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FEDERAL FORM 990

RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

FOR THE YEAR ENDED DECEMBER 31, 2024

PUBLIC DISCLOSURE COPY

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

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

C Name of organization
RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
C/O CORP. FINANCE, 2 CRESCENT PLACE

City or town, state or province, country, and ZIP or foreign postal code
OCEANPORT, NJ 07757

D Employer identification number
85-1296795

E Telephone number
(973)322-4032

G Gross receipts $
7,785,595,097.

F Name and address of principal officer: MARK E. MANIGAN
2 CRESCENT PLACE, OCEANPORT, NJ 07757

H(a) Is this a group return for subordinates? ☒ Yes ☐ No

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

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

J Website: WWW.RWJBH.ORG

H(c) Group exemption number 6429

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation:

M State of legal domicile:

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: RWJBARNABAS HEALTH IS ADVANCING INNOVATIVE STRATEGIES IN HIGH QUALITY PATIENT CARE, EDUCATION & RESEARCH TO ADDRESS BOTH THE CLINICAL & SOCIAL DETERMINANTS OF HEALTH.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	242
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	203
5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	39,974
6 Total number of volunteers (estimate if necessary)	6	2,861
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,211,699.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	NONE

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	195,921,558.	180,989,066.
9 Program service revenue (Part VIII, line 2g)	6,834,540,250.	7,559,163,112.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,496,229.	5,470,483.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	29,506,073.	31,633,946.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,072,464,110.	7,777,256,607.

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,029,278.	8,535,000.
14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,943,228,299.	2,953,713,466.
16a Professional fundraising fees (Part IX, column (A), line 11e)	462,585.	74,273.
b Total fundraising expenses (Part IX, column (D), line 25) 74,273.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,224,998,769.	4,365,985,586.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,170,718,931.	7,328,308,325.
19 Revenue less expenses. Subtract line 18 from line 12	-98,254,821.	448,948,282.

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	9,029,102,532.	9,708,652,084.
21 Total liabilities (Part X, line 26)	4,791,425,689.	4,740,749,970.
22 Net assets or fund balances. Subtract line 21 from line 20	4,237,676,843.	4,967,902,114.

Part II Signature Block

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

Sign Here

Signature of officer — Date

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
SCOTT J MARIANI				P00642486

Firm's name WITHUMSMITH+BROWN, PC — Firm's EIN 22-2027092

Firm's address 200 JEFFERSON PARK SUITE 400 WHIPPANY, NJ 07981-1070 — Phone no. 973-898-9494

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** (2024)

JSA

4E1010 2.000

9345PW U600 9129981

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:

SEE SCHEDULE O

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

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

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

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

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

4a (Code:) (Expenses $ 6,596,330,991. including grants of $ 8,535,000.) (Revenue $ 7,578,553,005.)

SEE SCHEDULE O

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

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

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses 6,596,330,991.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	10232		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	NONE		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 39974			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country BERMUDA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	242		
b	Enter the number of voting members included on line 1a, above, who are independent	1b	203		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O.*	9			X

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
CATHERINE DOWDY, CPA 2 CRESCENT PLACE OCEANPORT, NJ 07757
732-923-8929

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) THOMAS A. BIGA	55.00									
TRST-CMMC/JCMC-RWJBH EVP	NONE	X						NONE	12,465,942.	955,397.
(2) MARK E. MANIGAN	55.00									
TRST - CBMC-RWJBH PRES./CEO	NONE	X						NONE	7,116,365.	1,748,246.
(3) GARY S. HORAN	55.00									
TRST-TRMC; FRMR PRES/CEO TRMC	NONE	X						NONE	4,274,382.	13,800.
(4) WILLIAM S. ARNOLD	55.00									
TRST-CMC/RWJUH - PRES SO DIV	NONE	X		X				NONE	2,763,330.	645,721.
(5) ANROY OTTLEY, M.D., FACS	55.00									
GENERAL SURGEON - JCMC	NONE					X		1,299,398.	1,336,058.	36,026.
(6) MICHAEL PRILUTSKY	55.00									
TRUSTEE - PRESIDENT/CEO - JCMC	NONE	X		X				NONE	1,957,050.	343,419.
(7) RICHARD L. DAVIS	55.00									
PRESIDENT/CEO - CBMC	NONE			X				NONE	1,923,597.	292,821.
(8) DARRELL TERRY	55.00									
PRESIDENT/CEO - NBIMC	NONE			X				NONE	1,813,751.	280,709.
(9) DAVID A. MEBANE, ESQ.	55.00									
SECRETARY - TRUSTEE - CBMC	NONE	X		X				NONE	1,582,070.	351,057.
(10) JENNIFER A. O'NEILL, DNP	55.00									
COO - CBMC	NONE			X				1,499,011.	NONE	252,983.
(11) ALAN LEE	55.00									
TRUSTEE - PRESIDENT - RWJUH	NONE	X		X				1,353,222.	NONE	290,716.
(12) ERIC W. CARNEY	55.00									
PRESIDENT/CEO - MMC/MMC-SC	NONE			X				NONE	1,297,586.	269,506.
(13) PATRICK M. AHEARN	55.00									
PRESIDENT/CEO - CMC	NONE			X				NONE	1,261,525.	256,227.
(14) MARY ELLEN CLYNE	55.00									
PRESIDENT/CEO - CMMC	NONE			X				NONE	1,137,847.	277,829.

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) ANTHONY ALTOBELLI, M.D.	55.00									
INTRM CMO-RWJUH SOM(EFF 9/24)	NONE				X			NONE	1,359,495.	42,936.
(16) NIKOLAS ALEXIADES	55.00									
CFO - SOUTHERN REGION	NONE			X				NONE	1,063,619.	182,182.
(17) NANCY DILIEGRO	55.00									
TRUSTEE - PRESIDENT/CEO-TRMC	NONE	X		X				NONE	987,057.	173,309.
(18) KIRK C. TICE - RETD 12/31/24	55.00									
TRUSTEE - PRES./CEO - RWJUHR	NONE	X		X				NONE	929,618.	185,501.
(19) DOUGLAS A. ZEHNER	55.00									
CFO - NEWARK AND UNION	NONE			X				NONE	949,180.	165,269.
(20) SCHERWIN SCHRAG, M.D.	55.00									
GENERAL SURGEON - JCMC	NONE					X		1,055,077.	NONE	25,924.
(21) SERGIO WAXMAN, M.D., MBA	55.00									
CARDIOLOGIST - NBIMC	NONE					X		1,011,549.	NONE	35,051.
(22) MICHAEL LOFTUS, M.D.	55.00									
CMO - CBMC	NONE				X			864,154.	NONE	163,498.
(23) STUART GEFFNER, M.D.	55.00									
TRUSTEE - CBMC	NONE	X						967,959.	NONE	51,130.
(24) MATTHEW B. MCDONALD, M.D.	55.00									
TRUSTEE - PRESIDENT/CEO-CSH	NONE	X		X				NONE	875,860.	142,784.
(25) ADAM M. KOPELAN, M.D.	55.00									
GENERAL SURGEON - NBIMC	NONE					X		973,884.	NONE	44,672.
1b Sub-total ▶								9,024,254.	45,094,332.	7,226,713.
c Total from continuation sheets to Part VII, Section A ▶								16,248,749.	8,105,994.	2,556,307.
d Total (add lines 1b and 1c) ▶								25,273,003.	53,200,326.	9,783,020.

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 ▶ 8,795

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) DEANNA SPERLING	55.00									
TRST-RWJBH BEH HEALTH CEO/SBBH	NONE	X		X				NONE	781,752.	187,574.
(27) TIMOTHY MATTSON	55.00									
TREAS.-TRST-CBMC/CFO-NO. REG.	NONE	X		X				NONE	813,475.	138,130.
(28) DOUGLAS LIVORNESE, M.D.	55.00									
TRUSTEE - MMC	NONE	X						NONE	911,060.	26,579.
(29) ALAN SABER, M.D.	55.00									
BARIATRIC SURGEON - NBIMC	NONE					X		881,819.	NONE	46,485.
(30) JOHN D'ANGELO, M.D.	55.00									
VP & CMO - TRMC	NONE				X			767,723.	NONE	141,851.
(31) DORY B. ALTMANN, M.D.	55.00									
TRUSTEE - RWJUH	NONE	X						NONE	855,018.	42,687.
(32) CHRISTOPHER GILLIGAN, M.D.	55.00									
CMO - RWJUH NB (EFF 2/24)	NONE				X			773,692.	NONE	96,800.
(33) ALISON GRANN, M.D.	55.00									
TRUSTEE - CBMC	NONE	X						NONE	839,272.	24,419.
(34) PATRICK DELANEY, MBA	55.00									
COO - RWJUH NB (EFF 7/24)	NONE			X				725,189.	NONE	113,623.
(35) KENNETH M. GRANET, M.D.	55.00									
CMO - MMC	NONE				X			694,710.	NONE	121,139.
(36) RUSSELL C. LANGAN, M.D.	55.00									
TRUSTEE - CBMC	NONE	X						781,215.	NONE	24,175.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) MEIKA TYLESE NEBLETT, M.D.	55.00									
CMO - CMC	NONE				X			657,539.	NONE	126,299.
(38) MICHAEL A. MARANO, M.D.	55.00									
TRUSTEE - CBMC	NONE	X						739,013.	NONE	31,078.
(39) IJEOMA AKUNYILI, M.D.	55.00									
CMO - JCMC	NONE				X			667,899.	NONE	98,700.
(40) LISA BREZA	55.00									
TRUSTEE - CAO - RWJUHH	NONE	X		X				27,150.	595,644.	89,332.
(41) CHARLES CATHCART, M.D.	55.00									
TRUSTEE - NBIMC	NONE	X						NONE	670,864.	22,341.
(42) SETH D. ROSENBAUM, M.D.	55.00									
SVP/CMO - RWJUHH	NONE				X			582,618.	NONE	92,832.
(43) AMY DORAN	55.00									
COO - NBIMC	NONE			X				562,452.	NONE	111,332.
(44) THIRUVENGADAM ANANDARANGAM	55.00									
SECRETARY - TRUSTEE - NBIMC	NONE	X		X				647,908.	NONE	25,844.
(45) PHILIP G. PASSES, D.O.	55.00									
CAO - MMC	NONE			X				NONE	658,796.	9,478.
(46) AARON F. HAJART	55.00									
COO - CMC (EFF. 2/24)	NONE			X				514,842.	46,016.	105,267.
(47) CAROL ASH, D.O.	55.00									
CMO - RWJUHR	NONE				X			559,569.	NONE	87,383.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) FRANK DOS SANTOS, M.D.	55.00									
CMO - CMMC	NONE				X			526,638.	NONE	96,360.
(49) CHARLES CHIANESE, MBA	55.00									
EVP/COO - CSH	NONE			X				537,632.	NONE	83,400.
(50) SALVATORE MOFFA, M.D.	55.00									
CMO-RWJUH SOMERSET (TERM 9/24)	NONE				X			539,462.	NONE	71,688.
(51) COLIN R. O'REILLY, M.D.	55.00									
VP/CMO - CSH	NONE				X			471,389.	NONE	102,263.
(52) KAREN LUMPP	NONE									
FORMER OFFICER	NONE						X	NONE	547,931.	23,656.
(53) JOSHUA ROSENBLATT, M.D.	55.00									
TRUSTEE - CAO - NBIMC	NONE	X						446,161.	NONE	55,865.
(54) ARNOLD WILLIAMS, M.D.	55.00									
TRUSTEE - SBBH	NONE	X						NONE	467,933.	30,249.
(55) VICTOR ALMEIDA, D.O.	55.00									
CMO - MMC-SC (EFF 1/24)	NONE				X			404,111.	NONE	83,769.
(56) JASON VIGLIAROLO	55.00									
COO - SBBH	NONE			X				NONE	412,131.	71,895.
(57) CARLA PARKER-HOLLIS	55.00									
COO - JCMC (TERM 6/24)	NONE			X				420,731.	NONE	44,505.
(58) MARGARET M. AMES	55.00									
TRUSTEE - CNO - JCMC	NONE	X						411,279.	NONE	22,729.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(59) STEVEN K. LIBUTTI, M.D.	55.00									
TRUSTEE - RWJUH	NONE	X						NONE	423,402.	3,668.
(60) ALISSA MEMOLI	55.00									
TRUSTEE - PRES/CDO - CSH	NONE	X						404,552.	NONE	15,113.
(61) ANNA MALIA BECKWITH, M.D.	55.00									
TRUSTEE-SEC. CHIEF NEURO - CSH	NONE	X						339,416.	NONE	36,318.
(62) DEIRDRE BLAUS	55.00									
CAO - RWJUH SOMERSET(EFF 7/24)	NONE			X				356,530.	NONE	17,028.
(63) ROBERT T. WINSTON	55.00									
INTERIM COO - JCMC (EFF 7/24)	NONE			X				351,794.	NONE	4,325.
(64) SCOTT SCHISSEL, M.D.	55.00									
CMO - NBIMC (EFF 7/24)	NONE				X			281,156.	NONE	4,042.
(65) ABU ALAM, M.D.	55.00									
TRUSTEE - TRMC	NONE	X						173,203.	82,700.	6,761.
(66) LAUREN TARNOK, M.D.	55.00									
TRUSTEE - CSH	NONE	X						233,211.	NONE	16,520.
(67) JORDAN A. SOLOP, MBA, FACHE	55.00									
COO - CMMC (EFF. 6/24)	NONE			X				229,569.	NONE	2,205.
(68) RENEE JULIE CABALEIRO, M.D.	55.00									
TRUSTEE - NBIMC (TERM 1/24)	NONE	X						208,526.	NONE	NONE
(69) MICHAEL ADDIS, M.D.	55.00									
TRUSTEE; EX-OFFICIO - CBMC	NONE	X						130,001.	NONE	600.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(70) AMIT PATEL, M.D.	25.00									
TRUSTEE - JCMC	NONE	X						72,498.	NONE	NONE
(71) STEVEN PRIOLO, M.D.	25.00									
TRUSTEE - CMC	NONE	X						46,195.	NONE	NONE
(72) AWANI KUMAR, M.D.	25.00									
TRUSTEE - MMC	NONE	X						37,900.	NONE	NONE
(73) AVINASH GUPTA, M.D.	25.00									
TRUSTEE - MMC	NONE	X						22,635.	NONE	NONE
(74) DONALD BEGGS, M.D.	25.00									
TRUSTEE - CMMC	NONE	X						14,999.	NONE	NONE
(75) SONIA RITA, M.D.	25.00									
TRUSTEE - CSH	NONE	X						5,823.	NONE	NONE
(76) FRED TEWELL	1.00									
CHAIR - TRUSTEE - CSH	NONE	X		X				NONE	NONE	NONE
(77) PETER KORN	1.00									
1ST VICE CHAIR - TRUSTEE - CSH	NONE	X		X				NONE	NONE	NONE
(78) KRISTEN RICH	1.00									
2ND VICE CHAIR - TRUSTEE - CSH	NONE	X		X				NONE	NONE	NONE
(79) PETER CHEN, JD	1.00									
SECRETARY - TRUSTEE - CSH	NONE	X		X				NONE	NONE	NONE
(80) JOHN CALANDRIELLO	1.00									
TREASURER - TRUSTEE - CSH	NONE	X		X				NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(81) CHRISSY BACIA	1.00									
TRUSTEE - CSH	NONE	X						NONE	NONE	NONE
(82) SANDRA DESAPIO	1.00									
TRUSTEE - CSH	NONE	X						NONE	NONE	NONE
(83) DAVID L. JOHNSON	1.00									
TRUSTEE - CSH	NONE	X						NONE	NONE	NONE
(84) CYNTHIA KIRCHNER	1.00									
TRUSTEE - CSH	NONE	X						NONE	NONE	NONE
(85) LESLIE LOGAN-TAYLOR	1.00									
TRUSTEE; EX-OFFICIO - CSH	NONE	X						NONE	NONE	NONE
(86) JACKIE RIDER	1.00									
TRUSTEE - CSH	NONE	X						NONE	NONE	NONE
(87) JENNIFER A. SENICK, PH.D.	1.00									
TRUSTEE - CSH	NONE	X						NONE	NONE	NONE
(88) DANA N. MAURO	1.00									
TRUSTEE - CSH (TERM 6/24)	NONE	X						NONE	NONE	NONE
(89) ROBERT GACCIONE, ESQ.	1.00									
CHAIRMAN - TRUSTEE - CMMC	NONE	X		X				NONE	NONE	NONE
(90) JOSEPH MELONE	1.00									
VICE CHAIRMAN - TRUSTEE - CMMC	NONE	X		X				NONE	NONE	NONE
(91) BRENT N. RUDNICK	1.00									
SECRETARY - TRUSTEE - CMMC	NONE	X		X				NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(92) BRIAN STERLING	1.00									
TREASURER - TRUSTEE - CMMC	NONE	X		X				NONE	NONE	NONE
(93) ANDREA BARBIER, D.O.	1.00									
TRUSTEE - CMMC	NONE	X						NONE	NONE	NONE
(94) PATRICIA BADALAMENTI	1.00									
TRUSTEE - CMMC	NONE	X						NONE	NONE	NONE
(95) WILFREDO CARABALLO	1.00									
TRUSTEE - CMMC	NONE	X						NONE	NONE	NONE
(96) COURTNEY GACCIONE	1.00									
TRUSTEE - CMMC	NONE	X						NONE	NONE	NONE
(97) DANIEL J. GELTRUDE, CPA	1.00									
TRUSTEE - CMMC	NONE	X						NONE	NONE	NONE
(98) ROBERT GIANGERUSO	1.00									
TRUSTEE - CMMC	NONE	X						NONE	NONE	NONE
(99) JACQUELINE MATTIS, PH.D.	1.00									
TRUSTEE - CMMC	NONE	X						NONE	NONE	NONE
(100) NICHOLAS MINOIA	1.00									
TRUSTEE - CMMC	NONE	X						NONE	NONE	NONE
(101) MEI-MEI TUAN	1.00									
TRUSTEE - CMMC	NONE	X						NONE	NONE	NONE
(102) HEMALATHA VASIREDDY, M.D.	1.00									
TRUSTEE - CMMC	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			
(103) GEORGE W. WILLIAMS	1.00									
TRUSTEE - CMMC	NONE	X						NONE	NONE	NONE
(104) GARY V. LOTANO	1.00									
CHAIRMAN - TRUSTEE - CMC	NONE	X		X				NONE	NONE	NONE
(105) PETER J. VAN DYKE, ESQ.	1.00									
V. CHAIR-CMC CHAIR/TRST-SBBH	NONE	X		X				NONE	NONE	NONE
(106) JARROD C. GRASSO	1.00									
SECRETARY - TRUSTEE - CMC	NONE	X		X				NONE	NONE	NONE
(107) KIMBERLY VEITH	1.00									
TREASURER - TRUSTEE - CMC	NONE	X		X				NONE	NONE	NONE
(108) MICHAEL BELCHER	1.00									
TRUSTEE - CMC	NONE	X						NONE	NONE	NONE
(109) SANJAY BHAGAT, M.D.	1.00									
TRUSTEE - CMC	NONE	X						NONE	NONE	NONE
(110) JERRY P. BOISSEAU	1.00									
TRUSTEE - CMC	NONE	X						NONE	NONE	NONE
(111) PHILLIP BRILLIANT	1.00									
TRUSTEE - CMC	NONE	X						NONE	NONE	NONE
(112) JEREMY GRUNIN	1.00									
TRUSTEE - CMC	NONE	X						NONE	NONE	NONE
(113) THOMAS HOURIGAN	1.00									
TRUSTEE - CMC	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			
(114) DONALD JUMP, CPA	1.00									
TRUSTEE - CMC	NONE	X						NONE	NONE	NONE
(115) EUGENIA LAWSON	1.00									
TRUSTEE - CMC	NONE	X						NONE	NONE	NONE
(116) JOSEPH J. LEBEL, III	1.00									
TRUSTEE - CMC	NONE	X						NONE	NONE	NONE
(117) ANGELO MARKATOS, D.O.	1.00									
TRUSTEE - CMC	NONE	X						NONE	NONE	NONE
(118) BARBARA MILES	1.00									
TRUSTEE - CMC	NONE	X						NONE	NONE	NONE
(119) MARK MONTENERO	1.00									
TRUSTEE - CMC	NONE	X						NONE	NONE	NONE
(120) JUDITH SCHMIDT, R.N.	1.00									
TRUSTEE - CMC	NONE	X						NONE	NONE	NONE
(121) VINAY SIKAND, M.D.	1.00									
TRUSTEE - CMC	NONE	X						NONE	NONE	NONE
(122) MICHAEL SPEDICK, M.D.	1.00									
TRUSTEE - CMC	NONE	X						NONE	NONE	NONE
(123) BRUCE SCHONBRAUN	1.00									
CHAIRMAN - TRUSTEE - CBMC	NONE	X		X				NONE	NONE	NONE
(124) JOSEPH BIER	1.00									
TRUSTEE - CBMC	NONE	X						NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(125) THOMAS CHEN	1.00									
TRUSTEE - CBMC	NONE	X						NONE	NONE	NONE
(126) CELIA COLBERT	1.00									
TRUSTEE - CBMC	NONE	X						NONE	NONE	NONE
(127) GREGG GOTTSEGEN	1.00									
TRUSTEE - CBMC	NONE	X						NONE	NONE	NONE
(128) JEFFREY KIGNER	1.00									
TRUSTEE - CBMC	NONE	X						NONE	NONE	NONE
(129) ANDREW KOGAN	1.00									
TRUSTEE - CBMC	NONE	X						NONE	NONE	NONE
(130) ROBERT D. MARCUS	1.00									
TRUSTEE - CBMC	NONE	X						NONE	NONE	NONE
(131) JOSEPH MAURIELLO	1.00									
TRUSTEE - CBMC	NONE	X						NONE	NONE	NONE
(132) ANDREA MELCHIORRE	1.00									
TRUSTEE - CBMC	NONE	X						NONE	NONE	NONE
(133) EVAN RATNER	1.00									
TRUSTEE - CBMC	NONE	X						NONE	NONE	NONE
(134) MICHAEL REKOON	1.00									
TRUSTEE - CBMC	NONE	X						NONE	NONE	NONE
(135) RICHARD RITHOLZ	1.00									
TRUSTEE - CBMC	NONE	X						NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(136) RYAN SCHINMAN	1.00									
TRUSTEE - CBMC	NONE	X						NONE	NONE	NONE
(137) JOHN Z. SHUMKO, M.D.	1.00									
TRUSTEE -CBMC	NONE	X						NONE	NONE	NONE
(138) DAVID SIDMAN	1.00									
TRUSTEE - CBMC	NONE	X						NONE	NONE	NONE
(139) CORI WILF	1.00									
TRUSTEE - CBMC	NONE	X						NONE	NONE	NONE
(140) TONY WOLK	1.00									
TRUSTEE - CBMC	NONE	X						NONE	NONE	NONE
(141) KATHRYN ZIZZA	1.00									
TRUSTEE - CBMC	NONE	X						NONE	NONE	NONE
(142) RAHUL PAWAR, M.D.	1.00									
TRUSTEE - CBMC (TERM 8/24)	NONE	X						NONE	NONE	NONE
(143) CARLOS LEJNIEKS	1.00									
CHAIR - TRUSTEE - JCMC	NONE	X		X				NONE	NONE	NONE
(144) MAUREEN A. SKEA	1.00									
VICE CHAIR - TRUSTEE - JCMC	NONE	X		X				NONE	NONE	NONE
(145) ANSAR BATOOL	1.00									
SECRETARY - TRUSTEE - JCMC	NONE	X		X				NONE	NONE	NONE
(146) KETAN VYAS	1.00									
TREASURER - TRUSTEE - JCMC	NONE	X		X				NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(147) LENORA J. BROWN	1.00									
TRUSTEE - JCMC	NONE	X						NONE	NONE	NONE
(148) ANDREW CAMPBELL	1.00									
TRUSTEE - JCMC	NONE	X						NONE	NONE	NONE
(149) CATHERINE M. CARNEVALE	1.00									
TRUSTEE - JCMC	NONE	X						NONE	NONE	NONE
(150) ABEGAIL DOUGLAS-JOHNSON	1.00									
TRUSTEE - JCMC	NONE	X						NONE	NONE	NONE
(151) THOMAS M. GALLAGHER	1.00									
TRUSTEE - JCMC	NONE	X						NONE	NONE	NONE
(152) SURAJ KAUFMAN	1.00									
TRUSTEE - JCMC	NONE	X						NONE	NONE	NONE
(153) DOMINIQUE LEE	1.00									
TRUSTEE - JCMC	NONE	X						NONE	NONE	NONE
(154) ROBERT E. MARGULIES, ESQ.	1.00									
TRUSTEE - JCMC	NONE	X						NONE	NONE	NONE
(155) EDGAR MARTINEZ	1.00									
TRUSTEE - JCMC	NONE	X						NONE	NONE	NONE
(156) W. NEVINS MCCANN, ESQ.	1.00									
TRUSTEE - JCMC	NONE	X						NONE	NONE	NONE
(157) MARYELLEN J. MCLAUGHLIN	1.00									
TRUSTEE - JCMC	NONE	X						NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(158) JOHN MINELLA	1.00									
TRUSTEE - JCMC	NONE	X						NONE	NONE	NONE
(159) JOSEPH A. PANEPINTO, JR.	1.00									
TRUSTEE - JCMC	NONE	X						NONE	NONE	NONE
(160) SEENA A. STEIN	1.00									
TRUSTEE - JCMC	NONE	X						NONE	NONE	NONE
(161) MARVIN GLAZERMAN	1.00									
TRUSTEE - JCMC (TERM 5/24)	NONE	X						NONE	NONE	NONE
(162) RICHARD O'NEILL	1.00									
TRUSTEE - JCMC (TERM 5/24)	NONE	X						NONE	NONE	NONE
(163) MARY ANNE NAGY	1.00									
CHAIR - TRUSTEE - MMC	NONE	X		X				NONE	NONE	NONE
(164) ROBERT SICKEL	1.00									
VICE CHAIR-TRUSTEE - MMC/SBBH	NONE	X		X				NONE	NONE	NONE
(165) ANN UNTERBERG	1.00									
VICE CHAIR - TRUSTEE - MMC	NONE	X		X				NONE	NONE	NONE
(166) ANTHONY P. TERRACCIANO	1.00									
TREASURER - TRUSTEE - MMC	NONE	X		X				NONE	NONE	NONE
(167) ANNE MARIE BRAMNICK, ESQ.	1.00									
TRUSTEE - MMC	NONE	X						NONE	NONE	NONE
(168) RICHARD CROWE	1.00									
TRUSTEE - MMC	NONE	X						NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		
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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) STEPHANIE CUSKLEY	1.00									
TRUSTEE - MMC	NONE	X						NONE	NONE	NONE
(170) JOEL DAVIES, ESQ.	1.00									
TRUSTEE - MMC	NONE	X						NONE	NONE	NONE
(171) RAJ DERASAGAYAM PH.D.	1.00									
TRUSTEE - MMC	NONE	X						NONE	NONE	NONE
(172) JENNIFER EDMONDS, PH.D.	1.00									
TRUSTEE - MMC	NONE	X						NONE	NONE	NONE
(173) ANNE EVANS-ESTABROOK	1.00									
TRUSTEE - MMC	NONE	X						NONE	NONE	NONE
(174) ALYCE FRANKLIN	1.00									
TRUSTEE - MMC	NONE	X						NONE	NONE	NONE
(175) CATHERINE D. FRANZONI	1.00									
TRUSTEE - MMC	NONE	X						NONE	NONE	NONE
(176) MONIQUE GRIFFITH, PSY.D.	1.00									
TRUSTEE - MMC	NONE	X						NONE	NONE	NONE
(177) DERRICK T. GRIGGS	1.00									
TRUSTEE - MMC	NONE	X						NONE	NONE	NONE
(178) NAOMI HALPERT	1.00									
TRUSTEE - MMC	NONE	X						NONE	NONE	NONE
(179) JOHN W. HEAVEY	1.00									
TRUSTEE - MMC	NONE	X						NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		
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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) CLAIRE M. KNOPF	1.00									
TRUSTEE; EX-OFFICIO - MMC	NONE	X						NONE	NONE	NONE
(181) RABBI AARON KOTLER	1.00									
TRUSTEE - MMC	NONE	X						NONE	NONE	NONE
(182) ZACHARY LEWIS	1.00									
TRUSTEE - MMC	NONE	X						NONE	NONE	NONE
(183) YESENIA MADAS	1.00									
TRUSTEE - MMC	NONE	X						NONE	NONE	NONE
(184) LAUREN MARRUS	1.00									
TRUSTEE - MMC	NONE	X						NONE	NONE	NONE
(185) JACKELINE MEIJAS-FUERTES	1.00									
TRUSTEE - MMC	NONE	X						NONE	NONE	NONE
(186) ANDREW J. MELNICK	1.00									
TRUSTEE - MMC	NONE	X						NONE	NONE	NONE
(187) VALERIE MONTECALVO	1.00									
TRUSTEE - MMC	NONE	X						NONE	NONE	NONE
(188) JOHN PAIK	1.00									
TRUSTEE - MMC	NONE	X						NONE	NONE	NONE
(189) HONORABLE JAMIE PERRI	1.00									
TRUSTEE - MMC	NONE	X						NONE	NONE	NONE
(190) LUANNE PETERPAUL, ESQ.	1.00									
TRUSTEE - MMC	NONE	X						NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(191) ADAM PFEFFER, ESQ.	1.00									
TRUSTEE - MMC	NONE	X						NONE	NONE	NONE
(192) ARVIND PRABHAT, M.D.	1.00									
TRUSTEE; EX-OFFICIO - MMC	NONE	X						NONE	NONE	NONE
(193) LOUIS A. RODRIGUEZ, P.E.	1.00									
TRUSTEE - MMC	NONE	X						NONE	NONE	NONE
(194) MARY ANNE SCHAFER	1.00									
TRUSTEE - MMC	NONE	X						NONE	NONE	NONE
(195) MARTA SILVERBERG	1.00									
TRUSTEE - MMC	NONE	X						NONE	NONE	NONE
(196) ROBERT P. HERRMANN	1.00									
TRUSTEE - MMC (TERM 5/24)	NONE	X						NONE	NONE	NONE
(197) H. WOODY KNOPF	1.00									
TRUSTEE - MMC (TERM 5/24)	NONE	X						NONE	NONE	NONE
(198) HONORABLE LAWRENCE LAWSON	1.00									
TRUSTEE - MMC (TERM 5/24)	NONE	X						NONE	NONE	NONE
(199) JAMES R. MAIDA	1.00									
TRUSTEE - MMC (TERM 5/24)	NONE	X						NONE	NONE	NONE
(200) RONALD J. RICCIO, ESQ.	1.00									
TRUSTEE - MMC (TERM 5/24)	NONE	X						NONE	NONE	NONE
(201) ANDREW SAFRAN	1.00									
TRUSTEE - MMC (TERM 5/24)	NONE	X						NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(202) FRANCIS J. GIANTOMASI, ESQ.	1.00									
CHAIR - TRUSTEE - NBIMC	NONE	X		X				NONE	NONE	NONE
(203) VAUGHN CROWE	1.00									
VICE CHAIR - TRUSTEE - NBIMC	NONE	X		X				NONE	NONE	NONE
(204) PATRICK E. HOBBS	1.00									
TREASURER - TRUSTEE - NBIMC	NONE	X		X				NONE	NONE	NONE
(205) JOEL S. BLOOM	1.00									
TRUSTEE - NBIMC	NONE	X						NONE	NONE	NONE
(206) DENISE COOK	1.00									
TRUSTEE - NBIMC	NONE	X						NONE	NONE	NONE
(207) PHILIP A. GILMORE	1.00									
TRUSTEE - NBIMC	NONE	X						NONE	NONE	NONE
(208) LAWRENCE P. GOLDMAN	1.00									
TRUSTEE - NBIMC	NONE	X						NONE	NONE	NONE
(209) ALAN HELFMAN, M.D.	1.00									
TRUSTEE - NBIMC	NONE	X						NONE	NONE	NONE
(210) RAVI N. KARANAM MBBS	1.00									
TRUSTEE - NBIMC	NONE	X						NONE	NONE	NONE
(211) PAUL V. PROFETA	1.00									
TRUSTEE - NBIMC	NONE	X						NONE	NONE	NONE
(212) NORMAN SAMUELS, PH.D.	1.00									
TRUSTEE - NBIMC	NONE	X						NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(213) JOHN SCHREIBER	1.00									
TRUSTEE - NBIMC	NONE	X						NONE	NONE	NONE
(214) JOSEPH S. TAYLOR	1.00									
TRUSTEE - NBIMC	NONE	X						NONE	NONE	NONE
(215) RICK THIGPEN	1.00									
TRUSTEE - NBIMC	NONE	X						NONE	NONE	NONE
(216) JACK MORRIS	1.00									
CHAIR - TRUSTEE - RWJUH	NONE	X		X				NONE	NONE	NONE
(217) PAUL V. STAHLIN	1.00									
VICE CHAIR - TRUSTEE - RWJUH	NONE	X		X				NONE	NONE	NONE
(218) DEFOREST B. SOARIES, JR.	1.00									
SECRETARY - TRUSTEE - RWJUH	NONE	X		X				NONE	NONE	NONE
(219) JOHN A. HOFFMAN	1.00									
TREASURER - TRUSTEE - RWJUH	NONE	X		X				NONE	NONE	NONE
(220) ROBERT L. BARCHI, MD, PH.D.	1.00									
TRUSTEE; EX-OFFICIO - RWJUH	NONE	X						NONE	NONE	NONE
(221) ARTHUR JAMES CIFELLI	1.00									
TRUSTEE - RWJUH	NONE	X						NONE	NONE	NONE
(222) PAUL D. HUBERT	1.00									
TRUSTEE - RWJUH	NONE	X						NONE	NONE	NONE
(223) NELL MALONEY, M.D.	1.00									
TRUSTEE - RWJUH	NONE	X						NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(224) NINA MELKER	1.00									
TRUSTEE - RWJUH/RWJUHH	NONE	X						NONE	NONE	NONE
(225) AMY MURTHA, M.D.	1.00									
TRUSTEE; EX-OFFICIO - RWJUH	NONE	X						NONE	NONE	NONE
(226) LESTER J. OWENS	1.00									
TRUSTEE - RWJUH	NONE	X						NONE	NONE	NONE
(227) CHRISTOPHER J. PALADINO	1.00									
TRUSTEE - RWJUH	NONE	X						NONE	NONE	NONE
(228) JOHN A. PAPA	1.00									
TRUSTEE - RWJUH	NONE	X						NONE	NONE	NONE
(229) SUSAN C. REINHARD, PH.D.	1.00									
TRUSTEE - RWJUH	NONE	X						NONE	NONE	NONE
(230) ELIZA STASI	1.00									
TRUSTEE; EX-OFFICIO - RWJUH	NONE	X						NONE	NONE	NONE
(231) BRIAN L. STROM, MD, PH.D.	1.00									
TRUSTEE; EX-OFFICIO - RWJUH	NONE	X						NONE	NONE	NONE
(232) ROBERT T. ZITO	1.00									
TRUSTEE - RWJUH	NONE	X						NONE	NONE	NONE
(233) RONNIE Z. BOCHNER, M.D.	1.00									
TRST; EX-OFF- RWJUH(TERM 3/24)	NONE	X						NONE	NONE	NONE
(234) DINA KARMAZIN ELKINS	1.00									
TRUSTEE - RWJUH (TERM 5/24)	NONE	X						NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(235) DANIEL QUIRK, M.D.	1.00									
TRUSTEE - RWJUH (TERM 12/24)	NONE	X						NONE	NONE	NONE
(236) MICHAEL PRATICO, JR.	1.00									
CHAIR - TRUSTEE - RWJUHH	NONE	X		X				NONE	NONE	NONE
(237) CYNTHIA E. VONA, DDS, M.D.	1.00									
VICE CHAIR - TRUSTEE - RWJUHH	NONE	X		X				NONE	NONE	NONE
(238) VIJAY ALUWALIA	1.00									
TRUSTEE - RWJUHH	NONE	X						NONE	NONE	NONE
(239) GREGORY BLAIR	1.00									
TRUSTEE - RWJUHH	NONE	X						NONE	NONE	NONE
(240) WESLEY BRIDGES, ESQ.	1.00									
TRUSTEE - RWJUHH	NONE	X						NONE	NONE	NONE
(241) HAROLD FINK	1.00									
TRUSTEE - RWJUHH	NONE	X						NONE	NONE	NONE
(242) RICHARD GREGG, M.D.	1.00									
TRUSTEE - RWJUHH	NONE	X						NONE	NONE	NONE
(243) PETER INVERSO	1.00									
TRUSTEE - RWJUHH	NONE	X						NONE	NONE	NONE
(244) RYAN P. KENNEDY, ESQ.	1.00									
TRUSTEE - RWJUHH	NONE	X						NONE	NONE	NONE
(245) SHARON LAMONT	1.00									
TRUSTEE - RWJUHH	NONE	X						NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(246) MARLENE LAO-COLLINS	1.00									
TRUSTEE - RWJUHH	NONE	X						NONE	NONE	NONE
(247) TAIYYIBAH MALIK-SCHMITT	1.00									
TRUSTEE - RWJUHH	NONE	X						NONE	NONE	NONE
(248) RYAN A. MARRONE	1.00									
TRUSTEE - RWJUHH	NONE	X						NONE	NONE	NONE
(249) TERRY K. MCEWEN	1.00									
TRUSTEE - RWJUHH	NONE	X						NONE	NONE	NONE
(250) SHERISE D. RITTER	1.00									
TRUSTEE - RWJUHH	NONE	X						NONE	NONE	NONE
(251) LISA RUE	1.00									
TRUSTEE - RWJUHH	NONE	X						NONE	NONE	NONE
(252) TYRELL M. SMITH	1.00									
TRUSTEE - RWJUHH	NONE	X						NONE	NONE	NONE
(253) YOLANDA STINGER	1.00									
TRUSTEE - RWJUHH	NONE	X						NONE	NONE	NONE
(254) KIM SWANN	1.00									
TRUSTEE - RWJUHH	NONE	X						NONE	NONE	NONE
(255) MARTIN TUCHMAN	1.00									
TRUSTEE - RWJUHH	NONE	X						NONE	NONE	NONE
(256) WILLIAM J. WALSH, JR.	1.00									
TRUSTEE - RWJUHH (TERM 9/24)	NONE	X						NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(257) EDWARD WINGFIELD, M.D.	1.00									
TRUSTEE - RWJUHH (TERM 12/24)	NONE	X						NONE	NONE	NONE
(258) MICHAEL O. THIEN	1.00									
CHAIR - TRUSTEE - RWJUHR	NONE	X		X				NONE	NONE	NONE
(259) MICHAEL CHEN, M.D.	1.00									
VICE CHAIR - TRUSTEE - RWJUHR	NONE	X		X				NONE	NONE	NONE
(260) BARBARA MARTIN	1.00									
SECRETARY - TRUSTEE - RWJUHR	NONE	X		X				NONE	NONE	NONE
(261) DANIEL B. LEPRI	1.00									
TREASURER - TRUSTEE - RWJUHR	NONE	X		X				NONE	NONE	NONE
(262) KRYSTAL CANADY	1.00									
TRUSTEE - RWJUHR	NONE	X						NONE	NONE	NONE
(263) SALVATORE A. CUADRA, M.D.	1.00									
TRUSTEE - RWJUHR	NONE	X						NONE	NONE	NONE
(264) G. ALLEN GEYER	1.00									
TRUSTEE - RWJUHR	NONE	X						NONE	NONE	NONE
(265) JOSEPH D. GIBILSCO	1.00									
TRUSTEE - RWJUHR	NONE	X						NONE	NONE	NONE
(266) ROGER C. GORE	1.00									
TRUSTEE - RWJUHR	NONE	X						NONE	NONE	NONE
(267) JOHN KLINE, M.D.	1.00									
TRUSTEE - RWJUHR	NONE	X						NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(268) RONALD C. KOWALCZYK	1.00									
TRUSTEE - RWJUHR	NONE	X						NONE	NONE	NONE
(269) BRIAN P. LEDDY	1.00									
TRUSTEE - RWJUHR	NONE	X						NONE	NONE	NONE
(270) LAWRENCE J. NALDI	1.00									
TRUSTEE - RWJUHR	NONE	X						NONE	NONE	NONE
(271) MICHAEL NUDO	1.00									
TRUSTEE - RWJUHR	NONE	X						NONE	NONE	NONE
(272) DONNA I. PENNELLA	1.00									
TRUSTEE - RWJUHR	NONE	X						NONE	NONE	NONE
(273) STEPHEN A. TIMONI	1.00									
TRUSTEE - RWJUHR	NONE	X						NONE	NONE	NONE
(274) LAUREN BETH TRATTNER, M.D.	1.00									
TRUSTEE - RWJUHR	NONE	X						NONE	NONE	NONE
(275) TERESA WALSH, MSN	1.00									
VICE CHAIR - TRUSTEE - SBBH	NONE	X		X				NONE	NONE	NONE
(276) ELAINE DASTI, P.E.	1.00									
TRUSTEE - SBBH	NONE	X						NONE	NONE	NONE
(277) LAUREN R. STAIGER, ESQ.	1.00									
TRUSTEE - SBBH	NONE	X						NONE	NONE	NONE
(278) VICTOR M. RICHEL	1.00									
CHAIR - TRUSTEE - TRMC	NONE	X		X				NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

		Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		
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) MAUREEN SHAUGHNESSY, SC	1.00									
VICE CHAIR - TRUSTEE - TRMC	NONE	X		X				NONE	NONE	NONE
(280) MARGARET MCMENAMIN, ED.D.	1.00									
SECRETARY - TRUSTEE - TRMC	NONE	X		X				NONE	NONE	NONE
(281) THOMAS S. KACHELRIESS	1.00									
TREASURER - TRUSTEE - TRMC	NONE	X		X				NONE	NONE	NONE
(282) SISTER JACQUELYN BALASIA	1.00									
TRUSTEE - TRMC	NONE	X						NONE	NONE	NONE
(283) EILEEN CLIFFORD, M.D.	1.00									
TRUSTEE - TRMC	NONE	X						NONE	NONE	NONE
(284) KARIM KHIMANI, M.D.	1.00									
TRUSTEE - TRMC	NONE	X						NONE	NONE	NONE
(285) ALFONSO J. LOPEZ	1.00									
TRUSTEE - TRMC	NONE	X						NONE	NONE	NONE
(286) RICHARD P. MACKESSY, M.D.	1.00									
TRUSTEE - TRMC	NONE	X						NONE	NONE	NONE
(287) JAN MARGOLIS	1.00									
TRUSTEE - TRMC	NONE	X						NONE	NONE	NONE
(288) RONALD PALLANT, M.D.	1.00									
TRUSTEE - TRMC	NONE	X						NONE	NONE	NONE
(289) PAUL PATTEN	1.00									
TRUSTEE - TRMC	NONE	X						NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(290) TONY PELOSI	1.00									
TRUSTEE - TRMC	NONE	X						NONE	NONE	NONE
(291) RODERICK SPEARMAN	1.00									
TRUSTEE - TRMC	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*	X	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		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
SEE SCHEDULE O		

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 ▶ 368

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	1,113,452.			
	d	Related organizations	1d	29,276,235.			
	e	Government grants (contributions)	1e	132,461,006.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	18,138,373.			
	g	Noncash contributions included in lines 1a-1f	1g	$ 261,120.			
	h	**Total.** Add lines 1a-1f		180,989,066.			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	541900	7,408,695,105.	7,408,695,105.		
	b	OTHER HEALTHCARE RELATED REVENUE	541900	141,839,304.	140,626,509.	1,212,795.	
	c	RENTAL INCOME FROM AFFILIATES	541900	8,628,703.	8,628,703.		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f		7,559,163,112.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		5,502,164.		-1,096.	5,503,260.
	4	Income from investment of tax-exempt bond proceeds		NONE			
	5	Royalties		NONE			
			(i) Real	(ii) Personal			
	6a	Gross rents 6a	19,531,221.				
	b	Less: rental expenses 6b	7,313,543.				
	c	Rental income or (loss) 6c	12,217,678.	NONE			
	d	Net rental income or (loss)		12,217,678.			12,217,678.
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory 7a	35,687.				
	b	Less: cost or other basis and sales expenses 7b		67,368.			
	c	Gain or (loss) 7c	35,687.	-67,368.			
	d	Net gain or (loss)		-31,681.			-31,681.
	8a	Gross income from fundraising events (not including $ 1,113,452. of contributions reported on line 1c). See Part IV, line 18 8a		933,888.			
	b	Less: direct expenses 8b		933,888.			
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19 9a		48,970.			
	b	Less: direct expenses 9b		23,691.			
	c	Net income or (loss) from gaming activities		25,279.			25,279.
	10a	Gross sales of inventory, less returns and allowances 10a		NONE			
	b	Less: cost of goods sold 10b		NONE			
	c	Net income or (loss) from sales of inventory		NONE			
Miscellaneous Revenue			Business Code				
	11a	CAFETERIA	541900	15,449,112.	15,449,112.		
	b	PARKING	541900	3,668,845.	3,668,845.		
	c	GIFT SHOP	541900	273,032.	273,032.		
	d	All other revenue					
	e	**Total.** Add lines 11a-11d		19,390,989.			
	12	**Total revenue.** See instructions		7,777,256,607.	7,577,341,306.	1,211,699.	17,714,536.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,049,556.	2,049,556.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	6,485,444.	6,485,444.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	22,645,966.	20,381,369.	2,264,597.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	2,489,965,383.	2,240,968,844.	248,996,539.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	74,237,180.	66,813,462.	7,423,718.	
9 Other employee benefits	168,171,614.	151,354,453.	16,817,161.	
10 Payroll taxes	198,693,323.	178,823,991.	19,869,332.	
11 Fees for services (nonemployees):				
a Management	832,319,687.	749,087,718.	83,231,969.	
b Legal	169,631.	152,668.	16,963.	
c Accounting	23,088.	20,779.	2,309.	
d Lobbying	364,949.	328,454.	36,495.	
e Professional fundraising services. See Part IV, line 17	74,273.			74,273.
f Investment management fees	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	485,169,061.	436,719,000.	48,450,061.	NONE
12 Advertising and promotion	543,344.	489,010.	54,334.	
13 Office expenses	132,252,069.	119,026,862.	13,225,207.	
14 Information technology	14,830,984.	13,347,886.	1,483,098.	
15 Royalties	NONE			
16 Occupancy	118,478,063.	106,630,257.	11,847,806.	
17 Travel	1,310,924.	1,179,832.	131,092.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	674,881.	607,393.	67,488.	
20 Interest	90,721,963.	81,649,767.	9,072,196.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	297,806,436.	268,025,792.	29,780,644.	
23 Insurance	87,080,484.	78,372,436.	8,708,048.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	1,302,188,555.	1,171,969,700.	130,218,855.	
b PHYSICIAN FEES & SALARIES	647,800,706.	583,020,635.	64,780,071.	
c REPAIRS & MAINTENANCE	124,651,646.	112,186,481.	12,465,165.	
d OTHER EXPENSES	229,599,115.	206,639,202.	22,959,913.	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	7,328,308,325.	6,596,330,991.	731,903,061.	74,273.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	110,729.	1	324,650.
	2	Savings and temporary cash investments	8,690,486.	2	9,556,707.
	3	Pledges and grants receivable, net	61,675,239.	3	127,605,900.
	4	Accounts receivable, net	726,456,793.	4	803,612,990.
	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)	NONE	6	NONE
	7	Notes and loans receivable, net	NONE	7	NONE
	8	Inventories for sale or use	107,648,073.	8	116,262,351.
	9	Prepaid expenses and deferred charges	53,422,927.	9	57,887,861.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 8948460818.			
	b	Less: accumulated depreciation — 10b: 4372071970.	4,056,311,705.	10c	4,576,388,848.
	11	Investments - publicly traded securities	NONE	11	NONE
	12	Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13	Investments - program-related. See Part IV, line 11	274,276,327.	13	354,315,817.
	14	Intangible assets	21,167,652.	14	20,645,680.
	15	Other assets. See Part IV, line 11	3,719,342,601.	15	3,642,051,280.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	9,029,102,532.	16	9,708,652,084.
Liabilities	17	Accounts payable and accrued expenses	717,687,016.	17	715,728,243.
	18	Grants payable	NONE	18	NONE
	19	Deferred revenue	58,226,498.	19	41,509,948.
	20	Tax-exempt bond liabilities	152,943,075.	20	NONE
	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	431,219,492.	23	395,305,706.
	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	3,431,349,608.	25	3,588,206,073.
	26	**Total liabilities.** Add lines 17 through 25	4,791,425,689.	26	4,740,749,970.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	4,011,976,084.	27	4,653,487,355.
	28	Net assets with donor restrictions	225,700,759.	28	314,414,759.
		Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	4,237,676,843.	32	4,967,902,114.
	33	Total liabilities and net assets/fund balances	9,029,102,532.	33	9,708,652,084.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,777,256,607.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,328,308,325.
3	Revenue less expenses. Subtract line 2 from line 1	3	448,948,282.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,237,676,843.
5	Net unrealized gains (losses) on investments	5	317,156.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	280,959,833.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,967,902,114.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number

85-1296795

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____

10 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

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

Section C. Computation of Public Support Percentage

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

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

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

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

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

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

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

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

Section D - Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - *provide details in* ***Part VI***)	5	
6	Other distributions (*describe in* ***Part VI***). See instructions.	6	
7	**Total annual distributions.** Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	8	
9	Distributable amount for 2024 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2024**	**(iii) Distributable Amount for 2024**
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI.*** See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI.*** See instructions.			
7	**Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

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

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

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

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

Name of organization	Employer identification number (EIN)
RWJ BARNABAS HEALTH, INC. - SUBORDINATES	85-1296795

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

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

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

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

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

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

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

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

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	**(a)** 2021	**(b)** 2022	**(c)** 2023	**(d)** 2024	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		364,949.
j Total. Add lines 1c through 1i			364,949.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

SEE PAGE 4

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

SCHEDULE C, PART II-B; LINE 1I

THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE AFFILIATES WITHIN RWJBARNABAS HEALTH; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM WHICH INCLUDES RWJBH CORPORATE SERVICES, INC.; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. RWJBH CORPORATE SERVICES, INC. PAID INDEPENDENT OUTSIDE LOBBYING FIRMS TO PERFORM LOBBYING EFFORTS ON BEHALF OF RWJBARNABAS HEALTH AND ITS AFFILIATES, INCLUDING ALL AFFILIATES INCLUDED IN THIS CONSOLIDATED GROUP FORM 990. THESE AMOUNTS CAN BE REVIEWED ON THE FORM 990 FILED BY RWJBH CORPORATE SERVICES, INC., EIN: 22-2405279.

IN ADDITION, THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE MEMBERS OF THE ALLIANCE FOR THE BETTERMENT OF CITIZENS WITH DISABILITIES, THE AMERICAN HOSPITAL ASSOCIATION, THE CATHOLIC HEALTHCARE PARTNERSHIP OF NEW JERSEY, THE CATHOLIC HEALTH ASSOCIATION, THE HOSPITAL ALLIANCE OF NEW JERSEY, THE GREATER NEW YORK HOSPITAL ASSOCIATION, THE NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS, AND THE NEW JERSEY HOSPITAL ASSOCIATION WHICH ENGAGE IN LOBBYING EFFORTS ON BEHALF OF THEIR MEMBER HOSPITALS. A PORTION OF THE DUES PAID TO THESE ORGANIZATIONS HAS BEEN ALLOCATED TO LOBBYING ACTIVITES PERFORMED ON BEHALF OF THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990. THIS ALLOCATION AMOUNTED TO $364,949 IN 2024.

SCHEDULE D (Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number
85-1296795

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

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

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

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

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

Part II Conservation Easements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X $

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

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

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

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	225,700,759.	172,999,759.	183,603,759.	174,449,316.	164,956,316.
b Contributions	108,583,000.	68,349,000.	6,324,000.		
c Net investment earnings, gains, and losses	-5,317,000.	-2,275,000.	7,045,000.	10,525,000.	15,607,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	14,552,000.	13,373,000.	23,973,000.	1,370,557.	6,114,000.
f Administrative expenses					
g End of year balance	314,414,759.	225,700,759.	172,999,759.	183,603,759.	174,449,316.

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 8.1500 %
- c Term endowment 91.8500 %

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	X	

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		115,314,382.		115,314,382.
b Buildings		3851262579.	2035406618.	1,815,855,961.
c Leasehold improvements		100,920,758.	67,823,361.	33,097,397.
d Equipment		3442121838.	2239318658.	1,202,803,180.
e Other		1438841261.	29,523,333.	1,409,317,928.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				4,576,388,848.

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, line 12, col. (B))*		

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

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

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES, CURRENT	3,349,966,464.
(2) OTHER RECEIVABLES	108,652,400.
(3) EST AMTS DUE FROM 3RD PARTY	51,762,361.
(4) DUE FROM CSH FOUNDATION	1,995,644.
(5) SECURITY DEPOSITS	1,156,296.
(6) OTHER ASSETS	8,340,131.
(7) RIGHT OF USE ASSET	120,177,984.
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	3,642,051,280.

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) OTHER LIABILITIES	419,781,205.
(3) DUE TO AFFILIATES; CURRENT	25,018,732.
(4) EST AMTS DUE TO 3RD PARTY PAYORS; C	24,907,499.
(5) DUE TO AFFILIATES; NON-CURRENT	45,510,674.
(6) RWJBH OBLIGATED GROUPED LIABILITIES	2,895,028,230.
(7) EST AMTS DUE TO 3RD PARTY PAYORS; N	118,832,681.
(8) ACCRUED INTEREST	59,127,052.
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	3,588,206,073.

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

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	

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

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

Part XIII Supplemental Information

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

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART V; QUESTION 4

RESTRICTED FUNDS ARE USED TO SUPPORT THE CHARITABLE ACTIVITIES AND PROGRAMS OF THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 AND THEIR AFFILIATES.

SCHEDULE D, PART X

THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE AFFILIATES WITHIN RWJBARNABAS HEALTH ("RWJBH"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. RWJBH ISSUES AUDITED CONSOLIDATED FINANCIAL STATEMENTS WHICH INCLUDE ALL RELATED ENTITIES; INCLUDING THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990. THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS FOR THE RWJBH HOSPITALS AND CERTAIN OTHER RWJBH AFFILIATES. THE FOOTNOTE BELOW IS FROM RWJBH'S 2024 AUDITED CONSOLIDATED FINANCIAL STATEMENTS AND REPORTS RWJBH'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740):

THE CORPORATION DOES NOT HAVE ANY SIGNIFICANT UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2024 AND 2023.

SCHEDULE F (Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number

85-1296795

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	PROGRAM SERVICES	FINANCIAL VEHICLE	NONE
(2) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	INVESTMENTS		433,779,128.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	NONE	NONE			433,779,128.
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	NONE	NONE			433,779,128.

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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)*	☐ Yes	☒ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I

RWJBH CORPORATE SERVICES, INC., A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, ACCRUED FOR ACCOUNTING PURPOSES EXPENSES TO COMMERCIAL PROFESSIONAL INSURANCE CO., LTD., A FINANCIAL VEHICLE, $65,040,633; FOR THE BENEFIT OF THE FOLLOWING RWJBARNABAS HEALTH TAX-EXEMPT HOSPITALS IN THIS GROUP FORM 990.

CHILDREN'S SPECIALIZED HOSPITAL - $656,473;

CLARA MAASS MEDICAL CENTER - $4,034,747;

COMMUNITY MEDICAL CENTER - $5,139,587;

COOPERMAN BARNABAS MEDICAL CENTER - $11,910,108;

JERSEY CITY MEDICAL CENTER - $6,119,389;

MONMOUTH MEDICAL CENTER - $8,428,836;

NEWARK BETH ISRAEL MEDICAL CENTER - $12,837,062;

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - $10,882,132;

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON - $1,544,247;

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY - $1,016,080;

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SAINT BARNABAS BEHAVIORAL HEALTH CENTER - $64,397; AND

TRINITAS REGIONAL MEDICAL CENTER - $2,407,575.

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

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number

85-1296795

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** [X] Internet and email solicitations
- **c** [X] Phone solicitations
- **d** [ ] In-person solicitations
- **e** [ ] Solicitation of nongovernment 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? [X] **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				332,714.	74,273.	258,441.

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.

CA,CO,CT,FL,GA,IL,LA,MD,MA,MI,MS,MO,NJ,NM,NY,NC,OH,PA,RI,SC,VA,

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 GOLF OUTING (event type)	(b) Event #2 PARTNER IN PROG (event type)	(c) Other events 16 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	687,323.	332,714.	1,027,303.	2,047,340.
	2 Less: Contributions	452,080.	97,591.	563,781.	1,113,452.
	3 Gross income (line 1 minus line 2)	235,243.	235,123.	463,522.	933,888.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	192,547.	143,863.	346,909.	683,319.
	7 Food and beverages				
	8 Entertainment	2,000.		22,925.	24,925.
	9 Other direct expenses	40,696.	91,260.	93,688.	225,644.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				933,888.
	11 Net income summary. Subtract line 10 from line 3, column (d)				

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			48,970.	48,970.
Direct Expenses	2 Cash prizes			23,691.	23,691.
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☒ Yes 100.0000 % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				23,691.
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				25,279.

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

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

b If "No," explain:

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

b If "Yes," explain:

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

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

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ DIANE REEVES

Address ▶ 2 CRESCENT PLACE OCEANPORT, NJ 07757

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 ▶ KELLY GOSS

Gaming manager compensation ▶ $ NONE

Description of services provided ▶ MANAGES DAY TO DAY OPERATIONS OF RAFFLE

☐ 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).

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

NAME:
GAIL P. STONE

ADDRESS:
2932 VAUXHALL ROAD
VAUZHALL, NJ 07088

ACTIVITY :
FUNDRAISING

CUSTODY OR CONTROL OF CONTRIBUTION?
NO

GROSS RECEIPTS FROM ACTIVITY :	332,714.
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	74,273.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	258,441.

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number

85-1296795

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy (FAP) during the tax year? If "No," skip to question 6a	1a	X	
b	If "Yes," was it a written policy?	1b	X	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the FAP to its various hospital facilities during the tax year: ☐ Applied uniformly to all hospital facilities ☒ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use federal poverty guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ %	3a	X	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☒ Other 500.0000 %	3b	X	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's FAP that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a	Did the organization budget amounts for free or discounted care provided under its FAP during the tax year?	5a	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	X	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		X
6a	Did the organization prepare a community benefit report during the tax year?	6a		X
b	If "Yes," did the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial assistance at cost (from Worksheet 1)			226,941,645.	52,570,708.	174,370,937.	2.38
b Medicaid (from Worksheet 3, column a)			1,774,589,150.	1,603,955,109.	233,165,841.	3.18
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total.** Financial assistance and means-tested government programs			2,001,530,795.	1,656,525,817.	407,536,778.	5.56
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			23,748,360.	1,844,904.	21,903,456.	0.30
f Health professions education (from Worksheet 5)			236,091,328.	94,184,476.	141,906,852.	1.94
g Subsidized health services (from Worksheet 6)			551,264,782.	391,087,869.	160,176,913.	2.19
h Research (from Worksheet 7)			2,528,565.		2,528,565.	0.03
i Cash and in-kind contributions for community benefit (from Worksheet 8)			3,436,816.		3,436,816.	0.05
j **Total.** Other benefits			817,069,851.	487,117,249.	329,952,602.	4.51
k **Total.** Add lines 7d and 7j			2,818,600,646.	2,143,643,066.	737,489,380.	10.07

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

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

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		X
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2 306,885,968.		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3 31,115,105.		
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	1,264,062,091.	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	1,556,792,442.	
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-292,730,351.	
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other			

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 15

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

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 PSE&G CHILDREN'S SPECIALIZED HOSPITAL 200 SOMERSET STREET NEW BRUNSWICK NJ 08901 WWW.RWJBH.ORG	22249 X		X							1
2 CLARA MAASS MEDICAL CENTER ONE CLARA MAASS DRIVE BELLEVILLE NJ 07109 WWW.RWJBH.ORG	10701 X	X					X			2
3 COMMUNITY MEDICAL CENTER 99 ROUTE 37W TOMS RIVER NJ 08755-6423 WWW.RWJBH.ORG	11501 X	X					X			2
4 COOPERMAN BARNABAS MEDICAL CENTER 94 OLD SHORT HILLS ROAD LIVINGSTON NJ 07039 WWW.RWJBH.ORG	10710 X	X		X			X			2
5 JERSEY CITY MEDICAL CENTER 355 GRAND STREET JERSEY CITY NJ 07302 WWW.RWJBH.ORG	10904 X	X	X	X			X			2
6 MONMOUTH MEDICAL CENTER 300 SECOND AVENUE LONG BRANCH NJ 07740 WWW.RWJBH.COM	11304 X	X	X	X			X			2
7 MONMOUTH MED CTR - SOUTHERN CAMPUS 600 RIVER AVENUE LAKEWOOD NJ 08701 WWW.RWJBH.ORG	11502 X	X					X			2
8 NEWARK BETH ISRAEL MEDICAL CENTER 201 LYONS AVENUE NEWARK NJ 07112 WWW.RWJBH.ORG	10709 X	X	X	X		X	X		ORGAN TRANS. CENTER, PSYCHIATRIC UNIT, OUTPATIENT CLINICS	2
9 ROBERT WOOD JOHNSON UNIVERSITY HOSP. ONE ROBERT WOOD JOHNSON PLACE NEW BRUNSWICK NJ 08901 WWW.RWJBH.ORG	11202 X	X	X	X			X			2
10 RWJ UNIVERSITY HOSPITAL SOMERSET 110 REHILL AVENUE SOMERVILLE NJ 08876 WWW.RWJBH.ORG	11802 X	X		X			X			2

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 RWJ UNIVERSITY HOSPITAL HAMILTON ONE HAMILTON HEALTH PLACE HAMILTON NJ 08690 WWW.RWJBH.ORG	11101 X	X					X			2
2 RWJ UNIVERSITY HOSPITAL RAHWAY 865 STONE STREET RAHWAY NJ 07065 WWW.RWJBH.ORG	12006 X	X					X			2
3 SAINT BARNABAS BEHAVIORAL HEALTH 1691 ROUTE 9 TOMS RIVER NJ 08754 WWW.RWJBH.ORG	21501 X									2
4 TRINITAS REGIONAL MED CTR-WILLIAMSON 225 WILLIAMSON STREET ELIZABETH NJ 07202 WWW.RWJBH.ORG	12007 X	X		X			X			2
5 TRINITAS REGIONAL MED CTR - NEW POINT 655 E JERSEY STREET ELIZABETH NJ 07206 WWW.RWJBH.ORG	12007 X			X			X		BEHAVIORAL HEALTH & LONG-TERM CARE	2
6										
7										
8										
9										
10										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group: PSE&G CSH (FACILITY REPORT GROUP A)

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

			Yes	No
Community Health Needs Assessment (CHNA)				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3	During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	3	X	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The significant health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA			
j	[X] Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 2022			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		X
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X	
7	Did the hospital facility make its CHNA report widely available to the public?	7	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	[X] Hospital facility's website (list url): WWW.RWJBH.ORG			
b	[ ] Other website (list url):			
c	[X] Made a paper copy available for public inspection without charge at the hospital facility			
d	[X] Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 2022			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		X
a	If "Yes," list url:			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	X	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group: RWJBH (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): 215

			Yes	No
Community Health Needs Assessment (CHNA)				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3	During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	3	X	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The significant health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA			
j	[X] Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 2022			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		X
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b		X
7	Did the hospital facility make its CHNA report widely available to the public?	7	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	[X] Hospital facility's website (list url): WWW.RWJBH.ORG			
b	[ ] Other website (list url):			
c	[X] Made a paper copy available for public inspection without charge at the hospital facility			
d	[X] Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 2022			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		X
a	If "Yes," list url:			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	X	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: PSE&G CSH (FACILITY REPORT GROUP A)

			Yes	No
	Did the hospital facility have in place during the tax year a written FAP that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	X	
a	[X] FPG, with FPG family income limit for eligibility for free care of and FPG family income limit 400.0000 % for eligibility for discounted care of 500.0000 %			
b	[ ] Income level other than FPG (describe in Section C)			
c	[ ] Asset level			
d	[ ] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[X] Residency			
h	[ ] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of their application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of their application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): WWW.RWJBH.ORG			
b	[X] The FAP application form was widely available on a website (list url): WWW.RWJBH.ORG			
c	[X] A plain language summary of the FAP was widely available on a website (list url): WWW.RWJBH.ORG			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by limited-English proficiency (LEP) populations			
j	[ ] Other (describe in Section C)			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: RWJBH (FACILITY REPORTING GROUP B)

			Yes	No
	Did the hospital facility have in place during the tax year a written FAP that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	X	
a	[X] FPG, with FPG family income limit for eligibility for free care of and FPG family income limit 200.0000 % for eligibility for discounted care of 500.0000 %			
b	[ ] Income level other than FPG (describe in Section C)			
c	[X] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[ ] Residency			
h	[ ] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of their application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of their application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): WWW.RWJBH.ORG			
b	[X] The FAP application form was widely available on a website (list url): WWW.RWJBH.ORG			
c	[X] A plain language summary of the FAP was widely available on a website (list url): WWW.RWJBH.ORG			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by limited-English proficiency (LEP) populations			
j	[ ] Other (describe in Section C)			

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

Billing and Collections

Name of hospital facility or letter of facility reporting group: PSE&G CSH (FACILITY REPORT 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 FAP that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	**17**	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			
f	☒ None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			

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

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group: RWJBH (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 FAP that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			
f	☒ None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			

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

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group: PSE&G CSH (FACILITY REPORT GROUP A)

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

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

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

Name of hospital facility or letter of facility reporting group: RWJBH (FACILITY REPORTING GROUP B)

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

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

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.

SCHEDULE H, PART V, SECTION B, QUESTION 3J

PSE&G CSH FACILITY REPORTING GROUP A
==========

THE CHNA REVIEWED SOCIAL DETERMINANTS OF HEALTH, HEALTH CARE UTILIZATION TRENDS AS WELL AS A COMPREHENSIVE REVIEW OF SECONDARY DATA SOURCES FROM A COUNTY AND SERVICE AREA PERSPECTIVE WHERE AVAILABLE. FACILITY-SPECIFIC AND THE FACILITY'S SERVICE AREA- SPECIFIC UTILIZATION. PRIORITIES AND METHODS WERE DESCRIBED. IMPACT WAS EXAMINED IN TRENDS OBSERVED FOR HEALTH STATUS INDICATORS. THE ASSESSMENT INCLUDED RESULTS FROM A QUALITATIVE SURVEY OF AREA RESIDENTS AND A FAMILY/CAREGIVER SURVEY ADAPTED FROM A SIMILAR SURVEY CONDUCTED FOR THE CSH CHNA IN 2019 THAT FOCUSED ON: ACCESSIBILITY OF SERVICES AND PROGRAMS FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS AND THEIR FAMILIES: CHALLENGES ACCESSING HEALTHCARE; USEFULNESS OF DIFFERENT SERVICES AND PROGRAMS; NEEDED SERVICES AND PROGRAMS; TELEHEALTH UTILIZATION; AND THE IMPACT OF COVID-19. KEY INFORMANT INTERVIEWS AND FOCUS GROUPS PROVIDED FURTHER DEPTH AND UNDERSTANDING OF KEY ISSUES.

RWJBH - FACILITY REPORTING GROUP B
==========

THE CHNA REVIEWED SOCIAL DETERMINANTS OF HEALTH, HEALTH CARE UTILIZATION TRENDS AS WELL AS A COMPREHENSIVE REVIEW OF SECONDARY DATA SOURCES FROM A COUNTY AND SERVICE AREA PERSPECTIVE WHERE AVAILABLE. FACILITY-SPECIFIC AND THE FACILITY'S SERVICE AREA- SPECIFIC UTILIZATION (E.G. AVOIDABLE OR AMBULATORY CARE SENSITIVE CONDITION ADMISSIONS AND ED VISITS, CANCER DIAGNOSTIC STAGE) WERE EXAMINED. PRIORITIES AND METHODS WERE DESCRIBED. IMPACT WAS EXAMINED IN TRENDS OBSERVED FOR HEALTH STATUS INDICATORS. THE ASSESSMENT INCLUDED RESULTS FROM A QUALITATIVE SURVEY OF AREA RESIDENTS THAT ASKED ABOUT A MULTITUDE OF ISSUES INCLUDING: COVID IMPACTS, TOP HEALTH NEEDS AND BARRIERS, BASIC HEALTH STATUS AND USE OF TELEHEALTH. KEY INFORMANT INTERVIEWS AND FOCUS GROUPS PROVIDED FURTHER DEPTH AND UNDERSTANDING OF KEY ISSUES.

SCHEDULE H, PART V, SECTION B, QUESTION 4

RWJBH - FACILITY REPORTING GROUP B
==========

THE FOLLOWING ORGANIZATION'S COMMUNITY HEALTH NEEDS ASSESSMENT WERE COMPLETED IN 2022:

CLARA MAASS MEDICAL CENTER; COMMUNITY MEDICAL CENTER; COOPERMAN BARNABAS

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.

MEDICAL CENTER; JERSEY CITY MEDICAL CENTER; MONMOUTH MEDICAL CENTER; MONMOUTH MEDICAL CENTER - SOUTHERN CAMPUS; NEWARK BETH ISRAEL MEDICAL CENTER; ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - NEW BRUNSWICK; ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY; SAINT BARNABAS BEHAVIORAL HEALTH CENTER AND TRINITAS REGIONAL MEDICAL CENTER.

IN ADDITION, THE FOLLOWING ORGANIZATION'S COMMUNITY HEALTH NEEDS ASSESSMENT WERE COMPLETED IN 2024:

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - SOMERSET AND ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON

SCHEDULE H, PART V, SECTION B, QUESTION 5

PSE&G CSH FACILITY REPORTING GROUP A
==========

A COMPREHENSIVE RESIDENT SURVEY WAS SUPPLEMENTED WITH A PARENT/CAREGIVER SURVEY TO PROVIDE PRIMARY DATA AND COMMUNITY INPUT FOR THE CHNA. THE CHNA WAS FURTHER INFORMED BY A LOCAL OVERSIGHT COMMITTEE THAT INCLUDED COMMUNITY STAKEHOLDERS AND INDIVIDUALS WITH PUBLIC HEALTH EXPERTISE. THE OVERSIGHT COMMITTEE REVIEWED SURVEY RESULTS, FOCUS GROUP FINDINGS AND OVER 100 SECONDARY DATA AND HEALTH STATUS INDICATORS. WITH THIS EVIDENCE-INFORMED FOUNDATION, THE COMMITTEE IDENTIFIED AND PRIORITIZE SIGNIFICANT HEALTH NEEDS. DETAILS INCLUDING COMMITTEE MEMBERS, DATA, FINDINGS AND THE PROCESS ARE CONTAINED IN THE CHNA.

RWJBH - FACILITY REPORTING GROUP B
==========

A COMPREHENSIVE RESIDENT SURVEY WAS CONDUCTED TO PROVIDE PRIMARY DATA AND COMMUNITY INPUT FOR THE CHNA. THE CHNA WAS FURTHER INFORMED BY A LOCAL OVERSIGHT COMMITTEE THAT INCLUDED COMMUNITY STAKEHOLDERS AND INDIVIDUALS WITH PUBLIC HEALTH EXPERTISE. THE OVERSIGHT COMMITTEE REVIEWED SURVEY RESULTS, FOCUS GROUP FINDINGS AND OVER 100 SECONDARY DATA AND HEALTH STATUS INDICATORS. WITH THIS EVIDENCE-INFORMED FOUNDATION, THE COMMITTEE IDENTIFIED AND PRIORITIZE SIGNIFICANT HEALTH NEEDS. DETAILS INCLUDING COMMITTEE MEMBERS, DATA, FINDINGS AND THE PROCESS ARE CONTAINED IN THE CHNA.

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

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

SCHEDULE H, PART V, SECTION B, QUESTIONS 6A & 6B

PSE&G CSH FACILITY REPORTING GROUP A
==========

WHILE THE HOSPITAL HAD ITS OWN CHNA, THE HOSPITAL PARTICIPATES IN A SYSTEMWIDE COMMUNITY HEALTH NEEDS STEERING COMMITTEE FOR ALL MEMBER HOSPITALS. STRATEGIES AND BEST PRACTICES ARE IDENTIFIED AND SHARED AS WELL AS PROGRAM SUPPORT. THE HOSPITAL CONDUCTED ITS CHNA HAD LOCAL OVERSIGHT COMMITTEE TO REVIEW THE HEALTH DATA AND ASSIST IN NEED PRIORITIZATION. COMMITTEE PARTICIPANTS HAD LOCAL COMMUNITY VOLUNTEERS AND OTHERS. THE ASSESSMENT WAS FURTHER INFORMED WITH DIRECT INPUT FROM COMMUNITY MEMBERS THROUGH A COMPREHENSIVE SURVEY.

RWJBH - FACILITY REPORTING GROUP B
==========

WHILE THE HOSPITAL HAD ITS OWN CHNA, THE HOSPITAL PARTICIPATES IN A SYSTEMWIDE COMMUNITY HEALTH NEEDS STEERING COMMITTEE FOR ALL MEMBER HOSPITALS. STRATEGIES AND BEST PRACTICES ARE IDENTIFIED AND SHARED AS WELL AS PROGRAM SUPPORT. THE HOSPITAL CONDUCTED ITS CHNA WITH A LOCAL OVERSIGHT COMMITTEE TO REVIEW THE HEALTH DATA AND ASSIST IN NEED PRIORITIZATION. THE COMMITTEE PARTICIPANTS HAD LOCAL STAKEHOLDERS INCLUDING LOCAL HEALTH AND HUMAN SERVICES, CHURCH LEADERSHIP, SENIOR SERVICES, AND OTHERS. THE ASSESSMENT WAS FURTHER INFORMED WITH DIRECT INPUT FROM COMMUNITY MEMBERS THROUGH FOCUS GROUPS, KEY INFORMANT INTERVIEWS AND A COMPREHENSIVE RESIDENT SURVEY.

