ADDRESSING THE SIGNIFICANT NEEDS ARE AS FOLLOWS:

1. CHRONIC & COMPLEX CONDITIONS:

IDENTIFICATION OF THOSE AT-RISK (OUTREACH, SCREENING, ASSESSMENT, REFERRAL):
-CONDUCT OR SUPPORT CHRONIC/COMPLEX CONDITIONS SCREENING PROGRAMS IN CLINICAL AND NON-CLINICAL SETTINGS THROUGH WELLNESS FAIRS OR STAND-ALONE SCREENING EVENTS

HEALTH EDUCATION AND PREVENTION:
-SUPPORT FREE LECTURES AND EDUCATIONAL SEMINARS, CONDUCTED BY HOSPITAL CLINICAL AND NON-CLINICAL STAFF, RELATED TO CHRONIC/COMPLEX CONDITIONS IN TARGETED COMMUNITY-BASED SETTINGS

BEHAVIOR MODIFICATION AND DISEASE MANAGEMENT:
-SUPPORT EVIDENCE-BASED BEHAVIOR CHANGE AND SELF-MANAGEMENT SUPPORT PROGRAMS: TAKE CONTROL OF YOUR HEALTH - DIABETES SELF-MANAGEMENT, TOMANDO

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.

CONTROL DE SU SALUD, CANCER THRIVING AND SURVIVING; A MATTER OF BALANCE

PATIENT NAVIGATION AND ACCESS TO CARE:
-SUPPORT CASE MANAGEMENT AND PATIENT NAVIGATION PROGRAMS TO SUPPORT THOSE WITH CHRONIC/COMPLEX CONDITIONS AND THEIR CAREGIVERS
-OFFER SUPPORT GROUPS FOR INDIVIDUALS WITH CHRONIC/COMPLEX CONDITIONS, THOSE AFFECTED BY THE LOSS OF A LOVED ONE, AND CAREGIVERS: STROKE SUPPORT GROUP; AMPUTEE SUPPORT GROUP

CROSS-SECTOR COLLABORATION AND PARTNERSHIP:
-PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO PROMOTE COLLABORATION, SHARE KNOWLEDGE, AND COORDINATE COMMUNITY HEALTH IMPROVEMENT ACTIVITIES RELATED TO CHRONIC/COMPLEX CONDITIONS: BRAIN INJURY ALLIANCE OF NEW JERSEY; AMERICAN HEART ASSOCIATION

2. SOCIAL DETERMINANTS OF HEALTH:

IDENTIFICATION OF THOSE AT-RISK (OUTREACH, SCREENING, ASSESSMENT, REFERRAL):
- SUPPORT PROGRAMS THAT SCREEN FOR THE SOCIAL DETERMINANTS OF HEALTH AND MAKE APPROPRIATE REFERRALS TO COMMUNITY-BASED RESOURCES

BEHAVIOR MODIFICATION AND DISEASE MANAGEMENT:
- SUPPORT COMMUNITY PARTNERS THAT ADDRESS BARRIERS TO WELLNESS ASSOCIATED WITH THE SOCIAL DETERMINANTS OF HEALTH

PATIENT NAVIGATION AND ACCESS TO CARE:
- MAINTAIN A HEALTH RESOURCES INVENTORY FOR RESIDENTS AND COMMUNITY ORGANIZATIONS THAT IDENTIFIES RESOURCES TO ADDRESS SOCIAL DETERMINANTS OF HEALTH
- SUPPORT INNOVATIVE SOLUTIONS TO ADDRESSING LEADING BARRIERS TO CARE
- PROVIDE CULTURAL COMPETENCY TRAINING FOR HOSPITAL CLINICIANS AND STAFF

CROSS-SECTOR COLLABORATION AND PARTNERSHIP:
- PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO PROMOTE COLLABORATION, SHARE KNOWLEDGE, AND COORDINATE COMMUNITY HEALTH IMPROVEMENT ACTIVITIES
- PARTICIPATE IN EFFORTS TO ENHANCE ACCESS TO AFFORDABLE AND RELIABLE FORMS OF TRANSPORTATION; FREE HOSPITAL TRANSPORTATION; LYFT PARTNERSHIP

3. WELLNESS & PREVENTION (RISK FACTORS):

IDENTIFICATION OF THOSE AT-RISK (OUTREACH, SCREENING, ASSESSMENT, REFERRAL):
- PROVIDE SCREENINGS AND RISK IDENTIFICATION ASSESSMENTS TO PREVENT INJURY; BALANCE SCREENINGS; STROKE PREVENTION SCREENINGS

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.

HEALTH EDUCATION AND PREVENTION:
- CONTINUE TO OFFER AND SUPPORT PREVENTION, EDUCATION, AND WELLNESS PROGRAMS THAT EDUCATE INDIVIDUALS ON LIFESTYLE CHANGES AND MAKE REFERRALS TO APPROPRIATE COMMUNITY RESOURCES; FALL AND INJURY PREVENTION

BEHAVIOR MODIFICATION AND DISEASE MANAGEMENT:
- SUPPORT ACTIVE LIVING PROGRAMS THAT PROVIDE OPPORTUNITIES FOR INDIVIDUALS TO BE ACTIVE

CROSS-SECTOR COLLABORATION AND PARTNERSHIP:
- PARTICIPATE IN LOCAL AND REGIONAL COALITIONS AND TASK FORCES TO PROMOTE COLLABORATION, SHARE KNOWLEDGE, AND COORDINATE COMMUNITY HEALTH IMPROVEMENT ACTIVITIES RELATED TO WELLNESS AND PREVENTION

PART V, SECTION B, LINES 16A, 16B & 16C

BAYSHORE MEDICAL CENTER
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/PAY-BILL/FINANCIAL-ASSISTANCE

HMH CARRIER CLINIC
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/PAY-BILL/FINANCIAL-ASSISTANCE/CARRIER-CLINIC-FINANCIAL-ASSISTANCE-POLICY

HACKENSACK UNIVERSITY MEDICAL CENTER
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/PAY-BILL/FINANCIAL-ASSISTANCE

JERSEY SHORE UNIVERSITY MEDICAL CENTER
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/PAY-BILL/FINANCIAL-ASSISTANCE

JFK UNIVERSITY MEDICAL CENTER
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/PAY-BILL/FINANCIAL-ASSISTANCE

MOUNTAINSIDE MEDICAL CENTER
HTTPS://MOUNTAINSIDEHOSP.COM/PATIENTS-VISITORS/BILLING

OCEAN UNIVERSITY MEDICAL CENTER
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/PAY-BILL/FINANCIAL-ASSISTANCE

PALISADES MEDICAL CENTER
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/PAY-BILL/FINANCIAL-ASSISTANCE

PASCACK VALLEY MEDICAL CENTER
HTTPS://PASCACKMEDICALCENTER.COM/INSURANCE-INFORMATION

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.

RARITAN BAY MEDICAL CENTER
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/PAY-BILL/FINANCIAL-ASSISTANCE

RIVERVIEW MEDICAL CENTER
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/PAY-BILL/FINANCIAL-ASSISTANCE

SHORE REHABILITATION INSTITUTE
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/PAY-BILL/FINANCIAL-ASSISTANCE

SOUTHERN OCEAN MEDICAL CENTER
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/PAY-BILL/FINANCIAL-ASSISTANCE

RARITAN BAY MEDICAL CENTER
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/PAY-BILL/FINANCIAL-ASSISTANCE

RIVERVIEW MEDICAL CENTER
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/PAY-BILL/FINANCIAL-ASSISTANCE

SHORE REHABILITATION INSTITUTE
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/PAY-BILL/FINANCIAL-ASSISTANCE

SOUTHERN OCEAN MEDICAL CENTER
HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/PAY-BILL/FINANCIAL-ASSISTANCE

PART V, SECTION B, LINE 3E

ALL HOSPITAL FACILITIES
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THE SIGNIFICANT HEALTH NEEDS INCLUDED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") FOR EACH OF THE HOSPITAL FACILITIES ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY.

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 77

	Name and address	Type of Facility (describe)
1	OCEAN CARE CENTER 1517 RICHMOND AVENUE POINT PLEASANT NJ 08742	URGENT CARE LABORATORY SERVICES
2	MERIDIAN REHAB O/P THERAPY CTR @ NEPTUNE 2100 ROUTE 33, SUITE 2 NEPTUNE NJ 07753	PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH PATHOLOGY
3	MERIDIAN LIFE REHAB AT POINT PLEASANT 801 ARNOLD AVENUE POINT PLEASANT NJ 08742	PHYSICAL THERAPY/FITNESS
4	JANE H BOOKER FAMILY HEALTH CTR AT JSUMC 1828 WEST LAKE AVENUE NEPTUNE NJ 07753	CLINIC
5	MERIDIAN CENTER FOR SLEEP MEDICINE 1809 CORLIES AVENUE, SUITES 2 & 4 NEPTUNE NJ 07753	SLEEP LAB
6	MERIDIAN CENTER FOR SLEEP MEDICINE 53 NAUTILUS DRIVE MANAHAWKIN NJ 08050	CLINIC/SLEEP LAB
7	BOOKER BEHAVIORAL HEALTH CENTER 661 SHREWSBURY AVENUE SHREWSBURY NJ 07702	MENTAL HEALTH/ SUBSTANCE ABUSE/ ADULT PARTIAL/ O/P SERVICES
8	HACKENSACK MERIDIAN REHAB AT HOLMDEL 100 COMMONS WAY, SUITE 120 HOLMDEL NJ 07733	PHYSICAL THERAPY
9	JSMC OUTPATIENT BEHAVIORAL HEALTH 402 RT. 35 NEPTUNE NJ 07754	CHILDREN'S PARTIAL HOSPITAL/ MEDICATION MONITORING/ THERAPEUTIC NURSERY O/P SVCS
10	HACKENSACK MERIDIAN REHAB AT MANALAPAN 195 RT. 9 SOUTH MANALAPAN NJ 07726	REHAB

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

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

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

	Name and address	Type of Facility (describe)
1	JERSEY SHORE O/P BEHAVIORAL HEALTH 3535 ROUTE 66, BUILDING 5, SUITE D NEPTUNE NJ 07753	PHYSICAL, GROUP & FAMILY THERAPY/MEDICATION MANAGEMENT/ SUBSTANCE ABUSE
2	HACKENSACK MERIDIAN REHAB @ FORKED RIVER 730 LACEY ROAD FORKED RIVER NJ 08731	PHYSICAL THERAPY
3	HACK MERIDIAN REHAB AT LITTLE EGG HARBOR 279 MATHISTOWN ROAD LITTLE EGG HARBOR NJ 08087	PHYSICAL THERAPY/OCCUPATIONAL THERAPY
4	HEALTH VILLAGE IMAGING, LLC 1301 RT 72 W MANAHAWKIN NJ 08050	RADIOLOGY MEDICAL SERVICES
5	MERIDIAN CENTER FOR SLEEP MEDICINE 668 NORTH BEERS STREET HOLMDEL NJ 07733	SLEEP LAB
6	CENTER FOR WOUND HEALING AT BCH 735 NORTH BEERS STREET HOLMDEL NJ 07733	WOUND HEALING
7	JACKSON HEALTH VILLAGE LABORATORY 27 SOUTH COOKS BRIDGE RD, SUITE 1-12 JACKSON NJ 08527	LABORATORY SERVICES
8	HACKENSACK MERIDIAN REHAB AT JACKSON 27 SOUTH COOKS BRIDGE RD, SUITE 1-10 JACKSON NJ 08527	REHABILITATIVE CARE
9	SOUTHERN OCEAN CENTER FOR HEALTH 730 LACEY ROAD FORKED RIVER NJ 08731	LABORATORY SERVICES RADIOLOGY
10	SOUTHERN OCEAN CENTER FOR HEALTH 279 MATHISTOWN ROAD LITTLE EGG HARBOR NJ 08087	LABORATORY SERVICES RADIOLOGY

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

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

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

	Name and address	Type of Facility (describe)
1	MERIDIAN REAHAB AT MANAHAWKIN 56 NAUTILUS DRIVE MANAHAWKIN NJ 08050	REHABILITATIVE CARE
2	MERIDIAN CARDIAC REHAB & IMAGING 27 S. COOKS BRIDGE ROAD, STE 11 & 13 JACKSON NJ 08527	REHABILITATIVE CARE, RADIOLOGY
3	MERIDIAN REHAB O/P THERAPY AT BRICK 1686 ROUTE 88 BRICK NJ 08724	PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH PATHOLOGY, CARDIAC REHAB
4	MERIDIAN INTEGRATIVE HEALTH & MEDICINE 27 SOUTH COOKS BRIDGE RD, STE 2-3 JACKSON NJ 08527	INTEGRATIVE HEALTH
5	THE MEDICAL PAVILION AT WOODBRIDGE 740 ROUTE 1 NORTH ISELIN NJ 08830	OB/GYN, PHYSICAL THERAPY & URGENT CARE
6	MERIDIAN HEALTH LAB AT OCEAN CARE CENTER 1517 RICHMOND AVENUE POINT PLEASANT NJ 08742	LABORATORY
7	THE SLEEPCARE CENTER OF OCEAN MED CTR 1610 ROUTE 88, 2ND FLOOR BRICK NJ 08724	SLEEP LAB
8	HOPE TOWER 19 DAVIS AVENUE NEPTUNE NJ 07753	COMPREHENSIVE HEALTHCARE
9	AMBULATORY SURGICAL PAVILION OF NJ 620 S. WHITE HORSE PIKE HAMMONTON NJ 08037	O/P SURGERY
10	HUMC AMBULATORY CARE CENTER-NORTHERN DIV 795 FRANKLIN AVENUE, BLDG C FRANKLIN LAKES NJ 07417	PRIMARY CARE SERVICES OUTPATIENT ONCOLOGY

Part V Facility Information *(continued)*

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

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

	Name and address	Type of Facility (describe)
1	HUMC MEDICAL ARTS PLAZA 20 PROSPECT AVENUE HACKENSACK NJ 07601	VARIOUS OUTPATIENT HEALTHCARE SERVICES & PHARMACY
2	THE ALFRED M. SANZARI MEDICAL ARTS BLDG. 360 ESSEX STREET, SUITE 202 HACKENSACK NJ 07601	VARIOUS OUTPATIENT HEALTHCARE SERVICES
3	JOHN THEURER CANCER CENTER AT HUMC 92 SECOND STREET HACKENSACK NJ 07601	GAMMA KNIFE SERVICES, FIXED CT, LINEAR ACCELERATOR & PHARMACY
4	HACKENSACKUMC FITNESS & WELLNESS CENTER 87 ROUTE 17 NORTH, SUITE 172 MAYWOOD NJ 07607	PRIMARY CARE
5	HUMC AIR EXPRESS 30 PROSPECT AVENUE HACKENSACK NJ 07601	PRIMAR CARE SERVICES, MOBILE ASTHMA SCREENING SERVICES
6	METROPOLITAN SURGERY CENTER 433 HACKENSACK AVENUE HACKENSACK NJ 07601	VARIOUS OUTPATIENT HEALTHCARE SERVICES
7	HUMC MOUNTAINSIDE-O/P MENTAL HEALTH SVCS 799 BLOOMFIELD AVENUE, STE 300 VERONA NJ 07028	OUTPATIENT MENTAL HEALTH SVCS
8	WOUND CARE CENTER AT HUMC PASCACK VALLEY 270 OLD HOOK ROAD WESTWOOD NJ 07675	WOUND CARE SERVICES
9	MOUNTAINSIDE FAM PRACTICE ASSOC @ VERONA 799 BLOOMFIELD AVENUE VERONA NJ 07044	PRIMARY CARE
10	JFK IMAGING CENTER 60 JAMES STREET EDISON NJ 08820	IMAGING & MRI CENTER

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

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

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

	Name and address	Type of Facility (describe)
1	BREAST CENTER AT JFK MEDICAL 60 JAMES STREET EDISON NJ 08818	IMAGING & WOMEN'S CENTER
2	MEDIPLEX SURGICAL CENTER ASSOCIATES 98 JAMES STREET EDISON NJ 08820	SURGERY CENTER
3	JFK DIAGNOSTIC CARDIOLOGY CENTER 4 ETHEL ROAD, SUITE 406A EDISON NJ 08817	DIAGNOSTIC & CARDIOLOGY CENTER
4	FAMILY MEDICINE CENTER - JFK MEDICAL 65 JAMES STREET EDISON NJ 08820	FAMILY MEDICINE
5	JFK JOHNSON REHABILITATION INSTITUTE 2048 OAK TREE ROAD EDISON NJ 08818	COGNITIVE REHABILITATION
6	JFK CENTER FOR BEHAVIORAL HEALTH 65 JAMES STREET EDISON NJ 08820	BEHAVIORAL HEALTH
7	JFK JOHNSON REHABILITATION INSTITUTE 2050 OAK TREE ROAD EDISON NJ 08818	PEDIATRIC REHABILITATION
8	EDISON NEUROLOGIC ASSOCIATES 34-36 PROGRESS STREET, STE B-3 EDISON NJ 08820	NEUROLOGY
9	JFK OUTPATIENT INFUSION CENTER 1030 SAINT GEORGE AVENUE AVENEL NJ 07001	OUTPATIENT INFUSION
10	JFK JOHNSON REHABILITATION INSTITUTE 308 TALMADGE ROAD EDISON NJ 08817	PROSTHETIC & ORTHOTIC LAB

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

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

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

	Name and address	Type of Facility (describe)
1	JFK JOHNSON REHABILITATION INSTITUTE 100 OVERLOOK DRIVE MONROE TOWNSHIP NJ 08831	OUTPATIENT REHAB FACILITY
2	JFK JOHNSON REHABILITATION INSTITUTE 481 MEMORIAL PARKWAY METUCHEN NJ 08840	OUTPATIENT REHAB FACILITY
3	JFK JOHNSON REHABILITATION INSTITUTE 5 PROGRESS STREET EDISON NJ 08820	OUTPATIENT REHAB FACILITY
4	KEITH WOLD CHILD CARE CENTER 2050 OAK TREE ROAD EDISON NJ 08818	CHILDCARE
5	JFK ADULT MEDICAL DAY PROGRAM 3 PROGRESS STREET EDISON NJ 08817	ADULT DAY CARE
6	JFK OCCUPATIONAL HEALTH SERVICES 1200 GREEN STREET ISELIN NJ 08830	OCCUPATIONAL HEALTH
7	JFK BREAST SURGERY ASSOCIATES 98 JAMES STREET, STE 202 EDISON NJ 08820	SURGICAL CENTER
8	JFK HEALTH & FITNESS CENTER 70 JAMES STREET EDISON NJ 08820	FITNESS & CONFERENCE CENTER
9	JFK JOHNSON REHABILITATION INSTITUTE 1080 STELTON ROAD PISCATAWAY NJ 08854	OUTPATIENT REHAB FACILITY
10	ADVANCED MEDICAL IMAGING OF TOMS RIVER 1430 HOOPER AVENUE TOMS RIVER NJ 08753	MEDICAL IMAGING

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

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

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

	Name and address	Type of Facility (describe)
1	ADVANCED MEDICAL IMAGING OF OLD BRIDGE 3548 ROUTE 9 SOUTH OLD BRIDGE NJ 08857	MEDICAL IMAGING, LABORATORY
2	CARDIOLOGY - EAST BRUNSWICK 149 MAIN STREET SOUTH RIVER NJ 08882	CARDIOLOGY
3	PEDIATRIC PSYCHIATRY COLLABORATIVE 2240 ROUTE 33 NEPTUNE NJ 07753	PSYCHIATRIC EVALUATION
4	CARRIER CLINIC BLAKE RECOVERY CENTER 252 ROUTE 601 BELLE MEAD NJ 08502	PSYCHIATRIC HOSPITAL
5	HMH CC EAST MOUNTAIN YOUTH LODGE 45 EAST MOUNTAIN ROAD BELLE MEAD NJ 08502	RESIDENTIAL TREATMENT FACILITY
6	HACKENSACK MERIDIAN HEALTH REHAB @HOLMDE 668 NORTH BEERS STREET HOLMDEL NJ 07733	PHYSICAL THERAPY/OCCUPATIONAL THERAPY
7	JFK JOHNSON REHABILITATION INSTITUTE 585 MAIN STREET WOODBRIDGE NJ 07095	OUTPATIENT REHAB FACILITY
8	HUMC- OUTPATIENT SERVICES 211 ESSEX STREET HACKENSACK NJ 07601	LABORATORY SERVICES
9	HUMC- OUTPATIENT SERVICES 20 PROSPECT AVENUE HACKENSACK NJ 07601	LABORATORY SERVICES
10	GLEN POINTE- OUTPATIENT SERVICES 400 FRANK W. BURR BLVD, SUITE 35 TEANECK NJ 07666	LABORATORY SERVICES

Part V Facility Information *(continued)*

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

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

Name and address	Type of Facility (describe)
1 RBMC- OUTPATIENT SERVICES 2 HOSPITAL PLAZA OLD BRIDGE NJ 08857	LABORATORY SERVICES
2 HMHHC-PALISADES MEDICAL CENTER 403 39TH STREET UNION CITY NJ 07087	BEHAVIORAL HEALTH
3 AUDREY HEPBURN CHILDREN'S HOUSE 12 SECOND STREET HACKENSACK NJ 07601	BEHAVIORAL HEALTH
4 THE RETREAT & RECOVERY AT RAMAPO VALLEY 1071 RAMAPO VALLEY ROAD MAHWAH NJ 07430	BEHAVIORAL HEALTH
5 RBMC- PT @ EAST BRUNSWICK 620 CRANBURY ROAD EAST BRUNSWICK NJ 08816	PHYSICAL THERAPY
6 HACKENSACK MERIDIAN HEALTH HUDSON COUNTY 6045 JFK BOULEVARD NORTH BERGEN NJ 07047	PHYSICAL THERAPY
7 JFK MEDICAL CENTER EMS SOUTH 1195 AIRPORT ROAD LAKEWOOD NJ 08701	AMBULATORY CARE
8	
9	
10	

JSA

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Part VI Supplemental Information

Provide the following information.

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

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

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

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

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

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

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

SCHEDULE H, PART I, LINE 3C

THE HOSPITAL NETWORK OFFERS A VARIETY OF FINANCIAL ASSISTANCE PROGRAMS

TO HELP UNINSURED AND UNDERINSURED PATIENTS.

THE HMH FINANCIAL ASSISTANCE PROGRAM PROVIDES DEEPLY DISCOUNTED

HEALTHCARE SERVICES TO INDIVIDUALS WHO ARE DETERMINED TO BE ELIGIBLE.

FEDERAL POVERTY GUIDELINES AND INSURANCE STATUS ARE USED IN DETERMINING

ELIGIBILITY CRITERIA.

HMH ALSO FACILITATES THE NJ HOSPITAL CARE PAYMENT ASSISTANCE PROGRAM

(CHARITY CARE), WHICH IF APPROVED WOULD PROVIDE CARE AT NO COST OR A

PERCENTAGE OF COST. FACTORS TO DETERMINE ELIGIBILITY INCLUDE:

-ASSET LEVEL;

-MEDICAL INDIGENCY;

-INCOME LEVEL;

-INSURANCE STATUS (INCLUDING UNDERINSURED); AND

-RESIDENCY.

Part VI Supplemental Information

Provide the following information.

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

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

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

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

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

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

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

SCHEDULE H, PART I, LINE 6A

BAYSHORE MEDICAL CENTER, JERSEY SHORE UNIVERSITY MEDICAL CENTER, OCEAN UNIVERSITY MEDICAL CENTER, RIVERVIEW MEDICAL CENTER, SOUTHERN OCEAN MEDICAL CENTER, RARITAN BAY MEDICAL CENTER, OLD BRIDGE MEDICAL CENTER, PALISADES MEDICAL CENTER, HACKENSACK UNIVERSITY MEDICAL CENTER, HACKENSACKUMC AT PASCACK VALLEY, HACKENSACKUMC MOUNTAINSIDE, ANTHONY M. YELENCSICS COMMUNITY HOSP. (JFK UNIVERSITY MEDICAL CENTER), JFK JOHNSON REHABILITATION INSTITUTE, HMH CARRIER CLINIC, SHORE REHABILITATION INSTITUTE, AND THE ORGANIZATIONS INCLUDED IN THIS GROUP FORM 990 ARE PART OF AN ANNUAL COMMUNITY BENEFIT REPORT PREPARED BY HACKENSACK MERIDIAN HEALTH, INC., WHICH IS MADE AVAILABLE TO THE PUBLIC. AT HACKENSACK MERIDIAN, WE RECOGNIZE THAT THE CARE WE PROVIDE THROUGH OUR HOSPITALS AND PARTNER COMPANIES REACHES FAR BEYOND THE BOUNDARIES OF OUR FACILITIES. OUR MISSION TO IMPROVE THE HEALTH STATUS OF THE COMMUNITIES WE SERVE IS AT THE HEART OF OUR CHARITABLE ROOTS. COMMUNITY-BASED PREVENTION AND WELLNESS ACTIVITIES WILL PLAY A CRITICAL ROLE IN KEEPING OUR LOCAL COMMUNITIES HEALTHY AND KEEPING HEALTH CARE COSTS DOWN. HACKENSACK

Part VI Supplemental Information

Provide the following information.

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

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

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

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

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

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

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

MERIDIAN REMAINS COMMITTED TO STRENGTHENING ITS MISSION. HACKENSACK MERIDIAN'S 2019 COMMUNITY BENEFIT REPORT CAN BE REQUESTED AT ANY ONE OF OUR FACILITIES.

