

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

2022

Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HACKENSACK MERIDIAN HEALTH, INC. -SUBORDINATES Doing Business As			D Employer identification number 01-0649794		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number (908) 675-6572			
	City or town, state or province, country, and ZIP or foreign postal code EDISON, NJ 08837			G Gross receipts 6,688,271,591.		
	F Name and address of principal officer: ROBERT C. GARRETT CO TAX DEPT 399 THORNALL ST 2ND FL, EDISON, NJ 08837			H(a) Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527						
J Website: ▶ WWW.HACKENSACKMERIDIANHEALTH.ORG						
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶						
L Year of formation:				M State of legal domicile:		
H(c) Group exemption number ▶ 3827						

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE ORGANIZATIONS ARE COMMITTED TO PROVIDING THE FULL SPECTRUM OF LIFE-ENHANCING CARE AND SERVICES TO CREATE AND SUSTAIN HEALTHY, VIBRANT COMMUNITIES.</u>	
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a) 3 236
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 197
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 40,239
	6	Total number of volunteers (estimate if necessary) 6 1,082
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 27,496,483.
7b	Net unrelated business taxable income from Form 990-T, line 34 7b NONE	
Revenue	8 Contributions and grants (Part VIII, line 1h) 8 343,294,898. 386,676,022.	
	9 Program service revenue (Part VIII, line 2g) 9 5,814,218,303. 6,004,354,478.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 66,115,971. 41,768,846.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 183,291,032. 241,623,087.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 6,406,920,204. 6,674,422,433.	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 259,247,265. 352,343,262.	
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4) 14 NONE NONE	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 3,142,702,200. 3,434,435,500.	
	16a Professional fundraising fees (Part IX, column (A), line 11e) 16a NONE 3,511,816.	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 20,899,240.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 2,762,839,413. 2,803,660,881.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 6,164,788,878. 6,593,951,459.	
19 Revenue less expenses. Subtract line 18 from line 12 19 242,131,326. 80,470,974.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 20 6,235,809,441. 6,606,327,564.	
	21 Total liabilities (Part X, line 26) 21 2,045,637,361. 1,756,366,539.	
	22 Net assets or fund balances. Subtract line 21 from line 20. 22 4,190,172,080. 4,849,961,025.	

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		11/10/2023	
	ROBERT L. GLENNING		Date	
Paid Preparer Use Only	Type or print name and title		PRES FIN&IT SVCS/CFO	
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	OMO JOSEPH -ERAMEH		11/09/2023	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) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 1,127,539,951. including grants of \$ 67,243,730.) (Revenue \$ 1,444,598,206.)

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 2022, THERE WERE 152,983 CASES RESULTING IN 788,020 PATIENT DAYS.

4b (Code:) (Expenses \$ 771,284,763. including grants of \$ 45,997,540.) (Revenue \$ 623,456,627.)

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 \$ 334,529,535. including grants of \$ 19,950,525.) (Revenue \$ 370,004,007.)

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 2022. THE ORGANIZATION REGISTERED 95,401 SURGICAL OPERATIONS.

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

(Expenses \$ 3,674,722,311. including grants of \$ 219,151,467.) (Revenue \$ 3,566,295,638.)

4e Total program service expenses 5,908,076,560.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Yes, No. Rows 1-21 with various questions regarding organizational activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 [X]

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

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 40239		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country <u>SEE SCHEDULE O</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
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? 13a Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
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? 15 If "Yes," see the instructions and file Form 4720, Schedule N.	X	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 16		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17 If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (236), 1b (197), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NJ,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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 C/O TAX DEPT 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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 CEO/TRUSTEE	57.00 3.00	X		X				5,674,424.	NONE	310,355.
(2) MARK STAUDER CHAIRPERSON/COO	52.00 3.00	X		X				2,911,332.	NONE	46,259.
(3) ROBERT L. GLENNING PRES, FIN & IT SVCS DIV, CFO	52.00 3.00	X		X				2,612,548.	NONE	53,133.
(4) IHOR SAWCZUK, M.D. REG. PRES, HOSPITALS	52.00 3.00				X			2,542,021.	NONE	57,878.
(5) PATRICK YOUNG PRES, POPULATION HEALTH	52.00 3.00				X			1,839,085.	NONE	464,413.
(6) AUDREY C. MURPHY, ESQ EVP, CO-CHIEF LEGAL OFFICER	52.00 3.00				X			2,079,383.	NONE	68,263.
(7) KENNETH N. SABLE, M.D. REG PRES, HOSPITALS	52.00 3.00				X			1,721,494.	NONE	230,928.
(8) DANIEL VARGA, M.D. CHIEF PHYSICIAN EXECUTIVE	52.00 3.00				X			1,696,930.	NONE	56,498.
(9) MARK D. SPARTA, M.D. PRES HMH NORTH REG	52.00 3.00				X			1,603,761.	NONE	145,707.
(10) JAMES BLAZAR EVP, CHIEF STRATEGY OFFICER	52.00 3.00				X			1,543,893.	NONE	49,744.
(11) TIMOTHY J. HOGAN PRESIDENT, CTS	52.00 3.00				X			1,472,162.	NONE	54,382.
(12) DONNA SNIDER, CFA SVP, CHIEF INVESTMENT OFFICER	52.00 3.00				X			1,324,098.	NONE	146,236.
(13) ANN B. GAVZY, ESQ. EVP, CO-CHIEF LEGAL OFFICER	52.00 3.00				X			1,378,475.	NONE	57,169.
(14) ANDRE GOY PHYS IN CHIEF ONC	55.00 NONE					X		1,353,279.	NONE	44,857.

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) TODD WAY REG PRESIDENT, HOSPITALS	55.00 NONE	X						1,345,193.	NONE	46,147.
(16) LINDA MCHUGH EVP CHIEF EXP OFF, VICE CHAIR	52.00 3.00	X		X				1,330,753.	NONE	46,125.
(17) JEFFREY BOSCOMP INTERIM, PRES & DEAN, SOM	55.00 NONE					X		1,177,028.	NONE	14,552.
(18) JOYCE HENDRICKS CHIEF DEVEL OFFICER	52.00 3.00	X		X				1,125,085.	NONE	44,207.
(19) JAMES CLARKE EVP & PRES, PHYSICIAN SERVICES	55.00 NONE					X		1,095,555.	NONE	44,999.
(20) JAWAD KIRMANI PHYSICIAN, LEADER	55.00 NONE					X		1,069,943.	NONE	52,501.
(21) THOMAS STEINEKE PHYSICIAN, LEADER	55.00 NONE					X		1,006,094.	NONE	52,689.
(22) ANNE GOODWILL-PRITCHETT EVP, REVENUE OPERATIONS	52.00 3.00					X		983,190.	NONE	31,110.
(23) PAUL K. CHUNG, M.D. TRUSTEE/MPI PHYSICIAN	55.00 NONE	X						948,618.	NONE	52,068.
(24) THERESA BRODRICK EVP, CHIEF NURSING EXECUTIVE	52.00 3.00					X		838,524.	NONE	131,245.
(25) KASH PATEL EVP, CHIEF DIGITAL, INFO OFF	52.00 3.00					X		791,059.	NONE	167,266.
1b Sub-total								41,463,927.	NONE	2,468,731.
c Total from continuation sheets to Part VII, Section A								8,004,310.	365,119.	603,393.
d Total (add lines 1b and 1c)								49,468,237.	365,119.	3,072,124.

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 **8,257**

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

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) DAVID PERLIN EVP, CHIEF SCIENTIFIC OFFICER	55.00 NONE	X						804,385.	NONE	33,971.
(27) PRANAYCHANDRA VAIDYA, M.D. TRUSTEE/MED DIR	55.00 NONE	X						769,765.	NONE	42,721.
(28) AIDA CAPO, M.D. TRUSTEE/MEDICAL DIRECTOR PMA	55.00 NONE	X						684,928.	25,120.	52,384.
(29) AMIE THORNTON TRUSTEE/SEC/TREASURER/CHF	55.00 NONE	X		X				645,662.	NONE	70,569.
(30) REGINA FOLEY EVP, CHIEF TRANSFORMATION OFFI	52.00 3.00				X			587,244.	NONE	119,089.
(31) CATHERINE A. AINORA EVP, CIO (T 4/2/2022)	52.00 3.00				X			676,226.	NONE	18,076.
(32) DONALD J. PARKER TRUSTEE/PRES CARRIER CLINIC	55.00 NONE	X						635,944.	NONE	43,728.
(33) DAVID KOUNTZ VP, ACADEMIC DIVERSITY & CAO	55.00 NONE	X						606,868.	NONE	53,608.
(34) HARPREET PALL, M.D. TRUSTEE/DEPARTMENT CHAIR	55.00 NONE	X						611,195.	NONE	30,419.
(35) RICHARD M. NEIBART, M.D. TRUSTEE/SRVC MEDICAL DIR.	55.00 NONE	X						579,428.	NONE	21,465.
(36) SURI PONAMGI, M.D. TRUSTEE/CHAIRMAN SUR(T 7/2022)	55.00 NONE	X						444,686.	NONE	44,158.
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? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

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) ADRIAN M. PRISTAS, M.D. TRUSTEE/CORP. MEDICAL DIRECTOR	55.00 NONE	X					153,998.	94,589.	35,443.	
(38) SURENDER M. GROVER, M.D. SECRETARY/VICE CHAIR, MD DEPT	55.00 NONE	X		X			262,983.	NONE	14,673.	
(39) HANS SCHMIDT CHIEF, BARIATRIC/MIN INV SURG	55.00 NONE	X					211,167.	NONE	3,792.	
(40) MARK D. SCHLESINGER, M.D. TRUSTEE/CHAIR, ANESTHESIOLOGY	55.00 NONE	X					174,065.	2,000.	19,297.	
(41) STEVEN LISSER, M.D. TRUSTEE/ASSOC MED DIR ORTHO	55.00 NONE	X					155,766.	13,123.	NONE	
(42) THOMAS LAKE, M.D. TREASURER	3.00 NONE	X		X			NONE	123,164.	NONE	
(43) ASAAD H. SAMRA, M.D. TRUSTEE	3.00 NONE	X					NONE	45,150.	NONE	
(44) GREGORIO GUILLEN, M.D. TRUSTEE	3.00 NONE	X					NONE	32,341.	NONE	
(45) NEGIN N. GRIFFITH, M.D. TRUSTEE	3.00 NONE	X					NONE	17,250.	NONE	
(46) KENNETH D. NAHUM, DO TRUSTEE	3.00 NONE	X					NONE	7,496.	NONE	
(47) ROBERT L. SWEENEY, DO TRUSTEE	3.00 NONE	X					NONE	2,500.	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? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

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) JOSEPH P. BOGDAN, M.D. TRUSTEE	3.00 NONE	X					NONE	2,386.	NONE	
(49) A. JOYCE BUSCH SECRETARY/TREASURER	3.00 NONE	X		X			NONE	NONE	NONE	
(50) ADRIENNE ALQUIROS TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(51) ALEJANDRA PAZMINO TRUSTEE (T 1/5/2022)	3.00 NONE	X					NONE	NONE	NONE	
(52) ALEXANDER DURAN TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(53) ALEXANDER TAYLOR TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(54) ALFRED J. SCHIAVETTI, JR. CHAIRPERSON	12.00 3.00	X		X			NONE	NONE	NONE	
(55) ALI R. MOOSVI, M.D. TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(56) AMY KOIZIM PEENE TRUSTEE (T 6/2022)	3.00 NONE	X					NONE	NONE	NONE	
(57) ANDREW L. PECORA, M.D. TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(58) ANDRIA SCHNEIDERMAN TRUSTEE	3.00 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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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) ANGELA R. OMINSKI TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(60) ANGELO DEROSA TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(61) ANKIT GUPTA TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(62) ANN DAMSGAARD SECRETARY	3.00 NONE	X		X			NONE	NONE	NONE	
(63) ANN MARIE SACCARO TRUSTEE (T 12/31/2022)	3.00 3.00	X					NONE	NONE	NONE	
(64) ANTHONY C. TACCETTA, JR. TRUSTEE (T 12/31/2022)	3.00 NONE	X					NONE	NONE	NONE	
(65) ANTHONY SCARDINO, JR. TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(66) BEHNAZ BAKER TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(67) BENEDICT J. TORCIVIA, JR. TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(68) BLANCA MANKIEWICZ TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(69) BRIAN M. NELSON, ESQ. VICE CHAIRPERSON	6.00 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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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) BRIAN MCLAUGHLIN TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(71) CAMILLE DORONIN TRUSTEE (T 9/19/2022)	3.00 NONE	X					NONE	NONE	NONE	
(72) CAROL B. STILLWELL SECRETARY	6.00 NONE	X		X			NONE	NONE	NONE	
(73) CAROL D. SCHAEFER TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(74) CARYL KOURGELIS TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(75) CHARLES H. SHOTMEYER TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(76) CHARLES V. SCHAEFER, III TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(77) CHRISTIAN PETER TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(78) CHRISTOPHER A. ROTIO TRUSTEE	6.00 NONE	X					NONE	NONE	NONE	
(79) CHRISTOPHER FRITZ TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(80) CHRISTOPHER M. STRIANO TRUSTEE	3.00 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			
(81) CHRISTOPHER MAHER TREASURER	12.00 NONE	X		X			NONE	NONE	NONE	
(82) CHUCK GRINNEL TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(83) COURTNEY FIORE TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(84) DANTE A. IMPLICITO, M.D. TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(85) DAVID EPSTEIN, ESQ. VICE CHAIRPERSON	15.00 NONE	X		X			NONE	NONE	NONE	
(86) DAVID L. WYRSCH, JR. TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(87) DAVID SANZARI TRUSTEE	6.00 NONE	X					NONE	NONE	NONE	
(88) DAVID T. ROBERTSON, ESQ TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(89) DEBORAH R. MATHIS-SUNDERMANN SECRETARY, CHAIRPERSON	6.00 NONE	X		X			NONE	NONE	NONE	
(90) DENISE MARRA DEPEKARY, ESQ. TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(91) DENNIS ROBINSON TRUSTEE (T 7/20/2022)	12.00 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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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 CO-CHAIRPERSON	3.00 3.00	X		X				NONE	NONE	NONE
(93) DOMINICK A. CAMA TRUSTEE	3.00 NONE	X						NONE	NONE	NONE
(94) DONALD N. DINALLO TRUSTEE (T 12/31/2022)	3.00 NONE	X						NONE	NONE	NONE
(95) DOUGLAS A. NORDSTROM CHAIRPERSON	3.00 NONE	X		X				NONE	NONE	NONE
(96) DOUGLAS SCHWARZ TRUSTEE	3.00 NONE	X						NONE	NONE	NONE
(97) EDWARD J. DIMON, ESQ. TRUSTEE	3.00 NONE	X						NONE	NONE	NONE
(98) EDWARD M. WALTERS, JR. TRUSTEE	3.00 NONE	X						NONE	NONE	NONE
(99) EDWARD PICCINICH TRUSTEE	3.00 NONE	X						NONE	NONE	NONE
(100) EDWARD RUSSO TRUSTEE	3.00 NONE	X						NONE	NONE	NONE
(101) ELYSSA SCHECTER TRUSTEE	3.00 NONE	X						NONE	NONE	NONE
(102) ERIC M. KIRSCH, CFA TREASURER	3.00 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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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) EVARISTO F. STANZIALE VICE CHAIRPERSON	6.00 NONE	X		X			NONE	NONE	NONE	
(104) FRANCES L. SIGNORILE TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(105) FRANK BABAR TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(106) FRANK C. HOLTHAM, JR. TRUSTEE (T 12/31/2022)	3.00 NONE	X					NONE	NONE	NONE	
(107) FRANK DITULLIO, III TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(108) FRANK J. VUONO SECRETARY	9.00 NONE	X		X			NONE	NONE	NONE	
(109) FRANK L. FEKETE, CPA TRUSTEE	21.00 3.00	X					NONE	NONE	NONE	
(110) FRED VOCCOLA TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(111) G. THOMAS CROONQUIST TRUSTEE	15.00 NONE	X					NONE	NONE	NONE	
(112) GAIL B. GORDON, ESQ. TRUSTEE	6.00 3.00	X					NONE	NONE	NONE	
(113) GARRY A. NEIL, MD TRUSTEE	3.00 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? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

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) GARY PIERINGER TREASURER	3.00 NONE	X		X			NONE	NONE	NONE	
(115) GARY TOLCHIN TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(116) GAURAV BAVEJA TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(117) GEORGE T. CROONQUIST TRUSTEE (T 12/31/2022)	3.00 NONE	X					NONE	NONE	NONE	
(118) GLORIA MARTINI TRUSTEE	18.00 NONE	X					NONE	NONE	NONE	
(119) GORDON PINGICER TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(120) HARLAN F. WEISMAN, MD TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(121) HARRIET L. DONNELLY TRUSTEE (T 7/27/2022)	3.00 NONE	X					NONE	NONE	NONE	
(122) HEATHER WON CHOI TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(123) HEIDI B. MAGGS TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(124) HELEN LUCCIOLA TRUSTEE	3.00 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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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) HOLLY R. LONSDALE TRUSTEE (T 12/21/2022)	3.00 NONE	X					NONE	NONE	NONE	
(126) JAIME ROBERTSON-LAVALLE TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(127) JAMES J. GALEOTA SECRETARY/TREASURER	3.00 3.00	X		X			NONE	NONE	NONE	
(128) JAMES KIRKOS TRUSTEE	12.00 NONE	X					NONE	NONE	NONE	
(129) JAMES M. BOLLERMAN SECRETARY	12.00 NONE	X		X			NONE	NONE	NONE	
(130) JAMES P. ANDERSEN TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(131) JAMES RENNA TRUSTEE	12.00 NONE	X					NONE	NONE	NONE	
(132) JANE MUELLER TRUSTEE (T 11/11/2022)	3.00 NONE	X					NONE	NONE	NONE	
(133) JANINE PURCARO TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(134) JASON CHENG TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(135) JASON SAVARESE TRUSTEE	3.00 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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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			
(136) JEANNINE ALI ----- TRUSTEE (T 5/25/2022)	3.00 ----- NONE	X					NONE	NONE	NONE	
(137) JEREME J. KOKES ----- TRUSTEE	3.00 ----- NONE	X					NONE	NONE	NONE	
(138) JEREMY GRUNIN ----- TRUSTEE (T 2/14/2022)	6.00 ----- NONE	X					NONE	NONE	NONE	
(139) JEREMY S. DEFILIPPIS ----- TRUSTEE	3.00 ----- NONE	X					NONE	NONE	NONE	
(140) JERROLD LANGER ----- TRUSTEE	3.00 ----- NONE	X					NONE	NONE	NONE	
(141) JESSICA SMITH ----- TRUSTEE (T 7/25/2022)	3.00 ----- NONE	X					NONE	NONE	NONE	
(142) JILL JOYCE ----- TRUSTEE (T 4/25/2022)	3.00 ----- NONE	X					NONE	NONE	NONE	
(143) JOAN M. HART ----- SECRETARY	3.00 ----- NONE	X		X			NONE	NONE	NONE	
(144) JOANNE WEXLER ----- TRUSTEE (T 12/31/2022)	3.00 ----- 3.00	X					NONE	NONE	NONE	
(145) JOHN (JD) PEARCE ----- TRUSTEE	3.00 ----- NONE	X					NONE	NONE	NONE	
(146) JOHN A. GIUNCO, ESQ. ----- CHAIRPERSON	6.00 ----- 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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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			
(147) JOHN A. SCHEPISI, ESQ. TRUSTEE (T 12/31/2022)	3.00 NONE	X					NONE	NONE	NONE	
(148) JOHN APOVIAN, M.D. TRUSTEE (T 12/31/2022)	3.00 NONE	X					NONE	NONE	NONE	
(149) JOHN C. MEDITZ CHAIRPERSON	9.00 3.00	X		X			NONE	NONE	NONE	
(150) JOHN D. DELISO TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(151) JOHN F. KWASNIK, ESQ. TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(152) JOHN F. REINHARDT SECRETARY	3.00 NONE	X		X			NONE	NONE	NONE	
(153) JOHN G. MCDONOUGH, DMD TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(154) JOHN IMPERATO TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(155) JOHN MAGGIACOMO, II TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(156) JOHN V. VISCEGLIA, JR. TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(157) JOHN WILCHA TRUSTEE	15.00 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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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) JONATHAN B. SCHULTZ CHAIRPERSON	6.00 NONE	X		X				NONE	NONE	NONE
(159) JOSEPH A. RIZZI, ESQ. TRUSTEE (T 12/31/2022)	3.00 NONE	X						NONE	NONE	NONE
(160) JOSEPH D. RULLI TRUSTEE	3.00 NONE	X						NONE	NONE	NONE
(161) JOSEPH P. LATTANZI, M.D. TRUSTEE	3.00 NONE	X						NONE	NONE	NONE
(162) JOSEPH P. RICCARDO TRUSTEE (T 4/2022)	3.00 NONE	X						NONE	NONE	NONE
(163) JOSEPH S. MIGNON TRUSTEE	3.00 NONE	X						NONE	NONE	NONE
(164) JOSEPH YEWASIS CHAIRPERSON	6.00 NONE	X		X				NONE	NONE	NONE
(165) JUDITH BROPHY TRUSTEE	3.00 NONE	X						NONE	NONE	NONE
(166) JULIA RECAMAN TRUSTEE	3.00 NONE	X						NONE	NONE	NONE
(167) KARL W. STROM, M.D. TRUSTEE	3.00 NONE	X						NONE	NONE	NONE
(168) KATHERINE YORK TRUSTEE	12.00 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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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) KATIE BARNES TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(170) KEITH BANKS CO-CHAIRPERSON	3.00 3.00	X		X			NONE	NONE	NONE	
(171) KEN FORMICA TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(172) KEVIN J. COLLINS, ESQ. TRUSTEE (T 4/14/2022)	3.00 NONE	X					NONE	NONE	NONE	
(173) LAMBROS LAMBROU TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(174) LAURA BIANCHINI CHAIRPERSON	6.00 NONE	X		X			NONE	NONE	NONE	
(175) LAURA BODMAN TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(176) LAUREN WRIGHT TRUSTEE	6.00 NONE	X					NONE	NONE	NONE	
(177) LAWRENCE R. INSERRA, JR. CO-CHAIRPERSON, TREAS, CHAIRPE	9.00 3.00	X		X			NONE	NONE	NONE	
(178) LEON F. DEJULIUS TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(179) LEONARD LAURICELLA TRUSTEE	3.00 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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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			
(180) LESLIE HITCHNER TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(181) LORI ANN DAVIDSON TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(182) LORRAINE MULLIGAN TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(183) LOUIS J. DUGHI, ESQ. VICE CHAIRPERSON	6.00 NONE	X		X			NONE	NONE	NONE	
(184) LUKE KEALY, ESQ. TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(185) MANPREET GILL TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(186) MAREAN ABRAMSON TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(187) MARGARET S. RIKER TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(188) MARIA MAHER TREASURER	3.00 NONE	X		X			NONE	NONE	NONE	
(189) MARILYN TRAPANI TRUSTEE (T 4/2022)	3.00 NONE	X					NONE	NONE	NONE	
(190) MARIO MARGHELLA TRUSTEE	3.00 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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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			
(191) MARIS LOWN TRUSTEE	12.00 NONE	X					NONE	NONE	NONE	
(192) MARTIN W. KAFAFIAN, ESQ. TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(193) MARVIN GOLDSTEIN, ESQ. TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(194) MARY BETH CUNNINGHAM TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(195) MARY PAT CHRISTIE TREASURER	3.00 NONE	X		X			NONE	NONE	NONE	
(196) MATTHEW MATEY TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(197) MICHAEL A. KLEIMAN, DMD TRUSTEE	6.00 3.00	X					NONE	NONE	NONE	
(198) MICHAEL GEARY TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(199) MICHAEL R. AARON, DO TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(200) MICHAEL S. MCGEARY TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(201) MICHAEL WALKER TRUSTEE	3.00 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			
(202) MICHELLE JUNG, ESQ. TRUSTEE (T 5/17/2022)	3.00 NONE	X					NONE	NONE	NONE	
(203) NANCY B. MULHEREN TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(204) NICHOLAS MINICUCCI, JR. TRUSTEE (T 12/31/2022)	3.00 NONE	X					NONE	NONE	NONE	
(205) NICK CANGIALOSI TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(206) NICOLE AGNEW TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(207) O. OLIVER ANDERSEN TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(208) PATRICIA K. LOW TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(209) PETER C. GERHARD TRUSTEE (T 12/31/2022)	3.00 3.00	X					NONE	NONE	NONE	
(210) PETER J. MENCEL, M.D. TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(211) PETER T. ROSELLE TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(212) PETER VISCEGLIA TRUSTEE	3.00 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? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

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) PHIL SIMMS ----- TRUSTEE (T 12/31/2022)	3.00 ----- NONE	X					NONE	NONE	NONE	
(214) PHILIP J. SCADUTO ----- TRUSTEE	3.00 ----- NONE	X					NONE	NONE	NONE	
(215) PHILIP L. PERRICONE ----- TRUSTEE	3.00 ----- NONE	X					NONE	NONE	NONE	
(216) PHYLLIS BUTTERMARK ----- TRUSTEE	3.00 ----- NONE	X					NONE	NONE	NONE	
(217) PRAFUL RAJA ----- TRUSTEE	6.00 ----- NONE	X					NONE	NONE	NONE	
(218) RAJIV PRASAD, MD ----- TRUSTEE	3.00 ----- NONE	X					NONE	NONE	NONE	
(219) RICHARD HENNING ----- VICE CHAIRPERSON	9.00 ----- NONE	X		X			NONE	NONE	NONE	
(220) RICHARD HUBSCHMAN, JR, ESQ. ----- TRUSTEE	3.00 ----- NONE	X					NONE	NONE	NONE	
(221) RICHARD J. SAKER ----- TRUSTEE	3.00 ----- NONE	X					NONE	NONE	NONE	
(222) RICHARD KOLBER ----- TRUSTEE	3.00 ----- NONE	X					NONE	NONE	NONE	
(223) RICHARD LOSHIAVO ----- TRUSTEE	3.00 ----- 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? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
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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			
(224) ROBERT DIVINCENT TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(225) ROBERT FLESchLER TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(226) ROBERT G. HARMS CHAIRPERSON	6.00 NONE	X		X			NONE	NONE	NONE	
(227) ROBERT J. GOELLNER SECRETARY	3.00 NONE	X		X			NONE	NONE	NONE	
(228) ROBERT MCCABE TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(229) ROBERT O'HARA TRUSTEE	15.00 NONE	X					NONE	NONE	NONE	
(230) ROBERT S. MORRIS SECRETARY	3.00 NONE	X		X			NONE	NONE	NONE	
(231) ROBERT SMITH TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(232) ROBERT STOHRER TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(233) ROBERT W. MULLEN, JR TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(234) ROBIN KLEIN TRUSTEE	3.00 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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	4	
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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			
(235) ROGER D. KORNBURG, PH.D. TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(236) RONALD WEST TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(237) ROSEMARIE J. SORCE CHAIRPERSON	9.00 NONE	X		X			NONE	NONE	NONE	
(238) ROSEMARY A. CRANE TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(239) SAMUEL S. RAIK TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(240) SANDRA KEARY TRUSTEE	6.00 NONE	X					NONE	NONE	NONE	
(241) SANDRA KISSLER TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(242) SANKET RUPARELIYA, MD TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(243) SARAH PERSONETTE TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(244) SCOTT TARRIFF TRUSTEE (T 12/31/2022)	3.00 NONE	X					NONE	NONE	NONE	
(245) SEAN D. KAUFFMAN TREASURER	3.00 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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	4	
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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			
(246) SERENA DIMASO, ESQ. CHAIRPERSON	6.00 NONE	X		X			NONE	NONE	NONE	
(247) SHANE SULLIVAN TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(248) SHAWN REYNOLDS VICE CHAIRPERSON	6.00 NONE	X		X			NONE	NONE	NONE	
(249) SIRAN H. SAHAKIAN TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(250) SKYE J. GIBSON VICE CHAIRPERSON	6.00 NONE	X		X			NONE	NONE	NONE	
(251) SOL J. BARER, PH.D. CHAIRPERSON	3.00 NONE	X		X			NONE	NONE	NONE	
(252) STEPHAN C. LOWY TRUSTEE (T 7/20/2022)	3.00 NONE	X					NONE	NONE	NONE	
(253) STEPHEN MARTINEZ TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(254) STEPHEN T. BOSWELL, PHD, PE TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(255) STEVE ROTHMAN VICE CHAIRPERSON	3.00 NONE	X		X			NONE	NONE	NONE	
(256) STEVEN M. SCOPELLITE TRUSTEE	3.00 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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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) SUSAN B. HASSMILLER, PHD, RN TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(258) THOMAS B. BARHAM, SR TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(259) THOMAS C. YU, M.D. TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(260) THOMAS DEFELICE, III TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(261) THOMAS EASTWICK TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(262) THOMAS EVANS TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(263) THOMAS G. AMATO CO-CHAIRPERSON	6.00 NONE	X		X			NONE	NONE	NONE	
(264) THOMAS GEISEL TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(265) THOMAS J. DOLAN TRUSTEE	6.00 NONE	X					NONE	NONE	NONE	
(266) THOMAS J. KONONOWITZ TRUSTEE	12.00 3.00	X					NONE	NONE	NONE	
(267) THOMAS LANGBEIN TRUSTEE	3.00 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? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

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 POLEN TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(269) THOMAS VENINO, JR. TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(270) ULISES E. DIAZ TRUSTEE	15.00 NONE	X					NONE	NONE	NONE	
(271) VENK GORTY TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(272) VICTOR ALOYO TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(273) VICTOR LOLLI TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(274) VINCENT AMABILE TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
(275) VINCENT CURATOLA TRUSTEE (T 9/30/2022)	3.00 NONE	X					NONE	NONE	NONE	
(276) VINCENT J. HAGER TREASURER	3.00 NONE	X		X			NONE	NONE	NONE	
(277) WALTER R. EARLE II VICE CHAIRPERSON	6.00 NONE	X		X			NONE	NONE	NONE	
(278) WALTER WYNKOOP, M.D. TRUSTEE	3.00 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			
(279) WILLIAM C. HANSON ----- TRUSTEE	3.00 ----- NONE	X					NONE	NONE	NONE	
(280) WILLIAM CRANE ----- TRUSTEE	12.00 ----- NONE	X					NONE	NONE	NONE	
(281) WILLIAM CUNNINGHAM ----- TRUSTEE	3.00 ----- NONE	X					NONE	NONE	NONE	
(282) WILLIAM HICKEY ----- TRUSTEE	12.00 ----- NONE	X					NONE	NONE	NONE	
(283) WILLIAM J. MONTGORIS ----- TRUSTEE	3.00 ----- NONE	X					NONE	NONE	NONE	
(284) WILLIAM J. MURRAY ----- TRUSTEE	18.00 ----- NONE	X					NONE	NONE	NONE	
(285) WILLIAM LAWLESS, PH.D. ----- TRUSTEE	3.00 ----- NONE	X					NONE	NONE	NONE	
(286) WILLIAM MCLAUGHLIN ----- TRUSTEE	3.00 ----- NONE	X					NONE	NONE	NONE	
(287) THOMAS DEFELICE ----- TRUSTEE	3.00 ----- 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? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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	6,204,894.				
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e	233,225,560.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	147,245,568.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 3,106,769.				
	h	Total. Add lines 1a-1f			386,676,022.			
	Program Service Revenue				Business Code			
2a		NET PATIENT SERVICE REVENUE		622110	5,923,997,481.	5,923,997,481.		
b		LABORATORY REVENUE		621500	24,047,424.		24,047,424.	
c		TUITION		611710	18,828,220.	18,828,220.		
d		RESIDENTIAL CARE REVENUE		531190	8,720,626.	8,720,626.		
e		NET PROGRAM RENTAL INCOME		531190	4,938,313.	4,938,313.		
f		All other program service revenue		900099	23,822,414.	23,822,414.		
g		Total. Add lines 2a-2f			6,004,354,478.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			41,916,512.		-2,607.	
	4	Income from investment of tax-exempt bond proceeds .			119.		119.	
	5	Royalties			88,228.		88,228.	
	6a	Gross rents	6a	(i) Real	(ii) Personal			
						2,643,898.		
						5,947,399.		
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	-3,303,501.	NONE			
	d	Net rental income or (loss)				-3,303,501.		
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
						2,328,493.	-277,207.	
						2,199,071.		
	b	Less: cost or other basis and sales expenses . .	7b					
	c	Gain or (loss)	7c	129,422.	-277,207.			
	d	Net gain or (loss)				-147,785.		
8a	Gross income from fundraising events (not including \$ 6,204,894. of contributions reported on line 1c). See Part IV, line 18	8a						
					2,122,718.			
					4,046,980.			
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events				-1,924,262.			
9a	Gross income from gaming activities. See Part IV, line 19	9a						
					245,100.			
					109,774.			
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities				135,326.			
10a	Gross sales of inventory, less returns and allowances	10a						
					17,728,602.			
					1,545,934.			
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory				16,182,668.			
Miscellaneous Revenue				Business Code				
	11a	MANAGEMENT FEE INCOME		900099	183,466,483.	197,392.	183,269,091.	
	b	PHARMACY REVENUE		900099	29,179,334.	871,597.	28,307,737.	
	c	CAFETERIA		722210	10,503,758.		10,503,758.	
	d	All other revenue		900099	7,295,053.	2,382,677.	4,912,376.	
	e	Total. Add lines 11a-11d			230,444,628.			
12	Total revenue. See instructions			6,674,422,433.	5,980,307,054.	27,496,483.	279,942,874.	

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, and Total functional expenses.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	468,545.	1	4,033,217.
	2 Savings and temporary cash investments	57,432,391.	2	830,966,293.
	3 Pledges and grants receivable, net	91,819,719.	3	112,645,753.
	4 Accounts receivable, net	701,187,237.	4	741,229,546.
	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)	3,700,001.	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	200,197,626.	8	193,586,043.
	9 Prepaid expenses and deferred charges	56,516,372.	9	64,413,319.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6420745004.		
	b Less: accumulated depreciation	10b 2780800133.		
	11 Investments - publicly traded securities	720,281,305.	11	35,137,794.
	12 Investments - other securities. See Part IV, line 11	70,086,987.	12	500,842.
	13 Investments - program-related. See Part IV, line 11	529,452,760.	13	546,652,598.
	14 Intangible assets	17,119,758.	14	21,632,578.
	15 Other assets. See Part IV, line 11	406,695,068.	15	415,584,710.
16 Total assets. Add lines 1 through 15 (must equal line 33)	6,235,809,441.	16	6,606,327,564.	
Liabilities	17 Accounts payable and accrued expenses	799,948,131.	17	800,365,865.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	155,264,795.	19	40,582,444.
	20 Tax-exempt bond liabilities	2,266,782.	20	1,765,108.
	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	357,541,217.	23	367,871,003.
	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	730,616,436.	25	545,782,119.
	26 Total liabilities. Add lines 17 through 25	2,045,637,361.	26	1,756,366,539.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions	4,041,772,444.	27	4,704,261,445.
	28 Net assets with donor restrictions	148,399,636.	28	145,699,580.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	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	4,190,172,080.	32	4,849,961,025.
33 Total liabilities and net assets/fund balances	6,235,809,441.	33	6,606,327,564.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,674,422,433.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,593,951,459.
3	Revenue less expenses. Subtract line 2 from line 1	3	80,470,974.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,190,172,080.
5	Net unrealized gains (losses) on investments	5	-4,966,553.
6	Donated services and use of facilities	6	409,338.
7	Investment expenses	7	
8	Prior period adjustments	8	-296,774.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	584,171,960.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,849,961,025.

Part XII Financial Statements and Reporting

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

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

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

Form 990 (2022)

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **HACKENSACK MERIDIAN HEALTH, INC.**
-SUBORDINATES

Employer identification number
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
 - g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990) 2022

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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2022 (60.16%); 15 Public support percentage from 2021 Schedule A, Part II, line 14 (79.22%); 16a 33 1/3% support test - 2022 (checked); 16b 33 1/3% support test - 2021; 17a 10%-facts-and-circumstances test - 2022; 17b 10%-facts-and-circumstances test - 2021; 18 Private foundation.

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	120,269.	NONE	39,674,936.	15,420,347.	6,256,925.	61,472,477.
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	309,230,266.	294,499,080.	282,187,377.	273,373,751.	293,993,460.	1,453,283,934.
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.	309,350,535.	294,499,080.	321,862,313.	288,794,098.	300,250,385.	1,514,756,411.
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.)						1,514,756,411.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6.	309,350,535.	294,499,080.	321,862,313.	288,794,098.	300,250,385.	1,514,756,411.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	19,828,026.	21,170,947.	8,704,357.	4,018,129.	5,973,886.	59,695,345.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	585,503.	521,525.	8,208.	NONE	NONE	1,115,236.
c Add lines 10a and 10b	20,413,529.	21,692,472.	8,712,565.	4,018,129.	5,973,886.	60,810,581.
11 Net income from unrelated business activities not included on 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.)	991,503.	99,730,481.	10,094,471.	11,332,019.	11,495,112.	133,643,586.
13 Total support. (Add lines 9, 10c, 11, and 12.)	330,755,567.	415,922,033.	340,669,349.	304,144,246.	317,719,383.	1,709,210,578.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	88.62%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	88.44%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)),	17	3.56%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	4.35%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		X
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		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))? <i>If "Yes," provide detail in Part VI.</i>		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? <i>If "Yes," provide detail in Part VI.</i>		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? <i>If "Yes," provide detail in Part VI.</i>		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)? <i>If "Yes," answer line 10b below.</i>		X
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		X
b A family member of a person described on line 11a above?		X
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

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?	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	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 <input checked="" type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		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? <i>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

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;

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

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

HACKENSACK MERIDIAN OUTPATIENT SERVICES, 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.

CENTER FOR DISCOVERY AND INNOVATION, 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.)

SCHEDULE A, PART II, SECTION A, LINE 1

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

INCLUDE:

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

2022: NONE

SCHEDULE A, PART II, LINE 10

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

SCHEDULE A, PART III, LINE 12

OTHER INCOME INCLUDES MISCELLANEOUS INCOME, MANAGEMENT FEES, 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 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 1/1/2022, HACKENSACK MERIDIAN AMBULATORY VENTURES, INC. (EIN: 46-1227706) AND ROBERT WOOD JOHNSON JR. LIFESTYLE INSTITUTE, INC. (EIN: 22-2421433) MERGED INTO HMH RESIDENTIAL CARE, INC. (EIN: 22-2731440). HMH RESIDENTIAL CARE, INC. CHANGED ITS NAME TO HACKENSACK MERIDIAN AMBULATORY CARE, INC. 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 HACKENSACK MERIDIAN AMBULATORY VENTURES, INC., ROBERT WOOD JOHNSON JR. LIFESTYLE INSTITUTE, INC. AND HMH RESIDENTIAL CARE, INC. HACKENSACK MERIDIAN HEALTH, INC., WHICH WAS THE SOLE MEMBER OF EACH OF HACKENSACK MERIDIAN AMBULATORY VENTURES, INC. AND ROBERT WOOD JOHNSON JR. LIFESTYLE INSTITUTE, INC., APPROVED THE MERGER BY ACTION OF ITS BOARD, AS DID THE BOARDS OF BOTH HACKENSACK MERIDIAN

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.)

AMBULATORY VENTURES, INC. AND ROBERT WOOD JOHNSON JR. LIFESTYLE
 INSTITUTE, INC. THE REASONS FOR THE MERGER OF HACKENSACK MERIDIAN
 AMBULATORY VENTURES, INC. AND ROBERT WOOD JOHNSON JR. LIFESTYLE
 INSTITUTE, INC. INTO HMH RESIDENTIAL CARE, INC. 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.

EFFECTIVE 4/1/2022, HACKENSACK MERIDIAN HEALTH REALTY CORPORATION (EIN:
 22-3200147) MERGED INTO HACKENSACK MERIDIAN AMBULATORY CARE, INC. THE
 AUTHORITY TO MERGE TWO NEW JERSEY NONPROFIT CORPORATIONS IS SET FORTH IN
 THE NONPROFIT CORPORATIONS ACT, NJSA 15A - 10-1 ET SEQ. THE ACTION WAS
 ACCOMPLISHED BY THE FILING OF A CERTIFICATE OF MERGER AND PLAN OF MERGER
 WITH THE STATE OF NEW JERSEY - COPY ATTACHED.

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 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, 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.

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 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)		(V) AMOUNT OF SUPPORT	(VI) AMOUNT OF OTHER SUPPORT
			YES	NO		
HMH HOSPITALS CORPORATION	22-1487576	3	X		NONE	NONE
HACKENSACK MERIDIAN AMBULATORY 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
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
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
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
HACKENSACK MERIDIAN OUTPATIENT SERVICES, INC.	20-4144804	10	X		NONE	NONE
TOTAL AMOUNT OF SUPPORT					NONE	NONE

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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 HACKENSACK MERIDIAN HEALTH, INC. -SUBORDINATES	Employer identification number 01-0649794
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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)				

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

Schedule C (Form 990) 2022

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.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	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.		
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.													
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-														
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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) 2019	(b) 2020	(c) 2021	(d) 2022	(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)).

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 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?

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

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

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."

Table with 2 main columns: Description and Amount. Rows include: 1 Dues, assessments and similar amounts from members; 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; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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 expenditures next year?; 5 Taxable amount of lobbying and political expenditures. See instructions.

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

Blank lines for supplemental information.

Part IV Supplemental Information (continued)

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

DURING 2022, THE ORGANIZATION PAID OUTSIDE LOBBYING FIRMS A TOTAL OF \$412,825 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 \$248,228 IN 2022.

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, NEW JERSEY 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 \$422,214 IN 2022.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization HACKENSACK MERIDIAN HEALTH, INC.

Employer identification number

-SUBORDINATES

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.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes rows for purpose of easements, total number, acreage, and monitoring expenses.

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

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

Table with 3 columns: Line number, Description, Amount. Includes rows for art collections, revenue included, and assets included.