WHILE THE COMMUNITY MEDICAL CENTER HAD ITS OWN CHNA, THE HOSPITAL PARTICIPATED IN THE CHNA DEVELOPMENT AND REVIEW OF COMMUNITY NEEDS WITH ITS AFFILIATE, SAINT BARNABAS BEHAVIORAL HEALTH CENTER INC. D/B/A BARNABAS HEALTH BEHAVIORAL HEALTH CENTER, A FREESTANDING PSYCHIATRIC HOSPITAL LOCATED IN THE SAME MUNICIPALITY. IN ADDITION, MONMOUTH MEDICAL CENTER AND MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS ALSO COLLABORATED IN THE CHNA. FURTHER, THE HOSPITAL AND ITS AFFILIATES PARTICIPATE IN A SYSTEMWIDE COMMUNITY HEALTH NEEDS STEERING COMMITTEE FOR ALL MEMBER HOSPITALS. STRATEGIES AND BEST PRACTICES ARE IDENTIFIED AND SHARED AS WELL AS PROGRAM SUPPORT. THE HOSPITAL CONDUCTED ITS CHNA WITH A LOCAL OVERSIGHT COMMITTEE TO REVIEW THE HEALTH DATA AND ASSIST IN NEED PRIORITIZATION. THE COMMITTEE HAD PARTICIPATION OF LOCAL MUNICIPAL AND COUNTY LEADERSHIP, FAITH LEADERSHIP, FQHC AND COMMUNITY-BASED PROVIDERS, EDUCATION REPRESENTATIVES AND PUBLIC HEALTH OFFICERS. THE ASSESSMENT WAS FURTHER INFORMED WITH DIRECT INPUT FROM COMMUNITY MEMBERS THROUGH FOCUS GROUPS, KEY INFORMANT INTERVIEWS AND A COMPREHENSIVE RESIDENT SURVEY.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - NEW BRUNSWICK CONDUCTED THE CHNA IN COLLABORATION WITH ST. PETER'S HOSPITAL, ALSO LOCATED IN NEW

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.

BRUNSWICK. THE HOSPITALS CONDUCTED ITS CHNA WITH A LOCAL OVERSIGHT COMMITTEE TO REVIEW THE HEALTH DATA AND ASSIST IN NEED PRIORITIZATION. COMMITTEE PARTICIPANTS HAD LOCAL STAKEHOLDERS INCLUDING YMCA, RUTGERS MEDICAL SCHOOL, PUERTO RICAN ACTION BOARD, NEW AMERICANS PROGRAM OF NEW JERSEY, OFFICE OF AGING, LOCAL HEALTH CENTERS, LIBRARY, NAMI, HEALTH AND HUMAN SERVICES, COMMUNITY VOLUNTEERS AND OTHERS. THE ASSESSMENT WAS FURTHER INFORMED WITH DIRECT INPUT FROM COMMUNITY MEMBERS THROUGH FOCUS GROUPS, KEY INFORMANT INTERVIEWS AND A COMPREHENSIVE RESIDENT SURVEY. WHILE THE HOSPITAL HAD ITS SHARED CHNA, IT ALSO PARTICIPATES IN A SYSTEMWIDE COMMUNITY HEALTH NEEDS STEERING COMMITTEE FOR ALL MEMBER HOSPITALS. STRATEGIES AND BEST PRACTICES ARE IDENTIFIED AND SHARED AS WELL AS PROGRAM SUPPORT.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - SOMERSET CONDUCTED THE CHNA IN PARTNERSHIP WITH THE HEALTHIER SOMERSET COALITION, A BROAD REPRESENTATIVE STAKEHOLDER GROUP OF NEARLY 50 ORGANIZATIONS THAT INCLUDED HEALTH DEPARTMENT LEADERS, HOSPITAL REPRESENTATIVES, AND COMMUNITY-BASED ORGANIZATION LEADERS. THE HOSPITAL USED THE COALITION AS ITS CHNA OVERSIGHT COMMITTEE TO REVIEW THE HEALTH DATA AND ASSIST IN NEED PRIORITIZATION. COMMITTEE MEMBERSHIP INCLUDED YMCA, LOCAL MUNICIPAL HEALTH, FEDERALLY QUALIFIED HEALTH CENTERS, LOCAL EDUCATION, LOCAL MENTAL HEALTH, COMMUNITY PROVIDERS AND OTHERS. THE ASSESSMENT WAS FURTHER INFORMED WITH DIRECT INPUT FROM COMMUNITY MEMBERS THROUGH A COMPREHENSIVE SURVEY. WHILE THE HOSPITAL HAD ITS SHARED CHNA, IT ALSO PARTICIPATES IN A SYSTEMWIDE COMMUNITY HEALTH NEEDS STEERING COMMITTEE FOR ALL MEMBER HOSPITALS. STRATEGIES AND BEST PRACTICES ARE IDENTIFIED AND SHARED AS WELL AS PROGRAM SUPPORT.

THE ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON CHNA WAS CONDUCTED WITH THE GREATER MERCER PUBLIC HEALTH PARTNERSHIP (GMPHP) WHICH IS A COLLABORATION OF HOSPITALS, HEALTH DEPARTMENTS, AND OTHER NOT-FOR-PROFIT ORGANIZATIONS. THE GMPHP MISSION IS TO MEASURABLY IMPROVE THE HEALTH OF RESIDENTS OF THE GREATER MERCER COUNTY COMMUNITY. CORE MEMBERS OF THE GMPHP INCLUDE THE HEALTH DEPARTMENTS, THE MERCER COUNTY DEPARTMENT OF HUMAN SERVICES, AND THE HEALTH CARE INSTITUTIONS OF CAPITAL HEALTH, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL-HAMILTON, ST. FRANCIS MEDICAL CENTER, AND ST. LAWRENCE REHABILITATION CENTER. THE HOSPITAL USED THE COALITION AS ITS CHNA OVERSIGHT COMMITTEE TO REVIEW THE HEALTH DATA AND ASSIST IN NEED PRIORITIZATION. WHILE THE HOSPITAL HAD ITS SHARED CHNA, IT ALSO PARTICIPATES IN A SYSTEMWIDE COMMUNITY HEALTH NEEDS STEERING COMMITTEE FOR ALL MEMBER HOSPITALS. STRATEGIES AND BEST PRACTICES ARE IDENTIFIED AND SHARED AS WELL AS PROGRAM SUPPORT. THE ASSESSMENT WAS FURTHER INFORMED WITH DIRECT INPUT FROM COMMUNITY MEMBERS THROUGH A COMPREHENSIVE SURVEY.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY COLLABORATED WITH ITS HOSPITAL AFFILIATE, TRINITAS REGIONAL MEDICAL CENTER, ALSO LOCATED IN UNION COUNTY IN THE DEVELOPMENT OF A JOINT CHNA. THE HOSPITAL ALSO

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.

PARTICIPATES IN A SYSTEMWIDE COMMUNITY HEALTH NEEDS STEERING COMMITTEE FOR ALL MEMBER HOSPITALS. STRATEGIES AND BEST PRACTICES ARE IDENTIFIED AND SHARED AS WELL AS PROGRAM SUPPORT. THE HOSPITAL CONDUCTED ITS LOCAL CHNA WITH A LOCAL OVERSIGHT COMMITTEE TO REVIEW THE HEALTH DATA AND ASSIST IN NEED PRIORITIZATION. COMMITTEE PARTICIPANTS INCLUDED FAITH-BASED LEADERSHIP, THE YMCA, NATIONAL ALLIANCE ON MENTAL HEALTH, LOCAL MUNICIPAL LOCAL HEALTH AND HUMAN SERVICES, COMMUNITY VOLUNTEERS AND OTHERS. THE ASSESSMENT WAS FURTHER INFORMED WITH DIRECT INPUT FROM COMMUNITY MEMBERS THROUGH FOCUS GROUPS, KEY STAKEHOLDER INTERVIEWS AND A COMPREHENSIVE RESIDENT SURVEY.

SCHEDULE H, PART V, SECTION B, QUESTIONS 7A, 7B & 7D

PSE&G CSH FACILITY REPORTING GROUP A
==========

THE ORGANIZATION IS AN AFFILIATE WITHIN RWJBARNABAS HEALTH ("RWJBH"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B, QUESTION 7A, IS THE HOME PAGE FOR THE SYSTEM.

THE ORGANIZATION'S CHNA CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE:

HTTPS://WWW.RWJBH.ORG/WHY-RWJBARNABAS-HEALTH-/COMMUNITY-HEALTH-NEEDS-ASSES SMENT/

THE CHNA WAS SHARED WITH KEY STAKEHOLDERS AND SYSTEM PARTNERS.

THE CHNA WAS SHARED AT A COALITION MEETING AND WITH OTHER EXTERNAL MEETINGS.

RWJBH - FACILITY REPORTING GROUP B
==========

THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B, QUESTION 7A, IS THE HOME PAGE FOR THE ORGANIZATION. THE ORGANIZATION'S CHNA CAN BE ACCESSED AT THE FOLLOWING URL INCLUDED WITHIN ITS WEBSITE:

HTTPS://WWW.RWJBH.ORG/WHY-RWJBARNABAS-HEALTH-/COMMUNITY-HEALTH-NEEDS-ASSES SMENT/

IN ADDITION, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - NEW BRUNSWICK'S CHNA CAN BE ACCESSED AT THE FOLLOWING URL:

HTTPS://WWW.HEALTHIERMIDDLESEX.COM/DOCUMENT/2022-COMMUNITY-HEALTH-NEEDS-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.

SESSMENT

THE CHNA WAS SHARED WITH KEY STAKEHOLDERS AND SYSTEM PARTNERS.

SCHEDULE H, PART V, SECTION B, QUESTION 8

PSE&G CSH FACILITY REPORTING GROUP A
==========

THE FACILITY, WITH LIMITED RESOURCES, PRIORITIZED HEALTH NEEDS THAT WERE IDENTIFIED IN THE ASSESSMENT AND DEVELOPED STRATEGIES TO ADDRESS AND COLLABORATE IN STRATEGY EXECUTION. PRIORITIES WERE DEVELOPED WITH INPUT FROM KEY STAKEHOLDERS.

RWJBH - FACILITY REPORTING GROUP B
==========

THE FACILITY, WITH LIMITED RESOURCES, PRIORITIZED HEALTH NEEDS THAT WERE IDENTIFIED IN THE ASSESSMENT AND DEVELOPED STRATEGIES TO ADDRESS AND COLLABORATE IN STRATEGY EXECUTION. PRIORITIES WERE DEVELOPED WITH INPUT FROM KEY STAKEHOLDERS.

SCHEDULE H, PART V, SECTION B, QUESTION 9

RWJBH - FACILITY REPORTING GROUP B
==========

THE FOLLOWING ORGANIZATION'S ADOPTED AN IMPLEMENTATION STRATEGY IN 2022: CLARA MAASS MEDICAL CENTER; COMMUNITY MEDICAL CENTER; COOPERMAN BARNABAS MEDICAL CENTER; JERSEY CITY MEDICAL CENTER; MONMOUTH MEDICAL CENTER; MONMOUTH MEDICAL CENTER - SOUTHERN CAMPUS; NEWARK BETH ISRAEL MEDICAL CENTER; ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - NEW BRUNSWICK; ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY; SAINT BARNABAS BEHAVIORAL HEALTH CENTER AND TRINITAS REGIONAL MEDICAL CENTER.

THE FOLLOWING ORGANIZATION'S ADOPTED AN IMPLEMENTATION STRATEGY IN 2024: ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - SOMERSET AND ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON

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.

SCHEDULE H, PART V, SECTION B, QUESTION 10

PSE&G CSH FACILITY REPORTING GROUP A
==========

THE FOLLOWING ORGANIZATION'S IMPLEMENTATION STRATEGY ARE ATTACHED TO THIS RETURN:

CHILDREN'S SPECIALIZED HOSPITAL

RWJBH - FACILITY REPORTING GROUP B
==========

THE FOLLOWING ORGANIZATION'S IMPLEMENTATION STRATEGY CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE:

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - SOMERSET:

HTTPS://HEALTHIERSOMERSET.ORG/WP-CONTENT/UPLOADS/2022/02/2022-2024-SOMERSET-COUNTY-CHIP-REPORT_11.30.21.PDF

THE FOLLOWING ORGANIZATION'S IMPLEMENTATION STRATEGY ARE ATTACHED TO THIS RETURN:

CLARA MAASS MEDICAL CENTER; COMMUNITY MEDICAL CENTER; COOPERMAN BARNABAS MEDICAL CENTER; JERSEY CITY MEDICAL CENTER; MONMOUTH MEDICAL CENTER; MONMOUTH MEDICAL CENTER - SOUTHERN CAMPUS; NEWARK BETH ISRAEL MEDICAL CENTER; ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - NEW BRUNSWICK; ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON; ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY; SAINT BARNABAS BEHAVIORAL HEALTH CENTER AND TRINITAS REGIONAL MEDICAL CENTER.

SCHEDULE H, PART V, SECTION B, QUESTION 11

PSE&G CSH FACILITY REPORTING GROUP A
==========

AS DISCUSSED ABOVE, THE FACILITY CONDUCTED A COMPREHENSIVE ASSESSMENT AND A MYRIAD OF HEALTH NEEDS WERE IDENTIFIED. GIVEN LIMITED RESOURCES, NEEDS WERE PRIORITIZED WITH CONSIDERATION OF SERVICE ARRAY OFFERED BY THE FACILITY AND ABILITY TO HAVE AN IMPACT EITHER AS A HOSPITAL OR IN COLLABORATION WITH COMMUNITY PARTNERS. THE IMPROVEMENT PLAN IS MULTIFACETED AND THE HOSPITAL WILL BE WORKING TO ADDRESS BEHAVIORAL AND MENTAL HEALTH NEEDS, TRANSITIONAL SERVICES AND ENHANCED ACCESS. SOME SPECIFIC ACTIONS INCLUDE INCREASING MENTAL HEALTH SERVICES AND INVESTING

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.

IN CAPACITY TO EXPAND ACCESS, CREATING AN EMPLOYEE READINESS PROGRAM, AND IMPROVING SERVICE ACCESS POINTS AMONGST OTHER INITIATIVES.

RWJBH - FACILITY REPORTING GROUP B
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AS DISCUSSED ABOVE, THE FACILITY CONDUCTED A COMPREHENSIVE ASSESSMENT AND A MYRIAD OF HEALTH NEEDS WERE IDENTIFIED. GIVEN LIMITED RESOURCES, NEEDS WERE PRIORITIZED WITH CONSIDERATION OF SERVICE ARRAY OFFERED BY THE FACILITY AND ABILITY TO HAVE AN IMPACT EITHER AS A HOSPITAL OR IN COLLABORATION WITH COMMUNITY PARTNERS. THE IMPROVEMENT PLAN IS MULTIFACETED AND THE HOSPITAL WILL BE WORKING TO ADDRESS BEHAVIORAL AND MENTAL HEALTH NEEDS, TRANSITIONAL SERVICES AND ENHANCED ACCESS. SOME SPECIFIC ACTIONS INCLUDE INCREASING MENTAL HEALTH SERVICES AND INVESTING IN CAPACITY TO EXPAND ACCESS, CREATING AN EMPLOYEE READINESS PROGRAM, AND IMPROVING SERVICE ACCESS POINTS AMONGST OTHER INITIATIVES.

SCHEDULE H, PART V, SECTION B, QUESTION 16

PSE&G CSH FACILITY REPORTING GROUP A
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THE ORGANIZATION IS AN AFFILIATE WITHIN RWJBARNABAS HEALTH ("RWJBH"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN PART V, SECTION B, QUESTIONS 16A, 16B AND 16C, IS THE HOME PAGE FOR THE SYSTEM.

THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION AND PLAIN LANGUAGE SUMMARY CAN BE ACCESSED AT THE FOLLOWING URL'S WHICH ARE INCLUDED IN THE SYSTEM'S WEBSITE:

HTTPS://WWW.RWJBH.ORG/CHILDRENS-SPECIALIZED-HOSPITAL/PATIENTS-VISITORS/BILLING-FINANCIAL-AND-INSURANCE-INFORMATION/

RWJBH - FACILITY REPORTING GROUP B
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THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION AND PLAIN LANGUAGE SUMMARY CAN BE ACCESSED AT THE FOLLOWING URL'S WHICH ARE INCLUDED IN THE SYSTEM'S WEBSITE:

HTTPS://WWW.RWJBH.ORG/BILLING/FINANCIAL-RESOURCES/

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? 114

	Name and address	Type of facility (describe)
1	CSH OUTPATIENT CENTER AT UNION 2840 MORRIS AVENUE UNION NJ 07083	OUTPATIENT CENTER
2	CSH LTC & OUTPATIENT CARE MOUNTAINSIDE 150 NEW PROVIDENCE ROAD MOUNTAINSIDE NJ 07092	LONG-TERM CARE AND OUTPATIENT CENTER
3	CSH OUTPATIENT CENTER AT HAMILTON 3575 QUAKERBRIDGE ROAD HAMILTON NJ 08619	OUTPATIENT CENTER
4	CSH OUTPATIENT CENTER AT TOMS RIVER 1251 ROUTE 37 WEST TOMS RIVER NJ 08775	OUTPATIENT CENTER
5	CSH LTC CARE TOMS RIVER 94 STEVENS ROAD TOMS RIVER NJ 08755	LONG-TERM CARE
6	CSH OUTPATIENT CENTER AT MONMOUTH 200 WYCKOFF ROAD EATONTOWN NJ 07724	OUTPATIENT CENTER
7	CSH OUTPATIENT CENTER AT CLIFTON 1135 BROAD STREET CLIFTON NJ 07013	OUTPATIENT CENTER
8	CSH OUTPATIENT CENTER AT BAYONNE 519 BROADWAY BAYONNE NJ 07013	OUTPATIENT CENTER
9	CSH OUTPATIENT CENTER AT EGG HARBOR 6106 BLACK HORSE PIKE EGG HARBOR TOWNSHIP NJ 08234	OUTPATIENT CENTER
10	CSH OUTPATIENT CENTER AT WEST ORANGE 375 MOUNT PLEASANT AVE, STE 201 WEST ORANGE NJ 07052	OUTPATIENT CENTER

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

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

	Name and address	Type of facility (describe)
1	CSH OUTPATIENT CENTER AT NEWARK 182 LYONS AVE NEWARK NJ 07112	OUTPATIENT CENTER
2	CSH OUTPATIENT CENTER SOMERSET 888 EASTON AVENUE SOMERSET NJ 08873	OUTPATIENT CENTER
3	CSH OUTPATIENT CENTER AT BAYONNE 815 BROADWAY AVENUE BAYONNE NJ 07002	CASE MANAGEMENT
4	CSH OUTPATIENT CENTER AT EAST BRUNSWICK 629 CRANBURY ROAD EAST BRUNSWICK NJ 08816	OUTPATIENT CENTER
5	CMC TRANSITIONAL CARE UNIT 99 HIGHWAY 37 WEST TOMS RIVER NJ 08755	LONG TERM CARE SUB-ACUTE FACILITY
6	ACC - PHYSICAL THERAPY 200 SOUTH ORANGE AVE LIVINGSTON NJ 07039	PHYSICAL THERAPY
7	CONSULTANTS IN CARDIOLOGY - CARDIAC IMAG 741 NORTHFIELD AVENUE WEST ORANGE NJ 07052	CARDIAC IMAGING
8	NJ CARDIOLOGY ASSOC. - CARDIAC IMAGING 375 MOUNT PLEASANT AVE, STE 201 WEST ORANGE NJ 07052	CARDIAC IMAGING
9	NUCLEAR IMAGING - DR. LENCHUR 776 E 3RD AVENUE ROSELLE NJ 07203	CARDIAC IMAGING
10	ACC - VASCULAR LAB 200 SOUTH ORANGE AVE LIVINGSTON NJ 07039	VASCULAR LAB

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

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

	Name and address	Type of facility (describe)
1	ACC - REFRACTIVE/LASIK VISION 200 SOUTH ORANGE AVE LIVINGSTON NJ 07039	REFRACTIVE/LASIK VISION
2	ACC - HEARING 200 SOUTH ORANGE AVE, STE 221 LIVINGSTON NJ 07039	HEARING
3	ACC - ECHOCARDIOGRAPHY 200 SOUTH ORANGE AVE LIVINGSTON NJ 07039	ECHOCARDIOGRAPHY
4	CARDIAC REHAB 375 MT. PLEASANT AVENUE, STE 301 WEST ORANGE NJ 07052	CARDIAC REHAB
5	NEURO SCIENCE INSTITUTE 200 SOUTH ORANGE AVE, STE 165 LIVINGSTON NJ 07039	OP TESTING
6	PHYSICAL THERAPY JCC 760 NORTHFIELD AVE, STE 210 WEST ORANGE NJ 07052	PHYSICAL THERAPY
7	CENTER FOR DIABETIC EDUCATION 200 SOUTH ORANGE AVE, STE 116 LIVINGSTON NJ 07039	OUTPATIENT
8	SPEECH THERAPY 101 OLD SHORT HILLS ROAD, STE 201 WEST ORANGE NJ 07052	SPEECH THERAPY
9	OUTREACH PATHOLOGY - SUBACUTE 204 GROVE AVE. CEDAR GROVE NJ 07009	PHLEBOTOMY STATION
10	OUTREACH PATHOLOGY - ATKINS KENT 101 OLD SHORT HILLS ROAD WEST ORANGE NJ 07052	PHLEBOTOMY STATION

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	ACC - CELIAC PROGRAM 200 SOUTH ORANGE AVE, STE 116 LIVINGSTON NJ 07039	CELIAC PROGRAM
2	PHYSICAL THERAPY MILBURN 120 MILBURN AVE, STE 206 MILBURN NJ 07041	PHYSICAL THERAPY
3	LIVIA HEALTH AT EAST HANOVER 1 S. RIDGEDALE AVENUE EAST HANOVER NJ 07936	PHLEBOTOMY STATION
4	COMPLETE CARE AT CLARK 1213 WESTFIELD AVENUE CLARK NJ 07066	PHLEBOTOMY STATION
5	OUTREACH PATHOLOGY - SUBACUTE 348 EAST CEDAR STREET LIVINGSTON NJ 07039	PHLEBOTOMY STATION
6	OUTREACH PATHOLOGY - SKILLED NURSING 311 S. LIVINGSTON AVENUE LIVINGSTON NJ 07039	PHLEBOTOMY STATION
7	SLEEP LAB - MILLBURN 96 MILLBURN AVENUE MILLBURN NJ 07041	SLEEP LAB
8	ACC - MORAHAN CENTER/HEALTH & WELLNESS 200 SOUTH ORANGE AVE LIVINGSTON NJ 07039	MORAHAN CENTER
9	OUTREACH PATHOLOGY - SKILLED NURSING 25 FIFTH AVENUE HASKELL NJ 07420	PHLEBOTOMY STATION
10	COMPLETE CARE AT WESTFIELD 151 LAMBERTS MILL ROAD WESTFIELD NJ 07090	PHLEBOTOMY STATION

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	OUTREACH PATHOLOGY - SKILLED NURSING 560 BERKELEY AVENUE ORANGE NJ 07050	PHLEBOTOMY STATION
2	OUTREACH PATHOLOGY - REHAB CENTER 144 GALES DRIVE NEW PROVIDENCE NJ 07974	PHLEBOTOMY STATION
3	OUTREACH PATHOLOGY - SKILLED NURSING 787 NORTHFIELD AVENUE WEST ORANGE NJ 07052	PHLEBOTOMY STATION
4	OUTREACH PATHOLOGY - SUBACUTE 536 RIDGE ROAD CEDAR GROVE NJ 07009	PHLEBOTOMY STATION
5	OUTREACH PATHOLOGY - SKILLED NURSING 35 COTTAGE STREET BERKLEY HEIGHTS NJ 07922	PHLEBOTOMY STATION
6	OUTREACH PATHOLOGY - SUBACUTE 1400 WOODLANDS AVE. PLAINFIELD NJ 07060	PHLEBOTOMY STATION
7	OUTREACH PATHOLOGY - SKILLED NURSING 1155 PLEASANT VALLEY WAY WEST ORANGE NJ 07052	PHLEBOTOMY STATION
8	COMPLETE CARE AT ORANGE PARK 140 PARK AVENUE EAST ORANGE NJ 07017	PHLEBOTOMY STATION
9	OUTREACH PATHOLOGY - SUBACUTE 118 PARSONAGE ROAD EDISON NJ 08837	PHLEBOTOMY STATION
10	OUTREACH PATHOLOGY - SUBACUTE 59 BIRCH STREET PATERSON NJ 07522	PHLEBOTOMY STATION

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	OUTREACH PATHOLOGY - SKILLED NURSING 20 SUMMIT STREET WEST ORANGE NJ 07052	PHLEBOTOMY STATION
2	OUTREACH PATHOLOGY - REHAB CENTER 51 MADISON AVENUE MADISON NJ 07940	PHLEBOTOMY STATION
3	OUTREACH PATHOLOGY - SURGI CENTER 187 MILBURN AVE MILBURN NJ 07041	PHLEBOTOMY STATION
4	OUTREACH PATHOLOGY - SKILLED NURSING 369 E. MOUNT PLEASANT AVENUE LIVINGSTON NJ 07039	PHLEBOTOMY STATION
5	CORPORATE CARE 101 OLD SHORT HILLS ROAD, SUITE 415 WEST ORANGE NJ 07052	CORPORATE CARE
6	BAYONNE SATELLITE EMERGENCY DEPARTMENT 519 BROADWAY AVENUE BAYONNE NJ 07002	SATELLITE EMERGENCY DEPARTMENT
7	JCMC AMBULATORY CARE FACILITY 395 GRAND STREET JERSEY CITY NJ 07302	OUTPATIENT PSYCH CLINIC AND OUTPATIENT REHABILITATION
8	JCMC AMBULATORY SURGERY CENTER 377 JERSEY AVENUE, SUITE 510 JERSEY CITY NJ 07302	AMBULATORY CARE
9	JCMC RADIATION ONCOLOGY 631 GRAND STREET JERSEY CITY NJ 07303	RADIATION ONCOLOGY
10	LIBERTY HEALTH IMAGING CENTER 377 SKINNER MEMORIAL DRIVE JERSEY CITY NJ 07302	IMAGING CENTER

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

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

	Name and address	Type of facility (describe)
1	JCMC WOMEN'S HEALTH CENTER 116 NEWARK AVENUE JERSEY CITY NJ 07302	AMBULATORY CARE
2	JCMC OUTPATIENT INFUSION CENTER 414 GRAND STREET, SUITES 9-13 JERSEY CITY NJ 07302	OUTPATIENT INFUSION
3	CENTER FOR SLEEP DISORDERS AT JCMC 333 GRAND STREET JERSEY CITY NJ 07302	AMBULATORY CARE
4	JERSEY CITY FAMILY HEALTH CENTER 412 SUMMIT AVENUE JERSEY CITY NJ 07302	AMBULATORY CARE
5	JCMC AT GREENVILLE 1825 KENNEDY BOULEVARD JERSEY CITY NJ 07302	OUTPATIENT CLINICS
6	JCMC SPECIALTY CARE CENTER 253 MONMOUTH STREET JERSEY CITY NJ 07302	SPECIALTY CARE
7	RWJBARNABAS HEALTH AT EXCHANGE PLACE 95 GREENE STREET JERSEY CITY NJ 07302	OUTPATIENT REHABILITATION
8	JERSEY CITY MEDICAL CENTER 9 NUNDA AVENUE JERSEY CITY NJ 07302	RESIDENTIAL PSYCHIATRIC SERVICES
9	MONMOUTH MEDICAL CENTER 100 STATE HIGHWAY 36 WEST LONG BRANCH NJ 07764	INFUSION AND LAB BLOOD DRAW
10	MONMOUTH MEDICAL CENTER 310 ROUTE 34 COLTS NECK NJ 07722	MAMMOGRAPHY SCREENING

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	MONMOUTH MEDICAL CENTER 1910 HIGHWAY 35 OAKHURST NJ 07755	LAB SERVICES AND RADIOLOGY SERVICES
2	MONMOUTH MEDICAL CENTER 3301 HIGHWAY 66, BLDG B, 1ST FLOOR NEPTUNE NJ 07753	EARLY INTERVENTION SUPPORT SERVICES (PSYCHIATRIC)
3	MONMOUTH MEDICAL CENTER 4013 ROUTE 9 NORTH, SUITE 2A HOWELL NJ 07731	MAMMOGRAPHY SCREENING
4	MONMOUTH MEDICAL CENTER - POLLAK CLINIC 75 NORTH BATH AVENUE LONG BRANCH NJ 07740	OUTPATIENT PSYCHIATRIC SERVICES
5	NBIMC SPECIALTY PHYS PRACTICE BAYONNE 16 EAST 29TH STREET BAYONNE NJ 07002	HOSPITAL BASED, OFF-SITE AMBULATORY CARE FACILITY
6	NBIMC SPECIALTY SERVICES AT EDISON 10 PARSONAGE ROAD, SUITE 410 EDISON NJ 08820	AMBULATORY CARE FACILITY
7	RWJUH - NEW BRUNSWICK 195 LITTLE ALBANY STREET NEW BRUNSWICK NJ 08901	OUTPATIENT ONCOLOGY AND LAB SERVICES
8	RWJUH - SOMERSET 30 REHILL AVENUE SOMERVILLE NJ 08876	ONCOLOGY SERVICES
9	RWJUH - NEW BRUNSWICK 141 FRENCH STREET NEW BRUNSWICK NJ 08901	PROTON BEAM & LAB SERVICES
10	RWJUH - SOMERSET 110 REHILL AVENUE SOMERVILLE NJ 08876	OUTPATIENT WOUND CARE

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	RWJUH - NEW BRUNSWICK 10 PLUM STREET, 1ST FLOOR NEW BRUNSWICK NJ 08901	GAMMA
2	RWJUH - NEW BRUNSWICK 48 FRENCH STREET NEW BRUNSWICK NJ 08901	OUTPATIENT WOUND CARE
3	RWJUH - SOMERSET 743 ALEXANDER ROAD, SUITE 2 PRINCETON NJ 08540	PHYSICAL THERAPY
4	RWJUH - SOMERSET 331 U.S HIGHWAY 206, 2ND FLOOR HILLSBOROUGH NJ 08844	SLEEP TESTING
5	RWJUH - SOMERSET 110 REHILL AVENUE SOMERVILLE NJ 08876	EATING DISORDERS PHP/IOP
6	RWJUH - SOMERSET 110 REHILL AVENUE SOMERVILLE NJ 08876	ADULT PSYCH PHP/IOP
7	RWJUH - SOMERSET TD BANK BALLPARK, 1 PATRIOTS PARK BRIDGEWATER NJ 08807	OUTPATIENT PHYSICAL THERAPY & WELLNESS TRAINING
8	RWJUH - SOMERSET 1 JILL COURT, BLDG. 16, SUITE 20 HILLSBOROUGH NJ 08844	PHYSICAL THERAPY
9	RWJUH - NEW BRUNSWICK 10 PLUM STREET, 8TH FLOOR NEW BRUNSWICK NJ 08901	OUTPATIENT SPEECH & AUDIOLOGY
10	RWJUH - NEW BRUNSWICK 100 KIRKPATRICK STREET NEW BRUNSWICK NJ 08901	OUTPATIENT PHYSICAL THERAPY & OUTPATIENT OCCUPATIONAL

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	RWJUH - SOMERSET 110 REHILL AVENUE SOMERVILLE NJ 08876	OUTPATIENT PHYSICAL THERAPY
2	RWJUH - NEW BRUNSWICK 593 CRANBURY ROAD EAST BRUNSWICK NJ 08816	CARDIAC REHAB
3	RWJUH - NEW BRUNSWICK 10 PLUM STREET, 8TH FLOOR NEW BRUNSWICK NJ 08901	OCCUPATIONAL HEALTH
4	RWJUH - SOMERSET 331 U.S HIGHWAY 206, 2ND FLOOR HILLSBOROUGH NJ 08844	OUTPATIENT CARDIAC REHAB
5	RWJUH - SOMERSET 295 STATE HIGHWAY 31/202 FLEMINGTON NJ 08822	OUTPATIENT PHYSICAL THERAPY
6	RWJUH - SOMERSET 110 REHILL AVENUE SOMERVILLE NJ 08876	OUTPATIENT OCCUPATIONAL THERAPY
7	RWJUH - SOMERSET 110 REHILL AVENUE SOMERVILLE NJ 08876	OUTPATIENT SPEECH THERAPY
8	RWJUH - NEW BRUNSWICK 14 WOODWARD DRIVE, SUITE 1A OLD BRIDGE NJ 08857	OUTPATIENT AUDIOLOGY
9	RWJUH - NEW BRUNSWICK 181 SOMERSET STREET NEW BRUNSWICK NJ 08901	EMPLOYEE HEALTH SERVICES
10	RWJUHH CANCER INSTITUTE NEW JERSEY 2525 KLOCKNER ROAD HAMILTON NJ 08690	ONCOLOGY SERVICES

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

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

	Name and address	Type of facility (describe)
1	RWJUHH CENTER FOR HEALTH & WELLNESS 3100 QUAKERBRIDGE ROAD HAMILTON NJ 08619	REHAB., COMMUNITY EDUCATION & FITNESS CENTER
2	RWJUHH REHAB AT DELAWARE VALLEY PT 123 FRANKLIN CORNER ROAD LAWRENCEVILLE NJ 08648	REHABILITATION FACILITY
3	RWJUHH REHAB AT LAWRENCEVILLE 4152 QUAKERBRIDGE ROAD LAWRENCEVILLE NJ 08648	REHABILITATION FACILITY
4	RWJUHH SLEEP CARE CENTER 1 UNION STREET ROBBINSVILLE NJ 08691	SLEEP CENTER
5	RWJUHH DIAGNOSTIC CENTER AT COLUMBUS 1 SHEFFIELD DRIVE MANSFIELD TOWNSHIP NJ 08691	DIAGNOSTIC FACILITY
6	RWJUHH BALANCE AND HEARING CENTER 2 HAMILTON HEALTH PLACE HAMILTON NJ 08690	ENT & REHABILITATION
7	RWJUH RAHWAY FITNESS & WELLNESS CENTER 2120 LAMBERTS MILL ROAD SCOTCH PLAINS NJ 07076	PHYSICAL THERAPY
8	RWJUH RAHWAY FITNESS & WELLNESS CENTER 60 COOKE AVENUE CARTERET NJ 07008	PHYSICAL THERAPY
9	TRINITAS REG MED CTR SCHOOL OF NURSING UNION COUNTY COLLEGE 12 W JERSEY STREET ELIZABETH NJ 07202	SCHOOL OF NURSING
10	LINDEN DIALYSIS CENTER 10 N WOOD AVENUE LINDEN NJ 07036	DIALYSIS CENTER

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

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

	Name and address	Type of facility (describe)
1	WOMEN'S/PEDIATRIC HEALTH CENTER 200 WILLIAMSON STREET ELIZABETH NJ 07202	CLINICS/FAMILY MEDICINE
2	TRINITAS RED MED CTR CRANFORD DIALYSIS 205 BIRCHWOOD AVE. CRANFORD NJ 07016	DIALYSIS CARE
3	WOMEN, INFANTS & CHILDREN NUTRITION 200 WILLIAMSON STREET ELIZABETH NJ 07202	NUTRITIONAL COUNSELING
4	MAB DIALYSIS 200 WILLIAMSON STREET ELIZABETH NJ 07202	DIALYSIS CARE
5		
6		
7		
8		
9		
10		

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

IN ADDITION TO THE NET COMMUNITY BENEFIT COSTS INCURRED BY THE ORGANIZATION AS REPORTED IN SCHEDULE H, PART I, LINE 7; PLEASE REFER TO SCHEDULE O OF THIS FORM 990 FOR THE ORGANIZATION'S NARRATIVE COMMUNITY BENEFIT STATEMENT FOR ADDITIONAL INFORMATION ON HOW THE ORGANIZATION PROMOTES HEALTH AND PROVIDES HEALTHCARE SERVICES TO THE COMMUNITY REGARDLESS OF AN INDIVIDUAL'S ABILITY TO PAY IN FURTHERANCE OF ITS CHARITABLE TAX-EXEMPT PURPOSES.

SCHEDULE H, PART I, LINE 3C

RWJBH - FACILITY REPORTING GROUP B

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THE INCOME BASED CRITERIA USED TO DETERMINE ELIGIBILITY IS PER NEW JERSEY ADMINISTRATIVE CODE 10:52 SUB CHAPTERS 11, 12 AND 13, AND BASED UPON THE 2024 POVERTY GUIDELINES (DEPARTMENT OF HEALTH AND SENIOR SERVICES).

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.

FEDERAL POVERTY GUIDELINES ARE INCLUDED IN THE CRITERIA FOR DETERMINING

ELIGIBILITY FOR CHARITY AND DISCOUNTED CARE.

SCHEDULE H, PART I; QUESTION 6A

NOT APPLICABLE.

SCHEDULE H, PART I, QUESTION 7

WORKSHEETS 2 AND 3 WERE USED TO CALCULATE THE COST TO CHARGE RATIO FOR

FINANCIAL ASSISTANCE AND UNREIMBURSED MEDICAID. ALL OTHER COSTS WERE

EITHER OBTAINED FROM THE HOSPITAL'S COST ACCOUNTING, COST REPORTING OR

GENERAL LEDGER SYSTEMS.

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, QUESTION 7B

CERTAIN RWJBARNABAS HEALTH HOSPITAL ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 PARTNERED WITH ESSEX, HUDSON, MERCER, MIDDLESEX AND MONMOUTH COUNTIES AND THE STATE OF NEW JERSEY THROUGH A PROVIDER ASSESSMENT MECHANISM TO MAKE THE STATE OF NEW JERSEY MEDICAID PROGRAM HEALTHIER FOR ALL. THE PROGRAM INCREASES FINANCIAL RESOURCES PROVIDED TO CERTAIN HOSPITALS USING THE STATE OF NEW JERSEY'S MEDICAID PROGRAM AND CERTAIN FEDERAL MATCHING FUNDS IN ORDER TO BETTER SERVE THE NEEDS IN THE COMMUNITY. THE ADDITIONAL FUNDS RECEIVED BY CERTAIN RWJBARNABAS HEALTH HOSPITALS FROM THE PROGRAM DURING 2024 TOTALED APPROXIMATELY $373M AND ARE INCLUDED IN SCHEDULE H, PART I; LINE 7B; DIRECT OFFSETTING MEDICAID REVENUE. THE ASSOCIATED COUNTY OPTION EXPENSES ASSOCIATED WITH THE PROGRAM FOR CERTAIN RWJBARNABAS HEALTH HOSPITALS DURING 2024 TOTALED APPROXIMATELY $143M AND ARE INCLUDED IN SCHEDULE H, PART I; LINE 7B; MEDICAID TOTAL COMMUNITY BENEFIT EXPENSE. IN ADDITION, VARIOUS HOSPITAL ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 RECEIVED MEDICAID ADD-ON PAYMENTS AND QUALITY IMPROVEMENT PROGRAM -

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.

NEW JERSEY ("QIP-NJ") FUNDING TO SUPPORT CONTINUED POPULATION HEALTH IMPROVEMENT ACROSS NEW JERSEY. THE ADDITIONAL FUNDS RECEIVED FROM MEDICAID ADD-ON PAYMENTS AND QIP-NJ PROGRAM DURING 2024 TOTALED APPROXIMATELY $41M AND $72M; RESPECTIVELY, AND ARE INCLUDED IN SCHEDULE H, PART I; LINE 7B; DIRECT OFFSETTING MEDICAID REVENUE. IF THE HOSPITAL ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 DID NOT RECEIVE THESE ADDITIONAL FUNDS, THE NET COMMUNITY BENEFIT EXPENSE REPORTED ON SCHEDULE H, PART I; LINE 7K WOULD BE $1,012,822,054 AND THE NET COMMUNITY BENEFIT PERCENTAGE REPORTED ON SCHEDULE H, PART I; LINE K WOULD BE 13.82%.

SCHEDULE H, PART I, QUESTION 7G

THE ORGANIZATION HAS INCLUDED WITHIN SUBSIDIZED HEALTH SERVICES VARIOUS SERVICES BECAUSE IT MEETS AN IDENTIFIED COMMUNITY NEED. A SERVICE MEETS AN IDENTIFIED COMMUNITY NEED BECAUSE IT WAS IDENTIFIED IN ONE OF ITS MOST RECENT CHNA'S OR IDENTIFIED THROUGH OTHER MEANS AND THE ORGANIZATION REASONABLY FEELS THAT IF THE ORGANIZATION NO LONGER OFFERED THE SERVICE:

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.

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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.

(1) THE SERVICE WOULD BE UNAVAILABLE IN THE COMMUNITY; (2) THE

COMMUNITY'S CAPACITY TO PROVIDE THE SERVICE WOULD BE BELOW THE

COMMUNITY'S NEED; OR (3) THE SERVICE WOULD BECOME THE RESPONSIBILITY OF

GOVERNMENT OR ANOTHER TAX-EXEMPT ORGANIZATION. SUBSIDIZED HEALTH SERVICES

INCLUDE FUNDING TO SUPPORT CERTAIN PROFESSIONAL PHYSICIAN SERVICES AND

VARIOUS OTHER HOSPITAL AND HEALTHCARE SYSTEM PROGRAMS IN ACCORDANCE WITH

THE ABOVE CRITERIA. IN ADDITION, NO COSTS RELATING TO SUBSIDIZED

HEALTHCARE SERVICES ARE ATTRIBUTABLE TO ANY PHYSICIAN CLINICS.

SCHEDULE H, PART II

COMMUNITY BUILDING ACTIVITIES UNDERTAKEN BY THE FACILITY IMPROVE THE

MEDICAL AND SOCIOECONOMIC WELL-BEING OF THE COMMUNITIES IN OUR CARE. THIS

IS ACCOMPLISHED THROUGH A WIDE ARRAY OF ACTIVITIES AND SERVICES,

INCLUDING, BUT NOT LIMITED, TO:

- SERVICE ON STATE AND REGIONAL ADVOCACY COMMITTEES AND BOARDS,

- VOLUNTEERISM WITH LOCAL COMMUNITY-BASED NON-PROFIT ADVOCACY GROUPS,

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.

- PARTICIPATION IN CONFERENCES AND OTHER EDUCATIONAL ACTIVITIES TO

PROMOTE UNDERSTANDING OF THE CAUSES AND TREATMENT OF HEALTH CONCERNS,

- THE PROVISION OF EDUCATIONAL MATERIALS AND SPONSORING HEALTH EDUCATION

SEMINARS AND OUTREACH SESSIONS FOR ITS PATIENTS AND FOR COMMUNITY

PROVIDERS [PRESENTATIONS ARE OFTEN PROVIDED BY PHYSICIANS, NURSES AND

OTHER HEALTHCARE PROFESSIONALS],

- PARTICIPATION IN COMMUNITY HEALTH FAIRS,

- SERVING ON THE BOARDS OF MANY LOCAL NOT FOR-PROFIT ORGANIZATIONS AND

PROVIDE OTHER FORMS OF SUPPORT (FUNDRAISING, ACTIVITY PARTICIPATION), AND

- PROFESSIONAL EDUCATION.

PLEASE ALSO REFER TO FORM 990, SCHEDULE O, WHICH CONTAINS THE

ORGANIZATION'S COMMUNITY BENEFIT STATEMENT AND OUR RESPONSE TO SCHEDULE

H, PART VI, QUESTION 6 SUMMARY OF ALL ENTITIES WHICH COMPRISE RWJBARNABAS

HEALTH; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM.

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.

SCHEDULE H, PART III, SECTION A; QUESTION 1

HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT NO. 15 ("STATEMENT 15") PROVIDES GUIDELINES FOR DISTINGUISHING CHARITY CARE FROM BAD DEBT EXPENSE. STATEMENT 15 REQUIRES THAT CHARITY CARE IS NOT RECOGNIZED AS RECEIVABLE OR REVENUE IN THE FINANCIAL STATEMENTS. STATEMENT 15 FURTHER EXPLAINS THAT SELF-PAY PATIENTS THAT DO HAVE A REASONABLE LIKELIHOOD OF PAYMENT SHOULD BE REPORTED AS CHARITY CARE AND NOT BAD DEBT EXPENSE. THE HOSPITAL GENERALLY FOLLOWS THE GUIDELINES OUTLINED IN STATEMENT 15. IN ADDITION, THE HOSPITAL FOLLOWS THE STATE OF NEW JERSEY GUIDELINES IN DETERMINING CHARITY CARE ELIGIBILITY. IN CERTAIN INSTANCES, IT IS UNLIKELY THAT UNINSURED PATIENTS WILL PAY FOR THE SERVICES RENDERED, BUT THEY DO NOT QUALIFY FOR THE STATE'S CHARITY CARE PROGRAM BECAUSE OF LACK OF PATIENT COOPERATION OR OTHER REASONS. THE HOSPITAL PURSUES COLLECTION OF THESE AMOUNTS AND UNPAID BALANCES ARE REPORTED AS BAD DEBT EXPENSE. UNDER STATEMENT 15, THESE AMOUNTS WOULD BE RECORDED AS CHARITY CARE RATHER THAN BAD DEBT EXPENSE AND THIS IS THE RATIONALE FOR OUR RESPONSE: "NO".

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.

SCHEDULE H, PART III, SECTION A; QUESTIONS 2, 3 & 4

BAD DEBT EXPENSE WAS CALCULATED USING THE PROVIDERS' BAD DEBT EXPENSE

FROM ITS INTERNAL FINANCIAL STATEMENTS.

RWJBARNABAS HEALTH ("RWJBH") AND ITS AFFILIATES, INCLUDING ITS HOSPITALS

AND SUBSIDIARIES, PREPARE AND ISSUE AUDITED CONSOLIDATED FINANCIAL

STATEMENTS.

PLEASE REFER TO THE NET PATIENT SERVICE REVENUE SECTION WITHIN FOOTNOTE 2

(PAGES 8 THROUGH 10) OF THE SYSTEM'S CONSOLIDATED AUDITED FINANCIAL

STATEMENTS FOR ADDITIONAL INFORMATION ON THIS TOPIC AND THE REPORTING OF

THE SYSTEM'S REVENUE RECOGNITION.

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.

SCHEDULE H, PART III, SECTION B; QUESTION 8

MEDICARE COSTS WERE DERIVED FROM THE 2024 MEDICARE COST REPORT.

MEDICARE UNDERPAYMENTS AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I.

THE ORGANIZATION FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. AS OUTLINED MORE FULLY BELOW THE ORGANIZATION BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE HEALTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES AND MISSION IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUAL'S IN A NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY AND CONSISTENT WITH THE COMMUNITY BENEFIT STANDARD PROMULGATED BY THE IRS. THE COMMUNITY BENEFIT STANDARD IS THE CURRENT STANDARD FOR A HOSPITAL FOR RECOGNITION AS 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.

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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.

TAX-EXEMPT AND CHARITABLE ORGANIZATION UNDER INTERNAL REVENUE CODE

("IRC") §501(C)(3).

THE ORGANIZATION IS RECOGNIZED AS A TAX-EXEMPT ENTITY AND CHARITABLE

ORGANIZATION UNDER §501(C)(3) OF THE IRC. ALTHOUGH THERE IS NO DEFINITION

IN THE TAX CODE FOR THE TERM "CHARITABLE" A REGULATION PROMULGATED BY THE

DEPARTMENT OF THE TREASURY PROVIDES SOME GUIDANCE AND STATES THAT "[T]HE

TERM CHARITABLE IS USED IN §501(C)(3) IN ITS GENERALLY ACCEPTED LEGAL

SENSE," AND PROVIDES EXAMPLES OF CHARITABLE PURPOSES, INCLUDING THE

RELIEF OF THE POOR OR UNPRIVILEGED; THE PROMOTION OF SOCIAL WELFARE; AND

THE ADVANCEMENT OF EDUCATION, RELIGION, AND SCIENCE. NOTE IT DOES NOT

EXPLICITLY ADDRESS THE ACTIVITIES OF HOSPITALS. IN THE ABSENCE OF

EXPLICIT STATUTORY OR REGULATORY REQUIREMENTS APPLYING THE TERM

"CHARITABLE" TO HOSPITALS, IT HAS BEEN LEFT TO THE IRS TO DETERMINE THE

CRITERIA HOSPITALS MUST MEET TO QUALIFY AS IRC §501(C)(3) CHARITABLE

ORGANIZATIONS. THE ORIGINAL STANDARD WAS KNOWN AS THE CHARITY CARE

STANDARD. THIS STANDARD WAS REPLACED BY THE IRS WITH THE COMMUNITY

BENEFIT STANDARD WHICH IS THE CURRENT STANDARD.

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.

CHARITY CARE STANDARD

IN 1956, THE IRS ISSUED REVENUE RULING 56-185, WHICH ADDRESSED THE REQUIREMENTS HOSPITALS NEEDED TO MEET IN ORDER TO QUALIFY FOR IRC §501(C)(3) STATUS. ONE OF THESE REQUIREMENTS IS KNOWN AS THE "CHARITY CARE STANDARD." UNDER THE STANDARD, A HOSPITAL HAD TO PROVIDE, TO THE EXTENT OF ITS FINANCIAL ABILITY, FREE OR REDUCED-COST CARE TO PATIENTS UNABLE TO PAY FOR IT. A HOSPITAL THAT EXPECTED FULL PAYMENT DID NOT, ACCORDING TO THE RULING, PROVIDE CHARITY CARE BASED ON THE FACT THAT SOME PATIENTS ULTIMATELY FAILED TO PAY. THE RULING EMPHASIZED THAT A LOW LEVEL OF CHARITY CARE DID NOT NECESSARILY MEAN THAT A HOSPITAL HAD FAILED TO MEET THE REQUIREMENT SINCE THAT LEVEL COULD REFLECT ITS FINANCIAL ABILITY TO PROVIDE SUCH CARE. THE RULING ALSO NOTED THAT PUBLICLY SUPPORTED COMMUNITY HOSPITALS WOULD NORMALLY QUALIFY AS CHARITABLE ORGANIZATIONS BECAUSE THEY SERVE THE ENTIRE COMMUNITY, AND A LOW LEVEL OF CHARITY CARE WOULD NOT AFFECT A HOSPITAL'S EXEMPT STATUS IF IT WAS DUE TO THE SURROUNDING COMMUNITY'S LACK OF CHARITABLE DEMANDS.

Part VI Supplemental Information

Provide the following 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.

COMMUNITY BENEFIT STANDARD

IN 1969, THE IRS ISSUED REVENUE RULING 69-545, WHICH "REMOVE[D]" FROM REVENUE RULING 56-185 "THE REQUIREMENTS RELATING TO CARING FOR PATIENTS WITHOUT CHARGE OR AT RATES BELOW COST." UNDER THE STANDARD DEVELOPED IN REVENUE RULING 69-545, WHICH IS KNOWN AS THE "COMMUNITY BENEFIT STANDARD," HOSPITALS ARE JUDGED ON WHETHER THEY PROMOTE THE HEALTH OF A BROAD CLASS OF INDIVIDUALS IN THE COMMUNITY.

THE RULING INVOLVED A HOSPITAL THAT ONLY ADMITTED INDIVIDUALS WHO COULD PAY FOR THE SERVICES (BY THEMSELVES, PRIVATE INSURANCE, OR PUBLIC PROGRAMS SUCH AS MEDICARE), BUT OPERATED A FULL-TIME EMERGENCY ROOM THAT WAS OPEN TO EVERYONE. THE IRS RULED THAT THE HOSPITAL QUALIFIED AS A CHARITABLE ORGANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUNITY. THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A CHARITABLE PURPOSE ACCORDING TO THE GENERAL LAW OF CHARITY, IT FELL WITHIN THE "GENERALLY ACCEPTED LEGAL SENSE" OF THE TERM "CHARITABLE," AS

Part VI Supplemental Information

Provide the following 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.

REQUIRED BY TREAS. REG. §1.501(C)(3)-1(D)(2). THE IRS RULING STATED THAT THE PROMOTION OF HEALTH, LIKE THE RELIEF OF POVERTY AND THE ADVANCEMENT OF EDUCATION AND RELIGION, IS ONE OF THE PURPOSES IN THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE EVEN THOUGH THE CLASS OF BENEFICIARIES ELIGIBLE TO RECEIVE A DIRECT BENEFIT FROM ITS ACTIVITIES DOES NOT INCLUDE ALL MEMBERS OF THE COMMUNITY, SUCH AS INDIGENT MEMBERS OF THE COMMUNITY, PROVIDED THAT THE CLASS IS NOT SO SMALL THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUNITY.

THE IRS CONCLUDED THAT THE HOSPITAL WAS "PROMOTING THE HEALTH OF A CLASS OF PERSONS THAT IS BROAD ENOUGH TO BENEFIT THE COMMUNITY" BECAUSE ITS EMERGENCY ROOM WAS OPEN TO ALL AND IT PROVIDED CARE TO EVERYONE WHO COULD PAY, WHETHER DIRECTLY OR THROUGH THIRD-PARTY REIMBURSEMENT. OTHER CHARACTERISTICS OF THE HOSPITAL THAT THE IRS HIGHLIGHTED INCLUDED THE FOLLOWING: ITS SURPLUS FUNDS WERE USED TO IMPROVE PATIENT CARE, EXPAND HOSPITAL FACILITIES, AND ADVANCE MEDICAL TRAINING, EDUCATION, AND RESEARCH; IT WAS CONTROLLED BY A BOARD OF TRUSTEES THAT CONSISTED OF INDEPENDENT CIVIC LEADERS; AND HOSPITAL MEDICAL STAFF PRIVILEGES WERE

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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.

AVAILABLE TO ALL QUALIFIED PHYSICIANS.

MEDICARE UNDERPAYMENTS AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED

COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I.

THE AMERICAN HOSPITAL ASSOCIATION ("AHA") FEELS THAT MEDICARE

UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND THUS

INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. THIS ORGANIZATION AGREES

WITH THE AHA POSITION. AS OUTLINED IN THE AHA LETTER TO THE IRS DATED

AUGUST 21, 2007 WITH RESPECT TO THE FIRST PUBLISHED DRAFT OF THE NEW FORM

990 AND SCHEDULE H, THE AHA FELT THAT THE IRS SHOULD INCORPORATE THE FULL

VALUE OF THE COMMUNITY BENEFIT THAT HOSPITALS PROVIDE BY COUNTING

MEDICARE UNDERPAYMENTS (SHORTFALL) AS QUANTIFIABLE COMMUNITY BENEFIT FOR

THE FOLLOWING REASONS:

- PROVIDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN

ESSENTIAL PART OF THE COMMUNITY BENEFIT STANDARD.

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.

- MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE. RECENTLY,

MEDICARE REIMBURSES HOSPITALS ONLY 92 CENTS FOR EVERY DOLLAR THEY SPEND

TO TAKE CARE OF MEDICARE PATIENTS. THE MEDICARE PAYMENT ADVISORY

COMMISSION ("MEDPAC") IN ITS MARCH 2007 REPORT TO CONGRESS CAUTIONED THAT

UNDERPAYMENT WILL GET EVEN WORSE, WITH MARGINS REACHING A 10-YEAR LOW AT

NEGATIVE 5.4 PERCENT.

- MANY MEDICARE BENEFICIARIES, LIKE THEIR MEDICAID COUNTERPARTS, ARE

POOR. MORE THAN 46 PERCENT OF MEDICARE SPENDING IS FOR BENEFICIARIES

WHOSE INCOME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL. MANY OF

THOSE MEDICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID -- SO CALLED

"DUAL ELIGIBLES."

THERE IS EVERY COMPELLING PUBLIC POLICY REASON TO TREAT MEDICARE AND

MEDICAID UNDERPAYMENTS SIMILARLY FOR PURPOSES OF A HOSPITAL'S COMMUNITY

BENEFIT AND INCLUDE THESE COSTS ON FORM 990, SCHEDULE H, PART I. MEDICARE

UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPITAL IN ORDER TO CONTINUE

TREATING THE COMMUNITY'S ELDERLY AND POOR. THESE UNDERPAYMENTS REPRESENT

Part VI Supplemental Information

Provide the following 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.

A REAL COST OF SERVING THE COMMUNITY AND SHOULD COUNT AS A QUANTIFIABLE

COMMUNITY BENEFIT.

BOTH THE AHA AND THIS ORGANIZATION ALSO FEEL THAT PATIENT BAD DEBT IS A

COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART

I. LIKE MEDICARE UNDERPAYMENT (SHORTFALLS), THERE ALSO ARE COMPELLING

REASONS THAT PATIENT BAD DEBT SHOULD BE COUNTED AS QUANTIFIABLE COMMUNITY

BENEFIT AS FOLLOWS:

- A SIGNIFICANT MAJORITY OF BAD DEBT IS ATTRIBUTABLE TO LOW-INCOME

PATIENTS, WHO, FOR MANY REASONS, DECLINE TO COMPLETE THE FORMS REQUIRED

TO ESTABLISH ELIGIBILITY FOR HOSPITALS' CHARITY CARE OR FINANCIAL

ASSISTANCE PROGRAMS. A 2006 CONGRESSIONAL BUDGET OFFICE ("CBO") REPORT,

NONPROFIT HOSPITALS AND THE PROVISION OF COMMUNITY BENEFITS, CITED TWO

STUDIES INDICATING THAT "THE GREAT MAJORITY OF BAD DEBT WAS ATTRIBUTABLE

TO PATIENTS WITH INCOMES BELOW 200% OF THE FEDERAL POVERTY LINE."

- THE REPORT ALSO NOTED THAT A SUBSTANTIAL PORTION OF BAD DEBT IS

Part VI Supplemental Information

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1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

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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PENDING CHARITY CARE. UNLIKE BAD DEBT IN OTHER INDUSTRIES, HOSPITAL BAD DEBT IS COMPLICATED BY THE FACT THAT HOSPITALS FOLLOW THEIR MISSION TO THE COMMUNITY AND TREAT EVERY PATIENT THAT COMES THROUGH THEIR EMERGENCY DEPARTMENT, REGARDLESS OF ABILITY TO PAY. PATIENTS WHO HAVE OUTSTANDING BILLS ARE NOT TURNED AWAY, UNLIKE OTHER INDUSTRIES. BAD DEBT IS FURTHER COMPLICATED BY THE AUDITING INDUSTRY'S STANDARDS ON REPORTING CHARITY CARE. MANY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSARY, EXTENSIVE DOCUMENTATION REQUIRED TO BE DEEMED CHARITY CARE BY AUDITORS. AS A RESULT, ROUGHLY 40% OF BAD DEBT IS PENDING CHARITY CARE.

- THE CBO CONCLUDED THAT ITS FINDINGS "SUPPORT THE VALIDITY OF THE USE OF UNCOMPENSATED CARE [BAD DEBT AND CHARITY CARE] AS A MEASURE OF COMMUNITY BENEFITS" ASSUMING THE FINDINGS ARE GENERALIZABLE NATIONWIDE; THE EXPERIENCE OF HOSPITALS AROUND THE NATION REINFORCES THAT THEY ARE GENERALIZABLE.

AS OUTLINED BY THE AHA, DESPITE THE HOSPITALS' BEST EFFORTS AND DUE DILIGENCE, PATIENT BAD DEBT IS A PART OF THE HOSPITAL'S MISSION AND

Part VI Supplemental Information

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CHARITABLE PURPOSES. BAD DEBT REPRESENTS PART OF THE BURDEN HOSPITALS

SHOULDER IN SERVING ALL PATIENTS REGARDLESS OF RACE, COLOR, CREED, SEX,

NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. IN ADDITION, THE HOSPITAL

INVESTS SIGNIFICANT RESOURCES IN SYSTEMS AND STAFF TRAINING TO ASSIST

PATIENTS THAT ARE IN NEED OF FINANCIAL ASSISTANCE.

SCHEDULE H, PART III, SECTION B; QUESTION 9B

PSE&G CSH FACILITY REPORTING GROUP A

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ACCOUNTS CONSIDERED TO BE CHARITY CARE ARE NOT INCLUDED IN THE BAD DEBT

EXPENSE, BUT RATHER, ACCOUNTED FOR AS AN ALLOWANCE AGAINST REVENUE.

IT IS THE POLICY OF CHILDREN'S SPECIALIZED HOSPITAL TO TREAT ALL PATIENTS

EQUALLY REGARDLESS OF INSURANCE AND THEIR ABILITY TO PAY. CHILDREN'S

SPECIALIZED HOSPITAL WILL EXHAUST ALL OPPORTUNITIES FOR INSURANCE

PAYMENTS BEFORE BILLING ANY PATIENT ("GUARANTOR") FOR SERVICES PROVIDED

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.

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BY THE HOSPITAL. THE EXCEPTIONS TO THAT POLICY ARE PATIENT RESPONSIBILITY AMOUNTS THAT ARE KNOWN AT THE TIME OF SERVICE. PAYMENTS FOR THOSE AMOUNTS ARE EXPECTED TO BE PAID BY THE PATIENT AT THE TIME OF SERVICE ASSUMING THERE IS NO SECONDARY INSURANCE COVERAGE. IN THE EVENT A PATIENT RESPONSIBILITY IS IDENTIFIED BY THE PATIENT'S INSURANCE CARRIER AFTER THE SERVICES ARE PROVIDED, THE PATIENT WILL BE BILLED THE AMOUNT IDENTIFIED AS THE PATIENT'S RESPONSIBILITY BY THE CARRIER. AGAIN, IN SITUATIONS WHERE SECONDARY OR TERTIARY COVERAGE EXISTS THOSE AMOUNTS WILL BE BILLED PRIOR TO THE GUARANTOR.

ALL IDENTIFIED INSURANCE CARRIERS WILL BE BILLED (ELECTRONICALLY IF POSSIBLE) AND PAYMENTS PURSUED FROM THOSE CARRIERS. FINANCIAL ASSISTANCE WILL BE OFFERED TO PATIENTS CONSISTENT WITH THE FINANCIAL ASSISTANCE POLICY. PATIENT'S ACCOUNTS WILL BE UPDATED TO REFLECT FINANCIAL ASSISTANCE ELIGIBILITY.

PATIENTS WILL NOT BE BILLED ANY BALANCES UNTIL THE POINT AT WHICH ALL INSURANCE OPPORTUNITIES HAVE BEEN EXHAUSTED. THE AMOUNT BILLED TO THE

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PATIENT (GUARANTOR) SHOULD BE CONSISTENT WITH THE INSURANCE EXPLANATION

OF BENEFITS "PATIENT RESPONSIBILITY" AND BE NET OF ANY FINANCIAL

ASSISTANCE AWARDED.

BILLING STATEMENTS WILL BE SENT OUT EVERY 21 DAYS FOR NO LESS THAN 120

DAYS FROM THE FIRST SUCH STATEMENT. BILLS THAT REMAIN UNPAID AFTER 120

DAYS WILL BE REFERRED TO A COLLECTION AGENCY. NORMAL COLLECTIONS EFFORTS

WILL BE PURSUED BUT FURTHER COLLECTION ACTIONS WILL BE SUBJECT TO

APPROVAL BY THE DIRECTOR OF PATIENT ACCOUNTS ON A CASE BY CASE BASIS.

ANY PATIENT OVERPAYMENTS RECOGNIZED BY THE HOSPITAL RESULTANT FROM

RETROSPECTIVE FINANCIAL ASSISTANCE ELIGIBILITY WILL BE REFUNDED AS SOON

AS REASONABLY POSSIBLE.

RWJBH - FACILITY REPORTING GROUP B

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ACCOUNTS CONSIDERED TO BE CHARITY CARE ARE NOT INCLUDED IN THE BAD DEBT

Part VI Supplemental Information

Provide the following 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.

EXPENSE, BUT RATHER, ACCOUNTED FOR AS AN ALLOWANCE.

IT IS THE POLICY OF THE RWJBARNABAS HEALTH ("RWJBH") BUSINESS OFFICE, AND ALL ITS HOSPITAL AFFILIATES, TO TREAT ALL PATIENTS EQUALLY REGARDLESS OF INSURANCE AND THEIR ABILITY TO PAY. FOR ACCOUNTS DETERMINED TO BE "SELF-PAY" AND/OR ACCOUNTS WITH BALANCE AFTER PRIMARY INSURANCE PAYMENTS, THE COLLECTION POLICY REQUIRES: SENDING THREE STATEMENTS, A MINIMUM OF ONE PRE-COLLECTION LETTER/TELEPHONE CONTACT FOR ANY ACCOUNT OVER $5,000.00 OR AT THE DISCRETION OF THE ACCOUNT REPRESENTATIVE AND/OR SUPERVISOR.

THE FACILITY ALSO HAS A CHARITY CARE ACCESS POLICY TO ASSURE PATIENTS ARE PROVIDED WITH CHARITY CARE ASSISTANCE DETERMINED BY STATE AND FEDERAL REGULATIONS. IT IS THE POLICY TO INFORM ALL PATIENTS DEEMED SELF-PAY OF THE APPROPRIATE ASSISTANCE PROGRAMS AVAILABLE. PATIENTS APPLYING FOR CHARITY CARE ASSISTANCE WILL BE FINANCIALLY SCREENED BY A RESOURCE ADVISOR TO DETERMINE ELIGIBILITY ACCORDING TO STATE AND FEDERAL GUIDELINES AND WILL BE INFORMED OF DOCUMENTATION NEED TO COMPLETE A

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CHARITY CARE APPLICATION. PATIENTS NOT ELIGIBLE FOR CHARITY CARE WILL BE

FINANCIALLY COUNSELED FOR ALL OTHER OPTIONS. QUALIFIED PATIENTS WILL BE

REFERRED TO ALL APPROPRIATE AGENCIES OR PROGRAMS TO MEET OTHER FINANCIAL

NEEDS.

AT THE TIME OF THE PATIENT VISIT AND PART OF THE REGISTRATION PROCESS AT

THE FACILITY, THE FOLLOWING OPTIONS ARE MADE AVAILABLE TO PATIENTS:

- FINANCIAL COUNSELING FOR POSSIBLE ELIGIBILITY FOR MEDICAL ASSISTANCE

INCLUDING MEDICAID AND SSI;

- FINANCIAL COUNSELING FOR POSSIBLE ELIGIBILITY FOR THE NEW JERSEY

HOSPITAL CARE PAYMENT ASSISTANCE PROGRAM; AND,

- FINANCIAL ARRANGEMENTS INCLUDING:

1. CASH/CREDIT CARD (AMERICAN EXPRESS, DISCOVER, VISA, MASTERCARD); OR

2. FLEXIBLE PAYMENT PLANS.

IN ADDITION TO THE ABOVE OPTIONS, THE FACILITY HAS ESTABLISHED A SELF-PAY

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ASSISTANCE PROGRAM FOR OUR UNINSURED PATIENTS THAT DO NOT QUALIFY FOR MEDICAID OR THE NEW JERSEY HOSPITAL CARE PAYMENT ASSISTANCE PROGRAM. THE SELF-PAY ASSISTANCE PROGRAM RATES ARE REFLECTIVE OF MEDICARE REIMBURSEMENT, AS REQUIRED BY THE STATE OF NEW JERSEY.

SCHEDULE H, PART VI; QUESTION 2

RWJBARNABAS HEALTH, ALONG WITH ITS HOSPITAL AFFILIATES (THE SYSTEM), CONDUCTS A REVIEW OF KEY MARKET FACTORS ANNUALLY INCLUDING: A REVIEW OF ITS COMMUNITIES' HEALTH CARE UTILIZATION IN PRIMARY GEOGRAPHICAL SERVICE AREAS BY GROUPING OF CARE TYPE (E.G. CARDIOLOGY, OBSTETRICS, GYNECOLOGY, UROLOGY, ETC.) IN ORDER TO DETERMINE INCREASED OR DECREASED HEALTH NEEDS; ESTIMATES FOR INPATIENT AND OUTPATIENT SERVICES BASED UPON POPULATION AND USE PATTERN CHANGES; ASSESSMENT OF LOCAL DEMOGRAPHIC AND SOCIOECONOMIC INFORMATION; COMMUNITY HEALTH STATUS AND OUTCOME DATA AND, A REVIEW OF HEALTH STATUS/NEEDS ASSESSMENTS AND STUDIES CONDUCTED BY EXTERNAL PARTIES -- HEALTH RESEARCH AND EDUCATION TRUST OF NEW JERSEY, UNITED FOR ALICE, KIDS COUNT, COUNTY HEALTH RANKINGS, NEW JERSEY STATE HEALTH ASSESSMENT

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DATA, SEER CANCER INCIDENCE AND MORTALITY, TO NAME JUST A FEW SOURCES OF SECONDARY DATA.

RWJBH ALSO REVIEWS AN EXTENSIVE COMMUNITY PHYSICIAN NEED STUDIES (BY PRIMARY CARE AND PHYSICIAN SPECIALTY) FOR THE HOSPITALS' GEOGRAPHIC SERVICE AREAS AND REGIONS. THE STUDY USES GENERALLY ACCEPTED PHYSICIAN TO POPULATION RATIOS ADJUSTED FOR LOCAL COMMUNITY POPULATION TO IDENTIFY GAPS IN COVERAGE. THESE STUDIES INFORM MEDICAL STAFF DEVELOPMENT AND RECRUITMENT NEEDS AT THE HOSPITALS TO ASSURE RESPONSIVENESS TO THE SPECIFIC IDENTIFIED NEEDS OF THE COMMUNITY AND TO ENSURE ACCESS TO PHYSICIAN PROVIDER SERVICES.

IN 2024, THE SYSTEM CONDUCTED AN EXTENSIVE RESIDENT SURVEY TO HELP UNDERSTAND THE CONCERNS OF OUR COMMUNITIES AND TO LEARN THE COMMUNITIES' PERSPECTIVE OF ITS GENERAL COMMUNITY HEALTH NEEDS. THE COMMUNITY HEALTH SURVEY TOOL WAS DEVELOPED WITH THE INPUT OF A BROAD RANGE OF PARTNERS AND WAS PILOTED AND VALIDATED WITH COMMUNITY RESIDENTS. ADMINISTERED OVER FOUR MONTHS FROM APRIL TO JULY, THERE WERE OVER 16,000 SURVEY

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PARTICIPANTS. THIS SURVEY PROVIDED A FOUNDATIONAL DATA SOURCE FOR THE

COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNA).

THE SURVEY FOCUSED ON THE SOCIAL DETERMINANTS OF HEALTH AND HEALTH ISSUES

THAT IMPACT THE COMMUNITY: COMMUNITY PRIORITIES, ASSETS AND CHALLENGES,

HEALTH STATUS AND CONCERNS, HEALTHCARE ACCESS AND BARRIERS, AND MENTAL

HEALTH AND SUBSTANCE USE. THE SURVEY WAS ADMINISTERED ONLINE AND IN

PERSON. IT WAS AVAILABLE IN EIGHT LANGUAGES (ENGLISH, SPANISH,

PORTUGUESE, ARABIC, SIMPLIFIED CHINESE, HAITIAN CREOLE, HINDI, AND

YIDDISH). A SHORTER VERSION OF THE SURVEY WAS AVAILABLE TO FACILITATE

OUTREACH TO LOW-LITERACY, HARD-TO REACH GROUPS. THESE STRATEGIES WERE

SPECIFICALLY TAILORED TO REACH MEDICALLY UNDERSERVED GROUPS, INCLUDING

LOW-INCOME AND UNINSURED OR UNDERINSURED COMMUNITY MEMBERS, AMONG OTHERS.

EXTENSIVE COMMUNITY OUTREACH WAS CONDUCTED WITH ASSISTANCE FROM SYSTEM

STAFF, HOSPITAL STAFF AND COMMUNITY PARTNERS. A LINK TO THE ONLINE SURVEY

WAS DISPLAYED ON PARTNERS' WEB PAGES AND SOCIAL MEDIA SITES. RECRUITMENT

AND MARKETING MATERIALS, INCLUDING FLYERS AND POSTCARDS WITH QR CODES

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THAT LINKED TO THE SURVEY, WERE DISTRIBUTED ONLINE AND AT COMMUNITY-WIDE EVENTS. A LANDING SITE WAS DEVELOPED WHERE PARTNERS COULD DOWNLOAD THE SURVEY AND THE RECRUITMENT MATERIALS IN EIGHT LANGUAGES. A DASHBOARD WAS CREATED FOR PARTNERS TO VIEW PROGRESS TOWARD GOALS IN REAL-TIME. PARTNERS DISSEMINATED THE SURVEY LINK AND THE HARDCOPY VERSION AT IN-PERSON EVENTS AND FACILITIES, SUCH AS THE LIBRARY AND HEALTH FAIRS.

THE HOSPITALS HAVE UNDERTAKEN SCREENING FOR SELECT SOCIAL DETERMINANTS OF HEALTH AND ENGAGING AT MANY COMMUNITY SITES STAFFED BY REGISTERED DIETITIANS, COMMUNITY HEALTH WORKERS AND SNAP NAVIGATORS WHO HELP TO ADDRESS ISSUES BEYOND THE CLINICAL PARADIGM. FEEDBACK ON ISSUES AND COMMUNITY VOICES IS PROVIDED FOR POTENTIAL ACTION. ADDITIONALLY, EACH OF THE HOSPITAL FACILITIES ROUTINELY REVIEW THEIR PATIENT SATISFACTION SURVEYS AND COMMENTS TO UNDERSTAND PATIENT AND FAMILY CONCERNS.

THE HOSPITALS HAVE ESTABLISHED PATIENT ADVISORY COUNCILS TO REVIEW ISSUES AND NEEDS. FURTHER, THE HOSPITALS ORDINARILY PARTICIPATE AND WORK WITH MANY LOCAL ORGANIZATIONS ON HEALTH ISSUES AND SERVICES INCLUDING:

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DISCUSSING AND PRIORITIZING NEEDS, COORDINATING SERVICES, PROVIDING EDUCATION AND SPECIALTY KNOWLEDGE, SUPPORTING LOCAL HEALTH PROMOTIONS AND SCREENINGS, AMONGST A PLETHORA OF OTHER COLLABORATIVE ACTIVITIES. THESE COMMUNITY TOUCH POINTS PROVIDE THE HOSPITALS WITH VALUABLE EXTERNAL INSIGHTS REGARDING LOCAL AND REGIONAL COMMUNITY HEALTH NEEDS.