SCHEDULE H, PART I, LINE 7

THE BAD DEBT EXPENSE SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $280,815,914; THE BAD DEBT EXPENSE FOR BAYSHORE MEDICAL CENTER, JERSEY SHORE UNIVERSITY MEDICAL CENTER, OCEAN UNIVERSITY MEDICAL CENTER, RIVERVIEW MEDICAL CENTER, SOUTHERN OCEAN MEDICAL CENTER, RARITAN BAY MEDICAL CENTER, OLD BRIDGE MEDICAL CENTER, HACKENSACK UNIVERSITY MEDICAL CENTER, JFK UNIVERSITY MEDICAL CENTER, HMH CARRIER CLINIC, AND PALISADES MEDICAL CENTER ("HOSPITALS").

HOSPITALS USE WORKSHEET 2, RATIO OF PATIENT CARE COST TO CHARGES, IN THE IRS FORM 990 SCHEDULE H INSTRUCTIONS TO CALCULATE THE COST TO CHARGE RATIO.

Part VI Supplemental Information

Provide the following information.

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

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

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

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

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

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

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

IN 2015, THE INTERNAL REVENUE SERVICE CLARIFIED IN THE INSTRUCTIONS FOR SCHEDULE H THAT GROUP RETURNS ARE REQUIRED TO USE TOTAL EXPENSES AS REPORTED IN CORE FORM, PART IX, LINE 25 AS THE DENOMINATOR WHEN CALCULATING THE COMMUNITY BENEFIT PERCENTAGE IN SCHEDULE H, PART I, LINE 7. THE ORGANIZATION FEELS THIS RESULTS IN AN UNDERSTATEMENT OF ITS COMMUNITY BENEFIT PERCENTAGE AS THE OTHER ORGANIZATIONS INCLUDED IN THE GROUP RETURN DO NOT CONTRIBUTE ANY EXPENSES TO THE NUMERATOR. THEREFORE, THE ORGANIZATION WAS CONSISTENT WITH PRIOR YEARS IN USING THE TOTAL HOSPITALS' EXPENSES IN THE DENOMINATOR TO CALCULATE THE COMMUNITY BENEFIT PERCENTAGE IN SCHEDULE H, PART I, LINE 7. THIS ALLOWS FOR A BETTER COMPARISON TO THE PRIOR YEARS AS THIS METHODOLOGY HAS HISTORICALLY BEEN USED IN THE CALCULATION AS WELL AS A MORE ACCURATE REFLECTION OF THE COMMUNITY BENEFIT PROVIDED BY THE HOSPITALS.

AS PART OF THE HOSPITALS' MISSION SUPPORT, THE ORGANIZATIONS SUBSIDIZE THE LOSS OF ITS NON-PROFIT PHYSICIAN PRACTICES SO THAT THEY CAN PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO THE COMMUNITY. SCHEDULE H,

Part VI Supplemental Information

Provide the following information.

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

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

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

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

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

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

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

PART I, LINE 7I INCLUDES THIS MISSION SUPPORT AS PART OF THE HOSPITALS'

SUBSIDIZED SERVICES.

SCHEDULE H, PART III, LINE 2

ACCOUNTS THAT REACH THE END OF THE SELF-PAY BILLING CYCLE WITHOUT

PAYMENTS OR FINANCIAL ASSISTANCE APPROVAL ARE TRANSFERRED TO BAD DEBT.

UNINSURED PATIENT CHARGES ARE DISCOUNTED. BALANCES AFTER INSURANCE, SUCH

AS DEDUCTIBLES, CO-PAYS AND COINSURANCE, MAY BE ELIGIBLE FOR A DISCOUNT

THROUGH THE HMH FINANCIAL ASSISTANCE PROGRAM.

SCHEDULE H, PART III, LINE 3

THROUGH THE FINANCIAL ASSISTANCE PROGRAM, SELF-PAY PATIENTS ARE

INTERVIEWED. THE AMOUNT REFLECTED ON LINE 3 REPRESENTS THOSE THAT ARE NOT

COMPLIANT WITH DOCUMENTATION REQUIREMENTS AND THOSE WHO CANNOT BE

CONTACTED.

Part VI Supplemental Information

Provide the following information.

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

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

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

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

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

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

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

NON-ELIGIBLE PATIENTS, DUE TO BEING OVER INCOME, ARE NOT INCLUDED ON LINE

3.

BAD DEBT SHOULD BE INCLUDED AS A COMMUNITY BENEFIT BECAUSE THE

ORGANIZATION PROVIDES MUCH NEEDED HEALTH CARE SERVICES INDISCRIMINATELY

TO THE COMMUNITY-AT-LARGE WITHOUT REGARD TO WHETHER THE PATIENT HAS

INSURANCE OR THE ABILITY TO PAY.

THE METHODOLOGY USED BY THE ORGANIZATION TO ESTIMATE THE AMOUNT OF ITS

BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE

ORGANIZATION'S FINANCIAL ASSISTANCE POLICY WAS TO APPLY ITS COST TO

CHARGE RATIO TO TOTAL SELF-PAY GROSS CHARGES.

BAD DEBT SHOULD BE INCLUDED AS A COMMUNITY BENEFIT BECAUSE THE

ORGANIZATION PROVIDES MUCH NEEDED HEALTH CARE SERVICES INDISCRIMINATELY

TO THE COMMUNITY-AT-LARGE WITHOUT REGARD TO WHETHER THE PATIENT HAS

INSURANCE OR THE ABILITY TO PAY.

Part VI Supplemental Information

Provide the following information.

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

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

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

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

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

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

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

SCHEDULE H, PART III, LINE 4

THE ORGANIZATIONS INCLUDED IN THIS GROUP FORM 990 FOR WHICH THIS SCHEDULE H IS BEING FILED RECEIVED AN AUDITED FINANCIAL STATEMENT. THE BAD DEBT FOOTNOTES TO THESE AUDITED FINANCIAL STATEMENTS OF HACKENSACK MERIDIAN HEALTH, INC. CAN BE FOUND ON PAGES 20 & 23.

SCHEDULE H, PART III, LINE 8

THE ORGANIZATION BELIEVES THAT ITS MEDICARE SHORTFALL ARE COMMUNITY BENEFITS BECAUSE, AS A HOSPITAL, IT IS STEPPING UP TO CARRY THE BURDEN OF THE GOVERNMENT, BY PROMOTING HEALTH OF THE COMMUNITY AS A WHOLE AND PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY.

Part VI Supplemental Information

Provide the following information.

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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.

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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.

SCHEDULE H, PART III, QUESTION 9B

BAYSHORE MEDICAL CENTER, JERSEY SHORE UNIVERSITY MEDICAL CENTER, OCEAN MEDICAL CENTER, RIVERVIEW MEDICAL CENTER, SOUTHERN OCEAN MEDICAL CENTER, AND RARITAN BAY MEDICAL CENTER, JFK UNIVERSITY MEDICAL CENTER, JFK JOHNSON REHABILITATION INSTITUTE, PALISADES MEDICAL CENTER, HACKENSACK UNIVERSITY MEDICAL CENTER

THE POLICY ON BILLING AND COLLECTION ACTIONS OF THE ABOVE FACILITIES CONTAINS THE FOLLOWING PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE:

CURRENT ACCOUNTS RECEIVABLE FOR MEDICARE PATIENTS THAT REACH THE END OF THE SELF-PAY DUNNING CYCLE FOR MEDICARE PATIENTS (WHICH CONSISTS OF FOUR STATEMENTS AND ONE LETTER OVER A PERIOD OF 120 DAYS, WITHOUT PAYMENT OR EVIDENCE OF CHARITY CARE ELIGIBILITY) ARE TRANSFERRED TO BAD DEBT AS

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STIPULATED IN PATIENT ACCOUNTS POLICIES AND PROCEDURES. THE SAME HOLDS

FOR NON-MEDICARE PATIENTS BUT THE DUNNING CYCLE IS 62 DAYS. THE SYSTEM

ENTITIES DO NOT ENGAGE IN EXTRAORDINARY COLLECTION ACTIONS AGAINST AN

INDIVIDUAL PRIOR TO REASONABLE EFFORTS BEING MADE TO DETERMINE WHETHER

THE INDIVIDUAL IS FINANCIAL ASSISTANCE PROGRAM-ELIGIBLE.

FOR THESE PURPOSES, REASONABLE EFFORTS INCLUDE THE POSTING OF SIGNAGE

AND NOTICES REGARDING THE SYSTEM'S FINANCIAL ASSISTANCE PROGRAM, THE

PROVISION OF A PLAIN-LANGUAGE SUMMARY AS PART OF THE HOSPITALS INTAKE

PROCESS, THE INCLUSION OF SPECIFIC INFORMATION REGARDING THE AVAILABILITY

OF FINANCIAL ASSISTANCE ON ALL BILLING STATEMENTS, COMMUNICATING IN

PERSON AND BY TELEPHONE REGARDING THE AVAILABILITY OF ASSISTANCE AND, IN

CASES WHERE AN INCOMPLETE APPLICATION IS SUBMITTED, INFORMING THE

PATIENT, IN WRITING, REGARDING THE ADDITIONAL INFORMATION/DOCUMENTATION

REQUIRED IN ORDER TO DETERMINE THE PATIENT'S ELIGIBILITY. UNDER NO

CIRCUMSTANCES WILL A SYSTEM ENTITY (EITHER DIRECTLY OR INDIRECTLY, BY

ANOTHER PERSON ON ITS BEHALF) UNDERTAKE ANY ECA DURING THE 120-DAY PERIOD

FOLLOWING THE DATE OF THE FIRST POST-DISCHARGE BILLING STATEMENT ISSUED

Part VI Supplemental Information

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TO THE PATIENT. A SYSTEM ENTITY MAY SATISFY THE NOTIFICATION REQUIREMENTS WITH RESPECT TO AN INDIVIDUAL'S AGGREGATED OUTSTANDING BILLS AS LONG AS 120 DAYS HAVE PASSED SINCE THE FIRST POST DISCHARGE STATEMENT FOR THE MOST RECENT EPISODE OF CARE INCLUDED IN THE AGGREGATED BILLS. AFTER THE EXPIRATION OF THE 120 DAY PERIOD, IF A SYSTEM ENTITY INTENDS TO UNDERTAKE AN ECA, THE THIRD PARTY WILL PROVIDE THE PATIENT WITH A FINAL WRITTEN NOTICE STATING THE SPECIFIC ECAS THAT WILL BE UNDERTAKEN IF PAYMENT IS NOT MADE OR A FINANCIAL ASSISTANCE APPLICATION IS NOT SUBMITTED BEFORE A STATED DEADLINE, WHICH MUST BE AT LEAST 30 DAYS AFTER THE DATE OF THE NOTICE. THE 30-DAY NOTICE INCLUDES A PLAIN LANGUAGE SUMMARY OF THE SYSTEM'S FINANCIAL ASSISTANCE POLICY. IN KEEPING WITH THE FOREGOING STANDARDS, ONCE A PATIENT ACCOUNT HAS COMPLETED THE SELF-PAY DUNNING CYCLE, THE SYSTEM ENTITY WILL FORWARD THE ACCOUNT TO A PRIMARY BAD DEBT COLLECTION AGENCY, WHICH WILL WORK THE ACCOUNT FOR 180 DAYS. ACCOUNTS THAT REMAIN UNPAID AT THE END OF 180-DAYS ARE AUTOMATICALLY REASSIGNED TO A SECONDARY AGENCY FOR AN ADDITIONAL 180-DAYS. PRIMARY AND SECONDARY AGENCIES CAN PURSUE LEGAL ACTION ON ACCOUNTS THROUGH DESIGNATED LEGAL AFFILIATES. ACCOUNTS THAT REMAIN UNPAID MAY BE REFERRED TO ATTORNEYS.

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SUCH ATTORNEYS MAY PROVIDE THE 30-DAY NOTICE (DESCRIBED ABOVE) ON BEHALF

OF THE SYSTEM ENTITY AND, AFTER THE EXPIRATION OF THE STATED DEADLINE,

MAY INITIATE ECAS ON BEHALF OF THE SYSTEM ENTITY. ECAS WILL INCLUDE

JUDGMENTS AND LIENS. AS PART OF THE COURT PROCESS, A PATIENT MAY HAVE

THEIR OUTSTANDING BALANCE REPORTED TO A CREDIT AGENCY. THIS IS THROUGH

THE COURT ITSELF AND DOES NOT HAPPEN BY ANY ACTIONS TAKEN BY HMH

FACILITIES OR THEIR AGENTS.

ECAS ARE SUSPENDED DURING THIS TIME IF THE PATIENT SUBMITS A FINANCIAL

ASSISTANCE APPLICATION. THE HOSPITAL CONTINUES TO ACCEPT AND PROCESS ANY

FINANCIAL ASSISTANCE APPLICATIONS FOR UP TO 24 MONTHS AFTER THE ORIGINAL

DATE OF SERVICE.IF THE PATIENT QUALIFIES FOR CHARITY CARE OR THE

UNINSURED DISCOUNT, ANY AMOUNTS PREVIOUSLY PAID BY THE PATIENT IN EXCESS

OF THEIR DISCOUNTED CHARGES WILL BE REFUNDED AND ANY EXTRAORDINARY

COLLECTION EFFORTS THAT HAVE BEEN TAKEN WILL BE REVERSED.

HMH CARRIER CLINIC

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SUMMARY OF BILLING AND COLLECTION PROCEDURES

THE HOSPITAL WILL MAKE DILIGENT EFFORT TO DETERMINE THE PATIENT FINANCIAL RESPONSIBILITY AS SOON AS REASONABLY POSSIBLE, THE DAY OF ADMISSION OR WITHIN FEW DAYS OF ADMISSION. ESTIMATED AMOUNT DUE WILL BE BASED ON THE INDIVIDUAL INSURANCE BENEFIT AND MAY INCLUDE DEDUCTIBLE, CO-PAY AND CO-INSURANCE. THE HOSPITAL WILL MAKE ITS BEST EFFORT TO ADVISE ALL PATIENTS AND/OR FAMILIES OF ANY FINANCIAL RESPONSIBILITY, COVERAGE LIMITATION, DISCUSS PAYMENT OPTIONS AND AVAILABILITY OF FINANCIAL ASSISTANCE PROGRAM. PATIENT STATEMENTS WILL INCLUDE NOTICES AS REQUIRED TO INFORM PATIENT OF THE AVAILABILITY AND MEANS TO ACCESS FINANCIAL ASSISTANCE. THE HOSPITAL WIDELY PUBLICIZES ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE PROGRAM, INCLUDING WHO TO CONTACT. GENERALLY, A PATIENT AND/OR GUARANTOR WILL HAVE A SELF-PAY RESPONSIBILITY INCLUDING AND NOT LIMITED TO THE FOLLOWING: THE PATIENT HAS INSURANCE COVERAGE BUT IT HAS BEEN ESTABLISHED THAT DEDUCTIBLE NOT MET AND PATIENT HAS

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CO-INSURANCE AND/OR DAILY COPAY, THE PATIENT HAS INSURANCE, HOWEVER HMH CARRIER CLINIC IS OUT OF NETWORK AND PATIENT DOES NOT HAVE OUT OF NETWORK BENEFITS, THE PATIENT HAS NO INSURANCE AND WHEN ASKED DOES NOT QUALIFY FOR MEDICAID, THE PATIENT HAS INSURANCE BUT NO BENEFITS FOR BEHAVIORAL HEALTH, THE PATIENT HAS INSURANCE, AND HAS OUT OF NETWORK BENEFITS WITH HIGH COINSURANCE, THE PATIENT HAS EXHAUSTED AVAILABLE BENEFITS, BENEFIT YEAR, CALENDAR YEAR, AND/OR LIFETIME MAXIMUM FREQUENT OCCURRENCE WITH MEDICARE PATIENTS WHO HAVE USED THEIR 190 LIFETIME PSYCHIATRIC BENEFIT OR LESS FREQUENTLY MAXED THEIR BENEFIT PERIOD.

THE HOSPITAL WILL MAKE DILIGENT EFFORTS TO IDENTIFY PATIENTS WHO MAY BE UNINSURED OR UNDERINSURED IN ORDER TO PROVIDE COUNSELING AND ASSISTANCE. THE PSR (PATIENT SERVICES REP) WILL PROVIDE FINANCIAL COUNSELING TO THESE PATIENTS AND THEIR FAMILIES, INCLUDING GUIDANCE FOR ELIGIBILITY FOR OTHER SOURCES OF COVERAGE SUCH AS FEDERAL AND STATE GOVERNMENT PROGRAMS. IF ADDITIONAL FINANCIAL ASSISTANCE IS REQUIRED, PSR MAY EXTEND DISCOUNTS OR OTHER ADJUSTMENTS TO PATIENT IF THEY QUALIFY UNDER THE HOSPITAL FINANCIAL ASSISTANCE POLICY. THE PATIENT HAS A NUMBER OF RESPONSIBILITIES IN ORDER

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TO QUALIFY FOR ASSISTANCE, INCLUDING THE OBLIGATION TO SUBMIT ALL

NECESSARY AND ACCURATE DOCUMENTATION. THE HOSPITAL WIDELY PUBLICIZES

INFORMATION ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE PROGRAM,

INCLUDING WHERE TO GO FOR ASSISTANCE. IT SHOULD BE NOTED THAT SERVICES

WHICH ARE SEPARATELY BILLED BY OTHER OUTSIDE PROVIDERS, SUCH AS

PHYSICIANS ARE NOT ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY (FAP).

CARRIER CLINIC UTILIZES ARCADIA RECOVERY FOR COLLECTION OF ALL PATIENT

BALANCES AFTER INSURANCE PAYMENTS AND UNINSURED INDIVIDUALS. THE TOTAL

BILLING CYCLE IS 120 DAYS BEFORE THE BALANCE IS SENT TO COLLECTION. IN

CERTAIN SITUATIONS (EXCEPT FOR MEDICARE PATIENTS) ACCOUNT MAY BE REFERRED

TO BAD DEBT (BD) PRIOR TO 120TH DAY.

THE HOSPITAL WILL MAKE EVERY EFFORT TO PROVIDE PATIENTS WITH EVERY

OPPORTUNITY TO MEET THEIR FINANCIAL OBLIGATION BEFORE ACCOUNT IS REFERRED

TO A COLLECTION AGENCY. STEPS WILL BE TAKEN TO COMMUNICATE WITH PATIENTS

WITH DELINQUENT ACCOUNTS ENCOURAGING THEM TO COMPLY WITH PAYMENT PLANS IN

ORDER TO PREVENT REFERRAL TO OUTSIDE COLLECTION AGENCY. ARCADIA WILL

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PROVIDE INFORMATION ON FINANCIAL ASSISTANCE AND PAYMENT OPTIONS TO

PATIENTS INFORMING THEM OF THE OUTSTANDING BALANCE DUE. THE FOLLOWING

ACCOUNTS WILL BE REFERRED TO COLLECTION AGENCY WHEN ALL AVAILABLE EFFORTS

WERE EXHAUSTED: DELINQUENT ACCOUNTS WITH NO PAYMENT ACTIVITY, ACCOUNTS

WITH NO PAYMENT ACTIVITY AND INELIGIBLE FOR FINANCIAL ASSISTANCE,

ACCOUNTS GRANTED % DISCOUNTS UNDER FINANCIAL ASSISTANCE BUT NO LONGER

COOPERATING TO PAY REMAINING BALANCE, ACCOUNTS WERE PATIENTS HAVE MADE NO

ARRANGEMENTS TO RESOLVE THEIR OUTSTANDING BALANCE, ACCOUNTS WITH RETURNED

MAIL AND NO OTHER CONTACT INFORMATION.

ACCOUNTS THAT CANNOT BE COLLECTED AFTER A SERIES OF LETTERS AND CALLS

WILL BE REFERRED TO A COLLECTION AGENCY FOR FURTHER COLLECTION ACTION

(121ST DAY OR LATER, ALL MEDICARE PATIENTS AND 120 DAYS OR LESS FOR

NON-MEDICARE PATIENTS). BAD DEBT REFERRAL PRIOR TO 120TH DAY IS ACCOUNTS

CLASSIFIED AS SKIP WHEN RETURNED BY THE USPS AS NOT DELIVERABLE. MEDICARE

ACCOUNTS ARE NOT REFERRED TO BAD DEBT REGARDLESS OF THE SITUATION UNTIL

121ST DAY FROM THE FIRST STATEMENT DATE. HMH CARRIER CLINIC AND

COLLECTION AGENCY EFFORTS DO NOT INCLUDE EXTRAORDINARY COLLECTION

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MEASURES.

SCHEDULE H, PART VI, QUESTION 2

IN ADDITION TO THE INFORMATION REPORTED IN SCHEDULE H, PART V, SECTION B, QUESTIONS 1 THROUGH 12, THE ORGANIZATIONS ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITIES THEY SERVE AS FOLLOWS:

1. ACCESS TO CARE/SERVICES IS ASSESSED REGULARLY TO IDENTIFY OPPORTUNITIES TO IMPROVE NETWORK ADEQUACY RELATIVE TO THE AVAILABILITY OF MEDICAL MANPOWER AND SITES OF SERVICE;

2. UTILIZATION IS TRACKED BY HACKENSACK MERIDIAN HEALTH ("HMH") OPERATIONAL LEADERS RELATIVE TO CAPACITY AND ABILITY TO ACCOMMODATE DEMAND. WHERE POTENTIAL CAPACITY AND THROUGHPUT CONCERNS ARE IDENTIFIED, FURTHER ASSESSMENTS ARE PERFORMED AND POTENTIAL SOLUTIONS ARE IDENTIFIED; AND

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3. FOR KEY SERVICES, HMH HAS DEVELOPED CARE TRANSFORMATION SERVICE TEAMS

TO ACCESS SERVICE-SPECIFIC NEEDS AND DEVELOP PLANS TO ADDRESS.

SCHEDULE H, PART VI, QUESTION 3

IN ACCORDANCE WITH INTERNAL REVENUE CODE SECTION 501(R)(4) THE HOSPITALS

INFORM AND EDUCATE PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT

CARE ABOUT THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE BY WIDELY

PUBLICIZING

VARIOUS DOCUMENTS. THESE DOCUMENTS ARE WIDELY PUBLICIZED IN THE FOLLOWING

WAYS:

- THE FINANCIAL ASSISTANCE POLICY ("FAP"), APPLICATION AND PLAIN LANGUAGE

SUMMARY ("PLS") ARE ALL AVAILABLE ON-LINE;

- PAPER COPIES OF THE FAP, APPLICATION AND PLS ARE AVAILABLE UPON REQUEST

BY

MAIL, WITHOUT CHARGE, AND ARE PROVIDED IN VARIOUS AREAS THROUGHOUT THE

HOSPITALS INCLUDING MAIN REGISTRATION DESK, EMERGENCY ROOM, AND PATIENT

FINANCIAL SERVICES DEPARTMENT;

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- ALL PATIENTS ARE OFFERED A COPY OF THE PLS AS PART OF THE PATIENT

ACCESS/INTAKE PROCESS;

- SIGNS OR DISPLAYS ARE POSTED IN PUBLIC LOCATIONS INCLUDING MAIN

REGISTRATION DESK, EMERGENCY ROOM, AND PATIENT FINANCIAL SERVICES OFFICES

THAT NOTIFY AND INFORM PATIENTS ABOUT THE AVAILABILITY OF FINANCIAL

ASSISTANCE; AND

- THE FAP, APPLICATIONS AND PLS ARE AVAILABLE IN ENGLISH AND IN THE

PRIMARY LANGUAGE OF POPULATIONS WITH LIMITED PROFICIENCY IN ENGLISH

("LEP") THAT CONSTITUTE THE LESSER OF 1,000 INDIVIDUALS OR 5% OF THE

COMMUNITY SERVED BY THE HOSPITALS' PRIMARY SERVICE AREAS. TRANSLATED

VERSIONS FAP ARE AVAILABLE UPON REQUEST IN PERSON AT THE ADDRESS ABOVE

AND ON THE HOSPITAL WEBSITES.

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SCHEDULE H, PART VI, QUESTION 4

THE 15 HOSPITALS INCLUDED IN THIS FORM 990, SCHEDULE H SERVE THE

COMMUNITIES OF MONMOUTH, OCEAN, MIDDLESEX, HUDSON, BERGEN, AND SOMERSET

COUNTIES IN NEW JERSEY. THE FOLLOWING INFORMATION BY COUNTY IS BASED ON

RECENT CENSUS ESTIMATES:

MONMOUTH COUNTY

POPULATION, 2021: 645,354

UNDER 5 YEARS OF AGE, 2021: 4.9%

UNDER 18 YEARS OF AGE, 2021: 20.8%

65 YEARS OLD AND OVER, 2021: 18.7%

PERSONS IN POVERTY, 2016-2020: 6.2%

MEDIAN HOUSEHOLD INCOME, 2016-2020: $ 103,523

RACIAL COMPOSITION, 2021:

WHITE: 74.9%

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

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

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

AFRICAN AMERICAN: 7.3%

ASIAN: 5.7%

HISPANIC OR LATINO ORIGIN: 11.4%

OTHER: 0.7%

OCEAN COUNTY

POPULATION, 2021: 648,998

UNDER 5 YEARS OF AGE, 2021: 7.2%

UNDER 18 YEARS OF AGE, 2021: 24.8%

65 YEARS OLD AND OVER, 2021: 22.4%

PERSONS IN POVERTY, 2016-2020: 10.5%

MEDIAN HOUSEHOLD INCOME, 2016-2020: $72,679

RACIAL COMPOSITION, 2021:

WHITE: 83.7%

AFRICAN AMERICAN: 3.8%

ASIAN: 2.0%

HISPANIC OR LATINO ORIGIN: 9.8%

Part VI Supplemental Information

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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.