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

Schedule D (Form 990) 2022

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	173,044,638.	167,003,613.	158,968,801.	162,257,233.	157,006,999.
b Contributions	1,136,391.	23,550,349.	1,052,641.	1,533,685.	8,630,341.
c Net investment earnings, gains, and losses	-4,010,136.	-15,396,190.	7,755,196.	2,488,608.	4,713,778.
d Grants or scholarships					
e Other expenditures for facilities and programs		2,113,135.	773,025.	7,310,724.	8,446,525.
f Administrative expenses					
g End of year balance	170,170,893.	173,044,637.	167,003,613.	158,968,802.	161,904,593.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 16.6800 %
 - b Permanent endowment 50.9800 %
 - c Term endowment 32.3400 %
- 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		3146826922.	1289303108.	1,857,523,814.
c Leasehold improvements		139,020,814.	48,613,152.	90,407,662.
d Equipment		2305291147.	1421028469.	884,262,678.
e Other		692,522,796.	21,855,404.	670,667,392.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,639,944,871.

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.) . . .	546,652,598.	

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) ESTIMATED AMOUNTS DUE FROM	
(2) THIRD PARTY PAYORS AND	
(3) OTHER RECEIVABLES	114,927,589.
(4) DUE FROM RELATED PARTIES	166,742,527.
(5) OTHER ASSETS	133,914,594.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	415,584,710.

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) THIRD PARTY PAYORS	7,628,871.
(3) ACCRUED PENSION OBLIGATION	8,477,762.
(4) DUE TO RELATED PARTIES	403,442,723.
(5) OTHER CURRENT LIABILITIES	18,440,667.
(6) ACCRUED INTEREST PAYABLE	NONE
(7) ACCRUED RETIREMENT BENEFITS	26,789,680.
(8) ACCRUED PROFESSIONAL LIABILITY	81,002,416.
(9) SWAP	NONE
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	545,782,119.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers, descriptions, and a final column for totals. Rows include: 1 Total revenue, gains, and other support per audited financial statements; 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12; 3 Subtract line 2e from line 1; 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1; 5 Total revenue. Add lines 3 and 4c.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers, descriptions, and a final column for totals. Rows include: 1 Total expenses and losses per audited financial statements; 2 Amounts included on line 1 but not on Form 990, Part IX, line 25; 3 Subtract line 2e from line 1; 4 Amounts included on Form 990, Part IX, line 25, but not on line 1; 5 Total expenses. Add lines 3 and 4c.

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

ENDOWMENT FUNDS ARE TO BE USED CONSISTENT WITH INTENT AND IN FURTHERANCE OF THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES. ENDOWMENT FUNDS HELP TO SUSTAIN A MYRIAD OF PROGRAMS AND ACTIVITIES, SUPPORT PHYSICIANS, AND HELP TO EXPAND AND IMPROVE MEDICAL CENTER DEPARTMENTS AND BUILDINGS. IN SPENDING ENDOWMENT FUNDS, THE ORGANIZATION CONSIDERS THE PRESERVATION OF THE ENDOWED FUNDS, THE PURPOSES OF THE ENDOWED FUNDS, GENERAL ECONOMIC CONDITIONS, THE HISTORICAL, AS WELL AS EXPECTED, TOTAL RETURN FROM INCOME AND THE APPRECIATION OF INVESTMENTS, AND THE STATED ENDOWMENT AND INVESTMENT POLICIES OF THE ORGANIZATION.

UNLESS OTHERWISE REQUIRED BY DONOR INTENT OR AGREEMENT, ALL ENDOWMENT FUNDS ARE COMMINGLED WITH THE ORGANIZATION'S MASTER TRUST AND INVESTED IN ACCORDANCE WITH THE ORGANIZATION'S INVESTMENT POLICY, WHICH DICTATES THE TYPES OF INVESTMENTS ALLOWED AND HOW AGGRESSIVE THE INVESTMENT MANAGER CAN BE IN MEETING RETURN TARGETS. THE INVESTMENT POLICY EMPHASIZES PRESERVATION OF CAPITAL, PROTECTION AGAINST INFLATION, AND A CONTINUING SOURCE OF INCOME.

SPENDING OF ENDOWMENT FUNDS SHALL BE DONE SOLELY FOR PURPOSES DICTATED BY THE TERMS OF THE UNDERLYING GIFT AGREEMENT(S) AND IS SUBJECT TO THE OVERSIGHT OF THE ORGANIZATION.

Part XIII Supplemental Information (continued)

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 TAX FOOTNOTE INCLUDED IN THE SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES FOOTNOTE OF ITS AUDITED CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDING DECEMBER 31, 2022.

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	2,483,738.	FMV
REMAINDER TRUST RECEIVABLE	6,509,434.	FMV
BENEFICIAL INTEREST IN PERPETUAL TRUST	5,974,905.	FMV
INTEREST IN NET ASSETS BALANCE OF FOUNDATIONS	310,401,199.	FMV
CHARITABLE REMAINDER TRUST	13,768,585.	FMV
INVESTMENT IN JOINT VENTURES	201,461,765.	FMV
ANNUITY INVESTMENTS	678,287.	FMV
IRREVOCABLE WILL GIFT REC	5,374,685.	FMV
SPLIT INTEREST AGREEMENTS	NONE	FMV
INVEST IN DEFERRED COMP PLAN	NONE	FMV
INVESTMENT IN JOINT VENTURES	NONE	
TOTALS	----- 546,652,598. =====	

**SCHEDULE E
(Form 990)**

Schools

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

2022

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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?	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?	X	
3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax 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	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?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	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?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		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?	X	
b Has the organization's right to such aid ever been revoked or suspended?		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, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain on Part II	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 THROUGH THE OFFICE FOR CHILDREN IN HACKENSACK, NJ.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization HACKENSACK MERIDIAN HEALTH, INC.

Employer identification number

-SUBORDINATES

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		35,432,975.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	NONE	NONE			35,432,975.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	NONE	NONE			35,432,975.

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

Schedule F (Form 990) 2022

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)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

**Open to Public
Inspection**

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

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			
SEE SUPPLEMENT INFORMATION 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				NONE	3,511,816.	-3,511,816.

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.

DC, IA, NJ, NY, PA,

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	(b) Event #2	(c) Other events	(d) Total events	
		NW CELEBRATION (event type)	MOTORCYCLE RUN (event type)	15 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	4,636,961.	664,181.	3,026,470.	8,327,612.
	2	Less: Contributions	3,299,470.	623,121.	2,282,303.	6,204,894.
	3	Gross income (line 1 minus line 2)	1,337,491.	41,060.	744,167.	2,122,718.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	539,257.	5,950.	408,146.	953,353.
	7	Food and beverages	562,950.	14,177.	569,994.	1,147,121.
	8	Entertainment	702,424.	11,100.	67,951.	781,475.
	9	Other direct expenses	251,300.	21,036.	892,695.	1,165,031.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				4,046,980.
11	Net income summary. Subtract line 10 from line 3, column (d)				-1,924,262.	

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		245,100.	245,100.
	2	Cash prizes		79,650.	79,650.
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses		30,124.	30,124.
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				109,774.
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				135,326.

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	NONE	%
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 ▶ \$ 12,621.

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 \$4,280,792 WHEN YOU FACTOR IN THE CONTRIBUTION PORTION REPORTED ON LINE 2.

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

Name ▶ _____

Address ▶ _____

- 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 ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- 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 I, LINE 2B

THE ENTITIES LISTED ON PART I, LINE 2B, WERE PROFESSIONAL FUNDRAISING COUNSELS ENGAGED TO PROVIDE CONSULTING ON FUNDRAISING STRATEGIES, CAMPAIGNS AND DIRECT MAIL PROGRAMS.

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:

GOBEL GROUP, LLC

ADDRESS:

P.O. BOX 2011
WEST CHESTER, PA 19380

ACTIVITY :

CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : NONE

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 2,629,840.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : -2,629,840.

NAME:

ACTION GRAPHICS, INC.

ADDRESS:

600 RYERSON ROAD
LINCOLN PARK, NJ 07035

ACTIVITY :

CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : NONE

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 356,316.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : -356,316.

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:

MCALLISTER & QUINN, LLC

ADDRESS:

1030 15TH STREET NW
WASHINGTON, DC 20005

ACTIVITY :

CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : NONE

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 150,000.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : -150,000.

NAME:

SDS ADVISORS, LLC

ADDRESS:

P.O. BOX 344
OLDWICK, NJ 08858

ACTIVITY :

CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : NONE

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 150,000.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : -150,000.

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:

WINDTREE & BERRY, LLC

ADDRESS:

3 CEDAR RIDGE DRIVE
CHESTER, NJ 07930

ACTIVITY :

CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : NONE

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 120,000.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : -120,000.

NAME:

WEINSTEIN CARNEGIE PHILANTHROPIC GROUP, LLC

ADDRESS:

WEINSTEIN-017
BRONX, NY 10471

ACTIVITY :

CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : NONE

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 68,363.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : -68,363.

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:

THE STELTER COMPANY

ADDRESS:

P.O. BOX 5228
DES MOINES, IA 50305

ACTIVITY :

CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : NONE

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 24,097.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : -24,097.

NAME:

MARTS & LUNDY

ADDRESS:

1200 WALL STREET WEST
LYNDHURST, NJ 07071

ACTIVITY :

CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : NONE

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 13,200.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : -13,200.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2022

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: <input type="checkbox"/> Applied uniformly to all hospital facilities <input checked="" type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>200.0000</u> %	<input checked="" type="checkbox"/>	
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: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>600.0000</u> %	<input checked="" type="checkbox"/>	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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)			162,859,893.	21,443,608.	141,416,285.	2.37
b Medicaid (from Worksheet 3, column a)			866,421,651.	538,069,202.	328,352,449.	5.51
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			1,029,281,544.	559,512,810.	469,768,734.	7.88
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			4,401,941.	202,647.	4,199,294.	0.07
f Health professions education (from Worksheet 5)			113,997,762.	44,847,433.	69,150,329.	1.16
g Subsidized health services (from Worksheet 6)			2,031,386,683.	1,685,352,239.	346,034,443.	5.81
h Research (from Worksheet 7)			4,319,400.	895,890.	3,423,510.	0.06
i Cash and in-kind contributions for community benefit (from Worksheet 8)			316,642,904.		316,642,904.	5.31
j Total. Other Benefits			2,470,748,690.	1,731,298,209.	739,450,480.	12.41
k Total. Add lines 7d and 7j			3,500,030,234.	2,290,811,019.	1,209,219,214.	20.29

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

Schedule H (Form 990) 2022

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?	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.		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	712,305,235.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	852,606,268.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-140,301,033.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
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? 18

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	X	X	X	X		X	X			A
2 RIVERVIEW MEDICAL CENTER ONE RIVER PLAZA RED BANK NJ 07701 WWW.RIVERVIEWMEDICALCENTER.COM	X	X				X	X			A
3 OCEAN UNIVERSITY MEDICAL CENTER 425 JACK MARTIN BLVD BRICK NJ 08724 WWW.OCEANMEDICALCENTER.COM	X	X				X	X			A
4 SOUTHERN OCEAN MEDICAL CENTER 1140 RT. 72 WEST MANAHAWKIN NJ 08050 WWW.SOUTHERNOCEANMEDICALCENTER.COM	X	X					X			A
5 BAYSHORE MEDICAL CENTER 727 NORTH BEERS STREET HOLMDEL NJ 07733 WWW.BAYSHOREHOSPITAL.ORG	X	X					X			A
6 RARITAN BAY MEDICAL CENTER 530 NEW BRUNSWICK AVENUE PERTH AMBOY NJ 08861 WWW.RBMC.ORG	X	X		X			X			B
7 OLD BRIDGE MEDICAL CENTER ONE HOSPITAL PLAZA OLD BRIDGE NJ 08857 WWW.RBMC.ORG	X	X		X			X			B
8 PALISADES MEDICAL CENTER, INC. 7600 RIVER ROAD NORTH BERGEN NJ 07047 WWW.PALISADESMEDICAL.ORG	X	X		X			X			C
9 HACKENSACK UNIVERSITY MEDICAL CENTER 30 PROSPECT AVENUE HACKENSACK NJ 07601 WWW.HACKENSACKUMC.ORG	X	X	X	X		X	X			D
10 PASCACK VALLEY MEDICAL CENTER 250 OLD HOOK ROAD WESTWOOD NJ 07675 WWW.HACKENSACKUMCPV.COM	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 MOUNTAINSIDE MEDICAL CENTER 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	11201	X	X	X	X	X				G
3 JFK JOHNSON REHABILITATION INSTITUTE 65 JAMES STREET EDISON NJ 08820 WWW.JFKMC.ORG	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 JOHNSON REHABILITATION INSTITUTE AT O 425 JACK MARTIN BLVD BRICK NJ 08724 WWW.HACKENSACKMERIDIANHEALTH.ORG	22219	X							REHAB CENTER	J
6 HACKENSACK MERIDIAN LTACH, LLC 343 THORNALL STREET EDISON NJ 08837 WWW.HACKENSACKMERIDIANHEALTH.ORG	25009	X								K
7 K. HOVNIANIAN CHILDREN'S HOSPITAL 1945 NJ-33 NEPTUNE NJ 07753 WWW.HACKENSACKMERIDIANHEALTH.ORG	11303	X	X				X		UNDER JSUMC LICENSE #11303	A
8 JOSEPH M. SANZARI CHILDREN'S HOSPITAL 30 PROSPECT AVENUE HACKENSACK NJ 07601 WWW.HACKENSACKMERIDIANHEALTH.ORG	10204	X	X				X		UNDER HUMC LICENSE #10204	D
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?		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: <u>2022</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SECTION C</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>2022</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>SEE SECTION C</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

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?		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: <u> 2022 </u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u> SEE SECTION C </u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: <u> 20 22 </u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u> SEE SECTION C </u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

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?		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: <u>2022</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SECTION C</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>2022</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>SEE SECTION C</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

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?		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: <u>2022</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SECTION C</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>2022</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>SEE SECTION C</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

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: PASCACK VALLEY MEDICAL CENTER

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?		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: <u>2022</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SECTION C</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>2022</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>SEE SECTION C</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

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: MOUNTAINSIDE MEDICAL CENTER

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?		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: <u>2022</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SECTION C</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>2022</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>SEE SECTION C</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

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?		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: <u>2022</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SECTION C</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>2022</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>SEE SECTION C</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

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?		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: <u>2022</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SECTION C</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>2022</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>SEE SECTION C</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

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?		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: <u>2022</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SECTION C</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>2022</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>SEE SECTION C</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

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: JOHNSON REHABILITATION INSTITUTE AT O

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?		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: <u>2022</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SECTION C</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>2022</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>SEE SECTION C</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

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

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

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

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

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

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: JOHNSON REHABILITATION INSTITUTE AT O

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

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information (continued)

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information (continued)

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information (continued)

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information (continued)

Billing and Collections

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information (continued)

Billing and Collections

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information (continued)

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information (continued)

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information (continued)

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: JOHNSON REHABILITATION INSTITUTE AT O

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group: 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	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	<input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.		X

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	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	<input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.		X

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Part V Facility Information *(continued)*

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 <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
	b <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
	c <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
	d <input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.		X

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	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	<input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.		X

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: PASCACK VALLEY 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 <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
	b <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
	c <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
	d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.		X

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: MOUNTAINSIDE 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 <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
	b <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
	c <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
	d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.		X

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 <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
	b <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
	c <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
	d <input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.		X

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Part V Facility Information *(continued)*

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	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	<input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.		X

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	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.		X

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: JOHNSON REHABILITATION INSTITUTE AT O

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

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, 173 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.

- WELLSRING 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 AND 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, 37 COMMUNITY STAKEHOLDERS IN THE RARITAN BAY AND OLD BRIDGE MEDICAL CENTER SERVICE AREA TOOK PART IN THE ONLINE KEY INFORMANT SURVEY. A SAMPLE OF THOSE RARITAN BAY AND OLD BRIDGE 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

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.

- 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
- WELLSRING 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 HUDSON COUNTY; THE INPUT ALSO INCLUDED STAKEHOLDERS WHO WORK MORE REGIONALLY OR STATEWIDE. IN ALL, 16 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
- WELLSRING 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 AND PASCACK VALLEY MEDICAL CENTER
 =====
 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

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.

REPRESENTATIVES FROM LOCAL HEALTH DEPARTMENTS AND A NUMBER OF BERGEN 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 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, 146 COMMUNITY STAKEHOLDERS IN BERGEN COUNTY TOOK PART IN THE ONLINE KEY INFORMANT SURVEY. A SAMPLE OF THOSE HACKENSACK UNIVERSITY MEDICAL CENTER AND PASCACK VALLEY MEDICAL CENTER 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 UNDERSERVED POPULATIONS.

IN THE 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.

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.

MOUNTAINSIDE MEDICAL CENTER
 =====

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 ESSEX COUNTY; THE INPUT ALSO INCLUDED STAKEHOLDERS WHO WORK MORE REGIONALLY OR STATEWIDE. IN ALL, 37 COMMUNITY STAKEHOLDERS IN THE 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
- 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

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.

- 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
- WELLSRING 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 AND 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, 37 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 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)

Part V Facility Information (continued)

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

- COMMUNITY 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
- WELLSRING 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

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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

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.

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, 17 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
- STAFFORD POLICE DEPARTMENT
- UNITED WAY UNION COUNTY
- VNA HEALTH GROUP - CHILDREN & FAMILY HEALTH INSTITUTE
- WELLSRING CENTER FOR PREVENTION
- WINTRODE FAMILY FOUNDATION
- WOODBRIDGE DEPARTMENT HEALTH HUMAN SERVICES

THROUGH THIS PROCESS, INPUT WAS GATHERED FROM SEVERAL INDIVIDUALS WHOSE

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.

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.

JOHNSON REHABILITATION INSTITUTE AT OCEAN UNIVERSITY MEDICAL CENTER (FKA SHORE REHABILITATION INSTITUTE, INC.)

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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 OCEAN COUNTY; THE INPUT ALSO INCLUDED STAKEHOLDERS WHO WORK MORE REGIONALLY OR STATEWIDE. IN ALL, 23 COMMUNITY STAKEHOLDERS IN THE JOHNSON REHABILITATION INSTITUTE AT OCEAN UNIVERSITY MEDICAL CENTER 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
- EZ RIDE
- GEORGIAN COURT UNIVERSITY
- HORIZON BLUE CROSS BLUE SHIELD OF NJ
- JEWISH RENAISSANCE FOUNDATION
- LBI HEALTH DEPARTMENT

Part V Facility Information (continued)

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

- 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
- WELLSRING 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 PASCACK VALLEY MEDICAL CENTER)

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THE 2022 HACKENSACK MERIDIAN HEALTH HOSPITALS, WITH THE EXCEPTION OF HACKENSACK UNIVERSITY MEDICAL CENTER AND PASCACK VALLEY MEDICAL CENTER, CHNA WAS CONDUCTED WITH THE FOLLOWING HOSPITALS: BAYSHORE MEDICAL CENTER, SOUTHERN OCEAN MEDICAL CENTER, OCEAN UNIVERSITY MEDICAL CENTER AND JOHNSON REHABILITATION INSTITUTE AT OCEAN UNIVERSITY MEDICAL CENTER, JERSEY SHORE UNIVERSITY MEDICAL CENTER AND K. HOVNIANIAN CHILDREN'S HOSPITAL, RIVERVIEW MEDICAL CENTER, HMH CARRIER CLINIC, JFK MEDICAL CENTER AND JFK JOHNSON REHABILITATION INSTITUTE, HACKENSACKUMC MOUNTAINSIDE, PALISADES MEDICAL CENTER, RARITAN BAY MEDICAL CENTER, OLD BRIDGE MEDICAL CENTER.

Part V Facility Information (continued)

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

HACKENSACK UNIVERSITY MEDICAL CENTER AND PASCACK VALLEY MEDICAL CENTER
=====

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
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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-NEED S-ASSESSMENT](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](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](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](https://www.hackensackmeridianhealth.org/en/about-us/community-health-need-s-assessment)

JFK UNIVERSITY MEDICAL CENTER

Part V Facility Information (continued)

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

[HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/ABOUT-US/COMMUNITY-HEALTH-NEED
S-ASSESSMENT](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](https://www.hackensackmeridianhealth.org/en/about-us/community-health-need-s-assessment)

MOUNTAINSIDE MEDICAL CENTER
[HTTPS://MOUNTAINSIDEHOSP.COM/PATIENTS-VISITORS/COMMUNITY-HEALTH](https://mountainsidehosp.com/patients-visitors/community-health)

OCEAN UNIVERSITY MEDICAL CENTER
[HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/ABOUT-US/COMMUNITY-HEALTH-NEED
S-ASSESSMENT](https://www.hackensackmeridianhealth.org/en/about-us/community-health-need-s-assessment)

OLD BRIDGE MEDICAL CENTER
[HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/ABOUT-US/COMMUNITY-HEALTH-NEED
S-ASSESSMENT](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](https://www.hackensackmeridianhealth.org/en/about-us/community-health-need-s-assessment)

PASCACK VALLEY MEDICAL CENTER
[HTTPS://PASCACKMEDICALCENTER.COM/CHNA](https://pascackmedicalcenter.com/chna)

RARITAN BAY MEDICAL CENTER
[HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/ABOUT-US/COMMUNITY-HEALTH-NEED
S-ASSESSMENT](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](https://www.hackensackmeridianhealth.org/en/about-us/community-health-need-s-assessment)

JOHNSON REHABILITATION INSTITUTE AT OCEAN UNIVERSITY MEDICAL CENTER
[HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/ABOUT-US/COMMUNITY-HEALTH-NEED
S-ASSESSMENT](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](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](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](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](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](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](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](https://www.hackensackmeridianhealth.org/en/about-us/community-health-need-s-assessment)

MOUNTAINSIDE MEDICAL CENTER

[HTTPS://MOUNTAINSIDEHOSP.COM/PATIENTS-VISITORS/COMMUNITY-HEALTH](https://mountainsidehosp.com/patients-visitors/community-health)

OCEAN UNIVERSITY MEDICAL CENTER

[HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/ABOUT-US/COMMUNITY-HEALTH-NEED
S-ASSESSMENT](https://www.hackensackmeridianhealth.org/en/about-us/community-health-need-s-assessment)

OLD BRIDGE MEDICAL CENTER

[HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/ABOUT-US/COMMUNITY-HEALTH-NEED
S-ASSESSMENT](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](https://www.hackensackmeridianhealth.org/en/about-us/community-health-need-s-assessment)

PASCACK VALLEY MEDICAL CENTER

[HTTPS://PASCACKMEDICALCENTER.COM/CHNA](https://pascackmedicalcenter.com/chna)

RARITAN BAY MEDICAL CENTER

[HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/ABOUT-US/COMMUNITY-HEALTH-NEED](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.

S-ASSESSMENT

RIVERVIEW MEDICAL CENTER

[HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/ABOUT-US/COMMUNITY-HEALTH-NEED](https://www.hackensackmeridianhealth.org/en/about-us/community-health-need)

S-ASSESSMENT

JOHNSON REHABILITATION INSTITUTE AT OCEAN UNIVERSITY MEDICAL CENTER

[HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/ABOUT-US/COMMUNITY-HEALTH-NEED](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](https://www.hackensackmeridianhealth.org/en/about-us/community-health-need)

S-ASSESSMENT

PART V, SECTION B, LINE 11

BAYSHORE MEDICAL CENTER

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THREE SIGNIFICANT HEALTH NEEDS CATEGORIES WERE IDENTIFIED, AS WELL AS SUB-CATEGORIES BASED ON COMMUNITY FEEDBACK EXERCISES THROUGH THE CHNA PROCESS.

1. MENTAL WELLBEING, INCLUDING:

- "FAIR/POOR" MENTAL HEALTH
- SYMPTOMS OF CHRONIC DEPRESSION
- MENTAL HEALTH PROVIDER RATIO
- RECEIVING TREATMENT FOR MENTAL HEALTH
- KEY INFORMANTS: MENTAL HEALTH RANKED AS A TOP CONCERN
- CIRRHOSIS/LIVER DISEASE DEATH
- UNINTENTIONAL DRUG-RELATED DEATHS
- KEY INFORMANTS: SUBSTANCE ABUSE RANKED AS A TOP CONCERN

2. HEALTHY LIVING, INCLUDING:

- CANCER
- DIABETES
- HEART DISEASE AND STROKE
- TOBACCO USE
- NUTRITION, PHYSICAL ACTIVITY, AND WEIGHT
- POTENTIALLY DISABLING CONDITIONS
- RESPIRATORY DISEASE

3. ACCESS TO CARE, INCLUDING:

- INCONVENIENT OFFICE HOURS
- APPOINTMENT AVAILABILITY
- FINDING A PHYSICIAN
- EMERGENCY ROOM UTILIZATION
- LINGUISTIC ISOLATION

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.

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

1. MENTAL WELLBEING

PREVENTION & AWARENESS:

OBJECTIVES:

-PROVIDE UNIVERSAL BEHAVIORAL HEALTH SCREENINGS FOR PATIENTS
 -CONTINUE BEHAVIORAL HEALTH EDUCATION AND INCREASE PARTICIPATION AMONG DIVERSE AND VULNERABLE POPULATIONS

-SUPPORT PUBLIC HEALTH IN LOCAL PREVENTION AND EMERGENCY INITIATIVES

STRATEGIES:

-CONSISTENTLY UTILIZE THE UNIVERSAL BEHAVIORAL HEALTH SCREENING AS A STANDARD ASSESSMENT TOOL
 -ORGANIZE LECTURES RELATED TO SUBSTANCE USE/MISUSE, HEALTHY MENTAL, EMOTIONAL AND SOCIAL HEALTH THAT ARE INCLUSIVE AND ACCESSIBLE TO DIVERSE AND VULNERABLE POPULATIONS

BUILD CAPACITY:

OBJECTIVES:

-EXPAND CARE DELIVERY METHODS FOR BEHAVIORAL HEALTHCARE

STRATEGIES:

-INCREASE CARE DELIVERY OPTIONS FOR DIVERSE AND VULNERABLE POPULATIONS

STRENGTHEN COMMUNITY PARTNERSHIPS:

OBJECTIVES:

-INCREASE, STRENGTHEN AND EVALUATE PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS

STRATEGIES:

-PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO LEND SUPPORT TO ACTIVITIES PROMOTING MENTAL WELLNESS FOR ALL
 -IDENTIFY AND DEEPEN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS THAT SERVE DIVERSE AND VULNERABLE POPULATIONS

2. HEALTHY LIVING

PREVENTION & AWARENESS:

OBJECTIVES:

-CONTINUE TO PROVIDE EDUCATION AND HEALTH PROMOTION AND INCREASE PARTICIPATION AMONG DIVERSE AND VULNERABLE POPULATIONS

- SUPPORT PUBLIC HEALTH DEPARTMENTS IN LOCAL PREVENTION AND EMERGENCY INITIATIVES

STRATEGIES:

-CONDUCT OR SUPPORT COMMUNITY-BASED PREVENTIVE HEALTH SCREENINGS WITH A FOCUS ON REACHING DIVERSE AND VULNERABLE POPULATIONS

-LEVERAGE BEST PRACTICE STRATEGIES TO INCREASE RETENTION IN CHRONIC DISEASE MANAGEMENT PROTOCOLS POST DISCHARGE

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 COMMUNITY-BASED EDUCATION WITH A FOCUS ON DIVERSE AND VULNERABLE POPULATIONS

BUILD CAPACITY:

OBJECTIVES:

-CONTINUE TO ENGAGE, MONITOR AND COORDINATE CARE FOR PATIENTS WITH CHRONIC/COMPLEX CONDITIONS

STRATEGIES:

-SUPPORT CASE MANAGEMENT AND PATIENT NAVIGATION PROGRAMS TO SUPPORT THOSE WITH CHRONIC/COMPLEX CONDITIONS AND THEIR CAREGIVERS
 -INCREASE CONNECTIONS TO FOOD, NUTRITION ACCESS FOR IDENTIFIED PATIENTS INCLUDING VULNERABLE POPULATIONS

STRENGTHEN COMMUNITY PARTNERSHIPS:

OBJECTIVES:

-INCREASE, IMPROVE, STRENGTHEN AND EVALUATE PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS

STRATEGIES:

-PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO SUPPORT ACTIVITIES PROMOTING EQUITABLE HEALTHY LIVING FOR ALL
 -IDENTIFY AND DEEPEN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS THAT SERVE DIVERSE AND VULNERABLE POPULATIONS

3. ACCESS TO CARE

PREVENTION & AWARENESS:

OBJECTIVES:

-REDUCE COMMON BARRIERS TO ACCESSING HEALTH CARE FOR DIVERSE AND VULNERABLE POPULATIONS
 -STRENGTHEN CULTURAL COMPETENCY TRAINING FOR TEAM MEMBERS AND PHYSICIANS

STRATEGIES:

-INCREASE SCREENING FOR SDOH AND MAKE APPROPRIATE REFERRALS TO COMMUNITY-BASED RESOURCES
 -INCREASE IMPLICIT BIAS AND CULTURAL COMPETENCY TRAINING AMONGST ALL TEAM MEMBERS

BUILD CAPACITY:

OBJECTIVES:

-HIRE, RETAIN AND PROMOTE A DIVERSE WORKFORCE
 -DEVELOP AND LEVERAGE ALTERNATIVE CARE DELIVERY MODELS TO IMPROVE ACCESS TO CARE FOR ALL

STRATEGIES:

-LEVERAGE IMPLEMENTATION OF HEALTH AND WELLNESS CENTERS TO REDUCE BARRIERS TO ACCESSING SPECIALTY CARE AND WELLNESS SERVICES
 -CONTINUE TO PROVIDE SUPPORT AND TRAINING FOR REAL AND SOGI DATA COLLECTION TOOLS, METHODS, USE
 - PROVIDE EDUCATION AND TRAINING TO STAFF REGARDING SDOH SCREENING TOOL

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.

STRENGTHEN COMMUNITY PARTNERSHIPS:

OBJECTIVES:

-INCREASE, IMPROVE, STRENGTHEN AND EVALUATE PARTNERSHIPS WITH
COMMUNITY-BASED ORGANIZATIONS

STRATEGIES:

-PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO
LEND SUPPORT TO HEALTH EQUITY

-IDENTIFY AND DEEPEN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS THAT
SERVE DIVERSE AND VULNERABLE POPULATIONS

JERSEY SHORE UNIVERSITY MEDICAL CENTER

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THREE SIGNIFICANT HEALTH NEEDS CATEGORIES WERE IDENTIFIED, AS WELL AS
SUB-CATEGORIES BASED ON COMMUNITY FEEDBACK EXERCISES THROUGH THE CHNA
PROCESS.

1. MENTAL WELLBEING, INCLUDING:

- "FAIR/POOR" MENTAL HEALTH
- DIAGNOSED DEPRESSION
- SYMPTOMS OF CHRONIC DEPRESSION
- MENTAL HEALTH PROVIDER RATIO
- RECEIVING TREATMENT FOR MENTAL HEALTH
- DIFFICULTY OBTAINING MENTAL HEALTH SERVICES
- UNINTENTIONAL DRUG-RELATED DEATHS
- KEY INFORMANTS: SUBSTANCE ABUSE RANKED AS A TOP CONCERN
- KEY INFORMANTS: MENTAL HEALTH RANKED AS A TOP CONCERN

2. HEALTHY LIVING, INCLUDING:

- CANCER
- DIABETES
- HEART DISEASE AND STROKE
- INFANT HEALTH AND FAMILY PLANNING
- INJURY AND VIOLENCE
- NUTRITION, PHYSICAL ACTIVITY, AND WEIGHT
- ORAL HEALTH
- POTENTIALLY DISABLING CONDITIONS
- RESPIRATORY DISEASE
- TOBACCO USE

3. ACCESS TO CARE, INCLUDING:

- INCONVENIENT OFFICE HOURS
- APPOINTMENT AVAILABILITY
- FINDING A PHYSICIAN
- LACK OF TRANSPORTATION
- SKIPPING/STRETCHING MEDICATIONS
- EYE EXAMS

FOR EACH MAJOR SIGNIFICANT HEALTH NEEDS CATEGORY, STRATEGIES OF HOW

Part V Facility Information (continued)

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

THE HOSPITAL FACILITY IS ADDRESSING THE SIGNIFICANT NEEDS ARE AS FOLLOWS:

1. MENTAL WELLBEING

PREVENTION & AWARENESS:

OBJECTIVES:

-PROVIDE UNIVERSAL BEHAVIORAL HEALTH SCREENINGS FOR PATIENTS
 -CONTINUE BEHAVIORAL HEALTH EDUCATION AND INCREASE PARTICIPATION AMONG DIVERSE AND VULNERABLE POPULATIONS

-SUPPORT PUBLIC HEALTH IN LOCAL PREVENTION AND EMERGENCY INITIATIVES

STRATEGIES:

-CONSISTENTLY UTILIZE THE UNIVERSAL BEHAVIORAL HEALTH SCREENING AS A STANDARD ASSESSMENT TOOL
 -ORGANIZE LECTURES RELATED TO SUBSTANCE USE/MISUSE, HEALTHY MENTAL, EMOTIONAL AND SOCIAL HEALTH THAT ARE INCLUSIVE AND ACCESSIBLE TO DIVERSE AND VULNERABLE POPULATIONS

BUILD CAPACITY:

OBJECTIVES:

-EXPAND CARE DELIVERY METHODS FOR BEHAVIORAL HEALTHCARE

STRATEGIES:

-INCREASE CARE DELIVERY OPTIONS FOR DIVERSE AND VULNERABLE POPULATIONS

STRENGTHEN COMMUNITY PARTNERSHIPS:

OBJECTIVES:

-INCREASE, STRENGTHEN AND EVALUATE PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS

STRATEGIES:

-PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO LEND SUPPORT TO ACTIVITIES PROMOTING MENTAL WELLNESS FOR ALL
 -IDENTIFY AND DEEPEN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS THAT SERVE DIVERSE AND VULNERABLE POPULATIONS

2. HEALTHY LIVING

PREVENTION & AWARENESS:

OBJECTIVES:

-CONTINUE TO PROVIDE EDUCATION AND HEALTH PROMOTION AND INCREASE PARTICIPATION AMONG DIVERSE AND VULNERABLE POPULATIONS

- SUPPORT PUBLIC HEALTH DEPARTMENTS IN LOCAL PREVENTION AND EMERGENCY INITIATIVES

STRATEGIES:

-CONDUCT OR SUPPORT COMMUNITY-BASED PREVENTIVE HEALTH SCREENINGS WITH A FOCUS ON REACHING DIVERSE AND VULNERABLE POPULATIONS

-LEVERAGE BEST PRACTICE STRATEGIES TO INCREASE RETENTION IN CHRONIC DISEASE MANAGEMENT PROTOCOLS POST DISCHARGE

-CONDUCT OR SUPPORT COMMUNITY-BASED EDUCATION WITH A FOCUS ON DIVERSE AND VULNERABLE POPULATIONS

Part V Facility Information (continued)

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

BUILD CAPACITY:

OBJECTIVES:

-CONTINUE TO ENGAGE, MONITOR AND COORDINATE CARE FOR PATIENTS WITH CHRONIC/COMPLEX CONDITIONS

STRATEGIES:

-SUPPORT CASE MANAGEMENT AND PATIENT NAVIGATION PROGRAMS TO SUPPORT THOSE WITH CHRONIC/COMPLEX CONDITIONS AND THEIR CAREGIVERS

-INCREASE CONNECTIONS TO FOOD, NUTRITION ACCESS FOR IDENTIFIED PATIENTS INCLUDING VULNERABLE POPULATIONS

STRENGTHEN COMMUNITY PARTNERSHIPS:

OBJECTIVES:

-INCREASE, IMPROVE, STRENGTHEN AND EVALUATE PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS

STRATEGIES:

-PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO SUPPORT ACTIVITIES PROMOTING EQUITABLE HEALTHY LIVING FOR ALL

-IDENTIFY AND DEEPEN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS THAT SERVE DIVERSE AND VULNERABLE POPULATIONS

3. ACCESS TO CARE

PREVENTION & AWARENESS:

OBJECTIVES:

-REDUCE COMMON BARRIERS TO ACCESSING HEALTH CARE FOR DIVERSE AND VULNERABLE POPULATIONS

-STRENGTHEN CULTURAL COMPETENCY TRAINING FOR TEAM MEMBERS AND PHYSICIANS

STRATEGIES:

-INCREASE SCREENING FOR SDOH AND MAKE APPROPRIATE REFERRALS TO COMMUNITY-BASED RESOURCES

-INCREASE IMPLICIT BIAS AND CULTURAL COMPETENCY TRAINING AMONGST ALL TEAM MEMBERS

BUILD CAPACITY:

OBJECTIVES:

-HIRE, RETAIN AND PROMOTE A DIVERSE WORKFORCE

-DEVELOP AND LEVERAGE ALTERNATIVE CARE DELIVERY MODELS TO IMPROVE ACCESS TO CARE FOR ALL

STRATEGIES:

-LEVERAGE IMPLEMENTATION OF HEALTH AND WELLNESS CENTERS TO REDUCE BARRIERS TO ACCESSING SPECIALTY CARE AND WELLNESS SERVICES

-CONTINUE TO PROVIDE SUPPORT AND TRAINING FOR REAL AND SOGI DATA COLLECTION TOOLS, METHODS, USE

- PROVIDE EDUCATION AND TRAINING TO STAFF REGARDING SDOH SCREENING TOOL

STRENGTHEN COMMUNITY PARTNERSHIPS:

OBJECTIVES:

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.

-INCREASE, IMPROVE, STRENGTHEN AND EVALUATE PARTNERSHIPS WITH
COMMUNITY-BASED ORGANIZATIONS
STRATEGIES:

-PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO
LEND SUPPORT TO HEALTH EQUITY
-IDENTIFY AND DEEPEN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS THAT
SERVE DIVERSE AND VULNERABLE POPULATIONS

RIVERVIEW MEDICAL CENTER
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THREE SIGNIFICANT HEALTH NEEDS CATEGORIES WERE IDENTIFIED, AS WELL AS
SUB-CATEGORIES BASED ON COMMUNITY FEEDBACK EXERCISES THROUGH THE CHNA
PROCESS.

1. MENTAL WELLBEING, INCLUDING:
 - . "FAIR/POOR" MENTAL HEALTH
 - . SYMPTOMS OF CHRONIC DEPRESSION
 - . MENTAL HEALTH PROVIDER RATIO
 - . RECEIVING TREATMENT FOR MENTAL HEALTH
 - . DIFFICULTY OBTAINING MENTAL HEALTH SERVICES
 - . KEY INFORMANTS: MENTAL HEALTH RANKED AS A TOP CONCERN
 - . UNINTENTIONAL DRUG-RELATED DEATHS
 - . ILLICIT DRUG USE
 - . KEY INFORMANTS: SUBSTANCE ABUSE RANKED AS A TOP CONCERN
2. HEALTHY LIVING, INCLUDING:
 - CANCER
 - DIABETES
 - HEART DISEASE AND STROKE
 - NUTRITION, PHYSICAL ACTIVITY, AND WEIGHT
 - POTENTIALLY DISABLING CONDITIONS
 - RESPIRATORY DISEASE
3. ACCESS TO CARE, INCLUDING:
 - INCONVENIENT OFFICE HOURS
 - APPOINTMENT AVAILABILITY
 - FINDING A PHYSICIAN
 - LACK OF TRANSPORTATION
 - ROUTINE MEDICAL CARE (CHILDREN)

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

1. MENTAL WELLBEING

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.

PREVENTION & AWARENESS:

OBJECTIVES:

- PROVIDE UNIVERSAL BEHAVIORAL HEALTH SCREENINGS FOR PATIENTS
- CONTINUE BEHAVIORAL HEALTH EDUCATION AND INCREASE PARTICIPATION AMONG DIVERSE AND VULNERABLE POPULATIONS
- SUPPORT PUBLIC HEALTH IN LOCAL PREVENTION AND EMERGENCY INITIATIVES

STRATEGIES:

- CONSISTENTLY UTILIZE THE UNIVERSAL BEHAVIORAL HEALTH SCREENING AS A STANDARD ASSESSMENT TOOL
- ORGANIZE LECTURES RELATED TO SUBSTANCE USE/MISUSE, HEALTHY MENTAL, EMOTIONAL AND SOCIAL HEALTH THAT ARE INCLUSIVE AND ACCESSIBLE TO DIVERSE AND VULNERABLE POPULATIONS

BUILD CAPACITY:

OBJECTIVES:

- EXPAND CARE DELIVERY METHODS FOR BEHAVIORAL HEALTHCARE

STRATEGIES:

- INCREASE CARE DELIVERY OPTIONS FOR DIVERSE AND VULNERABLE POPULATIONS

STRENGTHEN COMMUNITY PARTNERSHIPS:

OBJECTIVES:

- INCREASE, STRENGTHEN AND EVALUATE PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS

STRATEGIES:

- PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO LEND SUPPORT TO ACTIVITIES PROMOTING MENTAL WELLNESS FOR ALL
- IDENTIFY AND DEEPEN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS THAT SERVE DIVERSE AND VULNERABLE POPULATIONS

2. HEALTHY LIVING

PREVENTION & AWARENESS:

OBJECTIVES:

- CONTINUE TO PROVIDE EDUCATION AND HEALTH PROMOTION AND INCREASE PARTICIPATION AMONG DIVERSE AND VULNERABLE POPULATIONS
- SUPPORT PUBLIC HEALTH DEPARTMENTS IN LOCAL PREVENTION AND EMERGENCY INITIATIVES

STRATEGIES:

- CONDUCT OR SUPPORT COMMUNITY-BASED PREVENTIVE HEALTH SCREENINGS WITH A FOCUS ON REACHING DIVERSE AND VULNERABLE POPULATIONS
- LEVERAGE BEST PRACTICE STRATEGIES TO INCREASE RETENTION IN CHRONIC DISEASE MANAGEMENT PROTOCOLS POST DISCHARGE
- CONDUCT OR SUPPORT COMMUNITY-BASED EDUCATION WITH A FOCUS ON DIVERSE AND VULNERABLE POPULATIONS

BUILD CAPACITY:

OBJECTIVES:

- CONTINUE TO ENGAGE, MONITOR AND COORDINATE CARE FOR PATIENTS WITH

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.