THE ABOVE DATA, STUDIES, ASSESSMENTS, SURVEY RESULTS AND COMMUNITY VOICES ARE CONDUCTED INDEPENDENTLY AND INCORPORATED TO INFORM AND SUPPORT A ROBUST AND COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS. THE SYSTEM AND ITS HOSPITALS REMAIN ENGAGED WITH THE CONTINUED WORK ALONG WITH SOCIAL, HEALTH, GOVERNMENT, BUSINESS AND ACADEMIC PARTNERS TO IMPROVE THE HEALTH STATUS OF ITS COMMUNITIES AND TO REDUCE DISPARITIES IN HEALTH OUTCOMES. THE MULTIPLE ASSESSMENTS THAT HAVE BEEN CONDUCTED CAN BE FOUND AT

HTTPS://WWW.RWJBH.ORG/WHY-RWJBARNABAS-HEALTH-/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/

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SCHEDULE H, PART VI; QUESTION 3

PSE&G CSH FACILITY REPORTING GROUP A

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THE ORGANIZATION INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE BY PUBLICIZING VARIOUS DOCUMENTS. THESE DOCUMENTS ARE WIDELY PUBLICIZED IN THE FOLLOWING WAYS:

- THE CHILDREN'S SPECIALIZED HOSPITAL BENEFIT FUND POLICY AND APPLICATION ARE AVAILABLE ON-LINE AT THE FOLLOWING WEBSITE:

HTTPS://WWW.RWJBH.ORG/CHILDRENS-SPECIALIZED-HOSPITAL/PATIENTS-VISITORS/BILLING-FINANCIAL-AND-INSURANCE-INFORMATION/HOSPITAL-BENEFIT-FUND-AND-APPLICATION/

- PAPER COPIES OF THE CHILDREN'S SPECIALIZED HOSPITAL BENEFIT FUND POLICY

Part VI Supplemental Information

Provide the following information.

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4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

AND APPLICATION ARE AVAILABLE UPON REQUEST WITHOUT CHARGE BY MAIL AND ARE

AVAILABLE AT THE PATIENT ACCESS SERVICES DEPARTMENT WITHIN THE HOSPITAL;

AND

- SIGNS OR DISPLAYS INFORMING PATIENTS ABOUT THE AVAILABILITY OF

FINANCIAL ASSISTANCE ARE CONSPICUOUSLY POSTED IN PUBLIC LOCATIONS OF THE

HOSPITAL.

RWJBH - FACILITY REPORTING GROUP B

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CHARITY CARE SIGNAGE IS POSTED IN ALL PATIENT REGISTRATION AREAS IN

ENGLISH AND SPANISH. CHARITY CARE NOTICE OF FINANCIAL ASSISTANCE IS

PROVIDED TO PATIENTS WITH THEIR GENERAL CONSENT.

PATIENTS ARE REFERRED TO A FINANCIAL COUNSELOR IF THEY REQUIRE

ASSISTANCE. LETTERS ARE MAILED TO SELF-PAY PATIENTS ADVISING THEM OF

FINANCIAL ASSISTANCE PROGRAMS.

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SCHEDULE H, PART VI; QUESTION 4

RWJBARNABAS HEALTH AND ITS FACILITIES ARE LOCATED WITHIN THE STATE OF NEW JERSEY - RECOGNIZED AS THE MOST DENSELY POPULATED AND DIVERSE STATE IN THE NATION. WITHIN THE STATE, THE RWJBH SERVICE AREA IS COMPRISED OF MORE THAN FIVE (5) MILLION PEOPLE, WHICH IS GREATER THAN THE ENTIRE POPULATION OF MORE THAN TWENTY-SEVEN STATES, AND APPROXIMATES THE STATE OF ALABAMA.

NEW JERSEY WAS NAMED FOR THE ISLAND OF JERSEY IN THE ENGLISH CHANNEL BUT IS ALSO CALLED THE "GARDEN STATE". TODAY, A PERSON MAY DRIVE THROUGH THE NORTHEASTERN AND CENTRAL PARTS OF THE STATE AND SEE INCREASED INDUSTRIALIZATION, HOWEVER, MANY FARMS STILL PRODUCE FRESH FRUIT AND VEGETABLES THROUGHOUT THE STATE. IT IS BORDERED BY NEW YORK STATE TO THE NORTH, THE ATLANTIC OCEAN TO THE EAST, DELAWARE TO THE SOUTH, AND PENNSYLVANIA TO THE WEST. IT IS THE FOURTH (4TH) SMALLEST STATE IN TERMS OF LAND AREA, ABOUT 150 MILES LONG AND 70 MILES WIDE, COMPRISING 8,722 SQUARE MILES. IN THE NORTHWEST CORNER OF THE STATE ARE THE APPALACHIAN RIDGE AND VALLEY REGION. THE DELAWARE RIVER IS THE LARGEST RIVER IN THE

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STATE AND DEFINES THE STATE'S SOUTHERN AND WESTERN BORDERS.

WHILE PROVIDING SERVICES TO PATIENTS FROM ALL TWENTY-ONE (21) COUNTIES IN NEW JERSEY, THE RWJBH SERVICE AREA IS CONCENTRATED IN EIGHT CORE COUNTIES: ESSEX, HUDSON, MERCER, MIDDLESEX, MONMOUTH, OCEAN, SOMERSET, AND UNION COUNTIES IN NORTHERN AND CENTRAL NEW JERSEY. THESE EIGHT COUNTIES ACCOUNT FOR MORE THAN 54% OF THE 2023 ESTIMATED POPULATION IN NEW JERSEY (US CENSUS BUREAU). THE COMMUNITIES SERVED BY RWJBH HOSPITALS ARE DIVERSE WITH DESCRIPTIONS FOR EACH HOSPITAL IN THE FOLLOWING PARAGRAPHS.

PSE&G CSH FACILITY REPORTING GROUP A

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CSH DRAWS PATIENTS ACROSS THE REGION AND OPERATES AT 11 DIFFERENT LOCATIONS IN NINE (9) COUNTIES IN NEW JERSEY. ITS INPATIENT HOSPITAL FOR COMPREHENSIVE REHABILITATION SERVICES IS LOCATED IN NEW BRUNSWICK, NJ. TWO (2) LONG TERM CARE FACILITIES OPERATE IN THE STATE, ONE (1) IN OCEAN

Part VI Supplemental Information

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COUNTY AND ONE IN UNION COUNTY.

THE REHABILITATION HOSPITAL IS LOCATED IN NEW BRUNSWICK, THE POPULATION CENTER OF MIDDLESEX COUNTY. ACCORDING TO CENSUS BUREAU ESTIMATES, MIDDLESEX COUNTY IS THE SECOND LARGEST COUNTY IN NEW JERSEY AND IS ESTIMATED TO HAVE HAD THE SIXTH LARGEST GROWTH IN RESIDENTS FROM 2010 TO 2020. NEW BRUNSWICK IS THE LARGEST CITY IN THE COUNTY AND THE 33RD LARGEST MCD/PLACE IN THE STATE, AND IS ESTIMATED TO HAVE INCREASED 4% FROM 2022 TO 2024. NEW BRUNSWICK'S EXTENSIVE HISTORY DATES BACK TO PRE-REVOLUTIONARY TIMES AND IT IS THE HOME OF RUTGERS UNIVERSITY, THE STATE UNIVERSITY OF NEW JERSEY. THE 5-BLOCK DOWNTOWN AREA CONTAINS NEARLY 50 RESTAURANTS AND THREE DISTINCT THEATERS - THE AFRICAN AMERICAN-FOCUSED CROSSROADS THEATRE, GEORGE STREET PLAYHOUSE AND THE STATE THEATER OF NEW JERSEY FOR CONCERTS AND SPECIAL EVENTS - AS WELL AS THE AMERICAN REPERTORY BALLET, THAT ALSO PERFORM AT VARIOUS VENUES THROUGHOUT THE STATE.

DESPITE THE VIBRANCY OF PRE-COVID CITY CULTURE, MANY CHALLENGES EXIST FOR

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RESIDENTS RESIDING IN NEW BRUNSWICK. THERE ARE 12 DESIGNATED

COMPREHENSIVE HEALTH CENTERS IN MIDDLESEX COUNTY AND A NUMBER OF CENSUS

TRACTS WITH MUA/MUP DESIGNATION. THE GROWING POPULATION IS COMPRISED OF

NEARLY 75% MINORITY AND 36.5% OF RESIDENTS ARE FOREIGN BORN.

APPROXIMATELY 56.5% OF RESIDENTS AGED FIVE AND OLDER SPEAK A LANGUAGE

OTHER THAN ENGLISH AT HOME. OVER 31% OF PERSONS ARE ESTIMATED TO BE IN

POVERTY AND 22.7% OF PERSONS UNDER AGE 65 ARE WITHOUT HEALTH INSURANCE.

OCEAN COUNTY IS HOME TO ONE-THIRD OF THE JERSEY SHORE, BORDERING THE

ATLANTIC OCEAN IN THE SOUTHERN PART OF NEW JERSEY, A PRIME DESTINATION

FOR LARGE BEACH POPULATIONS, FISHERMAN AND BOATERS, WHICH PLACES

ADDITIONAL SEASONAL DEMANDS ON THE HOSPITAL'S EMERGENCY DEPARTMENT. THE

CENSUS BUREAU COUNTS EVIDENCE OCEAN COUNTY AS HAVING THE SECOND HIGHEST

PERCENTAGE INCREASE (10.5%) IN POPULATION NUMBERS FROM 2010 TO 2020, AND

IT HAD THE SECOND LARGEST HIGHEST INCREASE IN NUMBER FOR ALL COUNTIES IN

THE STATE.

THE LONG-TERM CARE FACILITY OPERATES IN TOMS RIVER. TOMS RIVER TOWNSHIP

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IS RANKED THE 5TH MOST POPULOUS SUBCOUNTY/TOWNSHIP AREA IN THE STATE

ACCORDING TO THE CENSUS 2024 ESTIMATES. WHILE THERE WAS AN ESTIMATED 4.6%

POPULATION GROWTH ESTIMATED BETWEEN THE 2010 AND 2020 (THE 27TH HIGHEST

NUMBER INCREASE IN THE STATE), AND AN ESTIMATED 1.6% INCREASE FROM 2020

TO 2021 (THE 2ND HIGHEST INCREASE), THE DAMAGE BROUGHT BY HURRICANE SANDY

TO THE AREA LIMITS HOUSING AND POPULATION GROWTH. THE 2023 ESTIMATE OF

93,915 SUGGESTS CONTINUED GROWTH OF 1.2% FOR TOMS RIVER FROM 2020 OF TO

2023, AND AN 29,134 (4.6%) ESTIMATED INCREASE IN FOR THE COUNTY.

TOMS RIVER CDP IS ESTIMATED TO HAVE A 23.9% MINORITY PRESENCE, 10.1% OF

THE POPULATION IS FOREIGN-BORN, AND 14.1% OF POPULATION AGED 5 YEARS AND

OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. IT IS ESTIMATED THAT

NEARLY 18.8% OF PERSONS ARE AGED 65 AND OLDER AND 22.4% ARE UNDER 18

YEARS. IT IS ESTIMATED THAT 5.8% OF THE TOMS RIVER POPULATION IS LIVING

BELOW THE FEDERAL POVERTY LEVEL AND OVER 7% OF THOSE AGED UNDER 65 LACK

HEALTH INSURANCE.

THE SECOND LONG TERM CARE FACILITY LOCATED IN MOUNTAINSIDE, UNION COUNTY,

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NEW JERSEY. UNION COUNTY IS THE 7TH LARGEST COUNTY IN THE STATE AND IT

EXPERIENCED THE FOURTH LARGEST POPULATION GROWTH RATE FROM 2010 TO 2020.

THERE IS A 3.3% POPULATION INCREASE ESTIMATED FOR 2020 TO 2024. THE

COUNTY HAS A MINORITY/NONWHITE/OTHER POPULATION OF 63.4%, NEARLY 33%

FOREIGN-BORN, PERSONS UNDER AGE 65 WITHOUT HEALTH INSURANCE IS 12.6% AND

NEARLY 9% OF PERSONS ARE IN POVERTY.

THE CONTRAST OF NEW BRUNSWICK AND TOMS RIVER REFLECTS THE DIVERSE

COMMUNITIES SERVED BY CSH. CSH IS COMMITTED TO PROVIDING QUALITY AND

COMPASSIONATE CARE TO ITS COMMUNITIES. UNDERINSURED AND MEDICARE

COMPRISED OVER 50% OF ITS PAYER MIX IN 2024. ITS PATIENT MIX WAS

COMPRISED OF 70% MINORITY.

RWJBH - FACILITY REPORTING GROUP B

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CMMC IS LOCATED IN THE TOWN OF BELLEVILLE, ESSEX COUNTY. CMMC SERVES A

BROAD RANGE OF COMMUNITIES IN URBAN AND SUBURBAN SETTINGS WITH CULTURALLY

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AND ETHNICALLY DIVERSE POPULATIONS. CMMC'S SERVICE AREA EXTENDS TO

NEIGHBORING HUDSON, PASSAIC AND BERGEN COUNTIES. CMMC'S SERVICE AREA

INCLUDES ITS HOME TOWN OF BELLEVILLE AND THE NORTH WARD/ IRONBOUND

SECTIONS OF NEWARK, WHICH CONTAINS A LARGE MIX OF LATINO AND

ITALIAN-AMERICAN POPULATIONS. PLACES IN THE SERVICE AREA INCLUDE MUA/MUP

DESIGNATIONS AND STATE DESIGNATION AS MEDICALLY UNDERINSURED. NEWARK IS

ALSO DESIGNATED AN URBAN ENTERPRISE ZONE (UEZ) BY THE STATE OF NEW

JERSEY. APPROXIMATELY 37% OF THE BELLEVILLE POPULATIONS ARE FOREIGN BORN

WITH A LARGE MAJORITY OF THE FOREIGN-BORN POPULATION COMING FROM THE

LATIN AMERICAS. IN BELLEVILLE, OVER 57% OF PERSONS AGED 5 AND OLDER SPEAK

A LANGUAGE OTHER THAN ENGLISH AT HOME.

ESSEX COUNTY IS THE THIRD MOST POPULOUS COUNTY IN NEW JERSEY AND ITS

POPULATION GREW 10.1% FROM 2010 TO 2020, THE THIRD HIGHEST COUNTY GROWTH

RATE IN THE STATE. THE 2024 ESTIMATES SUGGEST A SLIGHT POPULATION GAIN

FROM 2020 TO 2024 WITH A 2.2% INCREASE. BELLEVILLE IS THE 66TH LARGEST

INCORPORATED PLACE/MCD IN 2022 AND ALSO IS ESTIMATED TO HAVE GROWN 6.4%

FROM 2010 TO 2020, AND CONTINUED ITS GROWTH BY ANOTHER 1.2% FROM 2020 TO

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2024. NEIGHBORING NEWARK CITY, THE LARGEST CITY IN NEW JERSEY, IS

ESTIMATED TO HAVE INCREASED IN POPULATION BY 12.4% BETWEEN 2010 AND 2020,

AND GROWTH OF 1.8% FROM 2020 TO 2024. NEWARK AND BELLEVILLE ARE ESTIMATED

TO BE COMPRISED OF NEARLY 90.7% AND 70.1% MINORITY POPULATION,

RESPECTIVELY. THE PERCENT OF PERSONS IN POVERTY ARE ESTIMATED AT 24.7%

AND 10.4% FOR NEWARK AND BELLEVILLE, RESPECTIVELY. PERSONS UNDER AGE 65

WITHOUT HEALTH INSURANCE IS ESTIMATED AT 21% FOR NEWARK AND 12.3% FOR

BELLEVILLE.

AS A HEALTHCARE PROVIDER TO THE BELLEVILLE AND THE GREATER NEWARK

COMMUNITIES, CMMC SERVED MORE THAN 65.4% OF ITS PATIENTS FROM

MINORITY/NONWHITE/OTHER POPULATIONS IN 2024. NEARLY 42.7% OF ITS PATIENTS

ARE OF UNDERINSURED AND UNINSURED PAYER CATEGORIES AND MEDICARE

REPRESENTS AN ADDITIONAL 33.4% OF PATIENTS.

CMC IS LOCATED IN TOMS RIVER, THE COUNTY SEAT OF OCEAN COUNTY. OCEAN

COUNTY IS HOME TO ONE-THIRD OF THE JERSEY SHORE, BORDERING THE ATLANTIC

OCEAN IN THE SOUTHERN PART OF NEW JERSEY, A PRIME DESTINATION FOR LARGE

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BEACH POPULATIONS, FISHERMAN AND BOATERS, WHICH PLACES ADDITIONAL

SEASONAL DEMANDS ON THE HOSPITAL'S EMERGENCY DEPARTMENT.

THE CENSUS BUREAU COUNTS EVIDENCE OCEAN COUNTY AS HAVING THE SECOND

HIGHEST PERCENTAGE INCREASE (10.5%) IN POPULATION NUMBERS FROM 2010 TO

2020, AND IT HAD THE SECOND LARGEST HIGHEST INCREASE IN NUMBER FOR ALL

COUNTIES IN THE STATE. TOMS RIVER TOWNSHIP IS RANKED THE 5TH MOST

POPULOUS SUBCOUNTY/TOWNSHIP AREA IN THE STATE ACCORDING TO THE CENSUS

2024 ESTIMATES. WHILE THERE WAS AN ESTIMATED 4.6% POPULATION GROWTH

ESTIMATED BETWEEN THE 2010 AND 2020 (THE 27TH HIGHEST NUMBER INCREASE IN

THE STATE), AND AN ESTIMATED 1.6% INCREASE FROM 2020 TO 2021 (THE 2ND

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CMC SERVES BOTH SUBURBAN AND SEMI-RURAL COMMUNITIES INCLUDING THE SHORE COMMUNITIES AND LOWER-INCOME MUNICIPALITIES OF MANCHESTER AND SOUTH TOMS RIVER. CMC SERVES A SIGNIFICANT PROPORTION OF ELDERLY - 2023 CENSUS ESTIMATES THAT 23% OF THE COUNTY POPULATION IS AGED 65 AND OLDER AS OPPOSED TO 17.7% FOR THE STATE. IN 2024, 57.1% OF CMC'S PATIENT ADMISSIONS WERE COMPRISED OF A MEDICARE PAYER. FURTHER, NEARLY 13.7% OF CMC'S PAYER MIX WAS COMPRISED OF UNDERINSURED AND UNINSURED PAYER CATEGORIES. MINORITIES/NONWHITE/OTHER PERSONS COMPRISED OVER 13.5% OF PATIENTS.

CBMC IS LOCATED IN THE TOWN OF LIVINGSTON ALONG THE BORDER WEST ORANGE, WITHIN ESSEX COUNTY, NEW JERSEY. ESSEX COUNTY IS THE THIRD MOST POPULOUS

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COUNTY IN NEW JERSEY AND ITS POPULATION GREW 10.2% FROM 2010 TO 2020, THE THIRD HIGHEST COUNTY GROWTH RATE IN THE STATE. THE 2024 ESTIMATES SUGGEST FURTHER GROWTH OF 2.2% FROM 2020 TO 2024. THERE ARE 22 MUNICIPALITIES IN ESSEX COUNTY WITH THE WESTERN PARTS ENCOMPASSING MORE AFFLUENT AND SUBURBAN POPULATIONS, WHILE THE EASTERN REGION OF THE COUNTY CONTAINS MORE URBANIZED, IMPOVERISHED INNER CITY COMMUNITIES (FOUR DESIGNATED URBAN ENTERPRISE ZONES - NEWARK, EAST ORANGE, ORANGE AND IRVINGTON). NEWARK IS RANKED AS ONE OF THE POOREST PLACES IN THE COUNTY AND IS LOCATED LESS THAN TEN MILES FROM ESSEX FELLS WHICH HAS ONE OF THE HIGHEST PER CAPITA INCOMES IN THE STATE. LIVINGSTON, SOUTH ORANGE AND SHORT HILLS HAVE SOME OF THE HIGHEST PERCENTAGE OF JEWISH POPULATIONS FOR MUNICIPALITIES IN THE U.S., AND BELLEVILLE AND BLOOMFIELD MAINTAIN A STRONG ITALIAN-AMERICAN POPULATION.

LIVINGSTON IS THE 78TH LARGEST MCD/PLACE IN NEW JERSEY AND IS ESTIMATED TO HAVE INCREASED 6.9% IN ITS POPULATION FROM 2010 TO 2020. THE TOWNSHIP IS ESTIMATED TO HAVE GROWN 2.6% FROM 2020 TO 2024. IT IS COMPRISED OF APPROXIMATELY 43% MINORITY POPULATION AND 30.1% OF PERSONS WERE FOREIGN

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5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

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BORN. NEARLY 37.2% OF ITS POPULATION OVER 5 YEARS IS ESTIMATED TO SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. ONLY 2.2% OF PERSONS ARE ESTIMATED TO BE IN POVERTY AND LESS THAN 1% OF PERSONS UNDER AGE 65 LACK HEALTH INSURANCE. WEST ORANGE, THE 44TH LARGEST MCD/PLACE IS ESTIMATED TO HAVE INCREASED 5.7% IN ITS POPULATION FROM 2010 TO 2020, WITH A SLIGHT INCREASE OF LESS THAN 1% GROWTH ESTIMATED FOR THE POPULATION FROM 2020 TO 2024. WEST ORANGE IS COMPRISED OF 58% MINORITY POPULATION AND 27.6% OF PERSONS WERE FOREIGN BORN. APPROXIMATELY 32.1% OF ITS POPULATION IS ESTIMATED TO SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. PERSONS IN POVERTY ARE ESTIMATED AT 7.2% OF THE POPULATION AND 8.5% OF PERSONS UNDER AGE 65 ARE ESTIMATED TO LACK HEALTH INSURANCE.

CBMC IS COMMITTED TO SERVICE FOR ITS COMMUNITIES BOTH WITHIN THE INNER CITY AND THE SUBURBAN AREAS, WITH AWARENESS TO THE GROWING ASIAN AND HISPANIC POPULATIONS, AS WELL AS COMMUNITIES OF COLOR WITHIN ITS SERVICE AREA. IN 2024, MINORITIES/NONWHITE/OTHER POPULATIONS REPRESENTED APPROXIMATELY 50.2% OF CBMC'S PATIENTS, AND MORE THAN 21.9% OF ITS PATIENTS ARE OF UNDERINSURED AND UNINSURED PAYER CATEGORIES. MEDICARE

Part VI Supplemental Information

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REPRESENTS AN ADDITIONAL 41.2% OF PATIENTS.

JCMC IS LOCATED IN JERSEY CITY, THE POPULATION CENTER OF HUDSON COUNTY, AND COMPRISES OVER 41% OF THE COUNTY'S POPULATION IN 2023, ESTIMATED TO HAVE GROWN OVER 44,800 PEOPLE FROM 2010 TO 2020. HUDSON COUNTY IS ESTIMATED TO HAVE THE LARGEST POPULATION GROWTH IN THE STATE SINCE 2010, ADDING OVER 90,500 PEOPLE. RECENT 2024 DATA, ESTIMATES SUGGEST A 3.4% POPULATION INCREASE BETWEEN 2020 TO 2024, GROWING TO A POPULATION SIZE OF NEARLY 303,000 PERSONS. JERSEY CITY WAS THE SECOND MOST POPULOUS PLACE IN NEW JERSEY IN 2023 (ASC 5-YEAR ESTIMATES) AND HAD THE HIGHEST INCREASE IN POPULATION NUMBERS OF NEW JERSEY'S PLACES AND TOWNS FROM 2010 TO 2020. FOUR HUDSON COUNTY INCORPORATED PLACES ARE IN THE TOP 10 PLACES OF GROWTH IN NEW JERSEY FROM 2010 TO 2020, WITH A FIFTH TOWN IN 11TH PLACE. CENSUS ESTIMATES FOR 2024 SUGGEST A POPULATION GAIN OF APPROXIMATELY 10,000 PERSONS FROM 2020 TO 2024. JERSEY CITY'S POPULATION IS ESTIMATED AS THE POPULATION BEING NEARLY 76% MINORITY AND NEARLY 41.2% FOREIGN-BORN (2019-2023 ACS ESTIMATE). IN ADDITION, NEARLY 16% OF PERSONS IN THE CITY ARE ESTIMATED TO BE IN POVERTY CONTRASTED TO THE COUNTY WITH15%, AND

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STATE WITH 9.7%. FURTHER, 9.1% OF PERSONS IN JERSEY CITY UNDER AGE 65 ARE ESTIMATED TO NOT HAVE HEALTH INSURANCE.

WITH A LOCATION ACROSS THE RIVER FROM NEW YORK CITY, JERSEY CITY HAS A FAST-EXPANDING SKYLINE AND ITS RAPID REVITALIZATION OF THE CITY IS SUPPORTED BY AN INTEGRATED TRANSPORTATION SYSTEM INCLUDING A PORT OF ENTRY WITH MILES OF WATERFRONT AND SIGNIFICANT RAIL CONNECTIONS. JERSEY CITY'S ECONOMIC SPHERE IS ONE OF THE FASTEST-GROWING AS MORE FORTUNE-500 CORPORATIONS SUCH AS CHASE MANHATTAN BANK, LEHMAN BROTHERS, MERRILL LYNCH, CHARLES SCHWAB, CONTINUE TO BRING THEIR BUSINESSES TO THE AREA. JERSEY CITY INCLUDES MOST OF ELLIS ISLAND AND IT HAS ONE OF THE MOST DIVERSE POPULATIONS IN THE UNITED STATES, AND IS HOST TO AN ARRAY OF ETHNICITIES AND CULTURES INCLUDING COMMUNITIES OF JEWISH, ITALIAN, CUBAN, FILIPINO, POLISH, INDIAN, IRISH, PUERTO RICAN, DOMINICAN, AFRICAN, ARAB, AND ASIAN DESCENT. IT IS RANKED AS THE MOST DIVERSE OR ONE OF THE MOST DIVERSE CITIES IN THE COUNTRY BY MULTIPLE ORGANIZATIONS (NICHE, WALLETHUB, QUICKENLOANS). ACCORDING TO THE CENSUS COMMUNITY SURVEY, NEARLY 51% OF THE POPULATION AGED 5 AND OLDER IS ESTIMATED TO SPEAK A

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LANGUAGE OTHER THAN ENGLISH AT HOME.

JCMC SERVES AREAS THAT INCLUDE MEDICALLY UNDERSERVED AREA/POPULATION (MUA/MUP) DESIGNATIONS AND STATE DESIGNATION AS MEDICALLY UNDERINSURED AND IS AN URBAN ENTERPRISE ZONE (UEZ) BY THE STATE OF NEW JERSEY. HUDSON COUNTY HAS AREAS OF HIGH UNEMPLOYMENT AND POVERTY RATIOS COMPARED TO STATE AND LOCAL AVERAGES. HOUSEHOLDS IN THE ECONOMIC CENSUS REFLECT LOWER MEDIAN HOUSEHOLD INCOMES IN JERSEY CITY THAN IN THE STATE. JCMC IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO ITS DIVERSE COMMUNITIES INCLUDING THE MANY WHO ARE FINANCIALLY CHALLENGED; SERVING A PATIENT POPULATION COMPRISED OF 68.9% MINORITY/NONWHITE PERSONS AND OVER 43.3% UNDERINSURED AND UNINSURED PAYER CLASSIFICATIONS IN 2024. MEDICARE REPRESENTS AN ADDITIONAL 23.7% OF THE INPATIENTS BY PAYER CLASSIFICATION.

MMC IS LOCATED IN LONG BRANCH, MONMOUTH COUNTY. MONMOUTH COUNTY IS THE NORTHERNMOST COUNTY ON THE JERSEY SHORE, AND IS IN CLOSE PROXIMITY TO NEW YORK CITY WITH THE SIXTH LARGEST TOTAL POPULATION IN THE STATE ACCORDING TO 2024 CENSUS ESTIMATES. MONMOUTH COUNTY IS HOME TO IMMIGRANT

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POPULATIONS OF ITALIAN, GERMAN AND POLISH, WITH A LARGE IRISH-AMERICAN POPULATION AND A RAPIDLY GROWING ASIAN PRESENCE. LONG BRANCH CITY IS THE 29TH LARGEST PLACE LOCATION IN THE STATE AND HAS BEEN DESIGNATED AS A MUA/MUP BY THE HRSA OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES. CONTINUED GROWTH IS ESTIMATED FOR THE CITY WITH CENSUS ESTIMATES PLACING FURTHER GROWTH AT NEARLY 5% FROM 2020 TO 2024.

LONG BRANCH IS OVER 46.7% MINORITY PRESENCE WITH OVER 26.3% OF POPULATION ARE FOREIGN BORN. OVER 35.5% OF POPULATIONS AGED 5 OR OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. OVER 16% OF PERSONS ARE ESTIMATED TO BE IN POVERTY WITH 20.4% OF PERSONS UNDER AGE 65 WITHOUT HEALTH INSURANCE.

BETWEEN THE RESIDENTS AND THE SUMMERTIME SHORE VISITORS, MMC IS COMMITTED TO SERVICE ITS DIVERSE PATIENT POPULATION WITH OVER 27% OF ITS PATIENTS COMPRISED OF MINORITY/NONWHITE/OTHER POPULATIONS AND ABOUT 29% OF PATIENTS IN UNDERINSURED AND UNINSURED PAYER GROUPS IN 2024. MEDICARE REPRESENTS AN ADDITIONAL 33.6% OF PATIENTS SERVED.

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MMCSC IS LOCATED IN LAKEWOOD TOWNSHIP, OCEAN COUNTY, THE FIFTH LARGEST COUNTY IN POPULATION SIZE. OCEAN COUNTY IS THE SECOND LARGEST COUNTY IN THE STATE IN TERMS OF GEOGRAPHIC SIZE AND HAS THE FIFTH LARGEST TOTAL POPULATION SIZE IN THE STATE. SENIORS AGED 65 AND OLDER COMPRISE OVER 23% OF THE COUNTY'S POPULATION. THE STATE AND US PERCENTAGE FOR SENIORS IS AROUND 17.7%.

LAKEWOOD HAS BEEN IDENTIFIED AS ONE OF THE FASTEST-GROWING TOWNSHIPS IN NEW JERSEY DURING THE PAST DECADE (WITH 45% GROWTH) AND IS RANKED THE 4TH MOST POPULOUS PLACE/MCD IN THE STATE ACCORDING TO 2022 CENSUS ESTIMATES, RANKING LARGEST NUMBER OF PERSONS INCREASED FROM 2020 TO 2022 THE LOCATION OF MMCSC IS WITHIN A DESIGNATED MUA/MUP BY THE HEALTH RESOURCES AND SERVICE ADMINISTRATION (HRSA) BRANCH OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES AND AN URBAN ENTERPRISE ZONE (UEZ) BY THE STATE OF NEW JERSEY. LAKEWOOD TOWNSHIP IS ALSO ONE OF THE HUBS OF ORTHODOX JUDAISM AND IS HOME TO ONE OF THE LARGEST YESHIVAS IN THE WORLD. THE LARGE ORTHODOX POPULATION COMPRISES NEARLY HALF OF THE TOWNSHIP'S POPULATION.

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FIFTEEN PERCENT (17.7%) OF LAKEWOOD IS COMPRISED OF MINORITY POPULATIONS.

OVER 9.3% OF PERSONS ARE FOREIGN BORN AND 27.5% OF PERSONS AGED 5 AND

OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. OVER 29.3% OF LAKEWOOD

PERSONS ARE ESTIMATED TO BE IN POVERTY AND 5.2% OF PERSONS UNDER AGED 65

ARE WITHOUT HEALTH INSURANCE.

MMCSC IS COMMITTED TO ITS SERVICE OF ITS DIVERSE COMMUNITIES IN THE

COUNTY, WITH A PROPORTIONALLY HIGHER MIX OF ELDERLY AND UNINSURED/

UNDERINSURED. AS A RESULT, IN 2024, MMCSC'S PATIENTS WERE COMPRISED OF

25.5% MINORITY/NONWHITE/OTHER POPULATIONS AND NEARLY 35.4% OF PATIENTS

ARE OF UNDERINSURED/UNINSURED PAYOR CATEGORIES. MEDICARE COMPRISES AN

ADDITIONAL 38.4% OF PATIENTS' PAYER CLASSIFICATION.

NBIMC IS LOCATED IN THE CITY OF NEWARK, THE SEAT OF ESSEX COUNTY. NEWARK

IS THE 66TH LARGEST INCORPORATED PLACE IN THE UNITED STATES ACCORDING TO

2022 CENSUS ESTIMATES AND IT IS NEW JERSEY'S LARGEST, AND AMONGST THE

STATE'S MOST DIVERSE, CITIES. NEWARK IS ESTIMATED TO HAVE HAD THE 3RD

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HIGHEST INCREASE IN POPULATION NUMBERS OF MCD/TOWNSHIPS, WITH 12.2%

GROWTH FROM 2010 TO 2020. THE CITY IS ESTIMATED TO HAVE INCREASED ANOTHER

1,8% FROM 2020 TO 2024. IT IS HOME TO A MAJOR INTERNATIONAL AIRPORT,

CONNECTS TO MAJOR ROADWAYS AND ADJACENT TO MAJOR SHIPPING YARDS. DUE TO

THE NATURE OF ITS LOCATION, NBIMC IS A MAJOR REFERRAL TREATMENT CENTER TO

VARIOUS DIVERSE COMMUNITIES, WITH THE MAJORITY OF THE RACIAL MAKEUP OF

THE CITY BEING PREDOMINANTLY MINORITY. NEWARK IS SURROUNDED BY

RESIDENTIAL SUBURBS TO THE WEST, DENSE URBAN AREAS TO BOTH THE SOUTH AND

EAST, AND MIDDLE-CLASS RESIDENTIAL SUBURBS AND INDUSTRIAL AREAS TO THE

NORTH.

NBIMC SERVES AREAS THAT INCLUDE MUA/MUP DESIGNATIONS AND STATE

DESIGNATION AS MEDICALLY UNDERINSURED AND NEWARK IS AN UEZ BY THE STATE

OF NEW JERSEY. NEWARK HAS HIGH UNEMPLOYMENT AND POVERTY RATIOS COMPARED

TO STATE AND LOCAL AVERAGES; NEARLY 25% OF PERSONS WERE ESTIMATED TO BE

IN POVERTY. NEARLY 35% OF PERSONS ARE FOREIGN BORN AND 91% OF NEWARK'S

POPULATION IS MINORITY. APPROXIMATELY 50% OF PERSONS AGED 5 AND OLDER

SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. IT IS ESTIMATED THAT 21% OF

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PERSONS UNDER THE AGE OF 65 LACK HEALTH INSURANCE. THE POPULATION IN NEWARK IS YOUNGER WITH ONLY 10.9% OF THE POPULATION AGED 65 OR OLDER, CONTRASTED WITH NEARLY 14.7% FOR THE COUNTY AND 17.7% FOR THE STATE PER 2024 CENSUS DATA.

NBIMC IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO ITS CHALLENGED COMMUNITIES; SERVING A PATIENT POPULATION COMPRISED OF NEARLY 81% MINORITY/NONWHITE/OTHER REPRESENTATION AND OVER 58.9% UNDERINSURED AND UNINSURED PAYER CLASSIFICATIONS IN 2024. MEDICARE REPRESENTS AN ADDITIONAL 21.1% OF THE PATIENTS BY PAYER CLASSIFICATION.

RWJUH-NEW BRUNSWICK IS LOCATED IN NEW BRUNSWICK, THE POPULATION CENTER OF MIDDLESEX COUNTY. ACCORDING TO CENSUS BUREAU ESTIMATES, MIDDLESEX COUNTY IS THE SECOND LARGEST COUNTY IN NEW JERSEY AND IS ESTIMATED TO HAVE HAD THE SIXTH LARGEST GROWTH IN RESIDENTS FROM 2010 TO 2020. NEW BRUNSWICK IS THE LARGEST CITY IN THE COUNTY AND THE 33RD LARGEST MCD/PLACE IN THE STATE, AND IS ESTIMATED TO HAVE INCREASE 4.0% FROM 2020 TO 2024. NEW BRUNSWICK'S EXTENSIVE HISTORY DATES BACK TO PRE-REVOLUTIONARY TIMES AND

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IT IS THE HOME OF RUTGERS UNIVERSITY, THE STATE UNIVERSITY OF NEW JERSEY.

THE 5-BLOCK DOWNTOWN AREA CONTAINS NEARLY 50 RESTAURANTS AND THREE

DISTINCT THEATERS - THE AFRICAN AMERICAN-FOCUSED CROSSROADS THEATRE,

GEORGE STREET PLAYHOUSE AND THE STATE THEATER OF NEW JERSEY FOR CONCERTS

AND SPECIAL EVENTS - AS WELL AS THE AMERICAN REPERTORY BALLET, THAT ALSO

PERFORM AT VARIOUS VENUES THROUGHOUT THE STATE.

DESPITE THE VIBRANCY OF PRE-COVID CITY CULTURE, MANY CHALLENGES EXIST FOR

RESIDENTS RESIDING IN NEW BRUNSWICK. THERE ARE 12 DESIGNATED

COMPREHENSIVE HEALTH CENTERS IN MIDDLESEX COUNTY AND A NUMBER OF CENSUS

TRACTS WITH MUA/MUP DESIGNATION. THE GROWING POPULATION IS COMPRISED OF

NEARLY 75% MINORITY AND 36.5% OF RESIDENTS ARE FOREIGN BORN.

APPROXIMATELY 56.5% OF RESIDENTS AGED FIVE AND OLDER SPEAK A LANGUAGE

OTHER THAN ENGLISH AT HOME. OVER 31% OF PERSONS ARE ESTIMATED TO BE IN

POVERTY AND 22.7% OF PERSONS UNDER AGE 65 ARE WITHOUT HEALTH INSURANCE.

RWJUH-NEW BRUNSWICK IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE

CARE TO ITS FINANCIALLY INSECURE COMMUNITIES; SERVING A PATIENT

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POPULATION COMPRISED OF MORE THAN 49.2% MINORITY/NONWHITE/OTHER

REPRESENTATION AND OVER 21.9% UNDERINSURED AND UNINSURED PAYER

CLASSIFICATIONS IN 2024. MEDICARE REPRESENTS AN ADDITIONAL 41% OF THE

PATIENTS BY PAYER CLASSIFICATION.

RWJUH-SOMERSET IS LOCATED SOMERVILLE, THE COUNTY SEAT OF SOMERSET COUNTY,

NEW JERSEY. SOMERSET COUNTY, THE 13TH LARGEST COUNTY, HAD THE 5TH LARGEST

POPULATION GROWTH FROM 2010 TO 2020, WITH FURTHER GROWTH OF 3.5%

ESTIMATED FROM 2020 TO 2024. SOMERSET COUNTY IS ONE OF AMERICA'S OLDEST

COUNTIES, AND WAS FIRST SETTLED IN 1681. MOST OF THE EARLY RESIDENTS WERE

DUTCH. IN THE 1960S, TOWNSHIPS THAT WERE ONCE EXCLUSIVELY AGRICULTURAL

WERE QUICKLY TRANSFORMED INTO SUBURBAN COMMUNITIES. THE AREA GROWTH WAS

AIDED BY THE DEVELOPMENT OF A VERY STRONG PHARMACEUTICAL AND TECHNOLOGY

PRESENCE.

SOMERVILLE HAS EXPERIENCED CONTINUED GROWTH, AN ESTIMATED 3% INCREASE

FROM 2020 TO 2022, BECOMING THE 80TH LARGEST MCD/PLACE IN NEW JERSEY IN

2022. SOMERVILLE HAS LEVEL OF AFFLUENCE YET HAS 6.2%% OF PERSONS ARE

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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.

ESTIMATED TO BE IN POVERTY. THE POPULATION IS COMPRISED OF 48% MINORITY

AND 26% OF RESIDENTS ARE FOREIGN BORN. OVER 34% OF PERSONS AGED 5 OR

OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. OVER 8% OF PERSONS

UNDER AGE 65 ARE ESTIMATED TO NOT HAVE HEALTH INSURANCE.

RWJUH SOMERSET IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE

TO ITS COMMUNITIES; SERVING A PATIENT POPULATION COMPRISED OF NEARLY

37.2% MINORITY/NONWHITE/OTHER REPRESENTATION AND NEARLY 17.2%

UNDERINSURED AND UNINSURED PAYER CLASSIFICATIONS IN 2024. MEDICARE

REPRESENTS AN ADDITIONAL 21.1% OF THE PATIENTS BY PAYER CLASSIFICATION.

RWJ HAMILTON IS LOCATED IN HAMILTON, MERCER COUNTY, NEW JERSEY. THE

TOWNSHIP IS LOCATED IMMEDIATELY EAST OF THE HISTORIC CITY OF TRENTON, THE

STATE'S CAPITAL. MERCER COUNTY HAS THE 12TH LARGEST POPULATION SIZE AND

HAD THE 7TH LARGEST ESTIMATED GROWTH OF COUNTIES IN NEW JERSEY FROM 2010

TO 2020. THE COUNTY IS ESTIMATED TO HAVE HAD A SLIGHT POPULATION INCREASE

OF 1.2% FROM 2020 TO 2024. TRENTON IS NEW JERSEY'S 11TH LARGEST

MCD/TOWNSHIP BY POPULATION SIZE, AND HAMILTON TOWNSHIP IS THE 10TH

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LARGEST. BOTH HAMILTON TOWNSHIP AND TRENTON HAD POPULATION GROWTH FROM 2010 TO 2020, 4.1% AND 7%, RESPECTIVELY. BOTH ARE ESTIMATED TO HAVE EXPERIENCED SMALL INCREASES IN POPULATION FROM 2024, 1.7% FOR HAMILTON AND LESS THAN 1% FOR TRENTON.

HAMILTON TOWNSHIP HAS OVER 40 SQUARE MILES, MORE THAN 64 PUBLIC PARKS AND PLAYGROUNDS AND ACRES OF PRESERVED OPEN SPACE. LOCATED IN CENTRAL NEW JERSEY, HAMILTON TOWNSHIP ENJOYS A PRIME LOCATION THAT IS WITHIN AN HOUR'S DRIVE OF NEW YORK CITY, PHILADELPHIA, AND THE JERSEY SHORE. THE TOWN IS ALSO IN CLOSE PROXIMITY TO DESTINATIONS SUCH AS SIX FLAG GREAT ADVENTURE AND THE QUAINT DOWNTOWN PRINCETON AREA. MAJOR ROADWAYS PROVIDE EASY ACCESS TO HAMILTON, INCLUDING THE NEW JERSEY TURNPIKE, INTERSTATE HIGHWAYS 195 AND 295, U.S. HIGHWAYS 130 AND 206 AND STATE HIGHWAYS 33 AND 29, WHILE THE HAMILTON TRAIN STATION OFFERS CONVENIENT RAIL ACCESS TO NEW YORK CITY ALONG THE NJ TRANSIT'S NORTHEAST CORRIDOR LINE.

HAMILTON TOWNSHIP HAS A LEVEL OF AFFLUENCE YET 7% OF THE POPULATION IS ESTIMATED TO BE IN POVERTY. OVER 41% OF THE POPULATION IS COMPRISED OF

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MINORITIES AND NEARLY 18% OF THE RESIDENTS WERE FOREIGN BORN. NEARLY 27%

OF PERSONS OVER AGE 5 SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME.

APPROXIMATELY 8% OF THE RESIDENTS UNDER 65 YEARS HAD NO HEALTH INSURANCE.

NEIGHBORING TRENTON IS COMPRISED OF NEARLY 89% MINORITY AND 29.3% OF THE

POPULATION IS ESTIMATED TO BE FOREIGN BORN. TRENTON HAS 44.7% OF THE

RESIDENTS AGED FIVE AN OLDER SPEAKING A LANGUAGE OTHER THAN ENGLISH AT

HOME. NEARLY 25% ARE ESTIMATED TO BE IN POVERTY AND OVER 19.6% OF PERSONS

AGED UNDER 65 ARE LACKING INSURANCE.

RWJ HAMILTON IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO

ITS COMMUNITIES; SERVING A PATIENT POPULATION COMPRISED OF MORE THAN 37%

MINORITY/NONWHITE/OTHER REPRESENTATION AND 16.5% UNDERINSURED AND

UNINSURED PAYER CLASSIFICATIONS IN 2024. MEDICARE REPRESENTS AN

ADDITIONAL 41% OF THE PATIENTS BY PAYER CLASSIFICATION.

RWJ RAHWAY IS LOCATED IN RAHWAY, UNION COUNTY, NEW JERSEY. UNION COUNTY

IS THE 7TH LARGEST COUNTY IN THE STATE AND IT EXPERIENCED THE FOURTH

Part VI Supplemental Information

Provide the following information.

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LARGEST POPULATION GROWTH RATE FROM 2010 TO 2020. THERE IS AN INCREASE OF 3.3% ESTIMATED FOR 2020 TO 2024. RAHWAY CITY IS THE 83RD LARGEST MCD/TOWNSHIP IN NEW JERSEY AND GREW BY 8% OVER THE PAST CENSUS PERIOD AND IS ESTIMATED TO HAVE HAD A SLIGHT GROWTH FROM 2020 TO 2022.

RAHWAY AND THE SURROUNDING AREA WERE ONCE THE HOME OF THE LENNI LENAPE NATIVE AMERICANS AND IT GREW DUE TO ITS LOCATION ALONG THE MAJOR STAGECOACH AND RAILROAD LINES BETWEEN NEW YORK CITY AND PHILADELPHIA, PENNSYLVANIA. THE NAVIGABLE RAHWAY RIVER, WHICH FLOWS THROUGH THE CITY, ALSO AIDED THE CITY'S COMMERCIAL GROWTH.

IMMIGRANTS FROM BRITAIN, IRELAND AND GERMANY STREAMED INTO WHAT WAS THEN RAHWAY TOWNSHIP IN THE 1850S AND RAHWAY BECAME INCORPORATED AS A CITY ON APRIL 19, 1858. THE CITY BECAME HOME TO DOZENS OF MAJOR MANUFACTURERS, INCLUDING THE REGINA MUSIC BOX COMPANY, WHEATENA, MERSHON BROS. AND MERCK & CO., AND EXPERIENCED HARDSHIPS WITH THE DECLINE IN INDUSTRY AFTER WORLD WAR II.

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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.

RAHWAY CITY HAS A MINORITY PRESENCE OF 72%. AROUND 22.5% OF THE

POPULATION IS FOREIGN BORN AND OVER 32% OF RESIDENTS AGE 5 AND OLDER

SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. NEARLY 7% OF RESIDENTS ARE

IN POVERTY AND NEARLY 10% OF PERSONS UNDER AGE 65 LACK HEALTH INSURANCE.

RWJ RAHWAY IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO

ITS COMMUNITIES; SERVING A PATIENT POPULATION COMPRISED OF A SIGNIFICANT

MINORITY/NONWHITE/OTHER REPRESENTATION OF 60% AND OVER 21.9% UNDERINSURED

AND UNINSURED PAYER CLASSIFICATIONS IN 2024. MEDICARE REPRESENTS AN

ADDITIONAL 41% OF THE PATIENTS BY PAYER CLASSIFICATION.

SBBH IS LOCATED IN TOMS RIVER, THE COUNTY SEAT OF OCEAN COUNTY. OCEAN

COUNTY IS HOME TO ONE-THIRD OF THE JERSEY SHORE, BORDERING THE ATLANTIC

OCEAN IN THE SOUTHERN PART OF NEW JERSEY, A PRIME DESTINATION FOR LARGE

BEACH POPULATIONS, FISHERMAN AND BOATERS, WHICH PLACES ADDITIONAL

SEASONAL DEMANDS ON THE HOSPITAL'S EMERGENCY DEPARTMENT.

THE CENSUS BUREAU COUNTS EVIDENCE OCEAN COUNTY AS HAVING THE SECOND

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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.

HIGHEST PERCENTAGE INCREASE (10.5%) IN POPULATION NUMBERS FROM 2010 TO 2020, AND IT HAD THE SECOND LARGEST HIGHEST INCREASE IN NUMBER FOR ALL COUNTIES IN THE STATE. TOMS RIVER TOWNSHIP IS RANKED THE 5TH MOST POPULOUS SUBCOUNTY/TOWNSHIP AREA IN THE STATE ACCORDING TO THE CENSUS 2024 ESTIMATES. WHILE THERE WAS AN ESTIMATED 4.6% POPULATION GROWTH ESTIMATED BETWEEN THE 2010 AND 2020 (THE 27TH HIGHEST NUMBER INCREASE IN THE STATE), AND AN ESTIMATED 1.6% INCREASE FROM 2020 TO 2021 (THE 2ND HIGHEST INCREASE), THE DAMAGE BROUGHT BY HURRICANE SANDY TO THE AREA LIMITS HOUSING AND POPULATION GROWTH. THE 2023 ESTIMATE OF 93,915 SUGGESTS CONTINUED GROWTH OF 1.2% FOR TOMS RIVER FROM 2020 OF TO 2023, AND AN 29,134 (4.6%) ESTIMATED INCREASE IN FOR THE COUNTY.

TOMS RIVER CDP IS ESTIMATED TO HAVE A 23.9% MINORITY PRESENCE, 10.1% OF THE POPULATION IS FOREIGN-BORN, AND 14.1% OF POPULATION AGED 5 YEARS AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. IT IS ESTIMATED THAT NEARLY 18.8% OF PERSONS ARE AGED 65 AND OLDER AND 22.4% ARE UNDER 18 YEARS. IT IS ESTIMATED THAT 5.8% OF THE TOMS RIVER POPULATION IS LIVING BELOW THE FEDERAL POVERTY LEVEL AND OVER 7% OF THOSE AGED UNDER 65 LACK

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HEALTH INSURANCE.

SBBH SERVES BOTH SUBURBAN AND SEMI-RURAL COMMUNITIES INCLUDING THE SHORE COMMUNITIES AND LOWER-INCOME MUNICIPALITIES OF MANCHESTER AND SOUTH TOMS RIVER AND THE FINANCIALLY INSECURE COMMUNITIES IN LAKEWOOD. SBBH SERVES A SIGNIFICANT PROPORTION OF ELDERLY - 2023 CENSUS ESTIMATES THAT 23% OF THE COUNTY POPULATION IS AGED 65 AND OLDER AS OPPOSED TO 17.7% FOR THE STATE. IN 2024, 50.2% OF SBBH'S PATIENT ADMISSIONS WERE COMPRISED OF A MEDICARE PAYER. FURTHER, NEARLY 21.9% OF SBBH'S PAYER MIX WAS COMPRISED OF UNDERINSURED AND UNINSURED PAYER CATEGORIES.

SBBH OWNS AND OPERATES 40 ACUTE CARE PSYCHIATRIC INPATIENT BEDS IN ITS TOMS RIVER FACILITY. IN ADDITION, SBBH MANAGES THE OPERATIONS OF AN ADDITIONAL 63 PSYCHIATRIC BEDS FOR ITS SYSTEM AFFILIATE, MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS IN THE BUILDING.

TRMC IS LOCATED IN ELIZABETH CITY, THE SEAT OF UNION COUNTY, NEW JERSEY. IT IS NEXT TO NEWARK BAY AND ARTHUR KILL (CHANNEL; CONNECTED BY THE

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GOETHALS BRIDGE TO STATEN ISLAND, NEW YORK CITY) AND IS ADJACENT TO NEWARK, NEW JERSEY, TO THE NORTH. SETTLEMENT BEGAN IN 1664 WITH THE PURCHASE OF LAND FROM THE DELAWARE INDIANS AND THE CITY OF ELIZABETH, FOUNDED IN 1665, BECAME THE FIRST CAPITAL OF THE STATE OF NEW JERSEY.

ELIZABETH'S DIVERSE POPULATION REPRESENTS MORE THAN 50 COUNTRIES AND 37 LANGUAGE GROUPS. THE CITY IS HIGHLY INDUSTRIALIZED, WITH IMPORTANT SHIPPING OPERATIONS AND HAS BECOME A REGIONAL HUB FOR THE EAST COAST WITH ITS CLOSE PROXIMITY TO THE MAJOR ROADWAYS AND PROXIMITY TO NEWARK LIBERTY NATIONAL AIRPORT. THE PORT NEWARK/ ELIZABETH'S 2,000-ACRE MARINA TERMINAL HOSTS OVER 150,000 JOBS AND IS THE WORLD'S LARGEST CONTAINERSHIP PORT AND THE LARGEST FOREIGN TRADE ZONE IN THE UNITED STATES.

UNION COUNTY IS THE 7TH LARGEST COUNTY IN THE STATE AND IT EXPERIENCED THE FOURTH LARGEST POPULATION GROWTH RATE FROM 2010 TO 2020. THERE IS AN INCREASE OF 3.3% ESTIMATED FOR 2020 TO 2024. ELIZABETH CITY IS THE FIFTH LARGEST MCD/TOWNSHIP IN NEW JERSEY AND GREW BY 3.4% OVER THE PAST CENSUS PERIOD AND IS ESTIMATED TO HAVE FURTHER INCREASED BY 2.3% FROM 2020 TO

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2024.

ELIZABETH CITY HAS A MINORITY PRESENCE OF 87%. AROUND 50.6% OF THE POPULATION IS FOREIGN BORN AND OVER 76.5% OF RESIDENTS AGE 5 AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. OVER 15% OF RESIDENTS ARE IN POVERTY AND OVER 25% OF PERSONS UNDER AGE 65 LACK HEALTH INSURANCE.

TRMC IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO ITS COMMUNITIES; SERVING A PATIENT POPULATION COMPRISED OF A SIGNIFICANT MINORITY/NONWHITE/OTHER REPRESENTATION OF 52.2% AND OVER 54% UNDERINSURED AND UNINSURED PAYER CLASSIFICATIONS IN 2024. MEDICARE REPRESENTS AN ADDITIONAL 26.3% OF THE PATIENTS BY PAYER CLASSIFICATION.

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SCHEDULE H, PART VI; QUESTION 5

OUR DEDICATION TO SERVING THE PEOPLE OF NEW JERSEY EXTENDS FAR BEYOND THE CARE PROVIDED WITHIN THE WALLS OF OUR HEALTH FACILITIES. WE SUPPORT PROGRAMS THAT PROMOTE HEALTH AND WELLNESS IN OUR COMMUNITIES AND PROVIDE ACCESS TO SERVICES THAT WOULD OTHERWISE BE UNAVAILABLE. WE ARE COMMITTED TO THE ONGOING IMPROVEMENT OF THE HEALTH, QUALITY OF LIFE, AND VITALITY OF OUR COMMUNITIES. WE STRIVE TO BRING THE BEST HEALTHCARE TO MEET THE EVOLVING NEEDS OF RESIDENTS IN NEW JERSEY - WHETHER THAT BE ENHANCING THE COORDINATION FOR TREATING COMPLEX HEALTH CONDITIONS OR IMPROVING COMMUNITY HEALTH THROUGH LOCAL PROGRAMS AND EDUCATION.

RWJBARNABAS HEALTH STRIVES TO TREAT EVERY PERSON WITH RESPECT AND DIGNITY BY TAILORING HEALTH CARE DELIVERY AND WORK EXPERIENCES TO MEET THE NEEDS OF ALL PATIENTS, EMPLOYEES AND VISITORS. ONE EXAMPLE INCLUDES PROJECT SEARCH, A PROGRAM CURRENTLY OFFERED AT THREE SYSTEM HOSPITALS AND SOON TO BE A FOURTH, WHICH HELPS YOUNG ADULTS WITH DEVELOPMENTAL DISABILITIES TRANSITION FROM SCHOOL TO COMPETITIVE EMPLOYMENT BY PROVIDING A ONE-YEAR

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INTERNSHIP AT A HOST BUSINESS.

IMPROVED COMMUNITY HEALTH IS FURTHER SUPPORTED BY RWJBH'S SOCIAL IMPACT & COMMUNITY INVESTMENT (SICI) PRACTICE WHICH LEVERAGES RWJBH'S BROAD RANGE OF ASSETS TO ADVANCE A CULTURE OF HEALTH AND IMPROVE THE QUALITY OF LIFE FOR COMMUNITIES THROUGHOUT NEW JERSEY. THE SOCIAL IMPACT & COMMUNITY INVESTMENT PRACTICE IS ROOTED IN ENSURING REDUCTION OF HEALTH DISPARITIES, BY ADVANCING STRATEGIC POLICY CHANGE, COMBINED WITH EVIDENCE BASED AND INNOVATIVE PROGRAMS THAT ADDRESS THE SOCIAL, ECONOMIC, AND ENVIRONMENTAL CONDITIONS THAT HAVE A SIGNIFICANT IMPACT ON HEALTH OUTCOMES.

RWJBH RECOGNIZES THAT COLLABORATION AND PARTNERSHIP ARE THE CORNERSTONE TO SUCCESSFULLY TRANSFORMING TO IMPACT COMMUNITY HEALTH STATUS IN A MEANINGFUL AND SIGNIFICANT WAY. ONE INITIATIVE TO SUPPORT LOCAL HIRING IN BETTER-PAYING JOBS, RWJBH, AND ITS LOCAL HOSPITAL, NEWARK BETH ISRAEL MEDICAL CENTER, PARTNERED WITH THE CITY OF NEWARK TO OFFER CLASSES THAT TEACH LOCAL RESIDENTS "SOFT SKILLS" SUCH AS GAINING THE MATH KNOWLEDGE

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NEEDED TO PASS REQUIRED TESTS FOR LOCAL UTILITY COMPANY JOBS. OTHER

INITIATIVES FOCUS ON SUPPORTING LOCAL BUSINESSES, INCREASING FOOD/HOUSING

SECURITY, AND ADDRESSING OTHER SOCIAL DETERMINANTS OF HEALTH BARRIERS.

ANOTHER KEY INITIATIVE TO IMPROVE PUBLIC HEALTH AND IN PARTNERSHIP WITH

THE COMMUNITY FOOD BANK OF NEW JERSEY, RWJBH HAS CREATED "FOOD FARMACY"

PROGRAMS TO ADDRESS FOOD INSECURITY IN NEWARK, JERSEY CITY AND NEW

BRUNSWICK, SERVING THE MATERNAL CHILD POPULATION AND THOSE WITH CHRONIC

CONDITIONS. A "FOOD FARMACY" IS A PROGRAM THAT FOCUSES ON AND PROMOTES

HEALTHY, NUTRITIOUS EATING USING A CLINICALLY BASED APPROACH. A "FOOD

FARMACY" DIFFERS FROM A FOOD PANTRY IN THAT THE FARMACY PROVIDES

COMPREHENSIVE, INDIVIDUALIZED CARE AND NUTRITION EDUCATION IN ADDITION TO

HEALTHY FOOD, WHILE A FOOD PANTRY SERVES AS AN EMERGENT FEEDING SITE

HELPING TO FIGHT HUNGER IN OUR COMMUNITIES. IN ADDITION TO FOOD, OUR

FARMACIES ALSO PROVIDE DIAPERS AND PERIOD PRODUCTS FOR WOMEN,

SIGNIFICANTLY ALLEVIATING FINANCIAL STRAIN AND FREEING UP A PORTION OF

THEIR MONTHLY BUDGET FOR OTHER NECESSITIES.

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RWJBARNABAS HEALTH'S STRATEGIC PILLAR FOCUSED ON SOCIAL IMPACT AND COMMUNITY INVESTMENT LED TO BECOMING A FOUNDING MEMBER OF THE HEALTHCARE ANCHOR NETWORK ALONG WITH ADVOCATE HEALTH CARE, CATHOLIC HEALTH INITIATIVES, DIGNITY HEALTH, HENRY FORD HEALTH SYSTEM, KAISER PERMANENTE, PROMEDICA, PROVIDENCE ST. JOSEPH HEALTH, RUSH UNIVERSITY MEDICAL CENTER, TRINITY HEALTH, AND UMASS MEMORIAL HEALTH CARE. TODAY, MORE THAN 75 HOSPITALS AND HEALTH SYSTEMS ARE NETWORK MEMBERS. MARK E. MANIGAN, PRESIDENT & CEO, RWJBARNABAS HEALTH HAS STATED "AS AN ANCHOR INSTITUTION THAT PRIORITIZES ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH, OUR COMMITMENT TO OUR PATIENTS AND NEIGHBORS EXTENDS BEYOND TRADITIONAL CARE DELIVERY. OUR HEALTH SYSTEM IS ONE OF THE LARGEST EMPLOYERS AND PURCHASERS IN NEW JERSEY, AND WE ARE DEDICATED TO INVESTING THOSE DOLLARS BACK INTO THE COMMUNITIES WE SERVE."

THE TAI WORKFORCE DEVELOPMENT TEAM HAS ESTABLISHED MULTIPLE PROGRAMS DESIGNED TO BENEFIT LOCAL HIRES. WE PROVIDE SPECIALIZED TRAINING FOR EMPLOYEES AND COMMUNITY RESIDENTS IN ROLES SUCH AS MEDICAL SCRIBES, CERTIFIED MEDICAL ASSISTANTS, MENTAL HEALTH ASSOCIATES, CENTRAL STERILE

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PROCESSING TECHNICIANS, AND FIELD ANALYSTS. PARTICIPANTS ARE HIRED INTO THESE POSITIONS, RECEIVING FULL SALARIES DURING THEIR TRAINING, WITH A GUARANTEED JOB UPON CERTIFICATION. THROUGH THESE INITIATIVES, WE ARE FOSTERING UPWARD MOBILITY AND REMOVING BARRIERS TO EDUCATION. SINCE 2019, WE HAVE SUPPORTED OVER 400 PARTICIPANTS ACROSS MULTIPLE CERTIFICATE PROGRAMS, CONTINUING OUR COMMITMENT TO COMMUNITY EMPOWERMENT AND ECONOMIC DEVELOPMENT.

AN EXAMPLE OF THIS ANCHOR WORK, RWJBARNABAS HEALTH'S ANCHOR TRAINING PROGRAM AT THE CHILDREN'S SPECIALIZED HOSPITAL FOR PEDIATRIC PALLIATIVE CARE SERVES AS A NATIONAL MODEL FOR CREATING DESIGNATED CARE PATHWAYS AND IMPROVING THE QUALITY OF LIFE FOR CHILDREN WITH COMPLEX NEEDS. THE PROGRAM ALLOWS PROVIDERS TO EXPAND THEIR PEDIATRIC PALLIATIVE CARE SKILLS BY SHARING TECHNIQUES WITH ONE ANOTHER, IMPROVING SYMPTOM MANAGEMENT SKILLS, ADOPTING NEW BEST PRACTICES, AND IMPROVING FAMILY SUPPORT SERVICE SKILLS. INTENDING TO INCREASE THE NUMBER OF PROVIDERS TRAINED IN PEDIATRIC PALLIATIVE CARE AND EXPAND TECHNIQUES IN PEDIATRIC PALLIATIVE CARE, THE ANCHOR TRAINING PROGRAM RECENTLY GRADUATED TWO COHORTS OF

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PEDIATRIC PALLIATIVE CARE PROFESSIONALS, TOTALING 82 PROVIDERS.

AS PART OF ITS ONGOING COMMITMENT TO ITS ANCHOR MISSION AND SOCIAL IMPACT/COMMUNITY INVESTMENT, RWJBH LAUNCHED AN ONLINE PLATFORM IN 2022 DESIGNED TO INCREASE OPPORTUNITIES FOR CERTIFIED LOCAL AND DIVERSE OWNED BUSINESSES IN NEW JERSEY TO WORK DIRECTLY WITH RWJBH AND ITS FACILITIES. LOCAL, MINORITY, AND WOMEN-OWNED BUSINESSES THAT COULD POTENTIALLY MEET FUTURE SERVICE OR SUPPLY CHAIN DEMANDS FOR RWJBH ARE INVITED TO REGISTER AT RWJBH.ORG/BUYLOCAL. COMPANIES THAT SUCCESSFULLY REGISTER TO THE PLATFORM WILL BE LISTED AS RWJBARNABAS HEALTH BUYLOCAL VENDORS AND INCLUDED IN A DATABASE OF BUSINESSES CONSIDERED FOR PROCUREMENT AND CONTRACTING OPPORTUNITIES WITHIN THE SYSTEM. NEW JERSEY BASED, CERTIFIED MINORITY OWNED (MBE), WOMEN OWNED (WBE), SMALL BUSINESS (SBE), VETERAN-OWNED (VOB), DISABLED VETERAN-OWNED (DVOB) AND DISADVANTAGED BUSINESS ENTERPRISES (DBE) ARE ALL ELIGIBLE TO PARTICIPATE. HUNDREDS OF BUSINESS HAVE REGISTERED.

OTHER COMMUNITY BUILDING ACTIVITIES ARE UNDERTAKEN BY RWJBH, ITS

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HOSPITALS AND OTHER FACILITIES TO IMPROVE THE MEDICAL AND SOCIOECONOMIC

WELL-BEING OF THE COMMUNITIES AND SPECIAL NEEDS CHILDREN IN OUR CARE.

THIS IS ACCOMPLISHED THROUGH SERVICE ON STATE AND REGIONAL ADVOCACY

COMMITTEES AND BOARDS, VOLUNTEERISM WITH LOCAL COMMUNITY-BASED NON-PROFIT

ADVOCACY GROUPS, AND PARTICIPATION IN CONFERENCES AND OTHER EDUCATIONAL

ACTIVITIES TO PROMOTE UNDERSTANDING OF THE ROOT CAUSES OF HEALTH

CONCERNS. THE SYSTEM AND FACILITIES ENGAGE IN EDUCATION AND INNOVATION BY

CONDUCTING RESEARCH, PROVIDING EDUCATIONAL MATERIALS, CONDUCTING SPECIAL

PROGRAMMING (SPECIAL CAMPS, EVENTS) AND HOLDS HEALTH EDUCATION SEMINARS

AND OUTREACH SESSIONS FOR ITS PATIENTS AND FOR COMMUNITY PROVIDERS AND

MEMBERS. PRESENTATIONS ARE PROVIDED BY PHYSICIANS, NURSES AND OTHER

HEALTHCARE PROFESSIONALS.

THE SYSTEM AND ITS AFFILIATES RECOGNIZE THAT COMMUNITY HEALTH IMPROVEMENT

CAN BEST BE ACCOMPLISHED THROUGH PARTNERSHIPS TO ADDRESS THE SERVICE

NEEDS OF ITS COMMUNITIES. SOME NOTABLE PARTNERSHIPS INCLUDE:

- RWJBH, RUTGERS UNIVERSITY BEHAVIORAL HEALTH CARE, AND WOODS SERVICES,

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ANNOUNCED THAT THEY ARE JOINING FORCES TO ESTABLISH THE VERY FIRST

INTEGRATED PRIMARY AND BEHAVIORAL HEALTH CARE CENTER FOR INDIVIDUALS WITH

INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (I/DD) AND AUTISM IN NEW

JERSEY. (2023).

- RWJBH ALSO PARTNERED WITH THE STATE ON THE "ARRIVE TOGETHER" PROGRAM

PAIRING MENTAL HEALTH PROFESSIONALS WITH POLICE ON 911 RESPONSE CALLS,

IMPLEMENTED POST-INCARCERATION PROGRAMS FOCUSED ON PROVIDING HEALTH AND

SOCIAL SUPPORT SERVICES. (2023).

- ESSEX COUNTY EXECUTIVE JOSEPH N. DIVINCENZO, JR. AND RWJBARNABAS HEALTH

PRESIDENT AND CHIEF EXECUTIVE OFFICER MARK E. MANIGAN ANNOUNCED A

PARTNERSHIP TO OFFER A VARIETY OF HEALTH CARE SERVICES AND SCREENINGS

THROUGHOUT ESSEX COUNTY. THE INITIATIVE COMBINES THE RESOURCES OF THE

ESSEX COUNTY OFFICE OF PUBLIC HEALTH MANAGEMENT AND ITS MOBILE HEALTH

UNIT AND THE MEDICAL RESOURCES AVAILABLE THROUGH RWJBARNABAS HEALTH.

WORKING TOGETHER, A ROBUST SCHEDULE OF OUTREACH CLINICS WILL BE OFFERED

WHERE RESIDENTS HAVE ACCESS TO MEDICAL SCREENINGS, VACCINES, INFORMATION

AND REFERRALS. (2023).

- RWJBARNABAS HEALTH WAS AWARDED A GRANT FROM THE NEW JERSEY FOOD

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SECURITY INITIATIVE (NJFSI) TO SUPPORT A FIRST-OF-ITS-KIND PROGRAM IN NEW JERSEY TO EMBED SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) NAVIGATORS IN EACH OF THE SYSTEM'S 12 GENERAL ACUTE CARE HOSPITALS. THE GOAL OF THE PROGRAM IS TO IMPROVE FOOD SECURITY AND REDUCE HUNGER BY ENHANCING ACCESS TO FOOD, A HEALTHY DIET, AND NUTRITION EDUCATION FOR LOW-INCOME RESIDENTS. NJFSI IS A COLLABORATION OF COMMUNITY ORGANIZATIONS AND LOCAL AND STATE AGENCIES, LED BY THE FOOD RESEARCH & ACTION CENTER (FRAC) AND FUNDED BY THE ROBERT WOOD JOHNSON FOUNDATION, TO ADDRESS FOOD INSECURITY AND HEALTH INEQUITY IN NEW JERSEY AND BUILD UPON OTHER LOCAL AND PROGRAM-RELATED INVESTMENTS TO HELP FINANCE MORE EQUITABLE ACCESS TO HEALTHIER FOOD RETAIL OPTIONS IN UNDER-RESOURCED AREAS. (2024).

- SAINT JAMES HEALTH FEDERALLY QUALIFIED HEALTH CENTER (FQHC), IN PARTNERSHIP WITH RWJBARNABAS HEALTH, OPENED A NEW HEALTH CLINIC AT NEWARK'S EAST SIDE HIGH SCHOOL AS PART OF AN ONGOING EFFORT TO INCREASE ACCESS TO CARE AND IMPROVE HEALTH OUTCOMES IN THE CITY'S MOST VULNERABLE POPULATIONS. THIS HEALTH CLINIC WAS DEVELOPED IN COLLABORATION WITH THE CITY OF NEWARK AND NEWARK PUBLIC SCHOOLS TO BRING HIGH-QUALITY HEALTH CARE RIGHT INTO THE CENTER OF THE COMMUNITY-THE LOCAL PUBLIC

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SCHOOL-INCREASING ACCESS TO CARE FOR STUDENTS, THEIR FAMILIES, AND SURROUNDING RESIDENTS. AS PART OF THE OPENING EVENT, RWJBARNABAS HEALTH ALSO SPONSORED A BACKPACK GIVEAWAY OUTSIDE EAST SIDE HIGH SCHOOL, PROVIDING OVER 1,000 BACKPACKS FILLED WITH ESSENTIAL SCHOOL SUPPLIES FOR AREA CHILDREN IN TIME FOR THE START OF SCHOOL. (2024).

- NJ/NY GOTHAM FC, THE REIGNING NATIONAL WOMEN'S SOCCER LEAGUE CHAMPIONS PARTNERED WITH RWJBARNABAS HEALTH AS THE CLUB'S OFFICIAL HEALTH CARE PROVIDER. AS PART OF THIS PARTNERSHIP, RWJBARNABAS HEALTH AND GOTHAM FC WILL DEVELOP A MEANINGFUL COMMUNITY OUTREACH AND EDUCATION PROGRAM TO ENGAGE WITH OUR COMMUNITIES ON THE IMPORTANCE OF PROPER NUTRITION, HEALTHY HABITS AND PREVENTIVE MEASURES, AMONG OTHER INITIATIVES. (2024).

THE MAJORITY OF THE BOARD OF TRUSTEES' MEMBERS ARE INDIVIDUALS WITH LOCAL BUSINESSES OR WHO RESIDE IN THE COMMUNITY. HOSPITAL STAFF MEMBERS SERVE ON THE BOARDS OF MANY LOCAL NOT-FOR-PROFIT ORGANIZATIONS OR PROVIDE OTHER FORMS OF SUPPORT SUCH AS FUNDRAISING, ACTIVITY PARTICIPATION AND PROMOTION OF THE CHARITABLE EVENTS AND MISSION. ALL QUALIFIED PHYSICIANS ARE EXTENDED PRIVILEGES. COMMUNITY REPRESENTATION IS WELCOMED AND

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ENCOURAGED FOR RECRUITMENT OF TRUSTEES, PHYSICIANS AND STAFF.

UNDER THE DIRECTIVE OF THE SYSTEM'S FINANCE OFFICE, SURPLUS FUNDS ARE UTILIZED FOR CAPITAL PROJECTS TO IMPROVE SERVICES, TO PURCHASE EQUIPMENT, OR TO ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES. ALL OF THESE PURPOSES FOR EXPENDITURE OF SURPLUS FUNDS, IN TURN, BENEFIT THE COMMUNITY. PLEASE ALSO REFER TO FORM 990, SCHEDULE O, WHICH CONTAINS THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT AND PROVIDES A SUMMARY OF HOSPITAL ENTITIES COMPRISING RWJBARNABAS HEALTH.

SCHEDULE H, PART VI; QUESTION 6

RWJBARNABAS HEALTH - AS THE LEADING ACADEMIC HEALTH SYSTEM IN NEW JERSEY - IS ADVANCING INNOVATIVE STRATEGIES IN HIGH-QUALITY PATIENT CARE, EDUCATION AND RESEARCH TO ADDRESS BOTH THE CLINICAL AND SOCIAL DETERMINANTS OF HEALTH. RWJBH WORKS TO MAKE A UNIQUE IMPACT IN LOCAL COMMUNITIES THROUGHOUT NEW JERSEY: IMPROVING THE HEALTH OF LOCAL RESIDENTS THROUGH CLINICAL SERVICES AND PROGRAMS, CREATING EDUCATIONAL

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AND CAREER OPPORTUNITIES, ADVOCATING FOR POLICY TO SUPPORT THE HEALTH AND WELLNESS OF ITS COMMUNITIES AND PROMOTING BEST HEALTH AND WELLNESS PRACTICES.

THE SYSTEM INITIATIVES ESTABLISH A STRONG FOUNDATION AND SUPPORT FOR THE IMPROVED HEALTH AND WELLBEING OF ITS COMMUNITIES. RWJBH SUPPORTS (STRATEGY DEVELOPMENT, ADVOCACY, RESOURCES, TRAINING) THE LOCAL HOSPITALS AND SITES WITH THEIR WORK IN THE FIELD WHERE CARE AND SERVICES ARE DELIVERED. THE HOSPITALS ADVANCE LOCAL PROGRAMMING AND INITIATIVES AND ALSO PARTICIPATE AS VALUABLE TEAM MEMBERS IN THE DEVELOPMENT OF SYSTEM INITIATIVES AND SHARING OF BEST PRACTICE FROM GOVERNANCE TO POLICY.

RWJBARNABAS HEALTH'S AFOREMENTIONED SOCIAL IMPACT & COMMUNITY INVESTMENT PRACTICE (SICI), EXEMPLIFIES ROLES OF THE ORGANIZATION AND AFFILIATES. SICI SERVES AS A DRIVER OF THE SYSTEM'S ANCHOR MISSION TO "HIRE LOCAL, BUY LOCAL, AND INVEST LOCAL". SICI LEVERAGES A BROAD RANGE OF ASSETS TO ADVANCE A CULTURE OF HEALTH AND IMPROVE THE QUALITY OF LIFE FOR COMMUNITIES THROUGHOUT NEW JERSEY THROUGH ENSURING HEALTH EQUITY, BY

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ADVANCING STRATEGIC POLICY CHANGE, COMBINED WITH EVIDENCE BASED AND

INNOVATIVE PROGRAMS THAT ADDRESS THE SOCIAL, ECONOMIC, AND ENVIRONMENTAL

CONDITIONS THAT HAVE A SIGNIFICANT IMPACT ON HEALTH OUTCOMES.