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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.

OTHER: 0.7%

MIDDLESEX COUNTY

POPULATION, 2021: 860,807

UNDER 5 YEARS OF AGE, 2021: 5.4%

UNDER 18 YEARS OF AGE, 2021: 21.6%

65 YEARS OLD AND OVER, 2021: 15.9%

PERSONS IN POVERTY, 2016-2020: 7.4%

MEDIAN HOUSEHOLD INCOME, 2016-2020: $91,731

RACIAL COMPOSITION, 2021:

WHITE: 39.9%

AFRICAN AMERICAN: 12.5%

ASIAN: 25.7%

HISPANIC OR LATINO ORIGIN: 22.7%

OTHER: 0.9%

HUDSON COUNTY

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.

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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.

POPULATION, 2021: 702,463

UNDER 5 YEARS OF AGE, 2021: 6.5%

UNDER 18 YEARS OF AGE, 2021: 20.4%

65 YEARS OLD AND OVER, 2021: 12.6%

PERSONS IN POVERTY, 2016-2020: 13.1%

MEDIAN HOUSEHOLD INCOME, 2016-2020: $75,062

RACIAL COMPOSITION, 2021:

WHITE: 28.4%

AFRICAN AMERICAN: 15.2%

ASIAN: 16.8%

HISPANIC OR LATINO ORIGIN: 42.5%

OTHER: 1.5%

BERGEN COUNTY

POPULATION, 2021: 953,819

UNDER 5 YEARS OF AGE, 2021: 5.0%

Part VI Supplemental Information

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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.

UNDER 18 YEARS OF AGE, 2021: 21.0%

65 YEARS OLD AND OVER, 2021: 17.8%

PERSONS IN POVERTY, 2016-2020: 6.4%

MEDIAN HOUSEHOLD INCOME, 2016-2020: $104,623

RACIAL COMPOSITION, 2021:

WHITE: 53.6%

AFRICAN AMERICAN: 7.6%

ASIAN: 17.4%

HISPANIC OR LATINO ORIGIN: 22.0%

OTHER: 0.7%

SOMERSET COUNTY

POPULATION, 2021: 345,647

UNDER 5 YEARS OF AGE, 2021: 4.8%

UNDER 18 YEARS OF AGE, 2021: 21.3%

65 YEARS OLD AND OVER, 2021: 16.7%

PERSONS IN POVERTY, 2016-2020: 4.8%

Part VI Supplemental Information

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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.

MEDIAN HOUSEHOLD INCOME, 2016-2020: $116,510

RACIAL COMPOSITION, 2021:

WHITE: 52.8%

AFRICAN AMERICAN: 10.8%

ASIAN: 20.1%

HISPANIC OR LATINO ORIGIN: 15.8%

OTHER: 0.5%

SCHEDULE H, PART VI, QUESTION 5

PROJECT "SPEAR-IT"

WE ARE PROUD TO PARTNER WITH UNITED WAY OF MONMOUTH AND OCEAN COUNTIES (UWMOC) TO PROVIDE MUCH-NEEDED SUPPORT FOR YOUTH TO HELP THEM TO GROW AND THRIVE. AS PART OF THEIR EDUCATION WORK, UWMOC DEVELOPED THE YOUTH VOCATIONAL TRAINING INITIATIVE IN 2019 TO ADDRESS THE GAP IN EXPOSURE AND AWARENESS TO A DIVERSE ARRAY OF CAREER PATHWAYS, INCLUDING VOCATIONAL FIELDS. THROUGH THAT PROCESS, UNITED WAY PARTNERED WITH TOMS RIVER HIGH SCHOOL SOUTH TO CREATE PROJECT SPEARIT - A PRE-APPRENTICESHIP PROGRAM FOR

Part VI Supplemental Information

Provide the following information.

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FRESHMEN WHO MAY BE INTERESTED IN PURSUING VOCATIONAL AND TECHNICAL

CAREERS. STUDENTS IN PROJECT SPEAR-IT ARE EXPOSED TO A VARIETY OF SKILLS,

INCLUDING ELECTRIC, WOODWORKING AND EVEN PLUMBING. THE CULMINATION OF

THEIR LEARNING EXPERIENCE IS DEMONSTRATED THROUGH THIS YEAR'S CAPSTONE

PROJECT WHERE STUDENTS PUT THEIR SKILLS TO THE TEST TO BUILD NINE

LIFEGUARD STANDS FOR ORTLEY BEACH, WHICH WILL BE DELIVERED TO THE TOWN

JUST IN TIME FOR THE SUMMER. EVEN THROUGHOUT THE PANDEMIC, THE PROGRAM'S

VIRTUAL CLASSES HAD A 98-PERCENT ATTENDANCE RATE AND KEPT STUDENTS

ENGAGED.

PROJECT "HEAL"

PROJECT HEAL (HELP, EMPOWER, AND LEAD) IS A COMMUNITY-BASED PROGRAM

DEDICATED TO PROVIDING ASSISTANCE, RESOURCES, AND TOOLS FOR THOSE

AFFECTED BY VIOLENCE TO CHANGE AND IMPROVE THEIR LIVES. THE PROGRAM

PROVIDES SERVICES FOR VICTIMS OF ANY TYPE OF VIOLENCE (I.E. GANG RELATED,

COMMUNITY VIOLENCE, DOMESTIC VIOLENCE, HUMAN TRAFFICKING). SINCE THE

LAUNCH OF PROJECT HEAL IN EARLY 2021, MORE THAN 175 CLIENTS HAVE BEEN

AIDED THROUGH COUNSELING, EMERGENCY FINANCIAL ASSISTANCE, LEGAL ADVICE,

Part VI Supplemental Information

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TRANSPORTATION ASSISTANCE AND MORE AND MORE THAN 600 INDIVIDUAL AND GROUP

COUNSELING SESSIONS HAVE BEEN PROVIDED.

WYCKOFF FAMILY YMCA PARTNERSHIP

IN 2019 WE LAUNCHED A PARTNERSHIP WITH THE WYCKOFF FAMILY YMCA TO PROVIDE

HEALTH AND WELLNESS EDUCATION SERVICES TO MEMBERS AND AREA RESIDENTS.

THEY ARE OUR MISSION PARTNERS IN BETTERING THE COMMUNITY IN NORTHERN

BERGEN COUNTY. THE PARTNERSHIP IS GOING STRONG, AND WE PROVIDE MULTIPLE

SERVICES TO THEM AND THEIR 13,000+ MEMBERS THROUGHOUT EVERY SEASON

INCLUDING "ASK THE NURSE," BEHAVIORAL HEALTH AND AGING SEMINARS AND

COOKING DEMONSTRATIONS WITH ADULTS AND CHILDREN. WE ALSO SUPPORT THEIR

SUMMER CAMP PROGRAMS, REACHING MORE THAN 1,000 KIDS.

HOSPITAL AT HOME

IN EARLY 2022, WE LAUNCHED HOSPITAL AT HOME AT JFK UNIVERSITY MEDICAL

CENTER, A PROGRAM THAT DELIVERS HIGH-QUALITY ACUTE CARE IN THE HOME OF A

MEDICARE PATIENT AND MAY ULTIMATELY BE SCALABLE TO THE LARGER PATIENT

POPULATION. THE PROGRAM IS CREATED THROUGH A MEDICARE WAIVER, WHICH

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PERMITS HOSPITALS TO PROVIDE ACUTE CARE AT HOME TO MEDICARE PATIENTS.

PATIENTS ARE SELECTED BASED ON FACTORS THAT INCLUDE DIAGNOSES THAT OFTEN

RESULT IN FREQUENT AND COSTLY READMISSIONS TO HOSPITALS: UNCOMPLICATED

CONGESTIVE HEART FAILURE, PNEUMONIA, CHRONIC OBSTRUCTIVE PULMONARY

DISEASE AND CELLULITIS. THROUGH THIS PROGRAM, THE FOLLOWING SERVICES ARE

DELIVERED IN THE HOME: TWO NURSING VISITS DAILY; MEDICATIONS DELIVERED TO

THE HOME INCLUDING INFUSIONS; REHAB VISITS AS NEEDED; REMOTE PATIENT

MONITORING WHICH INCLUDES PULSE OX, BLOOD PRESSURE, HEART RATE, WEIGHT

AND TEMPERATURE. NUTRITIOUS MEALS AND HOME HEALTH SUPPORT ARE ALSO

PROVIDED AS NEEDED. RESEARCH SHOWS THAT THESE PROGRAMS ARE AT LEAST AS

SAFE AS INPATIENT CARE AND RESULT IN IMPROVED CLINICAL OUTCOMES, HIGHER

RATES OF PATIENT SATISFACTION AND REDUCED HEALTH CARE COSTS. PATIENTS

HAVE INDICATED THAT THEY WANT TO RECEIVE CARE AT HOME, ESPECIALLY DURING

THE PANDEMIC. ACCORDING TO A RECENT SURVEY, 85 PERCENT OF ADULTS SAY IT

SHOULD BE A HIGH PRIORITY FOR THE GOVERNMENT TO EXPAND MEDICARE COVERAGE

FOR AT-HOME HEALTH CARE. ULTIMATELY, WE PLAN TO EXPAND THE PROGRAM TO

OTHER HOSPITALS ONCE THE PILOT IS PROVEN SUCCESSFUL AND INCLUDE PATIENTS

WHO ARE NOT COVERED BY MEDICARE.

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UNITE US

THERE'S NO PATH TO IMPROVE HEALTH CARE WITHOUT SIGNIFICANT INVESTMENT IN SOCIAL DETERMINANTS OF HEALTH STRATEGIES. HEALTH CARE MUST MOVE FROM ACUTE EPISODIC CARE TO AN INTEGRATED AND COORDINATED SYSTEM FOCUSED ON PREVENTION AND BETTER CARE MANAGEMENT. THE PANDEMIC WAS ESPECIALLY CRUEL TO AMERICANS WITH DIABETES, OBESITY, AND OTHER CHRONIC AND COSTLY ILLNESSES. IT IMPACTED COMMUNITIES OF COLOR MUCH MORE DRAMATICALLY THAN WHITE COMMUNITIES. THAT'S WHY WE ARE PARTNERING WITH UNITE US (FORMERLY NOW POW), A DIGITAL PLATFORM THAT HAS HELPED US SCREEN MORE THAN 400,000 PEOPLE WHO MAY BE AT HIGH-RISK, WITH MORE THAN 813,000 REFERRALS CONNECTING PEOPLE DIRECTLY TO SOCIAL SERVICES FOR RENTAL ASSISTANCE, GROCERIES AND MORE.

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SCHEDULE H, PART VI, QUESTION 6

HACKENSACK MERIDIAN HEALTH, INC. ("HMH") IS THE TAX-EXEMPT PARENT OF HACKENSACK MERIDIAN HEALTH ("NETWORK"). THIS INTEGRATED HEALTHCARE DELIVERY NETWORK CONSISTS OF A GROUP OF AFFILIATED HEALTHCARE ORGANIZATIONS. THE SOLE MEMBER OR STOCKHOLDER OF EACH ENTITY IS EITHER HMH OR ANOTHER NETWORK AFFILIATE CONTROLLED BY HMH. THE NETWORK IS AN INTEGRATED NETWORK OF HEALTHCARE PROVIDERS THROUGHOUT NEW JERSEY.

HMH IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). AS THE CENTRAL ORGANIZATION IN THE GROUP RULING OF THE TAX-EXEMPT ENTITIES INCLUDED IN THIS GROUP TAX RETURN, HMH STRIVES TO CONTINUALLY DEVELOP AND OPERATE A MULTI-HOSPITAL HEALTHCARE NETWORK WHICH PROVIDES SUBSTANTIAL COMMUNITY BENEFIT THROUGH THE PROVISION OF A COMPREHENSIVE SPECTRUM OF HEALTHCARE SERVICES TO THE RESIDENTS OF NEW JERSEY. HMH ENSURES THAT ITS NETWORK PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL

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INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR,

CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. NO INDIVIDUALS

ARE DENIED NECESSARY MEDICAL CARE, TREATMENT OR SERVICES. THE NETWORK'S

ACTIVE HOSPITALS INCLUDE:

- HACKENSACK UNIVERSITY MEDICAL CENTER,
- JERSEY SHORE UNIVERSITY MEDICAL CENTER,
- RIVERVIEW MEDICAL CENTER,
- OCEAN UNIVERSITY MEDICAL CENTER,
- SOUTHERN OCEAN MEDICAL CENTER,
- BAYSHORE MEDICAL CENTER,
- K.HOVNANIAN CHILDREN'S HOSPITAL,
- RARITAN BAY MEDICAL CENTER,
- PALISADES MEDICAL CENTER,
- HMH CARRIER CLINIC,
- JFK UNIVERSITY MEDICAL CENTER,
- MOUNTAINSIDE MEDICAL CENTER, AND
- PASCACK VALLEY MEDICAL CENTER

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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.

EACH OF THESE HOSPITALS OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED

IN IRS REVENUE RULING 69-545.

PLEASE REFER TO SCHEDULE R FOR A LISTING OF ALL AFFILIATED ORGANIZATIONS.

QUALITY, SAFETY AND CONSISTENCY ARE AT THE CORE OF WHAT WE BRING TO THE

PEOPLE OF NEW JERSEY AND TO THOSE WHO TRAVEL HERE FOR OUR CARE AND

SERVICES. THE PHYSICIANS AND CAREGIVERS FROM HACKENSACK MERIDIAN HEALTH

ARE AMONG THE FINEST IN THE NATION - STREAMLINING CARE, PUTTING THEIR

HEARTS AND MINDS INTO THE CARE THEY PROVIDE, OFFERING PATIENTS MORE

OPTIONS AND DISCOVERING AND INNOVATING FOR TOMORROW.

HACKENSACK MERIDIAN HEALTH COMBINES THE EXCELLENCE AND INNOVATION OF

ACADEMIC MEDICAL CENTERS WITH THE CONVENIENCE AND COMPASSION OF

COMMUNITY-BASED CARE AND SERVICES. THE NETWORK CONSISTS OF 13 HOSPITALS,

INCLUDING TWO ACADEMIC MEDICAL CENTERS, TWO CHILDREN'S HOSPITALS, NINE

ACUTE CARE HOSPITALS, PHYSICIAN PRACTICES, MORE THAN 120 AMBULATORY CARE

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CENTERS, SURGERY CENTERS, HOME HEALTH SERVICES, LONG-TERM CARE AND ASSISTED LIVING COMMUNITIES, AMBULANCE SERVICES, LIFESAVING AIR MEDICAL TRANSPORTATION, FITNESS AND WELLNESS CENTERS, REHABILITATION CENTERS AND URGENT CARE AND AFTER-HOURS CENTERS.

HACKENSACK MERIDIAN HEALTH ALSO TRAINS TOMORROW'S DOCTORS AND ALLIED HEALTH PROFESSIONALS AND CONDUCTS SIGNIFICANT RESEARCH THAT RESULTS IN NEW WAYS OF PREVENTING AND TREATING DISEASE. HIGH ON THE LIST OF MILESTONES WILL BE THE OPENING IN JULY 2018 OF HACKENSACK MERIDIAN SCHOOL OF MEDICINE AT SETON HALL UNIVERSITY, THE ONLY PRIVATE SCHOOL OF MEDICINE IN NEW JERSEY, TO FURTHER PUNCTUATE HACKENSACK MERIDIAN HEALTH'S FOCUS ON ACADEMIC EXCELLENCE. THE SCHOOL OF MEDICINE WILL OFFER A UNIQUE APPROACH IN WHICH STUDENTS FROM NURSING AND ALLIED HEALTH SCIENCES WILL TAKE CLASSES WITH FUTURE DOCTORS TO PRODUCE TEAM-BASED CARE THAT PROVIDES MORE COLLABORATIVE CARE AND BETTER OUTCOMES.

BY COMBINING AND SHARING RESOURCES AND IDENTIFYING EFFICIENCIES, HACKENSACK MERIDIAN HEALTH IS PROVIDING PATIENTS WITH THE HIGHEST QUALITY

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

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

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

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

CARE AT THE MOST APPROPRIATE COST, MEETING THE NEEDS OF THE LARGER

COMMUNITIES IT SERVES AND ENHANCING ITS ABILITY TO BE INNOVATIVE IN THE

DELIVERY OF CARE.

SCHEDULE H, PART VI, QUESTION 7

NOT APPLICABLE. THE ENTITY AND RELATED PROVIDER ORGANIZATIONS ARE LOCATED

IN NEW JERSEY. NO COMMUNITY BENEFIT REPORT IS FILED WITH THE STATE OF NEW

JERSEY. HACKENSACK MERIDIAN HEALTH PREPARES AN ANNUAL COMMUNITY BENEFIT

REPORT WHICH IT MAKES AVAILABLE TO THE PUBLIC.

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

2021

Open to Public Inspection

Name of the organization

HACKENSACK MERIDIAN HEALTH, INC.-SUBORDINATES

Employer identification number

01-0649794

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] **Yes** [ ] **No**

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HMH MEDICAL GROUP- SPECIALTY CARE, PC 343 THORNALL STREET EDISON, NJ 08837	22-3376459	501(C)(3)	86,682,960.		FMV		SUBSIDY
(2) MERIDIAN MED GROUP-FACULTY PRACTICE, PC 343 THORNALL STREET EDISON, NJ 08837	06-1755230	501(C)(3)	71,395,534.		FMV		SUBSIDY
(3) MERIDIAN MED GROUP-SPECIALTY CARE, PC 343 THORNALL STREET EDISON, NJ 08837	14-1981647	501(C)(3)	41,475,332.		FMV		SUBSIDY
(4) JFK MEDICAL ASSOCIATES, PA 343 THORNALL STREET EDISON, NJ 08837	46-2219798	501(C)(3)	23,339,820.		FMV		SUBSIDY
(5) HUMC CARDIOVASCULAR PARTNERS, PC 343 THORNALL STREET EDISON, NJ 08837	27-0614861	501(C)(3)	17,157,547.		FMV		SUBSIDY
(6) HMH MEDICAL GROUP-PRIMARY CARE, PC 343 THORNALL STREET EDISON, NJ 08837	14-1981653	501(C)(3)	6,299,894.		FMV		SUBSIDY
(7) PALISADES MEDICAL ASSOCIATES, LLC 343 THORNALL STREET EDISON, NJ 08837	22-3814193	501(C)(3)	6,241,677.		FMV		SUBSIDY
(8) JFK MEDICAL GROUP, PC 343 THORNALL STREET EDISON, NJ 08837	22-3482637		3,989,953.		FMV		SUBSIDY
(9) HACKENSACK OCCUP. MEDICINE ASSOC., PC 343 THORNALL STREET EDISON, NJ 08837	86-1153504		754,510.		FMV		SUBSIDY
(10) AMERICAN CANCER SOCIETY 3380 CHASTAIN MEADOWS KENNESAW, GA 30144	13-1788491	501(C)(3)	130,000.		FMV		RESEARCH SUPPORT
(11) SKY BLUE WOMENS SOCCER INC. 4547 HIGHWAY 9N, SUITE Q HOWELL, NJ 07731	20-8804440		100,000.		FMV		SPONSORSHIP
(12) WYCKOFF FAMILY YMCA POB 203, 691 WYCKOFF AVE WYCKOFF, NJ 07481	22-2011431	501(C)(3)	100,000.		FMV		SPONSORSHIP

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 60

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 8

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.

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OMB No. 1545-0047

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Name of the organization

HACKENSACK MERIDIAN HEALTH, INC.-SUBORDINATES

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Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AMERICAN HEART ASSOCIATION 208 WEST END AVE BRIDGEWATER, NJ 08807	13-5613797	501(C)(3)	65,000.		FMV		RESEARCH SUPPORT
(2) NEW JERSEY SYMPHONY ORCHESTRA 60 PARK PLACE, 9TH FLOOR NEWARK, NJ 07102	22-1559422	501(C)(3)	65,000.		FMV		SPONSORSHIP
(3) TWO RIVER THEATER COMPANY, INC. 21 BRIDGE AVENUE RED BANK, NJ 07728	52-1857757	501(C)(3)	60,000.		FMV		SPONSORSHIP
(4) NJ SHARING NETWORK FDN 691 CENTRAL AVE NEW PROVIDENCE, NJ 07974	20-2737719	501(C)(3)	50,000.		FMV		SPONSORSHIP
(5) SUSAN G. KOMEN BREAST CANCER FDN, INC. 4 CAMPUS DR, STE 110 PARSIPPANY, NJ 07054	75-1835298	501(C)(3)	45,000.		FMV		SPONSORSHIP
(6) LEAD NEW JERSEY 20 NASSAU ST., STE 235B PRINCETON, NJ 08542	47-2471572	501(C)(3)	42,250.		FMV		SPONSORSHIP
(7) JDRF INTERNATIONAL 200 VESEY ST, 28TH FL NEW YORK, NY 10281	23-1907729	501(C)(3)	40,000.		FMV		SPONSORSHIP
(8) INTERFAITH NEIGHBORS, INC. 810 FOURTH AVE ASBURY PARK, NJ 07712	22-2896129	501(C)(3)	32,500.		FMV		SPONSORSHIP
(9) ARTHRITIS FOUNDATION 555 RTE 1S, STE 220 ISELIN, NJ 08830-2000	58-1341679	501(C)(3)	25,000.		FMV		SPONSORSHIP
(10) BIG BROTHERS BIG SISTERS COASTAL & NORTH NJ 305 BOND ST, 2ND FLOOR ASBURY, NJ 07712	22-2115416	501(C)(3)	25,000.		FMV		CHILDREN'S HEALTH
(11) CHRISTIE INSTITUTE FOR PUBLIC POLICY, INC. P.O. BOX 999 EDISON, NJ 08818	84-2346727	501(C)(3)	25,000.		FMV		SPONSORSHIP
(12) DRUMTHWACKET FOUNDATION 354 STOCKTON STREET PRINCETON, NJ 08540	22-2429563	501(C)(3)	25,000.		FMV		SPONSORSHIP

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

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

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.