CHRONIC/COMPLEX CONDITIONS

STRATEGIES:

-SUPPORT CASE MANAGEMENT AND PATIENT NAVIGATION PROGRAMS TO SUPPORT THOSE WITH CHRONIC/COMPLEX CONDITIONS AND THEIR CAREGIVERS
 -INCREASE CONNECTIONS TO FOOD, NUTRITION ACCESS FOR IDENTIFIED PATIENTS INCLUDING VULNERABLE POPULATIONS

STRENGTHEN COMMUNITY PARTNERSHIPS:

OBJECTIVES:

-INCREASE, IMPROVE, STRENGTHEN AND EVALUATE PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS

STRATEGIES:

-PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO SUPPORT ACTIVITIES PROMOTING EQUITABLE HEALTHY LIVING FOR ALL
 -IDENTIFY AND DEEPEN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS THAT SERVE DIVERSE AND VULNERABLE POPULATIONS

3. ACCESS TO CARE

PREVENTION & AWARENESS:

OBJECTIVES:

-REDUCE COMMON BARRIERS TO ACCESSING HEALTH CARE FOR DIVERSE AND VULNERABLE POPULATIONS
 -STRENGTHEN CULTURAL COMPETENCY TRAINING FOR TEAM MEMBERS AND PHYSICIANS

STRATEGIES:

-INCREASE SCREENING FOR SDOH AND MAKE APPROPRIATE REFERRALS TO COMMUNITY-BASED RESOURCES
 -INCREASE IMPLICIT BIAS AND CULTURAL COMPETENCY TRAINING AMONGST ALL TEAM MEMBERS

BUILD CAPACITY:

OBJECTIVES:

-HIRE, RETAIN AND PROMOTE A DIVERSE WORKFORCE
 -DEVELOP AND LEVERAGE ALTERNATIVE CARE DELIVERY MODELS TO IMPROVE ACCESS TO CARE FOR ALL

STRATEGIES:

-LEVERAGE IMPLEMENTATION OF HEALTH AND WELLNESS CENTERS TO REDUCE BARRIERS TO ACCESSING SPECIALTY CARE AND WELLNESS SERVICES
 -CONTINUE TO PROVIDE SUPPORT AND TRAINING FOR REAL AND SOGI DATA COLLECTION TOOLS, METHODS, USE
 - PROVIDE EDUCATION AND TRAINING TO STAFF REGARDING SDOH SCREENING TOOL

STRENGTHEN COMMUNITY PARTNERSHIPS:

OBJECTIVES:

-INCREASE, IMPROVE, STRENGTHEN AND EVALUATE PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS

STRATEGIES:

-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.

LEND SUPPORT TO HEALTH EQUITY

-IDENTIFY AND DEEPEN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS THAT
SERVE DIVERSE AND VULNERABLE POPULATIONS

OCEAN UNIVERSITY MEDICAL CENTER
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THREE SIGNIFICANT HEALTH NEEDS CATEGORIES WERE IDENTIFIED, AS WELL AS
SUB-CATEGORIES BASED ON COMMUNITY FEEDBACK EXERCISES THROUGH THE CHNA
PROCESS.

1. MENTAL WELLBEING, INCLUDING:

- . "FAIR/POOR" MENTAL HEALTH
- . DIAGNOSED DEPRESSION
- . SYMPTOMS OF CHRONIC DEPRESSION
- . MENTAL HEALTH PROVIDER RATIO
- . RECEIVING TREATMENT FOR MENTAL HEALTH
- . KEY INFORMANTS: MENTAL HEALTH RANKED AS A TOP CONCERN
- . DIFFICULTY OBTAINING MENTAL HEALTH SERVICES
- . CIRRHOSIS/LIVER DISEASE DEATHS
- . KEY INFORMANTS: SUBSTANCE ABUSE RANKED AS A TOP CONCERN

2. HEALTHY LIVING, INCLUDING:

- CANCER
- DIABETES
- HEART DISEASE AND STROKE
- INFANT HEALTH AND FAMILY PLANNING
- NUTRITION, PHYSICAL ACTIVITY, AND WEIGHT
- POTENTIALLY DISABLING CONDITIONS
- RESPIRATORY DISEASE
- TOBACCO USE

3. ACCESS TO CARE, INCLUDING:

- INCONVENIENT OFFICE HOURS
- APPOINTMENT AVAILABILITY
- FINDING A PHYSICIAN
- PRIMARY CARE PHYSICIAN RATIO
- STRESS ABOUT RENT/MORTGAGE
- EMERGENCY ROOM UTILIZATION
- SPECIFIC SOURCE OF ONGOING CARE

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

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. MENTAL WELLBEING

PREVENTION & AWARENESS:

OBJECTIVES:

-PROVIDE UNIVERSAL BEHAVIORAL HEALTH SCREENINGS FOR PATIENTS
-CONTINUE BEHAVIORAL HEALTH EDUCATION AND INCREASE PARTICIPATION AMONG DIVERSE AND VULNERABLE POPULATIONS

-SUPPORT PUBLIC HEALTH IN LOCAL PREVENTION AND EMERGENCY INITIATIVES

STRATEGIES:

-CONSISTENTLY UTILIZE THE UNIVERSAL BEHAVIORAL HEALTH SCREENING AS A STANDARD ASSESSMENT TOOL
-ORGANIZE LECTURES RELATED TO SUBSTANCE USE/MISUSE, HEALTHY MENTAL, EMOTIONAL AND SOCIAL HEALTH THAT ARE INCLUSIVE AND ACCESSIBLE TO DIVERSE AND VULNERABLE POPULATIONS

BUILD CAPACITY:

OBJECTIVES:

-EXPAND CARE DELIVERY METHODS FOR BEHAVIORAL HEALTHCARE

STRATEGIES:

-INCREASE CARE DELIVERY OPTIONS FOR DIVERSE AND VULNERABLE POPULATIONS

STRENGTHEN COMMUNITY PARTNERSHIPS:

OBJECTIVES:

-INCREASE, STRENGTHEN AND EVALUATE PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS

STRATEGIES:

-PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO LEND SUPPORT TO ACTIVITIES PROMOTING MENTAL WELLNESS FOR ALL
-IDENTIFY AND DEEPEN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS THAT SERVE DIVERSE AND VULNERABLE POPULATIONS

2. HEALTHY LIVING

PREVENTION & AWARENESS:

OBJECTIVES:

-CONTINUE TO PROVIDE EDUCATION AND HEALTH PROMOTION AND INCREASE PARTICIPATION AMONG DIVERSE AND VULNERABLE POPULATIONS

- SUPPORT PUBLIC HEALTH DEPARTMENTS IN LOCAL PREVENTION AND EMERGENCY INITIATIVES

STRATEGIES:

-CONDUCT OR SUPPORT COMMUNITY-BASED PREVENTIVE HEALTH SCREENINGS WITH A FOCUS ON REACHING DIVERSE AND VULNERABLE POPULATIONS

-LEVERAGE BEST PRACTICE STRATEGIES TO INCREASE RETENTION IN CHRONIC DISEASE MANAGEMENT PROTOCOLS POST DISCHARGE

-CONDUCT OR SUPPORT COMMUNITY-BASED EDUCATION WITH A FOCUS ON DIVERSE AND VULNERABLE POPULATIONS

Part V Facility Information (continued)

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

BUILD CAPACITY:

OBJECTIVES:

-CONTINUE TO ENGAGE, MONITOR AND COORDINATE CARE FOR PATIENTS WITH CHRONIC/COMPLEX CONDITIONS

STRATEGIES:

-SUPPORT CASE MANAGEMENT AND PATIENT NAVIGATION PROGRAMS TO SUPPORT THOSE WITH CHRONIC/COMPLEX CONDITIONS AND THEIR CAREGIVERS

-INCREASE CONNECTIONS TO FOOD, NUTRITION ACCESS FOR IDENTIFIED PATIENTS INCLUDING VULNERABLE POPULATIONS

STRENGTHEN COMMUNITY PARTNERSHIPS:

OBJECTIVES:

-INCREASE, IMPROVE, STRENGTHEN AND EVALUATE PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS

STRATEGIES:

-PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO SUPPORT ACTIVITIES PROMOTING EQUITABLE HEALTHY LIVING FOR ALL

-IDENTIFY AND DEEPEN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS THAT SERVE DIVERSE AND VULNERABLE POPULATIONS

3. ACCESS TO CARE

PREVENTION & AWARENESS:

OBJECTIVES:

-REDUCE COMMON BARRIERS TO ACCESSING HEALTH CARE FOR DIVERSE AND VULNERABLE POPULATIONS

-STRENGTHEN CULTURAL COMPETENCY TRAINING FOR TEAM MEMBERS AND PHYSICIANS

STRATEGIES:

-INCREASE SCREENING FOR SDOH AND MAKE APPROPRIATE REFERRALS TO COMMUNITY-BASED RESOURCES

-INCREASE IMPLICIT BIAS AND CULTURAL COMPETENCY TRAINING AMONGST ALL TEAM MEMBERS

BUILD CAPACITY:

OBJECTIVES:

-HIRE, RETAIN AND PROMOTE A DIVERSE WORKFORCE

-DEVELOP AND LEVERAGE ALTERNATIVE CARE DELIVERY MODELS TO IMPROVE ACCESS TO CARE FOR ALL

STRATEGIES:

-LEVERAGE IMPLEMENTATION OF HEALTH AND WELLNESS CENTERS TO REDUCE BARRIERS TO ACCESSING SPECIALTY CARE AND WELLNESS SERVICES

-CONTINUE TO PROVIDE SUPPORT AND TRAINING FOR REAL AND SOGI DATA COLLECTION TOOLS, METHODS, USE

- PROVIDE EDUCATION AND TRAINING TO STAFF REGARDING SDOH SCREENING TOOL

STRENGTHEN COMMUNITY PARTNERSHIPS:

OBJECTIVES:

-INCREASE, IMPROVE, STRENGTHEN AND EVALUATE PARTNERSHIPS WITH

Part V Facility Information (continued)

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

COMMUNITY-BASED ORGANIZATIONS
STRATEGIES:

- PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO LEND SUPPORT TO HEALTH EQUITY
- IDENTIFY AND DEEPEN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS THAT SERVE DIVERSE AND VULNERABLE POPULATIONS

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THREE SIGNIFICANT HEALTH NEEDS CATEGORIES WERE IDENTIFIED, AS WELL AS SUB-CATEGORIES BASED ON COMMUNITY FEEDBACK EXERCISES THROUGH THE CHNA PROCESS.

1. MENTAL WELLBEING, INCLUDING:
 - . "FAIR/POOR" MENTAL HEALTH
 - . DIAGNOSED DEPRESSION
 - . SYMPTOMS OF CHRONIC DEPRESSION
 - . MENTAL HEALTH PROVIDER RATIO
 - . RECEIVING TREATMENT FOR MENTAL HEALTH
 - . KEY INFORMANTS: MENTAL HEALTH RANKED AS A TOP CONCERN
 - . UNINTENTIONAL DRUG-RELATED DEATHS
 - . PERSONALLY IMPACTED BY SUBSTANCE ABUSE (SELF OR OTHERS)
 - . KEY INFORMANTS: SUBSTANCE ABUSE RANKED AS A TOP CONCERN
2. HEALTHY LIVING, INCLUDING:
 - CANCER
 - DIABETES
 - HEART DISEASE AND STROKE
 - INFANT HEALTH AND FAMILY PLANNING
 - NUTRITION, PHYSICAL ACTIVITY, AND WEIGHT
 - POTENTIALLY DISABLING CONDITIONS
 - RESPIRATORY DISEASE
 - INJURY AND VIOLENCE
3. ACCESS TO CARE, INCLUDING:
 - APPOINTMENT AVAILABILITY
 - FINDING A PHYSICIAN
 - PRIMARY CARE PHYSICIAN RATIO
 - SKIPPING/STRETCHING PRESCRIPTIONS
 - RATINGS OF LOCAL HEALTH CARE

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

1. MENTAL WELLBEING

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.

PREVENTION & AWARENESS:

OBJECTIVES:

-PROVIDE UNIVERSAL BEHAVIORAL HEALTH SCREENINGS FOR PATIENTS
 -CONTINUE BEHAVIORAL HEALTH EDUCATION AND INCREASE PARTICIPATION AMONG DIVERSE AND VULNERABLE POPULATIONS

-SUPPORT PUBLIC HEALTH IN LOCAL PREVENTION AND EMERGENCY INITIATIVES
 STRATEGIES:

-CONSISTENTLY UTILIZE THE UNIVERSAL BEHAVIORAL HEALTH SCREENING AS A STANDARD ASSESSMENT TOOL
 -ORGANIZE LECTURES RELATED TO SUBSTANCE USE/MISUSE, HEALTHY MENTAL, EMOTIONAL AND SOCIAL HEALTH THAT ARE INCLUSIVE AND ACCESSIBLE TO DIVERSE AND VULNERABLE POPULATIONS

BUILD CAPACITY:

OBJECTIVES:

-EXPAND CARE DELIVERY METHODS FOR BEHAVIORAL HEALTHCARE

STRATEGIES:

-INCREASE CARE DELIVERY OPTIONS FOR DIVERSE AND VULNERABLE POPULATIONS

STRENGTHEN COMMUNITY PARTNERSHIPS:

OBJECTIVES:

-INCREASE, STRENGTHEN AND EVALUATE PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS

STRATEGIES:

-PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO LEND SUPPORT TO ACTIVITIES PROMOTING MENTAL WELLNESS FOR ALL
 -IDENTIFY AND DEEPEN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS THAT SERVE DIVERSE AND VULNERABLE POPULATIONS

2. HEALTHY LIVING

PREVENTION & AWARENESS:

OBJECTIVES:

-CONTINUE TO PROVIDE EDUCATION AND HEALTH PROMOTION AND INCREASE PARTICIPATION AMONG DIVERSE AND VULNERABLE POPULATIONS
 - SUPPORT PUBLIC HEALTH DEPARTMENTS IN LOCAL PREVENTION AND EMERGENCY INITIATIVES

STRATEGIES:

-CONDUCT OR SUPPORT COMMUNITY-BASED PREVENTIVE HEALTH SCREENINGS WITH A FOCUS ON REACHING DIVERSE AND VULNERABLE POPULATIONS
 -LEVERAGE BEST PRACTICE STRATEGIES TO INCREASE RETENTION IN CHRONIC DISEASE MANAGEMENT PROTOCOLS POST DISCHARGE
 -CONDUCT OR SUPPORT COMMUNITY-BASED EDUCATION WITH A FOCUS ON DIVERSE AND VULNERABLE POPULATIONS

BUILD CAPACITY:

OBJECTIVES:

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.

-CONTINUE TO ENGAGE, MONITOR AND COORDINATE CARE FOR PATIENTS WITH CHRONIC/COMPLEX CONDITIONS

STRATEGIES:

-SUPPORT CASE MANAGEMENT AND PATIENT NAVIGATION PROGRAMS TO SUPPORT THOSE WITH CHRONIC/COMPLEX CONDITIONS AND THEIR CAREGIVERS

-INCREASE CONNECTIONS TO FOOD, NUTRITION ACCESS FOR IDENTIFIED PATIENTS INCLUDING VULNERABLE POPULATIONS

STRENGTHEN COMMUNITY PARTNERSHIPS:

OBJECTIVES:

-INCREASE, IMPROVE, STRENGTHEN AND EVALUATE PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS

STRATEGIES:

-PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO SUPPORT ACTIVITIES PROMOTING EQUITABLE HEALTHY LIVING FOR ALL

-IDENTIFY AND DEEPEN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS THAT SERVE DIVERSE AND VULNERABLE POPULATIONS

3. ACCESS TO CARE

PREVENTION & AWARENESS:

OBJECTIVES:

-REDUCE COMMON BARRIERS TO ACCESSING HEALTH CARE FOR DIVERSE AND VULNERABLE POPULATIONS

-STRENGTHEN CULTURAL COMPETENCY TRAINING FOR TEAM MEMBERS AND PHYSICIANS

STRATEGIES:

-INCREASE SCREENING FOR SDOH AND MAKE APPROPRIATE REFERRALS TO COMMUNITY-BASED RESOURCES

-INCREASE IMPLICIT BIAS AND CULTURAL COMPETENCY TRAINING AMONGST ALL TEAM MEMBERS

BUILD CAPACITY:

OBJECTIVES:

-HIRE, RETAIN AND PROMOTE A DIVERSE WORKFORCE

-DEVELOP AND LEVERAGE ALTERNATIVE CARE DELIVERY MODELS TO IMPROVE ACCESS TO CARE FOR ALL

STRATEGIES:

-LEVERAGE IMPLEMENTATION OF HEALTH AND WELLNESS CENTERS TO REDUCE BARRIERS TO ACCESSING SPECIALTY CARE AND WELLNESS SERVICES

-CONTINUE TO PROVIDE SUPPORT AND TRAINING FOR REAL AND SOGI DATA COLLECTION TOOLS, METHODS, USE

- PROVIDE EDUCATION AND TRAINING TO STAFF REGARDING SDOH SCREENING TOOL

STRENGTHEN COMMUNITY PARTNERSHIPS:

OBJECTIVES:

-INCREASE, IMPROVE, STRENGTHEN AND EVALUATE PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS

STRATEGIES:

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.

-PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO
LEND SUPPORT TO HEALTH EQUITY
-IDENTIFY AND DEEPEN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS THAT
SERVE DIVERSE AND VULNERABLE POPULATIONS

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TWO SIGNIFICANT HEALTH NEEDS CATEGORIES WERE IDENTIFIED, AS WELL AS
SUB-CATEGORIES BASED ON COMMUNITY FEEDBACK EXERCISES THROUGH THE CHNA
PROCESS.

1. HEALTHY LIVING, INCLUDING:
 - CANCER
 - DIABETES
 - HEART DISEASE AND STROKE
 - NUTRITION, PHYSICAL ACTIVITY, AND WEIGHT
 - POTENTIALLY DISABLING CONDITIONS
 - RESPIRATORY DISEASE
 - TOBACCO USE
2. ACCESS TO CARE, INCLUDING:
 - APPOINTMENT AVAILABILITY
 - FINDING A PHYSICIAN
 - PRIMARY CARE PHYSICIAN RATIO
 - SKIPPING/STRETCHING PRESCRIPTIONS
 - RATINGS OF LOCAL HEALTH CARE

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

1. HEALTHY LIVING

PREVENTION & AWARENESS:

OBJECTIVES:

- CONTINUE TO PROVIDE EDUCATION AND HEALTH PROMOTION AND INCREASE
PARTICIPATION AMONG DIVERSE AND VULNERABLE POPULATIONS
- SUPPORT PUBLIC HEALTH DEPARTMENTS IN LOCAL PREVENTION AND EMERGENCY
INITIATIVES

STRATEGIES:

- CONDUCT OR SUPPORT COMMUNITY-BASED PREVENTIVE HEALTH SCREENINGS WITH A
FOCUS ON REACHING DIVERSE AND VULNERABLE POPULATIONS
- CONDUCT OR SUPPORT COMMUNITY-BASED EDUCATION WITH A FOCUS ON DIVERSE AND

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.

VULNERABLE POPULATIONS

BUILD CAPACITY:

OBJECTIVES:

-CONTINUE TO ENGAGE, MONITOR AND COORDINATE CARE FOR PATIENTS WITH CHRONIC/COMPLEX CONDITIONS

STRATEGIES:

-SUPPORT CASE MANAGEMENT AND PATIENT NAVIGATION PROGRAMS TO SUPPORT THOSE WITH CHRONIC/COMPLEX CONDITIONS AND THEIR CAREGIVERS

STRENGTHEN COMMUNITY PARTNERSHIPS:

OBJECTIVES:

-INCREASE, IMPROVE, STRENGTHEN AND EVALUATE PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS

STRATEGIES:

-PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO SUPPORT ACTIVITIES PROMOTING EQUITABLE HEALTHY LIVING FOR ALL
 -IDENTIFY AND DEEPEN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS THAT SERVE DIVERSE AND VULNERABLE POPULATIONS

2. ACCESS TO CARE

PREVENTION & AWARENESS:

OBJECTIVES:

-REDUCE COMMON BARRIERS TO ACCESSING HEALTH CARE FOR DIVERSE AND VULNERABLE POPULATIONS

-STRENGTHEN CULTURAL COMPETENCY TRAINING FOR TEAM MEMBERS AND PHYSICIANS

STRATEGIES:

-INCREASE IMPLICIT BIAS AND CULTURAL COMPETENCY TRAINING AMONGST ALL TEAM MEMBERS

BUILD CAPACITY:

OBJECTIVES:

-HIRE, RETAIN AND PROMOTE A DIVERSE WORKFORCE

-DEVELOP AND LEVERAGE ALTERNATIVE CARE DELIVERY MODELS TO IMPROVE ACCESS TO CARE FOR ALL

STRATEGIES:

-LEVERAGE IMPLEMENTATION OF HEALTH AND WELLNESS CENTERS TO REDUCE BARRIERS TO ACCESSING SPECIALTY CARE AND WELLNESS SERVICES

-CONTINUE TO PROVIDE SUPPORT AND TRAINING FOR REAL AND SOGI DATA COLLECTION TOOLS, METHODS, USE

- PROVIDE EDUCATION AND TRAINING TO STAFF REGARDING SDOH SCREENING TOOL

STRENGTHEN COMMUNITY PARTNERSHIPS:

OBJECTIVES:

-INCREASE, IMPROVE, STRENGTHEN AND EVALUATE PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS

STRATEGIES:

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.

-PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO
LEND SUPPORT TO HEALTH EQUITY
-IDENTIFY AND DEEPEN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS THAT
SERVE DIVERSE AND VULNERABLE POPULATIONS

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THREE SIGNIFICANT HEALTH NEEDS CATEGORIES WERE IDENTIFIED, AS WELL AS
SUB-CATEGORIES BASED ON COMMUNITY FEEDBACK EXERCISES THROUGH THE CHNA
PROCESS.

1. MENTAL WELLBEING, INCLUDING:
 - . "FAIR/POOR" MENTAL HEALTH
 - . SYMPTOMS OF CHRONIC DEPRESSION
 - . MENTAL HEALTH PROVIDER RATIO
 - . CIRRHOSIS/LIVER DISEASE DEATHS
 - . KEY INFORMANTS: MENTAL HEALTH RANKED AS A TOP CONCERN
 - . UNINTENTIONAL DRUG-RELATED DEATHS
 - . ILLICIT DRUG USE
 - . KEY INFORMANTS: SUBSTANCE ABUSE RANKED AS A TOP CONCERN
2. HEALTHY LIVING, INCLUDING:
 - CANCER
 - DIABETES
 - HEART DISEASE AND STROKE
 - NUTRITION, PHYSICAL ACTIVITY, AND WEIGHT
 - POTENTIALLY DISABLING CONDITIONS
 - RESPIRATORY DISEASE
3. ACCESS TO CARE, INCLUDING:
 - INCONVENIENT OFFICE HOUR
 - COST OF PRESCRIPTIONS
 - COST OF PHYSICIAN VISITS
 - APPOINTMENT AVAILABILITY
 - FINDING A PHYSICIAN
 - RATINGS OF LOCAL HEALTH CARE
 - LINGUISTIC ISOLATION

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

1. MENTAL WELLBEING

PREVENTION & AWARENESS:

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.

OBJECTIVES:

- PROVIDE UNIVERSAL BEHAVIORAL HEALTH SCREENINGS FOR PATIENTS
- CONTINUE BEHAVIORAL HEALTH EDUCATION AND INCREASE PARTICIPATION AMONG DIVERSE AND VULNERABLE POPULATIONS
- SUPPORT PUBLIC HEALTH IN LOCAL PREVENTION AND EMERGENCY INITIATIVES

STRATEGIES:

- CONSISTENTLY UTILIZE THE UNIVERSAL BEHAVIORAL HEALTH SCREENING AS A STANDARD ASSESSMENT TOOL
- ORGANIZE LECTURES RELATED TO SUBSTANCE USE/MISUSE, HEALTHY MENTAL, EMOTIONAL AND SOCIAL HEALTH THAT ARE INCLUSIVE AND ACCESSIBLE TO DIVERSE AND VULNERABLE POPULATIONS

BUILD CAPACITY:

OBJECTIVES:

- EXPAND CARE DELIVERY METHODS FOR BEHAVIORAL HEALTHCARE

STRATEGIES:

- INCREASE CARE DELIVERY OPTIONS FOR DIVERSE AND VULNERABLE POPULATIONS

STRENGTHEN COMMUNITY PARTNERSHIPS:

OBJECTIVES:

- INCREASE, STRENGTHEN AND EVALUATE PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS

STRATEGIES:

- PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO LEND SUPPORT TO ACTIVITIES PROMOTING MENTAL WELLNESS FOR ALL
- IDENTIFY AND DEEPEN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS THAT SERVE DIVERSE AND VULNERABLE POPULATIONS

2. HEALTHY LIVING

PREVENTION & AWARENESS:

OBJECTIVES:

- CONTINUE TO PROVIDE EDUCATION AND HEALTH PROMOTION AND INCREASE PARTICIPATION AMONG DIVERSE AND VULNERABLE POPULATIONS
- SUPPORT PUBLIC HEALTH DEPARTMENTS IN LOCAL PREVENTION AND EMERGENCY INITIATIVES

STRATEGIES:

- CONDUCT OR SUPPORT COMMUNITY-BASED PREVENTIVE HEALTH SCREENINGS WITH A FOCUS ON REACHING DIVERSE AND VULNERABLE POPULATIONS
- LEVERAGE BEST PRACTICE STRATEGIES TO INCREASE RETENTION IN CHRONIC DISEASE MANAGEMENT PROTOCOLS POST DISCHARGE
- CONDUCT OR SUPPORT COMMUNITY-BASED EDUCATION WITH A FOCUS ON DIVERSE AND VULNERABLE POPULATIONS

BUILD CAPACITY:

OBJECTIVES:

- CONTINUE TO ENGAGE, MONITOR AND COORDINATE CARE FOR PATIENTS WITH 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.

STRATEGIES:

-SUPPORT CASE MANAGEMENT AND PATIENT NAVIGATION PROGRAMS TO SUPPORT THOSE WITH CHRONIC/COMPLEX CONDITIONS AND THEIR CAREGIVERS
 -INCREASE CONNECTIONS TO FOOD, NUTRITION ACCESS FOR IDENTIFIED PATIENTS INCLUDING VULNERABLE POPULATIONS

STRENGTHEN COMMUNITY PARTNERSHIPS:

OBJECTIVES:

-INCREASE, IMPROVE, STRENGTHEN AND EVALUATE PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS

STRATEGIES:

-PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO SUPPORT ACTIVITIES PROMOTING EQUITABLE HEALTHY LIVING FOR ALL
 -IDENTIFY AND DEEPEN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS THAT SERVE DIVERSE AND VULNERABLE POPULATIONS

3. ACCESS TO CARE

PREVENTION & AWARENESS:

OBJECTIVES:

-REDUCE COMMON BARRIERS TO ACCESSING HEALTH CARE FOR DIVERSE AND VULNERABLE POPULATIONS
 -STRENGTHEN CULTURAL COMPETENCY TRAINING FOR TEAM MEMBERS AND PHYSICIANS

STRATEGIES:

-INCREASE SCREENING FOR SDOH AND MAKE APPROPRIATE REFERRALS TO COMMUNITY-BASED RESOURCES
 -INCREASE IMPLICIT BIAS AND CULTURAL COMPETENCY TRAINING AMONGST ALL TEAM MEMBERS

BUILD CAPACITY:

OBJECTIVES:

-HIRE, RETAIN AND PROMOTE A DIVERSE WORKFORCE
 -DEVELOP AND LEVERAGE ALTERNATIVE CARE DELIVERY MODELS TO IMPROVE ACCESS TO CARE FOR ALL

STRATEGIES:

-LEVERAGE IMPLEMENTATION OF HEALTH AND WELLNESS CENTERS TO REDUCE BARRIERS TO ACCESSING SPECIALTY CARE AND WELLNESS SERVICES
 -CONTINUE TO PROVIDE SUPPORT AND TRAINING FOR REAL AND SOGI DATA COLLECTION TOOLS, METHODS, USE
 - PROVIDE EDUCATION AND TRAINING TO STAFF REGARDING SDOH SCREENING TOOL

STRENGTHEN COMMUNITY PARTNERSHIPS:

OBJECTIVES:

-INCREASE, IMPROVE, STRENGTHEN AND EVALUATE PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS

STRATEGIES:

-PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO LEND SUPPORT TO HEALTH EQUITY

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.

-IDENTIFY AND DEEPEN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS THAT SERVE DIVERSE AND VULNERABLE POPULATIONS

JFK JOHNSON REHABILITATION INSTITUTE
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TWO SIGNIFICANT HEALTH NEEDS CATEGORIES WERE IDENTIFIED, AS WELL AS SUB-CATEGORIES BASED ON COMMUNITY FEEDBACK EXERCISES THROUGH THE CHNA PROCESS.

1. HEALTHY LIVING, INCLUDING:
 - CANCER
 - DIABETES
 - HEART DISEASE AND STROKE
 - NUTRITION, PHYSICAL ACTIVITY, AND WEIGHT
 - POTENTIALLY DISABLING CONDITIONS
 - RESPIRATORY DISEASE
2. ACCESS TO CARE, INCLUDING:
 - INCONVENIENT OFFICE HOURS
 - COST OF PRESCRIPTIONS
 - COST OF PHYSICIAN VISITS
 - APPOINTMENT AVAILABILITY
 - FINDING A PHYSICIAN
 - RATINGS OF LOCAL HEALTH CARE
 - LINGUISTIC ISOLATION

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

1. HEALTHY LIVING

PREVENTION & AWARENESS:

OBJECTIVES:

- CONTINUE TO PROVIDE EDUCATION AND HEALTH PROMOTION AND INCREASE PARTICIPATION AMONG DIVERSE AND VULNERABLE POPULATIONS
- SUPPORT PUBLIC HEALTH DEPARTMENTS IN LOCAL PREVENTION AND EMERGENCY INITIATIVES

STRATEGIES:

- CONDUCT OR SUPPORT COMMUNITY-BASED PREVENTIVE HEALTH SCREENINGS WITH A FOCUS ON REACHING DIVERSE AND VULNERABLE POPULATIONS
- CONDUCT OR SUPPORT COMMUNITY-BASED EDUCATION WITH A FOCUS ON DIVERSE AND

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.

VULNERABLE POPULATIONS

BUILD CAPACITY:

OBJECTIVES:

-CONTINUE TO ENGAGE, MONITOR AND COORDINATE CARE FOR PATIENTS WITH CHRONIC/COMPLEX CONDITIONS

STRATEGIES:

-SUPPORT CASE MANAGEMENT AND PATIENT NAVIGATION PROGRAMS TO SUPPORT THOSE WITH CHRONIC/COMPLEX CONDITIONS AND THEIR CAREGIVERS

STRENGTHEN COMMUNITY PARTNERSHIPS:

OBJECTIVES:

-INCREASE, IMPROVE, STRENGTHEN AND EVALUATE PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS

STRATEGIES:

-PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO SUPPORT ACTIVITIES PROMOTING EQUITABLE HEALTHY LIVING FOR ALL
 -IDENTIFY AND DEEPEN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS THAT SERVE DIVERSE AND VULNERABLE POPULATIONS

2. ACCESS TO CARE

PREVENTION & AWARENESS:

OBJECTIVES:

-REDUCE COMMON BARRIERS TO ACCESSING HEALTH CARE FOR DIVERSE AND VULNERABLE POPULATIONS

-STRENGTHEN CULTURAL COMPETENCY TRAINING FOR TEAM MEMBERS AND PHYSICIANS

STRATEGIES:

-INCREASE IMPLICIT BIAS AND CULTURAL COMPETENCY TRAINING AMONGST ALL TEAM MEMBERS

BUILD CAPACITY:

OBJECTIVES:

-HIRE, RETAIN AND PROMOTE A DIVERSE WORKFORCE

-DEVELOP AND LEVERAGE ALTERNATIVE CARE DELIVERY MODELS TO IMPROVE ACCESS TO CARE FOR ALL

STRATEGIES:

-LEVERAGE IMPLEMENTATION OF HEALTH AND WELLNESS CENTERS TO REDUCE BARRIERS TO ACCESSING SPECIALTY CARE AND WELLNESS SERVICES

-CONTINUE TO PROVIDE SUPPORT AND TRAINING FOR REAL AND SOGI DATA COLLECTION TOOLS, METHODS, USE

- PROVIDE EDUCATION AND TRAINING TO STAFF REGARDING SDOH SCREENING TOOL

STRENGTHEN COMMUNITY PARTNERSHIPS:

OBJECTIVES:

-INCREASE, IMPROVE, STRENGTHEN AND EVALUATE PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS

STRATEGIES:

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.

-PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO
LEND SUPPORT TO HEALTH EQUITY
-IDENTIFY AND DEEPEN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS THAT
SERVE DIVERSE AND VULNERABLE POPULATIONS

RARITAN BAY MEDICAL CENTER
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THREE SIGNIFICANT HEALTH NEEDS CATEGORIES WERE IDENTIFIED, AS WELL AS
SUB-CATEGORIES BASED ON COMMUNITY FEEDBACK EXERCISES THROUGH THE CHNA
PROCESS.

1. MENTAL WELLBEING, INCLUDING:
 - . "FAIR/POOR" MENTAL HEALTH
 - . SYMPTOMS OF CHRONIC DEPRESSION
 - . MENTAL HEALTH PROVIDER RATIO
 - . DIFFICULTY OBTAINING MENTAL HEALTH SERVICES
 - . RECEIVING TREATMENT FOR MENTAL HEALTH
 - . KEY INFORMANTS: MENTAL HEALTH RANKED AS A TOP CONCERN
 - . CIRRHOSIS/LIVER DISEASE DEATHS
 - . ILLICIT DRUG USE
 - . KEY INFORMANTS: SUBSTANCE ABUSE RANKED AS A TOP CONCERN
2. HEALTHY LIVING, INCLUDING:
 - CANCER
 - DIABETES
 - HEART DISEASE AND STROKE
 - NUTRITION, PHYSICAL ACTIVITY, AND WEIGHT
 - POTENTIALLY DISABLING CONDITIONS
 - RESPIRATORY DISEASE
 - TOBACCO USE
3. ACCESS TO CARE, INCLUDING:
 - INCONVENIENT OFFICE HOURS
 - APPOINTMENT AVAILABILITY
 - FINDING A PHYSICIAN
 - RATINGS OF LOCAL HEALTH CARE
 - SPECIFIC SOURCE OF ONGOING CARE
 - LINGUISTIC ISOLATION

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

1. MENTAL WELLBEING

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.

PREVENTION & AWARENESS:

OBJECTIVES:

- PROVIDE UNIVERSAL BEHAVIORAL HEALTH SCREENINGS FOR PATIENTS
- CONTINUE BEHAVIORAL HEALTH EDUCATION AND INCREASE PARTICIPATION AMONG DIVERSE AND VULNERABLE POPULATIONS
- SUPPORT PUBLIC HEALTH IN LOCAL PREVENTION AND EMERGENCY INITIATIVES

STRATEGIES:

- CONSISTENTLY UTILIZE THE UNIVERSAL BEHAVIORAL HEALTH SCREENING AS A STANDARD ASSESSMENT TOOL
- ORGANIZE LECTURES RELATED TO SUBSTANCE USE/MISUSE, HEALTHY MENTAL, EMOTIONAL AND SOCIAL HEALTH THAT ARE INCLUSIVE AND ACCESSIBLE TO DIVERSE AND VULNERABLE POPULATIONS

BUILD CAPACITY:

OBJECTIVES:

- EXPAND CARE DELIVERY METHODS FOR BEHAVIORAL HEALTHCARE

STRATEGIES:

- INCREASE CARE DELIVERY OPTIONS FOR DIVERSE AND VULNERABLE POPULATIONS

STRENGTHEN COMMUNITY PARTNERSHIPS:

OBJECTIVES:

- INCREASE, STRENGTHEN AND EVALUATE PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS

STRATEGIES:

- PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO LEND SUPPORT TO ACTIVITIES PROMOTING MENTAL WELLNESS FOR ALL
- IDENTIFY AND DEEPEN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS THAT SERVE DIVERSE AND VULNERABLE POPULATIONS

2. HEALTHY LIVING

PREVENTION & AWARENESS:

OBJECTIVES:

- CONTINUE TO PROVIDE EDUCATION AND HEALTH PROMOTION AND INCREASE PARTICIPATION AMONG DIVERSE AND VULNERABLE POPULATIONS
- SUPPORT PUBLIC HEALTH DEPARTMENTS IN LOCAL PREVENTION AND EMERGENCY INITIATIVES

STRATEGIES:

- CONDUCT OR SUPPORT COMMUNITY-BASED PREVENTIVE HEALTH SCREENINGS WITH A FOCUS ON REACHING DIVERSE AND VULNERABLE POPULATIONS
- LEVERAGE BEST PRACTICE STRATEGIES TO INCREASE RETENTION IN CHRONIC DISEASE MANAGEMENT PROTOCOLS POST DISCHARGE
- CONDUCT OR SUPPORT COMMUNITY-BASED EDUCATION WITH A FOCUS ON DIVERSE AND VULNERABLE POPULATIONS

BUILD CAPACITY:

OBJECTIVES:

- CONTINUE TO ENGAGE, MONITOR AND COORDINATE CARE FOR PATIENTS WITH

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.

CHRONIC/COMPLEX CONDITIONS

STRATEGIES:

-SUPPORT CASE MANAGEMENT AND PATIENT NAVIGATION PROGRAMS TO SUPPORT THOSE WITH CHRONIC/COMPLEX CONDITIONS AND THEIR CAREGIVERS
 -INCREASE CONNECTIONS TO FOOD, NUTRITION ACCESS FOR IDENTIFIED PATIENTS INCLUDING VULNERABLE POPULATIONS

STRENGTHEN COMMUNITY PARTNERSHIPS:

OBJECTIVES:

-INCREASE, IMPROVE, STRENGTHEN AND EVALUATE PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS

STRATEGIES:

-PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO SUPPORT ACTIVITIES PROMOTING EQUITABLE HEALTHY LIVING FOR ALL
 -IDENTIFY AND DEEPEN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS THAT SERVE DIVERSE AND VULNERABLE POPULATIONS

3. ACCESS TO CARE

PREVENTION & AWARENESS:

OBJECTIVES:

-REDUCE COMMON BARRIERS TO ACCESSING HEALTH CARE FOR DIVERSE AND VULNERABLE POPULATIONS
 -STRENGTHEN CULTURAL COMPETENCY TRAINING FOR TEAM MEMBERS AND PHYSICIANS

STRATEGIES:

-INCREASE SCREENING FOR SDOH AND MAKE APPROPRIATE REFERRALS TO COMMUNITY-BASED RESOURCES
 -INCREASE IMPLICIT BIAS AND CULTURAL COMPETENCY TRAINING AMONGST ALL TEAM MEMBERS

BUILD CAPACITY:

OBJECTIVES:

-HIRE, RETAIN AND PROMOTE A DIVERSE WORKFORCE
 -DEVELOP AND LEVERAGE ALTERNATIVE CARE DELIVERY MODELS TO IMPROVE ACCESS TO CARE FOR ALL

STRATEGIES:

-LEVERAGE IMPLEMENTATION OF HEALTH AND WELLNESS CENTERS TO REDUCE BARRIERS TO ACCESSING SPECIALTY CARE AND WELLNESS SERVICES
 -CONTINUE TO PROVIDE SUPPORT AND TRAINING FOR REAL AND SOGI DATA COLLECTION TOOLS, METHODS, USE
 - PROVIDE EDUCATION AND TRAINING TO STAFF REGARDING SDOH SCREENING TOOL

STRENGTHEN COMMUNITY PARTNERSHIPS:

OBJECTIVES:

-INCREASE, IMPROVE, STRENGTHEN AND EVALUATE PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS

STRATEGIES:

-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.

LEND SUPPORT TO HEALTH EQUITY

-IDENTIFY AND DEEPEN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS THAT
SERVE DIVERSE AND VULNERABLE POPULATIONS

OLD BRIDGE MEDICAL CENTER
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THREE SIGNIFICANT HEALTH NEEDS CATEGORIES WERE IDENTIFIED, AS WELL AS
SUB-CATEGORIES BASED ON COMMUNITY FEEDBACK EXERCISES THROUGH THE CHNA
PROCESS.