OTHER SIGNIFICANT PROCESSES INCLUDE: THE COMMUNITY HEALTH NEEDS

ASSESSMENT PROCESS; LEADERSHIP AND GOVERNANCE; CLINICAL EXPERIENCE AND

FINANCIAL ALLOCATION PROCESSES. THESE ARE DESCRIBED FURTHER BELOW.

A. COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") PROCESS.

COMMUNITY IMPROVEMENT ACTIVITIES ARE INFORMED BY COMPREHENSIVE

ASSESSMENTS DEVELOPED THROUGH EVIDENCE-BASED METHODS AND REVIEW OF

PRIMARY AND SECONDARY DATA. THE RWJBH ASSESSMENT PROCESS IS MULTIFACETED

AND STRUCTURED TO MAXIMIZE INPUT FROM DIVERSE SUBJECT MATTER EXPERTS,

COMMUNITY STAKEHOLDERS AND THE RESIDENTS SERVED BY THE SYSTEM AND

HOSPITAL FACILITIES.

THERE IS A SYSTEM CORPORATE STEERING COMMITTEE FOR THE COMMUNITY HEALTH

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NEEDS ASSESSMENT (CHNA) PROCESS IN WHICH HOSPITAL LEADS PARTICIPATE AS WELL AS KEY LEADERS FROM SERVICE LINES (WOMEN'S AND CHILDREN, CARDIOLOGY, ONCOLOGY) AND CORE FUNCTIONS (E.G. QUALITY, POPULATION HEALTH, SOCIAL RESPONSIBILITY AND COMMUNITY INVESTMENT,) AND EXTERNAL EXPERTS IN HEALTH MEASUREMENT AND HEALTH DISPARITIES. THIS COMMITTEE IDENTIFIED A CONSISTENT FRAMEWORK AND MINIMUM SET OF INDICATORS BUT THE APPROACH AND ENGAGEMENT PROCESS ARE TAILORED FOR EACH COMMUNITY. THE COMMITTEE PROVIDES INPUT AND FEEDBACK ON MAJOR DATA ELEMENTS (E.G., SECONDARY DATA KEY INDICATORS, OVERALL TABLE OF CONTENTS) AND CORE PRIORITIZATION CRITERIA FOR THE PLANNING PROCESS DONE AT A LOCAL AND REGIONAL LEVEL WITH OVERSIGHT COMMITTEES.

THE CHNA LOCAL OVERSIGHT COMMITTEES USE THE ESTABLISHED FRAMEWORK AND GUIDANCE TO ENGAGE WITH LOCAL COMMUNITY STAKEHOLDERS AND LOCAL PUBLIC HEALTH PARTICIPANTS TO COMPLETE HOSPITAL CHNAS. A SOCIAL DETERMINANTS OF HEALTH FRAMEWORK IS USED IN ORDER TO UNDERSTAND THE CURRENT HEALTH STATUS OF RESIDENTS AND THE MULTITUDE OF FACTORS THAT INFLUENCE HEALTH TO ENABLE THE IDENTIFICATION OF PRIORITIES FOR COMMUNITY HEALTH PLANNING, EXISTING

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STRENGTHS AND ASSETS UPON WHICH TO BUILD, AND AREAS FOR FURTHER COLLABORATION AND COORDINATION. THIS WORK IS APPROACHED BY APPLYING A HEALTH EQUITY LENS AS THE INFLUENCES OF RACE, ETHNICITY, INCOME, AND GEOGRAPHY ON HEALTH PATTERNS ARE OFTEN INTERTWINED. SOCIAL, ECONOMIC, AND POLITICAL PROCESSES MAY INFLUENCE OPPORTUNITIES FOR EDUCATIONAL AND OCCUPATIONAL ADVANCEMENT AND HOUSING OPTIONS, TWO FACTORS THAT PROFOUNDLY AFFECT HEALTH. ECONOMIC INEQUALITY, DISCRIMINATORY POLICIES/PRACTICES ARE A FEW OF THE FACTORS THAT DRIVE HEALTH INEQUITIES AND DISPARITIES IN THE UNITED STATES.

THE PROCESS DEPLOYS MIXED METHODS TO REVIEW AND ASSESS COMMUNITY NEEDS. A RESIDENT SURVEY WHICH INCLUDED 16,000 PARTICIPANTS ACROSS THE COMMUNITIES SERVED (CSH ALSO CONDUCTED A TARGETED SURVEY FOR SPECIAL NEEDS OF 996 PARTICIPANTS, THE 2025 UPDATED SURVEY INCLUDED 831 PARTICIPANTS), SUPPLEMENTED BY AN ARRAY OF SECONDARY DATA FROM EXISTING SOCIAL, ECONOMIC AND HEATH DATA FROM A VARIETY OF SOURCES PROVIDED A ROBUST STARTING POINT FOR DISCUSSION AND ADDITIONAL INFORMATION NEEDS. THE LOCAL COMMITTEES DETERMINED WHAT GROUPS AND VOICES NEEDED TO BE CULTIVATED TO ENRICH THE

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ASSESSMENT WITH QUALITATIVE DATA OBTAINED THOUGH COMMUNITY FOCUS GROUPS

AND KEY INFORMANT INTERVIEWS. FROM THE LOCAL REVIEW, KEY SIGNIFICANT

HEALTH ISSUES WERE IDENTIFIED FOR PRIORITIZATION AND FOCUS.

PRIORITIZATION ALLOWED ORGANIZATIONS AND COALITIONS TO TARGET AND ALIGN

RESOURCES, LEVERAGE EFFORTS, AND FOCUS ON ACHIEVABLE GOALS AND STRATEGIES

FOR ADDRESSING PRIORITY NEEDS. FOR THE CURRENT CYCLE OF NEEDS ASSESSMENT,

THE STEERING COMMITTEE ESTABLISHED THE FOLLOWING SEVEN CRITERIA TO GUIDE

AND INFORM PRIORITIZATION DISCUSSIONS WITH THE HOSPITALS AND RESEARCH

CONSULTANTS.

- BURDEN: HOW MUCH DOES THIS ISSUE AFFECT HEALTH IN THE COMMUNITY?

- EQUITY: WILL ADDRESSING THIS ISSUE SUBSTANTIALLY BENEFIT THOSE MOST IN

NEED?

- IMPACT: CAN WORKING ON THIS ISSUE ACHIEVE BOTH SHORT-TERM AND LONG-TERM

CHANGES? IS THERE AN OPPORTUNITY TO ENHANCE ACCESS/ACCESSIBILITY?

- SYSTEMS CHANGE: IS THERE AN OPPORTUNITY TO FOCUS ON/IMPLEMENT

STRATEGIES THAT ADDRESS POLICY, SYSTEMS, ENVIRONMENTAL CHANGE?

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- FEASIBILITY: IS IT POSSIBLE TO TAKE STEPS TO ADDRESS THIS ISSUE GIVEN

CURRENT INFRASTRUCTURE, CAPACITY, AND POLITICAL WILL?

- COLLABORATION/CRITICAL MASS: ARE THERE EXISTING GROUPS ACROSS SECTORS

ALREADY WORKING ON OR WILLING TO WORK ON THIS ISSUE TOGETHER?

- SIGNIFICANCE TO COMMUNITY: WAS THIS ISSUE IDENTIFIED AS A TOP NEED BY A

SIGNIFICANT NUMBER OF COMMUNITY MEMBERS?

FINDINGS AND THE WORK PLANS FROM THE LOCAL HOSPITALS AND REGIONS ARE

SHARED WITH THE SYSTEM STEERING COMMITTEE AND LEADERSHIP FOR EXAMINATION

OF SYSTEMWIDE OPPORTUNITIES TO ADDRESS PREVALENT NEEDS ACROSS THE

COMMUNITIES SERVED BY THE AFFILIATE HOSPITALS.

B. LEADERSHIP INTERACTION AND COMMUNITY ENGAGEMENT

THE MAJORITY OF THE LOCAL HOSPITAL'S BOARD OF TRUSTEES MEMBERS ARE

INDIVIDUALS WITH LOCAL BUSINESSES OR WHO RESIDE IN THE COMMUNITY. LOCAL

BOARDS REVIEW AND ADOPT THEIR HOSPITAL'S CHNA AND IN MANY CASES,

PARTICIPATE IN THE PROCESS. THERE IS LOCAL BOARD REPRESENTATION ON THE

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SYSTEM BOARD TO CONNECT LOCAL NEEDS TO SYSTEM WIDE ACTIVITIES IN FURTHERANCE OF BOTH SYSTEM AND LOCAL MISSIONS. THE REPRESENTATION ALSO STEPS OUTSIDE OUR SYSTEM AND AFFILIATED ENTITIES WITH MANY HOSPITAL AND SYSTEM LEADERSHIP AND STAFF PERSONS SERVING ON THE BOARDS OF MANY LOCAL AND REGIONAL NOT-FOR-PROFIT ORGANIZATIONS. THE SUPPORT EXTENDS BEYOND GOVERNANCE SUPPORT TO ALSO PROVIDE OTHER FORMS OF SUPPORT SUCH AS FUNDRAISING, ACTIVITY PARTICIPATION AND PROMOTION OF THE CHARITABLE EVENTS AND MISSION.

THE SYSTEM AND AFFILIATE HOSPITALS HAVE LEADERSHIP AND STAFF REPRESENTATIVE OF DIVERSE POPULATIONS AND UTILIZE THOSE VOICES TO IMPROVE UNDERSTANDING OF THE NEEDS OF TYPICALLY UNDERREPRESENTED AND MARGINALIZED COMMUNITIES. IT SHOULD BE NOTED THAT ALL QUALIFIED PHYSICIANS ARE EXTENDED PRIVILEGES AND THAT DIVERSITY IS WELCOMED AND ENCOURAGED FOR RECRUITMENT OF TRUSTEES, PHYSICIANS AND STAFF.

C. CLINICAL AND PATIENT EXPERIENCE

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RWJBH BELIEVES THAT WHEN YOU BRING TOGETHER ALL BACKGROUNDS, INCLUDING

DIFFERENT LANGUAGES, BELIEFS AND EXPERIENCES, THOSE UNIQUE PERSPECTIVES

PROVIDE POTENTIAL IDEAS, SOLUTIONS AND STRATEGIES THAT, WHEN MOBILIZED,

CAN HELP ADVANCE THE OVERALL HEALTH EQUITY OF THE PEOPLE OF NEW JERSEY.

AT RWJBARNABAS HEALTH, WE ARE ON A CONTINUING JOURNEY TO BECOME A HIGH

RELIABILITY ORGANIZATION (HRO), UNITING OUR HEALTH SYSTEM IN A CULTURE OF

SAFETY TO ACHIEVE TOP-TIER CLINICAL OUTCOMES AND TO DELIVER THE HIGHEST

QUALITY CARE AND SAFEST EXPERIENCE FOR OUR PATIENTS, COMMUNITIES AND

WORKFORCE. THIS PROCESS IS INCLUSIVE OF MONTHLY MEETINGS WITH A RANGE OF

PROFESSIONALS FROM SYSTEM AND HOSPITALS TO WORK TOGETHER TO:

- MEET AND EXCEED INDUSTRY STANDARDS

- ASSURE SAFE AND RESPECTFUL CARE

- PROMOTE CLINICAL EXCELLENCE

- ADDRESS EFFECTIVE AND EFFICIENT CLINICAL RESOURCE MANAGEMENT

OPPORTUNITIES TO IMPROVE SERVICES AND SHARE BEST PRACTICES ARE RAISED AND

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ADDRESSED DURING MONTHLY MEETINGS. NEW CLINICAL SYSTEMS INCLUDE THE

IMPLEMENTATION OF SOCIAL DETERMINANTS OF HEALTH SCREENING FOR ALL

PATIENTS AND WORKING TO COORDINATE PATIENTS OF NEED WITH SERVICES.

IN ADDITION TO THE HRO COLLABORATIVE ACTIVITIES, THE INSTITUTE FOR

NURSING EXCELLENCE IS DEDICATED TO BUILDING AND SUSTAINING A NURSING

WORKFORCE THAT REFLECTS THE DIVERSE COMMUNITIES WE SERVE, HOLDING REGULAR

MEETINGS TO PROVIDE CONTINUOUS LEARNING AND INNOVATION. THE GOALS ARE TO

IMPROVE PATIENT OUTCOMES AND ENHANCE ACCESS TO CARE. NURSING EXCELLENCE

IS SUPPORTED BY THE CENTER FOR PROFESSIONAL DEVELOPMENT, INNOVATION AND

RESEARCH, WHICH OFFERS A RANGE OF EDUCATIONAL PROGRAMS AND INITIATIVES.

FROM NURSING STUDENTS TO EXPERIENCED NURSES, A VARIETY OF RESOURCES TO

HELP CLINICIANS EXPAND THEIR KNOWLEDGE AND IMPROVE THEIR PRACTICE.

D. FINANCIAL ALLOCATION AND INVESTMENT

UNDER THE DIRECTIVE OF THE SYSTEM'S LEADERSHIP AND FINANCE OFFICE,

SURPLUS FUNDS ARE UTILIZED FOR CAPITAL PROJECTS TO IMPROVE SERVICES, TO

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PURCHASE EQUIPMENT, OR TO ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES.

ALL OF THESE PURPOSES FOR EXPENDITURE OF SURPLUS FUNDS, IN TURN, BENEFIT

THE COMMUNITY. THE SYSTEM HAS THE ABILITY TO TARGET AND ALLOCATE FUNDS TO

ACHIEVE THE MOST BENEFIT FOR COMMUNITY HEALTH IMPROVEMENT.

THESE PROCESSES REFLECT THE SYSTEM ORGANIZATION AND AFFILIATE ROLES AS

COLLABORATIVE AND MUTUALLY DRIVEN TOWARDS QUALITY, HEALTH EQUITY,

ENHANCED ACCESS FOR THE COMMUNITY AND IMPROVED HEALTH.

SCHEDULE H, PART VI; QUESTION 6

THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE

AFFILIATES WITHIN RWJBARNABAS HEALTH ("RWJBH"). ALL AFFILIATES ARE

COMMITTED TO ENHANCING THE OVERALL HEALTH STATUS OF THE COMMUNITY BY

PROVIDING THE HIGHEST QUALITY HEALTHCARE AND RELATED SERVICES IN A

COST-EFFECTIVE MANNER AND REGARDLESS OF ABILITY TO PAY. RWJBH STRIVES TO

EXCEED THE PATIENTS' EXPECTATIONS BY EMPHASIZING COMMITMENT, COMPETENCE,

COLLABORATION, COMMUNICATION, AND COMPASSION. RWJBH SETS OVERALL POLICY

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REGARDING BILLING AND COLLECTIONS AND THE FACILITY RESPONSES PROVIDED FOR

PART I, PART II, AND PART III ARE REFLECTIVE OF THAT POLICY.

RWJ BARNABAS HEALTH, INC. 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). RWJ BARNABAS HEALTH, INC. OPERATES AS THE TAX-EXEMPT

PARENT ENTITY OF A MULTI-CORPORATE HEALTHCARE SYSTEM. IT WAS CREATED TO

COORDINATE, SUPERVISE AND ENSURE THE CONTINUATION AND IMPROVEMENT OF THE

QUALITY OF HEALTHCARE SERVICES PROVIDED BY ITS QUALIFYING AFFILIATES TO

THE COMMUNITY. RWJ BARNABAS HEALTH, INC. ENSURES THAT ITS SYSTEM PROVIDES

MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF

RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

THE SOLE MEMBER OR STOCKHOLDER OF EACH ENTITY WITHIN THE SYSTEM IS EITHER

RWJ BARNABAS HEALTH, INC. OR ANOTHER RWJBH AFFILIATE CONTROLLED OR OWNED

BY RWJ BARNABAS HEALTH, INC.

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OUTLINED BELOW IS A SUMMARY OF THE ENTITIES WHICH COMPRISE RWJBH. ACTIVE HOSPITAL LEGAL ENTITIES INCLUDE CHILDREN'S SPECIALIZED HOSPITAL, CLARA MAASS MEDICAL CENTER, COMMUNITY MEDICAL CENTER, COOPERMAN BARNABAS MEDICAL CENTER, JERSEY CITY MEDICAL CENTER, MONMOUTH MEDICAL CENTER, NEWARK BETH ISRAEL MEDICAL CENTER, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY, SAINT BARNABAS BEHAVIORAL HEALTH CENTER, INC. AND TRINITAS REGIONAL MEDICAL CENTER. EACH OF THESE HOSPITALS OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545:

1. EACH PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS;

2. EACH ACUTE CARE HOSPITAL OPERATES AN ACTIVE EMERGENCY DEPARTMENT FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR (EXCEPT SAINT BARNABAS BEHAVIORAL HEALTH CENTER, INC.; A BEHAVIORAL

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HEALTH SPECIALTY HOSPITAL FACILITY AND, ACCORDINGLY, DOES NOT OPERATE AN

EMERGENCY ROOM);

3. EACH MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL

QUALIFIED PHYSICIANS;

4. CONTROL OF EACH RESTS WITH ITS BOARD OF TRUSTEES AND THE BOARD OF

TRUSTEES OF RWJ BARNABAS HEALTH, INC. (BOTH BOARDS ARE COMPRISED OF

INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY);

AND

5. SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND

AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS AND

ACTIVITIES.

AFFILIATED RWJBH ENTITIES ARE AS FOLLOWS:

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COMPREHENSIVE PEDIATRIC REHABILITATION HOSPITAL AND PEDIATRIC LONG-TERM CARE FACILITY WITH LOCATIONS IN NEW BRUNSWICK, MOUNTAINSIDE AND TOMS RIVER NEW JERSEY. CSH IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, CSH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, CSH OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

CLARA MAASS MEDICAL CENTER ("CMMC") IS A 469-BED NON-PROFIT ACUTE CARE MEDICAL CENTER LOCATED IN BELLEVILLE, ESSEX COUNTY, NEW JERSEY. CMMC IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, CMMC PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, CMMC OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

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COMMUNITY MEDICAL CENTER, INC. ("CMC") IS A 592-BED NON-PROFIT HOSPITAL LOCATED IN TOMS RIVER, OCEAN COUNTY, NEW JERSEY. CMC IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, CMC PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, CMC OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

COOPERMAN BARNABAS MEDICAL CENTER ("CBMC") IS NEW JERSEY'S OLDEST NON-PROFIT, NON-SECTARIAN ACUTE CARE HOSPITAL, LOCATED IN LIVINGSTON, ESSEX COUNTY, NEW JERSEY. WITH 645 LICENSED BEDS, CBMC IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION §501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, CBMC PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, SBMC OPERATES CONSISTENTLY

Part VI Supplemental Information

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1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

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.

WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

JERSEY CITY MEDICAL CENTER ("JCMC") IS A 316-BED REGIONAL REFERRAL TEACHING HOSPITAL AND A MAJOR TEACHING AFFILIATE OF THE MOUNT SINAI SCHOOL OF MEDICINE, LOCATED IN JERSEY CITY, HUDSON COUNTY, NEW JERSEY. JCMC IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION §501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, JCMC PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, JCMC OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

MONMOUTH MEDICAL CENTER ("MMC") IS COMPRISED OF THE FOLLOWING HOSPITALS: MONMOUTH MEDICAL CENTER, A 513-BED NON-PROFIT COMMUNITY TEACHING HOSPITAL LOCATED IN LONG BRANCH, MONMOUTH COUNTY, NEW JERSEY AND MONMOUTH MEDICAL CENTER-SOUTHERN CAMPUS, A 330-BED NON-PROFIT MEDICAL CENTER LOCATED IN LAKEWOOD, OCEAN COUNTY, NEW JERSEY. MMC IS RECOGNIZED BY THE INTERNAL

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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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.

REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION §501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, MMC PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, MMC OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

NEWARK BETH ISRAEL MEDICAL CENTER ("NBIMC") IS A 665-BED NON-PROFIT, FULLY ACCREDITED REGIONAL CARE TEACHING HOSPITAL LOCATED IN NEWARK, ESSEX COUNTY, NEW JERSEY. NBIMC IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION §501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, NBIMC PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, NBIMC OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL ("RWJUH") IS COMPRISED OF THE

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.

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4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

FOLLOWING HOSPITALS: ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, A 610-BED NON-PROFIT ACADEMIC MEDICAL CENTER LOCATED IN NEW BRUNSWICK, MIDDLESEX COUNTY, NEW JERSEY AND ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL SOMERSET, A 355-BED ACUTE CARE AND TEACHING HOSPITAL LOCATED IN SOMERVILLE, SOMERSET COUNTY, NEW JERSEY. RWJUH IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, RWJUH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, RWJUH OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON ("RWJUHH") IS A 280-BED NON-PROFIT ACUTE CARE MEDICAL CENTER LOCATED IN HAMILTON, MERCER COUNTY, NEW JERSEY. RWJUHH IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, RWJUHH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER

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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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.

REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

MOREOVER, RWJUHH OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS

REVENUE RULING 69-545.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY ("RWJUHR") IS A LICENSED

251-BED NON-PROFIT ACUTE CARE MEDICAL CENTER LOCATED IN RAHWAY, UNION

COUNTY, NEW JERSEY. RWJUHR IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE

AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION.

PURSUANT TO ITS CHARITABLE PURPOSES, RWJUHR PROVIDES MEDICALLY NECESSARY

HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER

REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

MOREOVER, RWJUHR OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS

REVENUE RULING 69-545.

SAINT BARNABAS BEHAVIORAL HEALTH CENTER, INC., D/B/A BARNABAS HEALTH

BEHAVIORAL HEALTH CENTER, IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL

REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE

§501(C)(3). THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE

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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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.

SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. SAINT BARNABAS BEHAVIORAL HEALTH CENTER (WITH KIMBALL BEHAVIORAL HEALTH SERVICES) CONSTITUTES A FREESTANDING 100-BED ACUTE CARE PSYCHIATRIC FACILITY IN OCEAN COUNTY, NEW JERSEY. THE ORGANIZATION PROVIDES INPATIENT, PARTIAL HOSPITALIZATION, AND INTENSIVE OUTPATIENT PROGRAMS FOR ADULTS DIAGNOSED WITH PSYCHIATRIC AND DUAL DISORDERS. BARNABAS HEALTH BEHAVIORAL HEALTH CENTER IS ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION FOR HEALTHCARE ORGANIZATIONS.

TRINITAS REGIONAL MEDICAL CENTER ("TRMC") OPERATES ON TWO MAJOR CAMPUSES. TRMC, A 554-BED NON-PROFIT ACADEMIC MEDICAL CENTER LOCATED IN ELIZABETH, UNION COUNTY, NEW JERSEY AND A 120-BED LONG TERM CARE CENTER. TRMC IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, TRMC PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, TRMC OPERATES

Part VI Supplemental Information

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1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

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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.

CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

BARNABAS BAYONNE DEVELOPMENT URBAN RENEWAL CORPORATION F/K/A MEDICAL CENTER STAFFING SERVICES, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF CENTER STATE HEALTH GROUP, INC., A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION AND SUPPORTS THE HEALTHCARE SYSTEM.

BARNABAS HEALTH MEDICAL GROUP, P.C. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(2). THE ORGANIZATION SUPPORTS THE HEALTHCARE SYSTEM; PRIMARILY ITS TAX-EXEMPT ACUTE CARE HOSPITALS, WHICH PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION

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.

OR ABILITY TO PAY. IN ADDITION, BY PRACTICING MEDICINE, ENGAGING IN MEDICAL EDUCATION AND WORKING TO IMPROVE THE WELFARE OF INDIVIDUALS IN NEW JERSEY, THE ORGANIZATION COMPRISES A COMPONENT OF THE CLINICAL SERVICE PHYSICIAN PRACTICE PLANS OF THE RWJBARNABAS HEALTH TEACHING HOSPITALS AND IS AN INTEGRAL PART OF THESE INSTITUTIONS.

CENTER STATE HEALTH GROUP, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION IS A SUPPORTING ORGANIZATION OF RWJ BARNABAS HEALTH, INC. AND THE RWJBARNABAS HEALTH SYSTEM HOSPITALS AND MEDICAL CENTERS.

CLARA MAASS FOUNDATION, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1). THROUGH FUNDRAISING ACTIVITIES, THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF CLARA MAASS

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.

MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

COMMUNITY MEDICAL CENTER FOUNDATION, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1). THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF COMMUNITY MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

DOCTORS' CENTER MANAGEMENT CORP IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE

Part VI Supplemental Information

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5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CODE §509(A)(3). THE ORGANIZATION IS A SUPPORTING ORGANIZATION OF RWJ BARNABAS HEALTH, INC. AND THE RWJBARNABAS HEALTH SYSTEM HOSPITALS AND MEDICAL CENTERS.

LAKEVIEW CHILD CARE CENTER, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(2). THE ORGANIZATION IS INACTIVE AS OF DECEMBER 31, 2022.

MARILLAC CORPORATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION IS A SUPPORTING ORGANIZATION OF TRINITAS REGIONAL MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

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.

MEGA CARE, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION IS LOCATED IN UNION, UNION COUNTY, NEW JERSEY. THE ORGANIZATION IS ACTING AS A MEMBER OF VNA HEALTH GROUP OF NEW JERSEY, LLC WHICH PROVIDES MEDICALLY NECESSARY HOME HEALTH AND HOSPICE CARE TO ALL INDIVIDUALS.

MONMOUTH MEDICAL CENTER-FACULTY PRACTICE PLAN, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF MONMOUTH MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. THE ORGANIZATION PROVIDES CLINICAL SERVICES, EDUCATION AND TRAINING IN CONJUNCTION WITH MONMOUTH MEDICAL CENTER'S

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.

MEDICAL RESIDENCY TEACHING PROGRAM.

MONMOUTH MEDICAL CENTER FOUNDATION, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1). THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF MONMOUTH MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

MONMOUTH MEDICAL CENTER - SOUTHERN CAMPUS FOUNDATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1). THROUGH FUNDRAISING ACTIVITIES, THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF MONMOUTH MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE §501(C)(3)

Part VI Supplemental Information

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TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE

SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF

RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

NEW BRUNSWICK AFFILIATED HOSPITALS, INC. IS AN ORGANIZATION RECOGNIZED BY

THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE

CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL

REVENUE CODE §509(A)(3). THE ORGANIZATION IS A JOINT VENTURE BETWEEN

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AND SAINT PETER'S UNIVERSITY

HOSPITAL; AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT

ORGANIZATION. THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS

AND SERVICES OF ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, INC.; A RELATED

INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES

MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A

NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL

ORIGIN OR ABILITY TO PAY.

OPPORTUNITY PROJECT, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL

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.

REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE

§501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE

CODE §509(A)(1). THE ORGANIZATION'S GOAL IS TO EMPOWER PEOPLE WITH

ACQUIRED HEAD INJURIES TO ACHIEVE IMPROVED SELF-ESTEEM,

SELF-DETERMINATION, CONTINUED PERSONAL GROWTH, INDEPENDENCE AND

ATTAINMENT OF THEIR FULL POTENTIAL BY ESTABLISHING A PLACE AND DEVELOPING

PROGRAMS THROUGH A COLLABORATIVE PARTNERSHIP AMONGST PEOPLE WITH HEAD

INJURIES, FAMILY MEMBERS, STAFF AND THE COMMUNITY.

ROBERT WOOD JOHNSON VISITING NURSES, INC. IS AN ORGANIZATION RECOGNIZED

BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL

REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO

INTERNAL REVENUE CODE §509(A)(2). THE ORGANIZATION SUPPORTS THE

CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF ROBERT WOOD JOHNSON

UNIVERSITY HOSPITAL, INC.; A RELATED INTERNAL REVENUE CODE §501(C)(3)

TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE

SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF

RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ROBERT WOOD JOHNSON HEALTH NETWORK, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION SUPPORTS ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL; A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY, AND OTHER AFFILIATES IN THE HEALTHCARE SYSTEM.

PRIOR TO FILING A CERTIFICATE OF DISSOLUTION WITH THE STATE OF NEW JERSEY IN 2024, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON FOUNDATION, INC. WAS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1). THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION SUPPORTED THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF ROBERT WOOD JOHNSON UNIVERSITY

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.

HOSPITAL AT HAMILTON; A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

RWJBH BEHAVIORAL HEALTH, PREVENTION AND RECOVERY, INC., IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY AND SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF SAINT BARNABAS BEHAVIORAL HEALTH CENTER, INC., A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT ALSO PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

RWJBH CORPORATE SERVICES, INC. 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). THE ORGANIZATION PROVIDES VARIOUS CORPORATE MANAGEMENT SERVICES TO ALL AFFILIATES WITHIN THE HEALTHCARE SYSTEM.

RWJBH MEDICAL GROUP, P.C. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION SUPPORTS THE HEALTHCARE SYSTEM; PRIMARILY ITS TAX-EXEMPT ACUTE CARE HOSPITALS, WHICH PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

SAINT BARNABAS HEALTHCARE SYSTEM FOUNDATION, INC. IS AN ORGANIZATION

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.

RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1). THROUGH FUNDRAISING ACTIVITIES, THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF RWJBARNABAS HEALTH.

SAINT BARNABAS OUTPATIENT CENTERS IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(2). SAINT BARNABAS OUTPATIENT CENTERS IS ONE OF THE NATION'S MOST SOPHISTICATED AMBULATORY HEALTHCARE FACILITIES--PROVIDING THE HIGHEST QUALITY MEDICAL CARE IN AN ENVIRONMENT DESIGNED TO SET A NEW STANDARD FOR PATIENT SATISFACTION. THE ORGANIZATION PROVIDES VARIOUS TYPES OF MEDICALLY NECESSARY OUTPATIENT MEDICAL AND SURGICAL SPECIALTY SERVICES, INCLUDING AMBULATORY SURGERY AND WOMEN'S GYNECOLOGICAL SURGERY, RENAL DIALYSIS SERVICES, IMAGING SERVICES, DIABETES SERVICES AND ENDOCRINOLOGY SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SAINT BARNABAS REALTY DEVELOPMENT CORPORATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION IS A SUPPORTING ORGANIZATION OF COOPERMAN BARNABAS MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY, AND IS PRIMARILY RESPONSIBLE FOR THE MANAGEMENT AND OPERATION OF RENTAL SPACE FOR VARIOUS AFFILIATES OF RWJBARNABAS HEALTH.

SANDY HOOK FRIENDS OF SAINT BARNABAS BURN FOUNDATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF THE SAINT BARNABAS BURN UNIT AT COOPERMAN BARNABAS MEDICAL CENTER; A RELATED INTERNAL REVENUE

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.

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5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CODE §501(C)(3) TAX-EXEMPT ORGANIZATION THAT PROVIDES MEDICALLY NECESSARY

HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER

REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

SOMERSET HEALTHCARE FOUNDATION, INC. IS AN ORGANIZATION RECOGNIZED BY THE

INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE

§501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE

CODE §509(A)(1). THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION SUPPORTS

THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF ROBERT WOOD JOHNSON

UNIVERSITY HOSPITAL (SOMERSET CAMPUS); A RELATED INTERNAL REVENUE CODE

§501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY

HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER

REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY

AND OTHER NOT FOR-PROFIT ORGANIZATIONS, CHARITABLE PROGRAMS AND

ACTIVITIES.

THE JERSEY CITY MEDICAL CENTER FOUNDATION IS AN ORGANIZATION RECOGNIZED

BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL

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.

REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(2). THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF JERSEY CITY MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

THE ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL FOUNDATION, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1). THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL; A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

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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.

TRINITAS HEALTH FOUNDATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1). THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF TRINITAS REGIONAL MEDICAL CENTER; A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

TRINITAS HEALTHCARE CORPORATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(2). THE ORGANIZATION PROVIDES THERAPEUTIC HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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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.

UNITED RESCUE AT JERSEY CITY, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3).

UNIVERSITY PHYSICIAN ASSOCIATES OF NJ IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION IS A SUPPORTING ORGANIZATION OF RWJ BARNABAS HEALTH, INC. AND THE RWJBARNABAS HEALTH SYSTEM HOSPITALS AND MEDICAL CENTERS.

VNA HEALTH GROUP OF NEW JERSEY, LLC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(2). THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE

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.

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5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SYSTEM.

THE SYSTEM ALSO INCLUDES ADDITIONAL NOT-FOR-PROFIT ENTITIES THAT ARE

RECOGNIZED AS INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATIONS

BUT ARE CURRENTLY INACTIVE. THESE ENTITIES INCLUDE THE FOLLOWING:

- GREENVILLE HOSPITAL;

- IRVINGTON HOSPITAL FOUNDATION, INC.;

- LIBERTY RIVERSIDE HEALTHCARE;

- NEW MARGARET HAGUE CENTER WOMEN'S JERSEY MEDICAL CENTER OB/GYN; AND

- SAINT BARNABAS HOSPICE AND PALLIATIVE CARE CENTER, INC.

OTHER RWJBARNABAS HEALTH LEGAL ENTITIES INCLUDE THE FOLLOWING:

195 MSO, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR

TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS

ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND

COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE

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.

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.

CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

A WOMAN'S PLACE HOLDINGS, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

ADVANCED GASTROENTEROLOGY GROUP, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

ADVANCED SURGICAL & ENDOSCOPY OF NJ, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES

Part VI Supplemental Information

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WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE

COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE

SYSTEM.

ANESTHESIA SPECIALISTS OF NEW JERSEY, LLC IS A LIMITED LIABILITY COMPANY

TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH

MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES

WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE

COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE

SYSTEM.

ASSOCIATES IN OTOLARYNGOLOGY OF NJ, LLC IS A LIMITED LIABILITY COMPANY

TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH

MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES

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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.

ATLANTIC AMBULATORY ANESTHESIA ASSOCIATES, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

AVENEL ISELIN MEDICAL GROUP, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

BARNABAS ON TIME HOLDINGS, L.L.C. IS A LIMITED LIABILITY COMPANY WHOSE SOLE MEMBER FOR TAX PURPOSES IS ROBERT WOOD JOHNSON HEALTH NETWORK, INC. THIS ORGANIZATION PROVIDES PATIENTS OF RWJBARNABAS HEALTH HOSPITALS WITH TRANSPORTATION SERVICES FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT

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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.

OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

CARE STATION MSO, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS LIVINGSTON SERVICES CORPORATION. THIS ORGANIZATION ENGAGES IN NON-CLINICAL HEALTHCARE SERVICES.

CCG MEDICAL GROUP, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

CENTER FOR DISCOVERY, INNOVATION & DEVELOPMENT, LLC IS A LIMITED LIABILITY COMPANY WHOSE SOLE MEMBER FOR TAX PURPOSES IS CHILDREN'S SPECIALIZED HOSPITAL. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE

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SYSTEM.

CENTRAL JERSEY ACO, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH CORPORATE SERVICES, INC. THIS ORGANIZATION IS CURRENTLY INACTIVE.

CENTRAL JERSEY HAND SURGERY, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

CENTER STATE MANAGEMENT CORPORATION IS AN ENTITY WHOSE SOLE SHAREHOLDER IS LIVINGSTON SERVICES CORPORATION. THIS ENTITY ENGAGES IN VARIOUS HEALTHCARE RELATED BUSINESS ACTIVITIES.

CHILDREN'S SPECIALIZED HOSPITAL ABA, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS

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CHILDREN'S SPECIALIZED HOSPITAL THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

CNJ SPECIALTY SURGICAL ASSOCIATES, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

COMMERCIAL PROFESSIONAL INSURANCE COMPANY, LTD, A CONTROLLED FOREIGN CORPORATION OF COOPERMAN BARNABAS MEDICAL CENTER. THE ORGANIZATION WAS FORMED AND OPERATES SOLELY IN BERMUDA WITH NO U.S ACTIVITIES OR PRESENCE.

CREST PHYSICAL THERAPY SERVICES, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH

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CORPORATE SERVICES, INC. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

CSH VENTURES, INC. IS AN ENTITY WHOSE SOLE MEMBER IS CHILDREN'S SPECIALIZED HOSPITAL. THE ORGANIZATION WAS FORMED TO PROVIDE PEDIATRIC REHABILITATION CONSULTING AND TRAINING SERVICES INTERNATIONALLY.

DIGESTIVE HEALTHCARE CENTER, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

FAMILY CARE PRIMARY & URGENT CARE, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES

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SYSTEM.

FOOT AND ANKLE PHYSICIANS OF NEW JERSEY, LLC IS A LIMITED LIABILITY

COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS

RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE

SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE

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GASTROENTEROLOGY ASSOCIATES OF NJ, LLC IS A LIMITED LIABILITY COMPANY

TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH

MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES

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GI VENTURES, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH CORPORATE SERVICES, INC. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

HAMILTON ENDOSCOPY & SURGERY CENTER, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJ MEDICAL SERVICES ORGANIZATION AT HAMILTON. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

HUDSON MD GROUP, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

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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.

HURON PATHOLOGY ASSOCIATES, PLLC IS A PROFESSIONAL LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

HEALTH CARE FACILITIES MANAGEMENT, INC. IS AN ENTITY WHOSE SOLE SHAREHOLDER IS LIVINGSTON SERVICES CORPORATION. THE ORGANIZATION PROVIDES ENGINEERING, PLANT OPERATIONS AND MATERIALS MANAGEMENT SERVICES PRIMARILY TO RWJBH ENTITIES.

ID CARE, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

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INNOVATIVE PURCHASING CONCEPTS, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBERS ARE THE RWJBH HOSPITALS. THIS ORGANIZATION ENGAGES IN GROUP PURCHASING ACTIVITY.

JAG-ONE HOLDINGS, L.P. IS A LIMITED PARTNERSHIP WHOSE RWJBH MEMBER IS RWJBH CORPORATE SERVICES, INC. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

JERSEY ASC VENTURES, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH CORPORATE SERVICES, INC. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

KAYAL MEDICAL GROUP, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A

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PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

KINTIROGLOU, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

LIBERTY HEALTHCARE VENTURES, LLC IS A LIMITED LIABILITY COMPANY WHOSE SOLE MEMBER FOR TAX PURPOSES IS JERSEY CITY MEDICAL CENTER. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

LIBERTY REALTY HOLDINGS, LLC IS A LIMITED LIABILITY COMPANY WHOSE SOLE

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MEMBER FOR TAX PURPOSES IS JERSEY CITY MEDICAL CENTER. THIS ORGANIZATION ENGAGES IN REAL ESTATE SERVICES FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

LIBERTY/USP SURGERY CENTERS, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS BARNABS HEALTH, INC. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

LIVINGSTON INFUSION CARE, INC. IS AN ENTITY WHOSE SOLE SHAREHOLDER IS LIVINGSTON SERVICES CORPORATION. THE ORGANIZATION PROVIDES HOME INFUSION AND DIALYSIS SERVICES TO INDIVIDUALS.

LIVINGSTON PATHOLOGY ASSOCIATES, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE

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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.

COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE

SYSTEM.

LIVINGSTON SERVICES CORPORATION IS AN ENTITY WHOSE SOLE SHAREHOLDER IS

RWJBH CORPORATE SERVICES, INC. THIS ENTITY ENGAGES IN VARIOUS HEALTHCARE

BUSINESS ACTIVITIES.

LSC PHARMACY SERVICES, INC. IS AN ENTITY WHOSE SOLE SHAREHOLDER IS

LIVINGSTON SERVICES CORPORATION. THE ORGANIZATION OPERATES A PHARMACY FOR

THE EMPLOYEES OF RWJBH ENTITIES AND OTHER ACTIVITIES.

MAJOR INVESTIGATIONS, INC. IS AN ENTITY WHOSE SOLE SHAREHOLDER IS

LIVINGSTON SERVICES CORPORATION. THE ORGANIZATION PROVIDES SECURITY

SERVICES PRIMARILY TO RWJBH ENTITIES AND OTHERS. THE ORGANIZATION

CONDUCTS BACKGROUND CHECKS AND OTHER INVESTIGATORY SERVICES.

MEDEMERGE, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP

FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS

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.

ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

MEDICOR CARDIOLOGY, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

MONTGOMERY MEDICAL ASSOCIATES, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

MVP MEDICAL ASSOCIATES II, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP,

Part VI Supplemental Information

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P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH

QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN

SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

NEW JERSEY HEALTH CARE SYSTEM, INC. IS AN INACTIVE ENTITY.

NEW JERSEY IMAGING NETWORK, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED

AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH CORPORATE

SERVICES, INC. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE

HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN

SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

NJ SPINE CENTER, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A

PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP,

P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH

QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN

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OCEAN OTOLARYNGOLOGY, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

OPTHALMOLOGY NJ, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

ORTHOPAEDIC SPORTS MEDICINE & REHABILITATION CENTER, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

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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.

PARKWAY ANESTHESIA ASSOCIATES, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

PARKWAY MEDICAL MANAGEMENT, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

PATHLINK, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

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PATHLINK OF GEORGIA, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

PATHLINK OF NEW JERSEY, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

PATHLINK OF NEW MEXICO, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

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PATHLINK OF OHIO, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

PATHLINK OF PENNSYLVANIA, PLLC IS A PROFESSIONAL LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

PATHLINK OF TEXAS, PLLC IS A PROFESSIONAL LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE

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COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

PEDIATRICARE ASSOCIATES, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

PLEASANTDALE HEALTH MSO, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

PREDICTIVE HEALTH SOLUTIONS, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS CHILDREN'S SPECIALIZED HOSPITAL. THIS ORGANIZATION ENGAGES IN HEALTHCARE

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SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

RWJBH ASSOCIATES 2, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS BARNABAS HEALTH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

RWJ INTEGRATED HEALTHCARE, LLC IS A LIMITED LIABILITY COMPANY WHOSE SOLE MEMBER FOR TAX PURPOSES IS ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

RWJ MEDICAL SERVICES ORGANIZATION AT HAMILTON IS AN ENTITY WHOSE SOLE

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SHAREHOLDER IS LIVINGSTON SERVICES CORPORATION.

R.W.J. MEDICAL ASSOCIATES, P.A., IS AN ENTITY WHOSE NOMINEE SOLE SHAREHOLDER IS A LICENSED MD HOLDING SHARES FOR THE BENEFIT OF ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL. THE ORGANIZATION IS LOCATED IN NEW BRUNSWICK, MIDDLESEX COUNTY, NEW JERSEY. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

RWJ PHYSICIAN ENTERPRISE, P.A. IS AN ENTITY WHOSE NOMINEE SOLE SHAREHOLDER IS A LICENSED MD HOLDING SHARES FOR THE BENEFIT OF ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

RWJUH-PLUM STREET, LLC IS A LIMITED LIABILITY COMPANY WHOSE SOLE MEMBER

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FOR TAX PURPOSES IS ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

RWJ-REGENT, L.L.C. IS A LIMITED LIABILITY COMPANY WHOSE SOLE MEMBER FOR TAX PURPOSES IS ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

RWJ-REGENT II, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES, FORMED IN THE STATE OF NEW JERSEY AND OPERATES AN AMBULATORY SURGERY CENTER. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

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RWJ SURGERY CENTER, INC. IS AN ENTITY WHOSE SOLE SHAREHOLDER IS ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL. THIS ENTITY PROVIDES MEDICAL SERVICES TO INDIVIDUALS. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

SAINT BARNABAS MANAGEMENT SERVICES, LLC IS A LIMITED LIABILITY COMPANY WHOSE SOLE MEMBER FOR TAX PURPOSES IS SAINT BARNABAS BEHAVIORAL HEALTH CENTER, INC. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

SBC MANAGEMENT CORPORATION IS AN ENTITY, WHOSE SOLE SHAREHOLDER IS LIVINGSTON SERVICES CORPORATION. THE ENTITY IS CURRENTLY INACTIVE.

SCA-SPARTA, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH CORPORATE SERVICES, INC. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY

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AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE

CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

SEAVIEW ORTHOPAEDICS & MEDICAL ASSOCIATES, LLC IS A LIMITED LIABILITY

COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS

RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE

SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE

COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE

SYSTEM.

SHC ENTERPRISES, INC. IS AN ENTITY WHOSE SOLE SHAREHOLDER IS LIVINGSTON

SERVICES CORPORATION.

SHREWSBURY DIAGNOSTIC IMAGING, L.L.C. IS A LIMITED LIABILITY COMPANY

TREATED AS A PARTNERSHIP FOR TAX PURPOSES. THIS ORGANIZATION ENGAGES IN

HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE

BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE

HEALTHCARE SYSTEM.

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.

SOMERSET PEDIATRIC GROUP, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

SOMERSET REALTY GROUP, INC. IS AN ENTITY WHOSE SOLE SHAREHOLDER IS SHC ENTERPRISES, INC. THIS ENTITY PROVIDES REAL ESTATE SERVICES.

TOMS RIVER AMBULATORY ANESTHESIA, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

TOMS RIVER WEST AMBULATORY SURGERY CENTER, LLC IS A LIMITED LIABILITY

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.

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5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

COMPANY WHOSE SOLE MEMBER FOR TAX PURPOSES IS COMMUNITY MEDICAL CENTER.

THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY

AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE

CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

TRINITAS HEALTH SERVICES CORPORATION IS AN ENTITY WHOSE SOLE SHAREHOLDER

IS TRINITAS REGIONAL MEDICAL CENTER. THIS ENTITY CONDUCTS VARIOUS

HEALTHCARE BUSINESS ACTIVITIES.

UCHA HOLDINGS, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A

PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP,

P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH

QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN

SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

UNION COUNTY HC ASSOCIATES, LLC IS A LIMITED LIABILITY COMPANY TREATED AS

A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP,

P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH

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.

QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN

SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

VISION HEALTHCARE, INC. IS AN ENTITY WHOSE SOLE SHAREHOLDER IS LIVINGSTON

SERVICES CORPORATION. THIS ENTITY CONDUCTS VARIOUS HEALTHCARE BUSINESS

ACTIVITIES.

WRB HEALTHCARE, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A

PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH CORPORATE

SERVICES, INC. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE

HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN

SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

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.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART 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.

THE STATE OF NEW JERSEY HAS GOVERNMENTAL PUBLIC HEALTH PARTNERSHIPS (GPHP) WHICH ARE REGIONAL FORUMS THAT BRING TOGETHER LOCAL HEALTH OFFICIALS TO IDENTIFY, PLAN, AND ORGANIZE REGIONAL LOCAL HEALTH RESOURCES. GPHPS HAVE TAKEN A LEADING ROLE IN STRATEGIC, COMMUNITY HEALTH PLANNING, ENGAGING HOSPITALS, COMMUNITY SERVICE PROVIDERS, LOCAL BUSINESSES AND MANY OTHER PARTNERS.

THE STATE SHARES COMMUNITY HEALTH ASSESSMENTS (CHAS), COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNAS), AND COMMUNITY HEALTH IMPROVEMENT PLANS (CHIPS) WHICH IDENTIFY HIGH PRIORITY PUBLIC HEALTH NEEDS AND OUTLINE IMPLEMENTATION PLANS FOR EACH OF THE IDENTIFIED PRIORITY ISSUES TO HELP INFORM THE PUBLIC AND KEY STAKEHOLDERS. THE SYSTEM INCLUDES ITS CHNAS AS

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART OF THIS PROCESS. THE SHARED PLANS CAN BE FOUND AT:

HTTPS://WWW.NJ.GOV/HEALTH/HEALTHYNJ/2030/COMMUNITY-PLANS

SCHEDULE I
(Form 990)
Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number

85-1296795

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AHAVAS TZEDAKAH, INC. 816 FOREST AVENUE LAKEWOOD, NJ 08701	22-3719783	501(C)(3)	50,000.				SPONSORSHIP
(2) AMERICAN FRIENDS OF RABIN MEDICAL CENTER 636 BROADWAY, SUITE 618	52-1903777	501(C)(3)	12,250.				SPONSORSHIP
(3) AXELROD PERFORMING ARTS CENTER 100 GRANT AVENUE DEAL PARK, NJ 07723	27-2362887	501(C)(3)	9,500.				SPONSORSHIP
(4) BIG BROTHERS BIG SISTERS OF COASTAL 305 BOND STREET, 2ND FLOOR	22-2115416	501(C)(3)	25,000.				SPONSORSHIP
(5) BROOKDALE COMMUNITY COLLEGE 765 NEWMAN SPRINGS ROAD LINCROFT, NJ 07738	22-1849485	GOVT. ORG	66,500.				SPONSORSHIP
(6) CAMACHO & SON FLOAT SERVICE 420 SUMMER AVENUE NEWARK, NJ 07104	46-0952505		15,758.				SPONSORSHIP
(7) CATERERS IN THE PARK LLC DBA NANINAS IN THE PARK	22-3839604		8,717.				SPONSORSHIP
(8) COUNT BASIE THEATRE, INC. 99 MONMOUTH STREET RED BANK, NJ 07701	22-1950890	501(C)(3)	5,750.				SPONSORSHIP
(9) FEDERATION OF INDIAN ASSOCIATIONS INC 296 SUMMERHILL ROAD	13-2961275	501(C)(3)	25,000.				SPONSORSHIP
(10) GREATER BETHEL CHURCH OF GOD IN CHRIST 201 MARTIN LUTHER KING DRIVE	22-3836690	501(C)(3)	15,000.				SPONSORSHIP
(11) GREATER LONG BRANCH CHAMBER OF COMMERCE P.O. BOX 628 LONG BRANCH, NJ 07740	21-0502065	501(C)(6)	20,485.				SPONSORSHIP
(12) HARMELIN AND ASSOCIATES, INC. 525 RIGHTERS FERRY ROAD	23-2222601	501(C)(3)	20,876.				SPONSORSHIP

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 23

3 Enter total number of other organizations listed in the line 1 table 6

SCHEDULE I (Form 990)

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number

85-1296795

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) HOLIDAY EXPRESS INCORPORATED 151 INDUSTRIAL WAY EAST EATONTOWN, NJ 07724	22-3470019	501(C)(3)	10,000.				SPONSORSHIP
(2) MONMOUTH CONSERVATION FOUNDATION 162 HOLLAND ROAD MIDDLETOWN, NJ 07748	22-2185314	501(C)(3)	6,350.				SPONSORSHIP
(3) MONMOUTH COUNCIL BOY SCOUTS OF AMERICA 705 GINESI DRIVE MORGANVILLE, NJ 07751-1235	21-0634963	501(C)(3)	14,420.				SPONSORSHIP
(4) MONMOUTH COUNTY SPCA 260 WALL STREET EATONTOWN, NJ 07724	21-0679893	501(C)(3)	10,000.				SPONSORSHIP
(5) MONMOUTH PARK CHARITY FUND INCORPORATED PO BOX MP OCEANPORT, NJ 07757	22-6063135	501(C)(3)	5,500.				SPONSORSHIP
(6) MONMOUTH UNIVERSITY OFFICE OF THE BURSAR NEWARK, NJ 07191	21-0634584	501(C)(3)	13,000.				SPONSORSHIP
(7) NEWARK THREE KINGS CELEBRATION INC PO BOX 22247 NEWARK, NJ 02247	42-1605590	501(C)(3)	7,000.				SPONSORSHIP
(8) PHILIPPINE NURSES ASSOCIATION OF NJ, INC 11 HISTORY LANE JACKSON, NJ 08759	22-2139162	501(C)(6)	6,950.				SPONSORSHIP
(9) RAHWAY FIRST AID EMERGENCY SQUAD, INC. 905 STONE STREET RAHWAY, NJ 07065	23-7107761	501(C)(3)	12,000.				SPONSORSHIP
(10) ROUTE 22 BUS LLC 1356 NORTH BROAD STREET	84-3085842		7,500.				SPONSORSHIP
(11) SAINT JAMES CHURCH 300 BROADWAY LONG BRANCH, NJ 07740-6930	21-0666318	501(C)(3)	10,000.				SPONSORSHIP
(12) SCAN ADULT EDUCATION CENTER 180 HIGHWAY 35 SOUTH EATONTOWN, NJ 07724	22-3178757	501(C)(3)	10,500.				SPONSORSHIP

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

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

SCHEDULE I (Form 990)

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number

85-1296795

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) SHORE CLUBHOUSE, INC 266 BROADWAY LONG BRANCH, NJ 07740-7027	26-3674925	501(C)(3)	6,000.				SPONSORSHIP
(2) T THOMAS FORTUNE FOUNDATION PO BOX 2248 RED BANK, NJ 07701-0903	81-5308319	501(C)(3)	14,000.				SPONSORSHIP
(3) THE VALERIE FUND 2101 MILLBURN AVENUE MAPLEWOOD, NJ 07040	22-2126867	501(C)(3)	7,500.				SPONSORSHIP
(4) TIGGER HOUSE INC PO BOX 276 RED BANK, NJ 07701	46-4331523	501(C)(3)	28,500.				SPONSORSHIP
(5) TOTAL ACCESS GROUP, INC. 1671 E SAINT ANDREW PLACE	93-1198696		20,210.				SPONSORSHIP
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	SCHOLARSHIPS	83	94,000.		FMV	
2	COMMUNITY ASSISTANCE	17	23,800.		FMV	
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 2

GRANTS ARE MONITORED BY THE ORGANIZATION'S FINANCE PERSONNEL AND HUMAN RESOURCES DEPARTMENT PERSONNEL THROUGH THE UTILIZATION OF COST CENTERS AND OTHER INFORMATION; INCLUDING WRITTEN DOCUMENTATION AND RECEIPTS.

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

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number: 85-1296795

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	**2**		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☒ Compensation committee	☐ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	X	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**	X	
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	**7**	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
THOMAS A. BIGA	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
1 TRST-CMMC/JCMC-RWJBH EVP	(ii)	1,841,585.	1,055,808.	9,568,549.	940,689.	14,708.	13,421,339.	573,000.
MARK E. MANIGAN	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 TRST - CBMC-RWJBH PRES./CEO	(ii)	3,471,500.	3,349,938.	294,927.	1,720,866.	27,380.	8,864,611.	266,044.
GARY S. HORAN	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 TRST-TRMC; FRMR PRES/CEO TRMC	(ii)	2,771,382.	NONE	1,503,000.	13,800.	NONE	4,288,182.	NONE
WILLIAM S. ARNOLD	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 TRST-CMC/RWJUH - PRES SO DIV	(ii)	1,500,000.	982,000.	281,330.	645,721.	NONE	3,409,051.	270,992.
ANROY OTTLEY, M.D., FA	(i)	1,299,055.	NONE	343.	NONE	5,461.	1,304,859.	NONE
5 GENERAL SURGEON - JCMC	(ii)	1,312,591.	NONE	23,467.	13,658.	16,907.	1,366,623.	NONE
MICHAEL PRILUTSKY	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 TRUSTEE - PRESIDENT/CEO - JCMC	(ii)	1,061,255.	596,000.	299,795.	334,725.	8,694.	2,300,469.	261,855.
RICHARD L. DAVIS	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 PRESIDENT/CEO - CBMC	(ii)	1,237,501.	439,125.	246,971.	272,344.	20,477.	2,216,418.	232,031.
DARRELL TERRY	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 PRESIDENT/CEO - NBIMC	(ii)	927,355.	241,601.	644,795.	262,523.	18,186.	2,094,460.	602,415.
DAVID A. MEBANE, ESQ.	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9 SECRETARY - TRUSTEE - CBMC	(ii)	843,643.	394,400.	344,027.	340,425.	10,632.	1,933,127.	314,687.
JENNIFER A. O'NEILL, D	(i)	1,070,841.	393,830.	34,340.	240,725.	12,258.	1,751,994.	NONE
10 COO - CBMC	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ALAN LEE	(i)	912,442.	396,900.	43,880.	271,830.	18,886.	1,643,938.	NONE
11 TRUSTEE - PRESIDENT - RWJUH	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ERIC W. CARNEY	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
12 PRESIDENT/CEO - MMC/MMC-SC	(ii)	792,792.	319,725.	185,069.	250,320.	19,186.	1,567,092.	175,889.
PATRICK M. AHEARN	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
13 PRESIDENT/CEO - CMC	(ii)	767,385.	249,375.	244,765.	237,519.	18,708.	1,517,752.	183,245.
MARY ELLEN CLYNE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
14 PRESIDENT/CEO - CMMC	(ii)	647,801.	216,832.	273,214.	264,430.	13,399.	1,415,676.	251,734.
ANTHONY ALTOBELLI, M.D	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
15 INTRM CMO-RWJUH SOM(EFF 9/24)	(ii)	1,357,094.	NONE	2,401.	20,700.	22,236.	1,402,431.	NONE
NIKOLAS ALEXIADES	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
16 CFO - SOUTHERN REGION	(ii)	631,869.	269,100.	162,650.	154,823.	27,359.	1,245,801.	129,750.

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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				
NANCY DILIEGRO	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
1 TRUSTEE - PRESIDENT/CEO-TRMC	(ii)	643,102.	232,375.	111,580.	161,134.	12,175.	1,160,366.	65,000.
KIRK C. TICE - RETD 12	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 TRUSTEE - PRES./CEO - RWJUHR	(ii)	537,865.	200,090.	191,663.	169,393.	16,108.	1,115,119.	131,813.
DOUGLAS A. ZEHNER	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 CFO - NEWARK AND UNION	(ii)	575,418.	243,900.	129,862.	143,910.	21,359.	1,114,449.	99,122.
SCHERWIN SCHRAG, M.D.	(i)	800,503.	253,764.	810.	5,025.	20,899.	1,081,001.	NONE
4 GENERAL SURGEON - JCMC	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SERGIO WAXMAN, M.D., M	(i)	891,318.	116,667.	3,564.	21,503.	13,548.	1,046,600.	NONE
5 CARDIOLOGIST - NBIMC	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MICHAEL LOFTUS, M.D.	(i)	690,894.	147,560.	25,700.	134,217.	29,281.	1,027,652.	NONE
6 CMO - CBMC	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
STUART GEFFNER, M.D.	(i)	885,145.	56,250.	26,564.	20,700.	30,430.	1,019,089.	NONE
7 TRUSTEE - CBMC	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MATTHEW B. MCDONALD, M	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 TRUSTEE - PRESIDENT/CEO-CSH	(ii)	547,718.	217,245.	110,897.	120,525.	22,259.	1,018,644.	100,997.
ADAM M. KOPELAN, M.D.	(i)	972,642.	NONE	1,242.	22,436.	22,236.	1,018,556.	NONE
9 GENERAL SURGEON - NBIMC	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DEANNA SPERLING	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
10 TRST-RWJBH BEH HEALTH CEO/SBBH	(ii)	453,688.	184,365.	143,699.	173,066.	14,508.	969,326.	109,440.
TIMOTHY MATTSON	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
11 TREAS.-TRST-CBMC/CFO-NO. REG.	(ii)	592,997.	205,538.	14,940.	124,281.	13,849.	951,605.	NONE
DOUGLAS LIVORNESE, M.D	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
12 TRUSTEE - MMC	(ii)	884,496.	NONE	26,564.	9,550.	17,029.	937,639.	NONE
ALAN SABER, M.D.	(i)	855,255.	NONE	26,564.	15,525.	30,960.	928,304.	NONE
13 BARIATRIC SURGEON - NBIMC	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOHN D'ANGELO, M.D.	(i)	627,593.	135,990.	4,140.	126,860.	14,991.	909,574.	NONE
14 VP & CMO - TRMC	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DORY B. ALTMANN, M.D.	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
15 TRUSTEE - RWJUH	(ii)	798,948.	NONE	56,070.	20,700.	21,987.	897,705.	NONE
CHRISTOPHER GILLIGAN,	(i)	767,143.	NONE	6,549.	93,750.	3,050.	870,492.	NONE
16 CMO - RWJUH NB (EFF 2/24)	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE

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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				
ALISON GRANN, M.D.	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
1 TRUSTEE - CBMC	(ii)	836,950.	NONE	2,322.	21,369.	3,050.	863,691.	NONE
PATRICK DELANEY, MBA	(i)	533,523.	187,808.	3,858.	95,746.	17,877.	838,812.	NONE
2 COO - RWJUH NB (EFF 7/24)	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KENNETH M. GRANET, M.D	(i)	474,094.	115,112.	105,504.	106,431.	14,708.	815,849.	80,158.
3 CMO - MMC	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
RUSSELL C. LANGAN, M.D	(i)	670,675.	110,000.	540.	15,525.	8,650.	805,390.	NONE
4 TRUSTEE - CBMC	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MEIKA TYLESE NEBLETT,	(i)	546,666.	106,733.	4,140.	112,302.	13,997.	783,838.	NONE
5 CMO - CMC	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MICHAEL A. MARANO, M.D	(i)	732,365.	NONE	6,648.	16,666.	14,412.	770,091.	NONE
6 TRUSTEE - CBMC	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
IJEOMA AKUNYILI, M.D.	(i)	550,589.	114,610.	2,700.	98,700.	NONE	766,599.	NONE
7 CMO - JCMC	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LISA BREZA	(i)	26,260.	NONE	890.	NONE	570.	27,720.	NONE
8 TRUSTEE - CAO - RWJUHH	(ii)	421,395.	104,930.	69,319.	74,624.	14,138.	684,406.	43,900.
CHARLES CATHCART, M.D.	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9 TRUSTEE - NBIMC	(ii)	658,984.	NONE	11,880.	22,341.	NONE	693,205.	NONE
SETH D. ROSENBAUM, M.D	(i)	391,445.	100,199.	90,974.	82,103.	10,729.	675,450.	64,483.
10 SVP/CMO - RWJUHH	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
AMY DORAN	(i)	480,480.	74,610.	7,362.	109,292.	2,040.	673,784.	NONE
11 COO - NBIMC	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
THIRUVENGADAM ANANDARA	(i)	621,344.	NONE	26,564.	14,062.	11,782.	673,752.	NONE
12 SECRETARY - TRUSTEE - NBIMC	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PHILIP G. PASSES, D.O.	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
13 CAO - MMC	(ii)	487,322.	159,600.	11,874.	NONE	9,478.	668,274.	NONE
AARON F. HAJART	(i)	390,952.	107,400.	16,490.	77,987.	25,693.	618,522.	NONE
14 COO - CMC (EFF. 2/24)	(ii)	43,643.	NONE	2,373.	NONE	1,587.	47,603.	NONE
CAROL ASH, D.O.	(i)	391,493.	80,771.	87,305.	78,651.	8,732.	646,952.	78,015.
15 CMO - RWJUHR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
FRANK DOS SANTOS, M.D.	(i)	431,260.	83,353.	12,025.	81,709.	14,651.	622,998.	NONE
16 CMO - CMMC	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE

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(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				
CHARLES CHIANESE, MBA	(i)	368,864.	88,147.	80,621.	83,400.	NONE	621,032.	NONE
1 EVP/COO - CSH	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SALVATORE MOFFA, M.D.	(i)	325,319.	106,040.	108,103.	71,389.	299.	611,150.	69,167.
2 CMO-RWJUH SOMERSET (TERM 9/24)	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
COLIN R. O'REILLY, M.D	(i)	357,268.	90,630.	23,491.	82,077.	20,186.	573,652.	NONE
3 VP/CMO - CSH	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KAREN LUMPP	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 FORMER OFFICER	(ii)	NONE	NONE	547,931.	NONE	23,656.	571,587.	NONE
JOSHUA ROSENBLATT, M.D	(i)	410,500.	NONE	35,661.	28,437.	27,428.	502,026.	NONE
5 TRUSTEE - CAO - NBIMC	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ARNOLD WILLIAMS, M.D.	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 TRUSTEE - SBBH	(ii)	419,393.	25,000.	23,540.	18,874.	11,375.	498,182.	NONE
VICTOR ALMEIDA, D.O.	(i)	392,469.	NONE	11,642.	64,583.	19,186.	487,880.	NONE
7 CMO - MMC-SC (EFF 1/24)	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JASON VIGLIAROLO	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 COO - SBBH	(ii)	281,600.	67,584.	62,947.	71,895.	NONE	484,026.	60,656.
CARLA PARKER-HOLLIS	(i)	178,394.	92,778.	149,559.	40,894.	3,611.	465,236.	78,409.
9 COO - JCMC (TERM 6/24)	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARGARET M. AMES	(i)	333,143.	70,074.	8,062.	4,971.	17,758.	434,008.	NONE
10 TRUSTEE - CNO - JCMC	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
STEVEN K. LIBUTTI, M.D	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
11 TRUSTEE - RWJUH	(ii)	413,423.	NONE	9,979.	3,668.	NONE	427,070.	NONE
ALISSA MEMOLI	(i)	339,172.	64,000.	1,380.	NONE	15,113.	419,665.	NONE
12 TRUSTEE - PRES/CDO - CSH	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANNA MALIA BECKWITH, M	(i)	300,221.	38,655.	540.	9,189.	27,129.	375,734.	NONE
13 TRUSTEE-SEC. CHIEF NEURO - CSH	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DEIRDRE BLAUS	(i)	286,972.	68,926.	632.	NONE	17,028.	373,558.	NONE
14 CAO - RWJUH SOMERSET(EFF 7/24)	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ROBERT T. WINSTON	(i)	298,340.	51,868.	1,586.	NONE	4,325.	356,119.	NONE
15 INTERIM COO - JCMC (EFF 7/24)	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SCOTT SCHISSEL, M.D.	(i)	272,712.	NONE	8,444.	NONE	4,042.	285,198.	NONE
16 CMO - NBIMC (EFF 7/24)	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE

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	(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				
	ABU ALAM, M.D.	(i)	171,919.	NONE	1,284.	NONE	4,326.	177,529.	NONE
1	TRUSTEE - TRMC	(ii)	82,130.	NONE	570.	NONE	2,435.	85,135.	NONE
	LAUREN TARNOK, M.D.	(i)	233,211.	NONE	NONE	4,361.	12,159.	249,731.	NONE
2	TRUSTEE - CSH	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	JORDAN A. SOLOP, MBA,	(i)	216,489.	NONE	13,080.	NONE	2,205.	231,774.	NONE
3	COO - CMMC (EFF. 6/24)	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	RENEE JULIE CABALEIRO,	(i)	208,526.	NONE	NONE	NONE	NONE	208,526.	NONE
4	TRUSTEE - NBIMC (TERM 1/24)	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
		(i)							
5		(ii)							
		(i)							
6		(ii)							
		(i)							
7		(ii)							
		(i)							
8		(ii)							
		(i)							
9		(ii)							
		(i)							
10		(ii)							
		(i)							
11		(ii)							
		(i)							
12		(ii)							
		(i)							
13		(ii)							
		(i)							
14		(ii)							
		(i)							
15		(ii)							
		(i)							
16		(ii)							

Part III Supplemental Information

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

SCHEDULE J

RWJ BARNABAS HEALTH HAS A ROBUST AND VIGOROUS PROCESS RELATING TO THE ESTABLISHMENT, REVIEW AND APPROVAL OF COMPENSATION AND BENEFITS ("TOTAL COMPENSATION") FOR MEMBERS OF THE SENIOR MANAGEMENT TEAM THROUGHOUT THE SYSTEM. THIS PROCESS IS DESIGNED TO ENSURE THE SYSTEM PAYS EACH INDIVIDUAL REASONABLE AND FAIR MARKET VALUE TOTAL COMPENSATION CONSISTENT WITH IRS PROCEDURES AND GUIDELINES.

RWJ BH'S BOARD OF TRUSTEES MAINTAINS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE"). THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF RWJ BH'S SENIOR MANAGEMENT. THE COMMITTEE, WHICH IS REQUIRED BY THE CORPORATION'S BYLAWS TO BE COMPRISED SOLELY OF INDEPENDENT TRUSTEES, SEEKS GUIDANCE AND SUBSTANTIATION FROM A NATIONALLY RECOGNIZED COMPENSATION CONSULTANT. THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH

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.

QUALIFIED AND NON-QUALIFIED. THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE.

THE ACTIONS TAKEN BY THE COMMITTEE ENABLE RWJ BARNABAS HEALTH TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM. THESE THREE FACTORS ARE THE FOLLOWING:

1. THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT;
2. THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION; AND
3. THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION.

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 4A

THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE DURING CALENDAR YEAR 2024 WHICH WAS INCLUDED IN THE INDIVIDUALS 2024 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: GARY S. HORAN, $1,503,000 AND KAREN LUMPP, $547,931.

SCHEDULE J, PART I, QUESTION 4B

THE AMOUNT REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES CURRENT YEAR VESTINGS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) AS THE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2024 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: THOMAS A. BIGA, $573,000; MARK E. MANIGAN, $266,044; WILLIAM S. ARNOLD, $270,992; MICHAEL PRILUTSKY, $261,855; RICHARD L. DAVIS, $232,031; DARRELL TERRY, $602,415; DAVID A. MEBANE, ESQ., $314,687; ERIC W. CARNEY, $175,889; PATRICK M. AHEARN, $183,245; MARY ELLEN CLYNE, $251,734; NIKOLAS ALEXIADES, $129,750; NANCY DILIEGRO,

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.

$65,000; KIRK C. TICE, $131,813; DOUGLAS A. ZEHNER, $99,122; MATTHEW B. MCDONALD, M.D., $100,997; DEANNA SPERLING, $109,440; KENNETH M. GRANET, M.D., $80,158; LISA BREZA, $59,369; SETH D. ROSENBAUM, M.D., $64,483; CAROL ASH, D.O., $78,015; CHARLES CHIANESE, MBA, $60,875; SALVATORE MOFFA, M.D., $99,850; JASON VIGLIAROLO, $60,656 AND CARLA PARKER HOLLIS, $145,170.

THE AMOUNT REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUAL INCLUDES VESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP"). THE AMOUNT OUTLINED HEREIN WAS INCLUDED IN THE INDIVIDUAL'S 2024 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: THOMAS A. BIGA, $8,949,689.

THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT. THE

Part III Supplemental Information

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

AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2024 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: THOMAS A. BIGA, $911,439; MARK E. MANIGAN, $1,714,385; WILLIAM S. ARNOLD, $620,500; MICHAEL PRILUTSKY, $319,200; RICHARD L. DAVIS, $253,369; DARRELL TERRY, $233,648; DAVID A. MEBANE, ESQ., $311,100; JENNIFER A. O'NEILL, DNP, $220,325; ALAN LEE, $268,380; ERIC W. CARNEY, $224,445; PATRICK M. AHEARN, $210,375; MARY ELLEN CLYNE, $235,105; NIKOLAS ALEXIADES, $141,278; NANCY DILIEGRO, $135,769; KIRK C. TICE, $153,868; DOUGLAS A. ZEHNER, $128,385; MICHAEL LOFTUS, M.D., $130,809; MATTHEW B. MCDONALD, M.D., $116,849; DEANNA SPERLING, $127,823; TIMOTHY MATTSON, $120,831; JOHN D'ANGELO, M.D., $111,610; CHRISTOPHER GILLIGAN, M.D., $93,750; PATRICK DELANEY, MBA, $95,746; KENNETH M. GRANET, M.D., $89,493; MEIKA TYLESE NEBLETT, M.D., $99,069; IJEOMA AKUNYILI, M.D., $98,700; LISA BREZA, $72,065; SETH D. ROSENBAUM, M.D., $78,653; AMY DORAN, $83,417; AARON F. HAJART, $74,235; CAROL ASH, D.O., $71,501; FRANK DOS SANTOS, M.D., $78,308; CHARLES CHIANESE, MBA, $70,200; SALVATORE MOFFA, M.D., $55,906; COLIN R. O'REILLY, M.D., $72,177; VICTOR ALMEIDA, M.D., $61,500; JASON VIGLIAROLO, $52,378 AND CARLA PARKER HOLLIS, $36,229.

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 7

CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2024 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2024 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT.

SCHEDULE J, PART II, COLUMN F

THE AMOUNTS REPORTED IN SCHEDULE J, PART II, COLUMN (F) INCLUDE AMOUNTS REPORTED ON PRIOR YEARS' FORMS 990 IN SCHEDULE J, PART II, IN COLUMN (C) AS NON-TAXABLE UNVESTED DEFERRED COMPENSATION WITH A SUBSTANTIAL RISK OF COMPLETE FORFEITURE COMPONENT THAT IS NOW BEING REPORTED AGAIN ON THIS YEAR'S FORM 990. ACCORDINGLY, IN PRIOR YEARS THE INDIVIDUALS NEVER ACTUALLY RECEIVED ANY OF THESE UNVESTED AT-RISK BENEFIT AMOUNTS.

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

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization
RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number
85-1296795

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	(d) Corrected? No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

Part II Loans to and/or From Interested Persons

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? No
SEE SUPPLEMENTAL PAGE												
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						$ 418,832.						

Part III Grants or Assistance Benefiting Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons.

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

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
(1)	SHERYL LEE MCGINLEY	FAMILY MEMBER OF CMC TRST	134,504.	COMMUNITY MEDICAL CTR EMPLOYEE		X
(2)	GABRIELLE TERRY	FAMILY MEMBER OF OFFICER	44,173.	NEWARK BETH ISRAEL MC EMPLOYEE		X
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information

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

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	(e) Sharing of organization's revenues? No
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information

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

SCHEDULE L, PART II

(A/B) NAME AND RELATIONSHIP	(C) PURPOSE OF LOAN	(D) LOAN TO	(D) LOAN FROM	(E) ORIGINAL	(F) BALANCE DUE	(G) IN DEFAULT? YES	(G) IN DEFAULT? NO	(H) APPROVED YES	(H) APPROVED NO	(I) WRITTEN YES	(I) WRITTEN NO
GARY S. HORAN FORMER PRESIDENT/CEO-TRMC	SPLIT DOLLAR		X	26,177.	418,832.		X	X		X	
	TOTAL				418,832.						

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number

85-1296795

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				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	8	261,120.	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				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

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	

			Yes	No
30a	During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X	
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I; QUESTION 32A

THE THE ORGANIZATION HIRES INDEPENDENT THIRD-PARTIES TO SELL NON-CASH CONTRIBUTIONS IT RECEIVES; IF THE ORGANIZATION DECIDES NOT TO RETAIN THE ITEM(S). THE ORGANIZATION PAYS FAIR MARKET VALUE RATES AND COMMISSIONS IN THESE INSTANCES. FOR ANY GIFTS OF STOCK THE ORGANIZATION'S POLICY IS TO SELL IT IMMEDIATELY FOLLOWING RECEIPT.