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Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BOY SCOUTS OF AMERICA, MONMOUTH CNSL 705 GINESI DR MORGANVILLE, NJ 07751	21-0634963	501(C)(3)	20,000.		FMV		SPONSORSHIP
(2) UNITED WAY OF MONMOUTH & OCEAN COUNTIES 1415 WYCKOFF ROAD FARMINGDALE, NJ 07727	22-1828435	501(C)(3)	17,000.		FMV		HEALTH & WELLNESS
(3) NATIONAL MEDICAL FELLOWSHIPS, INC. 12E 46TH STREET, STE 5E NEW YORK, NY 10017	01-0963657	501(C)(3)	15,750.		FMV		SPONSORSHIP
(4) BERGEN VOLUNTEER MEDICAL INITIATIVE, INC 75 ESSEX ST, STE 100 HACKENSACK, NJ 07601	20-2633437	501(C)(3)	15,000.		FMV		SPONSORSHIP
(5) MARCH OF DIMES, INC. PO BOX 18819 ATLANTA, GA 31126	13-1846366	501(C)(3)	15,000.		FMV		CHILDREN'S HEALTH
(6) MEADOWLANDS REGIONAL 2040 FDN, INC. 1099 WALL ST W, STE 100 LYNDHURST, NJ 07071	46-3764687	501(C)(3)	15,000.		FMV		SPONSORSHIP
(7) MONMOUTH PARK CHARITY FUND 175 OCEANPORT AVE OCEANPORT, NJ 07757	22-6063135	501(C)(3)	15,000.		FMV		SAFETY & WELLNESS
(8) NATIONAL MS SOCIETY 733 THIRD AVE, 3RD FL NEW YORK, NY 10017	13-5661935	501(C)(3)	13,000.		FMV		SPONSORSHIP
(9) BROOKDALE COMMUNITY COLLEGE FDN TRUST 765 NEWMAN SPRINGS RD LINCROFT, NJ 07738	23-7245431	501(C)(3)	12,400.		FMV		SPONSORSHIP
(10) AFRICAN AMERICAN CHAMBER OF COMMERCE ONE PENN CTR, RM 889 PHILADELPHIA, PA 19103	23-2740204	501(C)(6)	10,000.		FMV		SPONSORSHIP
(11) AMERICAN LUNG ASSOCIATION 55 W WACKER DR, STE 1150 CHICAGO, IL 60601	13-1632524	501(C)(3)	10,000.		FMV		RESEARCH SUPPORT
(12) AMERICAN RED CROSS 209 FAIRFIELD ROAD FAIRFIELD, NJ 07004	53-0196605	501(C)(3)	10,000.		FMV		SPONSORSHIP

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

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

SCHEDULE I (Form 990)

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COUNTY OF BERGEN 1 BERGEN COUNTY PLAZA HACKENSACK, NJ 07601	22-6002426	GOVERNMENT	10,000.		FMV		SPONSORSHIP
(2) GARDEN STATE EQUALITY 1408 MAIN STREET ASBURY PARK, NJ 07712	20-2588166	501(C)(3)	10,000.		FMV		SPONSORSHIP
(3) GEORGIAN COURT UNIVERSITY 900 LAKEWOOD AVE LAKEWOOD, NJ 08701	21-0634981	501(C)(3)	10,000.		FMV		HIGHER EDUCATION
(4) HACKENSACK CHAMBER OF COMMERCE 66 MOORE STREET HACKENSACK, NJ 07601	22-1717794	501(C)(6)	10,000.		FMV		SPONSORSHIP
(5) HOLIDAY EXPRESS, INC. 1184 OCEAN AVE, C-8 SEA BRIGHT, NJ 07760	22-3470019	501(C)(3)	10,000.		FMV		SAFETY & WELLNESS
(6) IMMACULATE HEART ACADEMY 500 VANEMBURGH WASHINGTON TWNSHP, NJ 07675	52-1574672	501(C)(3)	10,000.		FMV		SPONSORSHIP
(7) MORRIS ARTS 14 MAPLE AVE, STE 301 MORRISTOWN, NJ 07960	22-2012936	501(C)(3)	10,000.		FMV		SPONSORSHIP
(8) NEW JERSEY FUTURE 16 W LAFAYETTE ST TRENTON, NJ 08608	22-2879323	501(C)(3)	10,000.		FMV		SPONSORSHIP
(9) NJ HEALTH CARE QUALITY INSTITUTE P.O. BOX 2246 PRINCETON, NJ 08543	31-1530922	501(C)(3)	10,000.		FMV		SPONSORSHIP
(10) SAVE LATIN AMERICA, INC. 138 39TH STREET UNION CITY, NJ 07087	22-3454940	501(C)(3)	10,000.		FMV		SPONSORSHIP
(11) STEPHEN SILLER TUNNEL TO TOWERS FDN 2361 HYLAN BLVD STATEN ISLAND, NY 10306	02-0554654	501(C)(3)	10,000.		FMV		SPONSORSHIP
(12) THE CHICK MISSION, INC. 12 E 86TH ST, STE 1508 NEW YORK, NY 10028	82-2988171	501(C)(3)	10,000.		FMV		SPONSORSHIP

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

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

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(1) THOMAS JEFFERSON UNIVERSITY CME 1101 MARKET ST PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	10,000.		FMV		SPONSORSHIP
(2) MENTAL HEALTH ASSOCIATION 320 NORTH GOODMAN ST ROCHESTER, NY 14607	16-1395575	501(C)(3)	9,500.		FMV		SPONSORSHIP
(3) CLEAN OCEAN ACTION 49 AVENEL BOULEVARD LONG BRANCH, NJ 07740	22-2897204	501(C)(3)	8,500.		FMV		SPONSORSHIP
(4) HACKENSACK RIVERKEEPER, INC. 231 MAIN STREET HACKENSACK, NJ 07601	22-3530496	501(C)(3)	8,500.		FMV		SPONSORSHIP
(5) FULFIL (FOOD BANK OF MON-OCN COUNTIES) 3300 NJ-66 NEPTUNE, NJ 07753	22-2622522	501(C)(3)	7,500.		FMV		SPONSORSHIP
(6) NEW JERSEY POLICY PERSPECTIVE P.O. BOX 22766 TRENTON, NJ 08607	22-3492715	501(C)(3)	7,500.		FMV		SPONSORSHIP
(7) PRESCHOOL ADVANTAGE INC. 25 LINDSLEY DR, #307 MORRISTOWN, NJ 07960	22-3360099	501(C)(3)	7,500.		FMV		SPONSORSHIP
(8) THE NJ STATE CHAMBER OF COMMERCE 216 WEST STATE ST, 3RD FL TRENTON, NJ 08608	22-1153980	501(C)(6)	7,000.		FMV		SPONSORSHIP
(9) GIRL SCOUTS OF THE JERSEY SHORE 242 ADELPHIA ROAD FARMINGDALE, NJ 07727	21-0731966	501(C)(3)	6,700.		FMV		SPONSORSHIP
(10) AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES 3439 EAGLE WAY CHICAGO, IL 60678-1034	36-3208430	501(C)(6)	6,500.		FMV		SPONSORSHIP
(11) HOME FIT FOR HEROES 500 N FRANKLIN TURNPIKE RAMSEY, NJ 07446	27-1977027	501(C)(3)	6,500.		FMV		SPONSORSHIP
(12) IRONMATT P.O. BOX 836 FRANKLIN LAKES, NJ 07417	37-1540551	501(C)(3)	6,500.		FMV		SPONSORSHIP

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

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(1) ST.JOSEPH HOSP & MEDICAL CENTER FOUNDATION P.O BOX 29000 NEWARK, NJ 07101-9888	23-2649362	501(C)(3)	6,500.		FMV		SPONSORSHIP
(2) AMERICAN ACADEMY OF PEDIATRICS, INC. 50 MILLSTONE STE 130 E WINDSOR, NJ 08520	36-2275597	501(C)(3)	6,250.		FMV		RESEARCH SUPPORT
(3) AUTISM FAMILY SERVICES OF NJ 50 MILLSTONE RD STE 201 E WINDSOR, NJ 08520	13-4205043	501(C)(3)	5,600.		FMV		SPONSORSHIP
(4) CENTER FOR HOPE AND SAFETY 12 OVERLOOK AVE ROCHELLE PARK, NJ 07662	22-2184949	501(C)(3)	5,500.		FMV		SPONSORSHIP
(5) FOODCIRCUS SUPERMARKETS, INC. 853 NJ-35 MIDDLETOWN, NJ 07748	21-0678353		5,500.		FMV		SPONSORSHIP
(6) LUNCH BREAK, INC. P.O. BOX 2215 RED BANK, NJ 07701	22-2440028	501(C)(3)	5,500.		FMV		SPONSORSHIP
(7) SETON HALL UNIVERSITY 400 SOUTH ORANGE AVE SOUTH ORANGE, NJ 07079	22-1500645	501(C)(3)	5,500.		FMV		SPONSORSHIP
(8) FOUNDATION FOR FREE ENTERPRISE 3076 W. 12TH ST ERIE, PA 16505	25-1394365	501(C)(3)	10,000.		FMV		SPONSORSHIP
(9)							
(10)							
(11)							
(12)							

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

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

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 non-cash assistance
1	EDUCATIONAL SCHOLARSHIPS	178	322,250.			
2	HARDSHIP ASSISTANCE	109	69,688.			
3						
4						
5						
6						
7						

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

SCHEDULE I, PART I; QUESTION 1

OVER THE YEARS, HACKENSACK MERIDIAN HEALTH HAS BEEN FORTUNATE ENOUGH TO OFFER SUPPORT TO CHARITABLE ORGANIZATIONS THROUGH CHARITABLE DONATIONS IN HACKENSACK MERIDIAN HEALTH'S COMMUNITY SERVICE AREA.

ADDITIONALLY, HACKENSACK MERIDIAN ENCOURAGES ITS LEADERS, PHYSICIANS, AND TEAM MEMBERS TO SERVE ON THESE LOCAL CHARITABLE ORGANIZATION BOARDS AND COMMITTEES TO ENSURE THAT CONTRIBUTIONS OFFERED THROUGH HACKENSACK

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 non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

MERIDIAN ARE UTILIZED APPROPRIATELY.

HACKENSACK MERIDIAN ESTABLISHES AN ANNUAL AMOUNT TO BE DONATED TO SUPPORT OTHER LOCAL TAX-EXEMPT CHARITIES AND UTILIZES THE FOLLOWING CRITERIA IN EVALUATING THE NUMEROUS REQUESTS RECEIVED FROM LOCAL TAX-EXEMPT CHARITIES:

- GROUPS THAT PROMOTE AWARENESS OF HEALTH-RELATED ISSUES;
- COMMUNITY ASSOCIATIONS THAT HELP THOSE IN NEED OF BASIC NECESSITIES INCLUDING, BUT NOT LIMITED TO, FOOD, CLOTHING, AND SHELTER;

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 non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

- ORGANIZATIONS THAT ENCOURAGE YOUNG PEOPLE TO ACHIEVE THEIR POTENTIAL,

USE THEIR IMAGINATION, AND KEEP THEM SAFE FROM HARM; AND

- SOCIAL SERVICES THAT PROVIDE RELIEF AND COUNSELING TO THOSE SUFFERING

FROM ABUSE.

HACKENSACK MERIDIAN VERIFIES THE USE OF CONTRIBUTED FUNDS BY ATTENDING

SUPPORTED EVENTS, REQUESTING COPIES OF JOURNAL ADS OR PROOF OF

"FUNDED-BY" SIGNAGE, REVIEWING ORGANIZATIONAL ANNUAL REPORTS, AND

VOLUNTEERING WITH THESE ORGANIZATIONS TO ENSURE THE ADVANCEMENT OF THE

SUPPORTED MISSION.

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 non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

SCHEDULE I; PART III

SCHOLARSHIPS AND HARDSHIP ASSISTANCE ARE AWARDED BASED ON AN ANALYSIS OF CRITERIA OF ESTABLISHED POLICY SET BY HACKENSACK MERIDIAN HEALTH, INC. THE SCHOLARSHIP AND HARDSHIP ASSISTANCE RECIPIENTS ARE SELECTED BY A COMMITTEE OF THE ORGANIZATION BASED ON A REVIEW AND ANALYSIS OF THE OBJECTIVE AND NONDISCRIMINATORY CRITERIA.

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

2021

Open to Public Inspection

Name of the organization

HACKENSACK MERIDIAN HEALTH, INC.-SUBORDINATES

Employer identification number

01-0649794

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☒ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	**2**	X	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☒ Compensation committee	☐ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	X	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**	X	
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	**7**		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ROBERT C. GARRETT	(i)	2,225,891.	1,514,451.	1,483,062.	317,815.	21,206.	5,562,425.	250,000.
1 CEO/TRUSTEE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PATRICK YOUNG	(i)	929,899.	970,906.	240,727.	163,540.	27,229.	2,332,301.	188,397.
2 PRES POP HEALTH	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
NANCY CORCORAN-DAVIDOF	(i)	371,644.	325,049.	1,888,878.	63,901.	NONE	2,649,472.	NONE
3 EVP CHF EXP T 4/2021	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARK STAUDER	(i)	1,572,472.	580,388.	269,758.	14,500.	10,241.	2,447,359.	NONE
4 CHAIRPERSON/COO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ROBERT L. GLENNING	(i)	1,286,716.	518,865.	560,105.	14,500.	24,070.	2,404,256.	NONE
5 PRES FIN&IT SVCS CFO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
IHOR SAWCZUK, M.D.	(i)	1,566,040.	438,289.	302,551.	68,266.	21,206.	2,396,352.	NONE
6 REG PRES HOSPITALS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DIANNE A. AROH	(i)	551,060.	142,794.	1,118,806.	14,500.	2,309.	1,829,469.	74,493.
7 EVP CHF PT OFF T9/21	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
AUDREY C MURPHY, ESQ	(i)	843,695.	254,929.	448,686.	194,204.	26,396.	1,767,910.	156,622.
8 EVP CO-CHF LEGAL OFF	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KENNETH N SABLE, MD	(i)	1,011,208.	306,425.	233,291.	172,863.	27,229.	1,751,016.	193,841.
9 REG PRES HOSPITALS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DEAN LIN	(i)	391,203.	224,952.	939,472.	10,150.	26,656.	1,592,433.	155,667.
10 PRES OF CARE TRANSF	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DANIEL VARGA, MD	(i)	987,948.	323,265.	234,554.	14,500.	24,757.	1,585,024.	NONE
11 CHIEF PHYS EXEC	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOSEPH PARRILLO, MD	(i)	1,245,114.	112,500.	117,517.	14,500.	16,957.	1,506,588.	NONE
12 CHIEF, CARDIOLOGY	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANN B. GAVZY, ESQ.	(i)	811,963.	214,459.	388,598.	23,200.	20,658.	1,458,878.	NONE
13 EVP CO-CHF LEGAL OFF	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JAMES BLAZAR	(i)	896,627.	287,959.	224,284.	14,500.	20,571.	1,443,941.	NONE
14 EVP CHIEF STRAT OFF	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TIMOTHY J. HOGAN	(i)	806,329.	224,952.	363,093.	23,200.	20,641.	1,438,215.	NONE
15 PRESIDENT, CTS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DONNA SNIDER, CFA	(i)	679,145.	558,493.	35,850.	100,600.	25,275.	1,399,363.	NONE
16 SVP CHIEF INVEST OFF	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE

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				
MARK D. SPARTA, M.D.	(i)	876,597.	241,953.	235,619.	104,377.	26,491.	1,485,037.	66,510.
1 PRES HMH NORTH REG	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOSEPH M. LEMAIRE	(i)	396,661.	389,037.	511,563.	14,500.	NONE	1,311,761.	NONE
2 PRES DIV SVC T 5/21	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TODD WAY	(i)	780,340.	218,593.	261,950.	14,500.	19,214.	1,294,597.	NONE
3 REG PRES, HOSPITALS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CATHERINE A. AINORA	(i)	769,603.	239,478.	197,457.	14,500.	12,361.	1,233,399.	NONE
4 EVP CHF INTEGRAT OFF	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANDRE GOY	(i)	824,227.	133,600.	130,296.	72,950.	18,570.	1,179,643.	NONE
5 PHYS-IN-CHIEF ONC	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANDREW L PECORA, MD	(i)	NONE	NONE	1,083,691.	NONE	NONE	1,083,691.	NONE
6 TRUSTEE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
BONITA F STANTON, MD	(i)	694,080.	193,526.	151,526.	9,328.	10,372.	1,058,832.	NONE
7 DEAN, HMSOM	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PAUL K. CHUNG, M.D.	(i)	637,828.	20,000.	242,560.	14,500.	23,245.	938,133.	NONE
8 TRUSTEE/MPI PHYS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOYCE HENDRICKS	(i)	573,783.	90,370.	137,353.	14,500.	19,112.	835,118.	NONE
9 CHIEF DEVEL OFF	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LINDA MCHUGH	(i)	644,781.	100,000.	17,907.	37,000.	18,524.	818,212.	NONE
10 EVP CHIEF EXP OFF	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANNE GOODWILL-PRITCHET	(i)	535,471.	110,536.	152,592.	5,800.	10,403.	814,802.	NONE
11 EVP REVENUE OPS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
THERESA BRODRICK	(i)	488,145.	148,750.	44,770.	93,625.	18,570.	793,860.	NONE
12 EVP CHF NURSING EXEC	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PRANAYCHANDRA VAIDYA	(i)	664,595.	31,893.	35,635.	5,800.	17,489.	755,412.	NONE
13 TRUSTEE/MED DIR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
HARPREET PALL, M.D.	(i)	495,405.	48,612.	37,962.	14,500.	9,837.	606,316.	NONE
14 TRUSTEE/DEP CHAIR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
AMIE THORNTON	(i)	437,339.	89,180.	14,969.	57,516.	3,177.	602,181.	NONE
15 TRUSTEE/SCY/TREA/CHF	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
REGINA FOLEY	(i)	391,633.	93,825.	21,967.	73,360.	18,558.	599,343.	NONE
16 EVP CHF TRANSFOR OFF	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE

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				
RICHARD M NEIBART MD	(i)	550,002.	NONE	29,426.	14,500.	2,688.	596,616.	NONE
1 TRUSTEE/SVC MED DIR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DONALD J. PARKER	(i)	388,990.	121,826.	48,686.	14,500.	18,198.	592,200.	NONE
2 PRES CARRIER CLINIC	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
RAYMOND F. FREDERICKS	(i)	NONE	NONE	533,017.	NONE	NONE	533,017.	NONE
3 REG PRES HOSP T 6/19	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOHN D. ROYALL, M.D.	(i)	409,782.	20,000.	5,965.	14,500.	2,388.	452,635.	NONE
4 TRUSTEE/PHYS SOMC	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SURI PONAMGI, M.D.	(i)	350,729.	70,000.	5,753.	14,500.	1,314.	442,296.	NONE
5 TRUSTEE/CHAIR SURG	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SANDRA ELLIOTT	(i)	338,790.	49,655.	6,677.	13,050.	18,374.	426,546.	NONE
6 TRUSTEE/VP CHF INNOV	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KASH PATEL	(i)	208,922.	50,000.	10,091.	31,394.	24,593.	325,000.	NONE
7 EVP CHF DIG INFO OFF	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SURENDER M GROVER MD	(i)	259,401.	NONE	3,582.	13,000.	1,571.	277,554.	NONE
8 SECY/CHAIR MD DEPT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
AIDA CAPO, M.D.	(i)	185,110.	15,000.	NONE	14,500.	22,889.	237,499.	NONE
9 TRUSTEE/MED DIR PMA	(ii)	485,818.	NONE	5,544.	NONE	NONE	491,362.	NONE
MARK D SCHLESINGER MD	(i)	155,303.	14,175.	3,433.	6,300.	9,038.	188,249.	NONE
10 TRUSTEE/CHAIR ANESTH	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ADRIAN M. PRISTAS, MD	(i)	145,438.	NONE	1,819.	6,115.	13,291.	166,663.	NONE
11 TRUSTEE/CORP MED DIR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(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.

SCHEDULE J, PART I; QUESTION 1A

PLEASE REFER TO OUR RESPONSE TO SCHEDULE J, PART I, QUESTION 4B

SCHEDULE J, PART I; QUESTION 3

PLEASE REFER TO OUR RESPONSE TO CORE FORM, PART VI, QUESTIONS 15A & 15B

INCLUDED IN SCHEDULE O.

SCHEDULE J; PART I; QUESTION 4A

THE FOLLOWING INDIVIDUAL RECEIVED SEVERANCE PAYMENTS DURING THE YEAR ENDED DECEMBER 31, 2021. THE FOLLOWING AMOUNT WAS INCLUDED IN THE INDIVIDUAL'S 2021 W-2 AND IN COLUMN (B) OF SCHEDULE J: RAYMOND F. FREDERICKS, $535,421; DEAN LIN, $397,127; AND DIANNE A. AROH, $105,965.

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.

SCHEDULE J; PART I; QUESTION 4B

THE AMOUNT REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES PARTICIPATION IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") AS THE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2021 FORM W-2 AS TAXABLE WAGES: ROBERT C. GARRETT, FACHE, $1,149,740; NANCY CORCORAN-DAVIDOFF, $1,857,890; ROBERT L. GLENNING, $371,724; TIMOTHY J. HOGAN, $327,557; ANN B. GAVZY, ESQ., $331,806; AUDREY C. MURPHY, ESQ., MSN, RN, $293,789; MARK STAUDER, $250,200; IHOR S. SAWCZUK, M.D., $219,981; KENNETH N. SABLE, M.D., $193,841; PATRICK YOUNG, $188,397; JAMES BLAZAR, $145,189; CATHERINE AINORA, $124,404; ANDREW L. PECORA, M.D., $1,083,691; MARK D. SPARTA, M.D., $123,440; JOSEPH E. PARRILLO, M.D., $87,500; DANIEL VARGA, MD, $209,284; ANNE GOODWILL PRITCHETT, $67,730; JOYCE HENDRICKS, $92,576; TODD WAY, $239,680; JOSEPH M. LEMAIRE, $466,177; DEAN LIN, $507,204; DIANNE A. AROH, $350,472; ANDRE GOY, $120,422; AND BONITA F. STANTON, M.D., $109,077.

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.

LISTED INDIVIDUAL JOSEPH LEMAIRE BECAME VESTED IN CERTAIN FORMS OF SUPPLEMENTAL RETIREMENT BENEFITS EARNED OVER HIS YEARS OF EMPLOYMENT. THE VESTED AMOUNTS WERE FULLY REPORTED ON PRIOR FORM 990 RETURNS AS PART OF TAXABLE, W-2 (BOX 1) WAGE INCOME. THESE VESTED AMOUNTS ARE BEING REPORTED ON A FORM W-2 AGAIN IN 2022, AS BOX 5 WAGE INCOME, SOLELY FOR THE PURPOSE OF PAYING THE HOSPITAL INSURANCE PORTION OF FICA TAX. BECAUSE THESE AMOUNTS WERE ALREADY FULLY REPORTED ON PREVIOUS FORM 990S AS W-2 BOX 1 WAGE INCOME (INTENDED AS THE FINAL DISCLOSURE OF DEFERRED COMPENSATION ON FORM 990), THEY ARE NOT REPORTED AGAIN ON THE 990 AS W-2 BOX 5 WAGE INCOME FOR THE CURRENT YEAR.

THE DEFERRED COMPENSATION AMOUNTS REFLECTED IN COLUMN (C) FOR THE FOLLOWING INDIVIDUALS INCLUDE BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN). THESE AMOUNTS ARE SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. THESE INDIVIDUALS WILL NOT EARN THE RIGHT TO RECEIVE THE DEFERRED COMPENSATION AMOUNTS UNLESS AND UNTIL THEY PROVIDE SUBSTANTIAL FUTURE SERVICES TO THE

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.

ORGANIZATION. WHEN THE FUTURE SERVICES REQUIREMENT IS MET, THE AMOUNTS WILL BECOME VESTED, WILL BE TAXED, WILL BE INCLUDED ON THE W-2, AND WILL BE REPORTED AGAIN ON THIS SCHEDULE., KENNETH N. SABLE, M.D., AUDREY C. MURPHY, ESQ., MSN, RN, PATRICK YOUNG, DONNA SNIDER, AMIE THORNTON, LINDA MCHUGH, THERESA BRODRICK, REGINA FOLEY, KASH PATEL, MARK SPARTA, AND ANDRE GOY.

SCHEDULE L
(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

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

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

OMB No. 1545-0047

2021

Open To Public Inspection

Name of the organization

HACKENSACK MERIDIAN HEALTH, INC.-SUBORDINATES

Employer identification number

01-0649794

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 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	(d) Corrected? No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

Part II Loans to and/or From Interested Persons.

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

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total	. . . . . ▶ $												

Part III Grants or Assistance Benefiting Interested Persons.

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

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part IV Business Transactions Involving Interested Persons.

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

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
					Yes	No
(1)	SAGE O. FARRAR KEALY	FAMILY MEMBER - TRUSTEE	153,689.	EMPLOYEE		X
(2)	CHRISTINE M. LAKE	FAMILY MEMBER - TRUSTEE	51,402.	EMPLOYEE		X
(3)	MICHAEL J. SCARDINO	FAMILY MEMBER - TRUSTEE	102,964.	EMPLOYEE		X
(4)	AMI P. VAIDYA	FAMILY MEMBER - TRUSTEE	355,654.	EMPLOYEE		X
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

HACKENSACK MERIDIAN HEALTH, INC.-SUBORDINATES

Employer identification number

01-0649794

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art	X	2	11,056.	FMV
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications	X		31,184.	FMV
5	Clothing and household goods	X		7,845.	FMV
6	Cars and other vehicles	X	1	25,820.	FMV
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	12	793,900.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	12	25,851.	FMV
20	Drugs and medical supplies	X	6	101,500.	FMV
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶(EVENT TICKETS)	X	7	48,128.	FMV
26	Other ▶(TOYS)	X	58	117,580.	FMV
27	Other ▶(ELECTRONICS)	X	7	342,415.	FMV
28	Other ▶(VARIOUS)	X	34	394,670.	FMV

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I

THE ORGANIZATION IS REPORTING IN SCHEDULE M, PART I, COLUMN (B) THE

NUMBER OF CONTRIBUTIONS.

Name of the organization

HACKENSACK MERIDIAN HEALTH, INC.-SUBORDINATES

Employer identification number

01-0649794

CORE FORM, PART I; SUMMARY

OUTLINED BELOW IS THE VOTING AND INDEPENDENT VOTING DISCLOSURE INFORMATION FOR EACH SUBORDINATE ORGANIZATION INCLUDED IN THE GROUP EXEMPTION RULING AND THIS CONSOLIDATED GROUP FORM 990 (SOME BOARD MEMBERS SERVE ON MULTIPLE BOARDS AS INDICATED IN THE PART VII DISCLOSURE INCLUDED IN SCHEDULE O):

- HMH HOSPITALS CORPORATION; 23 VOTING, 15 INDEPENDENT;
- HMH RESIDENTIAL CARE, INC.; 10 VOTING, 7 INDEPENDENT;
- HEALTH INNOVATIONS UNLIMITED, INC.; 10 VOTING, 7 INDEPENDENT;
- HACKENSACK MERIDIAN HEALTH FOUNDATION, INC.; 32 VOTING, 24 INDEPENDENT;
- HACKENSACK UNIVERSITY MEDICAL CENTER FOUNDATION, INC.; 67 VOTING, 58 INDEPENDENT;
- JERSEY SHORE UNIVERSITY MEDICAL CENTER FOUNDATION, INC.; 26 VOTING, 15 INDEPENDENT;
- RIVERVIEW MEDICAL CENTER FOUNDATION, INC.; 25 VOTING, 19 INDEPENDENT;
- OCEAN UNIVERSITY MEDICAL CENTER FOUNDATION, INC.; 18 VOTING, 13 INDEPENDENT;
- SOUTHERN OCEAN MEDICAL CENTER FOUNDATION, INC.; 25 VOTING; 20 INDEPENDENT;
- BAYSHORE MEDICAL CENTER FOUNDATION, INC.; 18 VOTING; 13 INDEPENDENT;
- RARITAN BAY HEALTHCARE FOUNDATION, INC.; 9 VOTING, 6 INDEPENDENT;
- PALISADES MEDICAL CENTER FOUNDATION, INC.; 13 VOTING, 11 INDEPENDENT;
- JOHN F. KENNEDY UNIVERSITY MEDICAL CENTER FOUNDATION, INC.; 19 VOTING, 17 INDEPENDENT;

- MUHLENBERG FOUNDATION, INC.; 2 VOTING, 2 INDEPENDENT;

- HACKENSACK MERIDIAN HEALTH REALTY CORPORATION; 13 VOTING, 8 INDEPENDENT;

- BERGEN HEALTH MANAGEMENT SYSTEM, INC.; 3 VOTING, 0 INDEPENDENT;

- HACKENSACK MERIDIAN AMBULATORY VENTURES, INC.; 11 VOTING, 6 INDEPENDENT;

- MUHLENBERG REGIONAL MEDICAL CENTER, INC.; 4 VOTING, 2 INDEPENDENT;

- HARTWYCK AT OAK TREE, INC.; 10 VOTING, 7 INDEPENDENT;

- HARTWYCK AT JFK, INC.; 10 VOTING, 7 INDEPENDENT;

- ROBERT WOOD JOHNSON, JR., LIFESTYLE INSTITUTE, INC.; 3 VOTING, 0 INDEPENDENT;

-CENTER FOR DISCOVERY AND INNOVATION; 10 VOTING,8 INDEPENDENT; AND

-HMH CARRIER CLINIC, INC.; 11 VOTING, 8 INDEPENDENT.