1. MENTAL WELLBEING, INCLUDING:
 - . "FAIR/POOR" MENTAL HEALTH
 - . DIAGNOSED DEPRESSION
 - . SYMPTOMS OF CHRONIC DEPRESSION
 - . MENTAL HEALTH PROVIDER RATIO
 - . DIFFICULTY OBTAINING MENTAL HEALTH SERVICES
 - . KEY INFORMANTS: MENTAL HEALTH RANKED AS A TOP CONCERN
 - . CIRRHOSIS/LIVER DISEASE DEATHS
 - . UNINTENTIONAL DRUG-RELATED DEATHS
 - . KEY INFORMANTS: SUBSTANCE ABUSE RANKED AS A TOP CONCERN
2. HEALTHY LIVING, INCLUDING:
 - CANCER
 - DIABETES
 - HEART DISEASE AND STROKE
 - NUTRITION, PHYSICAL ACTIVITY, AND WEIGHT
 - POTENTIALLY DISABLING CONDITIONS
 - RESPIRATORY DISEASE
3. ACCESS TO CARE, INCLUDING:
 - INCONVENIENT OFFICE HOURS
 - APPOINTMENT AVAILABILITY
 - FINDING A PHYSICIAN
 - DIFFICULTY ACCESSING CHILDREN'S HEALTH CARE
 - LINGUISTIC ISOLATION

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

1. MENTAL WELLBEING

PREVENTION & AWARENESS:
OBJECTIVES:

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 UNIVERSAL BEHAVIORAL HEALTH SCREENINGS FOR PATIENTS
 -CONTINUE BEHAVIORAL HEALTH EDUCATION AND INCREASE PARTICIPATION AMONG DIVERSE AND VULNERABLE POPULATIONS
 -SUPPORT PUBLIC HEALTH IN LOCAL PREVENTION AND EMERGENCY INITIATIVES
 STRATEGIES:
 -CONSISTENTLY UTILIZE THE UNIVERSAL BEHAVIORAL HEALTH SCREENING AS A STANDARD ASSESSMENT TOOL
 -ORGANIZE LECTURES RELATED TO SUBSTANCE USE/MISUSE, HEALTHY MENTAL, EMOTIONAL AND SOCIAL HEALTH THAT ARE INCLUSIVE AND ACCESSIBLE TO DIVERSE AND VULNERABLE POPULATIONS

BUILD CAPACITY:

OBJECTIVES:

-EXPAND CARE DELIVERY METHODS FOR BEHAVIORAL HEALTHCARE

STRATEGIES:

-INCREASE CARE DELIVERY OPTIONS FOR DIVERSE AND VULNERABLE POPULATIONS

STRENGTHEN COMMUNITY PARTNERSHIPS:

OBJECTIVES:

-INCREASE, STRENGTHEN AND EVALUATE PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS

STRATEGIES:

-PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO LEND SUPPORT TO ACTIVITIES PROMOTING MENTAL WELLNESS FOR ALL
 -IDENTIFY AND DEEPEN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS THAT SERVE DIVERSE AND VULNERABLE POPULATIONS

2. HEALTHY LIVING

PREVENTION & AWARENESS:

OBJECTIVES:

-CONTINUE TO PROVIDE EDUCATION AND HEALTH PROMOTION AND INCREASE PARTICIPATION AMONG DIVERSE AND VULNERABLE POPULATIONS
 - SUPPORT PUBLIC HEALTH DEPARTMENTS IN LOCAL PREVENTION AND EMERGENCY INITIATIVES

STRATEGIES:

-CONDUCT OR SUPPORT COMMUNITY-BASED PREVENTIVE HEALTH SCREENINGS WITH A FOCUS ON REACHING DIVERSE AND VULNERABLE POPULATIONS
 -LEVERAGE BEST PRACTICE STRATEGIES TO INCREASE RETENTION IN CHRONIC DISEASE MANAGEMENT PROTOCOLS POST DISCHARGE
 -CONDUCT OR SUPPORT COMMUNITY-BASED EDUCATION WITH A FOCUS ON DIVERSE AND VULNERABLE POPULATIONS

BUILD CAPACITY:

OBJECTIVES:

-CONTINUE TO ENGAGE, MONITOR AND COORDINATE CARE FOR PATIENTS WITH CHRONIC/COMPLEX CONDITIONS

STRATEGIES:

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
 -INCREASE CONNECTIONS TO FOOD, NUTRITION ACCESS FOR IDENTIFIED PATIENTS INCLUDING VULNERABLE POPULATIONS

STRENGTHEN COMMUNITY PARTNERSHIPS:

OBJECTIVES:

-INCREASE, IMPROVE, STRENGTHEN AND EVALUATE PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS

STRATEGIES:

-PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO SUPPORT ACTIVITIES PROMOTING EQUITABLE HEALTHY LIVING FOR ALL
 -IDENTIFY AND DEEPEN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS THAT SERVE DIVERSE AND VULNERABLE POPULATIONS

3. ACCESS TO CARE

PREVENTION & AWARENESS:

OBJECTIVES:

-REDUCE COMMON BARRIERS TO ACCESSING HEALTH CARE FOR DIVERSE AND VULNERABLE POPULATIONS

-STRENGTHEN CULTURAL COMPETENCY TRAINING FOR TEAM MEMBERS AND PHYSICIANS

STRATEGIES:

-INCREASE SCREENING FOR SDOH AND MAKE APPROPRIATE REFERRALS TO COMMUNITY-BASED RESOURCES

-INCREASE IMPLICIT BIAS AND CULTURAL COMPETENCY TRAINING AMONGST ALL TEAM MEMBERS

BUILD CAPACITY:

OBJECTIVES:

-HIRE, RETAIN AND PROMOTE A DIVERSE WORKFORCE

-DEVELOP AND LEVERAGE ALTERNATIVE CARE DELIVERY MODELS TO IMPROVE ACCESS TO CARE FOR ALL

STRATEGIES:

-LEVERAGE IMPLEMENTATION OF HEALTH AND WELLNESS CENTERS TO REDUCE BARRIERS TO ACCESSING SPECIALTY CARE AND WELLNESS SERVICES

-CONTINUE TO PROVIDE SUPPORT AND TRAINING FOR REAL AND SOGI DATA COLLECTION TOOLS, METHODS, USE

- PROVIDE EDUCATION AND TRAINING TO STAFF REGARDING SDOH SCREENING TOOL

STRENGTHEN COMMUNITY PARTNERSHIPS:

OBJECTIVES:

-INCREASE, IMPROVE, STRENGTHEN AND EVALUATE PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS

STRATEGIES:

-PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO LEND SUPPORT TO HEALTH EQUITY

-IDENTIFY AND DEEPEN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS THAT

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.

SERVE DIVERSE AND VULNERABLE POPULATIONS

PALISADES MEDICAL CENTER
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THREE SIGNIFICANT HEALTH NEEDS CATEGORIES WERE IDENTIFIED, AS WELL AS SUB-CATEGORIES BASED ON COMMUNITY FEEDBACK EXERCISES THROUGH THE CHNA PROCESS.

1. MENTAL WELLBEING, INCLUDING:
 - . "FAIR/POOR" MENTAL HEALTH
 - . SYMPTOMS OF CHRONIC DEPRESSION
 - . SUICIDE DEATHS
 - . MENTAL HEALTH PROVIDER RATIO
 - . KEY INFORMANTS: MENTAL HEALTH RANKED AS A TOP CONCERN
 - . UNINTENTIONAL DRUG-RELATED DEATHS
 - . ILLICIT DRUG USE
 - . KEY INFORMANTS: SUBSTANCE ABUSE RANKED AS A TOP CONCERN
2. HEALTHY LIVING, INCLUDING:
 - CANCER
 - DIABETES
 - HEART DISEASE AND STROKE
 - SEXUAL HEALTH
 - TOBACCO USE
 - NUTRITION, PHYSICAL ACTIVITY, AND WEIGHT
 - POTENTIALLY DISABLING CONDITIONS
 - RESPIRATORY DISEASE
3. ACCESS TO CARE, INCLUDING:
 - INCONVENIENT OFFICE HOURS
 - APPOINTMENT AVAILABILITY
 - FINDING A PHYSICIAN
 - DIFFICULTY ACCESSING CHILDREN'S HEALTH CARE
 - RATINGS OF LOCAL HEALTH CARE
 - LINGUISTIC ISOLATION
 - LACK OF TRANSPORTATION

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

1. MENTAL WELLBEING

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.

PREVENTION & AWARENESS:

OBJECTIVES:

-PROVIDE UNIVERSAL BEHAVIORAL HEALTH SCREENINGS FOR PATIENTS
 -CONTINUE BEHAVIORAL HEALTH EDUCATION AND INCREASE PARTICIPATION AMONG DIVERSE AND VULNERABLE POPULATIONS

-SUPPORT PUBLIC HEALTH IN LOCAL PREVENTION AND EMERGENCY INITIATIVES
 STRATEGIES:

-CONSISTENTLY UTILIZE THE UNIVERSAL BEHAVIORAL HEALTH SCREENING AS A STANDARD ASSESSMENT TOOL
 -ORGANIZE LECTURES RELATED TO SUBSTANCE USE/MISUSE, HEALTHY MENTAL, EMOTIONAL AND SOCIAL HEALTH THAT ARE INCLUSIVE AND ACCESSIBLE TO DIVERSE AND VULNERABLE POPULATIONS

BUILD CAPACITY:

OBJECTIVES:

-EXPAND CARE DELIVERY METHODS FOR BEHAVIORAL HEALTHCARE

STRATEGIES:

-INCREASE CARE DELIVERY OPTIONS FOR DIVERSE AND VULNERABLE POPULATIONS

STRENGTHEN COMMUNITY PARTNERSHIPS:

OBJECTIVES:

-INCREASE, STRENGTHEN AND EVALUATE PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS

STRATEGIES:

-PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO LEND SUPPORT TO ACTIVITIES PROMOTING MENTAL WELLNESS FOR ALL
 -IDENTIFY AND DEEPEN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS THAT SERVE DIVERSE AND VULNERABLE POPULATIONS

2. HEALTHY LIVING

PREVENTION & AWARENESS:

OBJECTIVES:

-CONTINUE TO PROVIDE EDUCATION AND HEALTH PROMOTION AND INCREASE PARTICIPATION AMONG DIVERSE AND VULNERABLE POPULATIONS
 - SUPPORT PUBLIC HEALTH DEPARTMENTS IN LOCAL PREVENTION AND EMERGENCY INITIATIVES

STRATEGIES:

-CONDUCT OR SUPPORT COMMUNITY-BASED PREVENTIVE HEALTH SCREENINGS WITH A FOCUS ON REACHING DIVERSE AND VULNERABLE POPULATIONS
 -LEVERAGE BEST PRACTICE STRATEGIES TO INCREASE RETENTION IN CHRONIC DISEASE MANAGEMENT PROTOCOLS POST DISCHARGE
 -CONDUCT OR SUPPORT COMMUNITY-BASED EDUCATION WITH A FOCUS ON DIVERSE AND VULNERABLE POPULATIONS

BUILD CAPACITY:

OBJECTIVES:

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.

-CONTINUE TO ENGAGE, MONITOR AND COORDINATE CARE FOR PATIENTS WITH CHRONIC/COMPLEX CONDITIONS

STRATEGIES:

-SUPPORT CASE MANAGEMENT AND PATIENT NAVIGATION PROGRAMS TO SUPPORT THOSE WITH CHRONIC/COMPLEX CONDITIONS AND THEIR CAREGIVERS

-INCREASE CONNECTIONS TO FOOD, NUTRITION ACCESS FOR IDENTIFIED PATIENTS INCLUDING VULNERABLE POPULATIONS

STRENGTHEN COMMUNITY PARTNERSHIPS:

OBJECTIVES:

-INCREASE, IMPROVE, STRENGTHEN AND EVALUATE PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS

STRATEGIES:

-PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO SUPPORT ACTIVITIES PROMOTING EQUITABLE HEALTHY LIVING FOR ALL

-IDENTIFY AND DEEPEN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS THAT SERVE DIVERSE AND VULNERABLE POPULATIONS

3. ACCESS TO CARE

PREVENTION & AWARENESS:

OBJECTIVES:

-REDUCE COMMON BARRIERS TO ACCESSING HEALTH CARE FOR DIVERSE AND VULNERABLE POPULATIONS

-STRENGTHEN CULTURAL COMPETENCY TRAINING FOR TEAM MEMBERS AND PHYSICIANS

STRATEGIES:

-INCREASE SCREENING FOR SDOH AND MAKE APPROPRIATE REFERRALS TO COMMUNITY-BASED RESOURCES

-INCREASE IMPLICIT BIAS AND CULTURAL COMPETENCY TRAINING AMONGST ALL TEAM MEMBERS

BUILD CAPACITY:

OBJECTIVES:

-HIRE, RETAIN AND PROMOTE A DIVERSE WORKFORCE

-DEVELOP AND LEVERAGE ALTERNATIVE CARE DELIVERY MODELS TO IMPROVE ACCESS TO CARE FOR ALL

STRATEGIES:

-CONTINUE TO PROVIDE SUPPORT AND TRAINING FOR REAL AND SOGI DATA COLLECTION TOOLS, METHODS, USE

- PROVIDE EDUCATION AND TRAINING TO STAFF REGARDING SDOH SCREENING TOOL

STRENGTHEN COMMUNITY PARTNERSHIPS:

OBJECTIVES:

-INCREASE, IMPROVE, STRENGTHEN AND EVALUATE PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS

STRATEGIES:

-PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO LEND SUPPORT TO HEALTH EQUITY

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.

-IDENTIFY AND DEEPEN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS THAT SERVE DIVERSE AND VULNERABLE POPULATIONS

MOUNTAINSIDE MEDICAL CENTER
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THREE SIGNIFICANT HEALTH NEEDS CATEGORIES WERE IDENTIFIED, AS WELL AS SUB-CATEGORIES BASED ON COMMUNITY FEEDBACK EXERCISES THROUGH THE CHNA PROCESS.

1. MENTAL WELLBEING, INCLUDING:
 - . "FAIR/POOR" MENTAL HEALTH
 - . DIAGNOSED DEPRESSION
 - . SYMPTOMS OF CHRONIC DEPRESSION
 - . RECEIVING TREATMENT FOR MENTAL HEALTH
 - . KEY INFORMANTS: MENTAL HEALTH RANKED AS A TOP CONCERN
 - . UNINTENTIONAL DRUG-RELATED DEATHS
 - . PERSONALLY IMPACTED BY SUBSTANCE ABUSE (SELF OR OTHERS)
 - . KEY INFORMANTS: SUBSTANCE ABUSE RANKED AS A TOP CONCERN
2. HEALTHY LIVING, INCLUDING:
 - CANCER
 - DIABETES
 - HEART DISEASE AND STROKE
 - INFANT HEALTH AND FAMILY PLANNING
 - NUTRITION, PHYSICAL ACTIVITY, AND WEIGHT
 - POTENTIALLY DISABLING CONDITIONS
 - RESPIRATORY DISEASE
3. ACCESS TO CARE, INCLUDING:
 - APPOINTMENT AVAILABILITY
 - FINDING A PHYSICIAN
 - PRIMARY CARE PHYSICIAN RATIO
 - SKIPPING/STRETCHING PRESCRIPTIONS
 - RATINGS OF LOCAL HEALTH CARE

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

1. MENTAL WELLBEING

PREVENTION & AWARENESS:
OBJECTIVES:

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 UNIVERSAL BEHAVIORAL HEALTH SCREENINGS FOR PATIENTS
 -CONTINUE BEHAVIORAL HEALTH EDUCATION AND INCREASE PARTICIPATION AMONG DIVERSE AND VULNERABLE POPULATIONS
 -SUPPORT PUBLIC HEALTH IN LOCAL PREVENTION AND EMERGENCY INITIATIVES
 STRATEGIES:
 -CONSISTENTLY UTILIZE THE UNIVERSAL BEHAVIORAL HEALTH SCREENING AS A STANDARD ASSESSMENT TOOL
 -ORGANIZE LECTURES RELATED TO SUBSTANCE USE/MISUSE, HEALTHY MENTAL, EMOTIONAL AND SOCIAL HEALTH THAT ARE INCLUSIVE AND ACCESSIBLE TO DIVERSE AND VULNERABLE POPULATIONS

BUILD CAPACITY:

OBJECTIVES:

-EXPAND CARE DELIVERY METHODS FOR BEHAVIORAL HEALTHCARE

STRATEGIES:

-INCREASE CARE DELIVERY OPTIONS FOR DIVERSE AND VULNERABLE POPULATIONS

STRENGTHEN COMMUNITY PARTNERSHIPS:

OBJECTIVES:

-INCREASE, STRENGTHEN AND EVALUATE PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS

STRATEGIES:

-PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO LEND SUPPORT TO ACTIVITIES PROMOTING MENTAL WELLNESS FOR ALL
 -IDENTIFY AND DEEPEN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS THAT SERVE DIVERSE AND VULNERABLE POPULATIONS

2. HEALTHY LIVING

PREVENTION & AWARENESS:

OBJECTIVES:

-CONTINUE TO PROVIDE EDUCATION AND HEALTH PROMOTION AND INCREASE PARTICIPATION AMONG DIVERSE AND VULNERABLE POPULATIONS
 - SUPPORT PUBLIC HEALTH DEPARTMENTS IN LOCAL PREVENTION AND EMERGENCY INITIATIVES

STRATEGIES:

-CONDUCT OR SUPPORT COMMUNITY-BASED PREVENTIVE HEALTH SCREENINGS WITH A FOCUS ON REACHING DIVERSE AND VULNERABLE POPULATIONS
 -LEVERAGE BEST PRACTICE STRATEGIES TO INCREASE RETENTION IN CHRONIC DISEASE MANAGEMENT PROTOCOLS POST DISCHARGE
 -CONDUCT OR SUPPORT COMMUNITY-BASED EDUCATION WITH A FOCUS ON DIVERSE AND VULNERABLE POPULATIONS

BUILD CAPACITY:

OBJECTIVES:

-CONTINUE TO ENGAGE, MONITOR AND COORDINATE CARE FOR PATIENTS WITH CHRONIC/COMPLEX CONDITIONS

STRATEGIES:

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.

-LEVERAGE IMPLEMENTATION OF HEALTH AND WELLNESS CENTERS TO REDUCE BARRIERS TO ACCESSING SPECIALTY CARE AND WELLNESS SERVICES
 -SUPPORT CASE MANAGEMENT AND PATIENT NAVIGATION PROGRAMS TO SUPPORT THOSE WITH CHRONIC/COMPLEX CONDITIONS AND THEIR CAREGIVERS
 -INCREASE CONNECTIONS TO FOOD, NUTRITION ACCESS FOR IDENTIFIED PATIENTS INCLUDING VULNERABLE POPULATIONS

STRENGTHEN COMMUNITY PARTNERSHIPS:

OBJECTIVES:

-INCREASE, IMPROVE, STRENGTHEN AND EVALUATE PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS

STRATEGIES:

-PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO SUPPORT ACTIVITIES PROMOTING EQUITABLE HEALTHY LIVING FOR ALL
 -IDENTIFY AND DEEPEN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS THAT SERVE DIVERSE AND VULNERABLE POPULATIONS

3. ACCESS TO CARE

PREVENTION & AWARENESS:

OBJECTIVES:

-REDUCE COMMON BARRIERS TO ACCESSING HEALTH CARE FOR DIVERSE AND VULNERABLE POPULATIONS
 -STRENGTHEN CULTURAL COMPETENCY TRAINING FOR TEAM MEMBERS AND PHYSICIANS

STRATEGIES:

-INCREASE SCREENING FOR SDOH AND MAKE APPROPRIATE REFERRALS TO COMMUNITY-BASED RESOURCES
 -INCREASE IMPLICIT BIAS AND CULTURAL COMPETENCY TRAINING AMONGST ALL TEAM MEMBERS

BUILD CAPACITY:

OBJECTIVES:

-HIRE, RETAIN AND PROMOTE A DIVERSE WORKFORCE
 -DEVELOP AND LEVERAGE ALTERNATIVE CARE DELIVERY MODELS TO IMPROVE ACCESS TO CARE FOR ALL

STRATEGIES:

-CONTINUE TO PROVIDE SUPPORT AND TRAINING FOR REAL AND SOGI DATA COLLECTION TOOLS, METHODS, USE
 - PROVIDE EDUCATION AND TRAINING TO STAFF REGARDING SDOH SCREENING TOOL

STRENGTHEN COMMUNITY PARTNERSHIPS:

OBJECTIVES:

-INCREASE, IMPROVE, STRENGTHEN AND EVALUATE PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS

STRATEGIES:

-PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO LEND SUPPORT TO HEALTH EQUITY
 -IDENTIFY AND DEEPEN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS THAT

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.

SERVE DIVERSE AND VULNERABLE POPULATIONS

HACKENSACK UNIVERSITY MEDICAL CENTER
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THREE SIGNIFICANT HEALTH NEEDS CATEGORIES WERE IDENTIFIED, AS WELL AS SUB-CATEGORIES BASED ON COMMUNITY FEEDBACK EXERCISES THROUGH THE CHNA PROCESS.

1. MENTAL WELLBEING, INCLUDING:

- . "FAIR/POOR" MENTAL HEALTH
- . DIAGNOSED DEPRESSION
- . SYMPTOMS OF CHRONIC DEPRESSION
- . STRESS
- . RECEIVING TREATMENT FOR MENTAL HEALTH
- . DIFFICULTY OBTAINING MENTAL HEALTH SERVICES
- . KEY INFORMANTS: MENTAL HEALTH RANKED AS A TOP CONCERN
- . CIRRHOSIS/LIVER DISEASE DEATHS
- . UNINTENTIONAL DRUG-RELATED DEATHS
- . ILLICIT DRUG USE
- . USE OF MARIJUANA
- . KEY INFORMANTS: SUBSTANCE ABUSE RANKED AS A TOP CONCERN

2. HEALTHY LIVING, INCLUDING:

- CANCER
- DIABETES
- HEART DISEASE AND STROKE
- TOBACCO USE
- NUTRITION, PHYSICAL ACTIVITY, AND WEIGHT
- POTENTIALLY DISABLING CONDITIONS
- RESPIRATORY DISEASE
- INJURY AND VIOLENCE

3. ACCESS TO CARE, INCLUDING:

- LACK OF HEALTH INSURANCE
- INCONVENIENT OFFICE HOURS
- COST OF PRESCRIPTIONS
- COST OF PHYSICIAN VISITS
- APPOINTMENT AVAILABILITY
- FINDING A PHYSICIAN
- LACK OF TRANSPORTATION

Part V Facility Information (continued)

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

- SKIPPING/STRETCHING PRESCRIPTIONS
- SPECIFIC SOURCE OF ONGOING CARE

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

1. MENTAL WELLBEING

PREVENTION & AWARENESS:

OBJECTIVES:

- PROVIDE UNIVERSAL BEHAVIORAL HEALTH SCREENINGS FOR PATIENTS
- CONTINUE BEHAVIORAL HEALTH EDUCATION AND INCREASE PARTICIPATION AMONG DIVERSE AND VULNERABLE POPULATIONS
- SUPPORT PUBLIC HEALTH IN LOCAL PREVENTION AND EMERGENCY INITIATIVES

STRATEGIES:

- CONSISTENTLY UTILIZE THE UNIVERSAL BEHAVIORAL HEALTH SCREENING AS A STANDARD ASSESSMENT TOOL
- ORGANIZE LECTURES RELATED TO SUBSTANCE USE/MISUSE, HEALTHY MENTAL, EMOTIONAL AND SOCIAL HEALTH THAT ARE INCLUSIVE AND ACCESSIBLE TO DIVERSE AND VULNERABLE POPULATIONS

BUILD CAPACITY:

OBJECTIVES:

- EXPAND CARE DELIVERY METHODS FOR BEHAVIORAL HEALTHCARE

STRATEGIES:

- INCREASE CARE DELIVERY OPTIONS FOR DIVERSE AND VULNERABLE POPULATIONS

STRENGTHEN COMMUNITY PARTNERSHIPS:

OBJECTIVES:

- INCREASE, STRENGTHEN AND EVALUATE PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS

STRATEGIES:

- PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO LEND SUPPORT TO ACTIVITIES PROMOTING MENTAL WELLNESS FOR ALL
- IDENTIFY AND DEEPEN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS THAT SERVE DIVERSE AND VULNERABLE POPULATIONS

2. HEALTHY LIVING

PREVENTION & AWARENESS:

OBJECTIVES:

- CONTINUE TO PROVIDE EDUCATION AND HEALTH PROMOTION AND INCREASE PARTICIPATION AMONG DIVERSE AND VULNERABLE POPULATIONS
- SUPPORT PUBLIC HEALTH DEPARTMENTS IN LOCAL PREVENTION AND EMERGENCY INITIATIVES

STRATEGIES:

- CONDUCT OR SUPPORT COMMUNITY-BASED PREVENTIVE HEALTH SCREENINGS WITH A FOCUS ON REACHING DIVERSE AND VULNERABLE POPULATIONS

Part V Facility Information (continued)

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

-LEVERAGE BEST PRACTICE STRATEGIES TO INCREASE RETENTION IN CHRONIC DISEASE MANAGEMENT PROTOCOLS POST DISCHARGE
 -CONDUCT OR SUPPORT COMMUNITY-BASED EDUCATION WITH A FOCUS ON DIVERSE AND VULNERABLE POPULATIONS

BUILD CAPACITY:

OBJECTIVES:

-CONTINUE TO ENGAGE, MONITOR AND COORDINATE CARE FOR PATIENTS WITH CHRONIC/COMPLEX CONDITIONS

STRATEGIES:

-SUPPORT CASE MANAGEMENT AND PATIENT NAVIGATION PROGRAMS TO SUPPORT THOSE WITH CHRONIC/COMPLEX CONDITIONS AND THEIR CAREGIVERS
 -INCREASE CONNECTIONS TO FOOD, NUTRITION ACCESS FOR IDENTIFIED PATIENTS INCLUDING VULNERABLE POPULATIONS

STRENGTHEN COMMUNITY PARTNERSHIPS:

OBJECTIVES:

-INCREASE, IMPROVE, STRENGTHEN AND EVALUATE PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS

STRATEGIES:

-PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO SUPPORT ACTIVITIES PROMOTING EQUITABLE HEALTHY LIVING FOR ALL
 -IDENTIFY AND DEEPEN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS THAT SERVE DIVERSE AND VULNERABLE POPULATIONS

3. ACCESS TO CARE

PREVENTION & AWARENESS:

OBJECTIVES:

-REDUCE COMMON BARRIERS TO ACCESSING HEALTH CARE FOR DIVERSE AND VULNERABLE POPULATIONS
 -STRENGTHEN CULTURAL COMPETENCY TRAINING FOR TEAM MEMBERS AND PHYSICIANS

STRATEGIES:

-INCREASE SCREENING FOR SDOH AND MAKE APPROPRIATE REFERRALS TO COMMUNITY-BASED RESOURCES
 -INCREASE IMPLICIT BIAS AND CULTURAL COMPETENCY TRAINING AMONGST ALL TEAM MEMBERS

BUILD CAPACITY:

OBJECTIVES:

-HIRE, RETAIN AND PROMOTE A DIVERSE WORKFORCE
 -DEVELOP AND LEVERAGE ALTERNATIVE CARE DELIVERY MODELS TO IMPROVE ACCESS TO CARE FOR ALL

STRATEGIES:

-LEVERAGE IMPLEMENTATION OF HEALTH AND WELLNESS CENTERS TO REDUCE BARRIERS TO ACCESSING SPECIALTY CARE AND WELLNESS SERVICES
 -CONTINUE TO PROVIDE SUPPORT AND TRAINING FOR REAL AND SOGI DATA COLLECTION TOOLS, METHODS, USE

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 EDUCATION AND TRAINING TO STAFF REGARDING SDOH SCREENING TOOL

STRENGTHEN COMMUNITY PARTNERSHIPS:

OBJECTIVES:

-INCREASE, IMPROVE, STRENGTHEN AND EVALUATE PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS

STRATEGIES:

-PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO LEND SUPPORT TO HEALTH EQUITY

-IDENTIFY AND DEEPEN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS THAT SERVE DIVERSE AND VULNERABLE POPULATIONS

PASCACK VALLEY MEDICAL CENTER
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THREE SIGNIFICANT HEALTH NEEDS CATEGORIES WERE IDENTIFIED, AS WELL AS SUB-CATEGORIES BASED ON COMMUNITY FEEDBACK EXERCISES THROUGH THE CHNA PROCESS.

1. MENTAL WELLBEING, INCLUDING:

- . "FAIR/POOR" MENTAL HEALTH
- . DIAGNOSED DEPRESSION
- . SYMPTOMS OF CHRONIC DEPRESSION
- . DIFFICULTY OBTAINING MENTAL HEALTH SERVICES
- . KEY INFORMANTS: MENTAL HEALTH RANKED AS A TOP CONCERN
- . CIRRHOSIS/LIVER DISEASE DEATHS
- . UNINTENTIONAL DRUG-RELATED DEATHS
- . ILLICIT DRUG USE
- . USE OF MARIJUANA
- . KEY INFORMANTS: SUBSTANCE ABUSE RANKED AS A TOP CONCERN

2. HEALTHY LIVING, INCLUDING:

- CANCER
- DIABETES
- HEART DISEASE AND STROKE
- NUTRITION, PHYSICAL ACTIVITY, AND WEIGHT
- POTENTIALLY DISABLING CONDITIONS
- RESPIRATORY DISEASE
- TOBACCO USE

3. ACCESS TO CARE, INCLUDING:

- INCONVENIENT OFFICE HOURS
- APPOINTMENT AVAILABILITY
- FINDING A PHYSICIAN

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

1. MENTAL WELLBEING

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.

PREVENTION & AWARENESS:

OBJECTIVES:

- PROVIDE UNIVERSAL BEHAVIORAL HEALTH SCREENINGS FOR PATIENTS
- CONTINUE BEHAVIORAL HEALTH EDUCATION AND INCREASE PARTICIPATION AMONG DIVERSE AND VULNERABLE POPULATIONS
- SUPPORT PUBLIC HEALTH IN LOCAL PREVENTION AND EMERGENCY INITIATIVES

STRATEGIES:

- CONSISTENTLY UTILIZE THE UNIVERSAL BEHAVIORAL HEALTH SCREENING AS A STANDARD ASSESSMENT TOOL
- ORGANIZE LECTURES RELATED TO SUBSTANCE USE/MISUSE, HEALTHY MENTAL, EMOTIONAL AND SOCIAL HEALTH THAT ARE INCLUSIVE AND ACCESSIBLE TO DIVERSE AND VULNERABLE POPULATIONS

STRENGTHEN COMMUNITY PARTNERSHIPS:

OBJECTIVES:

- INCREASE, STRENGTHEN AND EVALUATE PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS

STRATEGIES:

- PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO LEND SUPPORT TO ACTIVITIES PROMOTING MENTAL WELLNESS FOR ALL
- IDENTIFY AND DEEPEN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS THAT SERVE DIVERSE AND VULNERABLE POPULATIONS

2. HEALTHY LIVING

PREVENTION & AWARENESS:

OBJECTIVES:

- CONTINUE TO PROVIDE EDUCATION AND HEALTH PROMOTION AND INCREASE PARTICIPATION AMONG DIVERSE AND VULNERABLE POPULATIONS
- SUPPORT PUBLIC HEALTH DEPARTMENTS IN LOCAL PREVENTION AND EMERGENCY INITIATIVES

STRATEGIES:

- CONDUCT OR SUPPORT COMMUNITY-BASED PREVENTIVE HEALTH SCREENINGS WITH A FOCUS ON REACHING DIVERSE AND VULNERABLE POPULATIONS
- LEVERAGE BEST PRACTICE STRATEGIES TO INCREASE RETENTION IN CHRONIC DISEASE MANAGEMENT PROTOCOLS POST DISCHARGE
- CONDUCT OR SUPPORT COMMUNITY-BASED EDUCATION WITH A FOCUS ON DIVERSE AND VULNERABLE POPULATIONS

BUILD CAPACITY:

OBJECTIVES:

- CONTINUE TO ENGAGE, MONITOR AND COORDINATE CARE FOR PATIENTS WITH CHRONIC/COMPLEX CONDITIONS

STRATEGIES:

- LEVERAGE IMPLEMENTATION OF HEALTH AND WELLNESS CENTERS TO REDUCE BARRIERS TO ACCESSING SPECIALTY CARE AND WELLNESS SERVICES
- SUPPORT CASE MANAGEMENT AND PATIENT NAVIGATION PROGRAMS TO SUPPORT THOSE WITH CHRONIC/COMPLEX CONDITIONS AND THEIR CAREGIVERS

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.

-INCREASE CONNECTIONS TO FOOD, NUTRITION ACCESS FOR IDENTIFIED PATIENTS INCLUDING VULNERABLE POPULATIONS

STRENGTHEN COMMUNITY PARTNERSHIPS:

OBJECTIVES:

-INCREASE, IMPROVE, STRENGTHEN AND EVALUATE PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS

STRATEGIES:

-PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO SUPPORT ACTIVITIES PROMOTING EQUITABLE HEALTHY LIVING FOR ALL

-IDENTIFY AND DEEPEN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS THAT SERVE DIVERSE AND VULNERABLE POPULATIONS

3. ACCESS TO CARE

PREVENTION & AWARENESS:

OBJECTIVES:

-REDUCE COMMON BARRIERS TO ACCESSING HEALTH CARE FOR DIVERSE AND VULNERABLE POPULATIONS

-STRENGTHEN CULTURAL COMPETENCY TRAINING FOR TEAM MEMBERS AND PHYSICIANS

STRATEGIES:

-INCREASE SCREENING FOR SDOH AND MAKE APPROPRIATE REFERRALS TO COMMUNITY-BASED RESOURCES

-INCREASE IMPLICIT BIAS AND CULTURAL COMPETENCY TRAINING AMONGST ALL TEAM MEMBERS

BUILD CAPACITY:

OBJECTIVES:

-DEVELOP AND LEVERAGE ALTERNATIVE CARE DELIVERY MODELS TO IMPROVE ACCESS TO CARE FOR ALL

STRATEGIES:

-CONTINUE TO PROVIDE SUPPORT AND TRAINING FOR REAL AND SOGI DATA COLLECTION TOOLS, METHODS, USE

STRENGTHEN COMMUNITY PARTNERSHIPS:

OBJECTIVES:

-INCREASE, IMPROVE, STRENGTHEN AND EVALUATE PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS

STRATEGIES:

-PARTICIPATE IN LOCAL AND REGIONAL HEALTH COALITIONS AND TASK FORCES TO LEND SUPPORT TO HEALTH EQUITY

-IDENTIFY AND DEEPEN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS THAT SERVE DIVERSE AND VULNERABLE POPULATIONS -IDENTIFY AND DEEPEN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS THAT SERVE DIVERSE AND VULNERABLE POPULATIONS

Part V Facility Information (continued)

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

HMH CARRIER CLINIC
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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 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

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 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
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](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](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](https://www.hackensackmeridianhealth.org/en/pay-bill/financial-assistance)

JERSEY SHORE UNIVERSITY MEDICAL CENTER

[HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/PAY-BILL/FINANCIAL-ASSISTANCE](https://www.hackensackmeridianhealth.org/en/pay-bill/financial-assistance)

Part V Facility Information (continued)

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

JFK UNIVERSITY MEDICAL CENTER
[HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/PAY-BILL/FINANCIAL-ASSISTANCE](https://www.hackensackmeridianhealth.org/en/pay-bill/financial-assistance)

MOUNTAINSIDE MEDICAL CENTER
[HTTPS://MOUNTAINSIDEHOSP.COM/PATIENTS-VISITORS/BILLING](https://mountainsidehosp.com/patients-visitors/billing)

OCEAN UNIVERSITY MEDICAL CENTER
[HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/PAY-BILL/FINANCIAL-ASSISTANCE](https://www.hackensackmeridianhealth.org/en/pay-bill/financial-assistance)

OLD BRIDGE MEDICAL CENTER
[HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/PATIENTS-VISITORS/BILLING-INSURANCE/FINANCIAL-ASSISTANCE/](https://www.hackensackmeridianhealth.org/patients-visitors/billing-insurance/financial-assistance/)

PALISADES MEDICAL CENTER
[HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/PAY-BILL/FINANCIAL-ASSISTANCE](https://www.hackensackmeridianhealth.org/en/pay-bill/financial-assistance)

PASCACK VALLEY MEDICAL CENTER
[HTTPS://PASCACKMEDICALCENTER.COM/INSURANCE-INFORMATION](https://pascackmedicalcenter.com/insurance-information)

RARITAN BAY MEDICAL CENTER
[HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/PAY-BILL/FINANCIAL-ASSISTANCE](https://www.hackensackmeridianhealth.org/en/pay-bill/financial-assistance)

RIVERVIEW MEDICAL CENTER
[HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/PAY-BILL/FINANCIAL-ASSISTANCE](https://www.hackensackmeridianhealth.org/en/pay-bill/financial-assistance)

JOHNSON REHABILITATION INSTITUTE AT OCEAN UNIVERSITY MEDICAL CENTER
[HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/PAY-BILL/FINANCIAL-ASSISTANCE](https://www.hackensackmeridianhealth.org/en/pay-bill/financial-assistance)

SOUTHERN OCEAN MEDICAL CENTER
[HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/PAY-BILL/FINANCIAL-ASSISTANCE](https://www.hackensackmeridianhealth.org/en/pay-bill/financial-assistance)

JFK JOHNSON REHABILITATION INSTITUTE
[HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/PAY-BILL/FINANCIAL-ASSISTANCE/FINANCIAL-ASSISTANCE-POLICY](https://www.hackensackmeridianhealth.org/en/pay-bill/financial-assistance/financial-assistance-policy)

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? 130

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 HACKENSACK MERIDIAN REHAB AT HOLMDEL 100 COMMONS WAY, SUITE 120 HOLMDEL NJ 07733	PHYSICAL THERAPY
7 JSUMC OUTPATIENT BEHAVIORAL HEALTH 402 RT. 35 NEPTUNE NJ 07754	CHILDREN'S PARTIAL HOSPITAL/ MEDICATION MONITORING/ THERAPEUTIC NURSERY O/P SVCS
8 HACKENSACK MERIDIAN REHAB AT MANALAPAN 195 RT. 9 SOUTH MANALAPAN NJ 07726	REHAB
9 JERSEY SHORE O/P BEHAVIORAL HEALTH 3535 ROUTE 66, BUILDING 5, SUITE D NEPTUNE NJ 07753	PHYSICAL, GROUP & FAMILY THERAPY/MEDICATION MANAGEMENT/ SUBSTANCE ABUSE
10 HACKENSACK MERIDIAN REHAB @ FORKED RIVER 730 LACEY ROAD FORKED RIVER NJ 08731	PHYSICAL THERAPY

Schedule H (Form 990) 2022

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 HACK MERIDIAN REHAB AT LITTLE EGG HARBOR 279 MATHISTOWN ROAD LITTLE EGG HARBOR NJ 08087	PHYSICAL THERAPY/OCCUPATIONAL THERAPY
2 HEALTH VILLAGE IMAGING, LLC 1301 RT 72 W MANAHAWKIN NJ 08050	RADIOLOGY MEDICAL SERVICES
3 MERIDIAN CENTER FOR SLEEP MEDICINE 668 NORTH BEERS STREET HOLMDEL NJ 07733	SLEEP LAB
4 CENTER FOR WOUND HEALING AT BCH 735 NORTH BEERS STREET HOLMDEL NJ 07733	WOUND HEALING
5 JACKSON HEALTH VILLAGE LABORATORY 27 SOUTH COOKS BRIDGE RD, SUITE 1-12 JACKSON NJ 08527	LABORATORY SERVICES
6 HACKENSACK MERIDIAN REHAB AT JACKSON 27 SOUTH COOKS BRIDGE RD, SUITE 1-10 JACKSON NJ 08527	REHABILITATIVE CARE
7 SOUTHERN OCEAN CENTER FOR HEALTH 730 LACEY ROAD FORKED RIVER NJ 08731	LABORATORY SERVICES RADIOLOGY
8 SOUTHERN OCEAN CENTER FOR HEALTH 279 MATHISTOWN ROAD LITTLE EGG HARBOR NJ 08087	LABORATORY SERVICES RADIOLOGY
9 MERIDIAN REAHAB AT MANAHAWKIN 56 NAUTILUS DRIVE MANAHAWKIN NJ 08050	REHABILITATIVE CARE
10 MERIDIAN CARDIAC REHAB & IMAGING 27 S. COOKS BRIDGE ROAD, STE 11 & 13 JACKSON NJ 08527	REHABILITATIVE CARE, RADIOLOGY

Schedule H (Form 990) 2022

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 REHAB O/P THERAPY AT BRICK 1686 ROUTE 88 BRICK NJ 08724	PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH PATHOLOGY, CARDIAC REHAB
2 MERIDIAN INTEGRATIVE HEALTH & MEDICINE 27 SOUTH COOKS BRIDGE RD, STE 2-3 JACKSON NJ 08527	INTEGRATIVE HEALTH
3 THE MEDICAL PAVILION AT WOODBRIDGE 740 ROUTE 1 NORTH ISELIN NJ 08830	OB/GYN, PHYSICAL THERAPY & URGENT CARE
4 MERIDIAN HEALTH LAB AT OCEAN CARE CENTER 1517 RICHMOND AVENUE POINT PLEASANT NJ 08742	LABORATORY
5 THE SLEEP CARE CENTER OF OCEAN MED CTR 1610 ROUTE 88, 2ND FLOOR BRICK NJ 08724	SLEEP LAB
6 HOPE TOWER 19 DAVIS AVENUE NEPTUNE NJ 07753	COMPREHENSIVE HEALTHCARE
7 AMBULATORY SURGICAL PAVILION OF NJ 620 S. WHITE HORSE PIKE HAMMONTON NJ 08037	O/P SURGERY
8 HUMC AMBULATORY CARE CENTER-NORTHERN DIV 795 FRANKLIN AVENUE, BLDG C FRANKLIN LAKES NJ 07417	PRIMARY CARE SERVICES OUTPATIENT ONCOLOGY
9 HUMC MEDICAL ARTS PLAZA 20 PROSPECT AVENUE HACKENSACK NJ 07601	VARIOUS OUTPATIENT HEALTHCARE SERVICES & PHARMACY
10 THE ALFRED M. SANZARI MEDICAL ARTS BLDG. 360 ESSEX STREET, SUITE 202 HACKENSACK NJ 07601	VARIOUS OUTPATIENT HEALTHCARE SERVICES

Schedule H (Form 990) 2022

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 JOHN THEURER CANCER CENTER AT HUMC 92 SECOND STREET HACKENSACK NJ 07601	GAMMA KNIFE SERVICES, FIXED CT, LINEAR ACCELERATOR & PHARMACY
2 HACKENSACKUMC FITNESS & WELLNESS CENTER 87 ROUTE 17 NORTH, SUITE 172 MAYWOOD NJ 07607	PRIMARY CARE
3 HUMC AIR EXPRESS 30 PROSPECT AVENUE HACKENSACK NJ 07601	PRIMAR CARE SERVICES, MOBILE ASTHMA SCREENING SERVICES
4 METROPOLITAN SURGERY CENTER 433 HACKENSACK AVENUE HACKENSACK NJ 07601	VARIOUS OUTPATIENT HEALTHCARE SERVICES
5 HUMC MOUNTAINSIDE-O/P MENTAL HEALTH SVCS 799 BLOOMFIELD AVENUE, STE 300 VERONA NJ 07028	OUTPATIENT MENTAL HEALTH SVCS
6 WOUND CARE CENTER AT HUMC PASCACK VALLEY 270 OLD HOOK ROAD WESTWOOD NJ 07675	WOUND CARE SERVICES
7 MOUNTAINSIDE FAM PRACTICE ASSOC @ VERONA 799 BLOOMFIELD AVENUE VERONA NJ 07044	PRIMARY CARE
8 JFK IMAGING CENTER 60 JAMES STREET EDISON NJ 08820	IMAGING & MRI CENTER
9 MEDIPLEX SURGICAL CENTER ASSOCIATES 98 JAMES STREET EDISON NJ 08820	SURGERY CENTER
10 JFK JOHNSON REHABILITATION INSTITUTE 2048 OAK TREE ROAD EDISON NJ 08818	COGNITIVE REHABILITATION