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number

85-1296795

CORE FORM, PART I; SUMMARY

THE TOTAL VOTING AND INDEPENDENT VOTING MEMBERS DISCLOSED ON PAGE 1 OF THIS FORM 990 IS THE TOTAL FOR ALL ORGANIZATIONS INCLUDED IN THE GROUP EXEMPTION RULING AND IN THIS CONSOLIDATED GROUP FORM 990. OUTLINED BELOW IS THE VOTING AND INDEPENDENT VOTING DISCLOSURE INFORMATION FOR ALL ORGANIZATIONS INCLUDED IN THE GROUP EXEMPTION:

- CHILDREN'S SPECIALIZED HOSPITAL; 17 VOTING, 12 INDEPENDENT;

- CLARA MAASS MEDICAL CENTER; 17 VOTING, 15 INDEPENDENT;

- COMMUNITY MEDICAL CENTER; 21 VOTING, 18 INDEPENDENT;

- COOPERMAN BARNABAS MEDICAL CENTER; 27 VOTING, 19 INDEPENDENT;

- JERSEY CITY MEDICAL CENTER; 22 VOTING, 18 INDEPENDENT;

- MONMOUTH MEDICAL CENTER; 36 VOTING, 33 INDEPENDENT;

- NEWARK BETH ISRAEL MEDICAL CENTER; 17 VOTING, 14 INDEPENDENT;

- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL; 21 VOTING, 17 INDEPENDENT;

- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON; 22 VOTING, 21 INDEPENDENT;

- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY; 18 VOTING, 17 INDEPENDENT;

- SAINT BARNABAS BEHAVIORAL HEALTH CENTER; 7 VOTING, 5 INDEPENDENT; AND

- TRINITAS REGIONAL MEDICAL CENTER; 17 VOTING, 14 INDEPENDENT.

CORE FORM, PART I, LINE 9; PROGRAM SERVICE REVENUE

OUTLINED BELOW IS THE PROGRAM SERVICE REVENUE IN THE AMOUNT OF $7,559,163,112 REFLECTED ON CORE FORM, PART I, LINE 9, BY ORGANIZATION INCLUDED IN THIS CONSOLIDATED GROUP FORM 990:

- CHILDREN'S SPECIALIZED HOSPITAL (FEID: 22-1487148)
C/O CORP. FINANCE, 2 CRESCENT PLACE
OCEANPORT, NJ 07757
PROGRAM SERVICE REVENUE - $183,161,553

- CLARA MAASS MEDICAL CENTER (FEID: 22-1500556)
C/O CORP. FINANCE, 2 CRESCENT PLACE
OCEANPORT, NJ 07757
PROGRAM SERVICE REVENUE - $386,341,370

- COMMUNITY MEDICAL CENTER (FEID: 22-3452306)
C/O CORP. FINANCE, 2 CRESCENT PLACE
OCEANPORT, NJ 07757

PROGRAM SERVICE REVENUE - $577,077,294

- COOPERMAN BARNABAS MEDICAL CENTER (FEID: 22-1494440)

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

PROGRAM SERVICE REVENUE - $1,300,917,001

- JERSEY CITY MEDICAL CENTER (FEID: 22-2783298)

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

PROGRAM SERVICE REVENUE - $636,657,955

- MONMOUTH MEDICAL CENTER (FEID: 22-3452412)

(INCLUDES MONMOUTH MEDICAL CENTER - SOUTHERN CAMPUS)

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

PROGRAM SERVICE REVENUE - $783,088,170

- NEWARK BETH ISRAEL MEDICAL CENTER (FEID: 22-3452311)

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

PROGRAM SERVICE REVENUE - $842,938,604

- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL (FEID: 22-1487243)

(INCLUDES ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL SOMERSET)

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

PROGRAM SERVICE REVENUE - $2,146,980,418

- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON (FEID: 21-0634572)

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

PROGRAM SERVICE REVENUE - $244,704,571

- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY (FEID: 22-1487305)

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

PROGRAM SERVICE REVENUE - $137,991,183

- SAINT BARNABAS BEHAVIORAL HEALTH CENTER (FEID: 22-2977312)

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

PROGRAM SERVICE REVENUE - $14,307,461

- TRINITAS REGIONAL MEDICAL CENTER (FEID: 22-3601678)

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

PROGRAM SERVICE REVENUE - $304,997,532

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

RWJBARNABAS HEALTH, INC. ("RWJBH") IS A NOT-FOR-PROFIT HEALTHCARE

ORGANIZATION WITH CORPORATE OFFICES IN WEST ORANGE, NEW JERSEY. RWJBH IS THE SOLE CORPORATE MEMBER OF VARIOUS HEALTHCARE-RELATED ORGANIZATIONS, THE MAJORITY OF WHICH ARE TAX-EXEMPT ENTITIES. THE INTERNAL REVENUE SERVICE ("IRS") HAS RECOGNIZED RWJBH AS BEING A TAX-EXEMPT ORGANIZATION UNDER INTERNAL REVENUE CODE ("IRC") SECTION 501(C)(3).

RWJBH WAS FORMED WITH THE MERGER OF BARNABAS HEALTH INC. ("BH"), THE PARENT OF THE BARNABAS HEALTH SYSTEM ("BARNABAS HEALTH"), AND ROBERT WOOD JOHNSON HEALTH CARE CORPORATION ("RWJHCC"), THE PARENT OF THE FORMER ROBERT WOOD JOHNSON HEALTH SYSTEM ("RWJHS"). THE DEFINITIVE AGREEMENT SIGNED ON JULY 14, 2015, OUTLINED THE COMBINATION OF THESE TWO LEADING HEALTH SYSTEMS AND CREATED THE LARGEST AND MOST COMPREHENSIVE HEALTH CARE DELIVERY SYSTEM IN THE STATE OF NEW JERSEY AND ONE OF THE LARGEST IN THE NATION. THE TRANSACTION (HEREINAFTER REFERRED TO AS THE "MERGER") SUCCESSFULLY COMPLETED FEDERAL AND STATE REVIEW IN MARCH 2016, AND THE TRANSACTION CLOSED OPERATIONALLY ON APRIL 1, 2016.

THE BACKGROUND OF BH INCLUDES ITS FORMATION IN JUNE 1996, WHEN SIX NEW JERSEY HOSPITALS AND THEIR AFFILIATES JOINED SAINT BARNABAS MEDICAL CENTER (RECENTLY RENAMED COOPERMAN BARNABAS MEDICAL CENTER) AND UNION HOSPITAL ("UNION"), WHICH HAD AFFILIATED IN 1993. THE SIX HOSPITALS INCLUDED: COMMUNITY MEDICAL CENTER, INC. AND KIMBALL MEDICAL CENTER, INC., WHICH HAD AFFILIATED IN 1993 TO FORM THE COMMUNITY/KIMBALL HEALTH CARE SYSTEM; NEWARK BETH ISRAEL MEDICAL CENTER, INC. AND IRVINGTON GENERAL HOSPITAL, INC. ("IRVINGTON"), AFFILIATES OF EACH OTHER SINCE

1991; MONMOUTH MEDICAL CENTER, INC.; AND WAYNE GENERAL HOSPITAL CORP. ("WAYNE"). IN JANUARY 1997, WEST HUDSON HOSPITAL ASSOCIATION, INC. ("WEST HUDSON") JOINED BARNABAS HEALTH, FOLLOWED BY CLARA MAASS MEDICAL CENTER IN DECEMBER 1997. BARNABAS HEALTH SUBSEQUENTLY DIVESTED WAYNE, CLOSED WEST HUDSON, IRVINGTON, AND UNION AND CONSOLIDATED THEIR OPERATIONS INTO OTHER SYSTEM FACILITIES. JERSEY CITY MEDICAL CENTER WAS THE LAST AFFILIATE, JOINING BH IN 2014.

THE BACKGROUND OF RWJHCC INCLUDES ITS 1984 FORMATION TO PROMOTE, SUPPORT AND FURTHER THE CHARITABLE PURPOSES OF THE ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AND OTHER AFFILIATED AND RELATED NON-PROFIT HEALTH CARE ORGANIZATIONS. RWJHS THEN EXPANDED TO INCLUDE ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY, CHILDREN'S SPECIALIZED HOSPITAL, SOMERSET MEDICAL CENTER, AND OTHER HEALTH CARE RELATED VENTURES.

RWJBH IS THE MOST COMPREHENSIVE MULTI-HOSPITAL SYSTEM IN NEW JERSEY AND CONTINUES TO PROVIDE SUBSTANTIAL COMMUNITY BENEFIT AS WAS PREVIOUSLY PROVIDED BY ITS FORMATIVE HEALTH SYSTEMS, BH AND RWJHCC. RWJBH ENTITIES PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY. MOREOVER, RWJBH ENTITIES PROVIDE HEALTHCARE SERVICES TO PATIENTS WHO MEET CERTAIN CRITERIA DEFINED BY THE NEW JERSEY DEPARTMENT OF HEALTH WITHOUT CHARGE OR AT AMOUNTS LESS THAN ESTABLISHED RATES. RWJBH MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE AMOUNT OF CHARITY CARE IT PROVIDES. THESE RECORDS INCLUDE THE AMOUNT OF CHARGES

FOREGONE FOR SERVICES AND SUPPLIES FURNISHED UNDER ITS CHARITY CARE POLICY.

STARTING JANUARY 1, 2022, TRINITAS REGIONAL MEDICAL CENTER BECAME THE NEWEST HOSPITAL MEMBER OF RWJBH. THE ELIZABETH CITY, NEW JERSEY-BASED HOSPITAL NETWORK OF HEALTHCARE FACILITIES, HAS A SHARED MISSION AND HISTORY OF DELIVERING HEALTHCARE TO URBAN AND UNDERSERVED COMMUNITIES. THE TRANSACTIONAL GOALS OF THIS EXPANDED NETWORK ADDITIONAL AND INVESTMENT INCLUDES: ENSURING TRINITAS REMAINS THE TRUSTED SAFETY-NET PROVIDER IN THE REGION; IMPROVED OUTCOMES FOR DIVERSE PATIENT POPULATIONS; INCREASED ACCESS TO RWJBARNABAS HEALTH'S WORLD-CLASS RESEARCH AND ACADEMIC EXPERTISE; ENHANCED ABILITY TO ATTRACT, RETAIN AND TRAIN THE FINEST HEALTHCARE EXPERTS AND A SHARPENED FOCUS ON COMMUNITY AND MISSION-BASED PROGRAMS THAT HELP SERVE LOCAL COMMUNITIES, PARTICULARLY THOSE IN NEED. TRINITAS WILL CONTINUE TO ADHERE TO THE STANDARDS OF CARE STATED IN THE ETHICAL AND RELIGIOUS DIRECTIVES FOR CATHOLIC HEALTH CARE SERVICES, WITH CATHOLIC OVERSIGHT FROM THE SISTERS OF CHARITY OF SAINT ELIZABETH. IN ADDITION TO A SHARED MISSION OF SERVICE, THE TWO ORGANIZATIONS SHARE AN ACADEMIC COMMITMENT, WITH RWJBARNABAS HEALTH AND RUTGERS UNIVERSITY SERVING AS THE PREMIER ACADEMIC HEALTH SYSTEM FOR THE STATE OF NEW JERSEY AND TRINITAS SERVING AS A REGIONAL LEADER IN TRAINING NURSES THROUGH THE TRINITAS SCHOOL OF NURSING, WHICH OFFERS A COOPERATIVE EDUCATION PROGRAM WITH UNION COUNTY COLLEGE.

RWJBH IS ONE OF NEW JERSEY'S LARGEST PRIVATE EMPLOYERS - WITH APPROXIMATELY 43,000 EMPLOYEES, OVER 9,000 INDIVIDUAL PHYSICIANS ON THE COMBINED MEDICAL STAFFS (OF WHICH, IN EXCESS OF 1,860 ARE PART OF THE EMPLOYED MEDICAL GROUP), AND OVER 1,600 FELLOW, RESIDENTS AND INTERNS. RWJBH ROUTINELY CAPTURES NATIONAL AWARDS FOR OUTSTANDING QUALITY AND SAFETY. THE COMBINED SYSTEM HAS ANNUAL OPERATING REVENUES OF APPROXIMATELY $9.5 BILLION FOR 2024. IN 2024, RWJBH PROVIDED MORE THAN FIVE MILLION PATIENT ENCOUNTERS WITH: OVER 222,000 INPATIENT ADMISSIONS INCLUDING APPROXIMATELY 14,920 PEDIATRIC AND PEDIATRIC INTENSIVE CARE INPATIENT ADMISSIONS; AROUND 824,500 EMERGENCY DEPARTMENT VISITS; OVER 148,000 OBSERVATION STAYS; AND OVER 25,400 BIRTHS AND 3,493 NEONATAL ADMISSIONS. RWJBH'S COMPOSITION INCLUDES 12 ACUTE CARE HOSPITALS, 3 ACUTE CARE STATE DESIGNATED CHILDREN'S HOSPITALS WITH ONE PEDIATRIC TRAUMA CENTER, A LEADING PEDIATRIC REHABILITATION HOSPITAL, A FREESTANDING ACUTE BEHAVIORAL HEALTH HOSPITAL, A CLINICALLY INTEGRATED NETWORK OF AMBULATORY CARE CENTERS, TWO TRAUMA CENTERS, A SATELLITE EMERGENCY DEPARTMENT, GERIATRIC CENTERS, THE STATE'S LARGEST BEHAVIORAL HEALTH NETWORK, AMBULATORY SURGERY CENTERS, COMPREHENSIVE HOME CARE AND HOSPICE PROGRAMS, FITNESS AND WELLNESS CENTERS, RETAIL PHARMACY SERVICES, MEDICAL GROUPS, DIAGNOSTIC IMAGING CENTERS, A CLINICALLY INTEGRATED NETWORK AND COLLABORATIVE ACCOUNTABLE CARE ORGANIZATION.

RWJBH - CREATED WITH A STRONG FOUNDATION OF SHARED CULTURES AND CORE VALUES - PROVIDES OPPORTUNITY TO IMPROVE THE HEALTH AND PROMOTE WELLNESS OF COMMUNITIES THROUGHOUT NEW JERSEY. THE SYSTEM'S GEOGRAPHIC COVERAGE

SPANS THE GREATER HUDSON, ESSEX, UNION, MIDDLESEX, MERCER, SOMERSET, MONMOUTH, AND OCEAN COUNTIES AND ENCOMPASSES THE POPULATION CENTERS OF THE STATE SERVING IN EXCESS OF FIVE MILLION RESIDENTS. THROUGH SHARING OF RESOURCES, BEST PRACTICES, AS WELL AS ECONOMIES GAINED THROUGH CONSOLIDATION OF SUPPORT SERVICES, RWJBH PROMOTES THE HIGHEST QUALITY HEALTHCARE DELIVERY AND GREATER LEVELS OF EFFICIENCY.

IN 2018, RWJBH ANNOUNCED WITH RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY, THE OFFICIAL LAUNCH OF THEIR PUBLIC-PRIVATE PARTNERSHIP TO JOINTLY OPERATE A WORLD-CLASS ACADEMIC HEALTH SYSTEM DEDICATED TO LIFE-CHANGING RESEARCH, CLINICAL TRAINING OF TOMORROW'S WORKFORCE, AND HIGH-QUALITY HEALTHCARE FOR ALL. THIS PLANNED COLLABORATION REPRESENTS A SIGNIFICANT STEP FORWARD TO IMPROVE ACCESS TO CARE AND REDUCE THE HEALTH DISPARITIES THAT IMPACT OUR STATE. THE PARTIES HAVE A SHARED BELIEF THAT WHILE BOTH ORGANIZATIONS ARE STRONG LEADERS IN OUR RESPECTIVE FIELDS, TOGETHER THEY ARE BETTER POISED TO TRANSFORM HEALTH CARE IN NEW JERSEY AND DRIVE INNOVATIONS THAT WILL IMPROVE OUTCOMES ACROSS THE COUNTRY. THE COLLABORATION ALSO ALIGNS EDUCATION, RESEARCH, AND CLINICAL ACTIVITIES, INCLUDING THOSE AT THE RUTGERS CANCER INSTITUTE OF NEW JERSEY - THE STATE'S ONLY NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CANCER CENTER - AND RUTGERS UNIVERSITY BEHAVIORAL HEALTH CARE. BY WORKING TOGETHER, THESE TWO HIGHER EDUCATION AND HEALTH CARE INDUSTRY LEADERS WILL ENHANCE RESEARCH, MEDICAL AND HEALTH PROFESSIONAL EDUCATION, IMPROVE ACCESS TO CARE, AND REDUCE HEALTH DISPARITIES IN NEW JERSEY.

AS OF JULY 1, 2020, THE CLINICAL SERVICES PROVIDED WITHIN RUTGERS UNIVERSITY'S ROBERT WOOD JOHNSON MEDICAL SCHOOL IN THE NEW BRUNSWICK REGION AND THE RWJBARNABAS HEALTH MEDICAL GROUP PRACTICES WERE FURTHER INTEGRATED THROUGH THE EXECUTION OF AN INTEGRATED PRACTICE AGREEMENT (IPA). THIS SIGNIFICANT MILESTONE CREATES ONE OF THE LARGEST INTEGRATED HEALTH SYSTEMS IN THE COUNTRY AND IS A FOUNDATIONAL COMPONENT OF ACHIEVING THE PROMISES OF VALUE-BASED POPULATION HEALTH SERVICES.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

HOSPITALS' CONFORMANCE WITH IRS REVENUE RULING 69-545

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HOSPITALS IN RWJBH ARE RECOGNIZED BY THE INTERNAL REVENUE SERVICE ("IRS") AS INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATIONS. PURSUANT TO ITS CHARITABLE PURPOSES, THE HOSPITALS PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, GENDER IDENTITY, SEXUAL ORIENTATION, NATIONAL ORIGIN, OR ABILITY TO PAY. MOREOVER, OUR HOSPITALS OPERATE CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545:

1. PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE, AND MEDICAID PATIENTS.
2. OPERATING ACTIVE EMERGENCY DEPARTMENTS FOR ALL PERSONS THAT ARE OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR.

3. MAINTAINING OPEN MEDICAL STAFFS, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS.

4. CONTROL POSITIONED WITH HOSPITAL BOARD OF TRUSTEES AND THE BOARD OF TRUSTEES OF RWJBARNABAS HEALTH, INC., AND ALL THE BOARDS ARE COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE REPRESENTED COMMUNITIES; AND

5. USING SURPLUS FUNDS TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES/EQUIPMENT AND ADVANCE AND IMPROVE MEDICAL CARE, PROGRAMS AND ACTIVITIES THROUGH PATIENT CARE AND MEDICAL TRAINING, EDUCATION, AND RESEARCH.

THE OPERATIONS OF OUR HOSPITALS AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THE PROVISION OF SUBSTANTIAL COMMUNITY BENEFIT AND THAT THE USE AND CONTROL OF THE FACILITIES ARE FOR THE BENEFIT OF THE PUBLIC AND THAT NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATIONS INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL, NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY.

RWJBH VISION AND MISSION

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AT RWJBARNABAS HEALTH (RWJBH), OUR MISSION AND OBLIGATION REACH BEYOND HELPING PEOPLE WHEN THEY ARE SICK AND EXTEND TO KEEPING PEOPLE WELL AND BUILDING HEALTHY COMMUNITIES. WE ARE AN ACADEMIC HEALTH SYSTEM,

PARTNERING WITH OUR COMMUNITIES TO BUILD AND SUSTAIN A HEALTHIER NEW JERSEY. RWJBH BELIEVES THAT TEAMING UP WITH PARTNER ORGANIZATIONS AND COMMUNITY PARTNERS ALLOWS US TO LEVERAGE OUR INDIVIDUAL STRENGTHS TO WORK COLLECTIVELY TO COMBAT DISEASE AND PROMOTE WELLNESS IN OUR REGION---TRULY MAKING OUR COMMUNITIES HEALTHIER.

RWJBH STRIVES TO MAKE A UNIQUE IMPACT IN LOCAL COMMUNITIES THROUGHOUT NEW JERSEY. FROM VASTLY IMPROVING THE HEALTH OF LOCAL RESIDENTS THROUGH CLINICAL AND WELLNESS SERVICES, TO ADDRESSING SOCIAL DETERMINANTS OF HEALTH IMPACTING HEALTH STATUS SUCH AS CREATING EDUCATIONAL AND CAREER OPPORTUNITIES, OUR COMPREHENSIVE APPROACH TO POPULATION HEALTH GREATLY BENEFITS OUR COMMUNITIES AND THE STATE. WE UNDERSTAND THE GROWING AND EVOLVING NEEDS OF RESIDENTS IN NEW JERSEY-WHETHER THAT BE ENHANCING THE COORDINATION FOR TREATING COMPLEX HEALTH CONDITIONS OR IMPROVING COMMUNITY HEALTH THROUGH LOCAL PROGRAMS, SERVICES, ACCESS TO HEALTHY FOOD AND EDUCATION. OUR VISION FOR TRANSFORMING HEALTH CARE IS TO SERVE AS AN INNOVATIVE RESOURCE FOR OUR COMMUNITIES AND TO BE THE PREMIER HEALTH CARE DESTINATION PROVIDING PATIENT-CENTERED, HIGH-QUALITY ACADEMIC MEDICINE IN A COMPASSIONATE AND EQUITABLE MANNER, WHILE DELIVERING A BEST-IN-CLASS WORK EXPERIENCE TO EVERY MEMBER OF THE TEAM.

RWJBARNABAS HEALTH'S STRATEGIC PRIORITIES INCLUDE: PREPARING FOR POPULATION MANAGEMENT AND TO MAXIMIZE ECONOMIES OF SCALE; EXPANDING OUTPATIENT SERVICES; CONTINUED DEVELOPMENT OF STRONG PHYSICIAN ALIGNMENT; TAKING FINANCIAL RESPONSIBILITY AND CLINICAL ACCOUNTABILITY FOR THE

POPULATIONS WE SERVE; AND REENGINEERING OUR FACILITIES AND SERVICES TO DELIVER CARE FOR THE FUTURE.

AS THE STATE'S MOST COMPREHENSIVE ACADEMIC HEALTH SYSTEM, RWJBARNABAS HEALTH IS A STRONGER ORGANIZATION AND IS BETTER POSITIONED TO ACHIEVE OUR VISION OF IMPROVING THE HEALTH OF THE POPULATIONS WE SERVE THROUGHOUT NEW JERSEY. BY INTEGRATING OUR SYSTEMS AND COORDINATING SERVICES, WE HAVE CREATED A STATEWIDE NETWORK SPANNING NEW JERSEY AND COVERING OVER 5 MILLION RESIDENTS IN OUR CORE SERVICE AREAS. WE ARE PRIVILEGED TO HAVE THE TREMENDOUS OPPORTUNITY TO REACH MORE THAN HALF THE STATE'S POPULATION WITH HIGH-QUALITY, CULTURALLY COMPETENT CARE AND SERVICES.

AS ONE INTEGRATED HEALTH SYSTEM, RWJBARNABAS HEALTH CONTINUES TO:

- ADVANCE THE OVERALL HEALTH OF THE POPULATIONS WE SERVE;
- CONTINUOUSLY IMPROVE THE QUALITY OF CARE WE PROVIDE;
- COLLABORATE WITH PHYSICIANS FOR A CLOSELY COORDINATED CONTINUUM OF CARE;
- CONTRIBUTE TO THE LOCAL, REGIONAL, AND STATE ECONOMIES BY REMAINING A MAJOR EMPLOYER IN OUR COMMUNITIES, AND SUPPORTING SMALL AND LOCAL BUSINESSES THROUGH OUR PARTNERSHIPS;
- FOCUS ON THE WELL-BEING OF THE DIVERSE COMMUNITIES WE SERVE WITH A CONTINUED COMMITMENT TO HIGH-QUALITY, CULTURALLY COMPETENT CARE;
- FOSTER AND SUPPORT A MISSION OF ACADEMIC EXCELLENCE, INCLUDING A COMMITMENT TO LEADING-EDGE RESEARCH AND CLINICAL TRIALS AND TEACHING THE

NEXT GENERATION OF HEALTH CARE WORKERS; AND

- INNOVATE AND TRANSFORM SERVICES TO EFFICIENTLY AND EFFECTIVELY BEST MEET THE NEEDS OF THE POPULATIONS WE SERVE.

MEETING THE ARRAY OF UNIQUE HEALTH NEEDS

RWJBARNABAS HEALTH STRIVES TO TREAT EVERY PERSON WITH RESPECT AND DIGNITY BY TAILORING HEALTH CARE DELIVERY AND WORK EXPERIENCES TO MEET THE NEEDS OF ALL PATIENTS, EMPLOYEES AND VISITORS. ONE EXAMPLE INCLUDES PROJECT SEARCH, A PROGRAM CURRENTLY OFFERED AT THREE SYSTEM HOSPITALS AND SOON TO BE A FOURTH, WHICH HELPS YOUNG ADULTS WITH DEVELOPMENTAL DISABILITIES TRANSITION FROM SCHOOL TO COMPETITIVE EMPLOYMENT BY PROVIDING A ONE-YEAR INTERNSHIP AT A HOST BUSINESS. IN 2024, RWJBARNABAS HEALTH WAS PROUD TO BE RECOGNIZED AS A "2024 BEST PLACE TO WORK FOR DISABILITY INCLUSION" BY THE DISABILITY EQUALITY INDEX. ADDITIONALLY, THE SYSTEM LAUNCHED FREE VISUAL INTERPRETATION SERVICES FOR BLIND AND LOW-VISION EMPLOYEES, PATIENTS AND VISITORS THROUGH THE AIRA APP TO HELP INDIVIDUALS NAVIGATE FACILITIES MORE INDEPENDENTLY. FURTHER, ALL RWJBARNABAS HEALTH EMPLOYEES HAVE ACCESS TO 21 BUSINESS RESOURCE GROUP (BRG) UMBRELLAS, TOTALING 56 BRGS THAT ARE CURRENTLY ENGAGING AND SUPPORTING EMPLOYEES ACROSS THE SYSTEM.

SOCIAL IMPACT AND COMMUNITY INVESTMENT

RWJBH LAUNCHED IN 2017 A NEW "SOCIAL IMPACT AND COMMUNITY INVESTMENT PRACTICE" OR "SICI" TO HELP SUPPORT THE MORE FRAGILE COMMUNITIES, TO AVERT ILLNESS AND TO MAKE POSITIVE LIFESTYLE CHOICES. WHILE THIS ENDEAVOR TO ELICIT TRUE CHANGE WILL TAKE YEARS TO ACCOMPLISH, RWJBH IS COMMITTED TO PRODUCE A POSITIVE CHANGE FOR THE COMMUNITIES IT SERVES.

THIS ORGANIZATIONAL PILLAR INITIATIVE LEVERAGES THE SYSTEM'S RANGE OF ASSETS TO ADVANCE A CULTURE OF HEALTH AND LIFT THE QUALITY OF LIFE IN NEW JERSEY COMMUNITIES. WITH A PROGRAMMATIC EMPHASIS ON ENSURING HEALTH EQUITY, THE PRACTICE SPEARHEADS INNOVATIVE, COLLABORATIVE SOCIAL IMPACT AND EXTERNAL AFFAIRS INITIATIVES THAT ADDRESS THE SOCIAL, ECONOMIC, AND ENVIRONMENTAL CONDITIONS THAT HAVE A SIGNIFICANT IMPACT ON HEALTH OUTCOMES.

RWJBH RECOGNIZES THAT COLLABORATION AND PARTNERSHIP ARE THE CORNERSTONE TO SUCCESSFULLY TRANSFORMING TO IMPACT COMMUNITY HEALTH STATUS IN A MEANINGFUL AND SIGNIFICANT WAY. ONE INITIATIVE TO SUPPORT LOCAL HIRING IN BETTER-PAYING JOBS, RWJBH, AND ITS LOCAL HOSPITAL, NEWARK BETH ISRAEL MEDICAL CENTER, PARTNERED WITH THE CITY OF NEWARK TO OFFER CLASSES THAT TEACH LOCAL RESIDENTS "SOFT SKILLS" SUCH AS GAINING THE MATH KNOWLEDGE NEEDED TO PASS REQUIRED TESTS FOR LOCAL UTILITY COMPANY JOBS. OTHER INITIATIVES FOCUS ON SUPPORTING LOCAL BUSINESSES, INCREASING FOOD/HOUSING SECURITY, AND ADDRESSING OTHER SOCIAL DETERMINANTS OF HEALTH BARRIERS. THE FIVE INTERVENTION AREAS IDENTIFIED BY SICI ARE:

1. EDUCATION, INCLUDING EARLY CHILDHOOD DEVELOPMENT, FAMILY HEALTH LITERACY AND PARENTING EDUCATION.

2. ECONOMIC STABILITY, INCLUDING FOOD SECURITY AND WORKFORCE DEVELOPMENT.

3. NEIGHBORHOOD AND BUILT ENVIRONMENT INCLUDING HOMELESSNESS PREVENTION, VIOLENCE PREVENTION.

4. GLOBAL HEALTH INCLUDING BOTH INTERNATIONAL AND DOMESTIC OUTREACH.

5. EMPLOYEE ENGAGEMENT AND VOLUNTEERISM, INCLUDING SKILLS-BASED VOLUNTEERISM AND SERVICE RALLIES.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

AS PART OF THE MISSION TO CREATE HEALTHIER COMMUNITIES, RWJBH'S SICI LAUNCHED ITS FOOD HUBS INITIATIVE IN 2020. THE FOOD HUBS IS A COLLABORATIVE UNDERTAKING OF LOCAL NONPROFITS, BUSINESSES, AND FARMERS WORKING TO ELIMINATE FOOD INSECURITY IN KEY AREAS IN NEW JERSEY. WITH DIFFERENT PILOT LOCATIONS ACROSS NEWARK AND NEW BRUNSWICK, EACH HUB OPERATES ON A COMMUNITY LEVEL TO EXPAND FOOD ACCESS, CREATE, AND IMPROVE DISTRIBUTION CHANNELS WITH LOCAL FARMERS, AND EDUCATE RESIDENTS ON THE ROLE OF NUTRITION AND HEALTHY EATING IN OVERALL HEALTH OUTCOMES. THE INITIATIVE WAS FUNDED BY A GRANT FROM THE ROBERT WOOD JOHNSON FOUNDATION, AS WELL AS THROUGH PRIVATE DONATIONS, AND IS CURRENTLY IN THE PROCESS OF PLANNING FOR EXPANSION IN OTHER LOCATIONS ACROSS THE STATE.

THE HUBS WERE CHOSEN FOR THEIR CURRENT INFRASTRUCTURE AND WORK IN THE URBAN FARMING AND THE FOOD INSECURITY SPACE. THE GOAL IS TO CREATE A HUB THAT WILL PROVIDE ACCESS TO HEALTHY FOOD BY CREATING A DISTRIBUTION

CHANNEL FOR ALL FARMERS IN NEW JERSEY IN ADDITION TO PROVIDING NUTRITION EDUCATION. THE SITES HAVE OR ARE WORKING TOWARDS BUILDING THE NEEDED COMPONENTS THAT DEFINE A RWJBH "HUB." THESE COMPONENTS INCLUDE GROWING SPACE FOR BOTH HYDROPONICS OR TRADITIONAL FARMING; AMPLE STORAGE AND REFRIGERATION; TEACHING KITCHENS EQUIPPED WITH COOKING FACILITIES ACCESSIBLE TO MOST RESIDENTS AND/OR THOSE ENTERING CULINARY ARTS AND FOOD SERVICE; AND RETAIL FARMERS MARKET SPACE.

RWJBH HAS EXPANDED THIS MODEL AND IS CREATING A LARGE FOOD AGGREGATION, DISTRIBUTION AND EDUCATION HUB BASED ON THE ORIGINAL CONCEPT. SLATED FOR OPENING IN 4TH QUARTER 2025, WE WILL BE LAUNCHING A LARGE HARVEST, A FARM TO CITY COMMUNITY CENTER THAT WILL HOUSE SPACE TO BRING IN AND DISTRIBUTE HEALTHY FARM FOOD FROM AROUND THE STATE. LARGE TEACHING AND COMMERCIAL KITCHENS WILL ALSO BE HOUSED HERE PROVIDING NUTRITION EDUCATION, AS WELL AS HELPING TO SUPPORT LOCAL FOOD COMPANIES AND RESTAURANTS. THE SPACE WILL HELP TO NOT ONLY EDUCATE OUR COMMUNITY ON THE IMPORTANCE OF HEALTHY EATING AND ITS CONNECTION TO HEALTH BUT WILL SERVE AS AN INCUBATOR FOR ENTREPRENEURS IN THE FOOD SPACE. IT WILL BE STAFFED BY REGISTERED DIETITIANS COMMUNITY HEALTHY WORKERS AND SNAP NAVIGATORS HELPING TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH BEYOND THE CLINICAL PARADIGM. THIS MODEL WILL HELP TO ADDRESS FOOD AND NUTRITION INSECURITY AT ITS ROOT CAUSE BY ALLOWING FARMERS IN NEW JERSEY TO BUILD A SOLID DISTRIBUTION STREAM WHICH WILL HELP THEM GROW THEIR BUSINESSES, WHILE KEEPING FARM FOOD FROM NEW JERSEY IN THE STATE AND ACCESSIBLE TO OUR COMMUNITIES.

OUR GREENHOUSE AND FARMERS MARKET AT NEWARK BETH ISRAEL MEDICAL HAS DONATED 2,500 POUNDS OF FOOD IN 2024 AND HOSTS A WEEKLY FARMERS MARKET FROM JUNE THROUGH NOVEMBER. THE MARKET ACCEPTS SNAP, WIC AND SENIOR FARMERS MARKET NUTRITION PROGRAM BENEFITS.

ADDITIONALLY, AS PART OF INITIATIVES TO IMPROVE PUBLIC HEALTH AND IN PARTNERSHIP WITH THE COMMUNITY FOOD BANK OF NEW JERSEY, RWJBH HAS CREATED "FOOD FARMACY" PROGRAMS TO ADDRESS FOOD INSECURITY IN NEWARK, JERSEY CITY AND NEW BRUNSWICK, SERVING THE MATERNAL CHILD POPULATION AND THOSE WITH CHRONIC CONDITIONS. A "FOOD FARMACY" IS A PROGRAM THAT FOCUSES ON AND PROMOTES HEALTHY, NUTRITIOUS EATING USING A CLINICALLY BASED APPROACH. A "FOOD FARMACY" DIFFERS FROM A FOOD PANTRY IN THAT THE FARMACY PROVIDES COMPREHENSIVE, INDIVIDUALIZED CARE AND NUTRITION EDUCATION IN ADDITION TO HEALTHY FOOD, WHILE A FOOD PANTRY SERVES AS AN EMERGENT FEEDING SITE HELPING TO FIGHT HUNGER IN OUR COMMUNITIES. IN ADDITION TO FOOD, OUR FARMACIES ALSO PROVIDE DIAPERS AND PERIOD PRODUCTS FOR WOMEN, SIGNIFICANTLY ALLEVIATING FINANCIAL STRAIN AND FREEING UP A PORTION OF THEIR MONTHLY BUDGET FOR OTHER NECESSITIES.

AT THESE "FOOD FARMACIES" REGISTERED DIETITIANS MEET WITH PATIENTS IN A 1-1 COUNSELING SETTING OR GROUP CLASSES AND THEN PROVIDE RECOMMENDATIONS FOR FOOD CHOICES THAT ARE AVAILABLE ON-SITE BASED ON THEIR CONDITION AND CULTURAL PREFERENCES. PATIENTS HAVE ACCESS TO LOCALLY GROWN, SUSTAINABLE FOODS, HEALTHY SHELF-STABLE FOODS, RECIPES, NUTRITION EDUCATION HANDOUTS, AND ONGOING CHRONIC DISEASE MANAGEMENT NUTRITION COUNSELING. THE GOAL OF

A "FOOD FARMACY" IS TO ENSURE FOOD SECURITY AND INCREASE BOTH POSITIVE CLINICAL AND BEHAVIORAL CHANGE OUTCOMES TO IMPROVE PATIENTS' HEALTH. TWO OF THESE FARMACIES ARE GEARED TO PRENATAL PATIENTS AND THEIR FAMILIES WHO ENTER OUR CLINICS AND PRESENT AS FOOD INSECURE. WE PROVIDE FOOD AND SUPPORT FOR THE MOTHER BEFORE AND AFTER BIRTH, ENSURING THAT MOTHER AND BABY HAVE THE BEST START IN LIFE WITH HEALTHY NUTRITIOUS FOOD AND EDUCATION TO HELP GUIDE THEIR FOOD CHOICES.

IN JUNE 2024, WE BEGAN THE PLANNING PHASE OF OUR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM ALSO KNOWN AS SNAP. IN THIS PROGRAM WE BEGAN RECRUITING AND HIRING SNAP NAVIGATORS, PLACING ONE EACH IN TWELVES OF OUR HOSPITALS. THEY WORK CLOSELY WITH THE LOCAL SICI AND COMMUNITY HEALTH LEADERSHIP CONNECTING ELIGIBLE COMMUNITY MEMBERS WITH THIS NEEDED BENEFIT IN COMMUNITY BASED ORGANIZATIONS SUCH FAITH-BASED INSTITUTIONS, SCHOOLS, HOUSING DEPARTMENTS AND COMMUNITY CENTERS. THEY ALSO WORK CLOSELY WITH OUR COMMUNITY HEALTH WORKER CONNECTING THOSE WHO SCREEN AS FOOD INSECURE AND ELIGIBLE SNAP.

THE SOCIAL IMPACT & COMMUNITY INVESTMENT PRACTICE AT RWJBH ALSO SERVES AS A DRIVER OF THE SYSTEM'S ANCHOR MISSION TO HIRE LOCAL, BUY LOCAL, AND INVEST LOCAL. AS PART OF ITS ONGOING COMMITMENT TO SOCIAL IMPACT AND COMMUNITY INVESTMENT, RWJBH LAUNCHED AN ONLINE PLATFORM IN 2022 DESIGNED TO INCREASE OPPORTUNITIES FOR CERTIFIED LOCAL AND DIVERSE OWNED BUSINESSES IN NEW JERSEY TO WORK DIRECTLY WITH RWJBH AND ITS FACILITIES. LOCAL, MINORITY, AND WOMEN-OWNED BUSINESSES THAT COULD POTENTIALLY MEET

FUTURE SERVICE OR SUPPLY CHAIN DEMANDS FOR RWJBH ARE INVITED TO REGISTER AT RWJBH.ORG/BUYLOCAL. COMPANIES THAT SUCCESSFULLY REGISTER TO THE PLATFORM WILL BE LISTED AS RWJBARNABAS HEALTH BUYLOCAL VENDORS AND INCLUDED IN A DATABASE OF BUSINESSES CONSIDERED FOR PROCUREMENT AND CONTRACTING OPPORTUNITIES WITHIN THE SYSTEM. NEW JERSEY BASED, CERTIFIED MINORITY OWNED (MBE), WOMEN OWNED (WBE), SMALL BUSINESS (SBE), VETERAN-OWNED (VOB), DISABLED VETERAN-OWNED (DVOB) AND DISADVANTAGED BUSINESS ENTERPRISES (DBE) ARE ALL ELIGIBLE TO PARTICIPATE. HUNDREDS OF BUSINESSES HAVE REGISTERED. MARK E. MANIGAN, PRESIDENT & CEO, RWJBARNABAS HEALTH STATED "AS AN ANCHOR INSTITUTION THAT PRIORITIZES ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH, OUR COMMITMENT TO OUR PATIENTS AND NEIGHBORS EXTENDS BEYOND TRADITIONAL CARE DELIVERY. OUR HEALTH SYSTEM IS ONE OF THE LARGEST EMPLOYERS AND PURCHASERS IN NEW JERSEY, AND WE ARE DEDICATED TO INVESTING THOSE DOLLARS BACK INTO THE COMMUNITIES WE SERVE."

RWJBARNABAS HEALTH'S COMMUNITY HEALTH WORKER (CHW) PROGRAM IS A CRITICAL SYSTEM-WIDE INITIATIVE AIMED AT ADVANCING HEALTH EQUITY BY ADDRESSING THE ROOT CAUSES OF ADVERSE HEALTH-SPECIFICALLY SOCIAL DETERMINANTS OF HEALTH (SDOH) SUCH AS FOOD INSECURITY, HOUSING INSTABILITY, AND TRANSPORTATION BARRIERS. CHWS ARE STRATEGICALLY EMBEDDED IN HOSPITAL INPATIENT UNITS, EMERGENCY DEPARTMENTS, AND WITH OUR FQHC PARTNERS, WHERE THEY ENGAGE DIRECTLY WITH PATIENTS TO ASSESS NEEDS, AND FACILITATE ACCESS TO VITAL COMMUNITY-BASED RESOURCES.

CHWS WORK COLLABORATIVELY WITH CLINICAL TEAMS AND COMMUNITY ORGANIZATIONS

TO CLOSE GAPS IN CARE, IMPROVE HEALTH OUTCOMES, AND REDUCE EMERGENCY ROOM VISITS AND HOSPITAL READMISSIONS. SINCE NOVEMBER 2023, CHWS HAVE CONNECTED OVER 26,000 PATIENTS WITH KEY SERVICES, AND PROVIDED CONTINUED FOLLOW-UP FOR THOUSANDS MORE.

A VITAL COMPONENT OF THIS PROGRAM IS UBERHEALTH, WHICH HELPS ENSURE PATIENTS CAN PHYSICALLY ACCESS THE CARE AND SERVICES THEY NEED. AS OF MAY 23, 2025, MORE THAN 80,600 RIDES HAVE BEEN COMPLETED THROUGH UBERHEALTH, HELPING PATIENTS REACH HOSPITALS, CLINICS, PHARMACIES, FOOD PANTRIES, AND RWJBH FOOD FARMACIES. THIS TRANSPORTATION SUPPORT PLAYS A SIGNIFICANT ROLE IN IMPROVING APPOINTMENT ADHERENCE AND OVERALL WELL-BEING, ESPECIALLY FOR VULNERABLE POPULATIONS.

THE SOCIAL IMPACT AND COMMUNITY INVESTMENT PRACTICE EMPLOYS ACTION RESEARCH TO CONTINUALLY EVALUATE THE EFFECTIVENESS OF OUR WORK AND INITIATIVES. THE RESEARCH FEEDBACK LOOP PROVIDES THE PRACTICE AND THE SYSTEM WITH A CONTINUAL INFORMATION RESOURCE THAT SERVES TO FACILITATE LEARNING AND INTERVENTIONS IMPROVEMENTS. IN THE END, WE ARE LOOKING FOR IMPROVED HEALTH AS WELL AS IMPROVEMENTS IN THE SOCIAL, ECONOMIC, AND ENVIRONMENTAL FACTORS THAT CONTRIBUTE TO HEALTH.

TOGETHER, THESE EFFORTS SUPPORT CARE CONTINUITY, REDUCE READMISSIONS, REDUCE HEALTH DISPARITIES, AND PROMOTE EQUITABLE HEALTH ACCESS ACROSS THE COMMUNITIES WE SERVE.

Name of the organization
RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number
85-1296795

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE HEALTHCARE ANCHOR NETWORK

RWJBARNABAS HEALTH'S STRATEGIC PILLAR FOCUSED ON SOCIAL IMPACT AND COMMUNITY INVESTMENT LED TO BECOMING A FOUNDING MEMBER OF THE HEALTHCARE ANCHOR NETWORK ALONG WITH ADVOCATE HEALTH CARE, CATHOLIC HEALTH INITIATIVES, DIGNITY HEALTH, HENRY FORD HEALTH SYSTEM, KAISER PERMANENTE, PROMEDICA, PROVIDENCE ST. JOSEPH HEALTH, RUSH UNIVERSITY MEDICAL CENTER, TRINITY HEALTH, AND UMASS MEMORIAL HEALTH CARE. TODAY, MORE THAN 75 HOSPITALS AND HEALTH SYSTEMS ARE NETWORK MEMBERS.

THIS NETWORK WAS FORMED IN DECEMBER 2016, WHEN LEADERS FROM 40 HEALTH SYSTEMS ACROSS THE U.S. GATHERED IN WASHINGTON, DC TO EXPLORE HOW THEIR SYSTEMS COULD MORE FULLY HARNESS THEIR ECONOMIC POWER TO INCLUSIVELY AND SUSTAINABLY BENEFIT THE LONG-TERM HEALTH AND WELL-BEING OF THE COMMUNITIES THEY SERVE. THIS CONVENING LED TO THE LAUNCH OF THE HEALTHCARE ANCHOR NETWORK IN MAY 2017, REPRESENTING A CRITICAL MILESTONE IN MOBILIZING THE HEALTHCARE SECTOR TOWARDS ACTION AND COLLABORATION.

THE HEALTHCARE ANCHOR NETWORK HELPS PARTICIPANTS TO MORE RAPIDLY AND EFFECTIVELY ADVANCE AN ANCHOR MISSION APPROACH WITHIN THEIR HEALTH INSTITUTIONS, THE COMMUNITIES THEY SERVE, AND ACROSS THE HEALTHCARE SECTOR. THE LONG-TERM GOAL OF THE NETWORK IS TO REACH A CRITICAL MASS OF HEALTH SYSTEMS ADOPTING AS AN INSTITUTIONAL PRIORITY TO IMPROVE COMMUNITY

HEALTH AND WELL-BEING BY LEVERAGING ALL THEIR ASSETS, INCLUDING HIRING, PURCHASING, AND INVESTMENT FOR EQUITABLE, LOCAL ECONOMIC IMPACT. BY DOING SO, WE CAN POWERFULLY IMPACT THE UPSTREAM DETERMINANTS OF HEALTH AND HELP BUILD INCLUSIVE AND SUSTAINABLE LOCAL ECONOMIES.

ON NOVEMBER 6, 2019 - FOURTEEN HOSPITALS AND HEALTH SYSTEMS, INCLUDING RWJBARNABAS HEALTH, ANNOUNCED A COMMITMENT OF OVER $700 MILLION FOR PLACE-BASED INVESTING TO CREATE STRONG AND HEALTHY COMMUNITIES. THESE INSTITUTIONS INCLUDE NATIONAL AND REGIONAL HEALTH SYSTEMS AND SOME OF THE LARGEST PRIVATE SECTOR EMPLOYERS IN THEIR STATES AND REGIONS.

THE RWJBARNABAS HEALTH'S ANCHOR TRAINING PROGRAM AT THE CHILDREN'S SPECIALIZED HOSPITAL FOR PEDIATRIC PALLIATIVE CARE SERVES AS A NATIONAL MODEL FOR CREATING DESIGNATED CARE PATHWAYS AND IMPROVING THE QUALITY OF LIFE FOR CHILDREN WITH COMPLEX NEEDS. THE PROGRAM ALLOWS PROVIDERS TO EXPAND THEIR PEDIATRIC PALLIATIVE CARE SKILLS BY SHARING TECHNIQUES WITH ONE ANOTHER, IMPROVING SYMPTOM MANAGEMENT SKILLS, ADOPTING NEW BEST PRACTICES, AND IMPROVING FAMILY SUPPORT SERVICE SKILLS. INTENDING TO INCREASE THE NUMBER OF PROVIDERS TRAINED IN PEDIATRIC PALLIATIVE CARE AND EXPAND TECHNIQUES IN PEDIATRIC PALLIATIVE CARE, THE ANCHOR TRAINING PROGRAM RECENTLY GRADUATED TWO COHORTS OF PEDIATRIC PALLIATIVE CARE PROFESSIONALS, TOTALING 82 PROVIDERS.

THE TAI WORKFORCE DEVELOPMENT TEAM HAS ESTABLISHED MULTIPLE PROGRAMS DESIGNED TO BENEFIT LOCAL HIRES. WE PROVIDE SPECIALIZED TRAINING FOR

EMPLOYEES AND COMMUNITY RESIDENTS IN ROLES SUCH AS MEDICAL SCRIBES, CERTIFIED MEDICAL ASSISTANTS, MENTAL HEALTH ASSOCIATES, CENTRAL STERILE PROCESSING TECHNICIANS, AND FIELD ANALYSTS. PARTICIPANTS ARE HIRED INTO THESE POSITIONS, RECEIVING FULL SALARIES DURING THEIR TRAINING, WITH A GUARANTEED JOB UPON CERTIFICATION. THROUGH THESE INITIATIVES, WE ARE FOSTERING UPWARD MOBILITY AND REMOVING BARRIERS TO EDUCATION. SINCE 2019, WE HAVE SUPPORTED OVER 400 PARTICIPANTS ACROSS MULTIPLE CERTIFICATE PROGRAMS, CONTINUING OUR COMMITMENT TO COMMUNITY EMPOWERMENT AND ECONOMIC DEVELOPMENT."

LEADING MEDICAL AND HEALTH SERVICES

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RWJBARNABAS HEALTH, AS A LEADING HEALTH, EDUCATION, RESEARCH, AND WELLNESS PROVIDER, IS ABLE TO EXTEND ACCESS TO THE MANY NATIONALLY AND REGIONALLY RECOGNIZED SERVICES AND FACILITIES TO ITS COMMUNITIES INCLUDING A FEW LISTED IN THE FOLLOWING SECTION.

- NEW JERSEY'S ONLY CERTIFIED BURN TREATMENT FACILITY AND ONE OF THE LARGEST IN THE U.S. THAT TREATS MORE THAN 350 PATIENTS ANNUALLY.
- COMPREHENSIVE CARDIAC SURGERY SERVICES FOR ADULTS AND CHILDREN INCLUDING THE STATE'S OLDEST AND MOST EXPERIENCED HEART TRANSPLANT PROGRAM AT NEWARK BETH ISRAEL MEDICAL CENTER THAT HAS PERFORMED OVER 1,189 HEART TRANSPLANTS. THIS HEART CENTER ALONG WITH ITS AFFILIATE PROGRAMS AT COOPERMAN BARNABAS MEDICAL CENTER, ROBERT WOOD JOHNSON

UNIVERSITY HOSPITAL, AND JERSEY CITY MEDICAL CENTER HEART THE HEART CENTERS PERFORMED OVER 2,800 HEART PROCEDURES AND OVER 36 HEART TRANSPLANTS IN 2024.

- LEADING REGIONAL KIDNEY TRANSPLANT CENTERS INCLUDING A CENTER THAT IS AMONGST THE HIGHEST LIVING DONOR TRANSPLANTS IN THE REGION AND AMONGST THE TEN (10) LARGEST TRANSPLANT CENTER VOLUMES IN THE U.S. - THE PROGRAM PERFORMED THE FIRST LAPAROSCOPIC KIDNEY RETRIEVAL IN A LIVING DONOR AND THE FIRST ROBOTIC KIDNEY TRANSPLANT SURGERY IN THE WORLD.
- NEW JERSEY'S ONLY STATE APPROVED LUNG TRANSPLANT PROGRAM.
- LEVEL I AND LEVEL II TRAUMA CENTERS AND THE STATE'S ONLY PEDIATRIC TRAUMA CENTER.
- VALERIE FUND CHILDREN'S CENTERS FOR CANCER AND BLOOD DISORDERS.
- THE INSTITUTE FOR REPRODUCTIVE MEDICINE AND SCIENCE.
- NATIONALLY RECOGNIZED GERIATRIC SERVICES.
- RWJBARNABAS HEALTH MOBILE HEALTH PROVIDES HIGH-QUALITY CARE AND TRANSPORTATION WITH COMPASSION, DIGNITY, EMPATHY, AND RESPECT. WITH EVOLVING REGIONAL HEALTHCARE NEEDS, THE DIVISION MEETS CHALLENGES USING ADVANCED EQUIPMENT, A MODERN FLEET, STATE-OF-THE-ART COMMUNICATIONS, AND OVER 1,700 PROFESSIONALS. AS NEW JERSEY'S LARGEST EMS PROVIDER, RWJBH HAS OPERATED SINCE 1982, COVERING OVER 1,280 SQUARE MILES ACROSS 10 COUNTIES AND 110 MUNICIPALITIES, SERVING MORE THAN 3 MILLION PEOPLE. SERVICES INCLUDE BASIC AND ADVANCED LIFE SUPPORT, GROUND AND AIR TRANSPORT, DISASTER RESPONSE, AND A 911 DISPATCH CENTER MANAGING OVER 425,000 CALLS ANNUALLY. RWJBH EMS TREATS AND TRANSPORTS MORE THAN 120,000 PATIENTS EACH YEAR, USING 200 AMBULANCES, A HELICOPTER, AND OTHER

SPECIALIZED ASSETS. IT IS THE LARGEST CAAS-ACCREDITED PROVIDER IN NJ, MEETING RIGOROUS OPERATIONAL AND CLINICAL STANDARDS.

- RWJBH ALSO RUNS THE STATE'S LARGEST EMS TRAINING CENTER, STAFFED BY SUBJECT MATTER EXPERTS INCLUDING EMTS, PARAMEDICS, NURSES, PHYSICIANS, AND PUBLIC SAFETY PROFESSIONALS. FIELD PRACTITIONERS SUPPLEMENT THE TEACHING STAFF, ENSURING REAL-WORLD RELEVANCE. THE PARAMEDIC PROGRAM, BASED AT JERSEY CITY MEDICAL CENTER IN PARTNERSHIP WITH HUDSON COUNTY COMMUNITY COLLEGE, IS NATIONALLY ACCREDITED. AN ADDITIONAL EAST BRUNSWICK CAMPUS OPENED IN 2020. THE EMT PROGRAM, ACCREDITED BY THE NJ OFFICE OF EMS, TRAINS ABOUT 500 NEW EMTS ANNUALLY ACROSS SEVEN CAMPUSES.
- IN JANUARY 2023, RWJBH ACQUIRED ON TIME AMBULANCE, A COMPANY WITH OVER 30 YEARS OF EXPERIENCE AND 75,000 ANNUAL PATIENT TRANSPORTS. IT PROVIDES WHEELCHAIR TRANSPORT, BASIC LIFE SUPPORT, AND SPECIALTY CARE TRANSPORT WITHIN THE RWJBH SYSTEM.
- THE PATIENT TRANSFER CENTER (PTC) IS A 24/7/365 HEALTH ACCESS HUB STAFFED BY CRITICAL CARE NURSES. IT MANAGES THE ENTIRE ACUTE TRANSFER PROCESS-INCLUDING MEDICAL ACCEPTANCE, BED PLACEMENT, TRANSPORT COORDINATION, AND COMMUNICATION-HANDLING OVER 25,000 CASES ANNUALLY. THE PTC ALSO OFFERS TELEHEALTH CONSULTATIONS AND NOW OVERSEES ALL BEHAVIORAL HEALTH TRANSFERS.

- COMPREHENSIVE CANCER SERVICES AND RESEARCH; PROVIDING STATE-OF-THE ART TREATMENT INCLUDING:
- THE FLAGSHIP HOSPITAL OF RUTGERS CANCER INSTITUTE OF NEW JERSEY

("CINJ"), NEW JERSEY'S ONLY NATIONAL CANCER INSTITUTE ("NCI") DESIGNATED COMPREHENSIVE CANCER CENTER AND ONE OF ONLY 73 NCI DESIGNATED CENTERS IN THE NATION; WITH CINJ PROVIDING MANY OF THE SEMINAL DISCOVERIES LEADING TO CHECKPOINT INHIBITOR THERAPY, OR DISCOVERIES LEADING TO CAR T-CELL THERAPY, OR DISCOVERIES LEADING TO SORT OF MOLECULARLY TARGETED THERAPIES OR PRECISION MEDICINE.

- THE JACQUELINE M. WILENTZ COMPREHENSIVE BREAST CENTER AND A REGIONAL BREAST SURGICAL PROGRAM OF WOMEN PHYSICIANS.

- COMPREHENSIVE BREAST CENTER AT THE BARNABAS HEALTH AMBULATORY CARE CENTER; HIGHEST NUMBER OF MAMMOGRAMS AND BREAST IMAGING EXAMS ANNUALLY IN THE REGION AND ONE OF THE HIGHEST IN THE U.S.

- ADVANCED RADIATION ONCOLOGY TREATMENT INCLUDING PROTON THERAPY, CYBERKNIFE, GAMMAKNIFE, AND TOMOTHERAPY.

- RENOWNED NEUROLOGY AND NEUROSURGERY PROGRAMS INCLUDING A SPECIALIZED EPILEPSY CENTER DESIGNATED LEVEL 4 FOR ADULTS AND CHILDREN; TWO STATE-ACCREDITED COMPREHENSIVE STROKE CENTERS AND NINE STATE-ACCREDITED PRIMARY STROKE CENTERS.

- COMPREHENSIVE WOMEN'S AND CHILDREN'S SERVICES, INCLUDING:

- THE UNTERBERG CHILDREN'S HOSPITAL AT MONMOUTH MEDICAL CENTER, CHILDREN'S HOSPITAL OF NEW JERSEY AT NEWARK BETH ISRAEL MEDICAL CENTER; THE PSE&G CHILDREN'S SPECIALIZED HOSPITAL AND THE BRISTOL-MYERS SQUIBB CHILDREN'S HOSPITAL AT ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL; AND

- FIVE REGIONAL PERINATAL CENTERS WITH THE HIGHEST LEVEL NEONATAL INTENSIVE CARE UNITS AND THREE COMMUNITY PERINATAL CENTERS WITH

INTERMEDIATE NEONATAL SERVICES.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

- SKILLED NURSING FACILITIES.

- A COMPREHENSIVE AMBULATORY CARE NETWORK OF PHYSICIAN SERVICES, AMBULATORY SURGERY CENTERS, IMAGING CENTERS, FITNESS AND WELLNESS CENTERS, SPORT PERFORMANCE CENTERS, RETAIL PHARMACIES, URGENT CARE CENTERS, HOME HEALTH AND HOSPICE SERVICES.

THROUGH ENHANCED SYNERGIES, RWJBARNABAS HEALTH HAS DEVELOPED ADDITIONAL "CENTERS OF EXCELLENCE" AND SERVICES TO IMPROVE SERVICES, PROMOTE WELLNESS AND ENHANCE PERFORMANCE EXCELLENCE. RWJBARNABAS HEALTH AND RUTGERS UNIVERSITY OPENED A NEW MULTI-SPORT TRAINING FACILITY IN SEPTEMBER 2019. THE RWJBARNABAS HEALTH ATHLETIC PERFORMANCE CENTER IS A 307,000-SQUARE FOOT, FOUR STORY, STATE-OF-THE- FACILITY HOUSING A HIGHLY SOPHISTICATED SPORTS MEDICINE TREATMENT AND REHABILITATION CENTER. IT IS THE PROMISE OF THE NEW AND UNIQUE PARTNERSHIP TO BRING WORLD-CLASS SPORTS MEDICINE TO RUTGERS ATHLETES, STUDENTS AND FACULTY, AND THE COMMUNITIES THROUGHOUT NEW JERSEY. THROUGH THIS PARTNERSHIP, RWJBARNABAS HEALTH IS THE EXCLUSIVE HEALTHCARE PROVIDER FOR RUTGERS UNIVERSITY AND RUTGERS ATHLETICS. THE VISION FOR RWJBARNABAS HEALTH IS TO FORMULATE A BEST-IN-CLASS SPORTS MEDICINE AND ORTHOPEDICS PROGRAM WITH THE GOAL OF REPLICATING THIS MODEL AT OTHER SATELLITE LOCATIONS IN NEW JERSEY.

IN JUNE 2021, RUTGERS CANCER INSTITUTE OF NEW JERSEY (CINJ), THE STATE'S

ONLY NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CENTER, BROKE GROUND ON A $750 MILLION, 12-STORY BUILDING, TO BE KNOWN AS THE JACK AND SHERYL MORRIS CANCER CENTER. THIS NEW FACILITY WILL BE A DEDICATED CANCER PAVILION THAT WILL OFFER MEDICAL, SURGICAL, RADIATION, AND IMMUNO-ONCOLOGY SERVICES IN ONE LOCATION, GIVING CLINICIANS, NAVIGATORS, RESEARCH STAFF, AND SUPPORT TEAMS EASY ACCESS TO EACH ANOTHER AND, MORE IMPORTANTLY, TO PATIENTS. THE PAVILION IS CONNECTED TO ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AND IS FURTHER EVIDENCE OF THE PARTNERSHIP OF RUTGERS AND RWJBARNABAS JOURNEY TO ENHANCE INNOVATIVE CLINICAL SERVICES, TRAINING, AND RESEARCH. THE PHASE 1 OF OUTPATIENT SERVICES WENT LIVE WITH PATIENT CARE IN JUNE 2025 AND THE PHASE 2 INPATIENT SERVICES ARE ANTICIPATED TO GO LIVE LATE SUMMER 2025.

ON APRIL 30, 2022, RWJBARNABAS HEALTH OPENED ITS FIELD OF DREAMS, A RECREATIONAL COMPLEX THAT INTENTIONALLY ADDRESSES PHYSICAL AND SOCIAL INCLUSION FOR PEOPLE OF ALL AGES AND ABILITIES AND RECOGNIZES EVERYONE'S RIGHT TO PARTICIPATE FULLY IN EQUITABLE PLAY, OFFICIALLY OPENED IN TOMS RIVER, NJ. THE RWJBARNABAS HEALTH FIELD OF DREAMS IS EQUIPPED WITH A BASEBALL FIELD, BASKETBALL COURT, 9-HOLE MINIATURE GOLF COURSE, BOCCE AND A SPECTACULAR PLAYGROUND AREA SPECIALLY DESIGNED TO BE MORE ACCESSIBLE FOR WHEELCHAIRS AND ADAPTIVE EQUIPMENT. OTHER FEATURES INCLUDE A WALKING PATH WITH REHABILITATIVE STATIONS, A "QUIET CORNER," LOCATED IN A THREE-SIDED ENCLOSED PAVILION FOR THOSE WITH AUTISM, BATHROOMS WITH MULTIPLE ELECTRIC CHANGING STATIONS TO FULLY ACCOMMODATE THE SPECIAL NEEDS COMMUNITY, A TEMPERATURE-CONTROLLED PAVILION, STRATEGICALLY PLACED

OUTLETS THAT SERVE AS WHEEL-CHAIR RECHARGING STATIONS, AND MUCH MORE. RWJBARNABAS HEALTH FIELD OF DREAM'S CO-FOUNDERS CHRISTIAN AND MARY KANE, AFTER LIVING THROUGH THE FRUSTRATIONS AND STRUGGLES OF FINDING INCLUSIVE FACILITIES TO ACCOMMODATE THEIR SON AND OTHER KIDS WITH SPECIAL NEEDS, WERE INSPIRED TO BUILD A RECREATIONAL COMPLEX WHERE CHILDREN (AND ADULTS) WITH SPECIAL NEEDS CAN FEEL TYPICAL WHILE ENJOYING RECREATIONAL ACTIVITIES ALONGSIDE FRIENDS AND FAMILY IN A SAFE AND WELCOMING ENVIRONMENT. LED BY ANCHOR INSTITUTIONS IN THE LOCAL AREA, RWJBARNABAS HEALTH'S CHILDREN'S SPECIALIZED HOSPITAL AND COMMUNITY MEDICAL CENTER, ARE COMMITTED TO PROVIDING RESOURCES, EXPERTISE AND STAFFING TO SUPPORT ANNUAL PROGRAMMING AT THE COMPLEX. THE MUNICIPALITY, TOMS RIVER, DONATED THE 3.5-ACRE PARCEL OF LAND FOR THE COMPLEX, AND SUPPORT FROM COMMUNITY PARTNERS INCLUDING OCEAN ORTHOPEDIC ASSOCIATES, AMONG MANY OTHERS, HAS BEEN INCREDIBLE. THE FIELD OF DREAMS SHOWCASES HOW RWJBH COLLABORATES AND EXTENDS BEYOND THE WALLS OF OUR HOSPITALS TO SUPPORT THE PHYSICAL, MENTAL AND SOCIAL WELL-BEING OF CHILDREN, ADULTS AND CARETAKERS.

IN 2024, RWJBARNABAS HEALTH SUPPORTED SAINT JAMES HEALTH FEDERALLY QUALIFIED HEALTH CENTER (FQHC) OPENING A NEW HEALTH CLINIC AT NEWARK'S EAST SIDE HIGH SCHOOL AS PART OF AN ONGOING EFFORT TO INCREASE ACCESS TO CARE AND IMPROVE HEALTH OUTCOMES IN THE CITY'S MOST VULNERABLE POPULATIONS. THIS HEALTH CLINIC WAS DEVELOPED IN COLLABORATION WITH THE CITY OF NEWARK AND NEWARK PUBLIC SCHOOLS TO BRING HIGH-QUALITY HEALTH CARE RIGHT INTO THE CENTER OF THE COMMUNITY-THE LOCAL PUBLIC SCHOOL-INCREASING ACCESS TO CARE FOR STUDENTS, THEIR FAMILIES, AND

SURROUNDING RESIDENTS. AS PART OF THE OPENING EVENT, RWJBARNABAS HEALTH ALSO SPONSORED A BACKPACK GIVEAWAY OUTSIDE EAST SIDE HIGH SCHOOL, PROVIDING OVER 1,000 BACKPACKS FILLED WITH ESSENTIAL SCHOOL SUPPLIES FOR AREA CHILDREN IN TIME FOR THE START OF SCHOOL.

GRADUATE MEDICAL EDUCATION AND OTHER EDUCATION PROGRAMS

RUTGERS IS THE OFFICIAL SPONSORING INSTITUTION OF ALL MEDICAL GRADUATE MEDICAL EDUCATION (GME) PROGRAMS AT THE CORPORATION'S HOSPITALS ENABLING A NEW MODEL OF MEDICAL EDUCATION WITH THE INTEGRATION OF COMMUNITY, URBAN, SUBURBAN AND THE U.S. DEPARTMENT OF VETERANS AFFAIRS ROTATIONS. PROGRAMS CONTINUE TO BE INTEGRATED CREATING THE OPPORTUNITY TO EXPAND ADVANCED FELLOWSHIPS AND ENHANCE THE PROGRAMS EDUCATING OVER 1,700 RESIDENTS AND FELLOWS. WE HAVE FOCUSED OUR EFFORTS LEVERAGING THE ROBUST NETWORK OF RUTGERS SCHOOLS AND ARE ADVANCING OUR EFFORTS TO GROW INTER-PROFESSIONAL PRACTICE TEAM TRAINING OPPORTUNITIES ACROSS THE CORPORATION AND OTHER CLINICAL AFFILIATES.

THE GME PROGRAMS WITHIN RWJBH ARE SPONSORED BY RUTGERS HEALTH (RUTGERS BIOMEDICAL AND HEALTH SCIENCES), A UNIT OF RUTGERS UNIVERSITY. RUTGERS HEALTH ACHIEVED FULL ACCREDITATION IN 2023 AFTER ITS INITIAL ACCREDITATION PERIOD, AND AFTER A SITE VISIT IN SEPTEMBER OF 2024, HAS RECEIVED FULL CONTINUED ACCREDITATION. GME PROGRAM ROTATIONS TAKE PLACE AT CHILDREN'S SPECIALIZED HOSPITAL, COMMUNITY MEDICAL CENTER, COOPERMAN

BARNABAS MEDICAL CENTER, JERSEY CITY MEDICAL CENTER, MONMOUTH MEDICAL CENTER, NEWARK BETH ISRAEL MEDICAL CENTER, ROBERT WOOD JOHNSON SOMERSET, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AND TRINITAS REGIONAL MEDICAL CENTER. RESIDENCIES AND FELLOWSHIPS IN A WIDE VARIETY OF SPECIALTIES AND SUBSPECIALTIES ARE OFFERED, AND CLINICAL RESEARCH AND PUBLIC HEALTH INITIATIVES ARE ALSO AN INTEGRAL PART OF OUR EDUCATIONAL MISSION. WE HAVE ALSO LAUNCHED THE "RISING STARS" PROGRAM, WHICH SEEKS TO KEEP TOP RUTGERS MEDICAL SCHOOL GRADUATES IN NEW JERSEY THROUGH TUITION ABATEMENT AND POST GRADUATE PLACEMENT PROGRAMS.

FOR GRADUATE MEDICAL EDUCATION, OUR NINE TEACHING HOSPITALS HOST MORE THAN 1000 RESIDENTS AND FELLOWS IN SPECIALTY TRAINING. RESIDENTS TRAIN IN PROGRAMS IN MOST MAJOR SPECIALTIES AND SUBSPECIALTIES INCLUDING, BUT NOT LIMITED TO, INTERNAL MEDICINE, PEDIATRICS, COMBINED INTERNAL MEDICINE/PEDIATRICS, FAMILY MEDICINE, OBSTETRICS/GYNECOLOGY, GENERAL SURGERY, ACUTE CARE SURGERY, ORTHOPEDIC SURGERY, NEUROSURGERY, DIAGNOSTIC RADIOLOGY, ANESTHESIOLOGY, PATHOLOGY, DENTISTRY, PODIATRIC SURGERY, EMERGENCY MEDICINE, OTOLARYNGOLOGY/HEAD AND NECK SURGERY, RADIATION ONCOLOGY, PSYCHIATRY, PLASTIC SURGERY, ORAL AND MAXILLOFACIAL SURGERY, OPHTHALMOLOGY, UROLOGY, AND VASCULAR SURGERY. FELLOWS TRAIN IN SUCH PROGRAMS AS THE FOLLOWING SUBSPECIALTIES: NEPHROLOGY, HEMATOLOGY/ONCOLOGY, CARDIOLOGY, INTERVENTIONAL CARDIOLOGY, CARDIAC ELECTROPHYSIOLOGY, ADVANCED HEART FAILURE AND TRANSPLANTATION, GASTROENTEROLOGY, ENDOCRINOLOGY, NEUROLOGY, HEPATOLOGY, RHEUMATOLOGY, GERIATRICS, PULMONARY/CRITICAL CARE MEDICINE, SURGICAL CRITICAL CARE,

INFECTIOUS DISEASES, VASCULAR SURGERY FELLOWSHIP, MAMMOGRAPHY, PEDIATRIC EMERGENCY MEDICINE, EMS AND DISASTER PLANNING, EMERGENCY MEDICINE ULTRASOUND, CARDIOTHORACIC SURGERY, BREAST SURGERY, MATERNAL FETAL MEDICINE, NEONATOLOGY, INTERVENTIONAL RADIOLOGY, PAIN MANAGEMENT, PEDIATRIC DENTISTRY, AND CHILD AND ADOLESCENT PSYCHIATRY. IT SHOULD BE NOTED THAT FELLOWSHIPS ARE SPECIALTY TRAINING PROGRAMS BEYOND THE CORE RESIDENCY PROGRAM.

EACH RESIDENCY PROGRAM IS ACCREDITED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION, THE COMMISSION ON DENTAL ACCREDITATION OF THE AMERICAN DENTAL ASSOCIATION, THE COUNCIL ON PODIATRIC MEDICAL EDUCATION, OR OTHER RELEVANT BODY. WHILE WE ACKNOWLEDGE OUR OBLIGATION TO THESE YOUNG PROFESSIONALS WHO HAVE CHOSEN TO COME TO RWJBH FOR THIS SEGMENT OF THEIR EDUCATION, WE ALSO RECOGNIZE THEIR IMPORTANT CONTRIBUTION TO PATIENT CARE AND DEDICATE OURSELVES TO THE OVERSIGHT NECESSARY FOR PATIENTS TO RECEIVE APPROPRIATE CARE UNDER THE SUPERVISION OF EXPERIENCED ATTENDING PHYSICIANS.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

UNDERGRADUATE MEDICAL EDUCATION

AT THE UNDERGRADUATE LEVEL FOR 2024, WE MAINTAINED OUR MAJOR AFFILIATIONS WITH TWO MEDICAL SCHOOLS. THE SYSTEM IS A MAJOR CLINICAL CAMPUS FOR MEDICAL STUDENTS FROM RUTGERS-NEW JERSEY MEDICAL SCHOOL (NEWARK, NJ) AS

WELL AS RUTGERS ROBERT WOOD JOHNSON MEDICAL SCHOOL. CLINICAL RESEARCH AND PUBLIC HEALTH INITIATIVES ARE AN INTEGRAL PART OF OUR EDUCATION MISSION. THE MEDICAL STUDENTS OBTAIN TRAINING FOR BOTH REQUIRED AND ELECTIVE ROTATIONS IN OUR FACILITIES.

THE SYSTEM ALSO ACCEPTS STUDENTS FROM OTHER MEDICAL SCHOOLS FOR ELECTIVE ROTATIONS.

CONTINUING MEDICAL EDUCATION

CONTINUING MEDICAL EDUCATION ("CME") ACTIVITIES ARE CONDUCTED THROUGHOUT THE SYSTEM IN ORDER TO PROVIDE LEARNING ACTIVITIES FOR OUR PRACTICING PHYSICIANS SO THEY MAY MAINTAIN THE KNOWLEDGE AND SKILLS NECESSARY FOR THEM TO PRACTICE AT THE HIGHEST LEVEL. THIS CRITICAL EDUCATION HELPS THEM STAY CURRENT WITH THE LATEST ADVANCEMENTS, IMPROVE THEIR PRACTICE, AND KEEP THEIR LICENSES AND CERTIFICATIONS CURRENT. OUR HOSPITALS ARE EITHER ACCREDITED TO PROVIDE CME BY THE MEDICAL SOCIETY OF NEW JERSEY OR PARTNER WITH RUTGERS BIOMEDICAL AND HEALTH SCIENCES TO OFFER CATEGORY 1 AMA-PRA CME TO THE PHYSICIANS IN THE COMMUNITY.

OTHER EDUCATION AND TRAINING PROGRAMS

RWJBH BELIEVES THAT THE HIGHEST QUALITY CLINICAL EDUCATION RESULTS IN THE

HIGHEST QUALITY AND SAFEST PATIENT CARE, AND ULTIMATELY DELIVERS TO OUR PATIENTS THE MOST CURRENT, COST-EFFECTIVE, AND INTEGRATED MEDICAL CARE POSSIBLE. IN ADDITION TO EDUCATION AND TRAINING PROGRAMS FOR PHYSICIANS, WE ALSO PARTNER WITH SCHOOLS TO ADVANCE THE EDUCATION AND TRAINING OF OTHER HEALTH CARE PROFESSIONALS. THERE ARE A LARGE NUMBER OF PROFESSIONAL TRAINING AND EDUCATION PROGRAMS FOR OTHER CLINICAL PERSONNEL INCLUDING NURSES, PHYSICIAN ASSISTANTS, PHARMACISTS, PHYSICAL THERAPISTS, SPEECH THERAPISTS, OCCUPATIONAL THERAPISTS, RADIOLOGY TECHS, DIAGNOSTIC MEDICAL SONOGRAPHERS, RADIATION THERAPY TECHS, EMTS AND PARAMEDICS, RESPIRATORY TECHS, CLINICAL LABORATORY TECHNICIANS, DIETICIANS AND NUTRITION, HEALTH INFORMATION MANAGERS, AND MEDICAL TECHS. OUR ADVANCED CLINICAL PROGRAMS (E.G., BURN, TRANSPLANT) ALSO HOST STUDENTS FROM A VARIETY OF CLINICAL DISCIPLINES AS WELL AS PROFESSIONALS ALREADY IN PRACTICE ADVANCING THEIR SKILLS.