CORE FORM, PART III; LINE 4D

PROVIDING VARIOUS OTHER MEDICALLY NECESSARY HEALTHCARE SERVICES, SUCH AS EMERGENCY DEPARTMENT, OBSTETRICS & NEWBORNS, CHEMOTHERAPY, ONCOLOGY, BEHAVIORAL HEALTH, ETC., TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

CORE FORM, PART VI, SECTION A; QUESTION 2

- DOMENIC M. DIPIERO, III AND HILARY DIPIERO - FAMILY RELATIONSHIP;

- CHRISTOPHER MAHER AND MARIA MAHER - FAMILY RELATIONSHIP;

- GEORGE T. CROONQUIST AND G. THOMAS CROONQUIST, JR. - FAMILY RELATIONSHIP;

- CHARLES V. SCHAEFER, III AND CAROL D. SCHAEFER - FAMILY

RELATIONSHIP; AND

- JOHN VISCEGLIA AND PETER VISCEGLIA - FAMILY RELATIONSHIP.

CORE FORM, PART VI, SECTION A; QUESTIONS 6 & 7

HACKENSACK MERIDIAN HEALTH, INC. ("HMH") IS THE SOLE MEMBER OF ALL SUBORDINATE ORGANIZATIONS INCLUDED IN THE HACKENSACK MERIDIAN HEALTH, INC. GROUP EXEMPTION RULING AND THIS CONSOLIDATED GROUP FORM 990 OTHER THAN HEALTH INNOVATIONS UNLIMITED, INC. ("HIU"). HMH HAS THE RIGHT TO ELECT THE MEMBERS OF EACH SUBORDINATE ORGANIZATION'S BOARD OF TRUSTEES AND HAS CERTAIN RESERVED POWERS AS DEFINED IN EACH SUBORDINATE ORGANIZATION'S BYLAWS. HMH RESIDENTIAL CARE, INC., A SUBORDINATE INCLUDED IN THE HACKENSACK MERIDIAN HEALTH, INC. GROUP EXEMPTION RULING AND THIS CONSOLIDATED GROUP FORM 990, HAS THE RIGHT TO ELECT THE MEMBERS OF HIU'S BOARD OF TRUSTEES AND HAS CERTAIN RESERVED POWERS AS DEFINED IN HIU'S BYLAWS.

CORE FORM, PART VI, SECTION B; QUESTION 11B

THE SUBORDINATE ORGANIZATIONS ARE SUBSIDIARIES OF HACKENSACK MERIDIAN HEALTH, INC. ("HMH"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK. HMH'S FINANCE PERSONNEL PREPARED THE FEDERAL FORM 990, WHICH WAS THEN REVIEWED BY OTHER APPROPRIATE INTERNAL STAFF FOR ACCURACY. HMH RETAINED A FIRM OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS WITH EXPERIENCE AND EXPERTISE IN HEALTH CARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO REVIEW AND FILE THE FORM 990. HMH'S BOARD OF TRUSTEES DESIGNATED THE AUDIT AND COMPLIANCE COMMITTEE ("ACC") TO REVIEW THE FORM 990 OF HMH'S SUBSIDIARIES. THE FORM 990 WAS PROVIDED TO THE MEMBERS OF THE ACC FOR REVIEW. THE PORTIONS OF THE FORM 990 PROVIDING COMPENSATION

DISCLOSURES WERE ALSO PROVIDED TO THE BOARD'S EXECUTIVE AND PHYSICIAN COMPENSATION COMMITTEE FOR REVIEW. THE FORM 990 WAS THEN PROVIDED TO EACH VOTING MEMBER OF HMH'S GOVERNING BODY, ITS BOARD OF TRUSTEES, PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. THE HMH BOARD OF TRUSTEES HAS THE FINAL GOVERNING AUTHORITY OVER THE SUBSIDIARIES OF HMH.

CORE FORM, PART VI, SECTION B; QUESTION 12C

HACKENSACK MERIDIAN HEALTH, INC., THE TAX-EXEMPT PARENT ORGANIZATION OF HACKENSACK MERIDIAN HEALTH, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK, HAS ADOPTED A NETWORK-WIDE CONFLICT OF INTEREST POLICY WHICH IS APPLICABLE TO ALL OF ITS SUBSIDIARY ORGANIZATIONS. THE ORGANIZATIONS REGULARLY MONITOR AND ENFORCE COMPLIANCE WITH THE NETWORK'S CONFLICT OF INTEREST POLICY. ANNUALLY, ALL MEMBERS OF THE BOARD OF TRUSTEES, OFFICERS AND KEY EMPLOYEES OF EACH ORGANIZATION ARE REQUIRED TO REVIEW THE EXISTING CONFLICT OF INTEREST POLICY AND COMPLETE A QUESTIONNAIRE WITH RESPECT TO ANY APPLICABLE TRANSACTIONS AND RELATIONSHIPS. THE COMPLETED QUESTIONNAIRES ARE RETURNED TO THE NETWORK'S CHIEF COMPLIANCE OFFICER FOR REVIEW. THE CHIEF COMPLIANCE OFFICER THEN PREPARES A SUMMARY OF THE COMPLETED QUESTIONNAIRES, AND PRESENTS THE SUMMARY TO THE NETWORK'S GOVERNANCE AND BOARD DEVELOPMENT COMMITTEE FOR ITS REVIEW, DISCUSSION AND ACTION (IF NEEDED). ANY TRUSTEE, OFFICER OR KEY EMPLOYEE WITH A DISCLOSED CONFLICT WOULD RECUSE THEMSELVES FROM PARTICIPATING IN THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS OF A TRANSACTION IN QUESTION. DURING THE YEAR, THE CHIEF COMPLIANCE OFFICER IN CONJUNCTION WITH THE GENERAL COUNSEL ALSO MONITORS ON-GOING TRANSACTIONS IN LIGHT OF THE SUMMARY TO ENSURE THAT ANY POTENTIAL CONFLICTS OF INTEREST ARE APPROPRIATELY HANDLED

IN COMPLIANCE WITH THE POLICY.

CORE FORM, PART VI, SECTION B; QUESTION 15A & 15B

THE ORGANIZATIONS ARE AFFILIATES WITHIN A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK IN WHICH HACKENSACK MERIDIAN HEALTH, INC. IS THE TAX-EXEMPT PARENT ORGANIZATION. THE EXECUTIVE AND PHYSICIAN COMPENSATION COMMITTEE ("COMMITTEE") OF HACKENSACK MERIDIAN HEALTH, INC. IS RESPONSIBLE FOR REVIEWING THE EXECUTIVE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER AND SPECIFIED KEY EMPLOYEES (SENIOR MANAGEMENT) OF THE PARENT AND ALL OF THE SUBSIDIARY ORGANIZATIONS. THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY, WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES COMPENSATION AND BENEFITS.

THE EXECUTIVE COMPENSATION PHILOSOPHY RECOGNIZES THE SIZE AND COMPLEXITY OF THE HEALTH CARE NETWORK AND THE CRITICAL NEED TO HAVE AND RETAIN EXECUTIVES THAT CONSISTENTLY DEMONSTRATE SUPERIOR LEVELS OF PERFORMANCE SO THAT THE HEALTH NETWORK CAN FULFILL ITS CHARITABLE MISSION AND STRATEGIC OBJECTIVES.

THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION", INCLUDING BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED, ON AT LEAST AN ANNUAL BASIS TO ENSURE THAT THE "TOTAL COMPENSATION" OF THE CHIEF EXECUTIVE OFFICER, OTHER OFFICERS AND SPECIFIED MEMBERS OF SENIOR MANAGEMENT IS REASONABLE.

TO ASSIST WITH THE REVIEW, THE COMMITTEE ENGAGES THE SERVICES OF A

NATIONALLY RECOGNIZED INDEPENDENT CONSULTING FIRM SPECIALIZING IN EXECUTIVE COMPENSATION FOR NOT-FOR-PROFIT HEALTH CARE ORGANIZATIONS, AND RECEIVES NATIONAL AND REGIONAL MARKET DATA FOR COMPARABLE ORGANIZATIONS,A REPORT SUMMARIZING SUCH DATA, AND AN OPINION LETTER RELATING TO THE REASONABLENESS OF EACH REVIEWED EXECUTIVE'S TOTAL COMPENSATION AND BENEFITS. ADDITIONALLY, A SENIOR MEMBER OF THE CONSULTING FIRM ATTENDS THE COMMITTEE'S MEETINGS TO PROVIDE INFORMATION AND TO RESPOND TO QUESTIONS BY THE MEMBERS OF THE COMMITTEE.

THE INDEPENDENT COMMITTEE UTILIZES THE OUTSIDE MARKET DATA COMPARABILITY AND, BASED UPON THE EXECUTIVE COMPENSATION PHILOSOPHY, THE ORGANIZATION'S PERFORMANCE, BUSINESS JUDGMENT CONSIDERATIONS, AND THE INDIVIDUAL'S PERFORMANCE, REVIEWS AND APPROVES COMPENSATION FOR THE REVIEWED MEMBERS OF SENIOR MANAGEMENT. GUIDED AT EACH MEETING BY OUTSIDE COUNSEL TO THE COMMITTEE, THE COMPREHENSIVE REVIEW PROCESS UTILIZED BY THE COMMITTEE IS INTENTIONALLY STRUCTURED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER SECTION 4958 OF THE INTERNAL REVENUE CODE OF 1986:

1. THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY THE COMMITTEE, WHICH IS AN "AUTHORIZED BODY" OF THE ORGANIZATION COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A CONFLICT OF INTEREST WITHIN THE MEANING OF THE IRS REGULATIONS UNDER SECTION 4958;

2. THE COMMITTEE OBTAINS AND RELIES UPON "APPROPRIATE DATA AS TO COMPARABILITY" (FOR COMPARABLE POSITIONS AT SIMILAR HEALTHCARE

ORGANIZATIONS) PRIOR TO MAKING ITS DETERMINATION, WHICH COMPARABILITY DATA IS PROVIDED AND ANALYZED BY THE COMMITTEE'S INDEPENDENT CONSULTING FIRM WITH EXPERTISE IN THE AREA OF NOT-FOR-PROFIT HEALTH CARE EXECUTIVE COMPENSATION; AND

3. THE COMMITTEE THOROUGHLY DOCUMENTS ITS REVIEW AND APPROVAL PROCESS, AS WELL AS THE BASIS FOR ITS APPROVALS, CONCURRENTLY WITH MAKING THAT DETERMINATION, AGAIN AS DESCRIBED IN THE IRS REGULATIONS. AS APPROPRIATE, THE COMMITTEE SUPPLEMENTS THE COMPARABILITY DATA WITH OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THE REASONABLENESS OF THE COMPENSATION PAID, INCLUDING AN ANALYSIS OF INDIVIDUAL GOALS AND OBJECTIVES, ORGANIZATIONAL PERFORMANCE, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS, AND ANY WRITTEN OFFERS FROM COMPETING ORGANIZATIONS. THE COMPENSATION ARRANGEMENTS APPROVED BY THE COMMITTEE ARE REPORTED IN EXECUTIVE SESSION TO THE FULL BOARD BY THE CHAIR AND VICE CHAIR OF THE COMMITTEE.

CORE FORM, PART VI, SECTION C; QUESTION 19

THE SUBORDINATE ORGANIZATIONS INCLUDED IN THE HACKENSACK MERIDIAN HEALTH, INC. GROUP EXEMPTION RULING AND THIS CONSOLIDATED GROUP FORM 990 ARE AFFILIATES WITHIN HACKENSACK MERIDIAN HEALTH; A TAX-EXEMPT INTEGRATED HEALTH CARE DELIVERY NETWORK ("NETWORK"). CERTAIN SUBORDINATE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 HAVE ISSUED TAX-EXEMPT BONDS TO FINANCE VARIOUS CAPITAL IMPROVEMENT PROJECTS, RENOVATIONS AND EQUIPMENT. ALSO, EACH SUBORDINATE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY. THE

AUDITED FINANCIAL STATEMENTS, CODE OF CONDUCT AND CONFLICT OF INTEREST POLICY IS AVAILABLE TO THE PUBLIC VIA THE HACKENSACK MERIDIAN HEALTH'S WEBSITE, WWW.HACKENSACKMERIDIANHEALTH.ORG, THEIR CODE OF CONDUCT AND CONFLICT OF INTEREST POLICY.

CORE FORM, PART VII AND SCHEDULE J

PART VII AND SCHEDULE J REFLECT CERTAIN INDIVIDUALS WHO WORKED FULL-TIME FOR HACKENSACK MERIDIAN HEALTH AND RECEIVED COMPENSATION AND BENEFITS FOR SERVICES RENDERED TO HACKENSACK MERIDIAN HEALTH. PLEASE NOTE THAT THIS FORM 990 REFLECTS THE FINANCIAL ACTIVITY AND OTHER INFORMATION OF THE SUBORDINATE ORGANIZATIONS INCLUDED IN THE HACKENSACK MERIDIAN HEALTH,INC. GROUP EXEMPTION RULING BUT DOES NOT INCLUDE ALL RELATED ORGANIZATIONS.

PART VII INCLUDES, AS OF DECEMBER 31, 2021, THE MEMBERS OF THE BOARD OF TRUSTEES, OFFICERS, AND KEY EMPLOYEES OF EACH OF THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990. IN ADDITION, PART VII INCLUDES THE REMAINING TOP FIVE HIGHEST PAID EMPLOYEES AMONGST ALL ENTITIES COMBINED AFTER OFFICERS AND KEY EMPLOYEES OF ALL ORGANIZATIONS INCLUDED IN THE HACKENSACK MERIDIAN HEALTH, INC. GROUP EXEMPTION RULING AND THIS CONSOLIDATED GROUP FORM 990. THESE TRUSTEES, OFFICERS, KEY EMPLOYEES AND HIGHEST PAID EMPLOYEES ARE LISTED IN ORDER FROM HIGHEST TO LOWEST COMPENSATION. OUTLINED BELOW IS A SUMMARY OF THE BOARD OF TRUSTEES BY ORGANIZATION.

[* INDICATES THE MEMBER SERVES ON MORE THAN ONE BOARD REPORTED ON THIS GROUP RETURN]:

HMH HOSPITALS CORPORATION

==========

RICHARD HENNING*

MARVIN GOLDSTEIN, ESQ.

ROSEMARIE J. SORCE*

ROBERT C. GARRETT, FACHE*

WILLIAM LAWLESS, PH.D.

GLORIA MARTINI*

AIDA CAPO, M.D.

GREGORIO GUILLEN, M.D.

LUKE KEALY, ESQ.

THOMAS LAKE, M.D.

STEVEN LISSER, M.D.*

WILLIAM J. MURRAY*

EDWARD PICCINICH

SHAWN REYNOLDS*

ANDRIA SCHNEIDERMAN

PRANAYCHANDRA VAIDYA, M.D.

FRANK J. VUONO*

JOHN WILCHA

WALTER WYNKOOP, M.D.

FRANK L. FEKETE, CPA*

MARK STAUDER*

CHRISTOPHER A. ROTIO*

PRAFUL RAJA*

DAVID BELOWICH (TERMED 12/2021)

ANTHONY SCARDINO, JR. * (TERMED 9/2021)

SUSAN HASSMILLER, PHD, RN* (TERMED 9/2021)

HMH RESIDENTIAL CARE, INC.

==========

DAVID EPSTEIN, ESQ.*

ULISES E. DIAZ*

GLORIA MARTINI*

DENNIS ROBINSON*

MARIS LOWN*

CHRISTOPHER MAHER*

KATHERINE YORK*

ROBERT C. GARRETT, FACHE*

FRANK L. FEKETE, CPA*

MARK STAUDER*

JOSEPH M. LEMAIRE* (TERMED 5/2021)

HMH CARRIER CLINIC, INC.

==========

LAWRENCE R. INSERRA, JR.*

THOMAS G. AMATO*

ANN DAMSGAARD

CARYL KOURGELIS

DONALD J. PARKER

GORDON PINGICER

JAIME ROBERTSON-LAVALLE

LAUREN WRIGHT*

MARY PAT CHRISTIE

SUSAN HASSMILLER, PHD, RN*

ROBERT C. GARRETT, FACHE*

HEALTH INNOVATIONS UNLIMITED, INC.

==========

DAVID EPSTEIN, ESQ.*

ULISES E. DIAZ*

GLORIA MARTINI*

DENNIS ROBINSON*

MARIS LOWN*

CHRISTOPHER MAHER*

KATHERINE YORK*

ROBERT C. GARRETT, FACHE*

FRANK L. FEKETE, CPA*

MARK STAUDER*

JOSEPH M. LEMAIRE* (TERMED 5/2021)

HACKENSACK MERIDIAN HEALTH FOUNDATION, INC.

==========

ROBERT G. HARMS*

ANDREW CITRON, M.D.*

JOHN A. GIUNCO, ESQ.*

STEVEN M. SCOPELLITE*

CAROL B. STILLWELL*

HEIDI B. MAGGS

ROBERT C. GARRETT, FACHE*

SERENA DIMASO, ESQ.*

THOMAS J. DOLAN*

LOUIS J. DUGHI, ESQ.*

WALTER R. EARLE II*

DEBORAH R. MATHIS, CPA, CHBC*

EVARISTO F. STANZIALE*

JEREMY GRUNIN*

JOYCE HENDRICKS*

KIMBERLY GUADAGNO

SKYE J. GIBSON*

DAVID SANZARI*

DOMENIC M. DIPIERO, III*

FRANK J. VUONO*

FRANK L. FEKETE, CPA*

GAIL B. GORDON, ESQ.*

JOHN C. MEDITZ*

JOSEPH YEWAISIS*

KEITH BANKS*

LAWRENCE R. INSERRA, JR.*

MARK D. SCHLESINGER, M.D.*

RICHARD HENNING*

ROSEMARIE J. SORCE*

THOMAS G. AMATO*

THOMAS POLEN*

WILLIAM J. MONTGORIS

NANCY MULHEREN (TERMED 5/2021)

DAVID LEE HERNANDEZ, JR. * (TERMED 11/2021)

HACKENSACK UNIVERSITY MEDICAL CENTER FOUNDATION, INC.

==========

LAWRENCE R. INSERRA, JR.*

RICHARD HENNING*

GLORIA MARTINI*

ROBERT C. GARRETT, FACHE*

ULISES E. DIAZ*

WILLIAM MCLAUGHLIN

LAUREN WRIGHT*

JILL JOYCE*

AMY KOIZIM PEENE

JAMES P. ANDERSEN

JOHN APOVIAN, M.D.

STEPHEN T BOSWELL, PHD, PE

NICK CANGIALOSI

HEATHER CHOI

KEVIN J. COLLINS, ESQ.

GEORGE T. CROONQUIST

G. THOMAS CROONQUIST, JR.

WILLIAM CUNNINGHAM

VINCENT CURATOLA

DONALD N. DINALLO

MICHAEL GEARY

PETER C. GERHARD

MATTHEW A. GOLSON

GAIL B. GORDON, ESQ.*

WILLIAM C. HANSON

FRANK C. HOLTHAM, JR.

RICHARD HUBSCHMAN, JR, ESQ

DANTE A. IMPLICITO, M.D.

MICHELLE JUNG, ESQ.

MARTIN W. KAFAFIAN, ESQ.

SANDRA KEARY*

SANDRA KISSLER

THOMAS LANGBEIN

JERROLD LANGER

PATRICIA K. LOW

MICHAEL S. MCGEARY

BRIAN MCLAUGHLIN

JOHN C. MEDITZ*

NICHOLAS MINICUCCI, JR.

WILLIAM J. MURRAY*

ROBERT O'HARA*

SAMUEL S. RAIA

JULIA RECAMAN

JOSEPH P. RICCARDO

JOSEPH A. RIZZI, ESQ.

DAVID T. ROBERTSON, ESQ

CHRISTOPHER A. ROTIO*

ANN MARIE SACCARO

DAVID SANZARI*

ANTHONY SCARDINO, JR. *

CAROL D. SCHAEFER

CHARLES V. SCHAEFER, III

ELYSSA SCHECTER

JOHN A. SCHEPISI, ESQ.

MARK D. SCHLESINGER, M.D.*

CHARLES H. SHOTMEYER

PHIL SIMMS

ROSEMARIE J. SORCE*

ANTHONY C. TACCETTA, JR.

SCOTT TARRIFF

FRANK J. VUONO*

JOANNE WEXLER

JOYCE HENDRICKS*

STEPHEN MARTINEZ

THOMAS EVANS

BEHNAZ BAKER

THOMAS GEISEL

JOHN H. KLEIN (RESIGNED 12/2021)

JERSEY SHORE UNIVERSITY MEDICAL CENTER FOUNDATION, INC.

==========

JOHN A. GIUNCO, ESQ.*

WALTER R. EARLE II*

JOHN F. REINHARDT

ERIC M. KIRSCH, CFA

KAREN GOLDBLATT

PHILIP J. SCADUTO

ROBERT C. GARRETT, FACHE*

THOMAS B. BARHAM, SR

THOMAS DEFELICE*

SANDRA KEARY*

STEPHAN C. LOWY

ROBERT W. MULLEN, JR

KENNETH D. NAHUM, DO

RICHARD M. NEIBART, M.D.

PHILIP L. PERRICONE

ROBERT SMITH

ROBERT L. SWEENEY, DO

MARILYN TRAPANI

ALEXANDER TAYLOR

CAMILLE DORONIN

DAVID EPSTEIN, ESQ.*

GARY TOLCHIN

HARPREET PALL, M.D.

JEREMY GRUNIN*

RICHARD LOSHIAVO

JOYCE HENDRICKS*

RIVERVIEW MEDICAL CENTER FOUNDATION, INC.

==========

STEVEN M. SCOPELLITE*

NANCY B. MULHEREN

PETER T. ROSELLE

JONATHAN B. SCHULTZ

ROBERT C. GARRETT, FACHE*

HILARY DIPIERO

NEGIN N GRIFFITH, M.D.

LESLIE HITCHNER

STEVEN LISSER, M.D.*

ROBERT S. MORRIS

BRIAN N. NELSON, ESQ.

SHAWN REYNOLDS*

MARGARET S. RIKER

JOHN D. ROYALL, M.D.

SIRAN H. SAHAKIAN

RICHARD J. SAKER

BENEDICT J. TORCIVIA, JR.

MICHAEL WALKER

MARIA MAHER

ROBIN KLEIN

FRED VOCCOLA

JOHN MAGGIACOMO, II

JOYCE HENDRICKS*

LEON F. DEJULIUS

THOMAS DEFELICE*

CORE FORM, PART VII AND SCHEDULE J (CONTINUED)

OCEAN MEDICAL CENTER FOUNDATION, INC.

==========

ROBERT C. GARRETT, FACHE*

ROBERT G. HARMS*

HOLLY R. LONSDALE

GARY PIERINGER

LOUIS J. DUGHI, ESQ.*

ALI MOOSVI, M.D.

EDWARD J. DIMON, ESQ.

FRANK DITULLIO, III

HARRIET L. DONNELLY

JEREME J. KOKES

JOHN V. VISCEGLIA, JR.

JOSEPH S. MIGNON

JOSEPH P. BOGDAN, M.D.

PETER J. MENCEL, M.D.

DOUGLAS SCHWARZ

CHUCK GRINNEL

HELEN LUCCIOLA

JOYCE HENDRICKS*

SOUTHERN OCEAN MEDICAL CENTER FOUNDATION, INC.

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DEBORAH R. MATHIS, CPA, CHBC*

JOAN M. HART

JACKIE HILLMAN

JEREMY S. DEFILIPPIS

JOSEPH D. RULLI

PHYLLIS BUTTERMARK

ROBERT C. GARRETT, FACHE*

ROBERT STOHRER

MICHAEL R. AARON, DO

PAUL K. CHUNG, M.D.

SKYE J. GIBSON*

JOHN IMPERATO

SEAN D. KAUFFMAN

JOSEPH P. LATTANZI, M.D.

ANGELA R. OMINSKI

KARL W. STROM, M.D.

THOMAS C. YU, M.D.

EDWARD M. WALTERS, JR.

DAVID L. WYRSCH, JR.

CHRISTOPHER FRITZ

JUDITH BROPHY

MATTHEW MATEY

ANNE DERIENZO

JOYCE HENDRICKS*

THOMAS J. DOLAN*

BAYSHORE MEDICAL CENTER FOUNDATION, INC.

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SERENA DIMASO, ESQ.*

EVARISTO F. STANZIALE*

CAROL B. STILLWELL*

VINCENT J. HAGER

ROBERT C. GARRETT, FACHE*

GAURAV BAVEJA

ANGELO DEROSA

JOHN D. DELISO

RAJIV PRASAD, MD

RICHARD KOLBER

ADRIAN M. PRISTAS, M.D.

ASAAD HANI SAMRA, M.D.