Schedule H (Form 990) 2022

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 CENTER FOR BEHAVIORAL HEALTH 65 JAMES STREET EDISON NJ 08820	BEHAVIORAL HEALTH
2 JFK JOHNSON REHABILITATION INSTITUTE 2050 OAK TREE ROAD EDISON NJ 08818	PEDIATRIC REHABILITATION
3 JFK JOHNSON REHABILITATION INSTITUTE 308 TALMADGE ROAD EDISON NJ 08817	PROSTHETIC & ORTHOTIC LAB
4 JFK JOHNSON REHABILITATION INSTITUTE 100 OVERLOOK DRIVE MONROE TOWNSHIP NJ 08831	OUTPATIENT REHAB FACILITY
5 JFK JOHNSON REHABILITATION INSTITUTE 481 MEMORIAL PARKWAY METUCHEN NJ 08840	OUTPATIENT REHAB FACILITY
6 JFK JOHNSON REHABILITATION INSTITUTE 5 PROGRESS STREET EDISON NJ 08820	OUTPATIENT REHAB FACILITY
7 JFK HEALTH & FITNESS CENTER 70 JAMES STREET EDISON NJ 08820	FITNESS & CONFERENCE CENTER
8 JFK JOHNSON REHABILITATION INSTITUTE 1080 STELTON ROAD PISCATAWAY NJ 08854	OUTPATIENT REHAB FACILITY
9 ADVANCED MEDICAL IMAGING OF OLD BRIDGE 3548 ROUTE 9 SOUTH OLD BRIDGE NJ 08857	MEDICAL IMAGING, LABORATORY
10 CARRIER CLINIC BLAKE RECOVERY CENTER 252 ROUTE 601 BELLE MEAD NJ 08502	PSYCHIATRIC HOSPITAL

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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 HMH CC EAST MOUNTAIN YOUTH LODGE 45 EAST MOUNTAIN ROAD BELLE MEAD NJ 08502	RESIDENTIAL TREATMENT FACILITY
2 HMH REHAB @ HOLMDEL 668 NORTH BEERS STREET HOLMDEL NJ 07733	PHYSICAL THERAPY/OCCUPATIONAL THERAPY
3 JFK JOHNSON REHABILITATION INSTITUTE 585 MAIN STREET WOODBIDGE NJ 07095	OUTPATIENT REHAB FACILITY
4 HUMC- OUTPATIENT SERVICES 211 ESSEX STREET HACKENSACK NJ 07601	LABORATORY SERVICES
5 HUMC- OUTPATIENT SERVICES 20 PROSPECT AVENUE HACKENSACK NJ 07601	LABORATORY SERVICES
6 GLEN POINTE- OUTPATIENT SERVICES 400 FRANK W. BURR BLVD, SUITE 35 TEANECK NJ 07666	LABORATORY SERVICES
7 RBMC- OUTPATIENT SERVICES 2 HOSPITAL PLAZA OLD BRIDGE NJ 08857	LABORATORY SERVICES
8 HMMHC-PALISADES MEDICAL CENTER 403 39TH STREET UNION CITY NJ 07087	BEHAVIORAL HEALTH
9 AUDREY HEPBURN CHILDREN'S HOUSE 12 SECOND STREET HACKENSACK NJ 07601	BEHAVIORAL HEALTH
10 THE RETREAT & RECOVERY AT RAMAPO VALLEY 1071 RAMAPO VALLEY ROAD MAHWAH NJ 07430	BEHAVIORAL HEALTH

Schedule H (Form 990) 2022

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- PT @ EAST BRUNSWICK 620 CRANBURY ROAD EAST BRUNSWICK NJ 08816	PHYSICAL THERAPY
2 JFK MEDICAL CENTER EMS SOUTH 1195 AIRPORT ROAD LAKEWOOD NJ 08701	AMBULATORY CARE
3 HMH NURSING & REHAB 100 CHAPIN AVENUE RED BANK NJ 07701	POST ACUTE CARE
4 HMH URGENT CARE 1080 STELTON ROAD PISCATAWAY NJ 08854	CONVENIENT CARE
5 JSUMC ADDICTION RECOVERY SERVICES 1200 JUMPING BROOK ROAD NEPTUNE NJ 07753	BEHAVIORAL HEALTH SERVICES
6 JFK HARTWYCK AT CEDAR BROOK 1340 PARK AVENUE PLAINFIELD NJ 07060	POST ACUTE CARE
7 HACKENSACK MERIDIAN HOSPICE 1340A CAMPUS PARKWAY NEPTUNE NJ 07753	POST ACUTE CARE
8 EATONTOWN HEALTH & WELLNESS CENTER 137 ROUTE 35 EATONTOWN NJ 07724	AMBULATORY CARE
9 HMH URGENT CARE 137 ROUTE 35 EATONTOWN NJ 07724	CONVENIENT CARE
10 OCCUPATIONAL HEALTH 1430 HOOPER AVENUE, SUITE 200B TOMS RIVER NJ 08753	OCCUPATIONAL HEALTH

Schedule H (Form 990) 2022

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 OCCUPATIONAL HEALTH 150 AIRPORT ROAD, SUITE 100 LAKEWOOD NJ 08701	OCCUPATIONAL HEALTH
2 HMH NURSING & REHAB 160 MAIN STREET OCEAN GROVE NJ 07756	POST ACUTE CARE
3 HACKENSACK MERIDIAN HEALTH WEST CALDWELL 165 FAIRFIELD AVENUE WEST CALDWELL NJ 07006	POST ACUTE CARE
4 HMH SUBACUTE REHAB 1725 MERIDIAN TRAIL WALL NJ 07719	POST ACUTE CARE
5 HACKENSACK MERIDIAN AT HOME-OCEAN COUNTY 1759 STATE HIGHWAY 88, SUITE 100 BRICK NJ 08723	POST ACUTE CARE
6 HOPE TOWER LABORATORY 19 DAVIS AVENUE NEPTUNE NJ 07753	LABORATORY SITES
7 CENTER FOR BONE AND JOINT SURGERY 195 ROUTE 9 SOUTH, SUITE 210 MANALAPAN NJ 07726	AMBULATORY CARE
8 OCCUPATIONAL HEALTH 195 ROUTE 9 SOUTH, SUITE 213 MANALAPAN NJ 07726	OCCUPATIONAL HEALTH
9 HEALTH VILLAGE IMAGING 1975 HIGHWAY 34, BUILDING D WALL NJ 07719	AMBULATORY CARE
10 OCCUPATIONAL HEALTH 20 PROSPECT AVENUE, MEDICAL PLAZA HACKENSACK NJ 07601	OCCUPATIONAL HEALTH

Schedule H (Form 990) 2022

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 THE VILLAS 200 COMMONS WAY HOLMDEL NJ 07733	POST ACUTE CARE
2 HMH URGENT CARE 2040 ROUTE 33 NEPTUNE NJ 07753	BEHAVIORAL HEALTH SERVICES
3 JFK HARTWYCK AT OAK TREE 2048 OAK TREE ROAD EDISON NJ 08820	POST ACUTE CARE
4 JERSEY SHORE IMAGING 2100 CORLIES AVENUE NEPTUNE NJ 07753	AMBULATORY CARE
5 HMH URGENT CARE 2125 ROUTE 88 BRICK NJ 08724	CONVENIENT CARE
6 HMH URGENT CARE 215 APPLGARTH ROAD, BUILDING A MONROE NJ 08831	CONVENIENT CARE
7 OCCUPATIONAL HEALTH 2441A HIGHWAY 33, SUITE A NEPTUNE NJ 07754	OCCUPATIONAL HEALTH
8 MERIDIAN VILLAGE PHARMACY 27 SOUTH COOKS BRIDGE ROAD, SUITE 1-1 JACKSON NJ 08527	RETAIL PHARMACY
9 HMH URGENT CARE 27 SOUTH COOKS BRIDGE ROAD, SUITE 1-5 JACKSON NJ 08527	CONVENIENT CARE
10 HEALTH VILLAGE IMAGING 27 SOUTH COOKS BRIDGE ROAD, SUITE 1-6 JACKSON NJ 08527	AMBULATORY CARE

Schedule H (Form 990) 2022

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 THE VILLAS 289 GORDONS CORNER ROAD MANALAPAN NJ 07726	POST ACUTE CARE
2 VHS HOSPICE SERVICES OF NEW JERSEY 3 GARRETT MOUNTAIN PLAZA WOODLAND PARK NJ 07424	POST ACUTE CARE
3 CENTER FOR SLEEP MEDICINE 3 HOSPITAL PLAZA SUITE 407 OLD BRIDGE NJ 08857	AMBULATORY CARE
4 JFK MEDICAL CENTER EMS CENTRAL 308 TALMADGE ROAD EDISON NJ 08817	AMBULATORY CARE
5 HMH URGENT CARE 315 MAIN STREET FREEHOLD NJ 07728	CONVENIENT CARE
6 HMH PROSPECT HEIGHTS CARE CENTER 336 PROSPECT AVENUE HACKENSACK NJ 07601	POST ACUTE CARE
7 HMH AT HOME - INFUSION PHARMACY DEPT 34 INDUSTRIAL WAY EAST, BUILDING 1 EATONTOWN NJ 07724	RETAIL PHARMACY
8 HMH MOBILE HEALTH & WELLNESS VAN 343 THORNALL STREET EDISON NJ 08837	AMBULATORY CARE
9 HUMC CARDIOVASCULAR PARTNERS 400 FRANK W. BURR BOULEVARD TEANECK NJ 07666	AMBULATORY CARE
10 JSUMC - CHILD DAY PROGRAM 402 ROUTE 35 NEPTUNE NJ 07753	BEHAVIORAL HEALTH SERVICES

Schedule H (Form 990) 2022

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 HMH NURSING & REHAB 415 JACK MARTIN BOULEVARD BRICK NJ 08724	POST ACUTE CARE
2 HMH - SUNFLOWER LODGE AT WINDROW HOUSE 45 EAST MOUNTAIN ROAD BELLE MEAD NJ 08502	BEHAVIORAL HEALTH SERVICES
3 JFK AT HOME 485 ROUTE 1 SOUTH, BLDG. B ISELIN NJ 08830	POST ACUTE CARE
4 IMAGING NORTH, LLC 5 MARINE VIEW PLAZA - SUITE 100 HOBOKEN NJ 07030	AMBULATORY CARE
5 HMH NURSING & REHAB 50 POLIFLY ROAD HACKENSACK NJ 07601	POST ACUTE CARE
6 GEORGE J. OTLOWSKI SENIOR CENTER 570 LEE STREET PERTH AMBOY NJ 08861	BEHAVIORAL HEALTH SERVICES
7 WHISPERING KNOLL ASSISTED LIVING 62 JAMES STREET EDISON NJ 08820	POST ACUTE CARE
8 JFK OUTPATIENT PHARMACY 65 EDISON EDISON NJ 08837	RETAIL PHARMACY
9 RMC OUTPATIENT BEHAVIORAL HEALTH 661 SHREWSBURY AVENUE SHREWSBURY NJ 07702	BEHAVIORAL HEALTH SERVICES
10 HACKENSACK MERIDIAN REHABILITATION 700 ROUTE 9 SOUTH (AKA S. MAIN STREET) STAFFORD TOWNSHIP NJ 08092	FITNESS, PHYSICAL THERAPY & REHABILITATION

Schedule H (Form 990) 2022

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 HMH URGENT CARE 701 US HIGHWAY 9 FORKED RIVER NJ 08731	CONVENIENT CARE
2 PMC OUTPATIENT COUNSELING CENTER 7101 KENNEDY BOULEVARD NORTH BERGEN NJ 07047	BEHAVIORAL HEALTH SERVICES
3 THE WILLOWS AT HOLMDEL 713 NORTH BEERS STREET HOLMDEL NJ 07733	POST ACUTE CARE
4 BAYSHORE HEALTH CARE CENTER 715 NORTH BEERS STREET HOLMDEL NJ 07733	POST ACUTE CARE
5 HMH OCCUPATIONAL HEALTH 742 ROUTE 1 NORTH ISELIN NJ 08830	OCCUPATIONAL HEALTH
6 THE SLEEP WAKE CENTER 7650 RIVER ROAD NORTH BERGEN NJ 07047	AMBULATORY CARE
7 PALISADES MEDICAL CENTER- PHYSICAL REHAB 7650 RIVER ROAD NORTH BERGEN NJ 07047	FITNESS, PHYSICAL THERAPY & REHABILITATION
8 HMH AT HOME INFUSION PHARMACY 80 INDUSTRIAL ROAD, SUITE G LODI NJ 07644	RETAIL PHARMACY
9 HACKENSACK MERIDIAN HEALTH HAVEN HOSPICE 80 JAMES STREET EDISON NJ 08818	POST ACUTE CARE
10 HACKENSACK MERIDIAN HOSPICE 80 NAUTILUS DRIVE MANAHAWKIN NJ 08050	POST ACUTE CARE

Schedule H (Form 990) 2022

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 EMERGENCY RESOURCE COAL 842 SILVIA STREET, ENTERPRISE PARK, BLDG WEST TRENTON NJ 08628	AMBULATORY CARE
2 CENTER FOR WELLNESS 87 ROUTE 17 MAYWOOD NJ 07607	BEHAVIORAL HEALTH SERVICES
3 HACKENSACK OCCUPATIONAL HEALTH 87 ROUTE 17 NORTH MAYWOOD NJ 07607	OCCUPATIONAL HEALTH
4 CORPORATE WELLNESS CENTER 87 ROUTE 17 NORTH, SUITE 137 MAYWOOD NJ 07607	LABORATORY SITES
5 HMH NURSING & REHAB 89 AVENUE AT THE COMMON SHREWSBURY NJ 07702	POST ACUTE CARE
6 HMH URGENT CARE 9 MULE ROAD TOMS RIVER NJ 08755	CONVENIENT CARE
7 HMH URGENT CARE 901 LONG BEACH BOULEVARD SHIP BOTTOM NJ 08008	CONVENIENT CARE
8 JOHN THEURER CANCER CENTER PHARMACY 92 2ND STREET HACKENSACK NJ 07601	RETAIL PHARMACY
9 AIR MED ONE GREENWOOD LAKE AIRPORT WEST MILFORD NJ 07480	AMBULATORY CARE
10 JFK MEDICAL CENTER - MUHLENBERG CAMPUS PARK AVENUE & RANDOLPH ROAD PLAINFIELD NJ 07061	AMBULATORY CARE

Schedule H (Form 990) 2022

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.
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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.

SCHEDULE H, PART I, LINE 6A

BAYSHORE MEDICAL CENTER, HMH CARRIER CLINIC, HACKENSACK UNIVERSITY
 MEDICAL CENTER, JERSEY SHORE UNIVERSITY MEDICAL CENTER, JFK JOHNSON
 REHABILITATION INSTITUTE, JFK UNIVERSITY MEDICAL CENTER, HACKENSACK
 UNIVERSITY MOUNTAINSIDE MEDICAL CENTER, OCEAN UNIVERSITY MEDICAL CENTER,
 OLD BRIDGE MEDICAL CENTER, PALISADES MEDICAL CENTER, HACKENSACK MERIDIAN
 PASCACK VALLEY MEDICAL CENTER, RARITAN BAY MEDICAL CENTER, RIVERVIEW
 MEDICAL CENTER, JOHNSON REHABILITATION INSTITUTE AT OCEAN UNIVERSITY
 MEDICAL CENTER, SOUTHERN OCEAN MEDICAL CENTER, 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

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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- 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.

HEALTH CARE COSTS DOWN. HACKENSACK MERIDIAN REMAINS COMMITTED TO STRENGTHENING ITS MISSION. HACKENSACK MERIDIAN'S 2022 COMMUNITY HEALTH NEEDS ASSESSMENT REPORT CAN BE REQUESTED AT ANY ONE OF OUR FACILITIES. 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 MERIDIAN REMAINS COMMITTED TO STRENGTHENING ITS MISSION. HACKENSACK MERIDIAN'S 2022 COMMUNITY HEALTH NEEDS ASSESSMENT REPORT CAN BE REQUESTED AT ANY ONE OF OUR FACILITIES.

Part VI Supplemental Information

Provide the following 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.
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SCHEDULE H, PART I, LINE 7

THE BAD DEBT EXPENSE SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$253,909,511; 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.

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

Part VI Supplemental Information

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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 I, LINE 7I INCLUDES THIS MISSION SUPPORT AS PART OF THE HOSPITALS' SUBSIDIZED SERVICES.

Part VI Supplemental 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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- 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 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. 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

Part VI Supplemental Information

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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.

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 17-19 & 21.

Part VI Supplemental Information

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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.

SCHEDULE H, PART III, QUESTION 9B

BAYSHORE MEDICAL CENTER, JERSEY SHORE UNIVERSITY MEDICAL CENTER, OCEAN UNIVERSITY MEDICAL CENTER, RIVERVIEW MEDICAL CENTER, SOUTHERN OCEAN MEDICAL CENTER, OLD BRIDGE MEDICAL CENTER, RARITAN BAY MEDICAL CENTER, JFK UNIVERSITY MEDICAL CENTER, JFK JOHNSON REHABILITATION INSTITUTE, PALISADES MEDICAL CENTER, AND HACKENSACK UNIVERSITY MEDICAL CENTER

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.

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

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

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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 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

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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. 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.

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.

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

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

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.

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 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

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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- 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.

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 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

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.

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 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

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.

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
MEASURES.

Part VI Supplemental Information

Provide the following information.

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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
3. FOR KEY SERVICES, HMH HAS DEVELOPED CARE TRANSFORMATION SERVICE TEAMS TO ACCESS SERVICE-SPECIFIC NEEDS AND DEVELOP PLANS TO ADDRESS.

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.

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;
- 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

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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.

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 HOSPITALS AND ON THE HOSPITAL WEBSITE.

[HTTPS://WWW.HACKENSACKMERIDIANHEALTH.ORG/EN/PAY-BILL/FINANCIAL-ASSISTANCE](https://www.hackensackmeridianhealth.org/en/pay-bill/financial-assistance)

SCHEDULE H, PART VI, QUESTION 4

THE 18 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

Part VI Supplemental Information

Provide the following information.

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POPULATION, 2022: 644,098

UNDER 5 YEARS OF AGE, 2022: 4.9%

UNDER 18 YEARS OF AGE, 2022: 20.4%

65 YEARS OLD AND OVER, 2022: 19.4%

PERSONS IN POVERTY, 2017-2021: 7.4%

MEDIAN HOUSEHOLD INCOME, 2017-2021: \$110,356

RACIAL COMPOSITION, 2022:

WHITE: 74.5%

AFRICAN AMERICAN: 7.3%

ASIAN: 5.8%

HISPANIC OR LATINO ORIGIN: 5.8%

OTHER: 0.4%

OCEAN COUNTY

POPULATION, 2022: 655,735

UNDER 5 YEARS OF AGE, 2022: 7.3%

UNDER 18 YEARS OF AGE, 2022: 24.6%

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.

65 YEARS OLD AND OVER, 2022: 22.8%

PERSONS IN POVERTY, 2017-2021: 11.4%

MEDIAN HOUSEHOLD INCOME, 2017-2021: \$76,644

RACIAL COMPOSITION, 2022:

WHITE: 83.3%

AFRICAN AMERICAN: 3.9%

ASIAN: 2.1%

HISPANIC OR LATINO ORIGIN: 10.2%

OTHER: 0.4%

MIDDLESEX COUNTY

POPULATION, 2022: 861,418

UNDER 5 YEARS OF AGE, 2022: 5.3%

UNDER 18 YEARS OF AGE, 2022: 21.2%

65 YEARS OLD AND OVER, 2022: 16.3%

PERSONS IN POVERTY, 2017-2021: 8.0%

MEDIAN HOUSEHOLD INCOME, 2017-2021: \$96,883

Part VI Supplemental Information

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RACIAL COMPOSITION, 2022:

WHITE: 38.9%

AFRICAN AMERICAN: 12.9%

ASIAN: 26.1%

HISPANIC OR LATINO ORIGIN: 23.2%

OTHER: 0.9%

HUDSON COUNTY

POPULATION, 2022: 703,366

UNDER 5 YEARS OF AGE, 2022: 6.3%

UNDER 18 YEARS OF AGE, 2022: 19.8%

65 YEARS OLD AND OVER, 2022: 12.8%

PERSONS IN POVERTY, 2017-2021: 15.9%

MEDIAN HOUSEHOLD INCOME, 2017-2021: \$79,795

RACIAL COMPOSITION, 2022:

WHITE: 28.2%

AFRICAN AMERICAN: 15.4%

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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.

ASIAN: 17.0%

HISPANIC OR LATINO ORIGIN: 42.4%

OTHER: 1.5%

BERGEN COUNTY

POPULATION, 2022: 952,997

UNDER 5 YEARS OF AGE, 2022: 5.0%

UNDER 18 YEARS OF AGE, 2022: 20.6%

65 YEARS OLD AND OVER, 2022: 18.3%

PERSONS IN POVERTY, 2017-2021: 7.5%

MEDIAN HOUSEHOLD INCOME, 2017-2021: \$109,497

RACIAL COMPOSITION, 2022:

WHITE: 52.7%

AFRICAN AMERICAN: 7.8%

ASIAN: 17.6%

HISPANIC OR LATINO ORIGIN: 22.7%

OTHER: 0.7%

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SOMERSET COUNTY

POPULATION, 2022: 346,875

UNDER 5 YEARS OF AGE, 2022: 4.8%

UNDER 18 YEARS OF AGE, 2022: 20.8%

65 YEARS OLD AND OVER, 2022: 17.3%

PERSONS IN POVERTY, 2017-2021: 5.5%

MEDIAN HOUSEHOLD INCOME, 2017-2021: \$121,695

RACIAL COMPOSITION, 2022:

WHITE: 51.5%

AFRICAN AMERICAN: 11.0%

ASIAN: 20.7%

HISPANIC OR LATINO ORIGIN: 16.4%

OTHER: 0.5%

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 VI, QUESTION 5

PROJECT "HEAL"

PROJECT HEAL (HELP, EMPOWER, AND LEAD) CELEBRATED ITS 2ND ANNIVERSARY IN MARCH 2023. THE PROGRAM HAS SERVED OVER 400 INDIVIDUALS IMPACTED BY VIOLENCE AND PROVIDED MORE THAN 1,850 TRAUMA-INFORMED COUNSELING SESSIONS AND HOSPITAL BEDSIDE VISITS, ALONG WITH A VARIETY OF ADDITIONAL SERVICES, INCLUDING EMERGENCY FINANCIAL ASSISTANCE, HEALTH SCREENINGS, CASE MANAGEMENT AND REFERRALS IN THE PAST TWO YEARS. PROJECT HEAL ALSO PARTNERED WITH A LOCAL, FAITH-BASED ORGANIZATION WITH DEEP ROOTS IN THE COMMUNITY, TRIUMPHANT LIFE CHURCH, TO LAUNCH A NEW COMMUNITY-BASED VIOLENCE INTERVENTION PROGRAM, ELEVATE. ELEVATE SERVES MONMOUTH COUNTY YOUTH AT RISK FOR VIOLENCE VICTIMIZATION AND PERPETRATION BY PROVIDING TRAUMA-INFORMED CLINICAL SERVICES, PEER MENTORING AND ALTERNATIVES TO VIOLENCE.

RSV, FLU & COVID-19 CAMPAIGN

IN DECEMBER 2022, THE COMMUNITY OUTREACH & ENGAGEMENT TEAM LAUNCHED A

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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- 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.

NETWORK-WIDE COMMUNITY EDUCATION AND AWARENESS CAMPAIGN, TACKLING THE RISE IN PREVENTABLE VISITS TO OUR EMERGENCY DEPARTMENT (ED) FOR RSV, FLU AND OTHER RESPIRATORY INFECTIONS, ESPECIALLY AMONG OUR PEDIATRIC POPULATION. THE GOAL WAS TO EDUCATE THE PUBLIC ABOUT THE SIGNS AND SYMPTOMS OF THESE INFECTIONS AND WHEN AND WHERE TO SEEK CARE. IN ADDITION, OUR HEALTH EDUCATORS TAUGHT COMMUNITY MEMBERS ABOUT THE IMPORTANCE OF HAND HYGIENE AND VACCINATIONS. THROUGH FUNDING FROM A GENEROUS DONOR, WE HAVE ACQUIRED 17,000 REUSABLE DIGITAL THERMOMETERS THAT HAVE BEEN DISTRIBUTED TO FAMILIES IN NEED, ALONG WITH EDUCATIONAL HANDOUTS IN ENGLISH AND SPANISH.

ROAD TO RECOVERY PROGRAM

WE PROUDLY SUPPORT THE AMERICAN CANCER SOCIETY'S ROAD TO RECOVERY PROGRAM IN NEW JERSEY - ASSISTING CANCER PATIENTS WITH FREE TRANSPORTATION TO TREATMENT AND ACCESS TO CRITICAL CARE WHEN NEEDED. IN 2021, WE GAVE THE AMERICAN CANCER SOCIETY A \$100,000 TWO YEAR GRANT FOR REIMAGINING AND ENHANCING THE ROAD TO RECOVERY PROGRAM POST-PANDEMIC. SIGNIFICANT TECHNOLOGICAL ADVANCES ALLOWED THE AMERICAN CANCER SOCIETY TO OFFER MORE

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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EFFICIENT AND STREAMLINED PROCESSES, INCLUDING A WEB-AND-MOBILE-BASED APPLICATION THAT UTILIZES UP-TO-DATE TECHNOLOGY AND HARNESSSES THE CONVENIENCE OF SMARTPHONES, MATCHING PATIENTS WHO NEED RIDES WITH AVAILABLE VOLUNTEERS. AFTER PILOTING THE IMPROVEMENTS IN OCEAN AND MONMOUTH COUNTIES, THE NEW PROGRAM WAS ROLLED OUT STATE-WIDE, AND IN 2022, 285 DOOR-TO-DOOR RIDES WERE PROVIDED TO 47 CANCER PATIENTS ACROSS NEW JERSEY. MONMOUTH COUNTIES, THE NEW PROGRAM WAS ROLLED OUT STATE-WIDE, AND IN 2022, 285 DOOR-TO-DOOR RIDES WERE PROVIDED TO 47 CANCER PATIENTS ACROSS NEW JERSEY.

LEADING THE NATION IN HEALTHY CONNECTIONS THROUGH OUR GROUNDBREAKING SOCIAL DETERMINANTS OF HEALTH PROGRAM, HEALTHY CONNECTIONS, WE HAVE PROVIDED 2.7 MILLION PATIENT REFERRALS FOR SUPPORT BEYOND TRADITIONAL HEALTH CARE. THROUGH THIS INNOVATIVE PROGRAM AND A UNIQUE PARTNERSHIP WITH UNITE US, WE LAUNCHED HEALTHY CONNECTIONS IN JUNE 2021, BECOMING THE FIRST HEALTH CARE NETWORK TO ASSESS TOTAL PATIENT HEALTH, INCLUDING NON-MEDICAL NEEDS, AT ALL POINTS OF ENTRY. TEAM MEMBERS QUICKLY IDENTIFIED FIVE ISSUE AREAS THAT WERE A PRIORITY FOR PATIENTS:

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.

FOOD, HOUSING, TRANSPORTATION, CAREGIVER SUPPORT AND MENTAL

HEALTH/SUBSTANCE ABUSE TREATMENT. IN JUNE 2021, ALL HEALTH CARE SETTINGS

ACROSS THE NETWORK BEGAN PROVIDING CONSISTENT SCREENING. TODAY, THE

NETWORK SCREENS UP TO 5,000 PATIENTS DAILY. IF A NEED IS DISCOVERED

DURING THE SCREENING PROCESS, THE PATIENT IS REFERRED TO COMMUNITY

PARTNER ORGANIZATIONS FOR ASSISTANCE.

- 833,000+ PATIENTS HAVE BEEN SCREENED

- 2.7 MILLION REFERRALS HAVE BEEN PROVIDED

KEEPING OUR COMMUNITIES HEALTHY

- 5,570+ COMMUNITY MEMBERS PARTICIPATED IN TRAUMA & INJURY PREVENTION

EDUCATIONAL PROGRAMS, SUCH AS STOP THE BLEED

- 4,050 SENIOR SAFETY LIGHTS AND SAFETY BAGS DISTRIBUTED THAT HELP OLDER

ADULTS STAY SAFE FROM FALLS

- 31,600+ COMMUNITY MEMBERS RECEIVED EDUCATION AND RESOURCES TO TAKE

CHARGE OF THEIR OWN HEALTH

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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- 6,057 HIGH-RISK IDENTIFIED AND REFERRED FOR FOLLOW UP CARE
- 31,600+ INDIVIDUALS TRAINED IN LIFE-SAVING CPR & AED USE
- 1,400+ CAR SEAT SAFETY CHECKS PROVIDED
- 23,550+ FREE PREVENTIVE HEALTH SCREENINGS & COUNSELING PROVIDED TO
COMMUNITY MEMBERS
- 3,445 FLU VACCINATIONS PROVIDED TO ADULTS & CHILDREN, FREE OF CHARGE
- 1,280+ NARCAN REPLACEMENT KITS PROVIDED TO FIRST RESPONDERS, FREE OF
CHARGE
- 1,497 COMMUNITY MEMBERS QUIPPED WITH TOOLS TO OVERCOME THEIR TOBACCO
ADDICTION
- 977 HIGH SCHOOL STUDENTS PARTICIPATED IN #NOTEVENONCE SCHOOL-BASED
OPIATE AWARENESS PROGRAMS
- 458 COMMUNITY MEMBERS COMPLETED MENTAL HEALTH FIRST AID TRAININGS
- 948 SOCIETY FOR THE PREVENTION OF TEEN SUICIDE MENTAL HEALTH CRISIS
TOOLKITS PROVIDED TO PARENTS TO TEENS

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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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

Part VI Supplemental Information

Provide the following information.

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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,
- OLD BRIDGE MEDICAL CENTER
- RARITAN BAY MEDICAL CENTER,
- PALISADES MEDICAL CENTER,
- HMM CARRIER CLINIC,
- JFK UNIVERSITY MEDICAL CENTER,
- HACKENSACK MERIDIAN MOUNTAINSIDE MEDICAL CENTER,

Part VI Supplemental 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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- HACKENSACK MERIDIAN PASCACK VALLEY MEDICAL CENTER,
- JFK JOHNSON REHABILITATION INSTITUTE,
- JOHNSON REHABILITATION INSTITUTE AT OCEAN UNIVERSITY MEDICAL CENTER,
- JOSEPH M. SANZARI CHILDREN'S HOSPITAL AND
- HACKENSACK MERIDIAN LTACH

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.

Part VI Supplemental Information

Provide the following information.

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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 18 HOSPITALS,
INCLUDING THREE ACADEMIC MEDICAL CENTERS, TWO CHILDREN'S HOSPITALS,
TWELVE ACUTE CARE HOSPITALS, PHYSICIAN PRACTICES, MORE THAN 120
AMBULATORY CARE 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.

Part VI Supplemental Information

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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)**

**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.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

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

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? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ADLER APHASIA CENTER 60 WEST HUNTER AVENUE MAYWOOD, NJ 07607	02-0687863	501(C)(3)	6,000.		FMV		SPONSORSHIP
(2) AFRICAN AMERICAN CHAMBER OF COMMERCE ONE PENN CTR, RM 889 PHILADELPHIA, PA 19103	23-2740204	501(C)(6)	17,500.		FMV		SPONSORSHIP
(3) ALGONQUIN ARTS A NJ NONPROFIT CORP 60 ABE VOORHEES DRIVE MANASQUAN, NJ 08736	22-3195260	501(C)(3)	10,000.		FMV		SPONSORSHIP
(4) ALLBRITTON, LLC 1000 WILSON BLVD 8TH FL ARLINGTON, VA 22209	27-4022975		75,000.		FMV		SPONSORSHIP
(5) AMERICAN ACADEMY OF PEDIATRICS, INC. 50 MILLSTONE RD EAST WINDSOR, NJ 08520	36-2275597	501(C)(3)	13,750.		FMV		RESEARCH SUPPORT
(6) AMERICAN CANCER SOCIETY 1035 HOOPER AVE TOMS RIVER, NJ 08753	16-0743902	501(C)(3)	80,000.		FMV		RESEARCH SUPPORT
(7) AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES 3439 EAGLE WAY CHICAGO, IL 60678-1034	36-3208430	501(C)(6)	6,500.		FMV		SPONSORSHIP
(8) AMERICAN HEART ASSOCIATION 208 WEST END AVE BRIDGEWATER, NJ 08807	13-5613797	501(C)(3)	40,000.		FMV		RESEARCH SUPPORT
(9) AMERICAN LUNG ASSOCIATION 55 W WACKER DR, STE 1150 CHICAGO, IL 60601	13-1632524	501(C)(3)	10,000.		FMV		RESEARCH SUPPORT
(10) AMERICAN RED CROSS 209 FAIRFIELD ROAD FAIRFIELD, NJ 07004	53-0196605	501(C)(3)	10,000.		FMV		SPONSORSHIP
(11) ARTHRITIS FOUNDATION 555 RTE 1 S STE 220 ISELIN, NJ 08830-2000	58-1341679	501(C)(3)	15,000.		FMV		SPONSORSHIP
(12) BERGEN VOLUNTEER MEDICAL INITIATIVE, INC 75 ESSEX ST, STE 100 HACKENSACK, NJ 07601	20-2633437	501(C)(3)	22,500.		FMV		SPONSORSHIP

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 69

3 Enter total number of other organizations listed in the line 1 table 20

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

Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization HACKENSACK MERIDIAN HEALTH, INC.

Employer identification number

-SUBORDINATES

01-0649794

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BIG BROTHERS BIG SISTERS MON/MIDDLESEX 174 MAIN STREET EATONTOWN, NJ 07724	22-2155416	501(C)(3)	25,000.		FMV		CHILDREN'S HEALTH
(2) BOY SCOUTS OF AMERICA, MONMOUTH CNSL 705 GINESI DR MORGANVILLE, NJ 07751	21-0634963	501(C)(3)	30,000.		FMV		SPONSORSHIP
(3) CHRISTOPHER REEVE FOUNDATION 636 MORRIS TPK STE 3A SHORT HILLS, NJ 07078	22-2939536	501(C)(3)	7,500.		FMV		SPONSORSHIP
(4) CLEAN OCEAN ACTION 49 AVENEL BOULEVARD LONG BRANCH, NJ 07740	22-2897204	501(C)(3)	8,500.		FMV		SPONSORSHIP
(5) COMMERCE AND INDUSTRY ASS OF NJ 365 W PASSAIC ST ROCHELLE PARK, NJ 07662	22-0766160	501(C)(6)	9,900.		FMV		SPONSORSHIP
(6) COUNT BASIE THEATRE INC 99 MONMOUTH STREET RED BANK, NJ 07701	22-1950890	501(C)(3)	442,590.		FMV		SPONSORSHIP
(7) COUNTY OF BERGEN ONE BERGEN CTY PLZA HACKENSACK, NJ 07601	22-6002426	GOVERNMENT	10,000.		FMV		SPONSORSHIP
(8) DRUMTHWACKET FOUNDATION INC. 354 STOCKTON STREET PRINCETON, NJ 08540	22-2429563	501(C)(3)	50,000.		FMV		SPONSORSHIP
(9) EDISON CHAMBER OF COMMERCE 939 AMBOY AVENUE EDISON, NJ 08837	22-1841265	501(C)(6)	7,500.		FMV		SPONSORSHIP
(10) EDISON TOWNSHIP 100 MUNICIPAL BLVD EDISON, NJ 08817	22-6002241		10,000.		FMV		SPONSORSHIP
(11) EXECUTIVE WOMEN OF NJ CHARITABLE TRUST PO BOX 925 VOORHEES, NJ 08043	22-6534516	501(C)(3)	12,000.		FMV		SPONSORSHIP
(12) FELICIAN UNIVERSITY 262 SOUTH MAIN STREET LODI, NJ 07644	22-1912028	501(C)(3)	7,500.		FMV		SPONSORSHIP

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

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization HACKENSACK MERIDIAN HEALTH, INC.

Employer identification number

-SUBORDINATES

01-0649794

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FIGHTING CHILDRENS CANCER FDN INC. P.O. BOX 138 READINGTON, NJ 08870	22-3564371	501(C)(3)	9,375.		FMV		SPONSORSHIP
(2) FILIPINO AMERICAN FESTIVAL, INC. P.O. BOX 183 FAIRLAWN, NJ 07410	37-3389726		6,000.		FMV		SPONSORSHIP
(3) FILM INDEPENDENT INC. 5670 WILSHIRE BLVD LOS ANGELES, CA 90036	95-3943485	501(C)(3)	10,000.		FMV		SPONSORSHIP
(4) FOODCIRCUS SUPERMARKETS, INC. 853 NJ-35 MIDDLETOWN, NJ 07748	21-0678353		6,500.		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) GREENWOOD LAKE AIR SHOW, LLC 126 AIRPORT ROAD WEST MILFORD, NJ 07480	46-2784918		10,000.		FMV		SPONSORSHIP
(7) HACKENSACK CHAMBER OF COMMERCE 66 MOORE STREET HACKENSACK, NJ 07601	22-1717794	501(C)(6)	10,000.		FMV		SPONSORSHIP
(8) HACKENSACK RIVERKEEPER, INC. 231 MAIN STREET HACKENSACK, NJ 07601	22-3530496	501(C)(3)	8,500.		FMV		SPONSORSHIP
(9) IMMACULATE HEART ACADEMY 500 VAN EMBURGH AVE WASHINGTON, NJ 07675	16-0926742	501(C)(3)	10,000.		FMV		SPONSORSHIP
(10) INSTITUTE FOR ADVANCED CLIN TRIALS FOR CHLD 9200 CORPORATE BLVD ROCKVILLE, MD 20850	81-2076517	501(C)(3)	25,000.		FMV		SPONSORSHIP
(11) INTERFAITH NEIGHBORS, INC. 810 FOURTH AVENUE ASBURY PARK, NJ 07712	22-2896129	501(C)(3)	40,000.		FMV		SPONSORSHIP
(12) JAZZ HOUSE KIDS INC 347 BLOOMFIELD AVE MONTCLAIR, NJ 07042	56-2303577	501(C)(3)	10,000.		FMV		SPONSORSHIP

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(1) JDRF INTERNATIONAL 200 VESEY STREET NEW YORK, NY 10281	23-1907729	501(C)(3)	50,000.		FMV		SPONSORSHIP
(2) KEEPING BABIES SAFE INC. 16 MOUNT BETHEL RD WARREN, NJ 07059	45-2955811	501(C)(3)	15,000.		FMV		SPONSORSHIP
(3) KOREAN AMERICAN ASSN OF NJ 21 GRAND AVE 216-B PALISADES PARK, NJ 07650	23-3782785	501(C)(3)	10,000.		FMV		SPONSORSHIP
(4) LEAD NEW JERSEY 20 NASSAU ST., STE 235B PRINCETON, NJ 08542	47-2471572	501(C)(3)	34,000.		FMV		SPONSORSHIP
(5) LEUKEMIA & LYMPHOMA SOCIETY 14 COMMERCE DRIVE CRANFORD, NJ 07106	13-5644916	501(C)(3)	15,000.		FMV		SPONSORSHIP
(6) LUNCH BREAK, INC. P.O. BOX 2215 RED BANK, NJ 07701	22-2440028	501(C)(3)	5,500.		FMV		SPONSORSHIP
(7) MARCH OF DIMES, INC. P.O. BOX 18819 ATLANTA, GA 31126	13-1846366	501(C)(3)	15,000.		FMV		CHILDREN'S HEALTH
(8) METUCHEN DOWNTOWN ALLIANCE A NJ NFP CORP 10 STATION PLACE METUCHEN, NJ 08840	81-1396225	501(C)(3)	55,000.		FMV		SPONSORSHIP
(9) MONMOUTH COUNTY SPCA 260 WALL STREET EATONTOWN, NJ 07724	21-0679893	501(C)(3)	10,000.		FMV		SPONSORSHIP
(10) MONMOUTH PARK CHARITY FUND 175 OCEANPORT AVE OCEANPORT, NJ 07757	22-6063135	501(C)(3)	25,000.		FMV		SAFETY & WELLNESS
(11) MORRIS ARTS 14 MAPLE AVE MORRISTOWN, NJ 07960	22-2012936	501(C)(3)	10,000.		FMV		SPONSORSHIP
(12) NAIOP NEW JERSEY CHAPTER INC 317 GEORGE ST NEW BRUNSWICK, NJ 08901	22-2864482	501(C)(6)	7,250.		FMV		SPONSORSHIP

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Part I General Information on Grants and Assistance

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

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NATIONAL MS SOCIETY 733 THIRD AVE, 3RD FL NEW YORK, NY 10017	13-5661935	501(C)(3)	13,000.		FMV		SPONSORSHIP
(2) NEW JERSEY ALLIANCE FOR ACTION INC. 91 FIELDCREST AVE, STE A24 EDISON, NJ 08837	22-2083382	501(C)(6)	5,100.		FMV		SPONSORSHIP
(3) NEW JERSEY BUSINESS & INDUSTRY ASSOC 310 PASSAIC AVE FAIRFIELD, NJ 07004	21-0506685		16,000.		FMV		SPONSORSHIP
(4) NEW JERSEY FORWARD INC 494 BROAD ST, 6TH FL NEWARK, NJ 07102	87-3898400		100,000.		FMV		SPONSORSHIP
(5) NEW JERSEY FUTURE 16 W LAFAYETTE ST TRENTON, NJ 08608	22-2879323	501(C)(3)	10,000.		FMV		SPONSORSHIP
(6) NEW JERSEY HEALTH CARE QUALITY INSTITUTE P.O. BOX 2246 PRINCETON, NJ 08543	31-1530922	501(C)(3)	10,000.		FMV		SPONSORSHIP
(7) NEW JERSEY SYMPHONY ORCHESTRA 60 PARK PLACE, 9TH FL NEWARK, NJ 07102	22-1559422	501(C)(3)	150,000.		FMV		SPONSORSHIP
(8) THE NEWARK ART MUSEUM ASSOCIATION 49 WASHINGTON ST NEWARK, NJ 07102	22-1487275	501(C)(3)	12,500.		FMV		SPONSORSHIP
(9) NEWARK MUSEUM ASSOCIATION 49 WASHINGTON ST NEWARK, NJ 07102	22-1487275	501(C)(3)	12,500.		FMV		SPONSORSHIP
(10) NJ SHARING NETWORK FDN 691 CENTRAL AVE NEW PROVIDENCE, NJ 07974	20-2737719	501(C)(3)	50,000.		FMV		SPONSORSHIP
(11) NURSES WITH GLOBAL IMPACT, INC. 800 FIFTH AVE, APT 20C NEW YORK, NY 10065	82-4251521		10,000.		FMV		SPONSORSHIP
(12) PARKINSONS UNITY WALK INC. P.O. BOX 275 KINGSTON, NJ 08528	13-3842415	501(C)(3)	8,000.		FMV		SPONSORSHIP

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PARTNERS FOR HEALTH, INC 54 PLYMOUTH ST MONTCLAIR, NJ 07042	22-3122804	501(C)(3)	10,000.		FMV		SPONSORSHIP
(2) POLICE UNITY TOUR SOUTHERN CALIFORNIA 23890 COPPER HILL DR VALENCIA, CA 91354	26-4384010	501(C)(3)	8,000.		FMV		SPONSORSHIP
(3) PONY POWER THERAPIES, INC. 1170 RAMAPO VALLEY RD MAHWAH, NJ 07430	20-3210841	501(C)(3)	10,000.		FMV		SPONSORSHIP
(4) PREFERRED BEHAVIORAL HEALTH OF NJ, INC 700 AIRPORT RD LAKEWOOD, NJ 08701	22-2196988	501(C)(3)	7,500.		FMV		SPONSORSHIP
(5) PRESCHOOL ADVANTAGE INC. 25 LINDSLEY DR #307 MORRISTOWN, NJ 07960	22-3360099	501(C)(3)	7,500.		FMV		SPONSORSHIP
(6) ST. JOSEPH HOSP & MED CENTER FDN, INC P.O BOX 29000, NEWARK, NJ 07101-9888	23-2649362	501(C)(3)	31,500.		FMV		SPONSORSHIP
(7) ST. JOSEPH'S UNIVERSITY MED CENTER, INC 703 MAIN STREET PATERSON, NJ 07503	22-1487602	501(C)(3)	6,500.		FMV		SPONSORSHIP
(8) STEPHEN SILLER TUNNEL TO TOWERS FDN 2361 HYLAN BLVD STATEN ISLAND, NY 10306	02-0554654	501(C)(3)	10,000.		FMV		SPONSORSHIP
(9) SUMMIT HEALTH CARES 150 FLORAL AVE NEW PROVIDENCE, NJ 07974	46-3355413	501(C)(3)	10,000.		FMV		SPONSORSHIP
(10) SUSAN G. KOMEN BREAST CANCER FDN, INC. 4 CAMPUS DR., STE 110 PARSIPPANY, NJ 07054	75-1835298	501(C)(3)	45,000.		FMV		SPONSORSHIP
(11) THE ARNOLD GOLD FOUNDATION 619E PALISADES AVE	22-3052098	501(C)(3)	30,000.		FMV		SPONSORSHIP
(12) THE FORGET ME NOT FOUNDATION 225 LAKEVIEW DR RIDGEWOOD, NJ 07450	27-1844929		10,000.		FMV		SPONSORSHIP

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(1) THE NJ STATE CHAMBER OF COMMERCE 216 WEST STATE ST, 3RD FL TRENTON, NJ 08608	22-1153980	501(C)(6)	12,000.		FMV		SPONSORSHIP
(2) INNER CITY SCHOLARSHIP FUND 171 CLIFTON AVE NEWARK, NJ 07104	51-0546401	501(C)(3)	10,000.		FMV		SPONSORSHIP
(3) TOWNSHIP OF NEPTUNE P.O. BOX 336 NEPTUNE, NJ 07754	21-6000913		6,000.		FMV		SPONSORSHIP
(4) TOWNSQUARE MEDIA MONMOUTH/OCEAN-SHORE 8 ROBBINS ST, STE 201 TOMS RIVER, NJ 08753	16-1606764		78,000.		FMV		SPONSORSHIP
(5) TWO RIVER THEATER COMPANY, INC. 21 BRIDGE AVE RED BANK, NJ 07728	52-1857757	501(C)(3)	60,000.		FMV		SPONSORSHIP
(6) UNITED WAY OF MONMOUTH & OCEAN COUNTIES 1415 WYCKOFF RD FARMINGDALE, NJ 07727	22-1828435	501(C)(3)	16,000.		FMV		HEALTH & WELLNESS
(7) UNITED WAY OF NORTHERN NEW JERSEY, INC 222 RIDGEDALE AVE CEDAR KNOLLS, NJ 07927	22-1487247	501(C)(3)	7,000.		FMV		SPONSORSHIP
(8) USA NORTHEAST PROVINCE OF THE SOCIETY OF JE 39 E 83RD ST NEW YORK, NY 10028	47-2184310	501(C)(3)	25,000.		FMV		SPONSORSHIP
(9) WYCKOFF FAMILY YMCA P.O. BOX 203 WYCKOFF, NJ 07481	22-2011431	501(C)(3)	50,000.		FMV		SPONSORSHIP
(10) PALISADES MEDICAL ASSOCIATES, LLC 343 THORNALL STREET EDISON, NJ 08837	22-3814193	501(C)(3)	8,033,534.		FMV		SUBSIDY
(11) HMM MEDICAL GROUP- PRIMARY CARE, PC 343 THORNALL STREET EDISON, NJ 08837	14-1981653	501(C)(3)	19,895,668.		FMV		SUBSIDY
(12) MERIDIAN MEDICAL GROUP- SPECIALTY CARE, PC 343 THORNALL STREET EDISON, NJ 08837	14-1981647	501(C)(3)	48,241,345.		FMV		SUBSIDY

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(1) HMH MEDICAL GROUP- COMPLEX CARE, PC 343 THORNALL STREET EDISON, NJ 08837	06-1755230	501(C)(3)	66,551,172.		FMV		SUBSIDY
(2) HMH MEDICAL GROUP- SPECIALTY CARE, PC 343 THORNALL STREET EDISON, NJ 08837	22-3376459	501(C)(3)	124,313,693.		FMV		SUBSIDY
(3) HUMC CARDIOVASCULAR PARTNERS, PC 343 THORNALL STREET EDISON, NJ 08837	27-0614861	501(C)(3)	21,688,582.		FMV		SUBSIDY
(4) SOMC MEDICAL GROUP, PC 343 THORNALL STREET EDISON, NJ 08837	27-1412183	501(C)(3)	264,601.		FMV		SUBSIDY
(5) JFK MEDICAL ASSOCIATES, PA 343 THORNALL STREET EDISON, NJ 08837	46-2219798	501(C)(3)	27,636,659.		FMV		SUBSIDY
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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Schedule I (Form 990) 2022

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	161	495,260.			
2 HARDSHIP ASSISTANCE	121	338,457.			
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 MERIDIAN ARE UTILIZED APPROPRIATELY.