AFFILIATION HISTORY RUTGERS-NEW JERSEY MEDICAL SCHOOL

FOR SEVERAL DECADES, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL NEW BRUNSWICK HAS HAD AN AFFILIATION AGREEMENT WITH RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY AND IS THE PRINCIPAL TEACHING HOSPITAL OF RUTGERS ROBERT WOOD JOHNSON MEDICAL SCHOOL. AS A RESULT OF THIS AGREEMENT, THE HOSPITAL IS STRUCTURED AS AN ACADEMIC MEDICAL CENTER AND HAS AN EXPANDED MISSION TO INCLUDE NOT ONLY COMMUNITY SERVICE, BUT ALSO CLINICAL RESEARCH AND THE EDUCATION AND TRAINING OF HEALTHCARE PROVIDERS.

IN ADDITION, THE HOSPITAL'S STATUS AS AN ACADEMIC MEDICAL CENTER HAS RESULTED IN A SIGNIFICANT INCREASE IN ITS SERVICE AREA, THE DEVELOPMENT OF TERTIARY AND QUATERNARY PROGRAMS, AND MULTIPLE AFFILIATIONS WITH LOCAL HOSPITALS AND INSTITUTIONS OF HIGHER EDUCATION.

IN JANUARY 2008, RWJBH (THEN BARNABAS HEALTH, OR BH) ENTERED INTO A NEW AGREEMENT WITH THE UNIVERSITY OF MEDICINE AND DENTISTRY IN NEW JERSEY - NEW JERSEY MEDICAL SCHOOL ("NJMS") IN NEW JERSEY TO FORM A COMPREHENSIVE ACADEMIC AFFILIATION AND STRATEGIC ALLIANCE, THEREBY CREATING AN AFFILIATION INCLUDING TWO OF NEW JERSEY'S ACADEMIC AND PROVIDER SYSTEMS. COOPERMAN BARNABAS MEDICAL CENTER (PREVIOUSLY KNOWN AS SAINT BARNABAS MEDICAL CENTER) AND NEWARK BETH ISRAEL MEDICAL CENTER BECAME MAJOR TEACHING AFFILIATES OF NJMS AND MEMBERS OF THE FACULTY AT EACH OF THESE TWO HOSPITALS HAVE PARTICIPATED IN A NUMBER OF NJMS-SPONSORED CONTINUING MEDICAL EDUCATION PROGRAMS. MEMBERS OF THE FACULTY FROM NJMS HAVE PARTICIPATED IN BH'S EDUCATIONAL PROGRAMS AS WELL. IN ADDITION, THE TWO SYSTEMS EVALUATE A NUMBER OF JOINT PROGRAM DEVELOPMENT INITIATIVES. THE SYSTEM BELIEVED THAT THE AFFILIATION WITH THE NJMS AND ITS SUBSTANTIAL PROGRAMS IN CLINICAL RESEARCH AND BASIC SCIENTIFIC INVESTIGATION STRENGTHENED ITS MEDICAL EDUCATION AND RESEARCH ACTIVITIES.

AS A RESULT OF THE NEW JERSEY MEDICAL AND HEALTH SCIENCES EDUCATION RESTRUCTURING ACT, ON JULY 1, 2013, MOST SCHOOLS AND UNITS OF THE UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY, TRANSFERRED TO RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY, INCLUDING THE NEW JERSEY

MEDICAL SCHOOL AND ROBERT WOOD JOHNSON MEDICAL SCHOOL. BH, NOW RWJBARNABAS HEALTH, CONTINUES ITS MEDICAL EDUCATION RELATIONSHIP WITH BOTH RUTGERS MEDICAL SCHOOLS. THE UNIVERSITY HOSPITAL ("UH") IN NEWARK WAS SPUN OFF AS A FREESTANDING INSTITUTION WITH ITS OWN BOARD OF DIRECTORS. IN 2013, BH ENTERED INTO A CONSULTATIVE SERVICE AGREEMENT WITH UH AND WORKED FOR A MORE COLLABORATIVE AND EFFECTIVE SYSTEM OF CARE TO SERVE THE GREATER NEWARK COMMUNITIES FOR THREE YEARS. IN 2023, THE RUTGERS BOARD OF GOVERNORS APPROVED THE MERGER OF RUTGERS NJMS AND RUTGERS RWJMS. THE PROCESS IS EXPECTED TO TAKE SEVERAL YEARS, WITH THE FIRST CLASS ENROLLING IN THE 2028 ACADEMIC YEAR.

WITH ITS PRIVATE-PUBLIC PARTNERSHIP WITH RUTGERS UNIVERSITY, RWJBARNABAS HEALTH NOW CLOSELY ALIGNS WITH RUTGERS' EDUCATION, RESEARCH, AND CLINICAL ACTIVITIES, INCLUDING THOSE AT THE RUTGERS CANCER INSTITUTE OF NEW JERSEY AND RUTGERS UNIVERSITY BEHAVIORAL HEALTH CARE. THIS PARTNERSHIP CREATES THE STATE'S LARGEST ACADEMIC HEALTHCARE SYSTEM DEDICATED TO PROVIDING HIGH-QUALITY PATIENT CARE, LEADING-EDGE RESEARCH, AND WORLD-CLASS HEALTH AND MEDICAL EDUCATION, FURTHER ADVANCING OUR MISSION OF PROVIDING HIGH-QUALITY HEALTHCARE IN NEW JERSEY.

RWJBARNABAS HEALTH QUALITY

AT RWJBARNABAS HEALTH, WE ARE ON A CONTINUING JOURNEY TO BECOME A HIGH RELIABILITY ORGANIZATION (HRO), UNITING OUR HEALTH SYSTEM IN A CULTURE OF

SAFETY TO ACHIEVE TOP-TIER CLINICAL OUTCOMES AND TO DELIVER THE HIGHEST QUALITY CARE AND SAFEST EXPERIENCE FOR OUR PATIENTS, COMMUNITIES AND WORKFORCE.

THIS QUEST, WHICH WE REFER TO AS "SAFETY TOGETHER," IS A COMPREHENSIVE PROCESS TO IMPROVE OUR RELIABILITY, BUILDING UPON OUR PAST SUCCESSES IN SAFETY AND QUALITY, AND USING NEW TOOLS AND BEHAVIORS TO ENSURE THE HEALTH OF OUR PATIENTS AND THE COMMUNITIES WE SERVE. SAFETY AND RELIABILITY ARE EVERYONE'S RESPONSIBILITY, NOT JUST THAT OF STAFF WHO ARE DIRECTLY INVOLVED IN PATIENT CARE. EACH INDIVIDUAL IS EXPECTED TO USE OUR STANDARDIZED ERROR PREVENTION TOOLS AND INCORPORATE THEM INTO OUR DAY-TO-DAY TASKS. DELIVERING "SAFETY TOGETHER" WILL NOT ONLY HAVE POSITIVE IMPACTS ON SAFETY, BUT ENHANCES OUR QUALITY; PATIENT, PHYSICIAN AND EMPLOYEE SATISFACTION; AND OVERALL OPERATIONAL PERFORMANCE.

QUALITY AND SAFETY ARE PILLARS OF RWJBARNABAS HEALTH'S STRATEGIC PLAN AND ARE NOT ONLY CRITICAL TO OUR ORGANIZATION'S SUCCESS, BUT TO OUR NOBLE MISSION OF CREATING AND SUSTAINING HEALTHIER COMMUNITIES THROUGHOUT NEW JERSEY. AT RWJBARNABAS HEALTH, CONTINUOUS QUALITY IMPROVEMENT IS EMBEDDED IN OUR ORGANIZATIONAL VALUES AND OUR CULTURE. EACH DAY, OUR HOSPITALS UNITE IN PATIENT SAFETY AND QUALITY OUTCOMES. WE ARE CONSTANTLY REINFORCING OUR COMMITMENT TO EXCELLENCE AND IMPROVING PATIENT OUTCOMES THROUGH FOCUSING ON IMPORTANT TOPICS INCLUDING HAND WASHING, PATIENT EXPERIENCE, AND SEPSIS, AS WELL AS ANNUAL INITIATIVES INCLUDING PARTICIPATION IN THE SAFETY ATTITUDE QUESTIONNAIRE SURVEY AND NATIONAL

PATIENT SAFETY WEEK.

"I AM QUALITY" IS OUR PROMISE AND OUR PERSONAL COMMITMENT TO DELIVER EXCEPTIONAL CARE TO OUR PATIENTS, EACH AND EVERY DAY. NO MATTER WHICH RWJBARNABAS HEALTH FACILITY OUR PATIENTS VISIT, FROM OUR HIGHLY RANKED ACUTE CARE HOSPITALS TO OUR STATE-OF-THE-ART OUTPATIENT CENTERS AND SPECIALTY CARE FACILITIES, THEY WILL DISCOVER A BRAND OF HEALTHCARE THAT MAKES THEM FEEL GOOD. ALONG WITH LEADING EDGE MEDICAL TREATMENTS, THEY WILL EXPERIENCE A TEAM EFFORT AND A SINCERE COMMITMENT TO GIVING THEM AND THEIR FAMILY THE ATTENTION THEY DESERVE. "I AM QUALITY" MEANS GUARANTEED EXCELLENCE.

TO HELP EACH STAFF MEMBER DELIVER QUALITY HEALTHCARE, WE EDUCATE AND APPLY THE LATEST AND BEST PRACTICES SO OUR PATIENTS AND THEIR FAMILY CAN BENEFIT FROM THE HIGHEST LEVEL OF CARE-EVEN IN THE SMALLEST DETAILS.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

FOCUS AREAS INCLUDE:

- MEETING AND EXCEEDING INDUSTRY STANDARDS. ASSURING THAT OUR INSTITUTIONAL POLICIES AND PROCEDURES COMPLY WITH, AND OFTEN EXCEED ALL NECESSARY LAWS AND GENERALLY ACCEPTED HEALTHCARE STANDARDS.
- PROVIDING SAFE CARE. MAINTAIN STRINGENT SYSTEMS FOR ENSURING APPROPRIATE CARE AND MEDICAL ACCURACY, AND DRIVE PATIENT SAFETY THROUGH THE USE OF PROTOCOLS.

- CLINICAL EXCELLENCE. ANALYZING AND IMPROVING OUR CARE TO ASSURE THAT WE ARE APPLYING BEST PRACTICES.

- CLINICAL RESOURCE MANAGEMENT. MANAGING RESOURCES TO DELIVER CARE EFFECTIVELY AND EFFICIENTLY.

- RESPECTFUL CARE. RESPECTING AN INDIVIDUAL'S AND FAMILY'S VALUES AND CUSTOMS ALLOWS US TO HONOR THEIR NEEDS AND CHOICES.

- STRENGTHENING PERFORMANCE IMPROVEMENT CAPABILITIES WITH A STANDARD CURRICULUM OF EVIDENCE BASED METHODS AND TOOLS.

EMPLOYEES AND PROVIDERS ARE ENCOURAGED TO FOLLOW THREE GUIDING PRINCIPLES: (1) TO BE COMMITTED, (2) TO BE RESPONSIBLE, AND (3) TO BE QUALITY IN ALL IT MEANS TO OUR PATIENTS AND FAMILIES. THE SYSTEM PROMOTES BEST PRACTICE AND ENCOURAGES INNOVATIONS THROUGH QUALITY AND PERFORMANCE COUNCILS, TRAINING AND EDUCATION AND HOLDING QUALITY FAIRS THROUGHOUT THE ENTERPRISE.

PATIENT SATISFACTION

AT RWJBARNABAS HEALTH, WE PRIORITIZE PATIENT EXPERIENCE ACROSS ALL OUR HOSPITALS AND FACILITIES. OUR COMMITMENT TO DELIVERING EXCEPTIONAL PATIENT AND FAMILY EXPERIENCE IS ROOTED IN OUR HISTORY. PATIENT EXPERIENCE ENCOMPASSES EVERY INTERACTION-CLINICAL AND NON-CLINICAL-THAT SHAPES HOW INDIVIDUALS PERCEIVE AND ENGAGE WITH THEIR CARE. IT IS ABOUT HOW CARE IS DELIVERED, NOT JUST THE OUTCOMES. OUR WORK ENSURES THAT EVERY

VOICE IS HEARD, EVERY CONCERN IS ADDRESSED, AND EVERY PATIENT AND FAMILY FEEL VALUED, RESPECTED, AND CARED FOR.

OUR PATIENT EXPERIENCE TEAM PLAYS A VITAL ROLE IN ENSURING HANDS-ON RESPONSIVENESS TO PATIENTS AND THEIR FAMILIES, PROVIDING A FORUM FOR OPEN COMMUNICATION OF IDEAS AND CONCERNS. THROUGH FORMALIZED SURVEYS AND CONSTANT EVALUATION OF PATIENT FEEDBACK, WE IDENTIFY AREAS OF STRENGTH AND OPPORTUNITIES FOR IMPROVEMENT. THIS ENABLES US TO REFINE OUR CARE DELIVERY AND CREATE A POSITIVE, FULFILLING EXPERIENCE FOR OUR PATIENTS, FAMILIES, PHYSICIANS, AND EMPLOYEES.

NURSING EXCELLENCE AND PROFESSIONAL PRACTICE

RWJBARNABAS HEALTH FACILITIES ARE COMMITTED TO PROVIDING AN ENVIRONMENT WHICH SUPPORTS SAFETY, SERVICE, AND QUALITY OUTCOMES FOR PATIENTS, FAMILIES, NURSES, AND INTERPROFESSIONAL COLLEAGUES. NAVIGATING A COMPLEX HEALTH SYSTEM WHILE ENSURING OPTIMAL CLINICAL OUTCOMES REQUIRES A HIGHLY SKILLED, CONTINUALLY DEVELOPING NURSING WORKFORCE. RWJBARNABAS HEALTH (RWJBH) IS COMMITTED TO ADVANCING NURSING PRACTICE THROUGH COMPREHENSIVE PROFESSIONAL DEVELOPMENT, INNOVATION, AND ALIGNMENT ACROSS THE SYSTEM. THE INSTITUTE FOR NURSING EXCELLENCE AT RWJBH IS DEDICATED TO BUILDING AND SUSTAINING A NURSING WORKFORCE THAT REFLECTS THE COMMUNITIES WE SERVE. THROUGH CONTINUOUS LEARNING AND INNOVATION, WE STRIVE TO IMPROVE PATIENT OUTCOMES AND ENHANCE ACCESS TO CARE BY:

- ALIGNING NURSING PRACTICES ACROSS RWJBARNABAS HEALTH.
- FOSTERING PROFESSIONAL DEVELOPMENT, INNOVATION AND RESEARCH.
- ENHANCING COLLABORATION WITH ACADEMIC PARTNERS.
- PROMOTING INTER-PROFESSIONAL EDUCATION AND COLLABORATION.
- STANDARDIZING PRACTICES TO REDUCE REDUNDANCY AND PROMOTE CONSISTENCY.

OUR NURSING OBJECTIVES ARE SUPPORTED BY THE CENTER FOR PROFESSIONAL DEVELOPMENT, INNOVATION AND RESEARCH, WHICH OFFERS A RANGE OF EDUCATIONAL PROGRAMS AND INITIATIVES DESIGNED TO SUPPORT THE PROFESSIONAL DEVELOPMENT OF NURSES AND INTER-PROFESSIONAL TEAMS AT ALL LEVELS. FROM NURSING STUDENTS TO EXPERIENCED NURSES, WE PROVIDE A VARIETY OF RESOURCES TO HELP CLINICIANS EXPAND THEIR KNOWLEDGE AND IMPROVE THEIR PRACTICE. OUR TEAM IS HIGHLY SKILLED AND KNOWLEDGEABLE, AND COMMITTED TO PROVIDING ONGOING OPPORTUNITIES TO PRACTICE, LEARN, AND GROW PROFESSIONALLY.

RWJBH OFFERS NURSE RESIDENCY PROGRAMS THAT HAVE HELPED HUNDREDS OF ASPIRING, NEW NURSES TRANSITION INTO PROFESSIONAL PRACTICE SINCE ITS INCEPTION. BRIDGING THE TRANSITION FROM THE EDUCATIONAL SETTING OF NURSING SCHOOL TO ACTUAL CLINICAL PRACTICE CAN BE DAUNTING, BUT THE RESIDENCY PROGRAM PROVIDES A MEANINGFUL FOUNDATION TO BUILD COMPETENCE, JUDGEMENT AND CLINICAL EXCELLENCE.

RWJBH RECOGNIZES THE CRITICAL ROLE NURSING HAS IN DELIVERING HEALTH CARE SERVICES AND THE VALUE IN SUPPORTING SUCCESSFUL ORIENTATION AND

DEVELOPMENT OF NEW NURSING GRADUATES. REGIONAL ORIENTATION PROVIDES OPPORTUNITIES FOR NURSES BEGINNING THEIR CAREERS FROM MULTIPLE HOSPITALS TO NETWORK AND PARTICIPATE IN A SHARED EXPERIENCE. TO FURTHER ASSURE SUCCESS, RWJBH HAS ESTABLISHED A NURSING ORIENTATION UNIT FOR RN INTEGRATION, SUPPORT, AND HEALTH ("NOURISHT") PROGRAM. NOURISH IS A UNIQUE MODEL FOR ORIENTING NEWLY LICENSED RNS ON A DEDICATED ORIENTATION UNIT, SPECIFICALLY DESIGNED TO PROMOTE COMPETENCE, CONFIDENCE AND COMFORT. FACILITATING INTEGRATION INTO THE NURSING PROFESSION AND ON THE NURSING TEAM, THROUGH SUPPORT, WHILE PRIORITIZING WELL-BEING IS THE CORNERSTONE OF THE PROGRAM. IN THIS INNOVATIVE PROGRAM, THE UNIT IS GEARED TOWARDS SUPPORTIVE TEACHING AND LEARNING TO EASE THE TRANSITION INTO THE PRACTICE OF PROFESSIONAL NURSING AND MITIGATE CHALLENGES AS NEW GRADUATES ENTER PRACTICE. CLINICAL EXPERIENCES ARE PLANNED AND PROVIDED THROUGH THE SUPPORT OF PRECEPTORS AND AN ON-UNIT NURSING PROFESSIONAL DEVELOPMENT (NPD) PRACTITIONERS.

THE INSTITUTE OPERATES REGIONAL SIMULATION CENTERS IN LIVINGSTON, OCEANPORT AND RAHWAY. THE LIVINGSTON LOCATION HOLDS PROVISIONAL ACCREDITATION FROM THE SOCIETY FOR SIMULATION IN HEALTHCARE. THIS ACCREDITATION IS INTERNATIONALLY RECOGNIZED AS THE GOLD STANDARD FOR SIMULATION PROGRAMS, SHOWING A COMMITMENT TO EXCELLENCE BY PROVIDING HIGH-QUALITY SIMULATION EXPERIENCES THAT LEAD TO BETTER PATIENT OUTCOMES.

IN ADDITION TO THE SUPPORT OF NEW NURSES, RWJBH IS COMMITTED TO FURTHER ADVANCING SPECIALTY NURSING PRACTICE WITH THE FOUNDATIONS OF NURSING

SPECIALTY PROGRAMS. THESE LEARNING PROGRAMS ARE DESIGNED TO PROVIDE COMPETENCY-BASED LEARNING PROGRAMS FOLLOWING THE STANDARDS OF PRACTICE. THIS CAN EXPAND CAREER OPPORTUNITIES FOR NURSES AND CONTRIBUTE ENHANCED VALUE TO THE DELIVERY OF CARE AND PROMOTION OF HEALTH AND WELLNESS FOR OUR COMMUNITIES. THE EDUCATIONAL PROGRAMS COVER MANY SPECIALTIES SUCH AS PERIOPERATIVE, EMERGENCY, ONCOLOGY, NEONATAL, AND PEDIATRICS TO NAME A FEW.

RECOGNIZING THE ESSENTIAL ROLE NURSES PLAY IN DELIVERING EXCEPTIONAL CARE, RWJBARNABAS HEALTH HAS CREATED STRUCTURED AVENUES FOR NURSES TO CONTRIBUTE MEANINGFULLY TO CLINICAL DECISION-MAKING. STAFF NURSES ACTIVELY PARTICIPATE IN THE DEVELOPMENT AND REFINEMENT OF POLICIES, PROCEDURES, AND STANDARDS OF CARE THAT SHAPE EVERYDAY PRACTICE ACROSS THE SYSTEM.

AT THE SYSTEM LEVEL, THE PROFESSIONAL NURSE PRACTICE COUNCIL (PNPC) SERVES AS A COLLABORATIVE BODY THAT REVIEWS AND ADVANCES EVIDENCE-BASED NURSING PRACTICE. THE COUNCIL PROMOTES ALIGNMENT ACROSS RWJBH BY SUPPORTING THE INTEGRATION OF CLINICAL INITIATIVES, STRENGTHENING SPECIALTY PRACTICE, AND FACILITATING THE DISSEMINATION OF BEST PRACTICES ACROSS ALL SITES. IN ADDITION, FACILITY-BASED COUNCILS PROVIDE A PLATFORM FOR NURSES TO INFLUENCE PRACTICE LOCALLY, REINFORCING A CULTURE OF SHARED GOVERNANCE AND PROFESSIONAL ACCOUNTABILITY ALIGNED WITH RWJBH'S MISSION AND VISION OF EXCELLENCE IN PATIENT AND FAMILY-CENTERED CARE.

RWJBARNABAS HEALTH IS DEEPLY COMMITTED TO DEVELOPING A SKILLED, EMPOWERED NURSING WORKFORCE THAT LEADS THE WAY IN DELIVERING EXCEPTIONAL PATIENT CARE. TOGETHER, THROUGH INNOVATION, COLLABORATION, AND LIFELONG LEARNING, THE INSTITUTE FOR NURSING EXCELLENCE IS SHAPING THE FUTURE OF NURSING AND TRANSFORMING HEALTHCARE ACROSS OUR COMMUNITIES.

MANY CARE COLLABORATIVES HAVE BEEN FORMED BEYOND JUST NURSING TO SUPPORT INCLUSIVE TEAMWORK, PROMOTE PERFORMANCE IMPROVEMENT, SHARED "BEST" PRACTICES, BENCHMARKING, EDUCATION, AND RESEARCH. SOME OF THESE ACTIVITIES STRETCH OUT IN PARTNERSHIP WITH OTHER SYSTEMS AND PROVIDERS. A FEW OF THE COLLABORATIVE WORKS INCLUDE:

- CHILD LIFE AND CREATIVE ARTS COLLABORATIVE
- CRITICAL CARE COLLABORATIVE: THE RWJBARNABAS HEALTH PHARMACY ENTERPRISE CRITICAL CARE PHARMACY COLLABORATIVE IS RESPONSIBLE FOR ENSURING THE CONTINUUM OF CARE FOR CRITICALLY ILL PATIENTS THROUGHOUT OUR NETWORK. THE COLLABORATIVE CONSISTS OF CRITICAL CARE PHARMACY SPECIALISTS WHO TAKE PRIDE IN ENHANCING MEDICATION MANAGEMENT INCLUDING THE STANDARDIZATION OF ORDER SETS, IMPLEMENTING BEST PRACTICES AND FORMULARY CONSIDERATIONS AS A MEANS TO PROMOTE MEDICATION SAFETY AND QUALITY PATIENT CARE. IN ADDITION TO MEDICATION MANAGEMENT AND CLINICAL EXPERTISE, THE COLLABORATIVE TAKES SPECIAL INTEREST IN PROMOTING STUDENT AND RESIDENT EDUCATION. MEMBERS OF THIS COLLABORATIVE ARE EXPERIENCED IN CLINICAL RESEARCH AND GENERATE NUMEROUS PUBLICATIONS AND PROFESSIONAL PRESENTATIONS EACH YEAR.

Name of the organization
RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number
85-1296795

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

- THE MULTI-ORGANIZATIONAL 2019-2020 COHORT OF SERIOUS ILLNESS CARE IMPLEMENTATION COLLABORATIVE OFFERED BY ARIADNE LABS IN PARTNERSHIP WITH THE CENTER TO ADVANCE PALLIATIVE CARE AND VITALTALK
- THE ADVANCING HEALTH EQUITY LEARNING COLLABORATIVE, SUPPORTED BY THE ROBERT WOOD JOHNSON FOUNDATION WHO WILL INVEST $3.4 MILLION IN A TWO-YEAR INITIATIVE THAT BRINGS TOGETHER PUBLIC AND PRIVATE-SECTOR HEALTH CARE ENTITIES IN PARTNERSHIP WITH THE INSTITUTE FOR MEDICAID INNOVATION AND THE CENTER FOR HEALTH CARE STRATEGIES TO FOCUS ON INTEGRATING PAYMENT AND HEALTH CARE DELIVERY REFORM EFFORTS TO REDUCE RACIAL DISPARITIES IN MATERNAL AND INFANT HEALTH CARE.
- THE SAFER CHILDBIRTH CITIES INITIATIVE SUPPORTED BY MERCK TO FOSTER LOCAL SOLUTIONS THAT HELP CITIES BECOME SAFER PLACES TO GIVE BIRTH, AND IS PART OF ITS GLOBAL INITIATIVE, "MERCK FOR MOTHERS." THIS IS PART OF MERCK'S PROJECTS IN NINE CITIES ACROSS THE COUNTRY, INCLUDING NEWARK, NEW JERSEY, TO HELP END PREVENTABLE MATERNAL DEATHS.
- THE RWJBH PHYSICIAN ADVISOR TEAM, A COLLABORATIVE PARTNERSHIP WITH LOCAL AND CORPORATE ADMINISTRATION, THE MEDICAL STAFF, AND CASE MANAGEMENT DEPARTMENT LEADERSHIP, PROVIDING A COMPREHENSIVE CLINICAL RESOURCE MANAGEMENT PROGRAM THAT INCLUDES UTILIZATION MANAGEMENT, PROGRESSION OF CARE MANAGEMENT, SOCIAL WORK SERVICES, AND COMPLEX DISCHARGE PLANNING.
- THE EMERGENCY AND HOSPITALIST COLLABORATIVE FOCUSED ON EFFECTIVE CARE DELIVERY, IMPROVEMENT AND SHARED BEST PRACTICE COMPRISED OF MEDICAL, NURSING AND HOSPITALIST DIRECTORS.

- THE INFECTIOUS DISEASE AND THE PHARMACY INFORMATICS COLLABORATIVES ARE PART OF THE PHARMACY ENTERPRISE. THESE CONTENT EXPERT GROUPS DEVELOP ALL OF THE RECOMMENDATIONS FOR THE BEST PRACTICES FOR THEIR RESPECTIVE DISCIPLINES IN ORDER FOR THE PHARMACY COUNCIL STRUCTURE TO ENDORSE AND ADOPT.

RWJBARNABAS HEALTH AND SPECIAL CORPORATE PARTNERSHIPS

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RWJBARNABAS HEALTH, IN ADDITION TO COMMUNITY AND ORGANIZATIONAL COLLABORATION AND AFFILIATIONS, HAS FORMED RELATIONSHIPS THROUGH ITS CORPORATE PARTNERSHIP PROGRAM TO PROVIDE AN EXPANDED PLATFORM FROM WHICH TO IMPROVE THE HEALTH AND WELL-BEING OF NEW JERSEY COMMUNITIES. THE RWJBARNABAS HEALTH CORPORATE PARTNERSHIPS DEPARTMENT FOCUSES ON DEVELOPING MEANINGFUL RELATIONSHIPS WITH COMMUNITY BASED AND MISSION-FOCUSED ORGANIZATIONS AROUND SPORTS, ENTERTAINMENT AND THE ARTS. THE DEPARTMENT UTILIZES ITS PARTNERS' POWERFUL PLATFORMS IN AN EFFORT TO ENGAGE COMMUNITIES, REACH CONSUMERS, AMPLIFY MESSAGES AND REWARD EMPLOYEES. THE CORPORATE PARTNERSHIPS DEPARTMENT ALSO PROMOTES HEALTH AND WELLNESS, WHILE REINFORCING OUR BRAND WITH COMMUNITY STAKEHOLDERS WHILE ALWAYS FOCUSED ON OUR MISSION TO BUILD HEALTHIER COMMUNITIES.

THESE CORPORATE PARTNERS INCLUDE, BUT ARE NOT LIMITED TO:

NEW JERSEY DEVILS AND THE PRUDENTIAL CENTER

RWJBARNABAS HEALTH IS THE OFFICIAL HEALTH CARE PROVIDER OF THE NEW JERSEY DEVILS AND THE PRUDENTIAL CENTER, THE HOME OF THE NEW JERSEY DEVILS AND HOSTS ALMOST 200 EVENTS ANNUALLY, CONSISTING OF FAMILY SHOWS, COLLEGE BASKETBALL GAMES AND CONCERTS.

RWJBARNABAS HEALTH IS THE DEVILS' FIRST-EVER HOME JERSEY PATCH PARTNER AND HAS FORTIFIED THEIR NEARLY 30-YEAR PARTNERSHIP WITH A MULTI-YEAR EXTENSION AIMED AT PROMOTING HEALTHIER COMMUNITIES THROUGHOUT NEW JERSEY. TOGETHER, THE ORGANIZATIONS HAVE LAUNCHED SEVERAL INITIATIVES AIMED AT PROMOTING HEALTH AND WELLNESS, INCLUDING MEDICAL SUPPORT FOR THE NJ DEVILS, BLOOD DRIVES, COMMUNITY OUTREACH, THE RUNNING WITH THE DEVILS 5K RUN AND WALK, YOUTH HOCKEY DEVELOPMENT AS WELL AS PLAYER-LED INITIATIVES WITH JACK HUGHES AND DOUGIE HAMILTON. DOUGIE HAMILTON INTRODUCED "DOUGIE'S BUDDIES," A PROGRAM IN PARTNERSHIP WITH RWJBARNABAS HEALTH THAT INVITES CHILDREN AND FAMILIES, ESPECIALLY RWJBARNABAS HEALTH PATIENTS, TO ATTEND HOME GAMES, MEET HAMILTON AND ENJOY A MEMORABLE EXPERIENCE DURING CHALLENGING TIMES.

RUTGERS UNIVERSITY

RWJBARNABAS HEALTH IS THE OFFICIAL HEALTH CARE PROVIDER OF RUTGERS ATHLETICS AND A PROUD SUPPORTER OF RUTGERS UNIVERSITY. RWJBH WORKS

CLOSELY WITH RUTGERS TO SUPPORT THE ATHLETIC TRAINING AND SPORTS MEDICINE NEEDS OF ALL VARSITY ATHLETES AND PROVIDES THE UNIVERSITY WITH HEALTH AND WELLNESS EDUCATION AND OTHER COMMUNITY-BASED SERVICES. OUR AMBASSADOR PROGRAM CONNECTS BOTH THE FOOTBALL AND WOMEN'S SPORTS ATHLETES WITH OUR PATIENTS AND OUR COMMUNITIES.

NEW YORK YANKEES AND METS RADIO NETWORK

RWJBARNABAS HEALTH IS A PREMIER PARTNER OF BOTH THE NEW YORK YANKEES AND METS RADIO NETWORKS, WHICH AIRS YANKEE GAMES ON WFAN-AM AND 880AM. THROUGH THIS PARTNERSHIP, RWJBH AIRS A WEEKLY HEALTH MINUTE, REGULARLY CELEBRATES GREAT WORK BY COMMUNITY LEADERS WITH A "CIVIC HERO" SALUTE SEGMENT AND PROVIDES OUR EMPLOYEES AND PATIENTS WITH FIRST PITCH OPPORTUNITIES.

SPECIAL OLYMPICS NEW JERSEY

RWJBARNABAS HEALTH IS A PREMIER PARTNER AND HEALTHY COMMUNITIES PARTNER FOR SPECIAL OLYMPICS NEW JERSEY. SPECIAL OLYMPICS NEW JERSEY IS A NOT-FOR-PROFIT ORGANIZATION THAT OFFERS SPORTS TRAINING AND ATHLETIC COMPETITION TO CHILDREN AND ADULTS WITH INTELLECTUAL DISABILITIES. RWJBH SUPPORTS ALL SPECIAL OLYMPICS ATHLETES THROUGH PHYSICIAN SUPPORT, FREE MEDICAL SCREENINGS, ONGOING EDUCATION PROGRAMS AND STAFFING FOR THE

MOBILE VEHICLE THAT TRAVELS THE STATE PROVIDING MEDICAL SERVICES TO ATHLETES.

SETON HALL UNIVERSITY

RWJBARNABAS HEALTH IS THE OFFICIAL HEALTH CARE PROVIDER OF SETON HALL ATHLETICS AND A PROUD SUPPORTER OF SETON HALL UNIVERSITY. RWJBH WORKS CLOSELY WITH SETON HALL TO SUPPORT THE ATHLETIC TRAINING AND SPORTS MEDICINE NEEDS OF ALL VARSITY ATHLETES AND PROVIDES THE UNIVERSITY WITH HEALTH AND WELLNESS EDUCATION AND OTHER COMMUNITY-BASED SERVICES.

PRINCETON UNIVERSITY

RWJBARNABAS HEALTH IS THE OFFICIAL HEALTH CARE PROVIDER OF PRINCETON ATHLETICS AND A PROUD SUPPORTER OF PRINCETON UNIVERSITY. RWJBH WORKS CLOSELY WITH PRINCETON TO SUPPORT THE ATHLETIC TRAINING AND SPORTS MEDICINE NEEDS OF ALL VARSITY ATHLETES AND PROVIDES THE UNIVERSITY WITH HEALTH AND WELLNESS EDUCATION AND OTHER COMMUNITY-BASED SERVICES.

JERSEYSHORE BLUECLAWS

RWJBARNABAS HEALTH IS A PROUD PARTNER AND THE OFFICIAL HEALTH CARE

PROVIDER OF THE JERSEY SHORE BLUECLAWS, A MINOR LEAGUE AFFILIATE OF THE PHILADELPHIA PHILLIES. RWJBH PROVIDES MEDICAL STAFF INCLUDING ONE OF OUR ORTHOPEDIC SURGEONS WHO SERVES AS THE TEAM PHYSICIAN, OFFERING EXPERTISE IN SPORTS-RELATED INJURIES. WE HOST SEVERAL DIFFERENT GROUPS THROUGHOUT THE SEASON WHILE OFFERING COMMUNITY SCREENINGS, HEALTH AND WELLNESS EDUCATION AND INTERACTIVE ACTIVITIES FOR CHILDREN.

SOMERSET PATRIOTS

RWJBARNABAS HEALTH IS THE OFFICIAL HEALTH CARE PROVIDER OF THE SOMERSET PATRIOTS, A MINOR LEAGUE AFFILIATE OF THE NEW YORK YANKEES THAT PLAYS IN SOMERSET COUNTY. RWJBH PROVIDES ALL OF THE ATHLETIC TRAINING AND SPORTS PERFORMANCE COVERAGE FOR THE TEAM AND OFFERS COMMUNITY SCREENINGS AND HEALTH AND WELLNESS EDUCATION THROUGHOUT THE SEASON TO FANS.

TRENTON THUNDER

RWJBARNABAS HEALTH IS AN OFFICIAL PARTNER OF THE TRENTON THUNDER, AN INDEPENDENT TEAM IN TRENTON, NEW JERSEY. TOGETHER WITH RWJBH, THE THUNDER DELIVERS HEALTHY LIFESTYLE INFORMATION TO THE RESIDENTS OF MERCER COUNTY VIA HEALTH SCREENINGS, EDUCATIONAL OPPORTUNITIES AND SOCIAL MESSAGING.

NEW JERSEY HALL OF FAME

RWJBARNABAS HEALTH IS A PROUD PARTNER OF THE NJ HALL OF FAME AND ITS NEW PERMANENT LOCATION IN AMERICAN DREAM.

NJPAC

RWJBARNABAS HEALTH IS A PROUD PARTNER OF NEW JERSEY PERFORMING ARTS CENTER (NJPAC) IN NEWARK. NJPAC IS THE CENTERPIECE OF NEWARK FOR MUSIC AND THE ARTS. EACH SUMMER, NJPAC, HORIZON AND RWJBH PRESENT "SOUNDS OF THE CITY," A FREE OUTDOOR SUMMER CONCERT SERIES ATTRACTING THOUSANDS TO DOWNTOWN NEWARK. RWJBH BRINGS MUSIC THERAPY TO SEVERAL HOSPITALS FOR PATIENTS AND EMPLOYEES AND CONDUCTS AN EMPLOYEE WELLNESS FAIR AT NJPAC.

PDA URBAN INITIATIVE

PDA URBAN INITIATIVE IS A COLLABORATIVE EFFORT AIMED AT ENHANCING HEALTH AND WELLNESS IN UNDERSERVED URBAN COMMUNITIES ACROSS NEW JERSEY. THIS INITIATIVE FOCUSES ON PROVIDING ACCESSIBLE SOCCER FACILITIES, COACHING, AND EDUCATIONAL PROGRAMS FOCUSED ON NUTRITION, WELLNESS AND SPORTS PERFORMANCE TO CHILDREN WHO MAY LACK THE RESOURCES TO PARTICIPATE IN TRADITIONAL SPORTS PROGRAMS. THE PDA URBAN INITIATIVE HAS ESTABLISHED SEVERAL SMALL-SIDED, SYNTHETIC TURF SOCCER FIELDS IN URBAN AREAS, SUCH AS

NEW BRUNSWICK, NEWARK, HAMILTON, BOUND BROOK AND BELLEVILLE. THESE FIELDS ARE DESIGNED TO BE EASILY ACCESSIBLE, ALLOWING CHILDREN TO ENGAGE IN SOCCER ACTIVITIES WITHIN THEIR NEIGHBORHOODS.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

NEW JERSEY GOLF FOUNDATION

RWJBARNABAS HEALTH IS A PROUD SUPPORTER OF THE NEW JERSEY GOLF FOUNDATION. THE NEW JERSEY GOLF FOUNDATION IS THE CHARITABLE ARM OF THE NEW JERSEY SECTION, PGA OF AMERICA. RWJBH IS A PRESENTING PARTNER OF PGA HOPE (HELPING OUR PATRIOTS EVERYWHERE), A GOLF PROGRAM FOR ALL MILITARY VETERANS DESIGNED TO ENHANCE THEIR REHABILITATION AND ASSIMILATION BACK INTO SOCIETY. RWJBH SUPPORTS THIS PROGRAM AND TEACHES THESE VETERANS NUTRITION AND WELLNESS FACTS TO HELP THEM LEAD A HEALTHY LIFESTYLE.

CURE INSURANCE ARENA

RWJBARNABAS HEALTH PARTNERS WITH THE CURE INSURANCE ARENA, FORMALLY KNOWN AS THE SUN BANK CENTER IN TRENTON. THIS ARENA HOSTS SPORTING EVENTS, SHOWS AND CONCERTS. RWJBARNABAS PROVIDES ON-SITE EMS AND EMERGENCY MEDICAL SERVICES FOR ALL OF THEIR EVENTS, SHOWS AND ACTIVITIES, ETC. WE ALSO PROVIDE ADVERTISING AT EVENTS.

RWJBH ARENA

THE RWJBARNABAS HEALTH ARENA IS A 3,500-SEAT MULTI-PURPOSE VENUE LOCATED IN TOMS RIVER, NJ, THAT SERVES AS THE CENTERPIECE OF THE TOMS RIVER REGIONAL SCHOOL DISTRICT, HOSTING OVER 100 EVENTS EACH YEAR-FROM CONCERTS AND HIGH SCHOOL SPORTS TO TRADE SHOWS AND COMMUNITY GATHERINGS-WITH OVER 181,000 ATTENDEES. RWJBARNABAS HEALTH SERVES AS A CONSULTANT FOR THE TOMS RIVER SCHOOL DISTRICT'S HEALTH ACADEMY CURRICULUM AND RECOMMENDS PROGRAMMING FOR STUDENTS.

NEW JERSEY SOCCER ASSOCIATION

RWJBARNABAS HEALTH PARTNERS WITH NEW JERSEY SOCCER ASSOCIATION. THE NJ SOCCER ASSOCIATION IS THE OLDEST MEMBER OF THE U.S. SOCCER FEDERATION AND IS FOCUSED ON SOCCER PLAYERS UNDER THE AGE OF 19, BOTH MEN AND WOMEN, WHO PLAY RECREATIONALLY OR COMPETITIVELY. RWJBARNABAS SPONSORS ITS RED CARPET AS WELL AS THE VIDEOS PRODUCED FOR THE WINNING TEAMS FOR ITS ANNUAL AWARDS DINNER.

GOTHAM FC

RWJBARNABAS HEALTH IS THE OFFICIAL HEALTH CARE PROVIDER OF GOTHAM FC, THE

WOMEN'S PROFESSIONAL SOCCER TEAM THAT PLAYS IN THE NWSL. RWJBH HANDLES ALL OF THE MEDICAL NEEDS FOR THE PLAYERS, STAFF AND FAMILIES AND ALSO SPONSORS A MINI-PITCH THAT ALLOWS KIDS TO PLAY ON A SMALL-SIDED FIELD BEFORE EVERY GAME OUTSIDE THE STADIUM.

RWJBARNABAS HEALTH FIELD OF DREAMS

THE RWJBARNABAS HEALTH FIELD OF DREAMS IS A ONE-OF-A-KIND RECREATIONAL COMPLEX CREATED FOR THE SPECIAL NEEDS COMMUNITY. LOCATED ON 3.5 ACRES IN TOMS RIVER, NEW JERSEY, THE FACILITY INTENTIONALLY ADDRESSES PHYSICAL AND SOCIAL INCLUSION FOR PEOPLE OF ALL AGES AND ABILITIES AND RECOGNIZES EVERYONE'S RIGHT TO PARTICIPATE FULLY IN EQUITABLE PLAY. TO DATE, OVER 2000 FAMILIES ARE MEMBERS, AND RWJBH, WITH THE HELP OF CHILDREN'S SPECIALIZED HOSPITAL, RUNS IMPORTANT RECREATION PROGRAMS THROUGHOUT THE YEAR.

NORTH TO SHORE FESTIVAL

RWJBARNABAS HEALTH IS A PROUD FOUNDING PARTNER OF THE NORTH TO SHORE FESTIVAL, A MUSIC, ARTS AND ENTERTAINMENT FESTIVAL THAT TAKES PLACE IN THREE ICONIC NEW JERSEY CITIES - NEWARK, ASBURY PARK AND ATLANTIC CITY. RWJBH PROVIDES SEVERAL PATIENTS WITH BACKSTAGE ONCE IN A LIFETIME EXPERIENCES MEETING BANDS AND PROVIDES PANELISTS FOR IMPORTANT HEALTH AND

WELLNESS WEBINARS THROUGHOUT THE FESTIVAL.

JERSEY CITY MARATHON

RWJBARNABAS HEALTH, THROUGH ITS FACILITY JERSEY CITY MEDICAL CENTER, SERVES AS A SPONSOR OF THE JERSEY CITY MARATHON AND HALF MARATHON, SUPPORTING THE EVENT'S LOGISTICS AND COMMUNITY OUTREACH EFFORTS. THIS PARTNERSHIP ALIGNS WITH THE ORGANIZATION'S MISSION TO PROMOTE HEALTH AND COMMUNITY ENGAGEMENT ACROSS NEW JERSEY. THE JERSEY CITY MARATHON HAS RAPIDLY GROWN INTO A MAJOR EVENT, ATTRACTING THOUSANDS OF RUNNERS FROM AROUND THE WORLD. THE RACE FEATURES A FAST, FLAT, AND USATF-CERTIFIED COURSE THAT WINDS THROUGH JERSEY CITY'S DIVERSE NEIGHBORHOODS AND SCENIC WATERFRONT.

COMMUNITY AND AGENCY PARTNERSHIPS

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THE SYSTEM AND ITS AFFILIATES RECOGNIZE THAT COMMUNITY HEALTH IMPROVEMENT CAN BEST BE ACCOMPLISHED THROUGH PARTNERSHIPS TO ADDRESS THE SERVICE NEEDS OF ITS COMMUNITIES. SOME NOTABLE PARTNERSHIPS OVER THE PAST COUPLE OF YEARS INCLUDE:

- CONTINUING A NEARLY 30-YEAR ASSOCIATION, RWJBARNABAS HEALTH AND THE NEW JERSEY DEVILS JOINTLY ANNOUNCED THE MULTIYEAR EXTENSION OF THEIR

INNOVATIVE PARTNERSHIP. THE ORGANIZATIONS HAVE OUTLINED A MULTITIERED ACTIVATION PLAN ALLOWING THE TWO BRANDS TO UTILIZE SHARED RESOURCES AND STRENGTHEN THEIR IMPACT IN A SHARED VISION OF BUILDING HEALTHIER COMMUNITIES. (2024)

- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AND THE MEXICAN CONSULATE IN NEW BRUNSWICK, NJ ENTERED INTO A FORMAL AGREEMENT TO PROVIDE ACCESS TO HEALTH CARE SERVICES, HEALTH PREVENTION AND EDUCATIONAL INITIATIVES AND HEALTH SCREENING SERVICES TO MEXICAN NATIONALS. THE SERVICES WILL BE COORDINATED THROUGH THE HOSPITAL'S COMMUNITY HEALTH PROMOTIONS PROGRAM. UNDER THE AGREEMENT, RWJUH AND THE CONSULATE WILL PARTNER TO DEVELOP THE VENTANILLA DE SALUD "TO IMPROVE THE PHYSICAL AND MENTAL WELL-BEING OF MEXICANS LIVING IN THE UNITED STATES." THE INITIATIVE WILL FEATURE RWJUH COMMUNITY HEALTH PROMOTERS (PROMOTORAS) WHO WILL BE PRESENT AT THE CONSULATE TO PROVIDE INFORMATION ABOUT PRIMARY AND PREVENTIVE HEALTH CARE SERVICES AS WELL AS ELIGIBILITY FOR PUBLIC SERVICES, PROVIDE QUALITY AND CULTURALLY SENSITIVE SERVICES; AND WORK TOWARDS REDUCING THE USE OF EMERGENCY SERVICES TO HAVE CARE DELIVERED IN THE MOST APPROPRIATE SETTING. (2024).

- RWJBH, RUTGERS UNIVERSITY BEHAVIORAL HEALTH CARE, AND WOODS SERVICES, ANNOUNCED THAT THEY ARE JOINING FORCES TO ESTABLISH THE VERY FIRST INTEGRATED PRIMARY AND BEHAVIORAL HEALTH CARE CENTER FOR INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (I/DD) AND AUTISM IN NEW JERSEY. (2023).

- RWJBH ALSO PARTNERED WITH THE STATE ON THE "ARRIVE TOGETHER" PROGRAM PAIRING MENTAL HEALTH PROFESSIONALS WITH POLICE ON 911 RESPONSE CALLS,

IMPLEMENTED POST-INCARCERATION PROGRAMS FOCUSED ON PROVIDING HEALTH AND SOCIAL SUPPORT SERVICES. (2023).

- ESSEX COUNTY EXECUTIVE JOSEPH N. DIVINCENZO, JR. AND RWJBARNABAS HEALTH PRESIDENT AND CHIEF EXECUTIVE OFFICER MARK E. MANIGAN ANNOUNCED A PARTNERSHIP TO OFFER A VARIETY OF HEALTH CARE SERVICES AND SCREENINGS THROUGHOUT ESSEX COUNTY. THE INITIATIVE COMBINES THE RESOURCES OF THE ESSEX COUNTY OFFICE OF PUBLIC HEALTH MANAGEMENT AND ITS MOBILE HEALTH UNIT AND THE MEDICAL RESOURCES AVAILABLE THROUGH RWJBARNABAS HEALTH. WORKING TOGETHER, A ROBUST SCHEDULE OF OUTREACH CLINICS WILL BE OFFERED WHERE RESIDENTS HAVE ACCESS TO MEDICAL SCREENINGS, VACCINES, INFORMATION AND REFERRALS. (2023).

- RWJBARNABAS HEALTH WAS AWARDED A GRANT FROM THE NEW JERSEY FOOD SECURITY INITIATIVE (NJFSI) TO SUPPORT A FIRST-OF-ITS-KIND PROGRAM IN NEW JERSEY TO EMBED SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) NAVIGATORS IN EACH OF THE SYSTEM'S 12 GENERAL ACUTE CARE HOSPITALS. THE GOAL OF THE PROGRAM IS TO IMPROVE FOOD SECURITY AND REDUCE HUNGER BY ENHANCING ACCESS TO FOOD, A HEALTHY DIET, AND NUTRITION EDUCATION FOR LOW-INCOME RESIDENTS. NJFSI IS A COLLABORATION OF COMMUNITY ORGANIZATIONS AND LOCAL AND STATE AGENCIES, LED BY THE FOOD RESEARCH & ACTION CENTER (FRAC) AND FUNDED BY THE ROBERT WOOD JOHNSON FOUNDATION, TO ADDRESS FOOD INSECURITY AND HEALTH INEQUITY IN NEW JERSEY AND BUILD UPON OTHER LOCAL AND PROGRAM-RELATED INVESTMENTS TO HELP FINANCE MORE EQUITABLE ACCESS TO HEALTHIER FOOD RETAIL OPTIONS IN UNDER-RESOURCED AREAS. (2024).

- AS PREVIOUSLY NOTED, SAINT JAMES HEALTH FEDERALLY QUALIFIED HEALTH CENTER (FQHC), IN PARTNERSHIP WITH RWJBARNABAS HEALTH, OPENED A NEW

HEALTH CLINIC AT NEWARK'S EAST SIDE HIGH SCHOOL AS PART OF AN ONGOING EFFORT TO INCREASE ACCESS TO CARE AND IMPROVE HEALTH OUTCOMES IN THE CITY'S MOST VULNERABLE POPULATIONS. THIS HEALTH CLINIC WAS DEVELOPED IN COLLABORATION WITH THE CITY OF NEWARK AND NEWARK PUBLIC SCHOOLS TO BRING HIGH-QUALITY HEALTH CARE RIGHT INTO THE CENTER OF THE COMMUNITY-THE LOCAL PUBLIC SCHOOL-INCREASING ACCESS TO CARE FOR STUDENTS, THEIR FAMILIES, AND SURROUNDING RESIDENTS. AS PART OF THE OPENING EVENT, RWJBARNABAS HEALTH ALSO SPONSORED A BACKPACK GIVEAWAY OUTSIDE EAST SIDE HIGH SCHOOL, PROVIDING OVER 1,000 BACKPACKS FILLED WITH ESSENTIAL SCHOOL SUPPLIES FOR AREA CHILDREN IN TIME FOR THE START OF SCHOOL. (2024).

- NJ/NY GOTHAM FC, THE REIGNING NATIONAL WOMEN'S SOCCER LEAGUE CHAMPIONS PARTNERED WITH RWJBARNABAS HEALTH AS THE CLUB'S OFFICIAL HEALTH CARE PROVIDER. AS PART OF THIS PARTNERSHIP, RWJBARNABAS HEALTH AND GOTHAM FC WILL DEVELOP A MEANINGFUL COMMUNITY OUTREACH AND EDUCATION PROGRAM TO ENGAGE WITH OUR COMMUNITIES ON THE IMPORTANCE OF PROPER NUTRITION, HEALTHY HABITS AND PREVENTIVE MEASURES, AMONG OTHER INITIATIVES. (2024).

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

AWARDS, ACCREDITATIONS AND HONORS

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RWJBARNABAS HEALTH AND ITS AFFILIATES ARE RECOGNIZED AS A LEADING ACADEMIC HEALTH CARE DELIVERY SYSTEM, AS AN EMPLOYER AND AS AN ORGANIZATION IMPROVING THE HEALTH OF OUR COMMUNITIES. RWJBH'S COMMITMENT TO QUALITY AND SERVICE HAS RESULTED IN MANY AWARDS AND RECOGNITIONS FOR

THE SYSTEM AND ITS CENTERS. THESE INCLUDE, AMONG OTHERS:

- LEAPFROG SAFETY SCORES - THE 2024 SCORES RECOGNIZED FIVE OF THE ACUTE CARE FACILITIES AS RECEIVING AN A FOR BOTH SPRING AND FALL.

- IN 2024, U.S. NEWS & WORLD REPORT, THE GLOBAL AUTHORITY IN HOSPITAL RANKINGS AND CONSUMER ADVICE, HAS NAMED ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL A BEST REGIONAL HOSPITAL IN NJ AND IS RANKED #22 IN THE METRO AREA.

- SIX RWJBARNABAS HEALTH FACILITIES HAVE BEEN RECOGNIZED AMONG THE 2024 - 2025 BEST HOSPITALS FOR MATERNITY CARE, INCLUDING COMMUNITY MEDICAL CENTER, MONMOUTH MEDICAL CENTER, NEWARK BETH ISRAEL MEDICAL CENTER, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, RWJUH SOMERSET AND TRINITAS REGIONAL MEDICAL CENTER.

- RWJBARNABAS HEALTH CHILDREN'S HOSPITALS WERE NAMED AMONG THE NATION'S BEST CHILDREN'S HOSPITALS FOR 2024-2025 BY U.S. NEWS & WORLD REPORT. THE BRISTOL-MYERS SQUIBB CHILDREN'S HOSPITAL AT RWJUH RANKED #34 NATIONALLY FOR ORTHOPEDICS AND RANKED #47 FOR UROLOGY.

- RWJBARNABAS HEALTH RECEIVED OVER 40 AWARDS AND RECOGNITIONS FROM THE HEALTHGRADES 2024 SPECIALTY EXCELLENCE AWARDS FOR SUPERIOR CLINICAL PERFORMANCE IN NUMEROUS SPECIALTY CARE AREAS, INCLUDING CARDIAC, CRITICAL CARE, AND SURGICAL CARE. HIGHLIGHTS INCLUDE: COOPERMAN BARNABAS MEDICAL

CENTER (CBMC) WAS NAMED ONE OF HEALTHGRADES AMERICA'S 250 BEST HOSPITALS, AMERICA'S 100 BEST HOSPITALS FOR PULMONARY CARE, ONE OF HEALTHGRADES AMERICA'S 100 BEST HOSPITALS FOR CARDIAC CARE, AND ONE OF HEALTHGRADES AMERICA'S 100 BEST HOSPITALS FOR GASTROINTESTINAL SURGERY.

- RECOGNIZED BY NEWSWEEK AS ONE OF "AMERICA'S GREATEST WORKPLACES 2023 FOR DIVERSITY." RWJBARNABAS HEALTH IS ONE OF 1,000 COMPANIES IN THE U.S. TO EARN THE DESIGNATION.

- LGBTQ HEALTHCARE EQUALITY - HEALTHCARE EQUALITY INDEX (HEI) DESIGNATION - THE MAJORITY OF RWJBARNABAS HEALTH HOSPITALS HAVE BEEN DESIGNATED IN 2024 AS "LEADERS IN LGBTQ HEALTHCARE EQUALITY" BY THE HUMAN RIGHTS CAMPAIGN (HRC) FOUNDATION, THE EDUCATIONAL ARM OF AMERICA'S LARGEST CIVIL RIGHTS ORGANIZATION WORKING TO ACHIEVE EQUALITY FOR LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUEER PEOPLE. THE DISTINGUISHED HONOR OF BEING SELECTED AS "HEALTHCARE EQUALITY LEADERS" WAS BASED ON THE HRC FOUNDATION'S ANNUAL HEALTHCARE EQUALITY INDEX (HEI), THE NATION'S LEADING BENCHMARKING ASSESSMENT OF HEALTHCARE FACILITIES IDENTIFYING HEALTHCARE INSTITUTIONS THAT ARE LEADERS IN EFFORTS TO OFFER EQUITABLE CARE TO LGBTQ+ PATIENTS BY EVALUATING INCLUSIVE POLICIES AND PRACTICES RELATED TO LGBTQ PATIENTS, VISITORS, AND EMPLOYEES.

- IN 2024, RWJBH MOBILE HEALTH RECEIVED THE AMERICAN HEART ASSOCIATION MISSION LIFELINE EMS GOLD AWARD. THIS AWARD IS GIVEN TO AN ELITE GROUP OF PREHOSPITAL PROVIDERS FOR THEIR COMMITMENT AND SUCCESS IN IMPLEMENTING A

HIGHER STANDARD OF CARE, ENSURING THAT INDIVIDUALS EXPERIENCING A HEART ATTACK OR STROKE RECEIVE TREATMENT ACCORDING TO THE LATEST NATIONALLY ACCEPTED EVIDENCE-BASED GUIDELINES.

- GHX ORGANIZATION - RWJBH WAS NAMED A 2022 GHX "BEST 50" ORGANIZATION. EARNING THIS RECOGNITION DEMONSTRATES OUR ORGANIZATION'S COMMITMENT TO A SUPPLY CHAIN STRATEGY THAT REMOVES WASTE, DRIVES EFFICIENCIES AND, AS A RESULT, RAISES THE QUALITY OF PATIENT CARE DELIVERED.

- CHIME HEALTHCARE'S MOST WIRED - THE CORPORATION CONTINUES TO BE NAMED AMONG THE MOST WIRED FOR ITS USE OF INFORMATION TECHNOLOGY (IT) TO BETTER THE PATIENT EXPERIENCE, RECOGNIZING 13 RWJBH FACILITIES WITH MOST WIRED STATUS IN 2024. TEN (10) ACUTE CARE FACILITIES EARNED THE HIGHEST-POSSIBLE DESIGNATION, LEVEL 10. HOSPITALS AND HEALTH SYSTEMS AT THE FOREFRONT OF USING IT TO IMPROVE THE DELIVERY OF CARE HAVE MAXIMIZED THE BENEFITS OF FOUNDATIONAL TECHNOLOGIES AND ARE EMBRACING NEW TECHNOLOGIES THAT SUPPORT POPULATION MANAGEMENT AND VALUE-BASED CARE.

- NEWSWEEK MAGAZINE - NAMED COOPERMAN BARNABAS MEDICAL CENTER, AND MONMOUTH MEDICAL CENTER WERE NAMED A BEST MATERNITY CARE HOSPITAL IN 2024. IN ADDITION, RWJUH ALSO RECEIVED NEWSWEEK AMERICA'S BEST AWARD FOR AMBULATORY SURGERY CENTERS IN 2024. THIS PRESTIGIOUS AWARD IS PRESENTED BY NEWSWEEK AND STATISTA INC., THE WORLD-LEADING STATISTICS PORTAL AND INDUSTRY RANKING PROVIDER, BASED ON QUALITY OF CARE, PERFORMANCE DATA AND PEER RECOMMENDATIONS, RELATIVE TO IN-STATE COMPETITION.

- NCI-DESIGNATED COMPREHENSIVE CANCER CENTER - CINJ IS THE STATE'S ONLY NCI-DESIGNATED COMPREHENSIVE CANCER CENTER. CINJ IS UNIVERSALLY RECOGNIZED FOR ITS CLINICAL AND SCIENTIFIC RESEARCH LEADERSHIP. NCI-DESIGNATED CANCER CENTERS ARE A GROUP OF 73 CANCER RESEARCH INSTITUTIONS IN THE UNITED STATES SUPPORTED BY THE NATIONAL CANCER INSTITUTE.

- CEO CANCER GOLD STANDARD EMPLOYER - THE CORPORATION HAS BEEN ACCREDITED AS A CEO CANCER GOLD STANDARD EMPLOYER. THIS PRESTIGIOUS AWARD RECOGNIZES THE CORPORATION FOR ITS DEDICATION AND COMMITMENT TO MAINTAINING A HIGH STANDARD OF EXCELLENCE IN CANCER PREVENTION, EARLY DETECTION AND QUALITY CARE FOR ITS EMPLOYEES AND THEIR FAMILIES.

- IN 2024, CANCER PROGRAMS AT SEVERAL RWJBARNABAS HEALTH FACILITIES, IN PARTNERSHIP WITH RUTGERS CANCER INSTITUTE, WERE GRANTED THREE-YEAR ACCREDITATION FROM THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER (COC). FACILITIES THAT RECEIVED THIS ACCREDITATION INCLUDE JERSEY CITY MEDICAL CENTER, COMMUNITY MEDICAL CENTER, RWJUH SOMERSET, MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS, AND RWJUH HAMILTON.

- NATIONAL QUALITY MEASURES FOR BREAST CENTERS (NQBMC) - THE JACQUELINE M. WILENTZ BREAST CENTER IS A CERTIFIED PARTICIPANT IN THE NQMBC PROGRAM AND THE CENTERS HAS BEEN DESIGNATED A BREAST IMAGING CENTER OF EXCELLENCE BY THE AMERICAN COLLEGE OF RADIOLOGY'S COMMISSION ON QUALITY AND SAFETY

AND THE COMMISSION ON BREAST IMAGING.

- THERE ARE SEVEN AMERICAN COLLEGE OF SURGEONS ACS ACCREDITED BARIATRIC SURGERY CENTERS.

- BECKER'S HOSPITAL REVIEW NAMED RWJBARNABAS HEALTH IN ITS "100 HOSPITALS AND HEALTH SYSTEMS WITH GREAT HEART PROGRAMS" FOR 2024. HEALTHCARE ORGANIZATIONS INCLUDED ON THE LIST ARE RENOWNED FOR THEIR EXEMPLARY HEART CARE, PATIENT OUTCOMES AND LEADING TECHNOLOGIES.

- FOUR RWJBARNABAS HEALTH FACILITIES HAVE ACHIEVED THE AMERICAN HEART ASSOCIATION'S GET WITH THE GUIDELINES -STROKE GOLD PLUS QUALITY ACHIEVEMENT AWARD. THESE FACILITIES INCLUDE COOPERMAN BARNABAS MEDICAL CENTER, JERSEY CITY MEDICAL CENTER, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AND ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL SOMERSET.

- RWJBARNABAS HEALTH CHILDREN'S HOSPITALS WERE NOTED AMONG THE NATION'S BEST CHILDREN'S HOSPITALS FOR 2024 - 2025 BY U.S. NEWS & WORLD REPORT WITH THE BRISTOL-MYERS SQUIBB CHILDREN'S HOSPITAL (BMSCH) AT ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RANKED #47TH NATIONALLY FOR ORTHOPEDICS AND RANKED #35 FOR UROLOGY. ADDITIONALLY, IT IS RANKED #2 IN NJ FOR CHILDREN'S HOSPITALS.

- SEVERAL RWJBARNABAS HEALTH FACILITIES RECEIVED REGIONAL, STATE, AND SPECIALTY RECOGNITION BY U.S. NEWS & WORLD REPORT IN ITS 2024-2025 "BEST

HOSPITALS" LIST. ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL IN NEW BRUNSWICK (RWJUH) WAS RANKED 6 IN NJ AND 22 AMONG REGIONAL BEST HOSPITAL IN THE NY-METRO AREA AND RUTGERS CANCER INSTITUTE OF NEW JERSEY RECEIVED A HIGH PERFORMING RATING FOR EARNING THE HIGHEST SCORE IN NJ.

- GOLD SEAL OF APPROVAL - VARIOUS AFFILIATES OF THE CORPORATION HAVE RECEIVED THE GOLD SEAL OF APPROVAL BY THE JOINT COMMISSION FOR VARIOUS PROGRAMS INCLUDING JOINT REPLACEMENT, DISEASE-SPECIFIC CERTIFICATIONS IN ACUTE CORONARY SYNDROME, CARDIAC REHABILITATION, HEART FAILURE, ADVANCED CERTIFICATION IN PALLIATIVE CARE, BARIATRIC SURGERY, AND STROKE PROGRAM.

- MAGNET DESIGNATION BY THE AMERICAN NURSES CREDENTIALING CENTER - SIX AFFILIATES OF THE CORPORATION HAVE RECEIVED MAGNET DESIGNATION, WHICH RECOGNIZES ORGANIZATIONS FOR CREATING AND SUSTAINING AN ENVIRONMENT OF NURSING EXCELLENCE WHERE COLLABORATIVE WORKING RELATIONSHIPS ARE FOSTERED AMONG DIFFERENT DEPARTMENTS AND DISCIPLINES. ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL HAMILTON RECEIVED ITS FIRST MAGNET DESIGNATION IN APRIL 2021, AND IN JUNE, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL IN NEW BRUNSWICK ACHIEVED ITS SIXTH MAGNET DESIGNATION - MAKING IT AT THE TIME ONE OF ONLY SEVEN INSTITUTIONS GLOBALLY TO ACHIEVE THIS LENGTH OF DISTINCTION. IN 2024, MONMOUTH MEDICAL CENTER BECAME THE FIRST HOSPITAL IN NJ AND THE 11TH IN THE COUNTRY TO EARN MAGNET WITH DISTINCTION.

- NICHE - MANY OF OUR HOSPITALS HAVE BEEN RECOGNIZED AS A NICHE (NURSES IMPROVING CARE FOR HEALTH SYSTEM ELDERS) HOSPITAL.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

- NCQA RECOGNITION - RWJBARNABAS HEALTH MEDICAL GROUP HAS SOLIDIFIED ITS COMMITMENT TO PROVIDE THE HIGHEST QUALITY HEALTH CARE AND ACCESS TO OUR PATIENTS THROUGH THE ACHIEVEMENT OF NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) PATIENT-CENTERED MEDICAL HOME RECOGNITION FOR SEVERAL OF OUR PRACTICES. THE NCQA PATIENT-CENTERED MEDICAL HOME STANDARDS EMPHASIZE THE USE OF SYSTEMATIC, PATIENT-CENTERED, COORDINATED CARE THAT SUPPORTS ACCESS, COMMUNICATION, AND PATIENT INVOLVEMENT. A 2022 NCQA INNOVATION AWARD WAS GIVEN FOR A RUTGERS CINJ/RWJBARNABAS HEALTH AND QUALITAS PARTNERSHIP WITH BLUE CROSS BLUE SHIELD PROJECT ON HOME-BASED THERAPEUTIC INFUSIONS.

- EMERGENCY MEDICAL SERVICES (EMS) TRIPLE ACCREDITATION - JCMC'S EMS SERVICE IS THE FIRST IN THE U.S. TO EARN TRIPLE ACCREDITATION IN DISPATCH, EDUCATION, AND EMERGENCY MEDICAL SERVICE.

- ALL HOSPITALS ARE ACCREDITED, MOST WITH THE JOINT COMMISSIONS. JERSEY CITY MEDICAL CENTER HAS DET NORSKE VERITAS (DNV) ACCREDITATION.

- NEW JERSEY DEPARTMENT OF HEALTH - FOR 2024, THE NJ DEPARTMENT OF HEALTH AWARDED TEN OF RWJBH FACILITIES FOR THEIR ANTIMICROBIAL STEWARDSHIP PROGRAM.

- LOWN INSTITUTE - NEWARK BETH ISRAEL MEDICAL CENTER HAS BEEN NAMED IN

THE TOP 5 IN THE STATE FOR MOST RACIALLY INCLUSIVE AND FOR COMMUNITY BENEFIT BY THE LOWN INSTITUTE; A NONPARTISAN HEALTHCARE THINK TANK. IN THE MOST RECENT RANKINGS, NEWARK BETH ISRAEL MEDICAL CENTER RECEIVED AN "A" SCORE FOR COMMUNITY BENEFIT AND INCLUSIVITY AND WAS 5TH OUT OF 60 IN THE STATE. RWJBARNABAS HEALTH RECEIVED AN "A" FOR COMMUNITY BENEFIT AND WAS 39TH HIGHEST OF 311 RANKED HEALTH CARE SYSTEMS IN THE PROVISION OF COMMUNITY BENEFIT.

IN THE MIDST OF THE PANDEMIC, OUR FACILITIES CONTINUED TO ADDRESS THE HEALTH CARE NEEDS AND DEMANDS PRESENTED IN ADDITION TO THOSE EXACERBATED BY THE PANDEMIC. POST PANDEMIC, OUR HOSPITALS CONTINUE TO WORK WITH COLLABORATIVE PARTNERS TO ADDRESS HEALTH CARE NEEDS AND TO WORK TOWARD IMPROVING AND SUSTAINING HEALTHY COMMUNITIES.

THE HOSPITAL FACILITIES ARE DESCRIBED IN THE FOLLOWING SECTIONS WITH A BRIEF FACILITY OVERVIEW AND A BRIEF LIST OF A FEW OF THE HOSPITAL'S AWARD/RECOGNITIONS.

CHILDREN'S SPECIALIZED HOSPITAL ("CSH")

CHILDREN'S SPECIALIZED HOSPITAL IS THE NATION'S LEADING PROVIDER OF INPATIENT AND OUTPATIENT CARE FOR CHILDREN AND YOUNG ADULTS FROM BIRTH TO 21 YEARS OF AGE FACING SPECIAL HEALTHCARE CHALLENGES - FROM CHRONIC ILLNESSES AND COMPLEX PHYSICAL DISABILITIES LIKE BRAIN AND SPINAL CORD

INJURIES, TO DEVELOPMENTAL AND BEHAVIORAL ISSUES LIKE AUTISM AND MENTAL HEALTH. CSH IS LICENSED BY THE NEW JERSEY DEPARTMENT OF HEALTH AS A CHILDREN'S SPECIALIZED HOSPITAL, CHILDREN'S REHABILITATION HOSPITAL, AND FOR MULTIPLE HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY - PRIMARY CARE AND PHYSICAL THERAPY. ADDITIONALLY, SITES ARE LICENSED BY NEW JERSEY DEPARTMENT OF HUMAN SERVICES FOR OUTPATIENT MENTAL HEALTH SERVICES. FACILITIES ARE CERTIFIED BY MEDICAID, MEDICARE AND SPECIAL HEALTH SERVICES.

AT 11 DIFFERENT NEW JERSEY LOCATIONS, PEDIATRIC SPECIALISTS PARTNER WITH FAMILIES TO MAKE OUR MANY INNOVATIVE THERAPIES AND MEDICAL TREATMENTS MORE PERSONALIZED AND EFFECTIVE SO EACH CHILD CAN REACH THEIR FULL POTENTIAL. DURING 2024, CSH CARED FOR OVER 44,000 UNIQUE PATIENTS WHICH INCLUDED OVER 300,000 PHYSICIAN AND OUTPATIENT VISITS. CSH IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO ITS COMMUNITIES. UNDERINSURED AND MEDICARE COMPRISED APPROXIMATELY 60% OF ITS REVENUE MIX IN 2024.

CSH IS ACCREDITED BY THE JOINT COMMISSION AND THE RECIPIENT OF MANY ACCREDITATIONS, AWARDS, AND RECOGNITIONS; INCLUDING, BUT NOT LIMITED TO:

- SPECIAL NEEDS PRIMARY CARE AT CSH WAS THE FIRST SPECIAL NEEDS PEDIATRIC PRACTICE IN NEW JERSEY TO RECEIVE A PATIENT-CENTERED MEDICAL HOME (PCMH) DESIGNATION BY THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA), THE MOST WIDELY ADOPTED MODEL FOR RECOGNIZING PCMH STANDARDS.

- FIRST PEDIATRIC HOSPITAL IN NEW JERSEY TO HAVE A FULL-TIME THERAPY DOG.

- AWARDED A $600K GRANT FROM SPARK (SIMONS FOUNDATION POWERING AUTISM RESEARCH FOR KNOWLEDGE) WHICH IS A LANDMARK AUTISM RESEARCH INITIATIVE FOCUSED ON ADVANCING THE UNDERSTANDING OF AUTISM TO HELP IMPROVE LIVES. THROUGH THIS GRANT, WE WILL BE RECRUITING, ENGAGING, AND RETAINING A COMMUNITY OF INDIVIDUALS AFFECTED BY AUTISM AND THEIR FAMILIES, ASKING THEM TO SHARE MEDICAL AND GENETIC INFORMATION WITH SCIENTISTS. THIS DATA WILL HELP OUR RESEARCHERS TO ADVANCE THE GENETIC UNDERSTANDING OF AUTISM AND PROVIDE MEANINGFUL INFORMATION AND RESOURCES TO PARTICIPANTS.

- LAUNCHED THE NEW JERSEY AUTISM CENTER OF EXCELLENCE (NJACE) ALONG WITH RUTGERS UNIVERSITY. THIS IS A STATEWIDE INNOVATIVE, COMPREHENSIVE, AND COLLABORATIVE NETWORK TO PROMOTE QUALITY RESEARCH, PROFESSIONAL TRAINING AND BUILD PUBLIC AWARENESS AIMED TO IMPROVE THE LIVES OF INDIVIDUALS WITH ASD ACROSS THE LIFESPAN.

- CHILDREN'S SPECIALIZED HOSPITAL WAS AWARDED $250,000 IN JULY 2023 FROM THE NEW JERSEY DEPARTMENT OF HUMAN SERVICES (NJDHS) DIVISION OF DISABILITY SERVICES AS PART OF THE INCLUSIVE HEALTHY COMMUNITIES (IHC) GRANT PROGRAM TO HELP EXPAND THE HOSPITAL'S LIVING SAFELY WITH DISABILITIES AND SPECIAL HEALTH NEEDS INITIATIVE.

CLARA MAASS MEDICAL CENTER ("CMMC")

CMMC IS A 472-LICENSED BED ACUTE COMMUNITY HOSPITAL LOCATED IN THE TOWN OF BELLEVILLE, ESSEX COUNTY. CMMC SERVES A BROAD RANGE OF COMMUNITIES IN URBAN AND SUBURBAN SETTINGS WITH CULTURALLY AND ETHNICALLY DIVERSE POPULATIONS. CMMC'S SERVICE AREA EXTENDS TO NEIGHBORING HUDSON, PASSAIC AND BERGEN COUNTIES. CMMC'S SERVICE AREA INCLUDES ITS HOMETOWN OF BELLEVILLE AND THE NORTH WARD/ IRONBOUND SECTIONS OF NEWARK, WHICH CONTAINS A LARGE MIX OF LATINO AND ITALIAN-AMERICAN POPULATIONS. PLACES IN THE SERVICE AREA INCLUDE MUA/MUP DESIGNATIONS AND STATE DESIGNATION AS MEDICALLY UNDERINSURED. NEWARK IS ALSO DESIGNATED AN URBAN ENTERPRISE ZONE (UEZ) BY THE STATE OF NEW JERSEY. APPROXIMATELY 37% OF THE BELLEVILLE POPULATIONS ARE FOREIGN BORN WITH A LARGE MAJORITY OF THE FOREIGN-BORN POPULATION COMING FROM THE LATIN AMERICAS. IN BELLEVILLE, OVER 57% OF PERSONS AGED 5 AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME.