JASON SAVARESE

CHRISTOPHER M. STRIANO

LORI ANN DAVIDSON

COURTNEY FIORE

JOYCE HENDRICKS*

VICTOR LOLLI

MOLLIE GIAMANCO (TERMED 11/2021)

RARITAN BAY HEALTHCARE FOUNDATION, INC.

==========

ROBERT C. GARRETT, FACHE*

ANDREW CITRON, M.D.*

SURENDER M. GROVER, M.D.

JESSICA SMITH

DOMINICK A. CAMA

LEONARD J. SOMARRIBA, DPT

JANE MUELLER

LAURA BIANCHINI

JOYCE HENDRICKS*

DAVID LEE HERNANDEZ, JR. * (TERMED 11/2021)

PALISADES MEDICAL CENTER FOUNDATION, INC.

==========

JOHN C. MEDITZ*

ALEXANDER DURAN

THOMAS EASTWICK

LEONARD LAURICELLA

BLANCA MANKIEWICZ

MARIO MARGHELLA

ALEJANDRA PAZMINO

SURI PONAMGI, M.D.

THOMAS M VENINO, JR.

JEANNINE ALI

ROBERT DIVINCENT

ROBERT C. GARRETT, FACHE*

SHANE SULLIVAN

HACKENSACK MERIDIAN HEALTH REALTY CORPORATION

==========

MARTIN M. BARGER, ESQ.

JOSEPH BASRALIAN

RICHARD BRANCA

BARRY WESHNAK

JOANNE GENTILESCO

PETER S. FALVO, JR., ESQ.

JILL JOYCE*

JOHN A. GIUNCO, ESQ.*

DAVID SANZARI*

J. FLETCHER CREAMER, JR.

ROBERT C. GARRETT, FACHE*

FRANK L. FEKETE, CPA*

MARK STAUDER*

JOSEPH M. LEMAIRE* (TERMED 5/2021)

BERGEN HEALTH MANAGEMENT SERVICES, INC.

==========

MARK STAUDER*

ROBERT L. GLENNING

LINDA MCHUGH

NANCY CORCORAN-DAVIDOFF (TERMED 5/2021)

HACKENSACK MERIDIAN AMBULATORY VENTURES, INC.

==========

ALFRED J SCHIAVETTI, JR.

THOMAS J. KONONOWITZ

WILLIAM CRANE

ROBERT C. GARRETT, FACHE*

JAMES RENNA

WILLIAM HICKEY

ROBERT O'HARA*

JAMES KIRKOS

JAMES M. BOLLERMAN

MARK STAUDER*

FRANK L. FEKETE, CPA*

JOSEPH M. LEMAIRE* (TERMED 5/2021)

KRISTEN BUNNELL (TERMED 9/2021)

HARTWYCK AT JFK, INC.

==========

DAVID EPSTEIN, ESQ.*

ULISES E. DIAZ*

GLORIA MARTINI*

DENNIS ROBINSON*

MARIS LOWN*

CHRISTOPHER MAHER*

KATHERINE YORK*

ROBERT C. GARRETT, FACHE*

FRANK L. FEKETE, CPA*

MARK STAUDER*

JOSEPH M. LEMAIRE* (TERMED 5/2021)

THE COMMUNITY HOSPITAL GROUP, INC.

==========

ROBERT C. GARRETT*

MICHAEL A. KLEIMAN, DMD*

JOHN L. KOLAYA

JAMES J. GALEOTA

DOUGLAS NORDSTROM

PRAFUL RAJA*

FRANK FEKETE

JAMES BOLLERMAN

JOHN MCDONOUGH

JOSEPH YEWAISIS

FRANKLIN SPIRN, MD

DAVID A. BELOWICH

LAWRENCE ZAGAROLA

HARTWYCK AT OAK TREE, INC.

==========

DAVID EPSTEIN, ESQ.*

ULISES E. DIAZ*

GLORIA MARTINI*

DENNIS ROBINSON*

MARIS LOWN*

CHRISTOPHER MAHER*

KATHERINE YORK*

ROBERT C. GARRETT, FACHE*

FRANK L. FEKETE, CPA*

MARK STAUDER*

JOSEPH M. LEMAIRE* (TERMED 5/2021)

ROBERT WOOD JOHNSON LIFESTYLE INSTITUTE, INC.

==========

AMIE THORNTON*

SANDRA ELLIOTT

TODD WAY*

JOHN G. MCDONOUGH, DMD* (BOARD REAPPOINTED 7/2021)

JAY M. JENEY (BOARD REAPPOINTED 7/2021)

MICHAEL A. KLEIMAN, DMD* (BOARD REAPPOINTED 7/2021)

MUHLENBERG REGIONAL MEDICAL CENTER, INC.

==========

DOUGLAS A. NORDSTROM

MICHAEL A. KLEIMAN, DMD*

AMIE THORNTON*

TODD WAY*

JOHN F. KENNEDY MEDICAL CENTER FOUNDATION, INC.

==========

JOSEPH YEWAISIS*

A. JOYCE BUSCH

STEVE ROTHMAN

ANKIT GUPTA

DENISE MARRA DEPEKARY, ESQ

JASON CHENG

JOHN F. KWASNIK, ESQ

JOHN G. MCDONOUGH, DMD*

LORRAINE MULLIGAN

MICHAEL A. KLEIMAN, DMD*

PETER VISCEGLIA

PRAFUL RAJA*

VINCENT AMABILE

KATIE BARNES

MARY BETH CUNNINGHAM

DOMENIC M. DIPIERO, III*

JANINE PURCARO

JOYCE HENDRICKS*

KEITH BANKS

ROBERT C. GARRETT, FACHE* (MOVED TO EXECUTIVE STAFF 2/2021)

CLAUDIA R. MASTRAPASQUA (TERMED 1/2021)

MUHLENBERG FOUNDATION, INC.

==========

ROBERT J. GOELLNER

O. OLIVER ANDERSEN

CENTER FOR DISCOVERY AND INNOVATION

==========

ANDREW L. PECORA, M.D.

FRANK L. FEKETE, CPA*

GARRY A. NEIL, MD

HARLAN F. WEISMAN, MD

JAMES J. GALEOTA

ROBERT C. GARRETT, FACHE*

ROGER D. KORNBERG, PH.D.

ROSEMARY A. CRANE

SOL J. BARER, PH.D.

THOMAS POLEN*

CORE FORM, PART X; LINE 20

IN ACCORDANCE WITH THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS, THE TAX-EXEMPT BOND VALUES WERE REPORTED ON THE BOOKS OF HACKENSACK MERIDIAN HEALTH, INC., THE PARENT ORGANIZATION OF THIS TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY NETWORK. AS SUCH, THE TAX-EXEMPT BONDS ARE REPORTED ON SCHEDULE K OF THE HACKENSACK MERIDIAN HEALTH, INC. FORM 990.

CORE FORM, PART XI; LINE 9

OTHER INCREASE (DECREASE)IN NET ASSETS OR FUND BALANCE INCLUDE:

- NET TRANSFERS TO/FROM RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATIONS - ($28,319,487);
- EQUITY TRANSFER - ($152,661,895);
- NET ASSETS RELEASED FROM RESTRICTION FOR CAPITAL ACQUISITION - $49,637,677;
- CHANGES IN PENSION RELATED ADJUSTMENTS - $161,524,481;
- LOSSES ON UNCOLLECTIBLE PLEDGES - ($7,270,863);
- OTHER CHANGES IN UNRESTRICTED NET ASSETS - $4,199,689;
- HMH PROGRAM SERVICE REVENUE RECLASS - ($9,436,233);
- NET ASSETS RELEASED FROM RESTRICTION FOR CAPITAL ACQUISITION;

TEMPORARILY RESTRICTED - ($22,622,086);

- BENEFICIAL INTEREST IN FOUNDATIONS; TEMPORARILY RESTRICTED - ($3,277,071);

- OTHER CHANGES IN TEMPORARILY RESTRICTED NET ASSETS - $70,672,965;

AND

-LOSS ON TERMINATION OF SWAP - ($2,051,430).

CORE FORM, PART XII; LINE 2

PRICEWATERHOUSE COOPERS, L.L.P. AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF HACKENSACK MERIDIAN HEALTH, INC. FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020, INCLUDING THIS ORGANIZATION. PRICEWATERHOUSE COOPERS, L.L.P. ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS. THE HACKENSACK MERIDIAN HEALTH, INC. AUDIT AND COMPLIANCE COMMITTEE HAS ASSUMED RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS, WHICH INCLUDES THE ORGANIZATIONS IN THIS CONSOLIDATED GROUP FORM 990, AND THE SELECTION OF AN INDEPENDENT AUDITOR.

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICES ACCOMPLISHMENTS

HACKENSACK MERIDIAN HEALTH

==========

WE ARE THE LARGEST, MOST COMPREHENSIVE AND TRULY INTEGRATED HEALTH CARE NETWORK IN NEW JERSEY, OFFERING A COMPLETE RANGE OF MEDICAL SERVICES, INNOVATIVE RESEARCH AND LIFE-ENHANCING CARE.

WHO WE ARE

==========

- 17 HOSPITALS

- 3 ACADEMIC MEDICAL CENTERS

- 1 UNIVERSITY TEACHING HOSPITAL

- 8 COMMUNITY HOSPITALS

- 2 REHABILITATION HOSPITALS

- 2 CHILDREN'S HOSPITALS

- 1 BEHAVIORAL HEALTH HOSPITAL

- 1 CENTER FOR DISCOVERY & INNOVATION

- 1 SCHOOL OF MEDICINE

- 4,692 LICENSED BEDS

- 500+ PATIENT CARE LOCATIONS

- 7,000+ PHYSICIANS

- 35,000+ TEAM MEMBERS

CARE DELIVERED IN 2021

==========

- 179,893 PATIENT ADMISSIONS

- 585,499 EMERGENCY VISITS

- 2,025,903 OUTPATIENT VISITS

- 16,366 BABIES DELIVERED

- 100,359 SURGERIES (INPATIENT AND OUTPATIENT)

MORE THAN TWO YEARS BATTLING COVID-19

==========

- 77,106 PATIENTS WITH COVID TREATED (INCLUDES HOSPITALS, HOME CARE AND AMBULATORY CARE)
- 35,496 PATIENTS WITH COVID HOSPITALIZED
- 1,252,868 TESTS PERFORMED
- 28,764 PATIENTS WITH COVID DISCHARGED
- 772,998 VACCINES ADMINISTERED

OUR GROWTH & TRANSFORMATION

==========

MERIDIAN HEALTH WAS FORMED IN 2016 AFTER THE MERGER OF HACKENSACK UNIVERSITY HEALTH NETWORK AND MERIDIAN HEALTH. BELOW IS A SNAPSHOT OF HOW THE NETWORK HAS GROWN SINCE ITS CREATION.

WE ADDED:

- 1 HACKENSACK MERIDIAN SCHOOL OF MEDICINE
- 1 HACKENSACK MERIDIAN CENTER FOR DISCOVERY AND INNOVATION
- 1 ACADEMIC MEDICAL CENTER
- 1 BEHAVIORAL HEALTH HOSPITAL
- 1 ADDICTION TREATMENT CENTER
- 1 COMPREHENSIVE REHAB INSTITUTE
- 1 SATELLITE EMERGENCY DEPARTMENT
- 1 OUTPATIENT TOWER
- 10 URGENT CARE CENTERS
- 11 NURSING AND REHAB / ASSISTED LIVING FACILITIES

- + COUNTLESS OUTPATIENT SERVICES, PHYSICIAN PRACTICES AND STRONG PARTNERS WITH SHARED GOALS (E.G. GEORGETOWN LOMBARDI COMPREHENSIVE CANCER CENTER, MEMORIAL SLOAN KETTERING, ST. JOSEPH'S HEALTH)

FUTURE FOCUS

==========

WE CONTINUE TO ANALYZE HOW WE CAN BEST MEET THE NEEDS OF OUR COMMUNITY. ENSURING ACCESS TO HIGH QUALITY CARE, WHERE AND WHEN ITS NEEDED, IS OUR PRIORITY.

OVER THE NEXT FIVE YEARS WE PLAN TO ADD:

- 40+ AMBULATORY FACILITIES THROUGHOUT THE STATE
- NEW FACILITIES WILL RANGE IN SIZES
- MULTIPLE SERVICES UNDER ONE ROOF, E.G.: PRIMARY CARE, URGENT CARE, AMBULATORY SURGERY, IMAGING, LABORATORY, PHYSICAL THERAPY AND SELECT SPECIALTIES, SUCH AS CARDIOVASCULAR, OB/GYN AND PEDIATRICS
- MORE OPTIONS FOR HOME AND VIRTUAL CARE

OUR STRATEGIC PRIORITIES

==========

1. TRANSFORM HACKENSACK MERIDIAN HEALTH INTO A HUMAN-CENTERED ENTERPRISE OF CARE THAT MEETS THE NEEDS OF PATIENTS THROUGH SUPERIOR EXPERIENCE, QUALITY, OUTCOMES AND SAFETY.
2. INTEGRATE A CULTURE, ROOTED IN OUR CORE BELIEFS, WHERE TRUST IS FOUNDATIONAL, CHANGE IS EMBRACED AND NEW IDEAS ARE CELEBRATED, TO CREATE

A GREAT PLACE TO WORK FOR ALL.

3. ENSURE GROWTH BY INTEGRATING TECHNOLOGY AND INNOVATION ACROSS THE HEALTH CARE CONTINUUM THROUGH SUPERIOR QUALITY, ACCESSIBILITY AND AFFORDABILITY.

4. ESTABLISH THE HACKENSACK MERIDIAN SCHOOL OF MEDICINE AS AN INTERNATIONAL LEADER IN PHYSICIAN EDUCATION AND RESEARCH BY DEFINING ACADEMIC EXCELLENCE THROUGH A CURRICULUM ROOTED IN THE INDIVIDUAL AND COMMUNITY.

5. ESTABLISH HACKENSACK MERIDIAN HEALTH AND ITS PHYSICIAN PARTNERS AS THE MARKET LEADING, HIGH PERFORMANCE, FINANCIALLY ACCOUNTABLE AND AFFORDABLE NETWORK OF CHOICE AMONG PHYSICIANS, CONSUMERS, INSURERS AND EMPLOYERS.

6. BUILD THE HACKENSACK MERIDIAN CENTER FOR DISCOVERY AND INNOVATION AS AN INTERNATIONALLY RECOGNIZED RESEARCH ENTERPRISE THAT LEADS THE FRONTIER OF MEDICINE THROUGH A FRICTIONLESS SYSTEM OF TRANSLATIONAL SCIENCE AND INNOVATION.

7. PROMOTE HEALTH EQUITY AND HUMAN DIGNITY TO IMPROVE THE HEALTH OF OUR COMMUNITIES.

HACKENSACK MERIDIAN CENTER FOR DISCOVERY AND INNOVATION

==========

THE HACKENSACK MERIDIAN CENTER FOR DISCOVERY AND INNOVATION (CDI) WAS FOUNDED IN 2019 WHEN WE CONVENED A GROUP OF WORLD-CLASS RESEARCHES WHO COULD DISCOVER AND INNOVATE NOVEL SOLUTIONS EVERY DAY TO TACKLE SOME OF THE FASTEST-GROWING HEALTH PROBLEMS IN THE WORLD. BELOW ARE SOME OF THE CDI'S RECENT ADVANCEMENTS:

-THE CDI HAS GROWN TO 22 LABS AND MORE THAN 160 SCIENTISTS AND SUPPORT STAFF.

-APPROXIMATELY 85 GRANTS, INCLUDING 47 NIH AND OTHER GOVERNMENT GRANTS, SUPPORT THE INTEGRAL WORK BEING DONE AT CDI.

-A TOTAL OF MORE THAN $165 MILLION IN RESEARCH COMMITMENTS COMES VIA GOVERNMENT, PHARMACEUTICAL, BIOTECH, AND FOUNDATION SECTORS, AS WELL AS PRIVATE PHILANTHROPY DEMONSTRATING HOW CRITICAL THIS WORK IS FOR ADVANCING SCIENCE AND MEDICINE TO BEST SERVE OUR PATIENTS AND THE GREATER COMMUNITY.

-IN EARLY 2022, CDI RECEIVED A GRANT FROM THE NIH FOR UP TO $108 MILLION TO DEVELOP NEXT-GENERATION DRUGS TO COMBAT COVID-19 AND FUTURE THREATS. THIS GRANT IS THE LARGEST IN THE HISTORY OF HMH AND WILL TRULY TRANSFORM CARE AND SAVE LIVES.

OUTPUT CONTINUES TO BE HIGH FOR THE CDI TEAM. IN 2021, WE ACCOMPLISHED:

- MORE THAN 132 PEER-REVIEWED PUBLICATIONS INCLUDING 13 COVID-19 PAPERS
- MORE THAN $160 MILLION IN NIH GRANT APPLICATIONS
- 4 NEW PATENT APPLICATIONS
- WE HOSTED A MAJOR EVENT ENTITLED: IMPLEMENTING SCIENCE IN REAL TIME - A NEW PARADIGM FOR ADVANCING TRANSLATIONAL RESEARCH IN AMERICA WITH LESSONS LEARNED FROM COVID-19.

DURING COVID-19, THE CDI ESTABLISHED A HIGH-THROUGHPUT PLATFORM FOR RAPID MOLECULAR ASSESSMENT OF COVID-19 VIRAL VARIANTS AND PARTNERED WITH QUEST DIAGNOSTICS TO PROVIDE NETWORK AND STATEWIDE EPIDEMIOLOGY. THIS TECHNOLOGY AND APPROACH FOR DETECTING COVID-19 VIRUS VARIANTS WAS HIGHLIGHTED BY MAJOR NEWS MEDIA INCLUDING ABC, CBS, CNN, NBC AND TELEMUNDO.

THE CDI'S CHIEF SCIENTIFIC OFFICER DAVID S. PERLIN, PH.D. WAS NAMED A TOP 25 NATIONAL INNOVATOR BY MODERN HEALTHCARE AND OUTSTANDING SCIENTIST IN NEW JERSEY BY THE EDWARD J. ILL EXCELLENCE IN MEDICINE AWARDS.

CLINICAL RESEARCH

==========

HACKENSACK MERIDIAN HEALTH OFFERS STUDIES OF NOVEL AGENTS THAT ARE NOT AVAILABLE ELSEWHERE, FROM PROMISING TARGETED THERAPIES TO IMMUNOTHERAPIES. PATIENTS CAN RECEIVE THE LATEST EVIDENCE-BASED TREATMENTS CLOSER TO WHERE THEY LIVE AND WORK, ACROSS THE ENTIRE HACKENSACK MERIDIAN HEALTH NETWORK.

- NEARLY 400 CLINICAL TRIALS IN ONCOLOGY AVAILABLE FOR OUR PATIENTS
- 870 ACTIVE RESEARCH STUDIES (ONCOLOGY AND NON-ONCOLOGY)
- 2,334 PATIENTS PARTICIPATING IN ONCOLOGY TRIALS
- ALL ONCOLOGY PATIENTS ARE ROUTINELY PRESCREENED FOR CLINICAL TRIAL ELIGIBILITY
- ABOUT HALF OF NEW ONCOLOGY PATIENTS ARE ENROLLED

JOHN THEURER CANCER CENTER AT HACKENSACK UNIVERSITY MEDICAL CENTER HAS MORE THAN 350 ONGOING CLINICAL TRIALS AT EVERY STAGE OF DEVELOPMENT, INCLUDING PHASE I STUDIES, AND TEAMS DEVOTED SPECIFICALLY TO CLINICAL RESEARCH ACROSS EVERY SUBSPECIALTY OF CANCER. OUR CLINICAL RESEARCHERS HAVE PLAYED A CRITICAL ROLE IN THE DEVELOPMENT OF MANY OF THE PROMINENT ANTICANCER DRUGS USED IN ONCOLOGY. TODAY, WE ARE CONDUCTING MORE CLINICAL TRIALS THAN ANY OTHER CANCER CENTER IN NEW JERSEY.

HACKENSACK MERIDIAN JOHN THEURER CANCER CENTER IS ALSO PART OF THE NCI-DESIGNATED GEORGETOWN LOMBARDI COMPREHENSIVE CANCER CENTER. THE INSTITUTIONS, WHICH BEGAN THEIR COLLABORATION IN 2015, SHARE PASSION AND EXPERTISE IN RESEARCH WHICH HELP TO DEVELOP NEW THERAPIES AND UNDERSTAND CANCER AT THE POPULATION LEVEL. THROUGH THIS RESEARCH COLLABORATION WE ARE WORKING TO IMPROVE OUTCOMES FOR PATIENTS WITH CANCER AND HELP TO PREVENT THEM FROM GETTING CANCER IN THE FIRST PLACE.

EXCEPTIONAL ACADEMIC AND CLINICAL PROGRAMS

==========

OCEAN AND JFK BECOME "UNIVERSITY" MEDICAL CENTERS

OCEAN UNIVERSITY MEDICAL CENTER

==========

IN 2021, OCEAN MEDICAL CENTER BECAME THE ONLY HOSPITAL IN OCEAN COUNTY WITH "UNIVERSITY" DESIGNATION, ACKNOWLEDGING ITS EXCEPTIONAL TEACHING PROGRAMS AND DEDICATION TO QUALITY AND PATIENT SAFETY. THIS VISION FOR DEVELOPING MEDICAL EDUCATION PROGRAMS EXPOSES FUTURE PHYSICIANS AND CLINICIANS TO THE LATEST INNOVATIONS IN MEDICINE. EIGHTY-NINE RESIDENTS WITHIN FIVE PROGRAMS: FAMILY MEDICINE, INTERNAL MEDICINE, PSYCHIATRY, TRANSITIONAL AND PHARMACY, AS WELL AS 46 MEDICAL STUDENTS ON ROTATION FROM MEDICAL SCHOOLS, PHARMACY AND NURSING RESIDENCIES COMPRISE THE GRADUATE MEDICAL EDUCATION PROGRAM AT OCEAN UNIVERSITY MEDICAL CENTER. THE FIRST CLASS OF FAMILY MEDICINE RESIDENTS GRADUATED IN 2021 WITH A 100% BOARD PASS RATE. THREE GRADUATES JOINED ONE OF OUR PRACTICES AND ONE GRADUATE STAYED IN OCEAN COUNTY TO SERVE IN PRIVATE PRACTICE. THIS MILESTONE TAKES THE MEDICAL CENTER TO A NEW HEIGHTENED LEVEL OF CARE FOR RESIDENTS OF NEW JERSEY AND THE COMMUNITY.

CORE FORM, PART III; STMT OF PROGRAM SERVICES ACCOMPLISHMENTS (CONTINUED)

JFK UNIVERSITY MEDICAL CENTER

==========

IN 2021, JFK MEDICAL CENTER ADDED THE WORD "UNIVERSITY" TO ITS NAME TO ACKNOWLEDGE ITS STATURE AS A LEADING ACADEMIC MEDICAL CENTER, A PROVIDER OF HIGHLY SPECIALIZED OR "TERTIARY" MEDICAL AND REHABILITATIVE CARE, AND A LOCUS OF BASIC SCIENCE RESEARCH AND CLINICAL RESEARCH TO ADVANCE PATIENT CARE. JFK UNIVERSITY MEDICAL CENTER SERVES AS A PROVIDER OF BOTH HIGH-QUALITY MEDICAL EDUCATION FOR THE NEXT GENERATION OF PHYSICIANS AND NURSES AND PATIENT-CENTERED, LIFE-SAVING SPECIALTY MEDICAL CARE FOR THE

PEOPLE OF CENTRAL

NEW JERSEY. MANY YEARS OF DEDICATED RESEARCH AND TEACHING BY JFK'S

COMMITTED

FACULTY AND DECADES OF PLANNING AND LEADERSHIP TO ADVANCE PATIENT CARE

ARE BEHIND THIS VERY MEANINGFUL CHANGE. CURRENTLY INCLUDING 91 RESIDENTS,

JFK UNIVERSITY MEDICAL CENTER HAS OFFERED MEDICAL EDUCATION TO PHYSICIANS

IN TRAINING FOR MORE THAN 25 YEARS, INCLUDING ACGME ACCREDITED RESIDENCY

PROGRAMS IN DENTISTRY, FAMILY MEDICINE, PHARMACY AND NEUROSCIENCE. JFK

UNIVERSITY MEDICAL CENTER'S FOUR-YEAR "CATEGORICAL" NEUROSCIENCE

RESIDENCY PROGRAM HAS DESIGNED THE ONLY CURRICULUM IN THE COUNTRY WITH

MULTIPLE NEUROSCIENCE FELLOWSHIPS IN SLEEP MEDICINE, NEUROCRITICAL CARE,

VASCULAR

NEUROLOGY (STROKE), ENDOVASCULAR SURGICAL NEURORADIOLOGY AND CLINICAL

NEUROPHYSIOLOGY.

HACKENSACK MERIDIAN HEALTH HAS SEVERAL, ROBUST EDUCATIONAL PROGRAMS TO

HELP TEACH THE FUTURE HEALTH CARE WORK FORCE. WE ARE PROUD TO EDUCATE THE

NEXT GENERATION OF CLINICIANS THAT WILL CARE FOR OUR COMMUNITY. 74

RESIDENCY AND FELLOWSHIP PROGRAMS 712 RESIDENTS AND FELLOWS ENROLLED.

TECHNOLOGY AND CLINICAL EXCELLENCE

==========

ENSURE GROWTH BY INTEGRATING TECHNOLOGY AND INNOVATION ACROSS THE HEALTH

CARE

CONTINUUM THROUGH SUPERIOR QUALITY, ACCESSIBILITY AND AFFORDABILITY.