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.

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;
- ORGANIZATIONS THAT ENCOURAGE YOUNG PEOPLE TO ACHIEVE THEIR POTENTIAL,

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
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(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.

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

2022

**Open to Public
Inspection**

Name of the organization **HACKENSACK MERIDIAN HEALTH, INC.**
-SUBORDINATES

Employer identification number
01-0649794

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2022

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ROBERT C. GARRETT CEO/TRUSTEE	(i)	2,549,241.	1,832,399.	1,292,784.	277,938.	32,417.	5,984,779.	250,000.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 MARK STAUDER CHAIRPERSON/COO	(i)	1,697,375.	936,749.	277,208.	15,250.	31,009.	2,957,591.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 ROBERT L. GLENNING PRES, FIN & IT SVCS DIV, CFO	(i)	1,378,293.	655,678.	578,577.	15,250.	37,883.	2,665,681.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 IHOR SAWCZUK, M.D. REG. PRES, HOSPITALS	(i)	1,663,959.	542,697.	335,365.	27,938.	29,940.	2,599,899.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 AUDREY C. MURPHY, ESQ EVP, CO-CHIEF LEGAL OFFICER	(i)	947,437.	284,437.	847,509.	27,938.	40,325.	2,147,646.	133,822.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 PATRICK YOUNG PRES, POPULATION HEALTH	(i)	1,017,079.	588,004.	234,002.	424,346.	40,067.	2,303,498.	150,001.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 KENNETH N. SABLE, M.D. REG PRES, HOSPITALS	(i)	1,082,568.	403,017.	235,909.	186,282.	44,646.	1,952,422.	127,468.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 DANIEL VARGA, M.D. CHIEF PHYSICIAN EXECUTIVE	(i)	1,092,955.	409,415.	194,560.	15,250.	41,248.	1,753,428.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9 MARK D. SPARTA, M.D. PRES HMH NORTH REG	(i)	1,050,380.	277,070.	276,311.	104,720.	40,987.	1,749,468.	56,930.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
10 JAMES BLAZAR EVP, CHIEF STRATEGY OFFICER	(i)	975,093.	331,817.	236,983.	15,250.	34,494.	1,593,637.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
11 TIMOTHY J. HOGAN PRESIDENT, CTS	(i)	804,164.	268,247.	399,751.	24,400.	29,982.	1,526,544.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
12 DONNA SNIDER, CFA SVP, CHIEF INVESTMENT OFFICER	(i)	728,900.	558,348.	36,850.	108,669.	37,567.	1,470,334.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
13 ANN B. GAVZY, ESQ. EVP, CO-CHIEF LEGAL OFFICER	(i)	855,939.	273,827.	248,709.	24,400.	32,769.	1,435,644.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
14 ANDRE GOY PHYS IN CHIEF ONC	(i)	829,012.	268,445.	255,822.	15,250.	29,607.	1,398,136.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
15 TODD WAY REG PRESIDENT, HOSPITALS	(i)	868,294.	318,012.	158,887.	15,250.	30,897.	1,391,340.	106,563.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
16 LINDA MCHUGH EVP CHIEF EXP OFF, VICE CHAIR	(i)	887,969.	234,914.	207,870.	15,250.	30,875.	1,376,878.	22,500.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE

Schedule J (Form 990) 2022

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JEFFREY BOSCOMP 1 INTERIM, PRES & DEAN, SOM	(i)	694,999.	198,746.	283,283.	10,675.	3,877.	1,191,580.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOYCE HENDRICKS 2 CHIEF DEVEL OFFICER	(i)	619,110.	360,943.	145,032.	15,250.	28,957.	1,169,292.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JAMES CLARKE 3 EVP & PRES, PHYSICIAN SERVICES	(i)	681,002.	238,031.	176,522.	15,250.	29,749.	1,140,554.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JAWAD KIRMANI 4 PHYSICIAN, LEADER	(i)	849,103.	196,363.	24,477.	15,250.	37,251.	1,122,444.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
THOMAS STEINEKE 5 PHYSICIAN, LEADER	(i)	977,739.	NONE	28,355.	15,250.	37,439.	1,058,783.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANNE GOODWILL-PRITCHET 6 EVP, REVENUE OPERATIONS	(i)	637,391.	152,212.	193,587.	15,250.	15,860.	1,014,300.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PAUL K. CHUNG, M.D. 7 TRUSTEE/MPI PHYSICIAN	(i)	685,058.	20,000.	243,560.	15,250.	36,818.	1,000,686.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
THERESA BRODRICK 8 EVP, CHIEF NURSING EXECUTIVE	(i)	538,181.	179,937.	120,406.	102,288.	28,957.	969,769.	79,125.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KASH PATEL 9 EVP, CHIEF DIGITAL, INFO OFF	(i)	700,302.	50,000.	40,757.	125,872.	41,394.	958,325.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DAVID PERLIN 10 EVP, CHIEF SCIENTIFIC OFFICER	(i)	542,085.	131,027.	131,273.	15,250.	18,721.	838,356.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PRANAYCHANDRA VAIDYA, 11 TRUSTEE/MED DIR	(i)	700,206.	32,924.	36,635.	15,250.	27,471.	812,486.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
AIDA CAPO, M.D. 12 TRUSTEE/MEDICAL DIRECTOR PMA	(i)	659,699.	15,000.	10,229.	15,250.	37,134.	737,312.	NONE
	(ii)	25,120.	NONE	NONE	NONE	NONE	25,120.	NONE
AMIE THORNTON 13 TRUSTEE/SEC/TREASURER/CHF	(i)	510,806.	110,985.	23,871.	67,522.	3,047.	716,231.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
REGINA FOLEY 14 EVP, CHIEF TRANSFORMATION OFFI	(i)	464,691.	99,058.	23,495.	89,315.	29,774.	706,333.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CATHERINE A. AINORA 15 EVP, CIO (T 4/2/2022)	(i)	202,069.	404,279.	69,878.	12,720.	5,356.	694,302.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DONALD J. PARKER 16 TRUSTEE/PRES CARRIER CLINIC	(i)	431,911.	153,305.	50,728.	15,212.	28,516.	679,672.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE

Schedule J (Form 990) 2022

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DAVID KOUNTZ 1 VP, ACADEMIC DIVERSITY & CAO	(i)	476,567.	88,360.	41,941.	24,400.	29,208.	660,476.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
HARPREET PALL, M.D. 2 TRUSTEE/DEPARTMENT CHAIR	(i)	495,262.	80,152.	35,781.	15,250.	15,169.	641,614.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
RICHARD M. NEIBART, M. 3 TRUSTEE/SRVC MEDICAL DIR.	(i)	550,002.	NONE	29,426.	15,250.	6,215.	600,893.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SURI PONAMGI, M.D. 4 TRUSTEE/CHAIRMAN SUR(T 7/2022)	(i)	426,167.	15,000.	3,519.	15,250.	28,908.	488,844.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SURENDER M. GROVER, M. 5 SECRETARY/VICE CHAIR, MD DEPT	(i)	259,401.	NONE	3,582.	13,000.	1,673.	277,656.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
HANS SCHMIDT 6 CHIEF, BARIATRIC/MIN INV SURG	(i)	205,284.	5,883.	NONE	3,792.	NONE	214,959.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARK D. SCHLESINGER, M 7 TRUSTEE/CHAIR, ANESTHESIOLOGY	(i)	155,472.	15,443.	3,150.	6,300.	12,997.	193,362.	NONE
	(ii)	2,000.	NONE	NONE	NONE	NONE	2,000.	NONE
ADRIAN M. PRISTAS, M.D 8 TRUSTEE/CORP. MEDICAL DIRECTOR	(i)	132,464.	20,000.	1,534.	8,024.	22,369.	184,391.	NONE
	(ii)	94,111.	NONE	478.	NONE	5,050.	99,639.	NONE
STEVEN LISSER, M.D. 9 TRUSTEE/ASSOC MED DIR ORTHO	(i)	155,766.	NONE	NONE	NONE	NONE	155,766.	NONE
	(ii)	13,123.	NONE	NONE	NONE	NONE	13,123.	NONE
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I; QUESTION 1A

CERTAIN BENEFITS, SUCH AS COMPANION TRAVEL, ARE PROVIDED ONLY AS EXCEPTIONS TO CORPORATE POLICY IN COMPELLING CIRCUMSTANCES INVOLVING STRONG BUSINESS PURPOSES. WHEN THESE BUSINESS-RELATED BENEFITS ARE APPROVED AND PROVIDED, HMH ALSO PROVIDES REIMBURSEMENT OF THE TAX, SO THAT THE BENEFIT IS PROVIDED WITHOUT COST TO THE INDIVIDUAL. THE TAX REIMBURSEMENTS WERE TREATED AS TAXABLE INCOME AND REPORTED AS SUCH ON THE FORM W-2 (OR 1099-MISC, IN THE CASE OF A BOARD MEMBER), AND INCLUDED IN THE AMOUNTS REPORTED IN SCHEDULE J FOR LISTED INDIVIDUALS.

FIRST CLASS TRAVEL: HMH HAS A DETAILED AND THOROUGH CORPORATE POLICY ON REIMBURSEMENT OF BUSINESS EXPENSES, INCLUDING EXPENSES OF TRAVEL FOR BUSINESS PURPOSES. THE HMH EXPENSE REIMBURSEMENT POLICY GENERALLY PROHIBITS FIRST CLASS TRAVEL, BUT ALLOWS AN UPGRADE IN VERY LIMITED CIRCUMSTANCES. HMH ENCOURAGES SENIOR LEADERS TO UTILIZE THE TRAIN NETWORK FOR TRAVEL WHEN APPROPRIATE. HMH'S POLICY ALLOWS FOR BUSINESS CLASS TRAVEL (WHICH CAN BE THE EQUIVALENT OF FIRST CLASS TRAVEL, WHERE BUSINESS

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.

CLASS IS THE ONLY CLASS ABOVE ECONOMY/COACH), IF THE TRAVEL SEGMENT EXCEEDS TEN HOURS OF SCHEDULED FLYING TIME OR IF APPROVED BY THE CEO. THE BUSINESS CLASS AFFORDS THE TRAVELER THE ABILITY TO WORK ON CONFIDENTIAL HMH RELATED BUSINESS DURING TRAVEL TIME. UNLIKE BUSINESS CLASS, TRAVELING COACH DOES NOT PROVIDE THE EXECUTIVE WITH A REASONABLE MEANS TO WORK ON HMH BUSINESS DURING TRAVEL TIME. NO AMOUNTS HAVE BEEN INCLUDED AS REPORTABLE COMPENSATION AS THESE TRAVEL EXPENSES WERE INCURRED FOR BUSINESS PURPOSES. BUSINESS CLASS TRAVEL (WHERE THE EQUIVALENT OF FIRST CLASS TRAVEL) WAS PROVIDED TO FOUR SENIOR EXECUTIVES AND TWO BOARD MEMBERS.

TRAVEL FOR COMPANIONS: HMH PROVIDES FOR BOARD MEMBERS AND CEO SPOUSAL TRAVEL FOR CRITICAL BUSINESS EVENTS THAT ARE ORDINARY AND NECESSARY. THE BOARD MEMBERS AND CEO SPEND AN EXTENSIVE AMOUNT OF TIME AWAY FROM THEIR FAMILIES. THE SPOUSES HAVE A SIGNIFICANT ROLE IN ASSURING THE ATTENDANCE AND FOCUS OF BOARD MEMBERS AND CEO AT THESE CRITICAL ORGANIZATION EVENTS. SUCH SPOUSAL TRAVEL WAS PROVIDED IN 2022 TO ONE BOARD MEMBER, AND THE ENTIRE SPOUSAL TRAVEL REIMBURSEMENT AMOUNT

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.

HAS BEEN TREATED AS TAXABLE INCOME TO THIS INDIVIDUAL.

SCHEDULE J, PART I; QUESTION 3

PLEASE REFER TO OUR RESPONSE TO CORE FORM, PART VI, SECTION B, QUESTIONS
15A & 15B INCLUDED IN SCHEDULE O.

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 2022 FORM W-2 AS TAXABLE WAGES: ROBERT C. GARRETT, FACHE,
\$904,854; ROBERT L. GLENNING, \$384,734; TIMOTHY J. HOGAN, \$362,506; ANN
B. GAVZY, ESQ., \$209,740; AUDREY C. MURPHY, ESQ., MSN, RN, \$682,354; MARK
STAUDER, \$258,957; IHOR S. SAWCZUK, M.D., \$227,681; KENNETH N. SABLE,
M.D., \$196,246; PATRICK YOUNG, \$180,672; JAMES BLAZAR, \$153,901;

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.

CATHERINE AINORA, \$31,101; MARK D. SPARTA, M.D., \$148,601; DANIEL VARGA, MD, \$169,290; ANNE GOODWILL PRITCHETT, \$99,662; JOYCE HENDRICKS, \$98,594; TODD WAY, \$136,617; ANDRE GOY, \$233,754; LINDA MCHUGH, \$162,100; DAVID PERLIN, \$80,441; THERESA BRODRICK, \$74,636, JEFFREY BOS CAMP, \$86,763; AND JAMES CLARKE, \$107,141.

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 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., PATRICK YOUNG, DONNA SNIDER, AMIE THORNTON, THERESA BRODRICK, REGINA FOLEY, KASH PATEL, AND MARK SPARTA.

**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

2022

**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 section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(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.

1	(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	171,980.	EMPLOYMENT		X
(2) CHRISTINE M. LAKE	FAMILY MEMBER - TRUSTEE	47,404.	EMPLOYMENT		X
(3) AMI P. VAIDYA	FAMILY MEMBER - TRUSTEE	296,925.	EMPLOYMENT		X
(4) LAURA G. AMDUR	FAMILY MEMBER - TRUSTEE	56,929.	EMPLOYMENT		X
(5) LUANA J. NAPOLITANO	FAMILY MEMBER - TRUSTEE	75,880.	EMPLOYMENT		X
(6) CHRISTINE HETZLER	FAMILY MEMBER - TRUSTEE	66,016.	EMPLOYMENT		X
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

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

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	12,905.	FMV
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		13,608.	FMV
5 Clothing and household goods	X		21,111.	FMV
6 Cars and other vehicles	X	1	31,900.	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	14	1,589,258.	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	5	8,152.	FMV
20 Drugs and medical supplies	X	1	1,131,964.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>EVENT TICKETS</u>)	X	6	41,330.	FMV
26 Other ▶ (<u>TOYS</u>)	X	45	97,334.	FMV
27 Other ▶ (<u>ELECTRONICS</u>)	X	7	36,962.	FMV
28 Other ▶ (<u>VARIOUS</u>)	X	19	122,245.	FMV

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** 1

	Yes	No
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?		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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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.		

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

Schedule M (Form 990) 2022

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.

**SCHEDULE N
(Form 990)**

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32, or Form 990-EZ, line 36.
Attach certified copies of any articles of dissolution, resolutions, or plans.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization HACKENSACK MERIDIAN HEALTH, INC.

Employer identification number

-SUBORDINATES

01-0649794

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	HACKENSACK MERIDIAN AMBULATORY CARE, INC	01/01/2022	59,828,977.	BOOK VALUE	22-2731440	HACKENSACK MERIDIAN AMBULATORY CARE, INC 343 THORNALL STREET EDISON,NJ 08837	501(C)(3)
	RWJ JR. LIFESTYLE INSTITUTE, INC.	01/01/2022	118,313.	BOOK VALUE	22-2731440	HACKENSACK MERIDIAN AMBULATORY CARE, INC 343 THORNALL STREET EDISON,NJ 08837	501(C)(3)
	HMH REALTY CORPORATION	04/01/2022	53,312,021.	BOOK VALUE	22-2731440	HACKENSACK MERIDIAN AMBULATORY CARE, INC 343 THORNALL STREET EDISON,NJ 08837	501(C)(3)

2 Did or will any officer, director, trustee, or key employee of the organization:

- a Become a director or trustee of a successor or transferee organization?
- b Become an employee of, or independent contractor for, a successor or transferee organization?
- c Become a direct or indirect owner of a successor or transferee organization?
- d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?
- e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III

	Yes	No
2a		X
2b		X
2c		X
2d		X

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

Schedule N (Form 990) 2022

Part I Liquidation, Termination, or Dissolution (continued)

Note: If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-

- 3 Did the organization distribute its assets in accordance with its governing instrument(s)?
4a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?
4b If "Yes," did the organization provide such notice?
5 Did the organization discharge or pay all of its liabilities in accordance with state laws?
6a Did the organization have any tax-exempt bonds outstanding during the year?
6b If "Yes" to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?
c If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities.

Table with 3 columns: Question number, Yes, No. Rows 3, 4a, 4b, 5, 6a, 6b.

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

Table with 7 columns: (a) Description of asset(s) distributed or transaction expenses paid, (b) Date of distribution, (c) Fair market value of asset(s) distributed or amount of transaction expenses, (d) Method of determining FMV for asset(s) distributed or transaction expenses, (e) EIN of recipient, (f) Name and address of recipient, (g) IRC section of recipient(s) (if tax-exempt) or type of entity.

- 2 Did or will any officer, director, trustee, or key employee of the organization:
a Become a director or trustee of a successor or transferee organization?
b Become an employee of, or independent contractor for, a successor or transferee organization?
c Become a direct or indirect owner of a successor or transferee organization?
d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?
e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III

Table with 3 columns: Question number, Yes, No. Rows 2a, 2b, 2c, 2d.

Part III **Supplemental Information.** Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

PART I

EFFECTIVE 1/1/2022, HACKENSACK MERIDIAN AMBULATORY VENTURES, INC. (EIN: 46-1227706) AND ROBERT WOOD JOHNSON JR. LIFESTYLE INSTITUTE, INC. (EIN: 22-2421433) MERGED INTO HMH RESIDENTIAL CARE, INC. (EIN: 22-2731440). HMH RESIDENTIAL CARE, INC. CHANGED ITS NAME TO HACKENSACK MERIDIAN AMBULATORY CARE, INC. 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 HACKENSACK MERIDIAN AMBULATORY VENTURES, INC., ROBERT WOOD JOHNSON JR. LIFESTYLE INSTITUTE, INC. AND HMH RESIDENTIAL CARE, INC. HACKENSACK MERIDIAN HEALTH, INC., WHICH WAS THE SOLE MEMBER OF EACH OF HACKENSACK MERIDIAN AMBULATORY VENTURES, INC. AND ROBERT WOOD JOHNSON JR. LIFESTYLE INSTITUTE, INC., APPROVED THE MERGER BY ACTION OF ITS BOARD, AS DID THE BOARDS OF BOTH HACKENSACK MERIDIAN AMBULATORY VENTURES, INC. AND ROBERT WOOD JOHNSON JR. LIFESTYLE INSTITUTE, INC. THE REASONS FOR THE MERGER OF HACKENSACK MERIDIAN AMBULATORY VENTURES, INC. AND ROBERT WOOD JOHNSON JR. LIFESTYLE INSTITUTE, INC. INTO HMH RESIDENTIAL CARE, INC. 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

Part III **Supplemental Information.** Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e.
Also complete this part to provide any additional information.

OF MERGER WITH THE STATE OF NEW JERSEY.

EFFECTIVE 4/1/2022, HACKENSACK MERIDIAN HEALTH REALTY CORPORATION (EIN:
22-3200147) MERGED INTO HACKENSACK MERIDIAN AMBULATORY CARE, INC. THE
AUTHORITY TO MERGE TWO NEW JERSEY NONPROFIT CORPORATIONS IS SET FORTH IN
THE NONPROFIT CORPORATIONS ACT, NJSA 15A - 10-1 ET SEQ. THE ACTION WAS
ACCOMPLISHED BY THE FILING OF A CERTIFICATE OF MERGER AND PLAN OF MERGER
WITH THE STATE OF NEW JERSEY.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

HACKENSACK MERIDIAN HEALTH, INC.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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; 24 VOTING, 15 INDEPENDENT;
- HACKENSACK MERIDIAN AMBULATORY CARE INC.; 20 VOTING, 16 INDEPENDENT;
- HEALTH INNOVATIONS UNLIMITED, INC.; 20 VOTING, 16 INDEPENDENT;
- HACKENSACK MERIDIAN HEALTH FOUNDATION, INC.; 30 VOTING, 23 INDEPENDENT;
 - HACKENSACK UNIVERSITY MEDICAL CENTER FOUNDATION, INC.; 46 VOTING, 38
INDEPENDENT;
- JERSEY SHORE UNIVERSITY MEDICAL CENTER FOUNDATION, INC.; 23 VOTING, 16
INDEPENDENT;
- RIVERVIEW MEDICAL CENTER FOUNDATION, INC.; 24 VOTING, 19 INDEPENDENT;
- OCEAN UNIVERSITY MEDICAL CENTER FOUNDATION, INC.; 18 VOTING, 15
INDEPENDENT;
- SOUTHERN OCEAN MEDICAL CENTER FOUNDATION, INC.; 26 VOTING; 21
INDEPENDENT;
- BAYSHORE MEDICAL CENTER FOUNDATION, INC.; 18 VOTING; 13 INDEPENDENT;
- RARITAN BAY HEALTHCARE FOUNDATION, INC.; 6 VOTING, 3 INDEPENDENT;
- PALISADES MEDICAL CENTER FOUNDATION, INC.; 11 VOTING, 9 INDEPENDENT;
- JOHN F. KENNEDY UNIVERSITY MEDICAL CENTER FOUNDATION, INC.; 23 VOTING,
20 INDEPENDENT;

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

HACKENSACK MERIDIAN HEALTH, INC.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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- MUHLENBERG FOUNDATION, INC.; 6 VOTING, 6 INDEPENDENT;
- BERGEN HEALTH MANAGEMENT SYSTEM, INC.; 3 VOTING, 0 INDEPENDENT;
- MUHLENBERG REGIONAL MEDICAL CENTER, INC.; 4 VOTING, 2 INDEPENDENT;
- HARTWYCK AT OAK TREE, INC.; 20 VOTING, 16 INDEPENDENT;
- HACKENSACK MERIDIAN OUTPATIENT SERVICES, INC.; 20 VOTING, 16
INDEPENDENT;
- CENTER FOR DISCOVERY AND INNOVATION; 11 VOTING, 9 INDEPENDENT; AND
- HMH CARRIER CLINIC, INC.; 12 VOTING, 9 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

- GEORGE T. CROONQUIST AND G. THOMAS CROONQUIST - FAMILY
RELATIONSHIP; AND
- CHARLES V. SCHAEFER, III AND CAROL D. SCHAEFER - 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

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

HACKENSACK MERIDIAN HEALTH, INC.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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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

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

HACKENSACK MERIDIAN HEALTH, INC.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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Inspection**

Employer identification number

01-0649794

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

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

HACKENSACK MERIDIAN HEALTH, INC.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

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Inspection**

Employer identification number

01-0649794

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.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

HACKENSACK MERIDIAN HEALTH, INC.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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Inspection**

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01-0649794

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,

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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. CHAIR AND VICE CHAIR OF THE COMMITTEE. 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

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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, 2022, 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*

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HACKENSACK MERIDIAN HEALTH, INC.

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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*

EDWARD RUSSO

HACKENSACK MERIDIAN AMBULATORY CARE, INC.

=====

DAVID EPSTEIN, ESQ.*

ULISES E. DIAZ*

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GLORIA MARTINI*

MARIS LOWN*

CHRISTOPHER MAHER*

KATHERINE YORK*

ROBERT C. GARRETT, FACHE*

FRANK L. FEKETE, CPA*

MARK STAUDER*

ALFRED J. SCHIAVETTI, JR.*

G. THOMAS CROONQUIST*

JAMES KIRKOS*

JAMES M. BOLLERMAN*

JAMES RENNA*

JOHN WILCHA*

ROBERT O'HARA*

THOMAS J. KONONOWITZ*

WILLIAM CRANE*

WILLIAM HICKEY*

WILLIAM J. MURRAY*

DENNIS ROBINSON* (TERMED 7/2022)

HMH CARRIER CLINIC, INC.

=====

LAWRENCE R. INSERRA, JR.*

THOMAS G. AMATO*

ANN DAMSGAARD

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CARYL KOURGELIS

DONALD J. PARKER

GORDON PINGICER

JAIME ROBERTSON-LAVALLE

LAUREN WRIGHT*

MARY PAT CHRISTIE

SUSAN B. HASSMILLER, PHD, RN

ROBERT C. GARRETT, FACHE*

CHRISTIAN PETER

HEALTH INNOVATIONS UNLIMITED, INC.

=====

DAVID EPSTEIN, ESQ.*

ULISES E. DIAZ*

GLORIA MARTINI*

MARIS LOWN*

CHRISTOPHER MAHER*

KATHERINE YORK*

ROBERT C. GARRETT, FACHE*

FRANK L. FEKETE, CPA*

MARK STAUDER*

ALFRED J. SCHIAVETTI, JR.*

G. THOMAS CROONQUIST*

JAMES KIRKOS*

JAMES M. BOLLERMAN*

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JAMES RENNA*

JOHN WILCHA*

ROBERT O'HARA*

THOMAS J. KONONOWITZ*

WILLIAM CRANE*

WILLIAM HICKEY*

WILLIAM J. MURRAY*

DENNIS ROBINSON* (TERMED 7/2022)

HACKENSACK MERIDIAN HEALTH FOUNDATION, INC.

=====

ROBERT G. HARMS*

JOHN A. GIUNCO, ESQ.*

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-SUNDERMANN, CPA, CHBC*

EVARISTO F. STANZIALE*

JOYCE HENDRICKS*

SKYE J. GIBSON*

DAVID SANZARI*

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HACKENSACK MERIDIAN HEALTH, INC.

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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.*

ROSEMARIE J. SORCE*

THOMAS G. AMATO*

WILLIAM J. MONTGORIS

BRIAN M. NELSON, ESQ.*

JONATHAN B. SCHULTZ*

LAURA BIANCHINI*

SURENDER M. GROVER, MD

JEREMY GRUNIN (RESIGNED 2/2022)

RICHARD HENNING (RESIGNED 12/2022)

HACKENSACK UNIVERSITY MEDICAL CENTER FOUNDATION, INC.

=====

LAWRENCE R. INSERRA, JR.*

ROBERT C. GARRETT, FACHE*

ULISES E. DIAZ*

WILLIAM MCLAUGHLIN

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LAUREN WRIGHT*

JAMES P. ANDERSEN

STEPHEN T. BOSWELL, PHD, PE

NICK CANGIALOSI

HEATHER WON CHOI

G. THOMAS CROONQUIST

WILLIAM CUNNINGHAM

MICHAEL GEARY

GAIL B. GORDON, ESQ.*

WILLIAM C. HANSON

RICHARD HUBSCHMAN, JR, ESQ.

DANTE A. IMPLICITO, M.D.

MARTIN W. KAFAFIAN, ESQ.

SANDRA KEARY*

SANDRA KISSLER

THOMAS LANGBEIN

JERROLD LANGER

PATRICIA K. LOW

MICHAEL S. MCGEARY

BRIAN MCLAUGHLIN

JOHN C. MEDITZ*

WILLIAM J. MURRAY*

ROBERT O'HARA*

SAMUEL S. RAIA

JULIA RECAMAN

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DAVID T. ROBERTSON, ESQ

CHRISTOPHER A. ROTIO*

DAVID SANZARI*

ANTHONY SCARDINO, JR.

CAROL D. SCHAEFER

CHARLES V. SCHAEFER, III

ELYSSA SCHECTER

MARK D. SCHLESINGER, M.D.*

CHARLES H. SHOTMEYER

ROSEMARIE J. SORCE*

FRANK J. VUONO*

JOYCE HENDRICKS*

STEPHEN MARTINEZ

THOMAS EVANS

BEHNAZ BAKER

THOMAS GEISEL

HANS SCHMIDT, MD

AMY KOIZIM PEENE (RESIGNED 6/2022)

JILL JOYCE (RESIGNED 4/2022)

KEVIN J. COLLINS, ESQ. (RESIGNED 4/2022)

MICHELLE JUNG, ESQ. (RESIGNED 5/2022)

VINCENT CURATOLA (RESIGNED 9/2022)

RICHARD HENNING* (RESIGNED 12/2022)

ANN MARIE SACCARO (RESIGNED 12/2022)

ANTHONY C. TACCETTA, JR. (RESIGNED 12/2022)

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DONALD N. DINALLO (RESIGNED 12/2022)
FRANK C. HOLTHAM, JR. (RESIGNED 12/2022)
GEORGE T. CROONQUIST (RESIGNED 12/2022)
GLORIA MARTINI* (RESIGNED 12/2022)
JOANNE WEXLER (RESIGNED 12/2022)
JOHN A. SCHEPISI, ESQ. (RESIGNED 12/2022)
JOHN APOVIAN, M.D. (RESIGNED 12/2022)
NICHOLAS MINICUCCI, JR. (RESIGNED 12/2022)
PETER C. GERHARD (RESIGNED 12/2022)
PHIL SIMMS (RESIGNED 12/2022)
SCOTT TARRIFF (RESIGNED 12/2022)
JOSEPH A. RIZZI, ESQ. (RESIGNED 12/2022)
JOSEPH P. RICCARDO (PASSED 4/2022)

JERSEY SHORE UNIVERSITY MEDICAL CENTER FOUNDATION, INC.
=====
JOHN A. GIUNCO, ESQ.*
WALTER R. EARLE II*
JOHN F. REINHARDT
ERIC M. KIRSCH, CFA
PHILIP J. SCADUTO
ROBERT C. GARRETT, FACHE*
THOMAS B. BARHAM, SR
THOMAS DEFELICE
SANDRA KEARY*

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ROBERT W. MULLEN, JR

KENNETH D. NAHUM, DO

RICHARD M. NEIBART, M.D.

PHILIP L. PERRICONE

ROBERT SMITH

ROBERT L. SWEENEY, DO

ALEXANDER TAYLOR

DAVID EPSTEIN, ESQ.*

GARY TOLCHIN

HARPREET PALL, M.D.

RICHARD LOSHIAVO

JOYCE HENDRICKS*

DAVID KOUNTZ, MD

NICOLE AGNEW

JEREMY GRUNIN (TERMED 2/2022)

MARILYN TRAPANI (TERMED 4/2022)

STEPHAN C. LOWY (TERMED 7/2022)

CAMILLE DORONIN (TERMED 9/2022)

RIVERVIEW MEDICAL CENTER FOUNDATION, INC.

=====

STEVEN M. SCOPELLITE

NANCY B. MULHEREN

PETER T. ROSELLE

JONATHAN B. SCHULTZ*

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ROBERT C. GARRETT, FACHE*

NEGIN N. GRIFFITH, M.D.

LESLIE HITCHNER

STEVEN LISSER, M.D.*

ROBERT S. MORRIS

BRIAN M. NELSON, ESQ.*

SHAWN REYNOLDS*

MARGARET S. RIKER

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, III

SARAH PERSONETTE

CORE FORM, PART VII AND SCHEDULE J (CONTINUED)

OCEAN UNIVERSITY MEDICAL CENTER FOUNDATION, INC.

=====

ROBERT C. GARRETT, FACHE*

ROBERT G. HARMS*

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GARY PIERINGER

LOUIS J. DUGHI, ESQ.*

ALI R. MOOSVI, M.D.

EDWARD J. DIMON, ESQ.

FRANK DITULLIO, III

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*

LAMBROS LAMBROU

LAURA BODMAN

HARRIET L. DONNELLY (TERMED 7/2022)

HOLLY R. LONSDALE (TERMED 12/2022)

SOUTHERN OCEAN MEDICAL CENTER FOUNDATION, INC.

=====

DEBORAH R. MATHIS-SUNDERMANN, CPA, CHBC*

JOAN M. HART

JEREMY S. DEFILIPPIS

JOSEPH D. RULLI

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HACKENSACK MERIDIAN HEALTH, INC.

01-0649794

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

JOYCE HENDRICKS*

THOMAS J. DOLAN*

FRANCES L. SIGNORILE

KEN FORMICA

MAREAN ABRAMSON

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 H. SAMRA, M.D.

JASON SAVARESE

CHRISTOPHER M. STRIANO

LORI ANN DAVIDSON

COURTNEY FIORE

JOYCE HENDRICKS*

VICTOR LOLLI

RARITAN BAY HEALTHCARE FOUNDATION, INC.

=====

ROBERT C. GARRETT, FACHE*

SURENDER M. GROVER, M.D.

DOMINICK A. CAMA

LAURA BIANCHINI*

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01-0649794

JOYCE HENDRICKS*

ADRIENNE ALQUIROS

JESSICA SMITH (RESIGNED 7/2022)

JANE MUELLER (RESIGNED 11/2022)

PALISADES MEDICAL CENTER FOUNDATION, INC.

=====

JOHN C. MEDITZ*

ALEXANDER DURAN

THOMAS EASTWICK

LEONARD LAURICELLA

BLANCA MANKIEWICZ

MARIO MARGHELLA

THOMAS VENINO, JR.

ROBERT DIVINCENT

ROBERT C. GARRETT, FACHE*

SHANE SULLIVAN

JOYCE HENDRICKS*

ALEJANDRA PAZMINO (TERMED 1/2022)

JEANNINE ALI (RESIGNED 5/2022)

SURI PONAMGI, M.D. (RESIGNED 7/2022)

BERGEN HEALTH MANAGEMENT SERVICES, INC.

=====

MARK STAUDER*

**SCHEDULE O
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HACKENSACK MERIDIAN HEALTH, INC.

01-0649794

ROBERT L. GLENNING

LINDA MCHUGH

HACKENSACK MERIDIAN OUTPATIENT SERVICES, INC.

=====

DAVID EPSTEIN, ESQ.*

ULISES E. DIAZ*

GLORIA MARTINI*

MARIS LOWN*

CHRISTOPHER MAHER*

KATHERINE YORK*

ROBERT C. GARRETT, FACHE*

FRANK L. FEKETE, CPA*

MARK STAUDER*

ALFRED J. SCHIAVETTI, JR.*

G. THOMAS CROONQUIST*

JAMES KIRKOS*

JAMES M. BOLLERMAN*

JAMES RENNA*

JOHN WILCHA*

ROBERT O'HARA*

THOMAS J. KONONOWITZ*

WILLIAM CRANE*

WILLIAM HICKEY*

WILLIAM J. MURRAY*

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01-0649794

DENNIS ROBINSON* (TERMED 7/2022)

HARTWYCK AT OAK TREE, INC.

=====

DAVID EPSTEIN, ESQ.*

ULISES E. DIAZ*

GLORIA MARTINI*

MARIS LOWN*

CHRISTOPHER MAHER*

KATHERINE YORK*

ROBERT C. GARRETT, FACHE*

FRANK L. FEKETE, CPA*

MARK STAUDER*

ALFRED J. SCHIAVETTI, JR.*

G. THOMAS CROONQUIST*

JAMES KIRKOS*

JAMES M. BOLLERMAN*

JAMES RENNA*

JOHN WILCHA*

ROBERT O'HARA*

THOMAS J. KONONOWITZ*

WILLIAM CRANE*

WILLIAM HICKEY*

WILLIAM J. MURRAY*

DENNIS ROBINSON* (RESIGNED 7/2022)

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MUHLENBERG REGIONAL MEDICAL CENTER, INC.

=====

DOUGLAS A. NORDSTROM

MICHAEL A. KLEIMAN, DMD*

AMIE THORNTON

TODD WAY

JFK UNIVERSITY MEDICAL CENTER FOUNDATION, INC.

=====

JOSEPH YEWASIS*

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

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01-0649794

JANINE PURCARO

JOYCE HENDRICKS*

ROBERT C. GARRETT, FACHE

FRANK BABAR

JOHN (JD) PEARCE

MANPREET GILL

SANKET RUPARELIYA, MD

VENK GORTY

MUHLENBERG FOUNDATION, INC.

=====

ROBERT J. GOELLNER

O. OLIVER ANDERSEN

ROBERT FLESchLER

ROBERT MCCABE

RONALD WEST

VICTOR ALOYO

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

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ROBERT C. GARRETT, FACHE*

ROGER D. KORNBERG, PH.D.

ROSEMARY A. CRANE

SOL J. BARER, PH.D.

THOMAS POLEN

DAVID S. PERLIN, PH.D.