ESSEX COUNTY IS THE THIRD MOST POPULOUS COUNTY IN NEW JERSEY, AND ITS POPULATION GREW 10.1% FROM 2010 TO 2020, THE THIRD HIGHEST COUNTY GROWTH RATE IN THE STATE. THE 2024 ESTIMATES SUGGEST A SLIGHT POPULATION GAIN FROM 2020 TO 2024 WITH A 2.2% INCREASE. BELLEVILLE IS THE 66TH LARGEST INCORPORATED PLACE/MCD IN 2022 AND ALSO IS ESTIMATED TO HAVE GROWN 6.4% FROM 2010 TO 2020 AND CONTINUED ITS GROWTH BY ANOTHER 1.2% FROM 2020 TO 2024. NEIGHBORING NEWARK CITY, THE LARGEST CITY IN NEW JERSEY, IS ESTIMATED TO HAVE INCREASED IN POPULATION BY 12.4% BETWEEN 2010 AND 2020,

AND GROWTH OF 1.8% FROM 2020 TO 2024. NEWARK AND BELLEVILLE ARE ESTIMATED TO BE COMPRISED OF NEARLY 90.7% AND 70.1% MINORITY POPULATION, RESPECTIVELY. THE PERCENT OF PERSONS IN POVERTY ARE ESTIMATED AT 24.7% AND 10.4% FOR NEWARK AND BELLEVILLE, RESPECTIVELY. PERSONS UNDER AGE 65 WITHOUT HEALTH INSURANCE IS ESTIMATED AT 21% FOR NEWARK AND 12.3% FOR BELLEVILLE.

IN 2024 CMMC PROVIDED SERVICES TO MORE THAN 14,800 INPATIENTS AND OVER 1,800 BIRTHS. THE HOSPITAL ALSO PROVIDED OVER 118,600 OUTPATIENT CASES AND 9,200 SAME DAY SURGERY VISITS, AS WELL ASOVER73,000 EMERGENCY DEPARTMENT VISITS.

CMMC IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO ITS COMMUNITIES. AS A HEALTHCARE PROVIDER TO THE BELLEVILLE AND THE GREATER NEWARK COMMUNITIES, CMMC SERVED MORE THAN 65.4% OF ITS PATIENTS FROM MINORITY/NONWHITE/OTHER POPULATIONS IN 20243. NEARLY 42.7% OF ITS PATIENTS ARE OF UNDERINSURED AND UNINSURED PAYER CATEGORIES AND MEDICARE REPRESENTS AN ADDITIONAL 33.4% OF PATIENTS. CMMC ESTABLISHED THE CENTER OF EXCELLENCE FOR LATINO HEALTH AT CLARA MAASS MEDICAL CENTER IN 2016 TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH WITHIN THE LOCAL HISPANIC COMMUNITY.

CMMC IS A FULLY ACCREDITED HOSPITAL AND THE RECIPIENT OF NUMEROUS AWARDS AND HONORS INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING:

- CLARA MAASS MEDICAL CENTER WAS NAMED A 2024-2025 HIGH PERFORMING HOSPITAL FOR HEART FAILURE BY U.S. NEWS & WORLD REPORT

- RECIPIENT OF THE HEALTHGRADES EXCELLENCE AWARD AMERICA'S BEST HOSPITALS FOR OUTPATIENT PROSTATE CARE AWARD (2025); RECIPIENT OF THE HEALTHGRADES EXCELLENCE AWARD AND SUPERIOR SERVICE AWARD EIGHT YEARS IN A ROW FOR OBSTETRICS AND GYNECOLOGY AND LABOR, AND DELIVERY (2016-2023).

- 2024 HEALTHGRADES RATING OF SAFETY AS BETTER THAN EXPECTED FROM ACCIDENTAL CUT, PUNCTURE, PERFORATION, OR HEMORRHAGE DURING MEDICAL CARE. ADDITIONALLY, IS A FIVE-STAR RECIPIENT IN COMPLICATION BASED RATINGS FOR BARIATRIC SURGERY, C-SECTION DELIVERY AND VAGINAL DELIVERY, AND OUTPATIENT BENIGN PROSTATIC HYPERPLASIA.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

- ACCREDITATION FROM THE JOINT COMMISSION WITH CORE CERTIFICATION IN CARDIAC REHABILITATION, HEART FAILURE, JOINT REPLACEMENT (HIP AND KNEE) AND ADVANCED CERTIFICATION IN ADVANCED PALLIATIVE CARE AND PRIMARY STROKE CENTER.

- DESIGNATED PRIMARY STROKE CENTER WITH NEW JERSEY DEPARTMENT OF HEALTH.

- CLARA MAASS MEDICAL CENTER (CMMC) HAS BEEN HONORED WITH THE 2024 DONATION CAMPAIGN PLATINUM RECOGNITION FOR ITS EXEMPLARY ORGAN, EYE, AND TISSUE DONATION AWARENESS PROGRAM FROM THE U.S. HEALTH RESOURCES AND

SERVICES ADMINISTRATION (HRSA), PART OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES.

- DESIGNATION AS AN LGBTQ HEALTHCARE EQUALITY LEADER FROM THE HUMAN RIGHTS CAMPAIGN FOUNDATION, 2018-2024

- RECEIVED AN "A" FROM THE LOWN HOSPITAL INDEX FOR COMMUNITY BENEFIT AND SOCIAL RESPONSIBILITY AND WAS IN THE TOP 20 HOSPITALS IN THE STATE.

- ACHIEVED LEVEL 10 MOST WIRED RECOGNITION FROM CHIME IN 2024.

- DESIGNATED SURGICAL QUALITY PARTNER BY THE AMERICAN COLLEGE OF SURGEONS (ACS) WITH METABOLIC AND BARIATRIC ACCREDITATION

- AWARDED BY THE NEW JERSEY DEPARTMENT OF HEALTH'S ANTIMICROBIAL STEWARDSHIP RECOGNITION PROGRAM

- ACCREDITED IN RADIATION ONCOLOGY, BREAST ULTRASOUND AND MAMMOGRAPHY BY THE AMERICAN COLLEGE OF RADIOLOGY

COMMUNITY MEDICAL CENTER ("CMC")

CMC IS A 617 LICENSED BED, INCLUDING 25 TRANSITIONAL CARE (SKILLED NURSING) BEDS, GENERAL ACUTE CARE TEACHING HOSPITAL LOCATED IN TOMS

RIVER, OCEAN COUNTY, NEW JERSEY. OCEAN COUNTY IS HOME TO ONE-THIRD OF THE JERSEY SHORE, BORDERING THE ATLANTIC OCEAN IN THE SOUTHERN PART OF NEW JERSEY, A PRIME DESTINATION FOR LARGE BEACH POPULATIONS, FISHERMAN AND BOATERS, WHICH PLACES ADDITIONAL SEASONAL DEMANDS ON THE HOSPITAL'S EMERGENCY DEPARTMENT. THE CENSUS BUREAU COUNTS EVIDENCE OCEAN COUNTY AS HAVING THE SECOND HIGHEST PERCENTAGE INCREASE (10.5%) IN POPULATION NUMBERS FROM 2010 TO 2020, AND IT HAD THE SECOND LARGEST HIGHEST INCREASE IN NUMBER FOR ALL COUNTIES IN THE STATE. TOMS RIVER TOWNSHIP IS RANKED THE 5TH MOST POPULOUS SUBCOUNTY/TOWNSHIP AREA IN THE STATE ACCORDING TO THE CENSUS 2024 ESTIMATES. WHILE THERE WAS AN ESTIMATED 4.6% POPULATION GROWTH ESTIMATED BETWEEN THE 2010 AND 2020 (THE 27TH HIGHEST NUMBER INCREASE IN THE STATE), AND AN ESTIMATED 1.6% INCREASE FROM 2020 TO 2021 (THE 2ND HIGHEST INCREASE), THE DAMAGE BROUGHT BY HURRICANE SANDY TO THE AREA LIMITS HOUSING AND POPULATION GROWTH. THE 2023 ESTIMATE OF 93,915 SUGGESTS CONTINUED GROWTH OF 1.2% FOR TOMS RIVER FROM 2020 OF TO 2023, AND AN 29,134 (4.6%) ESTIMATED INCREASE IN FOR THE COUNTY.

TOMS RIVER CDP IS ESTIMATED TO HAVE A 23.9% MINORITY PRESENCE, 10.1% OF THE POPULATION IS FOREIGN-BORN, AND 14.1% OF POPULATION AGED 5 YEARS AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. IT IS ESTIMATED THAT NEARLY 18.8% OF PERSONS ARE AGED 65 AND OLDER AND 22.4% ARE UNDER 18 YEARS. IT IS ESTIMATED THAT 5.8% OF THE TOMS RIVER POPULATION IS LIVING BELOW THE FEDERAL POVERTY LEVEL AND OVER 7% OF THOSE AGED UNDER 65 LACK HEALTH INSURANCE.

CMC SERVES BOTH SUBURBAN AND SEMI-RURAL COMMUNITIES INCLUDING THE SHORE COMMUNITIES AND LOWER-INCOME MUNICIPALITIES OF MANCHESTER AND SOUTH TOMS RIVER. CMC SERVES A SIGNIFICANT PROPORTION OF ELDERLY - 2023 CENSUS ESTIMATES THAT 23% OF THE COUNTY POPULATION IS AGED 65 AND OLDER AS OPPOSED TO 17.7% FOR THE STATE. IN 2024, 57.1% OF CMC'S PATIENT ADMISSIONS WERE COMPRISED OF A MEDICARE PAYER. FURTHER, NEARLY 13.7% OF CMC'S PAYER MIX WAS COMPRISED OF UNDERINSURED AND UNINSURED PAYER CATEGORIES. MINORITIES/NONWHITE/OTHER PERSONS COMPRISED OVER 13.5% OF PATIENTS. DURING 2024, CMC SERVICED OVER 25,200 INPATIENTS, DELIVERED OVER 1,900 BABIES, PROVIDED APPROXIMATELY 160,960 OUTPATIENT VISITS FOR DIAGNOSTIC AND TREATMENT SERVICES AND APPROXIMATELY 77,000 EMERGENCY DEPARTMENT VISITS.

CMC HAS JOINT COMMISSION TRIENNIAL RE-ACCREDITATION FOR HOSPITALS AND HAS BEEN RECOGNIZED WITH DISTINGUISHED AWARDS FOR CLINICAL EXCELLENCE.

- ACCREDITATION BY JOINT COMMISSION WITH CORE CERTIFICATION IN TOTAL JOINT REPLACEMENT-HIP AND TOTAL JOINT REPLACEMENT-KNEE AND ADVANCED CERTIFICATION IN PRIMARY STROKE CENTER.

- DESIGNATED PRIMARY STROKE CENTER WITH NEW JERSEY DEPARTMENT OF HEALTH.

- RECEIVED A LEAPFROG SAFETY GRADE OF "A" FOR 2024.

- ACHIEVED LEVEL 10 MOST WIRED RECOGNITION FROM CHIME IN 2024.

- ACCREDITED AS A METABOLIC AND BARIATRIC SURGERY ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM, ADMINISTERED BY THE AMERICAN COLLEGE OF SURGEONS AND THE AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY

- RECEIVED A "B" FROM THE LOWN HOSPITAL INDEX AND WAS IN TOP 20 HOSPITALS IN THE STATE FOR INCLUSIVITY AND PATIENT SAFETY.

- DESIGNATION AS AN LGBTQ HEALTHCARE EQUALITY LEADER FROM THE HUMAN RIGHTS CAMPAIGN FOUNDATION, 2024

- PLATINUM RECOGNITION PARTNERSHIP FOR DONATION CAMPAIGN, RECOGNIZED FOR RAISING ORGAN AND TISSUE DONATION AWARENESS 2024.

- RECEIVED HEALTHGRADES RECOGNITION AS ONE OF AMERICA'S 50 BEST HOSPITALS FOR SURGICAL EXCELLENCE AWARD (2024, 2025) AND GYNECOLOGICAL SURGERY EXCELLENCE AWARD (2023).

- 2023 HEALTHGRADES RATING OF SAFETY AS BETTER THAN EXPECTED FOR PRESSURE SORES OR BED SORES ACQUIRED IN THE HOSPITAL, COLLAPSED LUNG DUE TO A PROCEDURE OR SURGERY IN OR AROUND THE CHEST, IN-HOSPITAL FALL ASSOCIATED FRACTURE RATE, BREAKDOWN OF ABDOMINAL INCISION SITE AND DEEP BLOOD CLOTS IN THE LEGS FOLLOWING SURGERY.

- RECOGNIZED NATIONALLY FOR EXCELLENT PERFORMANCE IN QUALITY AND PATIENT

SAFETY BY HEALTHGRADES AND IS A FIVE-STAR RECIPIENT FOR COMPLICATION-BASED RATINGS FOR APPENDECTOMY, HYSTERECTOMY, C-SECTION DELIVERY, VAGINAL DELIVERY, HIP FRACTURE TREATMENT, HIP REPLACEMENT AND TOTAL KNEE REPLACEMENT.

- ACCREDITED AS A CENTER OF EXCELLENCE IN ROBOTIC SURGERY BY THE SURGICAL REVIEW CORPORATION (SRC) IN ROBOTIC SURGERY, A NONPROFIT, PATIENT SAFETY ORGANIZATION THAT DEVELOPS AND ADMINISTERS BEST-IN-CLASS ACCREDITATION PROGRAMS FOR MEDICAL PROFESSIONALS, SURGEONS, HOSPITALS, AND FREESTANDING OUTPATIENT FACILITIES THROUGHOUT THE WORLD.

- ACCREDITED BY THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS, A PROGRAM ADMINISTERED BY THE AMERICAN COLLEGE OF SURGEONS AND IS THE FIRST ACCREDITED PROGRAM IN OCEAN AND ATLANTIC COUNTIES.

- ACCREDITED BY THE NATIONAL ACCREDITATION PROGRAM FOR RECTAL CANCER, A QUALITY PROGRAM OF THE AMERICAN COLLEGE OF SURGEONS

- DESIGNATED AS A BREAST CENTER OF EXCELLENCE BY THE AMERICAN COLLEGE OF RADIOLOGY

- DESIGNATED AS A LEVEL 3 EPILEPSY CENTER BY THE NATIONAL ASSOCIATION OF EPILEPSY CENTERS

COOPERMAN BARNABAS MEDICAL CENTER ("CBMC")

IN SEPTEMBER 2021, SAINT BARNABAS MEDICAL CENTER ANNOUNCED THAT THE HOSPITAL WILL BE RENAMED THE COOPERMAN BARNABAS MEDICAL CENTER (CBMC) IN HONOR OF DONORS LEON AND TOBY COOPERMAN. THE HOSPITAL WANTED TO HONOR AND RECOGNIZE THE COOPERMAN FAMILY FOUNDATION $100 MILLION DONATION -THE LARGEST MONETARY CONTRIBUTION EVER PROVIDED TO A HOSPITAL IN NEW JERSEY-- IN SUPPORT OF ITS HEALTHCARE INITIATIVES.

CBMC IS LOCATED IN THE TOWN OF LIVINGSTON ALONG THE BORDER WEST ORANGE, WITHIN ESSEX COUNTY, NEW JERSEY. ESSEX COUNTY IS THE THIRD MOST POPULOUS COUNTY IN NEW JERSEY, AND ITS POPULATION GREW 10.2% FROM 2010 TO 2020, THE THIRD HIGHEST COUNTY GROWTH RATE IN THE STATE. THE 2024 ESTIMATES SUGGEST FURTHER GROWTH OF 2.2% FROM 2020 TO 2024. THERE ARE 22 MUNICIPALITIES IN ESSEX COUNTY WITH THE WESTERN PARTS ENCOMPASSING MORE AFFLUENT AND SUBURBAN POPULATIONS, WHILE THE EASTERN REGION OF THE COUNTY CONTAINS MORE URBANIZED, IMPOVERISHED INNER CITY COMMUNITIES (FOUR DESIGNATED URBAN ENTERPRISE ZONES - NEWARK, EAST ORANGE, ORANGE AND IRVINGTON). NEWARK IS RANKED AS ONE OF THE POOREST PLACES IN THE COUNTY AND IS LOCATED LESS THAN TEN MILES FROM ESSEX FELLS WHICH HAS ONE OF THE HIGHEST PER CAPITA INCOMES IN THE STATE. LIVINGSTON, SOUTH ORANGE AND SHORT HILLS HAVE SOME OF THE HIGHEST PERCENTAGE OF JEWISH POPULATIONS FOR MUNICIPALITIES IN THE U.S., AND BELLEVILLE AND BLOOMFIELD MAINTAIN A STRONG ITALIAN AMERICAN POPULATION.

Name of the organization
RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number
85-1296795

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

LIVINGSTON IS THE 78TH LARGEST MCD/PLACE IN NEW JERSEY AND IS ESTIMATED TO HAVE INCREASED 6.9% IN ITS POPULATION FROM 2010 TO 2020. THE TOWNSHIP IS ESTIMATED TO HAVE GROWN 2.6% FROM 2020 TO 2024. IT IS COMPRISED OF APPROXIMATELY 43% MINORITY POPULATION AND 30.1% OF PERSONS WERE FOREIGN BORN. NEARLY 37.2% OF ITS POPULATION OVER 5 YEARS IS ESTIMATED TO SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. ONLY 2.2% OF PERSONS ARE ESTIMATED TO BE IN POVERTY AND LESS THAN 1% OF PERSONS UNDER AGE 65 LACK HEALTH INSURANCE. WEST ORANGE, THE 44TH LARGEST MCD/PLACE IS ESTIMATED TO HAVE INCREASED 5.7% IN ITS POPULATION FROM 2010 TO 2020, WITH A SLIGHT INCREASE OF LESS THAN 1% GROWTH ESTIMATED FOR THE POPULATION FROM 2020 TO 2024. WEST ORANGE IS COMPRISED OF 58% MINORITY POPULATION AND 27.6% OF PERSONS WERE FOREIGN BORN. APPROXIMATELY 32.1% OF ITS POPULATION IS ESTIMATED TO SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. PERSONS IN POVERTY ARE ESTIMATED AT 7.2% OF THE POPULATION AND 8.5% OF PERSONS UNDER AGE 65 ARE ESTIMATED TO LACK HEALTH INSURANCE.

THE 597-BED TEACHING INSTITUTION CARED FOR OVER35,000 INPATIENTS AND OVER 100,000 EMERGENCY DEPARTMENT ADULT AND PEDIATRIC PATIENTS DURING 2024. THE HOSPITAL DELIVERED OVER 6,100 BABIES FOR MOTHERS COMING FROM NEARLY EVERY COUNTY IN THE STATE. CBMC ALSO SERVED APPROXIMATELY 244,709 OUTPATIENT VISITS. CBMC IS COMMITTED TO SERVICE FOR ITS COMMUNITIES BOTH WITHIN THE INNER CITY AND THE SUBURBAN AREAS, WITH AWARENESS TO THE GROWING ASIAN AND HISPANIC POPULATIONS, AS WELL AS COMMUNITIES OF COLOR WITHIN ITS SERVICE AREA. IN 2024, MINORITIES/NONWHITE/OTHER POPULATIONS

REPRESENTED APPROXIMATELY 50.2% OF CBMC'S PATIENTS, AND MORE THAN 21.9% OF ITS PATIENTS ARE OF UNDERINSURED AND UNINSURED PAYER CATEGORIES. MEDICARE REPRESENTS AN ADDITIONAL 41.2% OF PATIENTS.

CBMC IS ACCREDITED BY THE JOINT COMMISSION HAS EARNED MANY CERTIFICATIONS AND ACCREDITATIONS AND BEEN THE RECIPIENT OF NUMEROUS AWARDS AND HONORS INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING:

- ACCREDITATION BY JOINT COMMISSION WITH CORE CERTIFICATION IN HEART FAILURE, TOTAL JOINT REPLACEMENT-HIP AND TOTAL JOINT REPLACEMENT-KNEE AND CARDIAC REHABILITATION AND ADVANCED CERTIFICATION IN ADVANCED COMPREHENSIVE STROKE CENTER AND ADVANCED PALLIATIVE CARE.

- HEALTHGRADES 2024 RECIPIENT FOR AMERICA'S 250 BEST HOSPITAL AWARD, 100 BEST CARDIAC CARE AWARD AND AMERICA'S 100 BEST HOSPITALS FOR GASTROINTESTINAL SURGERY AND AMERICA'S 100 BEST HOSPITALS FOR PULMONARY CARE AWARD, CRANIAL NEUROSURGERY EXCELLENCE AWARD, CRITICAL CARE EXCELLENCE AWARD, GASTROINTESTINAL CARE EXCELLENCE AWARD.

- RECOGNIZED BY HEALTHGRADES AS PERFORMING BETTER THAN EXPECTED FOR MORTALITY-BASED RATINGS FOR HEART FAILURE, HEART ATTACK, SEPSIS, PULMONARY EMBOLISM, RESPIRATORY FAILURE-30 DAYS, COLORECTAL SURGERIES-30 DAYS, GASTROINTESTINAL BLEED-30 DAS, UPPER GASTROINTESTINAL SURGERY-30 DAYS, VAGINAL DELIVERIES, STROKE 30-DAY, AND PNEUMONIA-30 DAYS.

- U.S. NEWS & WORLD REPORT 2024-2025 RATE CBMC AS A HIGH PERFORMER FOR LEUKEMIA, LYMPHOMA AND MYELOMA, COLON CANCER SURGERY, HEART FAILURE, MATERNITY CARE (UNCOMPLICATED PREGNANCY), KIDNEY FAILURE, AND PNEUMONIA.

- MAGNET RECOGNITION FROM THE AMERICAN NURSES CREDENTIALING CENTER FOR NURSING EXCELLENCE.

- RECOGNIZED AS A "LEADER IN LGBTQ HEALTHCARE EQUALITY" BY THE HUMAN RIGHTS CAMPAIGN (HRC) FOUNDATION, THE EDUCATIONAL ARM OF THE COUNTRY'S LARGEST LESBIAN, GAY, BISEXUAL, AND TRANSGENDER CIVIL RIGHTS ORGANIZATION, FOR FIVE CONSECUTIVE YEARS.

- ACHIEVED LEVEL 10 MOST WIRED RECOGNITION FROM CHIME IN 2024.

- LOWN INSTITUTE RANKED CBMC AN ("A") FOR COST EFFICIENCY AND FOR PATIENT SAFETY.

- THREE-YEAR APPROVAL FOR THE CANCER CENTER FROM THE AMERICAN COLLEGE OF SURGEONS (ACS) COMMISSION ON CANCER. AN ACS ACCREDITED COMPREHENSIVE BARIATRIC SURGERY CENTER INCLUSIVE OF ADOLESCENT SERVICES AND AN ACCREDITED BREAST CENTER.

- DESIGNATED LEVEL 4 EPILEPSY CENTER BY THE NATIONAL ASSOCIATION OF EPILEPSY CENTERS AND LEVEL 3 PEDIATRIC EPILEPSY CENTER.

- AMERICAN BURN ASSOCIATION IN CONJUNCTION WITH THE AMERICAN COLLEGE OF SURGEONS BURN CENTER VERIFICATION.

- CARDIAC REHABILITATION PROGRAM ACCREDITED/CERTIFIED BY THE AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION.

- RADIATION ONCOLOGY SERVICES ACCREDITED/CERTIFIED BY THE AMERICAN COLLEGE OF RADIOLOGY AND THE AMERICAN COLLEGE OF RADIATION ONCOLOGY.

- FORBES BEST EMPLOYERS BY STATE FOR NEW JERSEY 2024.

- LEAPFROG GRADE OF B FOR 2024.

JERSEY CITY MEDICAL CENTER ("JCMC")

JERSEY CITY MEDICAL CENTER IS 352- BED LICENSED GENERAL ACUTE CARE HOSPITAL LOCATED IN JERSEY CITY, THE POPULATION CENTER OF HUDSON COUNTY, AND COMPRISES OVER 41% OF THE COUNTY'S POPULATION IN 2023, ESTIMATED TO HAVE GROWN OVER 44,800 PEOPLE FROM 2010 TO 2020. HUDSON COUNTY IS ESTIMATED TO HAVE THE LARGEST POPULATION GROWTH IN THE STATE SINCE 2010, ADDING OVER 90,500 PEOPLE. RECENT 2024 DATA, ESTIMATES SUGGEST A 3.4% POPULATION INCREASE BETWEEN 2020 TO 2024, GROWING TO A POPULATION SIZE OF NEARLY 303,000 PERSONS. JERSEY CITY WAS THE SECOND MOST POPULOUS PLACE IN NEW JERSEY IN 2023 (ASC 5-YEAR ESTIMATES) AND HAD THE HIGHEST INCREASE IN

POPULATION NUMBERS OF NEW JERSEY'S PLACES AND TOWNS FROM 2010 TO 2020. FOUR HUDSON COUNTY INCORPORATED PLACES ARE IN THE TOP 10 PLACES OF GROWTH IN NEW JERSEY FROM 2010 TO 2020, WITH A FIFTH TOWN IN 11TH PLACE. CENSUS ESTIMATES FOR 2024 SUGGEST A POPULATION GAIN OF APPROXIMATELY 10,000 PERSONS FROM 2020 TO 2024. JERSEY CITY'S POPULATION IS ESTIMATED AS THE POPULATION BEING NEARLY 76% MINORITY AND NEARLY 41.2% FOREIGN-BORN (2019-2023 ACS ESTIMATE). IN ADDITION, NEARLY 16% OF PERSONS IN THE CITY ARE ESTIMATED TO BE IN POVERTY CONTRASTED TO THE COUNTY WITH15%, AND STATE WITH 9.7%. FURTHER, 9.1% OF PERSONS IN JERSEY CITY UNDER AGE 65 ARE ESTIMATED TO NOT HAVE HEALTH INSURANCE.

WITH A LOCATION ACROSS THE RIVER FROM NEW YORK CITY, JERSEY CITY HAS A FAST-EXPANDING SKYLINE, AND ITS RAPID REVITALIZATION OF THE CITY IS SUPPORTED BY AN INTEGRATED TRANSPORTATION SYSTEM INCLUDING A PORT OF ENTRY WITH MILES OF WATERFRONT AND SIGNIFICANT RAIL CONNECTIONS. JERSEY CITY'S ECONOMIC SPHERE IS ONE OF THE FASTEST-GROWING AS MORE FORTUNE-500 CORPORATIONS SUCH AS CHASE MANHATTAN BANK, LEHMAN BROTHERS, MERRILL LYNCH, CHARLES SCHWAB, CONTINUE TO BRING THEIR BUSINESSES TO THE AREA. JERSEY CITY INCLUDES MOST OF ELLIS ISLAND AND IT HAS ONE OF THE MOST DIVERSE POPULATIONS IN THE UNITED STATES, AND IS HOST TO AN ARRAY OF ETHNICITIES AND CULTURES INCLUDING COMMUNITIES OF JEWISH, ITALIAN, CUBAN, FILIPINO, POLISH, INDIAN, IRISH, PUERTO RICAN, DOMINICAN, AFRICAN, ARAB, AND ASIAN DESCENT. IT IS RANKED AS THE MOST DIVERSE OR ONE OF THE MOST DIVERSE CITIES IN THE COUNTRY BY MULTIPLE ORGANIZATIONS (NICHE, WALLETHUB, QUICKEN LOANS). ACCORDING TO THE CENSUS COMMUNITY SURVEY,

NEARLY 51% OF THE POPULATION AGED 5 AND OLDER IS ESTIMATED TO SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME.

JCMC SERVES AREAS THAT INCLUDE MEDICALLY UNDERSERVED AREA/POPULATION (MUA/MUP) DESIGNATIONS AND STATE DESIGNATION AS MEDICALLY UNDERINSURED AND IS AN URBAN ENTERPRISE ZONE (UEZ) BY THE STATE OF NEW JERSEY. HUDSON COUNTY HAS AREAS OF HIGH UNEMPLOYMENT AND POVERTY RATIOS COMPARED TO STATE AND LOCAL AVERAGES. HOUSEHOLDS IN THE ECONOMIC CENSUS REFLECT LOWER MEDIAN HOUSEHOLD INCOMES IN JERSEY CITY THAN IN THE STATE.

IN 2024, JCMC ADMITTED OVER 20,000 INPATIENTS AND PROVIDED NEARLY 214,000 OUTPATIENT VISITS AND OVER 107,000 EMERGENCY DEPARTMENT VISITS. THE HOSPITAL DELIVERED OVER 2,200 BABIES. JCMC IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO ITS DIVERSE COMMUNITIES INCLUDING THE MANY WHO ARE FINANCIALLY CHALLENGED; SERVING A PATIENT POPULATION COMPRISED OF 68.9% MINORITY/NONWHITE PERSONS AND OVER 43.3% UNDERINSURED AND UNINSURED PAYER CLASSIFICATIONS IN 2024. MEDICARE REPRESENTS AN ADDITIONAL 23.7% OF THE INPATIENTS BY PAYER CLASSIFICATION.

JCMC IS A DNV (WHICH STANDS FOR DET NORSKE VERITAS) FULLY ACCREDITED HOSPITAL AND HAS BEEN RECOGNIZED FOR ITS EXCELLENCE IN PROVIDING CARE AND SUPPORT FOR THE HEALTH AND WELLNESS OF OUR COMMUNITY. DNV IS RECOGNIZED BY MEDICARE FOR THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS (NIAHO) HOSPITAL ACCREDITATION PROGRAM. THE FOLLOWING IS A LISTING OF AWARDS AND DESIGNATIONS RECENTLY RECEIVED BY THE JERSEY CITY MEDICAL CENTER IN

RECOGNITION OF ITS SERVICE TO THE COMMUNITY.

- THE HOSPITAL WAS CERTIFIED BY DNV GL - WITH ISO 9001 CERTIFICATION IN RECOGNITION OF THE HOSPITAL'S QUALITY PROGRAM AND FOR INPATIENT AND OUTPATIENT SERVICES.

- RECEIVED DNV PRIMARY STROKE CENTER CERTIFICATION, AFFIRMING THE HOSPITAL'S READINESS TO HANDLE A FULL RANGE OF STROKE-RELATED MEDICAL PROBLEMS. ALSO DESIGNATED BY THE STATE AS A PRIMARY STROKE CENTER.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

- THE ORTHOPEDIC CENTER AT JCMC WAS RECOGNIZED AS A DNV GL HEALTHCARE CERTIFIED HIP & KNEE REPLACEMENT PROGRAM, VALIDATING THE HOSPITAL'S EXCELLENCE ACROSS THE SPECTRUM OF HIP AND KNEE REPLACEMENT CARE, FROM DIAGNOSIS TO TREATMENT, REHABILITATION, EDUCATION, AND OUTCOMES.

- RECEIVED THE MAGNET HOSPITAL DESIGNATION FOR FOUR CONSECUTIVE TIMES, MEETING RIGOROUS STANDARDS FOR NURSING EXCELLENCE.

- HEALTHGRADES CORONARY INTERVENTION EXCELLENCE AWARD FOR 2024.

- AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER ACCREDITED SITE AND A VERIFIED TRAUMA CENTER (LEVEL 2).

- DESIGNATED AS LGBTQ HEALTHCARE EQUALITY LEADER IN 2014 AND

RE-DESIGNATED EVERY YEAR, MOST RECENTLY IN 2024, BY THE HUMAN RIGHTS CAMPAIGN (HRC) FOUNDATION.

- RANKED AS "HIGH PERFORMING" IN HEART FAILURE BY U.S. NEWS & WORLD REPORT.

- ACHIEVED LEVEL 10 MOST WIRED RECOGNITION FROM CHIME IN 2021.

- RECEIVED AN "A" FROM THE LOWN HOSPITAL INDEX FOR COMMUNITY BENEFIT, EQUITY AND INCLUSIVITY AND WAS IN TOP 10 HOSPITALS IN THE STATE FOR COMMUNITY BENEFIT.

- THE LEAPFROG GROUP HAS AWARDED JCMC A 'B' GRADING FOR QUALITY AND PATIENT SAFETY.

- OPERATED THE FIRST EMS SERVICE IN THE U.S. TO EARN TRIPLE ACCREDITATION IN DISPATCH, EDUCATION, AND EMERGENCY MEDICAL SERVICE.

- RECEIVED THE PRESTIGIOUS BABY-FRIENDLY DESIGNATION IN 2024, A DISTINGUISHED HONOR THAT DEMONSTRATES THAT JERSEY CITY MEDICAL CENTER ADHERES TO THE HIGHEST STANDARDS OF CARE FOR BREASTFEEDING MOTHERS AND THEIR BABIES. THESE STANDARDS ARE BUILT ON THE TEN STEPS TO SUCCESSFUL BREASTFEEDING, A SET OF EVIDENCE-BASED PRACTICES RECOMMENDED BY THE WORLD HEALTH ORGANIZATION (WHO) AND THE UNITED NATIONS CHILDREN'S FUND (UNICEF) FOR OPTIMAL INFANT FEEDING SUPPORT IN THE PRECIOUS FIRST DAYS OF A

NEWBORN'S LIFE.

MONMOUTH MEDICAL CENTER ("MMC") AND MONMOUTH MEDICAL CENTER-SOUTHERN CAMPUS ("MMC-SC")

MMC IS A 514-BED TEACHING HOSPITAL LOCATED IN LONG BRANCH, MONMOUTH COUNTY, NEW JERSEY. MONMOUTH COUNTY IS THE NORTHERNMOST COUNTY ON THE JERSEY SHORE AND IS IN CLOSE PROXIMITY TO NEW YORK CITY WITH THE SIXTH LARGEST TOTAL POPULATION IN THE STATE ACCORDING TO 2024 CENSUS ESTIMATES. MONMOUTH COUNTY IS HOME TO IMMIGRANT POPULATIONS OF ITALIAN, GERMAN AND POLISH, WITH A LARGE IRISH AMERICAN POPULATION AND A RAPIDLY GROWING ASIAN PRESENCE. LONG BRANCH CITY IS THE 29TH LARGEST PLACE LOCATION IN THE STATE AND HAS BEEN DESIGNATED AS A MUA/MUP BY THE HRSA OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES. CONTINUED GROWTH IS ESTIMATED FOR THE CITY WITH CENSUS ESTIMATES PLACING FURTHER GROWTH AT NEARLY 5% FROM 2020 TO 2024.

LONG BRANCH IS OVER 46.7% MINORITY PRESENCE WITH OVER 26.3% OF POPULATION ARE FOREIGN BORN. OVER 35.5% OF POPULATIONS AGED 5 OR OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. OVER 16% OF PERSONS ARE ESTIMATED TO BE IN POVERTY WITH 20.4% OF PERSONS UNDER AGE 65 WITHOUT HEALTH INSURANCE.

THE INSTITUTION PROVIDES A BROAD SPECTRUM OF SERVICES, SERVING THE LIFESPAN RANGING FROM HIGH-RISK NEONATOLOGY TO GERIATRIC CARE. ADMISSIONS TOTAL OVER 23,000ANNUALLY, INCLUDING OVER 5,900 BIRTHS, AND APPROXIMATELY 154,068 OUTPATIENT VISITS AND OVER 45,500 EMERGENCY VISITS. BETWEEN THE RESIDENTS AND THE SUMMERTIME SHORE VISITORS, MMC IS COMMITTED TO SERVICE ITS DIVERSE PATIENT POPULATION WITH OVER 27% OF ITS PATIENTS COMPRISED OF MINORITY/NONWHITE/OTHER POPULATIONS AND ABOUT 29% OF PATIENTS IN UNDERINSURED AND UNINSURED PAYER GROUPS IN 2024. MEDICARE REPRESENTS AN ADDITIONAL 33.6% OF PATIENTS SERVED.

MMC, A FULLY ACCREDITED HOSPITAL AND BEHAVIORAL HEALTH CARE PROVIDER, IS THE RECIPIENT OF NUMEROUS AWARDS AND HONORS INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING:

- ACCREDITATION BY JOINT COMMISSION WITH CORE CERTIFICATION IN TOTAL JOINT REPLACEMENT-HIP AND TOTAL JOINT REPLACEMENT-KNEE AND SPINE SURGERY, AND ADVANCED CERTIFICATION IN PRIMARY STROKE CENTER. MMC IS ADDITIONALLY ACCREDITED FOR BEHAVIORAL HEALTH CARE AND HUMAN SERVICES.

- REDESIGNATED AS A MAGNET-RECOGNIZED HOSPITAL BY THE AMERICAN NURSES CREDENTIALING CENTER WITH ADDITIONAL HONORS OF MAGNET WITH DISTINCTION.

- PTAP ACCREDITATION BY THE AMERICAN NURSES CREDENTIALING CENTER'S COMMISSION ON ACCREDITATION IN PRACTICE TRANSITION PROGRAMS REVIEWED MMC'S APPLICATION FOR ACCREDITATION AS A PRACTICE TRANSITION PROGRAM THE

HOSPITAL'S NEW GRADUATE RESIDENCY PROGRAM WAS AWARDED ACCREDITATION WITH DISTINCTION, THE HIGHEST RECOGNITION AWARDED BY THE AMERICAN NURSES CREDENTIALING CENTER'S ACCREDITATION PROGRAM.

- ACCREDITED BY THE FORUM FOR SHARED GOVERNANCE JOINING THE 90+ ORGANIZATIONS INTERNATIONALLY WHO STRIVE TO ELEVATE NURSING WITHIN THEIR ORGANIZATIONS.

- HEALTHGRADES LABOR AND DELIVERY EXCELLENCE AWARD (2019-2023) AND OBSTETRICS AND GYNECOLOGY EXCELLENCE AWARD (2019-2023).

- HEALTHGRADES BETTER THAN EXPECTED PERFORMANCE FOR VAGINAL DELIVERIES.

- PLATINUM RECOGNITION PARTNERSHIP FOR DONATION CAMPAIGN, RECOGNIZED FOR RAISING ORGAN AND TISSUE DONATION AWARENESS 2024.

- NAMED ONE OF THE WORLD'S BEST HOSPITALS BY NEWSWEEK MAGAZINE IN 2024.

- NAMED TO NEWSWEEK'S LIST OF BEST MATERNITY CARE HOSPITALS FOR THREE CONSECUTIVE YEARS.

- AMONG 11 NJ HOSPITALS RECOGNIZED BY BECKER'S HOSPITAL REVIEW'S "153 GREAT COMMUNITY HOSPITALS."

- EARNED AN "A" SCORE IN HOSPITAL SAFETY BY THE LEAPFROG GROUP.

- LGBTQ HEALTHCARE EQUALITY LEADER IN LGBTQ HEALTHCARE EQUALITY.

- DESIGNATED AS A COMPREHENSIVE CANCER PROGRAM AND BARIATRIC SURGERY CENTER BY THE AMERICAN COLLEGE OF SURGEONS.

- A TOP NEW JERSEY HOSPITAL IN THE U.S. NEWS & WORLD REPORT RANKINGS. RECOGNIZED AS HIGH PERFORMER FOR LEUKEMIA, LYMPHOMA & MYELOMA, COLON CANCER SURGERY, DIABETES, MATERNITY CARE (UNCOMPLICATED PREGNANCY), KIDNEY FAILURE, AND HIP AND KNEE REPLACEMENT.

- RECEIVED AN "A" FROM THE LOWN HOSPITAL INDEX FOR SOCIAL RESPONSIBILITY, VALUE, COST EFFICIENCY, OUTCOMES, COMMUNITY BENEFIT AND FOR PATIENT SAFETY. FOR PATIENT SAFETY THEY WERE THE NUMBER 1 HOSPITAL IN THE STATE.

- JACQUELINE M. WILENTZ COMPREHENSIVE BREAST CENTER IS THE FIRST IN THE REGION TO BE DESIGNATED A CERTIFIED QUALITY BREAST CENTER OF EXCELLENCE, THE HIGHEST RECOGNITION ATTAINABLE FROM THE NATIONAL QUALITY MEASURES FOR BREAST CENTERS AND IS A RECIPIENT OF THE WOMEN'S CHOICE AWARD AS ONE OF AMERICA'S BEST BREAST CENTERS.

- ACHIEVED LEVEL 10 MOST WIRED RECOGNITION FROM CHIME IN 2024.

- DESIGNATED AS A NICHE (NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDERS) HOSPITAL.

MONMOUTH MEDICAL CENTER-SOUTHERN CAMPUS ("MMC-SC")

MMC-SC IS A 241-BED FULLY ACCREDITED ACUTE CARE HOSPITAL LOCATED IN LAKEWOOD, OCEAN COUNTY, NEW JERSEY. OCEAN COUNTY IS THE SECOND LARGEST COUNTY IN THE STATE IN TERMS OF GEOGRAPHIC SIZE AND HAS THE FIFTH LARGEST TOTAL POPULATION SIZE IN THE STATE. SENIORS AGED 65 AND OLDER COMPRISE OVER 23% OF THE COUNTY'S POPULATION. THE STATE AND US PERCENTAGE FOR SENIORS IS AROUND 17.7%.

LAKEWOOD HAS BEEN IDENTIFIED AS ONE OF THE FASTEST-GROWING TOWNSHIPS IN NEW JERSEY DURING THE PAST DECADE (WITH 45% GROWTH) AND IS RANKED THE 4TH MOST POPULOUS PLACE/MCD IN THE STATE ACCORDING TO 2022 CENSUS ESTIMATES, RANKING LARGEST NUMBER OF PERSONS INCREASED FROM 2020 TO 2022 THE LOCATION OF MMCSC IS WITHIN A DESIGNATED MUA/MUP BY THE HEALTH RESOURCES AND SERVICE ADMINISTRATION (HRSA) BRANCH OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES AND AN URBAN ENTERPRISE ZONE (UEZ) BY THE STATE OF NEW JERSEY. LAKEWOOD TOWNSHIP IS ALSO ONE OF THE HUBS OF ORTHODOX JUDAISM AND IS HOME TO ONE OF THE LARGEST YESHIVAS IN THE WORLD. THE LARGE ORTHODOX POPULATION COMPRISES NEARLY HALF OF THE TOWNSHIP'S POPULATION.

FIFTEEN PERCENT (17.7%) OF LAKEWOOD IS COMPRISED OF MINORITY POPULATIONS. OVER 9.3% OF PERSONS ARE FOREIGN BORN AND 27.5% OF PERSONS AGED 5 AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. OVER 29.3% OF

LAKEWOOD PERSONS ARE ESTIMATED TO BE IN POVERTY AND 5.2% OF PERSONS UNDER AGED 65 ARE WITHOUT HEALTH INSURANCE.

MMCSC IS COMMITTED TO ITS SERVICE OF ITS DIVERSE COMMUNITIES IN THE COUNTY, WITH A PROPORTIONALLY HIGHER MIX OF ELDERLY AND UNINSURED/ UNDERINSURED. AS A RESULT, IN 2024, MMCSC'S PATIENTS WERE COMPRISED OF 25.5% MINORITY/NONWHITE/OTHER POPULATIONS AND NEARLY 35.4% OF PATIENTS ARE OF UNDERINSURED/UNINSURED PAYOR CATEGORIES. MEDICARE COMPRISES AN ADDITIONAL 38.4% OF PATIENTS' PAYER CLASSIFICATION. DURING 2024, MMC-SC SERVICED OVER 6,100 INPATIENTS, OVER 59,000 OUTPATIENT VISITS WITH 28,000 EMERGENCY VISITS. IN 2024, 38.4% WERE COMPRISED OF A MEDICARE PAYOR AND 35.4% OF THE PAYOR MIX WAS COMPRISED OF UNDERINSURED AND UNINSURED.

MMC-SC'S LAKEWOOD CAMPUS IS ACCREDITED BY THE JOINT COMMISSION AND HAS ALSO BEEN RECOGNIZED WITH DISTINGUISHED AWARDS FOR CLINICAL EXCELLENCE INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING:

- ACCREDITATION BY JOINT COMMISSION WITH ADVANCED CERTIFICATION IN PRIMARY STROKE CENTER.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

- RECEIVED AN "A" FROM THE LOWN HOSPITAL INDEX FOR SOCIAL RESPONSIBILITY INCLUDING EQUITY, COMMUNITY BENEFIT, INCLUSIVITY AND COST EFFICIENCY.

- EARNED A GRADE "A" SCORE IN HOSPITAL SAFETY BY THE LEAPFROG GROUP FOR

2024.

- DESIGNATION AS A NICHE (NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDERS) HOSPITAL.

- AWARDED A GOLD SEAL OF ACCREDITATION IN ULTRASOUND, MRI, NUCLEAR MEDICINE, PET AND A DESIGNATED LUNG SCREENING CENTER BY THE AMERICAN COLLEGE OF RADIOLOGY.

- MRI, NUCLEAR MEDICINE AND CT ACCREDITATION BY THE AMERICAN COLLEGE OF RADIOLOGY.

- INTERSOCIETAL ACCREDITATION COMMISSION IN ECHOCARDIOGRAPHY IN ADULT TRANSTHORACIC AND ADULT TRANSESOPHAGEAL.

- PLATINUM RECOGNITION PARTNERSHIP FOR DONATION CAMPAIGN, RECOGNIZED FOR RAISING ORGAN AND TISSUE DONATION AWARENESS 2024.

- ACHIEVED LEVEL 10 MOST WIRED RECOGNITION FROM CHIME IN 2024.

NEWARK BETH ISRAEL MEDICAL CENTER ("NBIMC")

NEWARK BETH ISRAEL MEDICAL CENTER ("NBIMC"), A 653-BED TEACHING HOSPITAL ESTABLISHED IN 1901, PROVIDES COMPREHENSIVE HEALTHCARE SERVICES TO ITS

LOCAL COMMUNITIES AND IS A MAJOR REFERRAL AND TREATMENT CENTER FOR PATIENTS THROUGHOUT THE NORTHERN NEW JERSEY METROPOLITAN AREA. NBIMC IS LOCATED IN THE CITY OF NEWARK, THE SEAT OF ESSEX COUNTY. NEWARK IS THE 66TH LARGEST INCORPORATED PLACE IN THE UNITED STATES ACCORDING TO 2022 CENSUS ESTIMATES AND IT IS NEW JERSEY'S LARGEST, AND AMONGST THE STATE'S MOST DIVERSE, CITIES. NEWARK IS ESTIMATED TO HAVE HAD THE 3RD HIGHEST INCREASE IN POPULATION NUMBERS OF MCD/TOWNSHIPS, WITH 12.2% GROWTH FROM 2010 TO 2020. THE CITY IS ESTIMATED TO HAVE INCREASED ANOTHER 1,8% FROM 2020 TO 2024. IT IS HOME TO A MAJOR INTERNATIONAL AIRPORT, CONNECTS TO MAJOR ROADWAYS AND ADJACENT TO MAJOR SHIPPING YARDS. DUE TO THE NATURE OF ITS LOCATION, NBIMC IS A MAJOR REFERRAL TREATMENT CENTER TO VARIOUS DIVERSE COMMUNITIES, WITH THE MAJORITY OF THE RACIAL MAKEUP OF THE CITY BEING PREDOMINANTLY MINORITY. NEWARK IS SURROUNDED BY RESIDENTIAL SUBURBS TO THE WEST, DENSE URBAN AREAS TO BOTH THE SOUTH AND EAST, AND MIDDLE-CLASS RESIDENTIAL SUBURBS AND INDUSTRIAL AREAS TO THE NORTH.

NBIMC SERVES AREAS THAT INCLUDE MUA/MUP DESIGNATIONS AND STATE DESIGNATION AS MEDICALLY UNDERINSURED AND NEWARK IS AN UEZ BY THE STATE OF NEW JERSEY. NEWARK HAS HIGH UNEMPLOYMENT AND POVERTY RATIOS COMPARED TO STATE AND LOCAL AVERAGES; NEARLY 25% OF PERSONS WERE ESTIMATED TO BE IN POVERTY. NEARLY 35% OF PERSONS ARE FOREIGN BORN AND 91% OF NEWARK'S POPULATION IS MINORITY. APPROXIMATELY 50% OF PERSONS AGED 5 AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. IT IS ESTIMATED THAT 21% OF PERSONS UNDER THE AGE OF 65 LACK HEALTH INSURANCE. THE POPULATION IN NEWARK IS YOUNGER WITH ONLY 10.9% OF THE POPULATION AGED 65 OR OLDER,

CONTRASTED WITH NEARLY 14.7% FOR THE COUNTY AND 17.7% FOR THE STATE PER 2024 CENSUS DATA.

IN 2024, NBIMC HAD OVER 21,000 INPATIENT ADMISSIONS, AROUND 2,800 BIRTHS, OVER280,000 OUTPATIENT CASES AND OVER 97,000 EMERGENCY VISITS. NBIMC IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO ITS CHALLENGED COMMUNITIES; SERVING A PATIENT POPULATION COMPRISED OF NEARLY 81% MINORITY/NONWHITE/OTHER REPRESENTATION AND OVER 58.9% UNDERINSURED AND UNINSURED PAYER CLASSIFICATIONS IN 2024. MEDICARE REPRESENTS AN ADDITIONAL 21.1% OF THE PATIENTS BY PAYER CLASSIFICATION.

NBIMC, A JOINT COMMISSION ACCREDITED HOSPITAL AND BEHAVIORAL HEALTH PROVIDER, IS THE RECIPIENT OF NUMEROUS AWARDS AND HONORS INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING:

- ACCREDITATION BY JOINT COMMISSION WITH ADVANCED CERTIFICATION IN PRIMARY STROKE CENTER AND A VENTRICULAR ASSIST DEVICE PROGRAM.

- LEAPFROG "B" GRADE FOR SAFETY AND QUALITY FALL 2024.

- NICHE EXEMPLAR HOSPITAL DESIGNATION INDICATES A HOSPITAL'S COMMITMENT TO ELDER CARE EXCELLENCE.

- HEALTHGRADES SURGICAL CARE EXCELLENCE AWARD (2024) AND CARDIAC SURGERY EXCELLENCE AWARD (2024).

- HEALTHGRADES AS HIGHER PERFORMING FOR COMPLICATIONS BASED RATINGS FOR C-SECTION, VAGINAL DELIVERY AND OUTPATIENT BENIGN PROSTATIC HYPERPLASIA AND MORTALITY-BASED RATINGS FOR VALVE SURGERY.

- HEALTHGRADES RECOGNITION FOR SAFETY AS TO PREVENTING THE FOLLOWING: PRESSURE SORES OR BED SORES ACQUIRED IN THE HOSPITAL AND IN-HOSPITAL FALL ASSOCIATED FRACTURE RATE.

- AN LGBTQ HEALTHCARE EQUALITY INDEX LEADER DESIGNATION BY THE HUMAN RIGHTS CAMPAIGN (HRC) FOUNDATION (2017-2024).

- NEW JERSEY DESIGNATED PRIMARY STROKE CENTER BY THE NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES.

- ACHIEVED LEVEL 10 MOST WIRED RECOGNITION FROM CHIME IN 2024.

- RECEIVED AN ("A") FROM LOWN INSTITUTE FOR EQUITY, COMMUNITY BENEFIT, AND INCLUSIVITY. RANKED IN STATE'S TOP 10 FOR COMMUNITY BENEFIT AND INCLUSIVITY.

- ACCREDITATION FOR THE COHEN CANCER CENTER AT NBIMC BY THE AMERICAN COLLEGE OF SURGEON'S COMMISSION ON CANCER.

- USNEWS & WORLD REPORT: RATED HIGH PERFORMING FOR PROSTATE CANCER

SURGERY, HEART FAILURE AND MATERNITY CARE (UNCOMPLICATED PREGNANCY).

- AMERICAN COLLEGE OF RADIOLOGY - DIAGNOSTIC IMAGING CENTER OF EXCELLENCE AND DESIGNATED LUNG CANCER SCREENING CENTER.

- NEW JERSEY DEPARTMENT OF HEALTH - GOLD ANTIMICROBIAL STEWARD.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - NEW BRUNSWICK AND SOMERSET (RWJUH-NEW BRUNSWICK AND RWJUH-SOMERSET)

RWJUH IS A 945-LICENSED BED ACADEMIC MEDICAL CENTER WITH CAMPUSES IN NEW BRUNSWICK (602 BEDS) AND SOMERVILLE, NJ (343). THIS ENTITY WAS CREATED THROUGH THE SUCCESSFUL MERGER BETWEEN RWJUH AND SOMERSET MEDICAL CENTER IN THE YEAR 2014.

ACCORDING TO CENSUS BUREAU ESTIMATES, MIDDLESEX COUNTY IS THE SECOND LARGEST COUNTY IN NEW JERSEY AND IS ESTIMATED TO HAVE HAD THE SIXTH LARGEST GROWTH IN RESIDENTS FROM 2010 TO 2020. NEW BRUNSWICK IS THE LARGEST CITY IN THE COUNTY AND THE 33RD LARGEST MCD/PLACE IN THE STATE AND IS ESTIMATED TO HAVE INCREASE 4.0% FROM 2020 TO 2024. NEW BRUNSWICK'S EXTENSIVE HISTORY DATES BACK TO PRE-REVOLUTIONARY TIMES AND IT IS THE HOME OF RUTGERS UNIVERSITY, THE STATE UNIVERSITY OF NEW JERSEY. THE 5-BLOCK DOWNTOWN AREA CONTAINS NEARLY 50 RESTAURANTS AND THREE

DISTINCT THEATERS - THE AFRICAN AMERICAN-FOCUSED CROSSROADS THEATRE, GEORGE STREET PLAYHOUSE AND THE STATE THEATER OF NEW JERSEY FOR CONCERTS AND SPECIAL EVENTS - AS WELL AS THE AMERICAN REPERTORY BALLET, THAT ALSO PERFORM AT VARIOUS VENUES THROUGHOUT THE STATE.

DESPITE THE VIBRANCY OF PRE-COVID CITY CULTURE, MANY CHALLENGES EXIST FOR RESIDENTS RESIDING IN NEW BRUNSWICK. THERE ARE 12 DESIGNATED COMPREHENSIVE HEALTH CENTERS IN MIDDLESEX COUNTY AND A NUMBER OF CENSUS TRACTS WITH MUA/MUP DESIGNATION. THE GROWING POPULATION IS COMPRISED OF NEARLY 75% MINORITY AND 36.5% OF RESIDENTS ARE FOREIGN BORN. APPROXIMATELY 56.5% OF RESIDENTS AGED FIVE AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. OVER 31% OF PERSONS ARE ESTIMATED TO BE IN POVERTY AND 22.7% OF PERSONS UNDER AGE 65 ARE WITHOUT HEALTH INSURANCE.

RWJUH-NEW BRUNSWICK IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO ITS FINANCIALLY INSECURE COMMUNITIES; SERVING A PATIENT POPULATION COMPRISED OF MORE THAN 49.2% MINORITY/NONWHITE/OTHER REPRESENTATION AND OVER 21.9% UNDERINSURED AND UNINSURED PAYER CLASSIFICATIONS IN 2024. MEDICARE REPRESENTS AN ADDITIONAL 41% OF THE PATIENTS BY PAYER CLASSIFICATION. DURING 2024, THE HOSPITAL'S NEW BRUNSWICK CAMPUS HAD APPROXIMATELY 36,492 INPATIENT ADMISSIONS, OVER 2,600 BIRTHS AND NEARLY 98,500 HOSPITAL EMERGENCY DEPARTMENT VISITS FOR BOTH ADULT AND PEDIATRIC DEPARTMENTS. TOTAL OUTPATIENT CASES WERE OVER 276,000.

RWJUH-SOMERSET IS LOCATED SOMERVILLE, THE COUNTY SEAT OF SOMERSET COUNTY, NEW JERSEY. SOMERSET COUNTY, THE 13TH LARGEST COUNTY, HAD THE 5TH LARGEST POPULATION GROWTH FROM 2010 TO 2020, WITH FURTHER GROWTH OF 3.5% ESTIMATED FROM 2020 TO 2024. SOMERSET COUNTY IS ONE OF AMERICA'S OLDEST COUNTIES AND WAS FIRST SETTLED IN 1681. MOST OF THE EARLY RESIDENTS WERE DUTCH. IN THE 1960S, TOWNSHIPS THAT WERE ONCE EXCLUSIVELY AGRICULTURAL WERE QUICKLY TRANSFORMED INTO SUBURBAN COMMUNITIES. THE AREA GROWTH WAS AIDED BY THE DEVELOPMENT OF A VERY STRONG PHARMACEUTICAL AND TECHNOLOGY PRESENCE.

SOMERVILLE HAS EXPERIENCED CONTINUED GROWTH, AN ESTIMATED 3% INCREASE FROM 2020 TO 2022, BECOMING THE 80TH LARGEST MCD/PLACE IN NEW JERSEY IN 2022. SOMERVILLE HAS LEVEL OF AFFLUENCE YET HAS 6.2%% OF PERSONS ARE ESTIMATED TO BE IN POVERTY. THE POPULATION IS COMPRISED OF 48% MINORITY AND 26% OF RESIDENTS ARE FOREIGN BORN. OVER 34% OF PERSONS AGED 5 OR OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. OVER 8% OF PERSONS UNDER AGE 65 ARE ESTIMATED TO NOT HAVE HEALTH INSURANCE.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

RWJUH SOMERSET IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO ITS COMMUNITIES; SERVING A PATIENT POPULATION COMPRISED OF NEARLY 37.2% MINORITY/NONWHITE/OTHER REPRESENTATION AND NEARLY 17.2% UNDERINSURED AND UNINSURED PAYER CLASSIFICATIONS IN 2024. MEDICARE REPRESENTS AN ADDITIONAL 21.1% OF THE PATIENTS BY PAYER CLASSIFICATION. ON THE SOMERSET CAMPUS, THERE WERE APPROXIMATELY 14,090 INPATIENT

ADMISSIONS, NEARLY 51,000 EMERGENCY DEPARTMENT VISITS AND APPROXIMATELY 816 BIRTHS. TOTAL OUTPATIENT VISITS EXCEEDED 132,000 DURING 2024.

BOTH THE NEW BRUNSWICK AND SOMERSET CAMPUSES HAVE EARNED SIGNIFICANT NATIONAL RECOGNITION FOR CLINICAL QUALITY AND PATIENT SAFETY, INCLUDING BUT NOT LIMITED TO:

- BOTH HOSPITALS ARE FULLY ACCREDITED BY THE JOINT COMMISSION. RWJUH-NEW BRUNSWICK HAS ADVANCED CERTIFICATION FOR ADVANCED COMPREHENSIVE STROKE CENTER AND FOR VENTRICULAR ASSIST DEVICE. IT HAS CORE CERTIFICATION FOR BARIATRIC SURGERY, SPINE SURGERY, HIP REPLACEMENT AND KNEE REPLACEMENT. RWJUH-SOMERSET ALSO IS ACCREDITED FOR BEHAVIORAL HEALTH CARE AND HUMAN SERVICES. RWJUH- SOMERSET ADDITIONALLY HAS ADVANCED CERTIFICATION FOR PRIMARY STROKE CENTER AND CORE CERTIFICATION FOR ACUTE MYOCARDIAL INFARCTION, HIP REPLACEMENT AND KNEE REPLACEMENT.

- THE NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES HAVE DESIGNATED THE NEW BRUNSWICK CAMPUS AS A COMPREHENSIVE STROKE CENTER AND THE SOMERSET CAMPUS AS A PRIMARY STROKE CENTER.

- BOTH HOSPITALS HAVE ACHIEVED THE PRESTIGIOUS MAGNET AWARD FOR NURSING EXCELLENCE.

- RANKED AS A REGIONAL BEST HOSPITAL BY U.S. NEWS & WORLD REPORT, RWJUH-NEW BRUNSWICK WAS RECOGNIZED AS "HIGH-PERFORMING" IN ONE ADULT

SPECIALTY AND TWELVE ADULT CONDITIONS AND PROCEDURES, THESE ARE COLON CANCER SURGERY, LUNG CANCER SURGERY, GYNECOLOGICAL CANCER SURGERY, PROSTATE CANCER SURGERY, LEUKEMIA, LYMPHOMA AND MYELOMA, AORTIC VALVE SURGERY, HEART BYPASS SURGERY, HEART FAILURE, TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR), KIDNEY FAILURE, MATERNITY CARE (UNCOMPLICATED PREGNANCY), CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD). RWJUH-NEW BRUNSWICK WAS ADDITIONALLY RANKED NATIONALLY #35 FOR PEDIATRIC UROLOGY AND #47 FOR ORTHOPEDICS.

- RWJUH-NEW BRUNSWICK RECEIVED HEALTHGRADES BARIATRIC SURGERY EXCELLENCE AWARD (2020-2024), AND LABOR AND DELIVERY EXCELLENCE AWARD (2022, 2023) RWJUH-SOMERSET RECEIVED THE CORONARY INTERVENTION EXCELLENCE AWARD FOR 2023. FOR 2024, RWJUH-SOMERSET HAS RECEIVED THE STROKE CARE EXCELLENCE AWARD, NEUROSCIENCES EXCELLENCE AWARD, AMERICA'S 100 BEST HOSPITALS FOR GASTROINTESTINAL SURGERY AWARD, AMERICA'S 100 BEST HOSPITALS FOR GASTROINTESTINAL CARE AWARD, AMERICA'S 100 BEST HOSPITALS FOR CRITICAL CARE AWARD, AMERICA'S 100 BEST HOSPITALS FOR CORONARY INTERVENTION AWARD AND AMERICA'S 250 BEST HOSPITAL AWARD.

- RWJUH-NEW BRUNSWICK RECEIVED HEALTHGRADES SAFETY RECOGNITION FOR SAFETY FOR: RESPIRATORY FAILURE FOLLOWING SURGERY.

- HEALTHGRADES RECOGNIZED RWJUH-NEW BRUNSWICK AS HIGHER PERFORMING FOR BARIATRIC SURGERY, HYSTERECTOMY, VAGINAL DELIVERY, AND MORTALITY BASED RATING FOR GASTROINTESTINAL BLEED. RWJUH-SOMERSET WAS RECOGNIZED AS

BETTER THAN EXPECTED FOR C-SECTION DELIVERY, VAGINAL DELIVERY, AND MORTALITY BASED RATES FOR HEART ATTACH, HEART FAILURE, SEPSIS, BOWEL OBSTRUCTION, COLORECTAL SURGERIES, GASTROINTESTINAL BLEED, STROKE, PNEUMONIA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD).

- RWJUH - SOMERSET HAS RECEIVED AN "A" PATIENT SAFETY GRADE FROM THE LEAPFROG GROUP FOR THE FALL 2024 AND A "B" FOR SPRING 2024.

- LOWN INSTITUTE RANKED RWJUH-NEW BRUNSWICK AN "A" FOR SOCIAL RESPONSIBILITY INCLUDING AN "A" FOR COMMUNITY BENEFIT AND COST EFFICIENCY. RWJUH-SOMERSET AN ("A") FOR EQUITY, COMMUNITY BENEFIT AND INCLUSIVITY, COST EFFICIENCY.

- BOTH HOSPITALS ARE RECOGNIZED AS A "LEADER IN LGBTQ HEALTHCARE EQUALITY" BY THE HUMAN RIGHTS CAMPAIGN (HRC) FOUNDATION, THE EDUCATIONAL ARM OF THE COUNTRY'S LARGEST LESBIAN, GAY, BISEXUAL, AND TRANSGENDER CIVIL RIGHTS ORGANIZATION, FOR FOUR CONSECUTIVE YEARS.

- PLATINUM RECOGNITION PARTNERSHIP FOR LIFE HOSPITAL CAMPAIGN, RECOGNIZED FOR RAISING ORGAN AND TISSUE DONATION AWARENESS 2023.

- BOTH HOSPITALS HAVE NICHE (NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDERS) HOSPITAL DESIGNATION.

- ACHIEVED LEVEL 10 MOST WIRED RECOGNITION FROM CHIME IN 2024.

- THE AMERICAN COLLEGE OF SURGEONS' (ACS) DESIGNATES RWJUH-NEW BRUNSWICK TRAUMA CENTER FOR THE HIGHEST ADULT LEVEL I AND AS A LEVEL II PEDIATRIC TRAUMA CENTER. THE BARIATRIC SURGERY CENTER IS DESIGNATED AS A COMPREHENSIVE.

- BOTH HOSPITALS HAVE THE ACS COMMISSION ON CANCER (COC) DESIGNATION FOR COMPREHENSIVE CANCER PROGRAMS.

- RWJUH-NEW BRUNSWICK'S COMPREHENSIVE STROKE CENTER HAS EARNED THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION'S GET WITH THE GUIDELINES-STROKE GOLD PLUS QUALITY ACHIEVEMENT AWARD AND ITS STROKE ELITE PLUS HONOR ROLL AWARD - TWO OF THE HIGHEST HONORS THAT A CENTER CAN RECEIVE FROM THE ORGANIZATION FOR EXCEPTIONAL STROKE CARE. IT IS ALSO RECEIVED HONORS FOR ITS HEART FAILURE PROGRAM. RWJUH-SOMERSET ALSO HAS GOLD PLUS ACHIEVEMENT FOR ITS STROKE CENTER AND HONOR ROLL FOR ITS STROKE AND HEART FAILURE PROGRAM.

- TOP DOCTORS -- NUMEROUS RWJUH PHYSICIANS CONSISTENTLY APPEAR IN RANKINGS FOR "BEST DOCTORS" IN PUBLICATIONS INCLUDING NEW YORK MAGAZINE AND NEW JERSEY MONTHLY. IN FACT, RWJUH HAS CONSISTENTLY HAD THE MOST OR CLOSE TO THE HIGHEST NUMBER OF DOCTORS RECOGNIZED ON THE LIST. THE DATA USED TO COMPILE THIS LIST COMES FROM CASTLE CONNOLLY'S ANNUAL "BEST DOCTORS" PUBLICATION, WHICH USES A PEER REVIEW PROCESS TO NOMINATE AND SELECT THE TOP PHYSICIANS IN THE NEW YORK AREA. CRITERIA FOR NOMINATION

AND SELECTION INCLUDE NOT ONLY PROFESSIONAL QUALIFICATIONS AND REPUTATION BUT ALSO SKILLS IN DEALING WITH PATIENTS, SUCH AS LISTENING, INSTILLING TRUST, AND SHOWING EMPATHY.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - HAMILTON ("RWJUH HAMILTON")

RWJ HAMILTON IS LOCATED IN HAMILTON, MERCER COUNTY, NEW JERSEY. THE TOWNSHIP IS LOCATED IMMEDIATELY EAST OF THE HISTORIC CITY OF TRENTON, THE STATE'S CAPITAL. MERCER COUNTY HAS THE 12TH LARGEST POPULATION SIZE AND HAD THE 7TH LARGEST ESTIMATED GROWTH OF COUNTIES IN NEW JERSEY FROM 2010 TO 2020. THE COUNTY IS ESTIMATED TO HAVE HAD A SLIGHT POPULATION INCREASE OF 1.2% FROM 2020 TO 2024. TRENTON IS NEW JERSEY'S 11TH LARGEST MCD/TOWNSHIP BY POPULATION SIZE, AND HAMILTON TOWNSHIP IS THE 10TH LARGEST. BOTH HAMILTON TOWNSHIP AND TRENTON HAD POPULATION GROWTH FROM 2010 TO 2020, 4.1% AND 7%, RESPECTIVELY. BOTH ARE ESTIMATED TO HAVE EXPERIENCED SMALL INCREASES IN POPULATION FROM 2024, 1.7% FOR HAMILTON AND LESS THAN 1% FOR TRENTON.

HAMILTON TOWNSHIP HAS OVER 40 SQUARE MILES, MORE THAN 64 PUBLIC PARKS AND PLAYGROUNDS AND ACRES OF PRESERVED OPEN SPACE. LOCATED IN CENTRAL NEW JERSEY, HAMILTON TOWNSHIP ENJOYS A PRIME LOCATION THAT IS WITHIN AN HOUR'S DRIVE OF NEW YORK CITY, PHILADELPHIA, AND THE JERSEY SHORE. THE TOWN IS ALSO IN CLOSE PROXIMITY TO DESTINATIONS SUCH AS SIX FLAG GREAT ADVENTURE AND THE QUAINT DOWNTOWN PRINCETON AREA. MAJOR ROADWAYS PROVIDE

EASY ACCESS TO HAMILTON, INCLUDING THE NEW JERSEY TURNPIKE, INTERSTATE HIGHWAYS 195 AND 295, U.S. HIGHWAYS 130 AND 206 AND STATE HIGHWAYS 33 AND 29, WHILE THE HAMILTON TRAIN STATION OFFERS CONVENIENT RAIL ACCESS TO NEW YORK CITY ALONG THE NJ TRANSIT'S NORTHEAST CORRIDOR LINE.

HAMILTON TOWNSHIP HAS A LEVEL OF AFFLUENCE YET 7% OF THE POPULATION IS ESTIMATED TO BE IN POVERTY. OVER 41% OF THE POPULATION IS COMPRISED OF MINORITIES AND NEARLY 18% OF THE RESIDENTS WERE FOREIGN BORN. NEARLY 27% OF PERSONS OVER AGE 5 SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. APPROXIMATELY 8% OF THE RESIDENTS UNDER 65 YEARS HAD NO HEALTH INSURANCE. NEIGHBORING TRENTON IS COMPRISED OF NEARLY 89% MINORITY AND 29.3% OF THE POPULATION IS ESTIMATED TO BE FOREIGN BORN. TRENTON HAS 44.7% OF THE RESIDENTS AGED FIVE AN OLDER SPEAKING A LANGUAGE OTHER THAN ENGLISH AT HOME. NEARLY 25% ARE ESTIMATED TO BE IN POVERTY AND OVER 19.6% OF PERSONS AGED UNDER 65 ARE LACKING INSURANCE.

RWJ HAMILTON IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO ITS COMMUNITIES; SERVING A PATIENT POPULATION COMPRISED OF MORE THAN 37% MINORITY/NONWHITE/OTHER REPRESENTATION AND 16.5% UNDERINSURED AND UNINSURED PAYER CLASSIFICATIONS IN 2024. MEDICARE REPRESENTS AN ADDITIONAL 41% OF THE PATIENTS BY PAYER CLASSIFICATION. IN 2024, THE HOSPITAL HAD OVER 7,000 ADMISSIONS, OVER 35,000 EMERGENCY ROOM VISITS. TOTAL OUTPATIENT CASES WERE OVER 100,000.

RWJUH HAMILTON IS JOINT COMMISSION ACCREDITED AND IS A PROUD RECIPIENT OF

NUMEROUS LOCAL, STATE, AND NATIONAL LEVEL AWARDS AND RECOGNITIONS.

- EARNED JOINT COMMISSION ADVANCED CERTIFICATION AS A PRIMARY STROKE CENTER AND CORE DISEASE-SPECIFIC CERTIFICATION FOR SPINE SURGERY, HIP AND KNEE JOINT REPLACEMENT.

- LEAPFROG SAFETY GRADE "A" IN 2024.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

- PLATINUM RECOGNITION PARTNERSHIP FOR LIFE HOSPITAL CAMPAIGN, RECOGNIZED FOR RAISING ORGAN AND TISSUE DONATION AWARENESS 2024. RECOGNITION BY U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA).

- RECEIVED AMERICAN COLLEGE OF SURGEONS DESIGNATION AS A CANCER CENTER AND A COMPREHENSIVE BARIATRIC SURGERY CENTER.

- RECOGNIZED AS "HIGH PERFORMING" IN TREATMENT OF HEART FAILURE AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE BY U.S. NEWS & WORLD REPORT.

- MAGNET HOSPITAL RECOGNITION FROM THE AMERICAN NURSES CREDENTIALING CENTER (ANCC).

- THE FIRST OF TWO NEW JERSEY HOSPITALS TO RECEIVE THE MALCOLM BALDRIGE NATIONAL QUALITY AWARD, FOR QUALITY AND PERFORMANCE EXCELLENCE PRESENTED

BY THE PRESIDENT OF THE UNITED STATES.

- NICHE (NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDERS) HOSPITAL DESIGNATION.

- LOWN INSTITUTE RANKED ("A") FOR INCLUSIVITY, COST EFFICIENCY, AND CLINICAL OUTCOMES.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY ("RWJUH RAHWAY")

RWJ RAHWAY IS LOCATED IN RAHWAY, UNION COUNTY, NEW JERSEY. UNION COUNTY IS THE 7TH LARGEST COUNTY IN THE STATE, AND IT EXPERIENCED THE FOURTH LARGEST POPULATION GROWTH RATE FROM 2010 TO 2020. THERE IS AN INCREASE OF 3.3% ESTIMATED FOR 2020 TO 2024. RAHWAY CITY IS THE 83RD LARGEST MCD/TOWNSHIP IN NEW JERSEY AND GREW BY 8% OVER THE PAST CENSUS PERIOD AND IS ESTIMATED TO HAVE HAD A SLIGHT GROWTH FROM 2020 TO 2022.

RAHWAY AND THE SURROUNDING AREA WERE ONCE THE HOME OF THE LENNI LENAPE NATIVE AMERICANS AND IT GREW DUE TO ITS LOCATION ALONG THE MAJOR STAGECOACH AND RAILROAD LINES BETWEEN NEW YORK CITY AND PHILADELPHIA, PENNSYLVANIA. THE NAVIGABLE RAHWAY RIVER, WHICH FLOWS THROUGH THE CITY, ALSO AIDED THE CITY'S COMMERCIAL GROWTH.

IMMIGRANTS FROM BRITAIN, IRELAND AND GERMANY STREAMED INTO WHAT WAS THEN

RAHWAY TOWNSHIP IN THE 1850S AND RAHWAY BECAME INCORPORATED AS A CITY ON APRIL 19, 1858. THE CITY BECAME HOME TO DOZENS OF MAJOR MANUFACTURERS, INCLUDING THE REGINA MUSIC BOX COMPANY, WHEATENA, MERSHON BROS. AND MERCK & CO., AND EXPERIENCED HARDSHIPS WITH THE DECLINE IN INDUSTRY AFTER WORLD WAR II.

RAHWAY CITY HAS A MINORITY PRESENCE OF 72%. AROUND 22.5% OF THE POPULATION IS FOREIGN BORN AND OVER 32% OF RESIDENTS AGE 5 AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. NEARLY 7% OF RESIDENTS ARE IN POVERTY AND NEARLY 10% OF PERSONS UNDER AGE 65 LACK HEALTH INSURANCE.