EXPANDING ONCOLOGY EXPERTISE

==========

JOHN THEURER CANCER CENTER AT HACKENSACK UNIVERSITY MEDICAL CENTER IS RANKED AS THE BEST CANCER CENTER IN NEW JERSEY BY U.S. NEWS & WORLD REPORT. THE PREMIER CANCER CENTER IS BEST KNOWN FOR HAVING A NATIONALLY RECOGNIZED BLOOD CANCERS PROGRAM INCLUDING MULTIPLE MYELOMA, LYMPHOMA AND LEUKEMIA, AS WELL AS HAVING ONE OF THE LARGEST NATIONWIDE BONE MARROW TRANSPLANT PROGRAMS. IN 2021 AND EARLY 2022 WE EXPANDED ACCESS TO THE EXPERTISE OFFERED AT JOHN THEURER CANCER CENTER IN SEVERAL WAYS.

ST. JOSEPH'S HEALTH

==========

IN EARLY 2022, WE LAUNCHED A NEW CLINICAL AFFILIATION WITH ST. JOSEPH'S HEALTH, BRINGING EXPANDED CANCER CARE SERVICES TO THE RESIDENTS OF NORTHERN NEW JERSEY. THE AFFILIATION PROVIDES BETTER ACCESS TO CLINICAL TRIALS AND HIGHLY SUBSPECIALIZED EXPERTISE FOR PATIENTS ACROSS THE ST. JOSEPH'S MARKET. THE COMMUNITY NOW HAS ACCESS TO CARE DELIVERED BY OUR NCI-DESIGNATED JOHN THEURER CANCER CENTER EXPERTS. A NEW INFUSION CENTER OPENED ON THE ST. JOSEPH'S HEALTH WAYNE MEDICAL CENTER CAMPUS IN JANUARY 2022 AND IS AMONG THE FIRST STEPS IN THE NEW ONCOLOGY AFFILIATION. THE PARTNERSHIP ALSO EXTENDS
TO THE ST. JOSEPH'S UNIVERSITY MEDICAL CENTER CAMPUS IN PATERSON, AND A NEW CANCER CENTER OPENING LATER IN 2022 IN TOTOWA.

HOPE TOWER AT JERSEY SHORE UNIVERSITY MEDICAL CENTER

==========

IN EARLY 2022, WE ANNOUNCED THAT JOHN THEURER CANCER CENTER EXPANDED ITS PROGRAM TO HOPE TOWER AT JERSEY SHORE UNIVERSITY MEDICAL CENTER. THIS EXPANSION PROVIDES ON-SITE RESOURCES TO CANCER PATIENTS AT JERSEY SHORE AS WELL AS ACCESS TO MEDICAL INNOVATIONS AND CLINICAL TRIALS AT JOHN THEURER CANCER CENTER AT HACKENSACK UNIVERSITY MEDICAL CENTER. NEW SPECIALIZED SERVICES INCLUDE LEUKEMIA CARE, BONE MARROW TRANSPLANTATION AND CELL THERAPY AND PHASE I CLINICAL TRIALS, INCLUDING TARGETED THERAPIES, IMMUNO-ONCOLOGY, AND CAR-T TRIALS.

TOMS RIVER REGIONAL CANCER CENTER

==========

LAST SUMMER, WE TEAMED UP WITH SHORE-AREA ONCOLOGISTS TO FORM THE TOMS RIVER REGIONAL CANCER CENTER, BRINGING MORE EXPERTISE TO OCEAN COUNTY PATIENTS. THE PARTNERSHIP BETWEEN THE DOCTOR'S GROUP, REGIONAL CANCER CARE ASSOCIATES AND JOHN THEURER CANCER CENTER MEANS RESIDENTS IN THE REGION DON'T HAVE TO TRAVEL TO NORTHERN NEW JERSEY OR NEW YORK FOR CANCER TREATMENT.

ROBOTIC SURGICAL EXCELLENCE

==========

THROUGHOUT THE NETWORK, ADVANCEMENTS IN ROBOTIC SURGERY CONTINUES TO BE A PRIORITY. APPROACHING A CASE USING ROBOTICS, WHEN ABLE, OFFERS SMALLER INCISIONS, INCREASED PRECISION AND FASTER RECOVERY FOR OUR PATIENTS.

BELOW SUMMARIZES SOME OF THE WAYS THAT WE HAVE INVESTED IN EXPANDING OUR ROBOTICS SERVICES OVER THE LAST YEAR. MANY OF THESE ADVANCEMENTS FOCUS ON ORTHOPEDIC PROCEDURES, PROVIDING MORE OPTIONS FOR PATIENTS WHO NEED JOINT REPLACEMENTS.

MEET OUR NEW ADDITIONS

==========

HACKENSACK UNIVERSITY MEDICAL CENTER INTRODUCED THE NEWEST GENERATION OF THE TSOLUTION ONE ROBOT IN 2021, AND COMPLETED THIS TECHNOLOGY'S FIRST TOTAL KNEE REPLACEMENT ON THE EAST COAST.

JFK UNIVERSITY MEDICAL CENTER, HACKENSACK UNIVERSITY MEDICAL CENTER AND MOUNTAINSIDE MEDICAL CENTER ACQUIRED THE MAKO ROBOTICSTM SYSTEM LAST YEAR, PROVIDING EXPANDED OPTIONS FOR TOTAL HIP, TOTAL KNEE AND PARTIAL KNEE REPLACEMENTS. OCEAN UNIVERSITY MEDICAL CENTER ALSO INTRODUCED ROBOTIC-ASSISTED TECHNOLOGY WITH THE CORI SURGICAL SYSTEM FOR KNEE REPLACEMENTS.

BEYOND ORTHOPEDICS, SOUTHERN OCEAN MEDICAL CENTER AND MOUNTAINSIDE MEDICAL CENTER ALSO EXPANDED ROBOTIC SERVICES WITH THE DAVINCI XI, THE LATEST IN DAVINCI ROBOTIC TECHNOLOGY. THIS MAJOR INVESTMENT AT SOUTHERN OCEAN MEDICAL CENTER WAS FUNDED THROUGH PLEDGE PAYMENTS BY THE FOUR AUXILIARIES AT THE HOSPITAL.

THE LATEST AND GREATEST IN BRAIN, SPINE AND NERVE CARE

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THROUGHOUT OUR NETWORK, WE HAVE SOME OF THE NATION'S BEST NEUROLOGISTS AND NEUROSURGEONS. WE ARE COMMITTED TO CONSTANTLY IMPROVING OUR NEUROSCIENCE SERVICES SO OUR PATIENTS CAN LIVE THEIR LIVES TO THE FULLEST. SOME RECENT HIGHLIGHTS CAN BE FOUND BELOW.

FIRST AND ONLY TO OFFER NONINVASIVE NEUROSURGICAL TREMOR TREATMENT

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IN 2021, HACKENSACK UNIVERSITY MEDICAL CENTER BECAME THE FIRST AND ONLY CENTER IN NEW JERSEY - AND ONE OF ONLY A FEW IN THE COUNTRY - TO OFFER NONINVASIVE MRI-GUIDED FOCUSED ULTRASOUND TO TREAT TREMORS. THE TREATMENT IS APPROVED BY THE U.S. FOOD AND DRUG ADMINISTRATION (FDA) FOR ESSENTIAL TREMOR AND TREMOR-DOMINANT PARKINSON'S DISEASE THAT HAS NOT RESPONDED TO MEDICATIONS. MR-GUIDED FOCUSED ULTRASOUND IS AN AMAZING DEVELOPMENT BECAUSE IT HAS THE POTENTIAL TO INSTANTANEOUSLY DECREASE OR ELIMINATE TREMORS AND IMPROVE QUALITY OF LIFE FOR MILLIONS OF PATIENTS WHO ARE LIVING WITH A MOVEMENT DISORDER.

STAYING AHEAD OF THE CURVE AT RIVERVIEW

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RIVERVIEW MEDICAL CENTER IS NOW ONE OF THE ONLY COMMUNITY HOSPITALS IN THE REGION WITH THE STEALTHSTATIONTM S8 SURGICAL NAVIGATION SYSTEM, TYPICALLY OFFERED AT ACADEMIC MEDICAL CENTERS. THIS MINIMALLY INVASIVE TECHNOLOGY, COUPLED WITH THE O-ARM® IMAGING SYSTEM, PROVIDES SURGEONS WITH THE ABILITY TO ACCURATELY AND SAFELY PLACE SPINAL INSTRUMENTATION, ALLOWING RIVERVIEW TO CARE FOR PATIENTS WITH COMPLEX SPINAL DISORDERS.

CENTER FOR EXCELLENCE IN ALS CARE

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JERSEY SHORE UNIVERSITY MEDICAL CENTER'S ALS CENTER RECENTLY BECAME THE SECOND NEW JERSEY HOSPITAL TO ACHIEVE STATUS AS AN ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE FROM THE ASSOCIATION'S NATIONAL OFFICE AND THE GREATER PHILADELPHIA CHAPTER, A RECOGNITION THAT HAS SEVERAL IMPORTANT REQUIREMENTS THAT FOCUS ON ADVANCING PATIENT CARE.

ADVANCED TREATMENT OPTIONS FOR PEOPLE WITH MOVEMENT DISORDERS

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JERSEY SHORE UNIVERSITY MEDICAL CENTER'S NEUROSCIENCE INSTITUTE RECENTLY ESTABLISHED ITS COMPREHENSIVE MOVEMENT DISORDER PROGRAM, LED BY NEW CHAIR OF NEUROSURGERY, SHABBAR F. DANISH, M.D., FAANS, AND A MULTIDISCIPLINARY TEAM OF EXPERTS. DR. DANISH HAS PIONEERED MINIMALLY INVASIVE TECHNIQUES FOR DEEP BRAIN STIMULATION (DBS) AND SPECIALIZES IN MOVEMENT DISORDERS. DBS IS A SURGICAL TREATMENT FOR PARKINSON'S DISEASE, ESSENTIAL TREMOR, DYSTONIA, AND OTHER DISORDERS.

LEADING THE WAY IN CARDIOVASCULAR CARE

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SEVERAL LOCATIONS THROUGHOUT OUR NETWORK ARE RECOGNIZED FOR CLINICAL EXCELLENCE IN HEART CARE. OUR CARDIOLOGISTS ARE DEVELOPING BREAKTHROUGH TREATMENTS AND PIONEERING NEW RESEARCH. LEARN ABOUT SOME RECENT ADVANCEMENTS BELOW.

CORE FORM, PART III; STMT OF PROGRAM SERVICES ACCOMPLISHMENTS (CONTINUED)

UNDERSTANDING COVID-19 AND THE HEART

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THROUGHOUT THE COVID-19 PANDEMIC, HACKENSACK UNIVERSITY MEDICAL CENTER HAS APPLIED ITS RESEARCH EXPERTISE TO THE ACUTE AND CHRONIC SYNDROMES OF CARDIOVASCULAR DISEASE ASSOCIATED WITH COVID-19 INFECTION. THEIR CARDIAC EXPERTS HAVE PRESENTED THEIR FINDINGS TO NATIONAL AUDIENCES AND HAVE HAD 16 ABSTRACTS AND TWO MANUSCRIPTS PUBLISHED WITH LEADING ORGANIZATIONS INCLUDING THE AMERICAN COLLEGE OF CARDIOLOGY, THE HEART RHYTHM SOCIETY, THE AMERICAN HEART ASSOCIATION, AND THE HEART FAILURE SOCIETY OF AMERICA. GAINING A DEEPER UNDERSTANDING OF THESE CARDIOVASCULAR MANIFESTATIONS IN COVID-19 CAN HELP CARDIAC CLINICIANS BETTER ANTICIPATE CLINICAL ISSUES AND OUTCOMES AND MAKE OPTIMAL TREATMENT DECISIONS.

BREAKTHROUGH HEART FAILURE TREATMENT

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STRUCTURAL INTERVENTIONAL CARDIOLOGISTS AND HEART SURGEONS AT HACKENSACK UNIVERSITY MEDICAL CENTER WERE THE FIRST IN NEW JERSEY TO TREAT A PATIENT WITH HEART FAILURE AFTER A HEART ATTACK USING A UNIQUE DEVICE - BIOVENTRIX - THAT MAKES A WEAK, ENLARGED HEART SMALLER - ENABLING IT TO PUMP BLOOD MORE EFFICIENTLY, RELIEVING HEART FAILURE SYMPTOMS, AND IMPROVING QUALITY OF LIFE. THE PROCEDURE IS BEING EVALUATED THROUGH THE ALIVE (AMERICAN LESS INVASIVE VENTRICULAR ENHANCEMENT) CLINICAL TRIAL, IN WHICH HACKENSACK IS

PARTICIPATING.

WITH AN EYE ON INNOVATION, HACKENSACK CARDIOVASCULAR EXPERTS RAPIDLY EMBRACED THE NEW TENDYNE TRANSCATHETER MITRAL VALVE IMPLANTATION (TMVI) SYSTEM FOR PATIENTS REQUIRING A HEART VALVE REPLACEMENT. THE TENDYNE VALVE PROVIDES RELIEF FROM HEART FAILURE SYMPTOMS AND PRODUCES QUALITY-OF-LIFE IMPROVEMENT IN HIGH-SURGICAL-RISK PATIENTS.

LEADING THE WAY WITH ADVANCED FUSION IMAGING TECHNOLOGIES

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OUR EXPERTS ARE ADVANCING CARDIAC CAPABILITIES WITH ADVANCED FUSION IMAGING
TECHNOLOGIES. AT HACKENSACK, THE TEAM IS ONE OF THE FEW IN THE NATION WITH EXPERIENCE IN MULTIMODALITY CARDIAC IMAGING, OR FUSION IMAGING. THE TECHNOLOGY MERGES FLUOROSCOPY AND ECHO IMAGES TO PROVIDE GREATER SCALE AND ORIENTATION OF THE HEART STRUCTURES. JERSEY SHORE UNIVERSITY MEDICAL CENTER IS ONE OF THE FEW HOSPITALS IN THE COUNTRY TO USE INTRAVASCULAR OPTICAL COHERENCE TOMOGRAPHY (OCT) TO VIEW INSIDE PATIENTS' CORONARY ARTERIES IN REAL TIME, WITH GREATER DETAIL, AND MORE ACCOMPANYING DATA THAN EVER BEFORE.

JFK UNIVERSITY MEDICAL CENTER CATH LAB EXCELLENCE

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IN 2021, THE CARDIAC CATHETERIZATION LAB TEAM AT JFK UNIVERSITY MEDICAL CENTER CUT THE RIBBON ON THE NEWLY RENOVATED SPACE AND CELEBRATED THE

MANY ACHIEVEMENTS OF THE CARDIAC TEAM. THE PROGRAM, WHICH WAS THE FIRST HOSPITAL IN THE STATE OF NEW JERSEY TO RECEIVE THE PRESTIGIOUS NATIONAL DISTINCTION OF EXCELLENCE AS A HEARTCARE CENTER BY THE AMERICAN COLLEGE OF CARDIOLOGY IN 2019, EARNED MULTIPLE ENDORSEMENTS FROM NATIONAL ACCREDITING AGENCIES THROUGHOUT THE PAST YEAR, DEMONSTRATING THE HIGH LEVEL OF CARDIAC
CARE PROVIDED TO RESIDENTS IN CENTRAL NEW JERSEY.

MAKING MENTAL HEALTH A PRIORITY

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THERE HAS NEVER BEEN A GREATER NEED FOR MENTAL HEALTH SERVICES THAN NOW, AFTER TWO YEARS OF DEALING WITH THE COVID PANDEMIC. OUR NETWORK PROVIDES EVERY LEVEL OF CARE FOR MENTAL HEALTH AND ADDICTION TREATMENT AND HAS MADE IT A PRIORITY SINCE DAY ONE. READ ABOUT OUR MOST RECENT BEHAVIORAL HEALTH EXPANSIONS AND PROJECTS BELOW.

LONG TERM ACUTE CARE EXPANSION

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IN 2021, WE ANNOUNCED PLANS TO INVEST $35 MILLION INTO RARITAN BAY MEDICAL CENTER TO EXPAND ACCESS TO HIGH QUALITY, COMPASSIONATE CARE AND CRITICAL COMMUNITY SERVICES, INCLUDING INPATIENT BEHAVIORAL HEALTH AND LONG TERM ACUTE CARE (LTACH.) THE REIMAGINE RARITAN BAY MEDICAL CENTER EFFORT ADDRESSES AN IMMEDIATE NEED IDENTIFIED IN THE LATEST COMMUNITY HEALTH NEEDS ASSESSMENT. LTACH BEDS ARE EXPECTED TO OPEN IN Q2 2022, FOLLOWED BY BEHAVIORAL HEALTH BEDS IN Q1 2023.

HERE FOR OUR LITTLEST PATIENTS

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WE ARE COMMITTED TO IMPROVING ACCESS TO INPATIENT BEHAVIORAL HEALTH CARE FOR CHILDREN UNDER AGE 12 ACROSS NEW JERSEY. IN ORDER TO ADVANCE THAT MISSION WE ARE PLANNING TO EXPAND OUR PEDIATRIC INPATIENT BEDS/ROOMS AT CARRIER CLINIC TO MEET THE NEEDS OF THE INCREASING NUMBER OF CHILDREN WHO REQUIRE HOSPITALIZATION FOR BEHAVIORAL ISSUES. THE EXPANSION WILL CREATE A NEW 40,000-SQUARE FOOT ADOLESCENT INPATIENT UNIT, WHICH WHEN COMPLETE WILL ADD 16 TO 20 BEDS IN A NEW STATE-OF-THE-ART UNIT FEATURING A FAMILY RESOURCE CENTER, NEW GYMNASIUM AND CLINICAL FEATURES TO ENSURE THE SAFETY OF OUR ADOLESCENT PATIENTS AND CLINICIANS.

EXPANDING ACCESS TO QUALITY ADDICTION SERVICES

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IN EARLY 2021 WE OPENED THE RETREAT & RECOVERY AT RAMAPO VALLEY, A STATE-OF-THE-ART TREATMENT CENTER IN MAHWAH THAT IS SET TO OFFER A COMPLETE RANGE OF ADDICTION TREATMENT SERVICES. THE FIRST PHASE OF THE RETREAT & RECOVERY AT RAMAPO VALLEY FOCUSED ON OUTPATIENT SERVICES ON THE 40-ACRE CAMPUS, AND A 48-BED INPATIENT FACILITY AND DETOX SERVICES. AN EXPANSION TO 90 BEDS IN PHASE 2 OF THE PROJECT IS PROJECTED TO OPEN IN 2024. THE RETREAT & RECOVERY AT RAMAPO VALLEY IS PART OF BLAKE RECOVERY CENTER AT CARRIER CLINIC, WHICH WAS RECOGNIZED BY NEWSWEEK MAGAZINE AS THE #1 ADDICTION TREATMENT CENTER IN NJ FOR THE SECOND YEAR IN A ROW. THIS NEW LOCATION BRINGS THE SAME LEVEL OF EXPERTISE TO MORE PEOPLE

THROUGHOUT THE STATE.

GIVING THE BEST FOR OUR PEDIATRIC PATIENTS

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THROUGH HACKENSACK MERIDIAN CHILDREN'S HEALTH, WE PRIDE OURSELVES ON BEING ABLE TO PROVIDE A COMPLETE RANGE OF PEDIATRIC SERVICES FOR FAMILIES ACROSS THE STATE. OUR TWO CHILDREN'S HOSPITALS OFFER SOME OF THE MOST ADVANCED CARE AVAILABLE FOR YOUNG PATIENTS.

LEARN ABOUT SOME OF THE LATEST BELOW.

NEW SOLUTIONS FOR SEVERE SCOLIOSIS

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WITH TRADITIONAL SCOLIOSIS SURGERY, PATIENTS UNDERGO AN INITIAL IMPLANTATION OF SCREWS AND RODS. BECAUSE YOUNG PATIENTS ARE GROWING, THIS SURGERY IS FOLLOWED BY MULTIPLE SURGERIES ABOUT EVERY SIX MONTHS TO "GROW" THE RODS DURING A PROCEDURE CALLED DISTRACTION. OUR ORTHOPEDIC SURGEONS ARE USING THE MAGEC (MAGNETIC EXPANSION CONTROL) SYSTEM TO TREAT SEVERE SCOLIOSIS. FOLLOWING SURGERY TO IMPLANT MAGNETIC LENGTHENING RODS, AN ORTHOPEDIST USES THIS INNOVATIVE TECHNOLOGY TO "GROW" RODS USING A REMOTE CONTROL TO LENGTHEN THEM DURING OFFICE VISITS, WHICH MEANS FEWER SURGERIES. THE TECHNOLOGY ELIMINATES THE NEED FOR REPEATED INVASIVE SURGICAL PROCEDURES WHILE ALLOWING THE SPINE TO CONTINUE GROWING.

SPEARHEADING LIFE-SAVING TREATMENT FOR GLIOBLASTOMA

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HACKENSACK MERIDIAN CHILDREN'S HEALTH IS CONDUCTING A PHASE I CLINICAL TRIAL FOR PEDIATRIC PATIENTS WITH AN AGGRESSIVE TYPE OF BRAIN CANCER CALLED GLIOBLASTOMA MULTIFORME. THE TRIAL, BEING CONDUCTED AT JOSEPH M. SANZARI CHILDREN'S HOSPITAL AT HACKENSACK UNIVERSITY MEDICAL CENTER, AND FUNDED THROUGH THE TACKLE KIDS CANCER INITIATIVE, IS TESTING THE EFFICACY OF A DEVICE CALLED OPTUNE WHEN COMBINED WITH CHEMOTHERAPY. WORN ON THE HEAD, OPTUNE SENDS ELECTRIC FIELDS - CALLED TUMOR TREATING FIELDS (TTFIELDS) -
INTO THE BRAIN THAT ARE BELIEVED TO INTERFERE WITH CANCER CELL DIVISION AND CAUSE CANCER CELL DEATH. OPTUNE HAS BEEN APPROVED BY THE U.S. FOOD AND DRUG ADMINISTRATION (FDA) FOR THE TREATMENT OF GLIOBLASTOMA IN ADULTS AGED 22 AND OLDER, BUT STUDIES IN CHILDREN HAVE SO FAR BEEN LIMITED. THIS TRIAL IS THE FIRST PEDIATRIC STUDY COMBINING OPTUNE WITH STANDARD CHEMOTHERAPY TREATMENT.

PREVENTING SEIZURES BEFORE THEY START

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A NINE-YEAR-OLD PATIENT WITH EPILEPSY WAS THE FIRST PATIENT TO UNDERGO AN ENDOSCOPIC-ASSISTED CORPUS CALLOSOTOMY SURGERY AT JOSEPH M. SANZARI CHILDREN'S HOSPITAL. CORPUS CALLOSOTOMY IS A NEUROSURGICAL PROCEDURE THAT INVOLVES CUTTING A BAND OF FIBERS IN THEBRAIN CALLED THE CORPUS CALLOSUM, WHICH CARRIES MESSAGES BETWEEN THE BRAIN'S TWO HEMISPHERES (HALVES).

CUTTING THE FIBERS PREVENTS SEIZURE SIGNALS FROM TRAVELING BETWEEN THE BRAIN'S TWO HALVES, MAKING SEIZURES LESS FREQUENT AND SEVERE - AND, IN SOME CASES, STOPPING THEM ALTOGETHER.

JOSEPH M. SANZARI CHILDREN'S HOSPITAL ALSO BECAME THE FIRST HOSPITAL IN NEW JERSEY TO IMPLANT A RESPONSIVE NEUROSTIMULATION DEVICE TO TREAT EPILEPSY IN A 16-YEAR-OLD PATIENT. THE SYSTEM CONTINUOUSLY MONITORS BRAIN ACTIVITY AND IS PROGRAMMED TO RECOGNIZE THE PATIENT'S UNIQUE SEIZURE PATTERNS. IF THE SYSTEM DETECTS ABNORMAL BRAIN ACTIVITY, IT WILL AUTOMATICALLY RESPOND WITH SHORT PULSES OF ELECTRICAL STIMULATION TO DISRUPT ABNORMAL ACTIVITY AND PREVENT SEIZURES BEFORE THEY START.

CORE FORM, PART III; STMT OF PROGRAM SERVICES ACCOMPLISHMENTS (CONTINUED)

NETWORK-WIDE KIDNEY CARE

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LAST YEAR WE EXPANDED OUR ACUTE KIDNEY INJURY PROGRAM TO K. HOVNANIAN CHILDREN'S HOSPITAL AT JERSEY SHORE UNIVERSITY MEDICAL CENTER WHERE A NEW COMPREHENSIVE CLINICAL PROGRAM PROVIDES CARE THAT INCLUDES LIFE-SAVING DIALYSIS. THE K. HOVNANIAN CHILDREN'S HOSPITAL CARE TEAM TREATS PATIENTS FROM INFANCY TO YOUNG ADULTHOOD SUFFERING FROM ACUTE KIDNEY CONDITIONS SUCH AS ACUTE KIDNEY FAILURE, ABRUPT KIDNEY INFLAMMATIONS (GLOMERULONEPHRITIS) AND INFECTIONS, AND OTHER RARE ORGAN ABNORMALITIES AND DISEASES THAT REQUIRE DIALYSIS. THE K. HOVNANIAN CHILDREN'S HOSPITAL CARE TEAM ALSO PROVIDES A

FULL PEDIATRIC END STAGE RENAL DISEASE PROGRAM THAT INCLUDES CHRONIC DIALYSIS. IN CONJUNCTION WITH THE PEDIATRIC KIDNEY TRANSPLANT PROGRAM AT JOSEPH M. SANZARI CHILDREN'S HOSPITAL AT HACKENSACK UNIVERSITY MEDICAL CENTER, PATIENTS HAVE ACCESS TO COMPREHENSIVE SURGICAL TRANSPLANT SERVICES.