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 - (\$35,701,778);
- EQUITY TRANSFER - \$493,250,407;
- NET ASSETS RELEASED FROM RESTRICTION FOR CAPITAL ACQUISITION -
\$85,536,787;
- CHANGES IN PENSION RELATED ADJUSTMENTS - \$6,886,537;
- OTHER CHANGES IN UNRESTRICTED NET ASSETS - \$1,801,282;
- HMH PROGRAM SERVICE REVENUE RECLASS - (\$9,476,333);
- NET ASSETS RELEASED FROM RESTRICTION FOR CAPITAL ACQUISITION;
TEMPORARILY RESTRICTED - (\$362);
- NET ASSETS RELEASED FROM RESTRICTION USED FOR OPERATING ACTIVITIES;

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01-0649794

TEMPORARILY RESTRICTED - (\$850,300);

AND

- OTHER CHANGES IN TEMPORARILY RESTRICTED NET ASSETS - \$42,725,720.

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, 2022 AND 2021, 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.

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Name of the organization

HACKENSACK MERIDIAN HEALTH, INC.

Employer identification number

01-0649794

WHO WE ARE

=====

- 18 HOSPITALS
- 3 ACADEMIC MEDICAL CENTERS
- 1 UNIVERSITY TEACHING HOSPITAL
- 8 COMMUNITY HOSPITALS
- 2 REHABILITATION HOSPITALS
- 2 CHILDREN'S HOSPITALS
- 1 BEHAVIORAL HEALTH HOSPITAL
- 1 LONG TERM ACUTE CARE HOSPITAL
- 1 CENTER FOR DISCOVERY & INNOVATION
- 1 SCHOOL OF MEDICINE
- 4,714 LICENSED BEDS
- 500+ PATIENT CARE LOCATIONS
- 7,000+ PHYSICIANS
- 36,000+ TEAM MEMBERS

CARE DELIVERED IN 2022

=====

- 177,362 PATIENT ADMISSIONS
- 650,086 EMERGENCY VISITS
- 2,058,163 OUTPATIENT VISITS
- 16,545 BABIES DELIVERED
- 103,669 SURGERIES (INPATIENT AND OUTPATIENT)

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01-0649794

FACILITIES

=====

CONTINUALLY UPGRADING OUR FACILITIES IS CRUCIAL FOR ENHANCING PATIENT CARE AND SAFETY AND FOSTERING A POSITIVE WORK ENVIRONMENT SO WE CAN CONTINUE TO DELIVER THE HIGHEST QUALITY OF CARE TO THE COMMUNITY. WE ARE COMMITTED TO DELIVERING THE BEST ENVIRONMENT FOR OUR PATIENTS, PHYSICIANS AND TEAM MEMBERS.

HELENA THEURER PAVILION RAISES THE BAR ON EXCELLENCE

=====

HACKENSACK UNIVERSITY MEDICAL CENTER'S 530,000-SQUARE-FOOT HELENA THEURER PAVILION IS NOW OPEN - AND THIS STATE-OF-THE-ART, NINE-STORY SURGICAL AND INTENSIVE CARE TOWER IS RAISING THE BAR ON PATIENT CARE EXCELLENCE IN THE NEW YORK METROPOLITAN AREA. THE PAVILION FEATURES ALL-PRIVATE PATIENT ROOMS AND THE LATEST "SMART HOSPITAL" TECHNOLOGY, WITH EVERY DETAIL OPTIMIZED TO DELIVER AN OUTSTANDING PATIENT EXPERIENCE.

THE PAVILION INCLUDES:

- 24 OPERATING ROOMS
- 72 POST-ANESTHESIA CARE UNIT BEDS
- 50 INTENSIVE CARE UNIT (ICU) BEDS
- 175 MEDICAL/SURGICAL BEDS, INCLUDING A MUSCULOSKELETAL INSTITUTE AND INTERMEDIATE CARE ROOMS
- 6 DA VINCI® ROBOTIC SURGICAL SYSTEMS, INCLUDING ONE SINGLE PORT SYSTEM

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- 4 ORTHOPEDIC ROBOTS FOR JOINT REPLACEMENT PROCEDURES

JFK UNIVERSITY MEDICAL CENTER

=====

HYBRID OPERATING ROOM COMBINES ADVANCED IMAGING AND SURGICAL TECHNOLOGY:

IN FALL 2022, JFK UNIVERSITY MEDICAL CENTER ANNOUNCED THE OPENING OF ITS BRAND NEW HYBRID OPERATING ROOM, A STATE-OF-THE-ART FACILITY THAT COMBINES ADVANCED IMAGING AND SURGICAL TECHNOLOGIES IN ONE PLACE. BENEFITS OF THE HYBRID OPERATING ROOM ALLOW FOR TRADITIONAL OPEN SURGICAL PROCEDURES TO BE PERFORMED ENDOSCOPICALLY USING ADVANCED IMAGE GUIDANCE, RESULTING IN IMPROVED PATIENT OUTCOMES AND MORE RAPID RECOVERY.

IN THE PAST TWO DECADES, HYBRID OPERATING ROOMS HAVE EMERGED AS THE NEW STANDARD OF CARE FOR ADVANCED SUBSPECIALTIES SUCH AS CARDIAC, VASCULAR AND NEUROSURGERY WHO PERFORM BOTH OPEN SURGERIES AND ENDOSCOPIC PROCEDURES. THE ABILITY TO PERFORM BOTH TRADITIONAL OPEN SURGERY AND IMAGE GUIDED ENDOSCOPIC PROCEDURES IN THE SAME SUITE PROVIDES FOR ADDED FLEXIBILITY, EFFICIENCY AND SAFETY.

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HACKENSACK UNIVERSITY MEDICAL CENTER

=====

HIGH-QUALITY PERINATAL CARE :

HACKENSACK UNIVERSITY MEDICAL CENTER WAS THE FIRST IN THE NATION TO EARN THE JOINT COMMISSION'S GOLD SEAL OF APPROVAL® FOR ADVANCED CERTIFICATION IN PERINATAL CARE (ACPC) BY DEMONSTRATING EXCEPTIONAL STANDARDS AND OUTCOMES IN THE CARE OF INFANTS AND MOTHERS. THIS DISTINCTION FROM THE JOINT COMMISSION FOR EXEMPLARY PERINATAL CARE IS A TESTAMENT TO THE TOP-NOTCH TEAM MEMBERS, PHYSICIANS AND LEADERSHIP AT HACKENSACK UNIVERSITY MEDICAL CENTER AND OUR ONGOING COLLABORATION WITH FIRST LADY TAMMY MURPHY'S STATEWIDE AWARENESS CAMPAIGN, NURTURE NJ, WHICH IS COMMITTED TO MAKING NEW JERSEY THE SAFEST AND MOST EQUITABLE PLACE IN THE NATION TO GIVE BIRTH AND RAISE A BABY. AT HACKENSACK UNIVERSITY MEDICAL CENTER, THERE WERE NO MATERNAL DEATHS IN 2022. THE C-SECTION RATE CONTINUES TO DECLINE ACROSS HACKENSACK MERIDIAN HEALTH. WITH THIS ADVANCED CERTIFICATION, HACKENSACK UNIVERSITY MEDICAL CENTER HAS SET THE BAR FOR APPROPRIATE OBSTETRIC CARE IN THE COUNTRY, HELPING TO ENSURE THERE IS A MULTIDISCIPLINARY APPROACH TAKEN WHEN DEVELOPING A PATIENT-CENTERED PLAN OF CARE UTILIZING EVIDENCE-BASED ASSESSMENT TOOLS.

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01-0649794

LONG TERM ACUTE CARE HOSPITAL (LTACH)

=====

OUR FIRST LONG TERM ACUTE CARE HOSPITAL:

IN OCTOBER 2022 WE OFFICIALLY OPENED THE NETWORK'S FIRST LONG TERM ACUTE CARE HOSPITAL (LTACH). THE BRAND-NEW, STATE-OF-THE-ART HOSPITAL OFFERS 30 PRIVATE ROOMS TO ACCOMMODATE PATIENTS THAT NEED SPECIALIZED SERVICES AND PROGRAMS.

HIGHLIGHTS OF THE HACKENSACK MERIDIAN LTACH INCLUDE:

- STATE-OF-THE-ART PULMONARY PROGRAM WITH VENTILATOR WEANING
- ADVANCED CARDIAC PROGRAM WHICH WILL INCLUDE CONGESTIVE HEART FAILURE MANAGEMENT AND EDUCATION
- DIALYSIS MANAGEMENT
- SEPSIS TREATMENT INCLUDING LONG-TERM ANTIBIOTIC THERAPY
- EXTENSIVE WOUND CARE PROGRAM, WITH TREATMENT OF NON-HEALING SURGICAL WOUNDS AND PRESSURE ULCERS

HACKENSACK MERIDIAN LTACH IS LOCATED IN RARITAN BAYMEDICAL CENTER, PROVIDING A SPECIALIZED DEDICATED FLOOR, DAILY PHYSICIAN VISITS, 24/7 EMERGENCY PHYSICIAN COVERAGE, AN INTERDISCIPLINARY CARE TEAM THAT INCLUDES PHYSICIAN SPECIALISTS, CERTIFIED REGISTERED NURSES AND TECHNICIANS, CERTIFIED RESPIRATORY THERAPISTS, DIETICIANS, REHABILITATION

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THERAPISTS, INCLUDING PT/OT/SPEECH, IN ADDITION TO ALL OTHER HOSPITAL SERVICES.

ACCESS TO CARE

=====

HACKENSACK MERIDIAN IS DEDICATED TO IMPROVING ACCESS TO CARE FOR PATIENTS AND THE COMMUNITY, ENSURING TIMELY AND EQUITABLE HEALTH CARE SERVICES FOR ALL.

MEDICAL GROUP CONTINUES TO GROW:

OUR HACKENSACK MERIDIAN MEDICAL GROUP, WHICH INCLUDES MORE THAN 1,800 PHYSICIANS AND ADVANCED PROVIDERS AT OVER 360 LOCATIONS, EXPERIENCED SIGNIFICANT GROWTH IN 2022 WITH THE ADDITION OF MORE THAN 200 NEW PRACTITIONERS AND SIX NEW PRACTICES.

WE ARE DEDICATED TO IMPROVING ACCESS TO CARE FOR OUR PATIENTS AND THE COMMUNITY, AND HAVE WELCOMED PRIMARY CARE PHYSICIANS AS WELL AS A DIVERSE GROUP OF SPECIALISTS TO THE TEAM LAST YEAR, INCLUDING RHEUMATOLOGISTS, COLORECTAL, THORACIC, TRAUMA AND GENERAL SURGEONS, NEUROLOGISTS, PEDIATRIC SUBSPECIALISTS AND UROLOGISTS.

EPIC ACROSS-THE-BOARD:

IN 2022 OUR ORGANIZATION COMPLETED A MASSIVE OVERHAUL TO BRING ALL

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HACKENSACK MERIDIAN MEDICAL GROUP PRACTICES ONTO THE EPIC ELECTRONIC MEDICAL RECORD SYSTEM. WITH A CENTRALIZED AND UNIFIED SYSTEM, HEALTH CARE PROVIDERS ACROSS THE ENTIRE NETWORK CAN ACCESS VITAL PATIENT INFORMATION IN REAL-TIME, FACILITATING SEAMLESS CARE COORDINATION AND INFORMED DECISION-MAKING. THIS INTERCONNECTEDNESS NOT ONLY PROMOTES CONTINUITY OF CARE BUT ALSO FACILITATES EFFICIENT DATA SHARING AND COLLABORATIVE EFFORTS, ULTIMATELY LEADING TO IMPROVED PATIENT OUTCOMES AND A HIGHER STANDARD OF HEALTH CARE DELIVERY ACROSS THE ENTIRE HEALTH SYSTEM AND MEDICAL GROUP PRACTICES.

HACKENSACK MERIDIAN MEDICAL GROUP 2022 STATS

=====

- +200 NEW PRACTITIONERS
- +6 NEW PRACTICES
- 1.69 MILLION PATIENT VISITS (UP 7% OVER 2021)
- REACHED 7,000 DAILY APPOINTMENTS
- 9% OF APPOINTMENTS DONE VIA TELEHEALTH
- 240% INCREASE IN ONLINE APPOINTMENT SCHEDULING (55% OF ONLINE APPOINTMENTS SCHEDULED BY NEW PATIENTS AND 56% WERE SCHEDULED DURING NON-WORK HOURS)

CRITICAL PROGRAMS FOR ADVANCED CARE:

IN ADDITION TO ENSURING THAT OUR COMMUNITY CAN ACCESS THE CARE THAT THEY NEED IN A TIMELY AND CONVENIENT MANNER THROUGH TELEHEALTH, ONLINE

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APPOINTMENT SCHEDULING AND A ROBUST, DIVERSE MEDICAL GROUP, WE ARE COMMITTED TO OFFERING THE BEST-IN-CLASS CLINICAL PROGRAMS. BELOW WE HIGHLIGHT SOME NEW AND CRITICAL ADVANCED CLINICAL CARE PROGRAMS THAT WE ARE PROUD TO OFFER AT HACKENSACK MERIDIAN HEALTH.

- BONE MARROW TRANSPLANT PROGRAM
- PARKINSON'S WELLNESS PROGRAM
- ADVANCED LUNG AND AIRWAY CENTER
- 50 YEARS OF CARE
- HOSPITAL AT HOME

BONE MARROW TRANSPLANT PROGRAM:

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 ADVANCED LEUKEMIA CARE, CELL THERAPY AND PHASE I CLINICAL TRIALS, INCLUDING TARGETED THERAPIES, IMMUNO-ONCOLOGY, AND CAR-T TRIALS.

CORE FORM, PART III; STMT OF PROGRAM SERVICES ACCOMPLISHMENTS (CONTINUED)

IN AUGUST, JOHN THEURER CANCER CENTER EXPERTS BEGAN BONE MARROW TRANSPLANT PROCEDURES AT THE HOPE TOWER LOCATION. JOHN THEURER CANCER CENTER IS BEST KNOWN FOR HAVING A NATIONALLY RECOGNIZED BLOOD CANCERS

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TREATMENT PROGRAM INCLUDING MULTIPLE MYELOMA, LYMPHOMA AND LEUKEMIA, AS WELL AS HAVING ONE OF THE LARGEST, NATIONWIDE BONE MARROW TRANSPLANT (BMT) PROGRAMS. WITH MORE THAN 7,500 TRANSPLANTS PERFORMED, IT IS ONE OF THE LARGEST IN THE COUNTRY. BY EXPANDING THE PROGRAM TO HOPE TOWER, WE ARE PROVIDING PATIENTS WITH THE MOST COMPASSIONATE, MULTIDISCIPLINARY CARE IN MONMOUTH AND OCEAN COUNTIES AND BEYOND AT THE MOST IMPORTANT TIME IN THEIR LIVES.

PARKINSON'S WELLNESS PROGRAM:

IN APRIL, JFK JOHNSON REHABILITATION INSTITUTE IN EDISON OPENED A NEW PARKINSON'S WELLNESS PROGRAM, WHICH IS A UNIQUE, TWO-WEEK INPATIENT REHABILITATION EXPERIENCE THAT HELPS PEOPLE WITH PARKINSON'S RESTORE AND MAINTAIN THEIR FUNCTION. THE TEAM OF REHABILITATION MEDICINE PHYSICIANS, NEUROLOGISTS AND SPECIALIZED THERAPISTS IDENTIFIED THE NEED TO HELP PEOPLE DIAGNOSED WITH PARKINSON'S DISEASE WHO ARE NOT ACUTELY ILL OR SEVERELY DISABLED BUT WHO STRUGGLE GREATLY AT HOME WITH THE SYMPTOMS AND LIFE-STYLE CHANGES THAT PARKINSON'S DISEASE BRINGS. WHETHER IT BE MAKING MEDICATION ADJUSTMENTS, DECREASING FALLS, IMPROVING VOICE QUALITY OR GAINING MORE INDEPENDENCE WITH ACTIVITIES OF DAILY LIVING, THE JFK JOHNSON REHABILITATION INSTITUTE'S PARKINSON'S WELLNESS PROGRAM CUSTOMIZES THE TREATMENT APPROACH FOR EACH PATIENT'S STAY AND IS PARTICULARLY FOCUSED ON SAFETY AND REDUCING HOSPITAL ADMISSIONS.

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ADVANCED LUNG AND AIRWAY CENTER:

THE ADVANCED LUNG AND AIRWAY CENTER AT JFK UNIVERSITY MEDICAL CENTER
OPENED IN 2022. THIS PROGRAM SCREENS, DIAGNOSES AND TREATS PATIENTS WITH
BOTH CANCEROUS AND NON-CANCEROUS DISORDERS THAT AFFECT BREATHING. THE
MULTIDISCIPLINARY TEAM INCLUDES WORLD-RENOWNED THORACIC SURGEONS WHO
SPECIALIZE IN ADVANCED ROBOTIC SURGERY FOR LUNG CANCER, ESOPHAGEAL
CANCER, MEDIASTINAL TUMORS, AND OTHER SURGICAL CONDITIONS WITHIN THE
CHEST AND TRACHEA. IN ADDITION, OUR THORACIC SURGEONS COLLABORATE WITH
INTERVENTIONAL PULMONOLOGISTS AND ENTS TO PROVIDE SPECIALIZED CARE FOR
THE MOST COMPLEX AIRWAY DISEASES.

THE CENTER CAPPED OFF THE YEAR BY INTRODUCING THE ION BRONCHOSCOPY
SYSTEM, THE MOST ADVANCED ROBOTIC BRONCHOSCOPY TECHNOLOGY TO ADDRESS A
CHALLENGING ASPECT OF LUNG BIOPSY BY ENABLING PHYSICIANS TO BETTER
VISUALIZE AND MANEUVER DEEP WITHIN THE LUNGS TO OBTAIN LUNG TISSUE
SAMPLES. THE SYSTEM ALLOWS PHYSICIANS TO DIAGNOSE LUNG CANCER AT THE
EARLIEST STAGE WHEN IT IS MOST TREATABLE. JFK UNIVERSITY MEDICAL CENTER
IS THE FIRST HOSPITAL IN CENTRAL NEW JERSEY TO HAVE
THIS TECHNOLOGY.

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50 YEARS OF CARE:

IN SEPTEMBER 2022, SOUTHERN OCEAN MEDICAL CENTER CELEBRATED ITS 50TH ANNIVERSARY. MORE THAN 300 FAMILIES AND COMMUNITY MEMBERS ATTENDED THE CARNIVAL-INSPIRED EVENT, WHERE LEADERSHIP ENJOYED THE OPPORTUNITY TO LISTEN TO AND GAIN INSIGHTS FROM THE GUESTS. THE HOSPITAL HAS EXPERIENCED SIGNIFICANT GROWTH OVER THE YEARS, AND SPENT MUCH OF 2022 BUILDING OUT ITS ORTHOPEDICS PROGRAM BY WELCOMING SEVERAL HIGHLY SKILLED ORTHOPEDIC SURGEONS TO THE TEAM. SOUTHERN OCEAN MEDICAL CENTER IS NOW IN A STRONG POSITION TO SUPPORT ALL ORTHOPEDICS NEEDS RELATED TO HIP, KNEE, SHOULDER, ELBOW, HAND AND FOOT CONDITIONS. IN ADDITION, SOUTHERN OCEAN HAS BECOME A DESTINATION FOR COLORECTAL, CANCER, SURGICAL, HEART AND VASCULAR CARE, ADDING THE LATEST TECHNOLOGIES AND RECRUITING SOME OF THE BEST PHYSICIANS IN THE STATE. WE ARE COMMITTED TO ENSURING MEMBERS OF THE LOCAL COMMUNITY HAVE ACCESS TO HIGH-QUALITY AND COMPASSIONATE CARE FOR YEARS TO COME AT SOUTHERN OCEAN MEDICAL CENTER.

HOSPITAL AT HOME:

THE HOSPITAL AT HOME PROGRAM EXPANDED TO JERSEY SHORE UNIVERSITY MEDICAL CENTER IN LATE 2022 AFTER FIRST PILOTING AT JFK UNIVERSITY MEDICAL CENTER EARLIER IN THE YEAR - WITH OVER 45 PATIENTS SUCCESSFULLY TREATED IN THE COMFORT OF THEIR HOMES.

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THE HOSPITAL AT HOME PROGRAM LEVERAGES AT-HOME VISITS, TELEHEALTH AND OTHER TECHNOLOGIES TO PROVIDE HOSPITAL-LEVEL CARE TO ELIGIBLE PATIENTS IN THEIR HOMES. PATIENTS WHO ARE OTHERWISE HEALTHY CAN COMFORTABLY CONNECT WITH THEIR CARE TEAM THROUGH DAILY IN-HOME NURSING VISITS AND PHYSICIAN CHECK-INS VIA TELEHEALTH.

SERVICES PROVIDED TO PATIENTS IN THEIR HOMES INCLUDE BUT ARE NOT LIMITED TO:

- MEDICATIONS (INCLUDING IV AND INFUSION THERAPY)
- LABORATORY
- MEALS AND NUTRITION
- REHABILITATION SERVICES
- DURABLE MEDICAL EQUIPMENT AND OXYGEN
- DIAGNOSTIC IMAGING (X-RAY AND OTHER MOBILE SCANS)
- REMOTE PATIENT MONITORING

SURVEYS CONSISTENTLY SHOW THAT PEOPLE PREFER TO BE CARED FOR IN THEIR HOMES. AS A RESULT, HOSPITAL AT HOME PATIENTS REPORT HIGHER SATISFACTION WITH THEIR PHYSICIAN, COMFORT, CONVENIENCE OF CARE, ADMISSION PROCESS AND OVERALL CARE EXPERIENCE. AT OUR HOSPITAL AT HOME SITES, PATIENTS EXPRESSED HIGH SATISFACTION WITH THE PROGRAM AND THE CONVENIENCE OF RECEIVING HOSPITAL-LEVEL CARE AND MONITORING IN THEIR HOMES.

ACADEMICS

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OUR GOAL IS TO BE AN INTERNATIONAL LEADER IN PHYSICIAN EDUCATION AND RESEARCH.THE HACKENSACK MERIDIAN SCHOOL OF MEDICINE AND ACADEMIC PROGRAMS THROUGHOUT OUR NETWORK DEFINE ACADEMIC EXCELLENCE.

CONTINUED GROWTH IN 2022:

- TOTALS 1,450 FACULTY MEMBERS
- MORE THAN 90% ARE HACKESACK MERIDIAN HEALTH PHYSICIANS
- 6,000+ APPLICATIONS FOR THE 2022 COHORT (UP 186% SINCE THE SCHOOL OPENED IN 2018)
- 160+ STUDENTS IN THE 2022 COHORT (AN INCREASE FROM 60 STUDENTS IN THE 2018 COHORT)

HISTORIC COMMENCEMENT CEREMONIES:

IN JUNE 2022, 63 STUDENTS GRADUATED FROM THE HACKENSACK MERIDIAN SCHOOL OF MEDICINE, AND IN JUNE 2023, 85 STUDENTS GRADUATED, BEGINNING THEIR CAREERS AS DOCTORS. THE GRADUATING CLASSES INCLUDED STUDENTS FROM THE 2018, 2019 AND 2020 COHORTS.

DURING BOTH CEREMONIES, WE WERE BLESSED TO HAVE INSPIRING KEYNOTE SPEAKERS WITH DR. CORNEL WEST, THE DIETRICH BONHOEFFER CHAIR AT UNION THEOLOGICAL SEMINARY IN 2022, AND NEW JERSEY GOVERNOR PHIL MURPHY IN 2023. MORE THAN HALF OF OUR GRADUATES WILL CONTINUE ON TO SERVE

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RESIDENCES AT OUR OWN HACKENSACK MERIDIAN HEALTH HOSPITALS, WHILE OTHERS
WILL SERVE IN RESIDENCY PROGRAMS THROUGHOUT THE COUNTRY.

ACHIEVING FULL ACCREDITATION:

THE HACKENSACK MERIDIAN SCHOOL OF MEDICINE WAS GRANTED FULL ACCREDITATION
IN FEBRUARY 2023 BY THE LIAISON COMMITTEE ON MEDICAL EDUCATION (LCME), A
MAJOR MILESTONE CAPPING A ROBUST SEVEN-YEAR REVIEW PROCESS THAT AFFIRMS
THE HIGHEST STANDARDS IN THE TRAINING OF FUTURE PHYSICIANS.

THIS SIGNIFICANT MILESTONE FOLLOWS THE NOVEMBER 2022 ANNOUNCEMENT THAT
THE SCHOOL WAS GRANTED FULL ACCREDITATION BY THE MIDDLE STATES COMMISSION
ON HIGHER EDUCATION (MSCHE), AN AFFIRMATION THAT EXTENDED THE SCHOOL'S
PRIVILEGE TO GRANT M.D. DEGREES AND ALLOWS THE SCHOOL TO STATE
CONFIDENTLY THAT "OUR STUDENTS ARE WELL-SERVED; SOCIETY IS WELL-SERVED."

RESIDENCY AND FELLOWSHIP PROGRAMS:

HACKENSACK MERIDIAN HEALTH HAS SEVERAL, ROBUST EDUCATIONAL PROGRAMS TO
SUPPORT THE ADVANCEMENT OF OUR FUTURE CLINICIANS.

- 66 RESIDENCY AND FELLOWSHIP PROGRAMS
- 811 RESIDENTS AND FELLOWS ENROLLED

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RESEARCH:

WE ARE DEDICATED TO BUILDING AN INTERNATIONALLY RECOGNIZED RESEARCH ENTERPRISE THAT LEADS THE FRONTIER OF MEDICINE THROUGH A FRICTIONLESS SYSTEM OF TRANSLATIONAL SCIENCE AND INNOVATION.

INTRODUCING THE HACKENSACK MERIDIAN HEALTH RESEARCH INSTITUTE:

THE HACKENSACK MERIDIAN HEALTH RESEARCH INSTITUTE (HMHRI) WAS FORMED IN 2022 TO BRING TOGETHER THE MANY RESEARCH DEPARTMENTS AND AREAS OF EXPERTISE ACROSS HACKENSACK MERIDIAN HEALTH. IT SERVES AS AN ACADEMIC HEALTH ECOSYSTEM TO LEAD, ORGANIZE AND SUPPORT ACADEMICS, RESEARCH AND INNOVATION IN A COHESIVE MANNER. THE GOAL OF HMHRI IS TO APPLY SCIENTIFIC RIGOR TO THE MOST URGENT CLINICAL PROBLEMS - SEAMLESSLY AND RAPIDLY TRANSLATING DISCOVERIES INTO NOVEL INTERVENTIONS AND THERAPY DEVELOPMENTS.

BY THE NUMBERS, HMHRI HAS:

- 3,600+ RESEARCHERS
- 250+ PRINCIPAL INVESTIGATORS WITH ACTIVE STUDIES
- 1,000+ ACTIVE STUDIES
- 600 OPEN CLINICAL TRIALS
- 450 CLINICAL TRIALS IN CANCER - MORE THAN ANY OTHER CANCER CENTER IN NJ

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NOTABLE HIGHLIGHTS:

- OVER THE PAST FOUR YEARS, HMH HAS EXPERIENCED REMARKABLE GROWTH, MORE THAN TRIPLING ITS EXTERNALLY-SPONSORED RESEARCH PORTFOLIO ACROSS THE TRANSLATIONAL RESEARCH CONTINUUM, AS ITS RESEARCH GRANT EXPENDITURES AND INDUSTRY CLINICAL TRIALS REVENUE INCREASED FROM \$31.1M IN 2019 TO OVER \$100 MILLION IN 2022.

- THE CENTER FOR DISCOVERY AND INNOVATION (CDI) HAS ITSELF GROWN TO ENCOMPASS MORE THAN 180 SCIENTISTS AND SUPPORT PERSONNEL, OVER ITS FIRST THREE YEARS. THE INSTITUTION IS FUNDED BY \$175 MILLION IN RESEARCH COMMITMENTS OVER THE NEXT FIVE YEARS THROUGH GOVERNMENT, PHARMACEUTICAL, BIOTECH, AND FOUNDATION SECTORS, AS WELL AS PRIVATE PHILANTHROPY.

CORE FORM, PART III; STMT OF PROGRAM SERVICES ACCOMPLISHMENTS (CONTINUED)

- HACKENSACK MERIDIAN HEALTH RESEARCHERS PUBLISHED MORE THAN 261 PUBLICATIONS ON COVID-19 OVER THE FIRST TWO YEARS OF THE PANDEMIC - A GROWING LITERATURE CONTRIBUTING TO VIRTUALLY EVERY FACET OF OUR KNOWLEDGE ABOUT THE VIRUS AND HOW TO DIAGNOSE, TREAT, AND MANAGE IT. AMONG THESE PANDEMIC ADVANCES WERE DIAGNOSTICS, VIRAL VARIANT SCREENING, AND THE DEVELOPMENT OF THERAPIES BY THE CDI, WHICH ASSISTED THE STATE'S LARGEST COMPREHENSIVE HEALTH NETWORK ON THE CLINICAL SIDE OF THE PANDEMIC FIGHT.

ACADEMIA, PHARMA TEAM UP AS "METROPOLITAN ANTIVIRAL DRUG ACCELERATOR":

A UNIQUE COLLABORATIVE ENTERPRISE OF ACADEMIC AND PHARMACEUTICAL EXPERTS IN NEW YORK CITY AND NORTHERN NEW JERSEY HAS FORMED A REGIONAL DRUG

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ACCELERATOR TO ADDRESS THE URGENT NEED TO DEVELOP NOVEL ANTIVIRAL TREATMENTS FOR SARS-COV-2, ITS VARIANTS, OTHER CORONAVIRUSES AND PANDEMIC VIRUSES, AND AS WELL AS FUTURE VIRAL THREATS. THE METROPOLITAN ANTIVIRAL DRUG ACCELERATOR, OR MAVDA, IS FUNDED BY A \$108 MILLION AWARD FROM THE NATIONAL INSTITUTES OF HEALTH AND THE NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASE'S ANTIVIRAL DRUG DISCOVERY CENTERS FOR PATHOGENS OF PANDEMIC CONCERN PROGRAM. NATIONAL INSTITUTES OF HEALTH AND THE NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASE'S ANTIVIRAL DRUG DISCOVERY CENTERS FOR PATHOGENS OF PANDEMIC CONCERN PROGRAM.

THE HACKENSACK MERIDIAN CENTER FOR DISCOVERY AND INNOVATION IS TEAMING UP WITH OTHER WORLD-CLASS VIROLOGISTS AND ACADEMIC DRUG FINDERS FROM ROCKEFELLER UNIVERSITY, COLUMBIA UNIVERSITY AND MEMORIAL SLOAN-KETTERING CANCER CENTER IN NEW YORK CITY, AND RUTGERS UNIVERSITY IN NEW JERSEY, ALONG WITH PROVEN ANTIVIRAL DRUG DEVELOPERS MERCK, THE TRI-INSTITUTIONAL THERAPEUTICS DISCOVERY INSTITUTE (TRI-I TDI), AND ALIGOS THERAPEUTICS. MAVDA'S MISSION IS TO DISCOVER, OPTIMIZE AND TEST INNOVATIVE SMALL MOLECULE ANTIVIRAL DRUGS TO TARGET CORONAVIRUSES, EMPHASIZING SARS-COV-2, AND ONE OR MORE SELECT RNA VIRUSES WITH PANDEMIC POTENTIAL. THE GOAL IS TO RAPIDLY DEVELOP DRUGS WHICH CAN BE GIVEN ORALLY, AND IN AN OUTPATIENT SETTING, IN THE NEAR FUTURE.

CENTER FOR DISCOVERY AND INNOVATION EXPANDS EXPONENTIALLY:
IN UNDER FOUR YEARS OF EXISTENCE, THE HACKENSACK MERIDIAN CENTER FOR DISCOVERY AND INNOVATION (CDI) HAS EXPERIENCED TREMENDOUS GROWTH.

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WITH A MISSION TO DEVELOP AND TRANSLATE INNOVATIONS IN BIOMEDICAL SCIENCES TO IMPROVE CLINICAL OUTCOMES FOR CANCER PATIENTS AND OTHERS WITH LIFE THREATENING, DISABLING AND CHRONIC DISEASES, SEE WHERE WE ARE TODAY:

- 180+ SCIENTIST AND SUPPORT PERSONNEL WORKING AT THE FOREMOST OF BIOMEDICAL DISCOVERY AND INNOVATION.

- \$175 MILLION IN RESEARCH COMMITMENTS OVER NEXT 5 YEARS THROUGH GOVERNMENT, PHARMACEUTICALS, BIOTECH, AND FOUNDATION SECTORS, AS WELL AS PRIVATE PHILANTHROPY.

- 2,500+ PEER-REVIEWED PAPERS BY FACULTY IN LEADING JOURNALS.

- 128,000 NET SQUARE FEET OF NEWLY RENOVATED RESEARCH SPACE INCLUDING - 38,000-FOOT VIVARIUM; AND ANOTHER 60,000 FEET OF EXPANSION SPACE.

GLOBAL LEADER IN HELPING PATIENTS WITH COMPLEX CAD:

HACKENSACK UNIVERSITY MEDICAL CENTER INTERVENTIONAL CARDIOLOGISTS ARE REGIONAL LEADERS IN THE MULTICENTER NATIONAL PROTECT IV CLINICAL TRIAL, WHICH IS EVALUATING THE EFFECTIVENESS OF A NOVEL TREATMENT FOR HIGH-RISK PATIENTS WITH COMPLEX HEART DISEASE AND REDUCED HEART FUNCTION WHO REQUIRE CARDIAC CATHETERIZATION. DOCTORS HERE TREATED THE FIRST PATIENT IN NEW JERSEY ENROLLED IN THIS STUDY, AND HAROON FARAZ, M.D., DIRECTOR OF INTERVENTIONAL CARDIOLOGY RESEARCH, HACKENSACK UNIVERSITY MEDICAL CENTER AND PRINCIPAL INVESTIGATOR FOR THE PROTECT IV STUDY, WAS RECENTLY APPOINTED REGIONAL LEAD FOR THE PROTECT IV TRIAL FOR THE SOUTHEAST.

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THE PROTECT IV STUDY IS COMPARING CARDIAC CATHETERIZATION WITH AND WITHOUT THE ADDITION OF A SMALL HEART PUMP CALLED IMPELLA® TO SEE IF IMPELLA SUPPORT RELIEVES HEART DISEASE SYMPTOMS AND IMPROVES HEART FUNCTION AND OVERALL HEALTH BETTER THAN CATHETERIZATION ALONE. IF THE DATA SHOW CONCLUSIVELY THAT THE SUPPORT PROVIDED BY THE IMPELLA DEVICE IS SUPERIOR TO CORONARY ANGIOPLASTY ALONE, IT COULD LEAD TO A NEW STANDARD OF CARE FOR HIGH-RISK PATIENTS WITH COMPLEX CORONARY ARTERY DISEASE AND IMPAIRED HEART FUNCTION.

PHILANTHROPY

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THE POWER OF PHILANTHROPY IS ESSENTIAL TO THE WORK THAT WE DO, AS IT ALLOWS US TO ADDRESS COMPLEX HEALTH CHALLENGES, IMPLEMENT COMMUNITY HEALTH INITIATIVES AND CREATE A LASTING IMPACT FOR OUR PATIENTS AND TEAM MEMBERS. WE THANK OUR DONORS AND CORPORATE PARTNERS FROM THE BOTTOM OF OUR HEARTS FOR YOUR SUPPORT.

2022 PHILANTHROPIC OUTCOMES AT A GLANCE:

- \$138,877,026 RAISED
- 14,262 TOTAL DONORS
- 53,437 GIFTS

THE FOLLOWING WE SHARE A FEW OF THE MANY PHILANTHROPIC HIGHLIGHTS FROM

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THE PAST YEAR. IT IS WITH EXTREME GRATITUDE THAT WE THANK OUR DONORS.

A TRANSFORMATIONAL GIFT:

OUR DONORS GENEROUSLY PROVIDED JOHN THEURER CANCER CENTER WITH A
TRANSFORMATIONAL GRANT THAT WILL ESTABLISH THE HENNESSY INSTITUTE FOR
CANCER PREVENTION AND APPLIED MOLECULAR MEDICINE.

TO BE LOCATED WITHIN A NEW, PLANNED AMBULATORY FACILITY IN CLIFTON, NEW
JERSEY, THE HENNESSY INSTITUTE WILL FOCUS ON:

- REDUCING CANCER, IMPROVING OUTCOMES AND PREVENTING RECURRENCE THROUGH A
TEAM OF EXPERTS AND NAVIGATORS WHO WILL DEVELOP A SEAMLESS, EASY-TO-USE
PLATFORM AND EMPOWER PATIENTS WITHIN THEIR ECOSYSTEM.

- CONCENTRATING ON EARLY DETECTION THROUGH TESTS LIKE LIQUID BIOPSIES AND
GENOMICS AND DETECTING EARLY RELAPSE TO ENHANCE SURVIVORSHIP.

- PARTNERING WITH PATIENTS TO HELP MITIGATE RISK FACTORS, INCLUDING
REDUCING BMI, INCREASING ACTIVITY AND FOCUSING ON NUTRITION AND OVERALL
WELLNESS.

- MEASURING EFFICACY TO DEMONSTRATE SUCCESS AND ENHANCE FINANCIAL
COVERAGE AND REIMBURSEMENT FOR CANCER PREVENTION INITIATIVES.

THE HENNESSY INSTITUTE WILL ALSO ADDRESS HEALTH INEQUITIES IN CANCER

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RESEARCH AND PREVENTION BY SECURING GRANTS FOR THOSE UNABLE TO PAY THE
OUT-OF-POCKET COSTS ASSOCIATED WITH THIS TYPE OF ADVANCED MEDICINE. THE
GOAL IS TO PRESENT THE COLLECTED DATA TO THE INSURANCE INDUSTRY,
SHOWCASING THE BENEFITS OF CANCER PREVENTION IN TERMS OF COSTS FOR PAYERS
AND PATIENTS, AS WELL AS THE HEALTH BENEFITS ASSOCIATED WITH PREVENTIVE
MEDICINE.

A GOLDEN DOME OF GENEROUS SUPPORT:

IN EARLY 2022, THE GOLDEN DOME FOUNDATION FURTHER SUPPORTED HACKENSACK
MERIDIAN HEALTH WITH A TRANSFORMATIONAL GIFT, DISTRIBUTED AMONG MULTIPLE
HOSPITAL INITIATIVES, TO IMPROVE PATIENT CARE.

FUNDS CONTRIBUTED TO JERSEY SHORE UNIVERSITY MEDICAL CENTER SUPPORTED THE
NEW DR. ROBERT H. HARRIS NEUROSCIENCE TREATMENT CENTER AND THE PURCHASE
OF ADVANCED IMAGING EQUIPMENT FOR NEURORADIOLOGY, ZAP-X AND SYNAPTIVE MRI
(LEARN MORE ABOUT THE NEW CENTER ON PAGE 28). WHEN MRS. HARRIS LEARNED OF
SHABBAR DANISH, M.D.'S VISION FOR THE CENTER AND THE POWERFUL IMPACT
ZAP-X - A NON-INVASIVE PRECISION TREATMENT THAT DELIVERS HIGH-DOSE
RADIATION TO BRAIN TUMORS, FACIAL PAIN AND ARTERIOVENOUS MALFORMATIONS OR
TWISTED BLOOD VESSELS THAT CAN CAUSE CLOTS LEADING TO STROKE WITHOUT
DESTROYING HEALTHY BRAIN CELLS - AND SYNAPTIVE MRI COULD HAVE ON
PATIENTS, SHE WAS INSPIRED TO GIVE BACK TO ENSURE ITS ACCESSIBILITY TO
PATIENTS. THE DR. ROBERT H. AND MARY ELLEN HARRIS ZAP-X CENTER FOR
NONINVASIVE NEUROSURGERY AT JERSEY SHORE IS THE SIXTH IN THE NATION TO
HAVE ZAP-X, THE ONLY ONE IN THE NORTHEAST AND GLOBALLY, THE FIRST TO PAIR

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IT WITH SYNAPTIVE MRI - SHORTENING THE TIME FROM DIAGNOSIS TO TREATMENT.

ADDITIONALLY, GENEROUS DONATIONS FROM THE GOLDEN DOME FOUNDATION CONTRIBUTED TO BAYSHORE MEDICAL CENTER'S CAPITAL NEEDS, INCLUDING ICU MONITORS, C ARM EQUIPMENT AND LED SURGICAL LIGHTS. IN RECOGNITION OF THE GIFT THAT FUNDED THESE ITEMS, THE HOSPITAL'S NEW MAIN LOBBY WAS NAMED THE DR. ROBERT H. AND MARY ELLEN HARRIS LOBBY.

THE GOLDEN DOME FOUNDATION AND MARY ELLEN HARRIS HAVE BEEN STEADFAST SUPPORTERS OF HACKENSACK MERIDIAN HEALTH AND WE ARE INCREDIBLY GRATEFUL FOR THEIR CONTINUED PARTNERSHIP. THEIR HISTORICAL GIVING, AS WELL AS THESE MOST RECENT AND SIGNIFICANT CONTRIBUTIONS, ARE TRANSFORMING CARE FOR THE COMMUNITY.

ENHANCING ACCESS TO CARE:

THE ALFIERO AND LUCIA PALESTRONI FOUNDATION AWARDED THE CENTER FOR MEMORY LOSS AND BRAIN HEALTH AT HACKENSACK UNIVERSITY MEDICAL CENTER A GRANT OF \$2.5 MILLION TO BENEFIT PEOPLE WITH ALZHEIMER'S DISEASE AND OTHER NEURODEGENERATIVE DISORDERS AND THEIR CAREGIVERS. THE CENTER FOR MEMORY LOSS AND BRAIN HEALTH AIMS TO IMPROVE THE QUALITY OF LIFE AND REDUCE THE BURDEN OF PEOPLE WITH DEMENTIA AND THEIR CARE PARTNERS BY PROVIDING COMPREHENSIVE, PATIENT-CENTERED, COORDINATED CARE AND TREATMENT FOR MEMORY DISORDERS AT ALL STAGES. THE FOUNDATION'S GENEROUS SUPPORT WILL HELP ENSURE THAT ALL NEW JERSEY RESIDENTS WITH NEURODEGENERATIVE DISORDERS HAVE ACCESS TO WELLNESS, CAREGIVER SUPPORT AND RESEARCH

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OPPORTUNITIES THAT WILL IMPROVE THEIR OVERALL HEALTH AND WELL-BEING AND
ALLOW THEM TO AGE IN PLACE IN THE COMMUNITY.

SECOND ANNUAL NETWORK CELEBRATION RAISES MORE THAN \$5 MILLION:

MORE THAN \$5 MILLION WAS RAISED IN SUPPORT OF ONCOLOGY SERVICES AT JOHN
THEURER CANCER CENTER AND THROUGHOUT THE HACKENSACK MERIDIAN HEALTH
NETWORK AT THE SECOND ANNUAL HACKENSACK MERIDIAN HEALTH NETWORK
CELEBRATION, HELD ON THE FIELD AT METLIFE STADIUM IN EAST RUTHERFORD.

A BANNER YEAR TO TACKLE KIDS CANCER:

ELI'S CHALLENGE, AN ANNUAL FUNDRAISING INITIATIVE FOR TACKLE KIDS CANCER
(TKC), SUPPORTED BY TKC CAPTAIN ELI MANNING, HAD ITS MOST SUCCESSFUL
FUNDRAISING YEAR YET IN 2022. THANKS TO THE SUPPORT OF DONORS FROM ACROSS
THE COUNTRY, WHOSE DONATIONS WERE MATCHED BY ELI, WE RAISED NEARLY
\$500,000 FOR THIS VITAL PROGRAM THAT HELPS FUND PEDIATRIC CANCER RESEARCH
AND PATIENT SUPPORT PROGRAMS AT HACKENSACK MERIDIAN CHILDREN'S HEALTH
CHILDREN'S CANCER INSTITUTE.

CORE FORM, PART III; STMT OF PROGRAM SERVICES ACCOMPLISHMENTS (CONTINUED)

THE 2022 CAMPAIGN INCLUDED A NEW COMMERCIAL FEATURING ELI AND SOME OF OUR
TKC MVPS (MOST VALIANT PATIENTS) AND WARRIORS AND A ROBUST SOCIAL MEDIA
CAMPAIGN THAT RESONATED WITH AUDIENCES OF ALL AGES. AS PART OF THE
INITIATIVE, TKC MVP MAYA - FEATURED IN THE COMMERCIAL - AND HER FAMILY
CREATED THEIR OWN DO IT YOURSELF FUNDRAISING CAMPAIGN, RAISING MORE THAN

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\$52,000 FOR THE CAUSE. SINCE TACKLE KIDS CANCER'S INCEPTION IN 2015, MORE THAN \$25 MILLION HAS BEEN RAISED TO SUPPORT PEDIATRIC CANCER CARE AND RESEARCH.

LAUNCH OF CORPORATE CHAMPIONS PROGRAM:

IN 2022, WE LAUNCHED THE CORPORATE CHAMPIONS PROGRAM, WHICH SERVES AS AN ALLIANCE BETWEEN CORPORATIONS AND BUSINESS LEADERS DEDICATED TO INVESTING IN WORLD-CLASS HEALTH CARE IN OUR COMMUNITIES THROUGH PARTICIPATION IN EVENTS, SPONSORSHIP OPPORTUNITIES, GRANTS OR PHILANTHROPIC INVESTMENT IN NETWORK PRIORITIES. IN SUPPORT OF THE PROGRAM BY MEMBERS WHO PARTICIPATED AT AN ANNUAL LEVEL OF \$25,000 OR MORE, WE RECEIVED MORE THAN \$19 MILLION IN GIFTS, WHICH ENABLED US TO UPGRADE PATIENT-FACING FACILITIES, ENDOW SCHOLARSHIPS AND FELLOWSHIPS THAT EDUCATE FUTURE PHYSICIANS, PROVIDE RESEARCH FUNDING TO FIND CURES FOR DISEASES AND MAKE COMMUNITIES HEALTHIER BY OFFERING HEALTH SCREENINGS TO UNDERSERVED COMMUNITIES, AMONG SO MUCH MORE.

A GIFT TO HELP NURSES ADVANCE:

AFTER A GENEROUS DONATION FROM OUR DONOR THE SHEILA CANCRO INSTITUTE FOR NURSING LEADERSHIP AND PRACTICE EXCELLENCE WAS CREATED TO PROVIDE INFRASTRUCTURE, SUPPORT AND ADVOCACY FOR NURSES AS THEY ADVANCE THEIR CAREERS, EDUCATION AND RESEARCH AT HACKENSACK MERIDIAN HEALTH. THE INSTITUTE WILL PROVIDE A CENTRALIZED STRUCTURE THAT WILL OFFER NEW AND ENHANCED PATHWAYS FOR HACKENSACK MERIDIAN HEALTH NURSES TO ACHIEVE

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PROFESSIONAL AND EDUCATIONAL EXCELLENCE. THE GIFT WILL ALSO SUPPORT A NEW CAREER INITIATIVE THAT WILL HELP BUILD A PIPELINE OF NEW NURSES BY OFFERING FINANCIAL RELIEF TO STUDENTS THROUGH AN ACCELERATED BACHELOR OF SCIENCE IN NURSING LOAN FORGIVENESS PROGRAM.

PARTNERSHIPS

=====

HAVING STRONG PARTNERS ENSURES DIVERSE EXPERTISE, RESOURCES, AND COLLABORATION TO FOSTER INNOVATION, IMPROVE PATIENT CARE, ENHANCE OPERATIONAL EFFICIENCY, EXPAND ACCESS, AND DRIVE HEALTH CARE TRANSFORMATION FOR THE BENEFIT OF ALL.

CELEBRATING FIVE YEARS OF COLLABORATION:

IN 2022 WE CELEBRATED FIVE YEARS OF COLLABORATION WITH MEMORIAL SLOAN KETTERING ON BRINGING INNOVATIVE CANCER CARE TO PATIENTS IN NEW JERSEY. TOGETHER, THE GOAL IS TO ACCELERATE NEW DISCOVERIES AND ENSURE PATIENTS CAN ACCESS THE HIGHEST-QUALITY, INDIVIDUALIZED CANCER CARE CLOSE TO HOME. PATIENTS HAVE BENEFITED FROM ACCESS TO HUNDREDS OF CLINICAL TRIALS, INNOVATIVE CONCEPTS AND TREATMENTS, INCLUDING PRECISION MEDICINE, IMMUNOTHERAPY AND CELL-BASED THERAPIES.

THROUGHOUT THIS PARTNERSHIP, WE HAVE ACCOMPLISHED:

- OVER 8,000 ADMISSIONS AND EMERGENCY DEPARTMENT VISITS FROM MEMORIAL

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SLOAN KETTERING PATIENTS AT HACKENSACK UNIVERSITY MEDICAL CENTER AND
RIVERVIEW MEDICAL CENTER SINCE 2019.

- THE CREATION OF JOINT GUIDELINES FOR CARE OF 8 DISEASES, INCLUDING
BREAST, COLON, ENDOMETRIAL, KIDNEY, LUNG, MELANOMA, NON-HODGKIN'S
LYMPHOMA AND PROSTATE.

- 117 JOINT RESEARCH STUDIES PUBLISHED IN PEER-REVIEWED JOURNALS SINCE
2017

- OVER 1,000 CLINICAL TRIALS

- SECURING VITAL FUNDING FOR RESEARCH THROUGH OUR IMMUNOLOGY RESEARCH
COLLABORATION

- OVERSEEING THE COLLECTION AND ANALYSIS OF LUNG CANCER OUTCOMES IN BOTH
EARLY AND LATE-STAGE CANCER TO EVALUATE THE BEST TREATMENT APPROACH

- THE CREATION OF MULTIPLE CAMPAIGNS, INCLUDING THE JOINT PSA CAMPAIGN
THAT RAISED AWARENESS OF THE NEED FOR CANCER SCREENINGS, SERVING OVER 70
MILLION IMPRESSIONS

EXPANDING WORLD-CLASS CANCER CARE CANCER CARE WITH ST. JOSEPH'S HEALTH:

OUR CLINICAL AFFILIATION WITH ST. JOSEPH'S HEALTH EXPANDED WITH A NEW
INFUSION CENTER ON THE CAMPUS OF ST. JOSEPH'S UNIVERSITY MEDICAL CENTER
IN WAYNE IN SEPTEMBER 2022. THE INFUSION CENTER AT ST. JOSEPH'S HEALTH
WAYNE MEDICAL CENTER CAMPUS WAS THE FIRST STEP IN THE ONCOLOGY
PARTNERSHIP - WHICH PROVIDES BETTER ACCESS TO CLINICAL TRIALS AND HIGHLY
SUBSPECIALIZED EXPERTISE FOR PATIENTS ACROSS THE ST. JOSEPH'S MARKET. THE
COMMUNITY NOW HAS EXPANDED ACCESS TO CARE DELIVERED BY OUR WORLD-RENOWNED

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JOHN THEURER CANCER CENTER EXPERTS.

PARTNERS IN IMPROVING PEDIATRIC MENTAL HEALTH:

THE NEW JERSEY PEDIATRIC PSYCHIATRIC COLLABORATIVE, A PARTNERSHIP BETWEEN
PRIMARY CARE DOCTORS AND MENTAL HEALTH PROVIDERS, CAN NOW OFFER MORE
PREVENTIVE RESOURCES TO KEEP CHILDREN OUT OF EMERGENCY ROOMS ACROSS THE
STATE. IN 2022, LAWMAKERS ADDED \$12 MILLION IN FUNDING FOR THE EFFORT.

IN EXISTENCE FOR EIGHT YEARS, THE COLLABORATIVE IS COMPOSED OF MORE THAN
650 PEDIATRICIANS IN THE STATE AND PARTICIPATING PEDIATRICIANS HAVE
SCREENED OVER 212,000 PATIENTS FOR MENTAL HEALTH AND BEHAVIORAL HEALTH
ISSUES.

THE ADDITIONAL FUNDING WILL ALLOW FOR AN INCREASE IN SERVICES THE
COLLABORATIVE PROVIDES SO THAT MORE PEDIATRICIANS, KIDS AND FAMILIES
ACROSS NEW JERSEY CAN BE SERVED.

FOCUS ON DIGITAL TRANSFORMATION:

WE HAVE ACCELERATED OUR DIGITAL TRANSFORMATION BY PARTNERING WITH GOOGLE,
MOVING TO GOOGLE CLOUD AND USING TECHNOLOGY LIKE ANALYTICS AND ARTIFICIAL
INTELLIGENCE, WITH THE ULTIMATE GOAL BEING TO IMPROVE PATIENT OUTCOMES.

HIGHLIGHTS FROM 2022:

- WE WERE ONE OF TWELVE ORGANIZATIONS TO WIN THE SECOND ANNUAL GOOGLE

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CLOUD CUSTOMER AWARDS IN THE HEALTHCARE AND LIFE SCIENCES DIVISION, WHICH CELEBRATES GLOBAL ORGANIZATIONS THAT ADAPT TO THE DEMANDS OF TODAY AND TOMORROW, TURNING INSPIRING IDEAS INTO EXCITING REALITIES.

- HEALTH CARE PROVIDERS NOW HAVE THE OPPORTUNITY TO RUN EPIC ON GOOGLE CLOUD. IN 2023, WE PLAN TO MOVE OUR EPIC WORKLOADS TO GOOGLE CLOUD - MAKING US ONE OF THE FIRST HEALTH CARE PROVIDERS TO DO SO. THIS MOVE ENABLES GREATER INNOVATION, EFFICIENCY AND SECURITY.

- GOOGLE CLOUD ANNOUNCED THREE HEALTHCARE DATA ENGINE (HDE) ACCELERATORS, DEVELOPED IN COLLABORATION WITH CVS HEALTH - HACKENSACK MERIDIAN HEALTH, INDIANA UNIVERSITY HEALTH AND LIFEPOINT HEALTH - THAT HELP ORGANIZATIONS USE NEAR REAL-TIME ACCESS TO ACCURATE HEALTH CARE INFORMATION, ANALYTICS AND AI TO ADDRESS HEALTH EQUITY, PATIENT FLOW, AND VALUE-BASED CARE. IN THE FUTURE, ACCELERATORS WILL DEVELOP FOR OTHER HIGH-IMPACT, COMMON USE CASES. AVAILABLE IN EARLY 2023, THE HDE ACCELERATORS OFFER TAILORED INFRASTRUCTURE DEPLOYMENT CONFIGURATIONS, BIGQUERY DATA MODELS, AND LOOKER DASHBOARD TEMPLATES TO SUPPORT THE ADOPTION AND TIME-TO-VALUE OF HDE FOR THESE COMMON INDUSTRY CHALLENGES. HDE LEVERAGES GOOGLE CLOUD'S RELIABLE INFRASTRUCTURE AND SECURE DATA STORAGE THAT SUPPORT HIPAA COMPLIANCE, AND WHEN IMPLEMENTED, EACH CUSTOMER'S LAYERS OF SECURITY, PRIVACY CONTROLS, AND PROCESSES PROTECT THE ACCESS AND USE OF PATIENT DATA.

- WE ARE BEGINNING TO USE THE NEW GOOGLE CLOUD MEDICAL IMAGING SUITE TO

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DE-IDENTIFY PETABYTES OF IMAGES WITH FUTURE PLANS TO BUILD AI ALGORITHMS
TO PREDICT METASTASIS IN PATIENTS WITH PROSTATE CANCER, A
LIFE-THREATENING OUTCOME DISPROPORTIONATELY AFFECTING BLACK MEN IN THE
U.S.

COMMUNITY:

IT IS OUR RESPONSIBILITY TO SAFEGUARD THE EARTH, AND HELP OUR PEOPLE AND
COMMUNITIES THRIVE. WE ARE DEEPLY COMMITTED TO IMPROVING QUALITY OF LIFE
AND CREATING INNOVATIVE WAYS TO BRIDGE HEALTH EQUITY GAPS TO ENSURE THAT
ALL PATIENTS ACHIEVE THEIR BEST HEALTH.

OUR HOLISTIC APPROACH TO ENVIRONMENTAL STEWARDSHIP:

ENERGY, WATER & WASTE REDUCTION

- MANY OF OUR HOSPITALS ARE RECOGNIZED AS TOPIN THE NATION FOR
ENVIRONMENTAL EXCELLENCE* .

SUSTAINABLE FOOD OPTIONS

- THROUGH OUR PLANT-FORWARD MENU, ANTIBIOTIC FREE MEATS AND LOCAL FARM TO
TABLE APPROACH.

SAFER CHEMICALS

- OVER 94% OF OUR CLEANING CHEMICALS ARE CERTIFIED GREEN.

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RESPONSIBLE PURCHASING

- BY SOURCING PRODUCTS OR SERVICES THAT HAVE A REDUCED EFFECT ON THE ENVIRONMENT & HUMAN HEALTH.

PARTNERSHIPS

- WE COLLABORATE WITH LOCAL AND NATIONAL EXPERTS IN SUSTAINABILITY TO INCREASE OUR IMPACT AND REACH.

ENERGY EFFICIENT FACILITIES:

WE HAVE MADE GREAT STRIDES TO REDUCE OUR ENVIRONMENTAL FOOTPRINT BY CREATING MORE ENERGY-EFFICIENT FACILITIES AND PARTNERING WITH NEW JERSEY UTILITIES THROUGH THE PSE&G HOSPITAL EFFICIENCY PROGRAM. THROUGH THIS PARTNERSHIP, WE HAVE INVESTED OVER \$114 MILLION IN INFRASTRUCTURE UPGRADES, WHICH HAS SAVED NEARLY 60 MILLION KILOWATT HOURS OF ELECTRICITY AND OVER 1.5 MILLION THERMS OF NATURAL GAS ANNUALLY. AFTER MUCH SUCCESS WITH THE PSE&G PROGRAM - OUR UTILITY FOR NORTHERN AND MOST OF OUR CENTRAL FACILITIES- WE ADVOCATED FOR A SIMILAR PROGRAM WITH NEW JERSEY NATURAL GAS (NJNG). AS A RESULT OF THESE EFFORTS, OCEAN UNIVERSITY MEDICAL CENTER RECEIVED OVER \$15 MILLION TO UPGRADE ITS HVAC SYSTEMS, AN LED LIGHTING UPGRADE, COGENERATION AND TWO NEW EMERGENCY GENERATORS THAT CAN POWER THE ENTIRE FACILITY IF NEEDED.

CORE FORM, PART III; STMT OF PROGRAM SERVICES ACCOMPLISHMENTS (CONTINUED)

- \$114 MILLION INVESTMENT IN INFRASTRUCTURE UPGRADES
- SAVED 60 MILLION KILOWATT HOURS OF ELECTRICITY

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- SAVED 1.5 MILLION THERMS OF NATURAL GAS

NETWORK-WIDE "GREEN OR" EFFORTS:

IN 2022, WE CONTINUED EFFORTS TO REDUCE ENERGY, SUPPLY COSTS AND WASTE IN OPERATING ROOMS ACROSS THE NETWORK, UTILIZING GREENING THE OR RESOURCES FROM PRACTICE GREENHEALTH. AS A RESULT, WE SAVED \$1,253,904 BY REPROCESSING MEDICAL EQUIPMENT, DIVERTED 26,000 POUNDS FROM LANDFILL AND SAVED \$352,789 BY LESSENING UNNECESSARY SUPPLIES IN OPERATING ROOM KITS. IN ADDITION, OCEAN UNIVERSITY MEDICAL CENTER, JERSEY SHORE UNIVERSITY MEDICAL CENTER, HACKENSACK UNIVERSITY MEDICAL CENTER AND SOUTHERN OCEAN MEDICAL CENTER RECEIVED THE GREENING THE OR RECOGNITION AWARD.

RESPONSIBLE PURCHASING:

- ELECTRONICS

100% OF THE ELECTRONICS WE PURCHASED IN 2022 WERE EPEAT CERTIFIED, INCLUDING \$3,459,779.91 WORTH OF LAPTOPS, MONITORS, MOBILE PHONES AND IMAGING EQUIPMENT

- FLOORING

WE INSTALLED OVER 460,000 SQUARE FEET OF FLOORING THAT MEETS HEALTHCARE WITHOUT HARM'S HEALTHY FLOORING CRITERIA

- FOOD

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WE CONTINUED TO FOCUS ON INCREASING THE AMOUNT OF PLANT-FORWARD DISHES OFFERED IN OUR RETAIL DINING AND PATIENT MENUS AND MAKING SUSTAINABLE PURCHASES - 42% OF THE MEAT WE PURCHASED WAS ANTIBIOTIC-FREE, AND 19% OF OUR FOOD PURCHASES WERE LOCAL.

- FURNISHINGS

WE PURCHASED \$7.5 MILLION WORTH OF FURNISHINGS, 97% OF WHICH WERE FREE OF POLYVINYL CHLORIDE, FORMALDEHYDE, FLAME RETARDANTS, ANTIMICROBIALS AND PERFLUORINATED COMPOUNDS

- GREEN CLEANING

96.7% OF OUR CLEANING PRODUCTS WERE THIRD-PARTY ECO-LOGO CERTIFIED (GREEN)

PEER GOLD CERTIFICATION:

THE CENTRAL UTILITY PLANT (CUP) AT HACKENSACK UNIVERSITY MEDICAL CENTER OPENED IN 2020 AND IS THE THIRD HOSPITAL IN THE COUNTRY TO RECEIVE PEER GOLD CERTIFICATION WHICH RECOGNIZES INDUSTRY LEADERS IN ENERGY EFFICIENCY AND RESILIENCY. THE STATE-OF-THE-ART 43,500 SQUARE FOOT CUP POWERS THE HOSPITAL CAMPUS AND HOUSES THE BOILERS, STEAM EQUIPMENT, CHILLERS, COOLING TOWERS AND EMERGENCY GENERATORS.

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DIVERSITY EQUITY AND INCLUSION: RANKED #1 IN THE U.S.:

OUR DEI BUSINESS CASE PILLARS:

PATIENT CARE & OUTCOMES

- ENHANCING PATIENT CARE AND OUTCOMES TO CREATE MORE EQUITABLE HEALTH
CARE

COMMUNITY

- SUPPORTING AND STRENGTHENING PARTNERSHIPS WITH THE DIVERSE COMMUNITIES
WE SERVE

WORKFORCE

- ATTRACTING, RETAINING, DEVELOPING AND PROMOTING THE ADVANCEMENT OF
DIVERSE TALENT TO DRIVE INNOVATION AND GROWTH

SUPPLIER DIVERSITY

- ENGAGING AND SUPPORTING LOCAL AND DIVERSE BUSINESSES WITH A FOCUS ON
HISTORICALLY UNDERREPRESENTED BUSINESS OWNERS

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SPOTLIGHT ON DEI INITIATIVES:

OUR ANTIRACISM STATEMENT:

IN DECEMBER OF 2022 WE DEVELOPED THE FOLLOWING ANTIRACISM STATEMENT, AN INTEGRAL PART OF THE DEI WORK WE DO THROUGHOUT THE NETWORK: AT HACKENSACK MERIDIAN HEALTH, WE STAND AGAINST RACISM OF ALL FORMS. WE ACKNOWLEDGE THAT SYSTEMIC, STRUCTURAL RACISM IS THE ROOT CAUSE OF MANY SOCIAL DETERMINANTS OF HEALTH AND THAT IT HAS A DETRIMENTAL IMPACT ON OUR PATIENTS, STAFF AND THE COMMUNITIES WE SERVE. WE ARE INTENTIONAL IN OUR EFFORTS TO ADDRESS SYSTEMIC STRUCTURES THAT PERPETUATE RACISM AND CONTRIBUTE TO HEALTH CARE DISPARITIES. LEADERSHIP STARTS AT THE TOP AND OUR COMPREHENSIVE DIVERSITY EQUITY AND INCLUSION GOVERNANCE STRUCTURE ENSURES LEADERSHIP ACCOUNTABILITY THAT IS INCLUSIVE OF TEAM MEMBER ENGAGEMENT AT ALL LEVELS. ADDITIONALLY, OUR BLUEPRINT FOR ANTIRACISM PROVIDES A ROADMAP FOR ACTION AS WE WORK TO ADDRESS CHALLENGES, DISPARITIES IN HEALTH CARE, INCLUSION AND EQUITY FOR ALL. AS WE CONTINUE ON THIS JOURNEY, OUR COMMITMENT IS TO KEEP GETTING BETTER.

ANNUAL DAYS OF UNDERSTANDING:

IN RESPONSE TO THE TRAGIC MURDER OF GEORGE FLOYD, WE HAVE FOCUSED ON ENHANCING OUR PROGRESS IN FOSTERING CULTURAL COMPETENCY AMONG TEAM MEMBERS. EFFORTS INCLUDE PILOTING OUR LISTENING TO UNDERSTAND CAMPAIGN, ENCOURAGING OUR 36,000 TEAM MEMBERS TO PARTICIPATE IN DIFFICULT CONVERSATIONS ABOUT RACE, SOCIAL JUSTICE, SOCIO-ECONOMIC AND OTHER ISSUES

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▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

01-0649794

WITH LEADERS AND COLLEAGUES. THIS CONTINUES MONTHLY (TEAM MEMBERS EARN WELL-BEING INCENTIVE CREDIT FOR PARTICIPATION) AND NOW INCLUDES THE CEO ACTION ANNUAL DAYS OF UNDERSTANDING, A TIME FOR LEADERS TO HOLD SPECIAL HUDDLES WITH TEAMS FOCUSED ON CANDID CONVERSATIONS AROUND DIVERSITY, EQUITY AND INCLUSION.

SUPPLIER DIVERSITY:

THROUGHOUT 2022, WE MADE GREAT COLLABORATIVE EFFORTS TO SUPPORT A MORE DIVERSE SUPPLY CHAIN. SOME OF THE ENHANCEMENTS INCLUDE IMPLEMENTING SUPPLIER.IO SOFTWARE - WHICH ALLOWS US TO CREATE, TRACK AND MEASURE OUR LOGISTICS (CERTIFICATIONS, SPENDING, PRODUCTS/SERVICES, ETC.), LAUNCHING THE SUPPLIER DIVERSITY MENTORSHIP PROGRAM FOR SMALL VENDORS AND GRADUATING THE TURNER SCHOOL OF CONSTRUCTION NEW JERSEY WITH 17 DIVERSE VENDORS. IN ADDITION, WE ESTABLISHED AND IMPLEMENTED THE INAUGURAL SUPPLIER DIVERSITY AWARD.

NETWORK WIDE UNCONSCIOUS BIAS TRAINING:

IN 2022, TEAM MEMBERS WERE ASSIGNED THE HMH UNCONSCIOUS BIAS IN THE WORKPLACE E-LEARNING IN MYSUCCESS TO INCREASE OUR AWARENESS OF AND HELP ADDRESS IMPLICIT BIAS. THIS CUSTOMIZED ONLINE TRAINING COURSE INTRODUCED TEAM MEMBERS AND LEADERS TO THE CONCEPT OF UNCONSCIOUS BIAS WHILE ALLOWING THEM TO EXPLORE THE IMPACT OF SUCH BIASES ON OUR WORK AND PATIENT CARE ENVIRONMENT. ADDRESSING UNCONSCIOUS BIAS IS A

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

HACKENSACK MERIDIAN HEALTH, INC.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
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CRITICAL COMPONENT OF OUR OVERALL DIVERSITY EQUITY & INCLUSION STRATEGY
TO ADDRESS HEALTH EQUITY FOR OUR PATIENTS AND TO BE A MORE INCLUSIVE
WORKPLACE FOR ALL TEAM MEMBERS.

TEAM MEMBER RESOURCE GROUPS:

WE ARE PROUD TO OFFER VOLUNTARY GROUPS THAT ARE ORGANIZED AROUND
PARTICULAR SHARED INTERESTS OR DIMENSIONS OF DIVERSITY. THEY OFFER OPEN
FORUMS TO SHARE INNOVATIVE IDEAS, HELP ACCOMPLISH BUSINESS GOALS,
ENCOURAGE PROFESSIONAL DEVELOPMENT, PROVIDE NETWORKING OPPORTUNITIES,
ENHANCE ENGAGEMENT AND STRENGTHEN THE LINK WITHIN THE COMMUNITY. IN
NOVEMBER 2022, WE HELD THE SECOND ANNUAL TEAM MEMBER RESOURCE TOWN HALL
WITH CEO ROBERT GARRETT.

TEAM MEMBER RESOURCE GROUPS ARE AS FOLLOWS:

- ABILITIES
- ASPIRING WOMEN LEADERS
- BLACK
- LATINX/HISPANIC
- MULTICULTURAL
- PRIDE AND ALLIES
- VETERANS
- WOMEN IN LEADERSHIP
- YOUNG PROFESSIONALS

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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Internal Revenue Service

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Name of the organization

HACKENSACK MERIDIAN HEALTH, INC.

Employer identification number

01-0649794

NATIONAL RECOGNITION:

ALL 13 HACKENSACK MERIDIAN HEALTH'S HOSPITALS HAVE BEEN RECOGNIZED AS A
"LEADER" AND "TOP PERFORMER" BY THE HUMAN RIGHTS CAMPAIGN (HRC)
FOUNDATION'S HEALTHCARE EQUALITY INDEX (HEI) FOR THEIR COMMITMENT TO
EQUITABLE AND INCLUSIVE CARE OF LESBIAN, GAY, BISEXUAL, TRANSGENDER AND
QUEER (LGBTQ) PATIENTS, THEIR FAMILIES AND TEAM MEMBERS. THIS NATIONAL
BENCHMARKING TOOL EVALUATES HEALTH CARE FACILITIES' LGBTQ-INCLUSIVE
POLICIES AND BEST PRACTICES TO PROVIDE CULTURALLY COMPETENT HEALTH CARE
OF THE HIGHEST QUALITY.

ELEVEN HOSPITALS EARNED "LGBTQ+ HEALTHCARE EQUALITY LEADER" DESIGNATION
-WITH A PERFECT SCORE OF 100:

- BAYSHORE MEDICAL CENTER, HOLMDEL
- HACKENSACK UNIVERSITY MEDICAL CENTER, HACKENSACK
- JERSEY SHORE UNIVERSITY MEDICAL CENTER, NEPTUNE CITY
- JFK UNIVERSITY MEDICAL CENTER, EDISON
- MOUNTAINSIDE MEDICAL CENTER, MONTCLAIR
- OCEAN UNIVERSITY MEDICAL CENTER, BRICK
- OLD BRIDGE MEDICAL CENTER, OLD BRIDGE
- PASCACK VALLEY MEDICAL CENTER, WESTWOOD
- RARITAN BAY MEDICAL CENTER, PERTH AMBOY
- RIVERVIEW MEDICAL CENTER, RED BANK
- SOUTHERN OCEAN MEDICAL CENTER, MANAHAWKIN

**SCHEDULE O
(Form 990 or 990-EZ)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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Name of the organization

Employer identification number

HACKENSACK MERIDIAN HEALTH, INC.

01-0649794

TWO HOSPITALS EARNED THE HEI "TOP PERFORMER" - SCORING FROM 80 TO 95
POINTS. EACH HOSPITAL BELOW RECEIVED A SCORE OF 95:

- CARRIER CLINIC, BELLE MEAD
- PALISADES MEDICAL CENTER, NORTH BERGEN

CORE FORM, PART III; STMT OF PROGRAM SERVICES ACCOMPLISHMENTS (CONTINUED)

AWARDS AND RECOGNITION

=====

MAGNET 2022

HMH HOSPITALS HAVE BEEN MAGNET-DESIGNATED FOR MORE THAN 25 YEARS.

IN 2022, FIVE HOSPITALS ONCE AGAIN ACHIEVED THIS PRESTIGIOUS DESIGNATION
FROM THE AMERICAN NURSES CREDENTIALING CENTER. THIS INCLUDES BAYSHORE
MEDICAL CENTER - 2ND DESIGNATION; JERSEY SHORE UNIVERSITY MEDICAL CENTER
- 6TH DESIGNATION; OCEAN UNIVERSITY MEDICAL CENTER - 6TH DESIGNATION;
RIVERVIEW MEDICAL CENTER - 6TH DESIGNATION; AND, SOUTHERN OCEAN MEDICAL
CENTER - 2ND DESIGNATION.

IN ADDITION TO THE FIVE HOSPITALS RECOGNIZED IN 2022, RARITAN BAY MEDICAL
CENTER/OLD BRIDGE MEDICAL CENTER APPLIED FOR ITS 5TH DESIGNATION IN APRIL
2023, JFK UNIVERSITY MEDICAL CENTER APPLIED FOR ITS 1ST DESIGNATION IN
APRIL 2023, AND HACKENSACK UNIVERSITY MEDICAL CENTER APPLIED FOR ITS 7TH

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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Internal Revenue Service

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Name of the organization

Employer identification number

HACKENSACK MERIDIAN HEALTH, INC.

01-0649794

DESIGNATION IN FEBRUARY 2023. HACKENSACK WAS THE FIRST HOSPITAL IN NEW
JERSEY TO EARN THIS DESIGNATION SIX TIMES AND THE SECOND IN THE COUNTRY.

Name of the organization

Employer identification number

HACKENSACK MERIDIAN HEALTH, INC.

01-0649794

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

=====

CAYMAN ISLANDS
BERMUDA

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

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
(1) SEE SUPPLEMENTAL PAGE							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2022

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(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	No
(1) SEE SUPPLEMENTAL PAGE									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

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

(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) PALISADES MEDICAL ASSOCIATES, LLC	1B	8,033,534.	CASH
(2) HUMC CARDIOVASCULAR PARTNERS, P.C.	1B	22,005,700.	CASH
(3) HACKENSACK MERIDIAN HEALTH, INC.	1S	494,180,634.	CASH
(4) HACKENSACK MERIDIAN HEALTH REALTY CORPORATION	1R	53,312,021.	ACCRUAL
(5) HACKENSACK MERIDIAN AMBULATORY VENTURES, INC.	1R	59,828,977.	ACCRUAL
(6) RWJ JR. LIFESTLYE INSTITUTE, INC.	1R	118,313.	ACCRUAL

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses.	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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) HACKENSACK MERIDIAN AMBULATORY CARE, INC.	1S	113,259,312.	ACCRUAL
(2) HMH MEDICAL GROUP- SPECIALTY CARE, P.C.	1B	124,313,693.	
(3)			
(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)
- HMH CARRIER CLINIC, INC. (FEID: 22-1714106)
- CENTER FOR DISCOVERY AND INNOVATION, INC. (35-2662866)
- HACKENSACK MERIDIAN AMBULATORY 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)
- MUHLENBERG FOUNDATION, INC. (FEID: 51-0212678)
- BERGEN HEALTH MANAGEMENT SYSTEM, INC. (FEID: 22-2989731)

Part VII Supplemental Information

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

- MUHLENBERG REGIONAL MEDICAL CENTER, INC. (FEID: 22-1487258)
- HARTWYCK AT OAK TREE, INC. (FEID: 22-2666023)
- HACKENSACK MERIDIAN OUTPATIENT SERVICES, INC. (FEID: 20-4144804)

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 343 THORNALL STREET		EDISON, NJ 08837	
	TITLE HOLDING	NJ	NONE	NONE	HMAC
SOCH PROPERTIES II, LLC		26-0838981 343 THORNALL STREET		EDISON, NJ 08837	
	TITLE HOLDING	NJ	NONE	NONE	HMAC
SOCH PROPERTIES 3 CLOCK BLDG, LLC		51-0538953 343 THORNALL STREET		EDISON, NJ 08837	
	TITLE HOLDING	NJ	NONE	NONE	HMAC
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 343 THORNALL STREET		EDISON, NJ 08837	
	TITLE HOLDING	NJ	NONE	14,858,414.	HMAC
KINGSLAND STREET URBAN RENEWAL, LLC		81-3857390 343 THORNALL STREET		EDISON, NJ 08837	
	PARKING GARAG	NJ	7,799,578.	187460957.	HMHHC
HACKENSACK MERIDIAN LTACH, LLC		38-4209318 343 THORNALL STREET		EDISON, NJ 08837	
	HEALTH SVCS	NJ	42,239.	6,458,464.	HMHHC

Part VII Supplemental Information

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

PART II - IDENTIFICATION 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	NO
HACKENSACK MERIDIAN HEALTH, INC. 343 THORNALL STREET EDISON, NJ 08837 HEALTH SVCS.	22-3474145	NJ	501(C)(3)	12C	N/A		X
PALISADES MEDICAL ASSOCIATES, LLC 7600 RIVER ROAD NORTH BERGEN, NJ 07047 HEALTH SVCS.	22-3814193	NJ	501(C)(3)	10	HMHHC		X
MERIDIAN MEDICAL GROUP-RETAIL CLINIC, PC 343 THORNALL STREET EDISON, NJ 08837 HEALTH SVCS.	06-1755228	NJ	501(C)(3)	10	HMH		X
HMH MEDICAL GROUP-COMPLEX CARE 343 THORNALL STREET EDISON, NJ 08837 HEALTH SVCS.	06-1755230	NJ	501(C)(3)	10	HMH		X
MERIDIAN MEDICAL ASSOCIATES, P.C. 343 THORNALL STREET EDISON, NJ 08837 HEALTH SVCS.	06-1755233	NJ	501(C)(3)	10	HMH		X
HMH MEDICAL GROUP-PRIMARY CARE, PC 343 THORNALL STREET EDISON, NJ 08837 HEALTH SVCS.	14-1981653	NJ	501(C)(3)	10	HMH		X
MERIDIAN MEDICAL GROUP-SPECIALTY CARE, PC 343 THORNALL STREET EDISON, NJ 08837 HEALTH SVCS.	14-1981647	NJ	501(C)(3)	10	HMH		X
MERIDIAN TRAUMA ASSOCIATES, P.C. 343 THORNALL STREET EDISON, NJ 08837 HEALTH SVCS.	14-1981651	NJ	501(C)(3)	10	HMH		X
MERIDIAN OB/GYN ASSOCIATES, P.C. 343 THORNALL STREET EDISON, NJ 08837 HEALTH SVCS.	06-1755239	NJ	501(C)(3)	10	HMH		X
MERIDIAN PEDIATRIC SURGICAL ASSOC, PC 343 THORNALL STREET EDISON, NJ 08837 HEALTH SVCS.	77-0720131	NJ	501(C)(3)	10	HMH		X

Part VII Supplemental Information

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

PART II - IDENTIFICATION 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	NO
SOMC MEDICAL GROUP, P.C. 343 THORNALL STREET	27-1412183 EDISON, NJ 08837 HEALTH SVCS.	NJ	501(C)(3)	10	HMH		X
HACKENSACK SPECIALTY CARE ASSOCIATES, PC 30 PROSPECT AVENUE	20-1017013 HACKENSACK, NJ 07601 HEALTH SVCS.	NJ	501(C)(3)	12A	HMHHC		X
HMH MEDICAL GROUP-SPECIALTY CARE, P.C. 30 PROSPECT AVENUE	22-3376459 HACKENSACK, NJ 07601 HEALTH SVCS.	NJ	501(C)(3)	12A	HMHHC		X
HUMC CARDIOVASCULAR PARTNERS, P.C. 30 PROSPECT AVENUE	27-0614861 HACKENSACK, NJ 07601 HEALTH SVCS.	NJ	501(C)(3)	10	HMHHC		X
HUMC MEDICAL OBSERVATION, P.A. 30 PROSPECT AVENUE	27-2371424 HACKENSACK, NJ 07601 HEALTH SVCS.	NJ	501(C)(3)	12A	HMHHC		X
HACKENSACK MERIDIAN TEAM HEALTH, P.C. 343 THORNALL STREET	27-2377326 EDISON, NJ 08837 HEALTH SVCS.	NJ	501(C)(3)	10	HMH		X
MERIDIAN MEDICAL GROUP-PEDIATRIC UROLOGY 343 THORNALL STREET	81-3921186 EDISON, NJ 08837 HEALTH SVCS.	NJ	501(C)(3)	10	HMH		X
THE AUXILIARY OF HACKENSACKUMC 30 PROSPECT AVENUE	22-1537117 HACKENSACK, NJ 07601 SUPPORT HMHC	NJ	501(C)(3)	12C	HMHHC		X
JFK MEDICAL ASSOCIATES, P.A. 98 JAMES STREET	46-2219798 EDISON, NJ 08820 HEALTH SVCS.	NJ	501(C)(3)	10	HMH		X
HACKENSACK MERIDIAN SCHOOL OF MEDICINE 340 KINGSLAND STREET	81-3872529 NUTLEY, NJ 07110 HEALTH SVCS.	NJ	501(C)(3)	2	HMH		X

HACKENSACK MERIDIAN HEALTH, INC.

01-0649794

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		(I) CODE V-UBI	(J) PARTNER		(K) % OWNERSHIP
							YES	NO		YES	NO	
HUMC/USP SURGERY CENTERS, LLC 30 PROSPECT AVENUE HACKENSACK,	HEALTH SVCS	NJ	HMHAC	RELATED	4,355,275.	8,723,648.		X	NONE		X	50.1000
OLD BRIDGE MEDICAL ASSOCIATES, 1 HOSPITAL PLAZA OLD BRIDGE, N	HEALTH SVCS	NJ	HMHHC	RELATED	646,335.	2,980,246.		X	NONE		X	84.2078
COASTAL CO-OP OF NJ 22-3603146 343 THORNALL STREET EDISON, NJ	PURCHASING	NJ	HMHHC	RELATED	NONE	999,458.		X	NONE		X	95.0000
MERIDIAN HEALTH VILLAGE REALTY 343 THORNALL STREET EDISON, NJ	REAL ESTATE	NJ	HMHAC	RELATED	344,960.	24,453,136.		X	NONE		X	88.6800
HACKENSACK MERIDIAN LIVING AT 343 THORNALL STREET EDISON, NJ	HEALTH SVCS	NJ	HMHAC	RELATED	-2,250,560.	17,586,778.		X	NONE		X	51.0000
ESSEX RESIDENTIAL CARE, LLC 83 343 THORNALL STREET EDISON, NJ	HEALTH SVCS	NJ	HMHAC	RELATED	-1,730,250.	14,776,841.		X	NONE		X	51.0000
BERGEN POST ACUTE CARE, LLC 83 343 THORNALL STREET EDISON, NJ	HEALTH SVCS	NJ	HMHAC	RELATED	-2,597,870.	26,203,364.		X	NONE		X	51.0000
HACKENSACK MUSCULOSKELETAL SUR 100 CHARLES EWING BLVD EWING,	HEALTH SVCS	NJ	HMHHC	RELATED	-511,025.	742,625.		X	NONE		X	51.0000
TOTOWA CANCER CENTER, LLC 399 THORNALL STREET	HEALTH SVC	NJ	HMAC	RELATED	-839,370.	21,332,463.		X	NONE		X	51.0000

HACKENSACK MERIDIAN HEALTH, INC.

01-0649794

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 343 THORNALL STREET EDISON, NJ 08837	22-2550716 HEALTH SVCS	NJ	N/A	C CORP				
PALISADES CHILD CARE CENTER, INC. 343 THORNALL STREET EDISON, NJ 08837	22-2812623 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	N/A	C CORP				
O.A.P.C.A., INC. 1140 RT 72 WEST MANAHAWKIN, NJ 08050	22-3298974 CONDO ASSOCIA	NJ	N/A	C CORP				
JFK MEDICAL GROUP, P.C. 98 JAMES STREET EDISON, NJ 08820	22-3482637 HEALTH SVCS	NJ	N/A	C CORP				
JFK AMBULATORY CARE, P.A. 98 JAMES STREET EDISON, NJ 08820	47-3018240 HEALTH SVCS	NJ	N/A	C CORP				
HMH CASUALTY COMPANY, LTD. CHEVRON HOUSE, 44 CHURCH STREET HAMILTON, BD	FINANCIAL VEH	BD	N/A	C CORP				
MERIDIAN CARDIOVASCULAR INTERPRETIVE SER 399 THORNALL STREET EDISON, NJ 08837	27-0085539 HEALTH SVCS	NJ	N/A	C CORP				
NEW AMSTERDAM MEDICAL ASSOCIATE, P.C. 399 THORNALL STREET EDISON, NJ 08837	27-0849894 HEALTH SVCS	NJ	N/A	C CORP				
HACKENSACK OCCUPATIONAL MEDICINE ASSOCIA 399 THORNALL STREET EDISON, NJ 08837	86-1153504 HEALTH SVCS	NJ	N/A	C CORP				

HACKENSACK MERIDIAN HEALTH, INC.

01-0649794

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
NEPHROLOGY ASSOCIATES, PA 399 THORNALL STREET EDISON, NJ 08837	22-2731580 HEALTH SVCS	NJ	N/A	C CORP				
HACKENSACK MERIDIAN URGENT CARE, P.C. 399 THORNALL STREET EDISON, NJ 08837	81-4166532 HEALTH SVCS	NJ	N/A	C CORP				

SEE STATEMENT 0