IMPROVING OUR FACILITIES

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IN ADDITION TO EXPANDING OUR CLINICAL EXPERTISE AND USE OF INNOVATIVE TECHNOLOGY, WE CONTINUALLY INVEST IN CAPITAL IMPROVEMENTS TO ENSURE OUR CLINICAL TEAM HAS THE SPACE THEY NEED TO PROVIDE OPTIMAL CARE, AND OUR PATIENTS ARE IN A COMFORTABLE ENVIRONMENT.

HACKENSACK UNIVERSITY MEDICAL CENTER

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IN JANUARY 2021, HACKENSACK UNIVERSITY MEDICAL CENTER "TOPPED OFF" ITS NEW HELENA THEURER PAVILION BY ADDING THE BUILDING'S FINAL BEAM - MARKING AN IMPORTANT MILESTONE IN THE FACILITY'S CONSTRUCTION, WHICH BEGAN IN SEPTEMBER 2019 AND IS THE LARGEST HEALTH CARE EXPANSION PROJECT IN NEW JERSEY'S HISTORY. THE PAVILION WAS NAMED IN HONOR OF THE GENEROUS PHILANTHROPY OF HELENA THEURER, A LONGTIME BENEFACTOR AND FRIEND OF HACKENSACK UNIVERSITY MEDICAL CENTER.

THE IMPRESSIVE NINE-STORY, 530,000-SQUARE-FOOT, STATE-OF-THE-ART FACILITY WILL INCLUDE 24 STATE-OF-THE-ART OPERATING ROOMS; A 50-BED INTENSIVE CARE

UNIT; AND 175 MEDICAL/SURGICAL PRIVATE PATIENT ROOMS, INCLUDING A 50-BED ORTHOPEDIC INSTITUTE. CONSTRUCTION IS EXPECTED TO BE COMPLETED IN THE FALL OF 2022.

OLD BRIDGE MEDICAL CENTER

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IN 2021, OLD BRIDGE MEDICAL CENTER OPENED ITS BRAND NEW CONCOURSE. THE CONCOURSE IS LINED WITH FLOOR TO CEILING WINDOWS, CAPITALIZING ON AN ABUNDANCE OF NATURAL LIGHT TO HELP PATIENTS AND VISITORS TO THEIR DESTINATIONS. ONE OF THE HIGHLIGHTS OF THE NEW CONCOURSE IS THAT IT UNITES THE THREE MAIN BUILDINGS OF THE OLD BRIDGE CAMPUS INTO ONE SEAMLESS FAçADE. IN ADDITION, OLD BRIDGE MEDICAL CENTER OPENED ITS FIRST EVER RETAIL PHARMACY THAT BENEFITS BOTH PATIENTS AND TEAM MEMBERS, AND OPENED 20 ALL PRIVATE EMERGENCY ROOM PATIENT BEDS TO THE PUBLIC. THESE UPDATES ARE PART OF A MAJOR REVITALIZATION WITH A $39 MILLION INVESTMENT EXPANDING ITS EMERGENCY DEPARTMENT, WHICH OPENED IN APRIL 2022.

BAYSHORE MEDICAL CENTER

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IN JULY 2021, BAYSHORE MEDICAL CENTER UNVEILED THE NEW DR. ROBERT H. HARRIS EMERGENCY CARE CENTER. THE 32,000-SQUARE-FOOT PROJECT HAS RESTRUCTURED THE DESIGN OF THE HOSPITAL'S CAMPUS WHILE GREATLY INCREASING ITS CAPACITY TO TREAT PATIENTS WITH EMERGENT NEEDS. IT INCLUDES 35 PRIVATE PATIENT BAYS, SWING SPACE WITH CAPACITY FOR PEDIATRIC CARE AND NEW IMAGING

EQUIPMENT DEDICATED TO EMERGENCY CARE CENTER PATIENTS. THANKS TO A GENEROUS GIFT, THE DR. ROBERT H. HARRIS EMERGENCY CARE CENTER WAS NAMED BY MARY ELLEN HARRIS AND THE GOLDEN DOME FOUNDATION IN HONOR OF HER BELOVED HUSBAND.

RESTORING QUALITY OF LIFE

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WE OFFER THE FULL SPECTRUM OF CARE FOR OUR PATIENTS, INCLUDING HELPING TO ENHANCE AND RESTORE FUNCTIONAL ABILITY AND QUALITY OF LIFE FOR PEOPLE WHO EXPERIENCE PHYSICAL IMPAIRMENTS OR DISABILITIES. BELOW, READ ABOUT A FEW RECENT HIGHLIGHTS IN REHABILITATION SERVICES AT HACKENSACK MERIDIAN HEALTH.

A STRONG PARTNERSHIP

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IN NOVEMBER, WE ANNOUNCED A CLINICAL AFFILIATION WITH ST. JOSEPH'S HEALTH THAT BRINGS THE EXPERTISE OF THE JOHNSON REHABILITATION INSTITUTE TO RESIDENTS OF NORTHERN NEW JERSEY. RECOGNIZED AS ONE OF THE NATION'S TOP ACUTE REHABILITATION HOSPITALS, WITH LEADING EXPERTS AND SPECIALTY PROGRAMS, JFK JOHNSON REHABILITATION INSTITUTE SERVICES ARE NOW ALSO LOCATED ON THE ST. JOSEPH'S WAYNE MEDICAL CENTER CAMPUS IN WAYNE.

HACKENSACK MERIDIAN MEDICAL GROUP

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ESTABLISH HACKENSACK MERIDIAN HEALTH AND ITS PHYSICIAN PARTNERS AS THE

MARKET LEADING, HIGH PERFORMANCE, FINANCIALLY ACCOUNTABLE AND AFFORDABLE NETWORK OF CHOICE AMONG PHYSICIANS, CONSUMERS, INSURERS AND EMPLOYERS.

MAKING CARE EASY AND ACCESSIBLE FOR OUR PATIENTS

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CONVENIENCE AND ACCESSIBILITY ARE PARAMOUNT WHEN IT COMES TO HEALTH CARE.

WE CONTINUE TO MAKE THE HEALTH CARE JOURNEY AS SEAMLESS AS POSSIBLE FOR OUR PATIENTS.

BELOW, LEARN ABOUT SOME AREAS OF FOCUS AT HACKENSACK MERIDIAN HEALTH, ENSURING OUR COMMUNITY CAN GET THE CARE THAT THEY NEED, WHEREVER AND WHENEVER THEY NEED IT.

VIRTUAL CARE

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TELEMEDICINE USAGE PEAKED DURING THE INITIAL COVED OUTBREAK TWO YEARS AGO, AND HAS NOW BECOME A STAPLE FOR MOST PRACTICES TO SEE PATIENTS ANYWHERE IN NJ. NOW ENCOMPASSING APPROXIMATELY 15% OF ALL APPOINTMENTS, TELEMEDICINE ENABLES OUR PRACTICES THE FLEXIBILITY TO CARE FOR PATIENTS DURING COVID SPIKES AND INCLEMENT WEATHER, AND TO ACCOMMODATE FOR PATIENTS WHO HAVE MOBILITY OR TRANSPORTATION LIMITATIONS.

ONE PARTICULAR AREA OF SIGNIFICANCE IS THE IMPACT THAT TELEMEDICINE HAS HAD ON BEHAVIORAL HEALTH. VIRTUAL VISITS HAVE BEEN HEAVILY ADOPTED BY ALL

BEHAVIORAL HEALTH PROVIDERS INCLUDING PSYCHIATRISTS/PSYCHOLOGISTS AS WELL AS SOCIAL WORK ENCOUNTERS. WITHIN BEHAVIORAL HEALTH, APPROXIMATELY 60% OF ALL VISITS OCCUR VIA TELEMEDICINE.

APPOINTMENTS A FEW CLICKS AWAY

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A NEW ONLINE SCHEDULING SYSTEM WAS IMPLEMENTED FOR PRIMARY CARE PRACTITIONERS
INCLUSIVE OF INTERNAL MEDICINE, FAMILY MEDICINE, OB/GYN AND GENERAL PEDIATRICS EFFECTIVE SEPTEMBER-OCTOBER 2021. IN THE FIRST SIX MONTHS AFTER GOING LIVE, ALMOST 6,000 APPOINTMENTS WERE SCHEDULED ONLINE FOR 180 PRACTITIONERS.
ONLINE SCHEDULING HAS PENNED ACCESS TO NEW PATIENTS BY 56%, AND 27% OF THE APPOINTMENTS WERE BOOKED AFTER NORMAL BUSINESS HOURS ALLOWING PATIENTS TO SCHEDULE APPOINTMENTS AT THEIR CONVENIENCE.

EVERYTHING YOU NEED, UNDER ONE ROOF

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IN SEPTEMBER 2021, CONSTRUCTION KICKED OFF FOR OUR FIRST HEALTH & WELLNESS CENTER IN EATONTOWN WITH THE URGENT CARE CENTER OPENING IN DECEMBER 2021.
BY EXPANDING OUR AMBULATORY OFFERINGS, WE ARE PROVIDING EASY, ONE-STOP ACCESS TO A VARIETY OF HEALTH CARE SERVICES THROUGHOUT OUR EIGHT-COUNTY SERVICE AREA. THIS FIRST LOCATION IN EATONTOWN IS SET TO OPEN IN THE SUMMER OF 2022 AND IS PART OF OUR BROADER EFFORT TO BEST SERVE OUR

PATIENTS BY BRINGING TOGETHER KEY NETWORK PHYSICIANS AND AMBULATORY SERVICES UNDER ONE ROOF.

URGENT CARE KICKOFF

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THE NEW URGENT CARE CENTER WAS THE FIRST PART OF THE EATONTOWN HEALTH& WELLNESS CENTER TO OPEN, PROVIDING AREA RESIDENTS WITH EASY ACCESS TO IMMEDIATE CARE WHEN THEY NEED IT SEVEN DAYS A WEEK, INCLUDING EVENINGS AND HOLIDAYS.

THIS URGENT CARE CENTER OFFERS WALK-IN URGENT CARE, ALONG WITH CARE FOR EVERYDAY ILLNESS AND INJURY, AS WELL AS ADVANCED SERVICES INCLUDING X-RAYS, LABS, STITCHES AND TREATMENT FOR MINOR FRACTURES, SPRAINS OR STRAINS. EATONTOWN'S NEW URGENT CARE CENTER REPRESENTS OUR TENTH URGENT CARE CENTER, WITH PLANS TO OPEN MORE IN THE YEARS TO COME.

COMING SOON

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ADDITIONAL SERVICES WILL BE ADDED TO THE EATONTOWN HEALTH & WELLNESS CENTER, INCLUDING PEDIATRICS, PRIMARY CARE, PHYSICAL AND OCCUPATIONAL THERAPY AND MORE. FOR PATIENT CONVENIENCE, THE CENTER WILL ALSO OFFER IMAGING SERVICES, INCLUDING ULTRASOUNDS, MAMMOGRAPHY AND BONE DENSITY SCANS. EATONTOWN IS THE FIRST STEP IN OUR LARGER AMBULATORY STRATEGY, WITH FOUR MORE HEALTH & WELLNESS CENTERS SET TO OPEN IN THE COMING YEARS: IN CLARK, CLIFTON, PARAMUS AND HACKENSACK.

Name of the organization: HACKENSACK MERIDIAN HEALTH, INC.-SUBORDINATES

Employer identification number: 01-0649794

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES
==========

CAYMAN ISLANDS
BERMUDA

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

2021

Open to Public Inspection

Name of the organization

HACKENSACK MERIDIAN HEALTH, INC.-SUBORDINATES

Employer identification number

01-0649794

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SEE SUPPLEMENTAL PAGE					
(2)					
(3)					
(4)					
(5)					
(6)					

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
SEE SUPPLEMENTAL PAGE							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) SEE SUPPLEMENTAL PAGE												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) SEE SUPPLEMENTAL PAGE									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

990 SCH R,PART III-IDENTIFICATION OF REL. ORG. TAXABLE AS PARTNERSHIP

(A) NAME/ADDRESS/EIN	B) PRIMARY ACTIVITY	(C)LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) PREDOMINANT INCOME	(F) SHARE OF TOT INCOME	(G) SHARE EOY	(H)DISPROPORTIONATE YES	(H)DISPROPORTIONATE NO	(I) CODE V-UBI	(J) PARTNER YES	(J) PARTNER NO	(K) % OWNERSHIP
HUMC/USP SURGERY CENTERS, LLC 30 PROSPECT AVENUE HACKENSACK,	HEALTH SVCS	NJ	HMHHC	RELATED	3,514,281.	34,225,187.		X	NONE			50.1000
OLD BRIDGE MEDICAL ASSOCIATES, 1 HOSPITAL PLAZA OLD BRIDGE, N	HEALTH SVCS	NJ	HMHHC	RELATED	1,584,687.	6,141,909.		X	NONE			81.5955
COASTAL CO-OP OF NJ 22-3603146 343 THORNALL STREET EDISON, NJ	PURCHASING	NJ	HMHHC	RELATED	NONE	1,015,314.		X	NONE			95.0000
MERIDIAN HEALTH VILLAGE REALTY 343 THORNALL STREET EDISON, NJ	REAL ESTATE	NJ	HMHRC	RELATED	2,223,489.	25,549,860.		X	NONE			88.6800
HACKENSACK MERIDIAN LIVING AT 343 THORNALL STREET EDISON, NJ	HEALTH SVCS	NJ	HMHRC	RELATED	NONE	19,004,764.		X	NONE			51.0000
ESSEX RESIDENTIAL CARE, LLC 83 343 THORNALL STREET EDISON, NJ	HEALTH SVCS	NJ	HMHRC	RELATED	7,734,045.	17,682,260.		X	NONE			51.0000
BERGEN POST ACUTE CARE, LLC 83 343 THORNALL STREET EDISON, NJ	HEALTH SVCS	NJ	HMHRC	RELATED	8,085,800.	27,793,457.		X	NONE			51.0000
HACKENSACK MUSCULOSKELETAL SUR 100 CHARLES EWING BLVD EWING,	HEALTH SVCS	NJ	HMHHC	RELATED	NONE	NONE		X	NONE			51.0000

990 SCH R,PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C)LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H)% OWNERSHIP	(I) SEC 512(B)(13) YES	NO
HACKENSACK MERIDIAN HEALTH VENTURES, INC 22-2550716 343 THORNALL STREET EDISON, NJ 08837	HEALTH SVCS	NJ	N/A	C CORP					
PALISADES CHILD CARE CENTER, INC. 22-2812623 343 THORNALL STREET EDISON, NJ 08837	DAY CARE CENT	NJ	N/A	C CORP					
RARITAN INSURANCE, LTD. 23 LIME TREE BAY AVE, PO BOX 1363 GRAND CAYMAN, CJ	FINANCIAL VEH	CJ	HMHHC	C CORP	NONE	268,693.	100.0000	X	
O.A.P.C.A., INC. 22-3298974 1140 RT 72 WEST MANAHAWKIN, NJ 08050	CONDO ASSOCIA	NJ	MHC/HMHRC	C CORP	78,002.	30,743.	100.0000	X	
JFK MEDICAL GROUP, P.C. 22-3482637 98 JAMES STREET EDISON, NJ 08820	HEALTH SVCS	NJ	N/A	C CORP					
JFK AMBULATORY CARE, P.A. 47-3018240 98 JAMES STREET EDISON, NJ 08820	HEALTH SVCS	NJ	N/A	C CORP					
ALERT AMBULANCE SERVICE, INC. 22-1968480 1195 AIRPORT ROAD LAKEWOOD, NJ 08701	AMBULANCE SER	NJ	N/A	C CORP					
HMH CASUALTY COMPANY, LTD. CHEVRON HOUSE, 44 CHURCH STREET HAMILTON, BD	FINANCIAL VEH	BD	HMHHC	C CORP	-8,900,659.	173,483,399.	100.0000	X	

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

			Yes	No
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?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b	X	
c	Gift, grant, or capital contribution from related organization(s)	1c	X	
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	X	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o	Sharing of paid employees with related organization(s)	1o	X	
p	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r	X	
s	Other transfer of cash or property from related organization(s)	1s	X	

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	HMH MEDICAL GROUP- SPECIALTY CARE, P.C.	1R	11,543,963.	CASH
(2)	PALISADES MEDICAL ASSOCIATES, LLC	1R	1,100,241.	CASH
(3)	HUMC CARDIOVASCULAR PARTNERS, P.C.	1R	3,285,324.	CASH
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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

SCHEDULE R

OUTLINED BELOW IS A LIST OF SUBORDINATE ORGANIZATIONS INCLUDED AS SUBORDINATES IN THE HACKENSACK MERIDIAN HEALTH, INC. GROUP EXEMPTION RULING AND IN THIS CONSOLIDATED GROUP FORM 990.

- HMH HOSPITALS CORPORATION (FEID: 22-1487576)
- THE COMMUNITY HOSPITAL GROUP, INC. (FEID: 22-6019101)
- HMH CARRIER CLINIC, INC. (FEID: 22-1714106)
- CENTER FOR DISCOVERY AND INNOVATION, INC. (35-2662866)
- HMH RESIDENTIAL CARE, INC. (FEID: 22-2731440)
- HEALTH INNOVATIONS UNLIMITED, INC. (FEID: 22-2581430)
- HACKENSACK MERIDIAN HEALTH FOUNDATION, INC. (FEID: 30-0107825)
- HACKENSACK UNIVERSITY MEDICAL CENTER FOUNDATION, INC. (FEID: 22-2339534)
- JERSEY SHORE UNIVERSITY MEDICAL CENTER FOUNDATION, INC. (FEID: 22-2342452)
- RIVERVIEW MEDICAL CENTER FOUNDATION, INC. (FEID: 22-2333524)
- OCEAN UNIVERSITY MEDICAL CENTER FOUNDATION, INC. (FEID: 22-2361311)
- SOUTHERN OCEAN MEDICAL CENTER FOUNDATION, INC. (FEID: 22-2666099)
- BAYSHORE MEDICAL CENTER FOUNDATION, INC. (FEID: 22-2367109)
- RARITAN BAY HEALTHCARE FOUNDATION, INC. (FEID: 22-2656665)
- PALISADES MEDICAL CENTER FOUNDATION, INC. (FEID: 22-3693169)
- JOHN F. KENNEDY UNIVERSITY MEDICAL CENTER FOUNDATION, INC. (FEID: 22-2315044)

Part VII **Supplemental Information**

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

- MUHLENBERG FOUNDATION, INC. (FEID: 51-0212678)

- HACKENSACK MERIDIAN HEALTH REALTY CORPORATION (FEID: 22-3200147)

- BERGEN HEALTH MANAGEMENT SYSTEM, INC. (FEID: 22-2989731)

- HACKENSACK MERIDIAN AMBULATORY VENTURES, INC. (FEID: 45-1227706)

- MUHLENBERG REGIONAL MEDICAL CENTER, INC. (FEID: 22-1487258)

- HARTWYCK AT OAK TREE, INC. (FEID: 22-2666023)

- HARTWYCK AT JFK, INC. (FEID: 20-4144804)

- ROBERT WOOD JOHNSON, JR., LIFESTYLE INSTITUTE, INC. (FEID: 22-2421433)

Part VII **Supplemental Information**

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

PART I - IDENTIFICATION OF DISREGARDED ENTITIES

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) TOTAL INCOME	(E)EOY ASSETS	(F) DIRECT CONTROL
SOCH PROPERTIES I, LLC	33-1035243	1350 CAMPUS PARKWAY	NEPTUNE, NJ 07753		
	TITLE HOLDING	NJ	38,364.	1,378,431.	HMHRC
SOCH PROPERTIES II, LLC	26-0838981	1350 CAMPUS PARKWAY	NEPTUNE, NJ 07753		
	TITLE HOLDING	NJ	149,938.	1,671,869.	HMHRC
SOCH PROPERTIES 3 CLOCK BLDG, LLC	51-0538953	1350 CAMPUS PARKWAY	NEPTUNE, NJ 07753		
	TITLE HOLDING	NJ	111,543.	1,298,694.	HMHRC
HACKENSACK PHYSICIAN ALLIANCE, LLC	45-4966639	30 PROSPECT AVENUE	HACKENSACK, NJ 07601		
	INACTIVE	NJ	NONE	NONE	HMHHC
20 PROSPECT HOLDINGS, LLC	47-4381262	30 PROSPECT AVENUE	HACKENSACK, NJ 07601		
	INACTIVE	NJ	NONE	NONE	HMHHC
MHAC I, LLC	20-5268126	1350 CAMPUS PARKWAY	NEPTUNE, NJ 07753		
	TITLE HOLDING	NJ	NONE	15,946,149.	HMHRC
KINGSLAND STREET URBAN RENEWAL, LLC	81-3857390	343 THORNALL STREET	EDISON, NJ 08837		
	PARKING GARAG	NJ	6,789,562.	176064639.	HMHHC

Part VII **Supplemental Information**

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

PART II - IDENITFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES	(G) SEC 512 NO
HACKENSACK MERIDIAN HEALTH, INC. 22-3474145 343 THORNALL STREET EDISON, NJ 08837	HEALTH SVCS.	NJ	501(C)(3)	12C	N/A		X
PALISADES MEDICAL ASSOCIATES, LLC 22-3814193 7600 RIVER ROAD NORTH BERGEN, NJ 07047	HEALTH SVCS.	NJ	501(C)(3)	10	HMHHC	X	
MERIDIAN MEDICAL GROUP-RETAIL CLINIC, PC 06-1755228 343 THORNALL STREET EDISON, NJ 08837	HEALTH SVCS.	NJ	501(C)(3)	10	HMH		X
MERIDIAN MEDICAL GROUP-FACULTY PRACTICE 06-1755230 343 THORNALL STREET EDISON, NJ 08837	HEALTH SVCS.	NJ	501(C)(3)	10	HMH		X
MERIDIAN MEDICAL ASSOCIATES, P.C. 06-1755233 343 THORNALL STREET EDISON, NJ 08837	HEALTH SVCS.	NJ	501(C)(3)	10	HMH		X
HMH MEDICAL GROUP-PRIMARY CARE, PC 14-1981653 343 THORNALL STREET EDISON, NJ 08837	HEALTH SVCS.	NJ	501(C)(3)	10	HMH		X
MERIDIAN MEDICAL GROUP-SPECIALTY CARE,PC 14-1981647 343 THORNALL STREET EDISON, NJ 08837	HEALTH SVCS.	NJ	501(C)(3)	10	HMH		X
MERIDIAN TRAUMA ASSOCIATES, P.C. 14-1981651 343 THORNALL STREET EDISON, NJ 08837	HEALTH SVCS.	NJ	501(C)(3)	10	HMH		X
MERIDIAN OB/GYN ASSOCIATES, P.C. 06-1755239 343 THORNALL STREET EDISON, NJ 08837	HEALTH SVCS.	NJ	501(C)(3)	10	HMH		X
MERIDIAN PEDIATRIC SURGICAL ASSOC, PC 77-0720131 343 THORNALL STREET EDISON, NJ 08837	HEALTH SVCS.	NJ	501(C)(3)	10	HMH		X

Part VII Supplemental Information

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

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES	(G) SEC 512 NO
SOMC MEDICAL GROUP, P.C. 27-1412183 343 THORNALL STREET EDISON, NJ 08837	HEALTH SVCS.	NJ	501(C)(3)	10	HMH		X
HACKENSACK SPECIALTY CARE ASSOCIATES, PC 20-1017013 30 PROSPECT AVENUE HACKENSACK, NJ 07601 SEE STATEMENT 0	HEALTH SVCS.	NJ	501(C)(3)	12A	HMHHC	X	
HMH MEDICAL GROUP-SPECIALTY CARE, P.C. 22-3376459 30 PROSPECT AVENUE HACKENSACK, NJ 07601	HEALTH SVCS.	NJ	501(C)(3)	12A	HMHHC	X	
HUMC CARDIOVASCULAR PARTNERS, P.C. 27-0614861 30 PROSPECT AVENUE HACKENSACK, NJ 07601	HEALTH SVCS.	NJ	501(C)(3)	10	HMHHC	X	
HUMC MEDICAL OBSERVATION, P.A. 27-2371424 30 PROSPECT AVENUE HACKENSACK, NJ 07601	HEALTH SVCS.	NJ	501(C)(3)	12A	HMHHC	X	
MERIDIAN OCCUPATIONAL HEALTH, P.C. 27-2377326 343 THORNALL STREET EDISON, NJ 08837	HEALTH SVCS.	NJ	501(C)(3)	10	HMH		X
MERIDIAN MEDICAL GROUP-PEDIATRIC UROLOGY 81-3921186 343 THORNALL STREET EDISON, NJ 08837	HEALTH SVCS.	NJ	501(C)(3)	10	HMH		X
THE AUXILIARY OF HACKENSACKUMC 22-1537117 30 PROSPECT AVENUE HACKENSACK, NJ 07601	SUPPORT HMHHC	NJ	501(C)(3)	12C	HMHHC	X	
JFK MEDICAL ASSOCIATES, P.A. 46-2219798 98 JAMES STREET EDISON, NJ 08820	HEALTH SVCS.	NJ	501(C)(3)	10	HMH		X
HACKENSACK MERIDIAN SCHOOL OF MEDICINE 81-3872529 340 KINGSLAND STREET NUTLEY, NJ 07110	HEALTH SVCS.	NJ	501(C)(3)	2	HMH		X