RWJ RAHWAY IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO ITS COMMUNITIES; SERVING A PATIENT POPULATION COMPRISED OF A SIGNIFICANT MINORITY/NONWHITE/OTHER REPRESENTATION OF 60% AND OVER 21.9% UNDERINSURED AND UNINSURED PAYER CLASSIFICATIONS IN 2023. MEDICARE REPRESENTS AN ADDITIONAL 41% OF THE PATIENTS BY PAYER CLASSIFICATION. IN 2024, RWJUH RAHWAY PROVIDED CARE FOR NEARLY 5,000 INPATIENTS AND AROUND OVER 38,000 EMERGENCY ROOM VISITS AND OVER 61,000 OUTPATIENT CASES.

RWJUH RAHWAY IS JOINT COMMISSION ACCREDITED AND IS A PROUD RECIPIENT OF NUMEROUS LOCAL, STATE, AND NATIONAL LEVEL AWARDS AND RECOGNITIONS.

- FULLY ACCREDITED BY THE JOINT COMMISSION INCLUDING ADVANCED CERTIFICATION FOR PRIMARY STROKE CENTER

- LEAPFROG SAFETY GRADE "A" FOR 2024.

- ACHIEVED LEVEL 10 MOST WIRED RECOGNITION FROM CHIME IN 2024.

- LOWN INSTITUTE RANKED ("A") FOR OVERALL SOCIAL RESPONSIBILITY INCLUDING TOP 10 IN THE STATE FOR INCLUSIVITY.

- HEALTHGRADES BETTER THAN EXPECTED PERFORMANCE FOR COMPLICATIONS BASED RATINGS FOR OUTPATIENT TOTAL KNEE REPLACEMENT AND MORTALITY BASED RATINGS FOR STROKE-30 DAYS.

- THE HOSPITAL'S DIABETES SELF-MANAGEMENT CENTER IS NATIONALLY RECOGNIZED BY THE AMERICAN DIABETES ASSOCIATION (ADA).

- DESIGNATED BY THE NEW JERSEY DEPARTMENT OF HEALTH AS A PRIMARY STROKE CENTER.

- BARIATRIC PROGRAM ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS, AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY.

- AMERICAN HEART/STROKE ASSOCIATION - GET WITH THE GUIDELINES GOLD AWARD FOR STROKE; AND

- AMERICAN HEART ASSOCIATION'S MISSION: LIFELINE EMS GOLD AWARD FOR HEART ATTACK TREATMENT AWARDED TO MOBILE INTENSIVE CARE UNIT.

TRINITAS REGIONAL MEDICAL CENTER ("TRMC")

TRMC IS A 429-LICENSED BED ACUTE HOSPITAL PROVIDING SERVICES TO MORE THAN 11,000 INPATIENTS INCLUDING OVER 1,100 BIRTHS IN 2024. THE HOSPITAL ALSO PROVIDED ~3,500 IN PATIENT AND SAME DAY SURGERIES, AS WELL AS OVER 58,000 EMERGENCY DEPARTMENT VISITS. TRMC IS LOCATED IN ELIZABETH CITY, THE SEAT OF UNION COUNTY, NEW JERSEY. IT IS NEXT TO NEWARK BAY AND ARTHUR KILL (CHANNEL; CONNECTED BY THE GOETHALS BRIDGE TO STATEN ISLAND, NEW YORK CITY) AND IS ADJACENT TO NEWARK, NEW JERSEY, TO THE NORTH. SETTLEMENT BEGAN IN 1664 WITH THE PURCHASE OF LAND FROM THE DELAWARE INDIANS AND THE CITY OF ELIZABETH, FOUNDED IN 1665, BECAME THE FIRST CAPITAL OF THE STATE OF NEW JERSEY.

ELIZABETH'S DIVERSE POPULATION REPRESENTS MORE THAN 50 COUNTRIES AND 37 LANGUAGE GROUPS. THE CITY IS HIGHLY INDUSTRIALIZED, WITH IMPORTANT SHIPPING OPERATIONS AND HAS BECOME A REGIONAL HUB FOR THE EAST COAST WITH ITS CLOSE PROXIMITY TO THE MAJOR ROADWAYS AND PROXIMITY TO NEWARK LIBERTY NATIONAL AIRPORT. THE PORT NEWARK/ ELIZABETH'S 2,000-ACRE MARINA TERMINAL HOSTS OVER 150,000 JOBS AND IS THE WORLD'S LARGEST CONTAINERSHIP PORT AND THE LARGEST FOREIGN TRADE ZONE IN THE UNITED STATES.

UNION COUNTY IS THE 7TH LARGEST COUNTY IN THE STATE AND IT EXPERIENCED THE FOURTH LARGEST POPULATION GROWTH RATE FROM 2010 TO 2020. THERE IS AN

INCREASE OF 3.3% ESTIMATED FOR 2020 TO 2024. ELIZABETH CITY IS THE FIFTH LARGEST MCD/TOWNSHIP IN NEW JERSEY AND GREW BY 3.4% OVER THE PAST CENSUS PERIOD AND IS ESTIMATED TO HAVE FURTHER INCREASED BY 2.3% FROM 2020 TO 2024.

ELIZABETH CITY HAS A MINORITY PRESENCE OF 87%. AROUND 50.6% OF THE POPULATION IS FOREIGN BORN AND OVER 76.5% OF RESIDENTS AGE 5 AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. OVER 15% OF RESIDENTS ARE IN POVERTY AND OVER 25% OF PERSONS UNDER AGE 65 LACK HEALTH INSURANCE.

TRMC IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO ITS COMMUNITIES; SERVING A PATIENT POPULATION COMPRISED OF A SIGNIFICANT MINORITY/NONWHITE/OTHER REPRESENTATION OF 52.2% AND OVER 54% UNDERINSURED AND UNINSURED PAYER CLASSIFICATIONS IN 2024. MEDICARE REPRESENTS AN ADDITIONAL 26.3% OF THE PATIENTS BY PAYER CLASSIFICATION.

- JOINT COMMISSION ACCREDITED INCLUDING FOR BEHAVIORAL HEALTH CARE AND HUMAN SERVICES. ADDITIONAL JOINT COMMISSION CERTIFICATION FOR HIP AND KNEE JOINT REPLACEMENT AND ADVANCED CERTIFICATION FOR PRIMARY STROKE CENTER AND ADVANCED PALLIATIVE CARE.

- RECOGNIZED AS "HIGH PERFORMING" FOR MATERNITY CARE (UNCOMPLICATED PREGNANCY) BY U.S. NEWS & WORLD REPORT.

- PLATINUM RECOGNITION PARTNERSHIP FOR LIFE HOSPITAL CAMPAIGN, RECOGNIZED

FOR RAISING ORGAN AND TISSUE DONATION AWARENESS 2024. RECOGNITION BY U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA).

- HEALTHGRADES LABOR AND DELIVERY EXCELLENCE AWARD FOR 2023.

- HEALTHGRADES BETTER THAN EXPECTED PERFORMANCE FOR COMPLICATION-BASED RATINGS C-SECTION DELIVERY AND VAGINAL DELIVERY AND GALLBLADDER REMOVAL SURGERY.

- LOWN INSTITUTE RANKED ("A") FOR EQUITY, COMMUNITY BENEFIT AND INCLUSIVITY.

- TRINITAS RECEIVED THE AMERICAN COLLEGE OF RADIOLOGY (ACR) DIAGNOSTIC IMAGING ACCREDITATION AND THE GOLD SEAL, IN BREAST ULTRASOUNDS AND COMPUTED TOMOGRAPHY (CT), 2023-2026.

- TRINITAS SCHOOL OF NURSING WAS RECOGNIZED AS A 2020-2024 CENTER OF EXCELLENCE BY THE NATIONAL LEAGUE FOR NURSING EDUCATION FOR THE FOURTH CONSECUTIVE TIME. THIS IS THE ONLY DIPLOMA PROGRAM IN THE NATION THAT IS A NLN CENTER OF EXCELLENCE IN NURSING EDUCATION CONTINUOUSLY SINCE 2008.

SAINT BARNABAS BEHAVIORAL HEALTH CENTER ("SBBH")

SBBH, DOING BUSINESS AS BARNABAS HEALTH BEHAVIORAL HEALTH CENTER ("BHBHC"), IS A FREESTANDING 100-BED ACUTE CARE PSYCHIATRIC FACILITY PROVIDING INPATIENT, AND INTENSIVE OUTPATIENT PROGRAMS FOR ADULTS AND OLDER ADULTS DIAGNOSED WITH PSYCHIATRIC AND DUAL DISORDERS. SBBH IS THE LICENSED OPERATOR OF 40 OF THESE BEDS AND MANAGES THE OTHER 60 BEDS FOR ITS AFFILIATE, MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS, FORMERLY KNOWN AS KIMBALL MEDICAL CENTER.

SBBH'S MODERN FACILITY IS LOCATED IN TOMS RIVER, THE COUNTY SEAT OF OCEAN COUNTY, AND IS SET ON 16 LOVELY WOODED ACRES IN TOMS RIVER, OCEAN COUNTY, NEW JERSEY OFFERING A SAFE, PRIVATE, AND COMFORTABLE ENVIRONMENT THAT IS AN IDEAL SETTING FOR HEALING. SBBH IS LOCATED IN TOMS RIVER, THE COUNTY SEAT OF OCEAN COUNTY. OCEAN COUNTY IS HOME TO ONE-THIRD OF THE JERSEY SHORE, BORDERING THE ATLANTIC OCEAN IN THE SOUTHERN PART OF NEW JERSEY, A PRIME DESTINATION FOR LARGE BEACH POPULATIONS, FISHERMAN AND BOATERS, WHICH PLACES ADDITIONAL SEASONAL DEMANDS ON THE HOSPITAL'S EMERGENCY DEPARTMENT.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE CENSUS BUREAU COUNTS EVIDENCE OCEAN COUNTY AS HAVING THE SECOND HIGHEST PERCENTAGE INCREASE (10.5%) IN POPULATION NUMBERS FROM 2010 TO 2020, AND IT HAD THE SECOND LARGEST HIGHEST INCREASE IN NUMBER FOR ALL COUNTIES IN THE STATE. TOMS RIVER TOWNSHIP IS RANKED THE 5TH MOST POPULOUS SUBCOUNTY/TOWNSHIP AREA IN THE STATE ACCORDING TO THE CENSUS 2024 ESTIMATES. WHILE THERE WAS AN ESTIMATED 4.6% POPULATION GROWTH

ESTIMATED BETWEEN THE 2010 AND 2020 (THE 27TH HIGHEST NUMBER INCREASE IN THE STATE), AND AN ESTIMATED 1.6% INCREASE FROM 2020 TO 2021 (THE 2ND HIGHEST INCREASE), THE DAMAGE BROUGHT BY HURRICANE SANDY TO THE AREA LIMITS HOUSING AND POPULATION GROWTH. THE 2023 ESTIMATE OF 93,915 SUGGESTS CONTINUED GROWTH OF 1.2% FOR TOMS RIVER FROM 2020 OF TO 2023, AND AN 29,134 (4.6%) ESTIMATED INCREASE IN FOR THE COUNTY.

TOMS RIVER CDP IS ESTIMATED TO HAVE A 23.9% MINORITY PRESENCE, 10.1% OF THE POPULATION IS FOREIGN-BORN, AND 14.1% OF POPULATION AGED 5 YEARS AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. IT IS ESTIMATED THAT NEARLY 18.8% OF PERSONS ARE AGED 65 AND OLDER AND 22.4% ARE UNDER 18 YEARS. IT IS ESTIMATED THAT 5.8% OF THE TOMS RIVER POPULATION IS LIVING BELOW THE FEDERAL POVERTY LEVEL AND OVER 7% OF THOSE AGED UNDER 65 LACK HEALTH INSURANCE.

SBBH SERVES BOTH SUBURBAN AND SEMI-RURAL COMMUNITIES INCLUDING THE SHORE COMMUNITIES AND LOWER-INCOME MUNICIPALITIES OF MANCHESTER AND SOUTH TOMS RIVER AND THE FINANCIALLY INSECURE COMMUNITIES IN LAKEWOOD. SBBH SERVES A SIGNIFICANT PROPORTION OF ELDERLY - 2023 CENSUS ESTIMATES THAT 23% OF THE COUNTY POPULATION IS AGED 65 AND OLDER AS OPPOSED TO 17.7% FOR THE STATE. IN 2024, 50.2% OF BHBHC'S PATIENT ADMISSIONS WERE COMPRISED OF A MEDICARE PAYER. FURTHER, NEARLY 21.9% OF SBBH'S PAYER MIX WAS COMPRISED OF UNDERINSURED AND UNINSURED PAYER CATEGORIES.

SBBH IS ACCREDITED BY THE JOINT COMMISSION, AN INDEPENDENT ORGANIZATION

WHICH ACCREDITS AND CERTIFIES HEALTH ORGANIZATIONS BASED ON QUALITY AND PERFORMANCE STANDARDS. THE CENTER IS A 2017 NATIONAL WINNER OF THE PRESTIGIOUS PRESS GANEY GUARDIAN OF EXCELLENCE AWARD.

SBBH, THROUGH THE INSTITUTE FOR PREVENTION AND RECOVERY, LED RWJBH TO ACHIEVE THE CEO CANCER GOLD STANDARD FOR RWJBH AND ITS HOSPITAL FACILITIES. THE CEO CANCER GOLD STANDARD ACCREDITATION IS BASED UPON A SERIES OF CANCER-RELATED RECOMMENDATIONS TO FIGHT CANCER IN WORKPLACES IN THE UNITED STATES. THE GOLD STANDARD IS A COMPREHENSIVE PROGRAM THAT CALLS FOR COMPANIES TO EVALUATE THEIR HEALTH BENEFITS AND CORPORATE CULTURE AND TAKE EXTENSIVE, CONCRETE ACTIONS IN FIVE KEY AREAS OF HEALTH AND WELLNESS:

- PREVENTION.
- SCREENING.
- CANCER CLINICAL TRIALS.
- QUALITY TREATMENT AND SURVIVORSHIP; AND
- HEALTH EDUCATION AND HEALTH PROMOTION.

THE INSTITUTE FOR PREVENTION AND RECOVERY HAS RECEIVED MULTIPLE GRANTS IN RECOGNITION OF ITS COMPREHENSIVE WELLNESS SERVICES TO ADDRESS THE SOCIAL AND EMOTIONAL NEEDS OF INDIVIDUALS, CHILDREN, FAMILIES, AND PROFESSIONALS. ITS DART PREVENTION COALITION WAS RECOGNIZED AS A 2018 COALITION OF THE YEAR BY CADCA, A NATIONAL AWARD.

RWJBARNABAS HEALTH SERVICES

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DEVELOPMENT OF PROGRAMS TO MEET THE CHANGING HEALTH NEEDS OF THE COMMUNITY IS JUST ONE PART OF THE MULTIPLE WAYS RWJBH PROVIDES COMMUNITY AND SOCIAL BENEFIT. RWJBH PROVIDES SUBSTANTIAL COMMUNITY BENEFIT WITH A VAST ARRAY OF HEALTH AND WELLNESS PROVIDERS THROUGHOUT THE STATE OF NEW JERSEY. ITS ACUTE CARE HOSPITAL NETWORK INCLUDES THE FOLLOWING HOSPITALS INCLUDING GENERAL ACUTE CARE HOSPITALS, A PSYCHIATRIC HOSPITAL, AND A CHILDREN'S COMPREHENSIVE REHABILITATION HOSPITAL.

1. CHILDREN'S SPECIALIZED HOSPITAL
2. CLARA MASS MEDICAL CENTER
3. COMMUNITY MEDICAL CENTER
4. COOPERMAN BARNABAS MEDICAL CENTER
5. JERSEY CITY MEDICAL CENTER
6. MONMOUTH MEDICAL CENTER, SOUTHERN CAMPUS
7. MONMOUTH MEDICAL CENTER
8. NEWARK BETH ISRAEL MEDICAL CENTER
9. ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL NEW BRUNSWICK
10. ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL SOMERSET
11. ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON
12. ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY
13. SAINT BARNABAS BEHAVIORAL HEALTH CENTER
14. TRINITAS REGIONAL MEDICAL CENTER

EACH GENERAL ACUTE HOSPITAL OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545:

1. PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES IN A NON-DISCRIMINATORY MANNER TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, OR ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE, AND MEDICAID PATIENTS.

2. OPERATES AN ACTIVE EMERGENCY DEPARTMENT FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR.

3. MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS.

4. CONTROL OF EACH HOSPITAL RESTS WITH ITS BOARD OF TRUSTEES AND THE BOARD OF TRUSTEES OF RWJ BARNABAS HEALTH, INC.; THE TAX-EXEMPT PARENT ORGANIZATION OF RWJBH. BOTH BOARDS ARE COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY.

5. SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND, AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS, AND ACTIVITIES.

THE OPERATIONS OF EACH HOSPITAL, AS SHOWN THROUGH THE FACTORS OUTLINED

ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THAT THE USE AND CONTROL OF EACH HOSPITAL IS FOR THE BENEFIT OF THE PUBLIC AND THAT NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY.

THE PANDEMIC PRESENTED UNIQUE CHALLENGES AND RWJBARNABAS HEALTH INCLUDING OUR HOSPITALS, OUTPATIENT CENTERS AND MEDICAL GROUP PRACTICES. RWJBH WORKED AND CONTINUES TO WORK WITH GUIDANCE FROM THE NEW JERSEY DEPARTMENT OF HEALTH, CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), AND REGIONAL AND LOCAL HEALTH AGENCIES TO ADDRESS THIS SERIOUS PUBLIC HEALTH ISSUE.

FOR RWJBH, AS A HIGH RELIABILITY ORGANIZATION, SAFETY COMES FIRST AND IS EMBEDDED IN EVERYTHING WE DO. WITH THE SAFETY OF OUR PATIENTS AND TEAM MEMBERS AT THE FOREFRONT, WE ARE TAKING THE APPROPRIATE PRECAUTIONS AND USING BEST PRACTICES TO CONTINUE TO ENSURE THE HIGHEST QUALITY CARE, PROTECTION, SUPPORT, AND COMFORT FOR ALL OF OUR PATIENTS. PROGRAMS AND SERVICES ADJUSTED TO ASSURE ACCESS WAS SUSTAINED AND CARE WAS DELIVERED AS OUR COMMUNITIES BEGAN REBALANCING FROM A SUSTAINED PUBLIC HEALTH CRISIS.

SELECT "CENTERS OF EXCELLENCE" FOR RWJBARNABAS HEALTH HOSPITALS

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THE CENTERS OF EXCELLENCE FOR THE HOSPITALS INCLUDE A WIDE ARRAY OF

SPECIALIZED SERVICES. THE FOLLOWING DESCRIBES SOME OF THE CENTERS AND PROGRAMS.

CHILDREN'S SPECIALIZED HOSPITAL

CSH'S RECOGNIZED MEDICAL SERVICES CENTERS OF EXCELLENCE INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

- INPATIENT PROGRAMS

INPATIENT SERVICES ARE LICENSED FOR 68 COMPREHENSIVE REHABILITATION BEDS AND 89 PEDIATRIC LONG-TERM CARE BEDS THAT ARE IN OPERATION. INPATIENT REHABILITATION CARE PROVIDED INCLUDES MEDICAL AND NURSING CARE, COMPREHENSIVE THERAPY SERVICES, PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL SERVICES, ACADEMICS, SOCIAL SERVICES, AND NUTRITIONAL SERVICES. INCLUDED IN THE THERAPY SERVICES ARE PHYSICAL THERAPY, HYDROTHERAPY, REHABILITATION TECHNOLOGY, AUGMENTATIVE COMMUNICATION, OCCUPATIONAL THERAPY, ACTIVITIES OF DAILY LIVING, SPEECH AND AUDIOLOGY, RESPIRATORY THERAPY, RECREATIONAL THERAPY, AND CHILD LIFE. THESE CSH SERVICES ARE PROVIDED TO ALLOW THE CHILDREN TO ATTAIN THEIR GREATEST POTENTIAL - MEDICALLY, SOCIALLY, ACADEMICALLY, AND EMOTIONALLY. THEIR FAMILIES ARE PROVIDED WITH SUPPORT AND EDUCATIONAL SERVICES TO ENSURE THEIR CHILD CAN RETURN TO THEIR HOME AND COMMUNITY. OUR LONG-TERM CARE CENTERS, LOCATED IN MOUNTAINSIDE AND TOMS RIVER, NJ ARE SKILLED NURSING FACILITIES

PROVIDING 24-HOUR NURSING CARE TO THE MEDICALLY INVOLVED PATIENT. WE HAVE 63 LICENSED BEDS IN MOUNTAINSIDE AND ONE WAIVER BED AND 26 LICENSED BEDS IN TOMS RIVER. OUR LONG-TERM CARE PATIENTS RECEIVE RESPIRATORY AND NUTRITIONAL SERVICES, PHYSICAL AND OCCUPATIONAL THERAPY, AS WELL AS RECREATIONAL AND CHILD LIFE SERVICES. SOME OF THE PATIENTS ATTEND AN ON-SITE SCHOOL WHILE OTHERS ARE TRANSPORTED TO COMMUNITY SCHOOLS.

- BRAIN INJURY

HELPING A CHILD RECOVER FROM A BRAIN INJURY PRESENTS COMPLEX CHALLENGES. WHILE THE CHILD NEEDS HELP IN RECOVERING FROM HIS INJURIES, HE ALSO IS STILL DEVELOPING PHYSICALLY, EMOTIONALLY, AND INTELLECTUALLY. THE BRAIN INJURY PROGRAM AT CSH MEETS THESE CHALLENGES AND THE UNIQUE NEEDS OF CHILDREN BY PROVIDING INNOVATIVE, EXPERT, AND LOVING CARE FOR THE PATIENT WITH A BRAIN INJURY ON HIS OR HER ROAD TO INDEPENDENCE. THE BRAIN INJURY PROGRAM, WHICH WAS ESTABLISHED IN 1981, IS DESIGNED TO MEET THE NEEDS OF BRAIN-INJURED, AGE-APPROPRIATE PATIENTS, AT ALL LEVELS OF COGNITIVE AWARENESS.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE REHABILITATION PROCESS IS THE FOUNDATION FOR LONG TERM RECOVERY. CHILDREN ARE BEST TREATED BY PEDIATRIC SPECIALISTS IN AN ENVIRONMENT ESPECIALLY GEARED TO THEIR NEEDS. CSH PROVIDES SPECIALIZED CARE FOR EACH CHILD'S UNIQUE NEEDS DURING THEIR RECOVERY IN A COMPREHENSIVE MEDICAL AND REHABILITATION SETTING. A FULL CONTINUUM OF CARE FROM COMA TO RE-ENTRY TO

THE COMMUNITY IS PROVIDED FOR EACH CHILD.

THE BRAIN INJURY PROGRAM IS GEARED TOWARD MAXIMAL PROGRESS THROUGH REHABILITATION WHILE EMPHASIZING THE ACHIEVEMENT OF NORMAL PEDIATRIC DEVELOPMENTAL MILESTONES. CSH'S PROFESSIONAL STAFF, WHO ARE EXPERIENCED WITH BRAIN INJURIES AND THE DEVELOPMENTAL NEEDS OF CHILDREN, INCORPORATE EACH CHILD AND FAMILY WITHIN THE REHABILITATION TEAM TO ENCOURAGE OPTIMAL PROGRESS.

EACH CHILD'S INDIVIDUALIZED PROGRAM FOCUSES ON THEIR MEDICAL, PHYSICAL, COGNITIVE, AND PSYCHOSOCIAL NEEDS. IN ADDITION TO INDIVIDUAL THERAPY, GROUP THERAPY PROVIDES COMPREHENSIVE STRUCTURED STIMULATION SESSIONS FOR PATIENTS IN ORDER TO ENHANCE AND ACCELERATE AROUSAL, ALERTNESS, ORIENTATION, AND SOCIALIZATION.

THE BRAIN INJURY PROGRAM ADDRESSES:

- MEDICAL MANAGEMENT.
- SPECIALIZED NURSING CARE.
- PHYSICAL THERAPY.
- OCCUPATIONAL THERAPY.
- SPEECH THERAPY.
- AUDITORY EVALUATION.
- COGNITIVE STATUS.
- NUTRITIONAL STATUS.

- FAMILY SUPPORT.

- CASE MANAGEMENT.

- PSYCHOLOGICAL STATUS.

- CORTICAL FUNCTIONING; AND

- RE-ENTRY TO HOME, SCHOOL, AND COMMUNITY.

ONE OUTPATIENT COMPONENT OF THE BRAIN INJURY PROGRAM IS THE NEURO-REHABILITATION PROGRAM. THE NEURO-REHABILITATION GROUP PROGRAM IS AN INTENSIVE TREATMENT PROGRAM FOR CHILDREN AND ADOLESCENTS WHO HAVE SUSTAINED A TRAUMATIC BRAIN INJURY, OR WHO ARE EXPERIENCING COGNITIVE DYSFUNCTION AS A RESULT OF NEUROLOGICAL OR OTHER CHRONIC ILLNESS. THIS FAMILY-CENTERED PROGRAM PROVIDES THERAPEUTIC INTERVENTIONS DESIGNED TO HELP CHILDREN AND ADOLESCENTS REGAIN COGNITIVE SKILLS AND LEARN COMPENSATORY STRATEGIES THAT ARE NEEDED FOR SCHOOL AND SOCIAL FUNCTIONING. THE PROGRAM ALSO ADDRESSES MOTOR IMPAIRMENTS THAT MAY ACCOMPANY ACQUIRED BRAIN INJURY OR ILLNESS. THE GROUP PROGRAM IS DELIVERED PRIMARILY IN SMALL GROUP SETTINGS. INDIVIDUAL PHYSICAL, OCCUPATIONAL, SPEECH THERAPIES AND NEUROPSYCHOLOGY MAY ALSO BE PROVIDED AS INDICATED. INVOLVEMENT IN THE GROUP PROGRAM PREPARES THE YOUNGSTER FOR RETURN TO A LARGER GROUP SETTING, USUALLY SCHOOL, AND PROVIDES HIM OR HER WITH IMPROVED SKILLS FOR PEER INTERACTION AND SOCIALIZATION. CHILDREN MAY ALSO BE SEEN THROUGH THE NEURO-REHABILITATION INDIVIDUAL PROGRAM. CHILDREN IN THE INDIVIDUAL PROGRAM ARE INVOLVED IN SCHOOL AND COMMUNITY ACTIVITIES BUT REQUIRE ADDITIONAL INTERVENTION TO BETTER REGAIN OR DEVELOP COMPENSATORY SKILLS TO IMPROVE OR MAINTAIN AGE-APPROPRIATE WAYS

OF THINKING AND BEHAVING.

- SPINAL CORD PROGRAM

THE SPINAL CORD PROGRAM PROVIDES INTENSIVE AND COMPREHENSIVE REHABILITATION SERVICES FOR CHILDREN AND ADOLESCENTS WITH ACQUIRED AND CONGENITAL SPINAL CORD PROBLEMS. THE PROGRAM TREATS PATIENTS WITH ALL LEVELS OF PEDIATRIC SPINAL CORD DYSFUNCTION, FROM THE CHILD DEPENDENT ON A VENTILATOR TO THE INDIVIDUAL WITH THE LOWEST LEVEL OF SPINAL CORD INJURY.

PATIENTS ARE PROVIDED WITH AN AGGRESSIVE REHABILITATION TREATMENT PROGRAM COUPLED WITH COMPREHENSIVE MEDICAL AND NURSING CARE. THE PROGRAM'S TEAM APPROACH RESULTS IN A COORDINATED TREATMENT PLAN DESIGNED TO MEET THE COMPLEX NEEDS OF EACH PATIENT AND HIS OR HER FAMILY.

WHILE AN EMPHASIS IS PLACED ON ACHIEVING NORMAL DEVELOPMENTAL MILESTONES, THE TREATMENT PLAN TAKES INTO ACCOUNT THE PATIENT'S LEVEL OF INJURY, AGE, AND DEVELOPMENTAL ABILITIES IN CREATING REALISTIC EXPECTATIONS FOR PERFORMING ACTIVITIES.

THE TEAM IS ADEPT AT DEVELOPING TREATMENT PLANS TO ACCOMMODATE PATIENTS WITH HIGH SPINAL CORD INJURIES (TETRAPLEGIA & QUADRIPLEGIA) WHO REQUIRE A TREMENDOUS AMOUNT OF SUPPORT, SPECIAL EQUIPMENT, AND VENTILATOR ASSISTANCE, AS WELL AS THOSE PATIENTS WITH LOW LEVEL SPINAL CORD INJURIES

(PARAPLEGIA) WHO CAN GAIN VIRTUAL INDEPENDENCE.

INTENSIVE MEDICAL NEEDS CAN BE SAFELY ACCOMMODATED AT CSH BY VIRTUE OF THE EXTENSIVE MEDICAL COVERAGE PROVIDED TO THE PATIENTS. PATIENTS WITH TRACHEOSTOMIES, SPECIAL FEEDING NEEDS, AND INTRAVENOUS AND CENTRAL LINES, FOR EXAMPLE, CAN BE MANAGED WHILE RECEIVING THE NECESSARY REHABILITATION THERAPY.

FAMILIES AND PATIENTS ARE INTEGRALLY INVOLVED IN THE COMPREHENSIVE TREATMENT PLANNING. FAMILIES AND PATIENTS ALSO RECEIVE INSTRUCTION FROM THE STAFF IN OVERALL CARE AND THE USE OF SPECIAL EQUIPMENT. THE TEAM THOROUGHLY EDUCATES THE PATIENT AND HIS OR HER FAMILY REGARDING THE PHYSICAL CONSEQUENCES OF A SPINAL CORD INJURY AND THE REQUIRED CARE AND TREATMENT.

SOME OF THE DIAGNOSTIC AND SPECIAL SERVICES AVAILABLE TO PATIENTS IN THE SPINAL CORD PROGRAM INCLUDE:

- ELECTRODIAGNOSTIC TESTING.
- VENTILATOR ASSISTANCE PROGRAM.
- A FULL RANGE OF DIAGNOSTIC UROLOGIC TESTING.
- REFERRAL FOR BACLOFEN PUMP PLACEMENT.
- ORTHOTICS AND PROSTHETICS.
- REHABILITATION TECHNOLOGY SERVICES INCLUDING:

- SEATING AND POSITIONING.

- MOBILITY AND ENVIRONMENTAL ACCESS.

- AUGMENTATIVE AND ALTERNATIVE COMMUNICATION; AND

- COMPUTER ACCESS.

CSH ANNOUNCED A PARTNERSHIP WITH OPPORTUNITY PROJECT, INC. IN MAY 2019. OPPORTUNITY PROJECT CLUBHOUSE IS A UNIQUE PROGRAM CREATED BY AND FOR ADULTS WITH BRAIN INJURIES WHO ARE SEEKING THE NEXT STEP IN THEIR JOURNEY OF RECOVERY. OPPORTUNITY PROJECT, A COMMISSION FOR ACCREDITATION OF REHABILITATION FACILITIES (CARF) ACCREDITED ORGANIZATION, HAS SERVED OVER 600 MEMBERS AFFECTED BY BRAIN INJURY AND THEIR FAMILIES, PROVIDING MEMBERS WITH THE OPPORTUNITY TO BUILD COGNITIVE SKILLS, VOCATIONAL SKILLS, SELF-ESTEEM, AND CONFIDENCE IN THEIR ABILITY TO ACCOMPLISH PRODUCTIVE ACTIVITIES. THEY PROVIDE AN ENVIRONMENT OF SUPPORT, CHALLENGE AND CHOICES THAT CREATE INDEPENDENCE AND PRODUCTIVITY IN THEIR MEMBERS. THROUGH THE WORK ENVIRONMENT IN THE CLUBHOUSE, MEMBERS EXPLORE THEIR STRENGTHS, ABILITIES, AND INTERESTS SO THAT THEY CAN ESTABLISH AND ATTAIN THEIR INDIVIDUAL GOALS. THE ULTIMATE GOAL IS FULL INTEGRATION BACK INTO FAMILY, WORK, AND COMMUNITY.

THIS PARTNERSHIP WILL PROVIDE SIGNIFICANT BENEFITS FOR BOTH ORGANIZATIONS, CREATING AN ALIGNED STRUCTURE, LEVERAGING MISSIONS, VISIONS, AND STRENGTHS, AND SUPPORTING STRATEGIC DIRECTIONS. IT WILL ALSO ENSURE OPPORTUNITY PROJECT'S CONTINUED EXPANSION AND STREAMLINE THE TRANSITION OF SERVICES OFFERED AT CSH FOR YOUNG ADULTS WITH BRAIN INJURY

INTO ADULTHOOD.

FOR CHILDREN'S SPECIALIZED HOSPITAL, THIS PARTNERSHIP PROVIDES A POINT OF ENTRY INTO THE ADULT SERVICE MARKET FOR PEOPLE WITH SPECIAL HEALTHCARE NEEDS. THERE IS NOW AN OPPORTUNITY TO ADDRESS CHALLENGES ASSOCIATED WITH CHILD-TO-ADULT TRANSITIONS WHEN IT COMES TO PROGRAMS, SERVICES, CARE, AND COMMUNITY INTEGRATION FOR THESE YOUNG ADULTS. TRANSITIONAL NEEDS WERE IDENTIFIED AS A PRIORITY NEED IN CSH'S LAST COMMUNITY HEALTH NEEDS ASSESSMENT.

CLARA MAASS MEDICAL CENTER

- THE JOINT & SPINE INSTITUTE

THE JOINT & SPINE INSTITUTE IS LOCATED ON A DEDICATED UNIT WITHIN THE HOSPITAL. SURGERIES ARE SCHEDULED MONDAY THROUGH FRIDAY AND PATIENTS TYPICALLY RETURN HOME AFTER A THREE-NIGHT STAY. FEATURES OF THE PROGRAM INCLUDE: NURSES, THERAPISTS AND NURSING ASSISTANTS WHO SPECIALIZE IN THE CARE OF JOINT PATIENTS; PRIVATE AND SEMI-PRIVATE ROOMS; EMPHASIS ON GROUP ACTIVITIES AS WELL AS INDIVIDUAL CARE; FAMILY AND FRIENDS EDUCATED TO PARTICIPATE AS "COACHES" IN THE RECOVERY PROCESS; A JOINT TEAM WHO COORDINATES ALL PRE-OPERATIVE CARE AND DISCHARGE PLANNING; A COMPREHENSIVE PATIENT GUIDE TO FOLLOW FROM SIX WEEKS PRE-OP UNTIL THREE MONTHS POST-OP AND BEYOND; COORDINATED AFTER-CARE PROGRAM; REUNION

LUNCHEONS FOR FORMER PATIENTS AND COACHES; NEWSLETTERS TO PROVIDE PATIENTS WITH NEW INFORMATION ABOUT ARTHRITIS AND JOINT CARE; AND PUBLIC EDUCATION SEMINARS ABOUT HIP AND KNEE PAIN.

- THE CANCER CENTER

CMMC HAS A STATE-OF-THE-ART CANCER CENTER THAT OFFERS COMPREHENSIVE SERVICES TO CANCER PATIENTS IN ONE CONVENIENT LOCATION INSIDE THE CONTINUING CARE BUILDING. THE CENTER'S MULTIDISCIPLINARY APPROACH TO THE TREATMENT OF CANCER PATIENTS USES THE EXPERTISE OF MEDICAL ONCOLOGISTS, RADIATION ONCOLOGISTS, SURGICAL ONCOLOGISTS, SPECIALIZED NURSES, DIETICIANS, SOCIAL WORKERS, AND PATHOLOGISTS. OUR BOARD-CERTIFIED ONCOLOGISTS AND SUB-SPECIALISTS HAVE EXTENSIVE TRAINING AND CREDENTIALS FROM DISTINGUISHED FACILITIES ACROSS THE COUNTRY AND OFFER OUR PATIENTS ACCESS TO THE LATEST DRUGS, RESEARCH, AND CLINICAL TRIALS.

IN THE CANCER CENTER, PATIENT NAVIGATORS MEET WITH PATIENTS AND WALK THEM THROUGH EACH STEP OF THEIR TREATMENT PLAN, FROM MEETING WITH PHYSICIANS TO ATTENDING SUPPORT GROUPS. A VARIETY OF COMPLIMENTARY SERVICES ARE OFFERED TO COMPLEMENT MEDICAL TREATMENT INCLUDING: NUTRITIONAL COUNSELING, PSYCHOLOGICAL COUNSELING, PALLIATIVE CARE, SUPPORT GROUPS, PAIN MANAGEMENT, REIKI, AND A DROP-IN BEREAVEMENT GROUP THAT MEETS WEEKLY.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE OUTPATIENT INFUSION CENTER, LOCATED IN THE SAME BUILDING AS THE CANCER CENTER, IS STAFFED BY AN EXPERIENCED AND COMPASSIONATE TEAM OF ONCOLOGY NURSES, SOCIAL WORKERS, AND SUPPORT STAFF. IN ADDITION, A SPECIALIZED NURSE EDUCATOR IS ON STAFF TO PROVIDE ASSISTANCE TO PATIENTS AND THEIR FAMILIES. THE UNIT HAS AN EDUCATION RESOURCE AREA FOR PATIENTS AND THEIR FAMILIES.

DOWNSTAIRS, THE CMMC RADIATION ONCOLOGY DEPARTMENT OFFERS PATIENTS A FULL ARRAY OF SERVICES INCLUDING INTENSITY MODULATED RADIATION THERAPY ("IMRT") AND IMAGE GUIDED RADIATION THERAPY ("IGRT"), STEREOTACTIC RADIOSURGERY (SRS) TO PRECISELY TARGET TUMORS WITH A HIGH DOSE OF RADIATION, HIGH DOSE RATE (HDR) BRACHYTHERAPY TO DELIVER A HIGHER DOSE OF RADIATION THAN TYPICAL RADIATION THERAPY TO A TUMOR WHILE AVOIDING DAMAGE TO HEALTHY TISSUE, XOFIGO INJECTIONS FOR MEN WITH ADVANCED PROSTATE CANCER THAT HAS SPREAD TO THE BONE, AND THE ONLY HOSPITAL IN NEW JERSEY TO PERFORM EYE PLAQUE BRACHYTHERAPY FOR MELANOMAS OF THE EYE,. STATE-OF-THE-ART EQUIPMENT ENABLES PHYSICIANS TO MAP OUT PRECISE TREATMENT SITES WITH MILLIMETER ACCURACY, TREATING THE CANCER WHILE SPARING NORMAL TISSUE. THE RADIATION ONCOLOGY DEPARTMENT WAS THE FIRST FACILITY IN NEW JERSEY TO OBTAIN NATIONAL ACCREDITATION BY THE AMERICAN COLLEGE OF RADIATION ONCOLOGY.

DIAGNOSTIC ONCOLOGY SERVICES INCLUDE CLOSED AND OPEN MRI, CT SCAN, PET/CT, ULTRASONOGRAPHY, EARLY DETECTION SCREENINGS, AND STEREOTACTIC AND CT-GUIDED BIOPSY. OUR GOAL IS TO OFFER AN ARRAY OF SERVICES ON THE PATH

TO WELLNESS, IN ONE CONVENIENT LOCATION, TO LESSEN THE STRESS ON OUR CANCER PATIENTS AND THEIR FAMILIES.

- DIAGNOSTIC AND INTERVENTIONAL CARDIAC SERVICES

THE MOST TECHNOLOGICALLY ADVANCED EQUIPMENT IS USED TO ACCURATELY AND QUICKLY DIAGNOSE AND CONFIRM SUSPECTED CORONARY DISEASE. CMMC IS A LICENSED ADULT CARDIAC CATHETERIZATION FACILITY, WHICH ALLOWS CARDIOLOGISTS TO COORDINATE ALL ASPECTS OF TESTING THAT MAY CONTRIBUTE TO DECISIONS REGARDING MEDICAL MANAGEMENT OR CARDIOVASCULAR SURGERY REFERRAL FOR HEART DISEASE. TESTS INCLUDE ROUTINE EKGS, 24-HOUR HOLTER MONITORING, VASCULAR STUDIES, 2D ECHO WITH DOPPLER & COLOR FLOW, STRESS ECHOCARDIOGRAMS, NUCLEAR STRESS TESTING AND TRANSESOPHAGEAL ECHOCARDIOGRAPHY. CMMC IS HOME TO A STATE-OF-THE-ART CARDIOVASCULAR INTERVENTIONAL SUITE WHICH INCLUDES TWO PROCEDURE ROOMS. BOTH EMERGENT AND ELECTIVE ANGIOPLASTY ARE OFFERED (ONE OF ONLY 12 HOSPITALS IN THE STATE THAT WAS APPROVED TO PERFORM ELECTIVE ANGIOPLASTY IN THE C-PORT-E STUDY LED BY JOHNS HOPKINS UNIVERSITY).

A SUPERVISED EXERCISE/EDUCATION PROGRAM ASSISTING INDIVIDUALS WHO HAVE OR HAVE HAD A HEART ATTACK, STABLE ANGINA, VALVE SURGERY, CORONARY ARTERY BYPASS, CONGESTIVE HEART FAILURE, PACEMAKER, OR HEART TRANSPLANT IS ALSO OFFERED. THE PROGRAM STRIVES TO PROVIDE EACH PARTICIPANT WITH IMPROVEMENT IN CARDIOVASCULAR FITNESS, RISK FACTOR REDUCTION, LIFESTYLE MODIFICATION AND INCREASED CONFIDENCE TO PARTICIPATE IN SAFE DAILY ACTIVITIES.

PATIENTS AND FAMILIES ARE PROVIDED WITH EDUCATION REGARDING RECOGNITION, PREVENTION, AND TREATMENT OF CARDIOVASCULAR DISEASE.

- THE EYE SURGERY CENTER

ALL OPHTHALMOLOGISTS AND SURGEONS AT THE EYE SURGERY CENTER ARE BOARD-CERTIFIED AND SPECIALIZE IN THE PREVENTION, DIAGNOSIS AND TREATMENT OF EYE PROBLEMS, DISEASES, AND INJURIES. CMMC EYE CARE EXPERTS WORK TOGETHER TO PROVIDE COMPREHENSIVE OPHTHALMIC CARE IN EVERY AREA OF EYE DISORDERS AND TREAT PATIENTS OF ALL AGES-FROM INFANTS TO SENIORS. STATE-OF-THE ART EQUIPMENT AND DEDICATED OPHTHALMOLOGY SUITES ENSURE THE DELIVERANCE OF THE MOST ADVANCED QUALITY EYE CARE.

CMMC PERFORMS THE MOST HOSPITAL EYE PROCEDURES IN THE STATE OF NEW JERSEY AND IS ALSO THE FIRST HOSPITAL IN NEW JERSEY TO OFFER TRABECTOME, A LEADING-EDGE TREATMENT FOR GLAUCOMA.

COMMUNITY MEDICAL CENTER

CMC'S RECOGNIZED MEDICAL SERVICES CENTERS OF EXCELLENCE INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

- J. PHILLIP CITTA REGIONAL CANCER CENTER

CMC OFFERS A DEDICATED INPATIENT ONCOLOGY UNIT, RADIATION ONCOLOGY CENTER, INFUSION CENTER AND A FULL RANGE OF SUPPORT GROUPS AND SERVICES FOR PATIENTS AND THEIR FAMILIES. CMC'S DEDICATED STAFF OF PHYSICIANS, NURSES AND ALLIED HEALTH PROFESSIONALS ADDRESS THE NEEDS OF PATIENTS AND FAMILIES FACING A CANCER DIAGNOSIS AND TREATMENT. THE CANCER PROGRAM IS NATIONALLY ACCREDITED BY THE COMMISSION ON CANCER OF THE AMERICAN COLLEGE OF SURGEONS. PROGRAMS AND SERVICES OF THIS CENTER INCLUDE:

- MEDICAL ONCOLOGY: A MULTIDISCIPLINARY TEAM APPROACH ENSURES THE PHYSICAL AND PSYCHOSOCIAL NEEDS OF PATIENTS, AND THEIR FAMILIES ARE ADDRESSED. THE TEAM INCLUDES BOARD CERTIFIED PHYSICIANS, ONCOLOGY CERTIFIED NURSES, LICENSED CLINICAL SOCIAL WORKERS, CASE MANAGERS, DIETICIANS AND HOME CARE PROFESSIONALS WORKING TOGETHER TO PROVIDE HIGH QUALITY CARE IN BOTH THE INPATIENT AND OUTPATIENT SETTINGS.

- RADIATION ONCOLOGY: FROM SOPHISTICATED RAPID ARC LINEAR ACCELERATOR TO THE CYBERKNIFE, THE DEPARTMENT OF RADIATION ONCOLOGY OFFERS THE HIGHEST STANDARD OF CARE AND IS ACCREDITED BY THE AMERICAN COLLEGE OF RADIOLOGY. THE RADIATION ONCOLOGY TEAM CONSISTS OF BOARD-CERTIFIED RADIATION ONCOLOGISTS AND PHYSICISTS, NURSES WHO SPECIALIZE IN ONCOLOGY, REGISTERED RADIATION THERAPISTS, AND LICENSED CLINICAL SOCIAL WORKERS.

- THE BREAST CARE PROGRAM IS A UNIQUE PROGRAM PROVIDING WOMEN WHO UNDERGO SURGERY FOR BREAST CANCER WITH EDUCATION, SUPPORT, AND REFERRAL INFORMATION. BEFORE SURGERY, A WOMAN MAY MEET WITH A SPECIALLY TRAINED

NURSE CONSULTANT WHO EDUCATES HER ABOUT WHAT SHE CAN EXPECT DURING HER SURGERY, POST-OPERATIVELY, AND THROUGHOUT HER RECOVERY AND TREATMENT. THE NURSE NAVIGATOR WORKS WITH THE SURGEON, NURSE, CASE MANAGER AND SOCIAL WORKER TO PROVIDE THE WOMAN WITH INDIVIDUALIZED CARE.

- THE GYNECOLOGIC ONCOLOGY PROGRAM AT THE J. PHILLIP CITTA REGIONAL CANCER CENTER AT CMC IS DEDICATED TO ADDRESSING THE INDIVIDUAL NEEDS OF EACH PATIENT IN A CARING AND SUPPORTIVE ENVIRONMENT. OUR GYNECOLOGIC ONCOLOGISTS WORK WITH PRIMARY CARE AND OB/GYNS TO ASSURE A CONTINUITY OF CARE DURING A PATIENT'S TREATMENT. CMC OFFERS ROBOTIC SURGERY, AN EFFECTIVE SURGICAL OPTION FOR THE TREATMENT OF MANY FEMALE REPRODUCTIVE CANCERS INCLUDING EARLY-STAGE CANCERS OF THE CERVIX, ENDOMETRIUM, UTERUS, AND OVARY. OUR GYNECOLOGIC ONCOLOGISTS ARE AMONG THE MOST EXPERIENCED IN THE REGION IN ROBOTIC HYSTERECTOMY, AN ADVANCED SURGICAL PROCEDURE WITH BENEFITS INCLUDING LESS PAIN AND BLOOD LOSS, FEWER INFECTIONS, AND A SIGNIFICANTLY SHORTER RECOVERY TIME. ADDITIONALLY, WE OFFER REMOTE AFTER LOADING HIGH-DOSE RATE (HDR) INTRACAVITARY BRACHYTHERAPY. THIS OUTPATIENT PROCEDURE DRAMATICALLY REDUCES A WOMAN'S HOSPITAL STAY FROM SEVERAL DAYS TO SEVERAL HOURS.

- NEURO-ONCOLOGY: CMC OFFERS AN INTENSIVE AND COMPREHENSIVE APPROACH TO THE CARE OF PATIENTS WITH TUMORS OF THE CENTRAL NERVOUS SYSTEM. UTILIZING THE LATEST TECHNOLOGIES AND MEDICAL ADVANCES, A FULL SPECTRUM OF NEURO-ONCOLOGIC SERVICES ARE PROVIDED TO TREAT BENIGN AND MALIGNANT TUMORS ORIGINATING IN THE BRAIN AND SPINAL CORD, AS WELL AS NEUROLOGICAL

COMPLICATIONS OF CANCER THAT HAS SPREAD TO OTHER REGIONS OF THE BODY.

- SURGICAL ONCOLOGY: THE J. PHILLIP CITTA REGIONAL CANCER CENTER OFFERS THE SPECIALIZED DISCIPLINE OF SURGICAL ONCOLOGY IN VARIOUS FORMS, DEPENDING ON THE EXTENT OF THE CANCER. WHEN THE CANCER HAS NOT YET SPREAD TO OTHER PARTS OF THE BODY, THE SIMPLE REMOVAL OF A SMALL TUMOR OFFERS THE GREATEST CHANCE FOR A CURE.

- OUTPATIENT INFUSION CENTER: DESIGNED FOR PATIENT COMFORT AND CONVENIENCE, THE OUTPATIENT INFUSION CENTER PROVIDES A FULL RANGE OF INTRAVENOUS PROCEDURES FOR CANCER TREATMENT, INCLUDING CHEMOTHERAPY, TRANSFUSIONS OF BLOOD AND BLOOD PRODUCTS, THERAPEUTIC PHLEBOTOMY, AND ANTIBIOTIC INFUSIONS. THE CENTER'S STAFF IS COMMITTED TO PROVIDING QUALITY INFUSION CARE AND EXCELLENCE IN SERVICE, KEEPING ABREAST OF CURRENT DEVELOPMENTS AND TRENDS IN THE FIELD OF INFUSION THERAPY.

- ONCOLOGY DATA CENTER: THE ONCOLOGY DATA CENTER/TUMOR REGISTRY PROVIDES ESSENTIAL RESEARCH AND INFORMATION. DATA IS PROVIDED AS MANDATED TO THE NEW JERSEY DEPARTMENT OF HEALTH AS WELL AS THE NATIONAL CANCER DATA BASE. DATA OBTAINED FROM THE REGISTRY IS USED TO ANALYZE VARIOUS TREATMENT PROGRAMS AND FOR USE IN CANCER RESEARCH, MEDICAL EDUCATION, FUNDING APPLICATIONS AND MEDICAL PUBLICATIONS.

- ONCOLOGY RESEARCH: THE J. PHILLIP CITTA CANCER CENTER PROVIDES PATIENTS ACCESS TO NATIONAL AND REGIONAL CLINICAL RESEARCH STUDIES. THE

AVAILABILITY OF THESE STUDIES IN THE TREATMENT OF CANCER, CHEMOPREVENTION, AND SUPPORTIVE CARE ALLOWS PATIENTS THE OPTION TO PARTICIPATE IN THE LATEST TREATMENT OPTIONS INCLUDING INVESTIGATIONAL DRUGS; RWJBARNABAS HEALTH AND COMMUNITY MEDICAL CENTER, IN PARTNERSHIP WITH RUTGERS CANCER INSTITUTE OF NEW JERSEY-THE STATE'S ONLY NCI-DESIGNATED COMPREHENSIVE CANCER CENTER-PROVIDE CLOSE-TO HOME ACCESS TO THE LATEST TREATMENT AND CLINICAL TRIALS.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

- ONCOLOGY PATIENT NAVIGATORS: IN PARTNERSHIP WITH THE AMERICAN CANCER SOCIETY, THE J. PHILLIP CITTA REGIONAL CANCER CENTER OFFERS A PATIENT NAVIGATOR PROGRAM FREE OF CHARGE TO ALL CANCER PATIENTS RECEIVING ONCOLOGY SERVICES AT CMC. SINCE CANCER IS A COMPLEX DISEASE THAT IMPACTS A PERSON'S LIFE IN SO MANY WAYS, THE PROGRAM IS DESIGNED TO GUIDE PATIENTS AND CAREGIVERS AS THEY FACE THE PSYCHOLOGICAL, EMOTIONAL, AND FINANCIAL CHALLENGES THAT CANCER BRINGS. PATIENTS ARE PROVIDED WITH INDIVIDUALIZED INFORMATION AND SERVICES TO HELP THEM NAVIGATE THEIR WAY THROUGH THE HEALTHCARE SYSTEM ALONG THEIR CANCER JOURNEY - FROM DIAGNOSIS AND TREATMENT THROUGH TO RECOVERY AND SURVIVORSHIP. CMC "NAVIGATORS" HELP PEOPLE FACING CANCER BY PROVIDING INFORMATION ON CANCER AND TREATMENT OPTIONS, COMMUNITY RESOURCES, AND REFERRALS TO APPROPRIATE AGENCIES AND PERSONS, AMONG A HOST OF OTHER AREAS OF ASSISTANCE. IN ADDITION, BREAST, LUNG, AND SURVIVORSHIP NAVIGATORS ARE AVAILABLE TO PROVIDE PATIENTS WITH CANCER THE SUPPORT, EDUCATION, AND RESOURCES THEY NEED TO FIGHT THEIR DISEASE.

- COMPLEMENTARY SERVICES - CMC PROVIDES SEVERAL COMPLEMENTARY SERVICES INCLUDING MASSAGE THERAPY PROVIDED BY CERTIFIED MASSAGE THERAPISTS, RELAXATION TRAINING, AND GUIDED IMAGERY BY SOCIAL WORKERS, PET THERAPY, ART THERAPY PROGRAMS AND REIKI - THERAPEUTIC TOUCH TO REDUCE STRESS AND PROMOTE RELAXATION - BY CERTIFIED REIKI THERAPISTS; AND

- SUPPORT SERVICES - SUPPORTIVE COUNSELING, PASTORAL CARE SERVICES, EDUCATION, NUTRITION COUNSELING, PAIN MANAGEMENT, REFERRAL SERVICES AND SUPPORT GROUPS ARE ALL AVAILABLE FOR PATIENTS AND FAMILIES. THE HOSPITAL ALSO PROVIDES ADDITIONAL SUPPORT SUCH AS TRANSPORTATION ASSISTANCE, WIGS AND PROSTHETIC DEVICES, FINANCIAL AND DISABILITY ASSISTANCE, AND HOME CARE ARE ALSO AVAILABLE.

- FIRST MOMENTS MATERNITY SERVICES

THE MATERNITY PROGRAM SPECIALIZES IN A TOTAL CONCEPT OF CARE FOR MOTHERS AND THEIR BABIES, WHERE ADVANCED TECHNOLOGY AND TRAINING ARE ENHANCED BY THE HUMAN TOUCH OF DEDICATED HEALTHCARE PROFESSIONALS. THE UNIT IS STAFFED BY HIGHLY SKILLED PHYSICIANS, MIDWIVES, AND NURSES. IN ADDITION, ALL OF CMC'S NURSES ARE CERTIFIED IN NEONATAL RESUSCITATION AND LACTATION RESOURCE TRAINED. THE MODERN STATE-OF-THE-ART UNIT OFFERS MOMS-TO-BE THE MOST ADVANCED MATERNAL AND CHILD HEALTH TECHNOLOGY, INCLUDING 24/7 NEONATAL COVERAGE, IN A COMFORTABLE AND SAFE ENVIRONMENT. THE LABOR-DELIVERY RECOVERY AND POSTPARTUM ROOMS COMBINE THE LATEST

TECHNOLOGY WITH A SOOTHING HOME-LIKE DECOR. THE UNIT ALSO INCLUDES A SPECIAL CARE NURSERY STAFFED BY A NEONATOLOGIST AND CERTIFIED NEONATAL NURSES TO CARE FOR BABIES WITH SPECIAL NEEDS, AND A FULLY EQUIPPED OPERATING SUITE FOR CESAREAN BIRTHS OR HIGH-RISK VAGINAL DELIVERIES.

- EXTENSIVE CHILDBIRTH PREPARATION AND INFANT CARE CLASSES.
- COMPREHENSIVE PARENTING SUPPORT AND EDUCATION.
- COMPREHENSIVE PRE- AND POSTNATAL CARE.
- SPECIALLY DESIGNED LABOR-DELIVERY-RECOVERY ROOMS WITH JACUZZIES.
- 24-HOUR ANESTHESIA AND PAIN MANAGEMENT THERAPIES.
- SUPERIOR LACTATION EDUCATION AND SUPPORT.
- SPECIAL CARE NURSERY.
- 24-HOUR NEONATAL COVERAGE.
- LEVEL II SPECIAL CARE NURSERY FOR PREMATURE NEWBORNS.
- FAMILY-CENTERED CARE; AND
- ALL PRIVATE ROOMS AND BATHS WITH SHOWERS.

- THE JAY AND LINDA GRUNIN NEUROSCIENCE INSTITUTE

THE JAY AND LINDA GRUNIN NEUROSCIENCE INSTITUTE AT CMC BRINGS TOGETHER A HIGHLY SKILLED INTERDISCIPLINARY GROUP OF SPECIALISTS TO PROVIDE THE HIGHEST QUALITY ADVANCED CARE TO PREVENT, DIAGNOSE AND TREAT DISEASES OF THE BRAIN, THE SPINAL CORD, AND THE PERIPHERAL NERVOUS SYSTEM 24 HOURS A DAY, 365 DAYS A YEAR. A MULTI-DISCIPLINARY TEAM OF NURSES, THERAPISTS, ORTHOPEDIC AND NEUROSURGEONS WORK TO PROVIDE A COMPREHENSIVE PLANNED

COURSE OF TREATMENT WITH ACTIVE INVOLVEMENT OF THE PATIENT IN THEIR TREATMENT AND RECOVERY. THE INSTITUTE COMBINES THE EXTENSIVE MEDICAL EXPERIENCE AND COMPASSION OF OUR SPECIALISTS WITH CMC'S STATE-OF-THE-ART TECHNOLOGY TO TREAT STROKE, EPILEPSY, AND OTHER NEUROLOGIC CONDITIONS.

THE JAY AND LINDA GRUNIN NEUROSCIENCE INSTITUTE OFFERS COMPREHENSIVE CARE IN SPECIALIZED AREAS DEDICATED TO THE CARE OF PATIENTS WITH A VARIETY OF NEUROLOGIC CONDITIONS:

- NEURO-INTERVENTIONAL SUITE WITH AN INTEGRATED STATE-OF-THE-ART BIPLANE PROCEDURE ROOM AND PRE-AND POST-PROCEDURAL CARE AREAS.
- NEUROSCIENCE ACUTE CARE INPATIENT UNIT.
- NEURO-INTENSIVE CARE.
- OPERATING SUITES WITH SPECIALIZED TECHNOLOGY.
- RADIATION ONCOLOGY DEPARTMENT WITH A CYBERKNIFE AND HIGHLY SOPHISTICATED RAPID ARC LINEAR ACCELERATOR; AND
- ACCREDITED AS A JOINT COMMISSION AND NJ DEPARTMENT OF HEALTH STROKE CENTER.

THE INSTITUTE COMPLEMENTS THE SPECIALTY SERVICES OFFERED BY THE HOSPITAL INCLUDING:

- VIDEO-EEG AND NEURO IMAGING SERVICES WITH SPECIALLY TRAINED AND HIGHLY EXPERIENCED SEIZURE DIAGNOSTICS AND EEG INTERPRETATION.
- NEUROIMAGING INCLUDING HIGH-RESOLUTION MRI AND PET WHOLE-BODY IMAGING.

- NEURO-INTERVENTIONAL SUITE WITH AN INTEGRATED STATE-OF-THE-ART BIPLANE PROCEDURE.
- CENTER FOR SLEEP DISORDERS.
- NEUROPHYSIOLOGY.
- REHABILITATION SPECIALISTS.
- PAIN MANAGEMENT.
- EPILEPSY CENTER AND PEDIATRIC/ADOLESCENT CONCUSSION PROGRAM; AND
- NEUROSCIENCE RESEARCH.

COOPERMAN BARNABAS MEDICAL CENTER

CBMC'S RECOGNIZED MEDICAL SERVICES AND CENTERS OF EXCELLENCE INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

- THE CANCER CENTER

TOP TIER CANCER CARE IS CHARACTERIZED BY PATIENT CENTRIC, MULTIDISCIPLINARY, SPECIALIZED CARE, DELIVERED IN A COMPASSIONATE MANNER. THE CANCER CENTER AT COOPERMAN BARNABAS MEDICAL CENTER STRIVES TO OFFER HOPE WHERE OTHERS MIGHT FIND IT LOST. WE HARNESS THE POWERS OF NOVEL CANCER THERAPIES COUPLED WITH DEDICATED PHYSICIANS WHO SPECIALIZE IN SPECIFIC TYPES OF CANCER. WITH ADVANCES IN UNDERSTANDING THE GENETIC MAKEUP OF CANCER WE ARE ABLE TO OFFER PATIENTS PERSONALIZED TREATMENT PLANS. THE CANCER CENTER HAS VARIOUS SITE SPECIFIC TUMOR BOARDS WHERE NEW

AND COMPLEX CASES ARE PRESENTED TO TEAMS OF SPECIALISTS INCLUDING MEDICAL ONCOLOGISTS, SURGICAL ONCOLOGISTS, RADIATION ONCOLOGISTS, GASTROENTEROLOGISTS, INTERVENTIONAL RADIOLOGISTS, PATHOLOGISTS, NURSES, GENETIC COUNSELORS, NUTRITIONISTS, AND SOCIAL WORKERS. FOLLOWING A THOROUGH REVIEW OF EACH PATIENT'S CASE, INDIVIDUALIZED CANCER TREATMENT PLANS ARE CREATED TO ENSURE OUR PATIENTS ARE RECEIVING THE MOST ADVANCED AND EFFECTIVE CARE.

RWJBARNABAS HEALTH AND COOPERMAN BARNABAS MEDICAL CENTER IN PARTNERSHIP WITH THE RUTGERS CANCER INSTITUTE OF NEW JERSEY - THE STATE'S ONLY NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CANCER CENTER - BRINGS A WORLD CLASS TEAM OF RESEARCHERS AND SPECIALISTS ALONGSIDE YOU, PROVIDING CLOSE-TO-HOME ACCESS TO THE LATEST TREATMENTS AND CLINICAL TRIALS. THE BEST CANCER CARE IS NOT DELIVERED IN A SILO; THEREFORE, WE STRESS COLLABORATION AND AN INTEGRATED CANCER PROGRAM. WE ARE WELL EQUIPPED TO INDIVIDUALIZE A PATIENT'S CARE AND OFFER THEM ACCESS TO CLINICAL TRIALS THROUGH OUR INSTITUTION, THE RUTGERS CANCER INSTITUTE OF NEW JERSEY, THE BIG TEN CANCER RESEARCH CONSORTIUM, THE UCLA TRIO NETWORK, AND OTHER NATIONAL COOPERATIVE GROUPS.

THE LUNG CANCER INSTITUTE AT CBMC PARTNERS WITH OUR COMMUNITY TO OFFER EDUCATION, SCREENING, AND DIAGNOSTIC TOOLS TO DETECT AND TREAT LUNG CANCER. EACH YEAR, MORE PEOPLE DIE OF LUNG CANCER THAN COLON, BREAST AND PROSTATE CANCER COMBINED. AS THE LEADING CAUSE OF CANCER DEATH IN US, LUNG CANCER IS MOST CURABLE WHEN DIAGNOSED AT AN EARLY STAGE. IN

HIGH-RISK PEOPLE, LUNG CANCER DEATHS DROP BY 20 PERCENT WHEN CANCER IS IDENTIFIED EARLY USING A LOW-DOSE SPIRAL CT COMPARED WITH INDIVIDUALS RECEIVING A CHEST X-RAY. THE LUNG CANCER INSTITUTE JOINED THE INTERNATIONAL EARLY LUNG CANCER ACTION PROGRAM TO PROVIDE A FREE LOW-DOSE CT SCREENING PROGRAM FOR INDIVIDUALS WHO ARE AT HIGH RISK FOR DEVELOPING LUNG CANCER TO IDENTIFY ABNORMALITIES EARLIER. OUR MEDICAL STAFF IS COMMITTED TO OFFERING THE MOST UP-TO-DATE TREATMENTS AVAILABLE; AS SUCH, CBMC IS ACTIVE IN CLINICAL RESEARCH PROGRAMS, INCLUDING NATIONAL CANCER INSTITUTE AND PHARMACEUTICAL-SPONSORED PROTOCOLS.

CBMC HAS BUILT AN INFRASTRUCTURE AROUND PATIENT CENTRIC CARE AND HAS DEVELOPED A ROBUST PATIENT NAVIGATION NETWORK. TO ENHANCE OUR PATIENT'S EXPERIENCE, OUR PATIENT NAVIGATORS SERVE AS A SINGLE POINT OF CONTACT TO HELP PATIENTS FROM THEIR INITIAL DIAGNOSIS THROUGHOUT THEIR TREATMENT AND INTO SURVIVORSHIP. OUR NAVIGATORS GUIDE PATIENTS THROUGH THEIR JOURNEYS TO ENSURE THEY RECEIVE THE BEST CARE THAT EXCEEDS THEIR EXPECTATIONS. ALL OF OUR CANCER PATIENTS ARE PROVIDED WITH A PATIENT NAVIGATOR TO ENSURE THAT ALL CANCER CARE IS COORDINATED AND TO PREVENT AVOIDABLE DELAYS.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

OUR ONCOLOGY CARE TEAM IS COMMITTED TO YOUR OVERALL WELL-BEING INCLUDING MEDICAL, EMOTIONAL, AND EDUCATIONAL NEEDS. WHAT IS MOST UNIQUE ABOUT SEEKING TREATMENT AT COOPERMAN BARNABAS MEDICAL CENTER IS THE COMBINATION OF ADVANCED EXPERT CARE WITH UNPARALLELED SUPPORT, COMMITMENT, AND UNSURPASSED COMPASSION.

AMONG THE SERVICES OFFERED ARE:

- DEDICATED ONCOLOGY NAVIGATOR PROVIDE SUPPORT AND HELP ONCOLOGY PATIENTS "NAVIGATE" THE MEDICAL CENTER.
- EXTENSIVE FREE PSYCHOLOGICAL AND PSYCHOSOCIAL SUPPORT SERVICES ARE AVAILABLE OFFERING INDIVIDUAL COUNSELING, SUPPORT GROUPS, ART THERAPY, WORKSHOPS ON COPING WITH CANCER, FINANCIAL COUNSELING, AND NUTRITIONAL GUIDANCE.
- CANCER GENETICS COUNSELING SERVICES.
- PET THERAPY.
- COMFORT CART THROUGH COMFORT PROJECTS 360.
- A STATE-OF-THE-ART OUTPATIENT CHEMOTHERAPY TREATMENT FACILITY WITH PRIVATE TREATMENT ROOMS, A SATELLITE PHARMACY AND PRIVATE CONSULTATION ROOMS AND NUMEROUS OTHER AMENITIES.
- THE RENAL AND PANCREAS TRANSPLANT DIVISION

THE RWJBARNABAS HEALTH RENAL AND PANCREAS DIVISION, LOCATED AT CBMC IS ONE OF THE LARGEST PROGRAMS IN THE UNITED STATES, WITH 382 KIDNEY TRANSPLANTS PERFORMED IN 2024 AND OVER 7,500 THROUGHOUT THE YEARS. CBMC RANKS IN THE TEN LARGEST ADULT KIDNEY TRANSPLANT VOLUME OF CENTERS IN THE NATION. THE PROGRAMS PROVIDE DECEASED AS WELL AS LIVING DONOR TRANSPLANTATION INCLUDING LIVING RELATED DONORS OR EMOTIONALLY RELATED DONORS AND ALTRUISTIC LIVING DONATION WHEN FAMILY MEMBERS ARE UNABLE TO DONATE. IN 2021, CBMC PERFORMED THE 4TH HIGHEST NUMBER OF LIVING DONOR

TRANSPLANTS THAN ANY OTHER PROGRAM IN THE US.

IN 1995, BARNABAS HEALTH BEGAN ITS SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT PROGRAM AND IN 1996 OPENED A PEDIATRIC NEPHROLOGY PROGRAM. SINCE 1968, THE RENAL TRANSPLANT DIVISION HAS PERFORMED MEDICAL FIRST KIDNEY TRANSPLANTATION, INCLUDING TRANSPLANT IN THE YOUNGEST KIDNEY TRANSPLANT RECIPIENT IN NEW JERSEY AND THE FIRST LAPAROSCOPIC KIDNEY RETRIEVAL IN A LIVING DONOR AND THE FIRST ROBOTIC KIDNEY TRANSPLANT SURGERY IN THE WORLD.

THE PEDIATRIC NEPHROLOGY AND TRANSPLANTATION PROGRAM MANAGES CHILDREN AND ADOLESCENTS WITH ACUTE AND CHRONIC DISEASES AT ALL STAGES OF SEVERITY, INCLUDING NEPHRITIC SYNDROME AND HYPERTENSION UP TO AND INCLUDING END STAGE RENAL DISEASE. THE PEDIATRIC NEPHROLOGISTS WORK CLOSELY WITH PEDIATRIC UROLOGISTS TO PROVIDE TOTAL CARE FOR PATIENTS WITH UROLOGICAL AND NEPHROLOGICAL PROBLEMS.

- THE CBMC NEUROLOGY AND NEUROSURGERY SERVICES

THE CBMC NEUROLOGY AND NEUROSURGERY SERVICES ARE DEDICATED TO DIAGNOSING AND TREATING DISORDERS OF THE BRAIN AND NERVOUS SYSTEM FOR ADULTS AND CHILDREN. AN UNPRECEDENTED TEAM OF EXPERTS LEADS THE PROGRAMS OF THE INSTITUTE AND OFFER THE MOST COMPREHENSIVE PROGRAM IN NEW JERSEY DEDICATED TO THE MEDICAL, SURGICAL, AND PSYCHOLOGICAL TREATMENT OF NEUROLOGIC DISORDERS. SPECIALIZED CARE IS OFFERED FOR INDIVIDUALS WITH

EPILEPSY, MEMORY DISORDERS, MOVEMENT DISORDERS AND OTHER NEUROLOGIC DISORDERS RESULTING FROM AN INJURY OR ACCIDENT. COMPREHENSIVE CARE IS ALSO PROVIDED FOR CHILDREN WITH ATTENTION DEFICIT DISORDER-HYPERACTIVITY AND LEARNING DISABILITIES, AS WELL AS FOR ADULTS WITH ATTENTION DEFICIT DISORDERS.

THE INSTITUTE'S COMPREHENSIVE EPILEPSY CENTERS FOR CHILDREN AND ADULTS USE SOPHISTICATED DIAGNOSTIC TECHNIQUES TO PROVIDE COMPLETE AND ACCURATE DIAGNOSIS CRITICAL TO IMPLEMENTING EFFECTIVE TREATMENT. INNOVATIVE SURGICAL AND DRUG THERAPIES ARE OFFERED TO HELP INDIVIDUALS WITH EPILEPSY ACHIEVE THE BEST POSSIBLE SEIZURE CONTROL. THIS INCLUDES THE PARTICIPATION IN CLINICAL TRIALS TO IDENTIFY CUTTING EDGE THERAPIES THAT CAN IMPROVE THE LIVES OF OUR PATIENTS.

THE COMPREHENSIVE EPILEPSY CENTERS HAVE BEEN NAMED A LEVEL 4 SPECIALIZED EPILEPSY CENTER BY THE NATIONAL ASSOCIATION OF EPILEPSY CENTERS ("NAEC"), THE LEVEL 4 DESIGNATION IS THE HIGHEST GIVEN BY THE NAEC AND IDENTIFIES THOSE CENTERS THAT OFFER THE BROADEST RANGE OF COMPLEX MEDICAL AND SURGICAL TREATMENTS FOR EPILEPSY.

CBMC IS A STATE DESIGNATED COMPREHENSIVE STROKE CENTER AND JOINT COMMISSION CERTIFIED FOR PRIMARY STROKE. THE STROKE CENTER OFFERS THE LATEST TREATMENT FOR STROKE INCLUDING COMPLEX NEURO INTERVENTIONS. THE CENTER, AS PART OF ITS MISSION, PROVIDES STROKE AND PREVENTION EDUCATION TO THE COMMUNITY AND TO OTHER HEALTHCARE.

THE STROKE PROGRAM STAFF CONDUCT OUTREACH AND EDUCATION ACTIVITIES AND FOCUS ON POPULATIONS AT HIGHER RISK OF STROKE. EDUCATION PROGRAMS REVIEW AND REINFORCE STROKE WARNING SIGNS AND THE IMPORTANCE OF CALLING FOR IMMEDIATE MEDICAL HELP AT THE FIRST SIGN OF STROKE. THE TEAM CONDUCTS A STROKE RISK AWARENESS PROGRAMS INCLUDING ON-SITE BLOOD PRESSURE AND CHOLESTEROL SCREENING. REFERRALS FOR CARE ARE FACILITATED FOR THOSE WHOSE RISK AWARENESS SURVEY AND BLOOD PRESSURE/CHOLESTEROL READINGS SUGGEST HIGHER-THAN-AVERAGE CHANCE OF STOKE.

- RWJBH HEART CENTERS AT CBMC

CBMC IS A REGIONAL CARDIAC SURGERY CENTER AND PART OF RWJBARNABAS HEALTH HEART CENTERS, LOCATED ACROSS NEW JERSEY, WHICH HAVE INTEGRATED DIAGNOSTIC, MEDICAL AND SURGICAL SERVICES INTO ONE COMPREHENSIVE PROGRAM THAT OFFERS A FULL RANGE OF ADVANCED CARDIAC SERVICES FOR ADULTS AND CHILDREN INCLUDING DIAGNOSIS, IMAGING, INTERVENTIONAL CARDIOLOGY, ELECTROPHYSIOLOGY, AND THE MANAGEMENT OF HEART FAILURE.

AN EXPERIENCED TEAM IS PIONEERING NEW THERAPIES AND THE CLINICAL USE OF THE LATEST MECHANICAL ASSIST DEVICES THAT IMPROVE THE QUALITY OF LIFE FOR PEOPLE WITH CONGENITAL HEART DEFECTS AND HEART DISEASE. THEY PARTICIPATE IN CARDIAC RESEARCH TRIALS THAT OFFER PATIENTS ACCESS TO BREAKTHROUGH THERAPIES. THE RWJBH HEART CENTERS CONTINUE TO LEAD THE WAY IN OFFERING MINIMALLY INVASIVE PROCEDURES AND CATHETER-BASED ALTERNATIVES TO OPEN

HEART SURGERY INCLUDING TRANSCATHETER AORTIC VALVE REPLACEMENT ("TAVR") PROCEDURES, ALL FORMS OF ANGIOPLASTY/STENT PROCEDURES. ADVANCED ELECTROPHYSIOLOGY STUDIES OFFER SOPHISTICATED DIAGNOSIS AND TREATMENT OF HEART RHYTHM DISTURBANCES IN ADULTS AND CHILDREN.

- REGIONAL PERINATAL CENTER

IN 2024, CBMC DELIVERED OVER 6,100 BABIES AND IS RECOGNIZED AS A TOP HOSPITAL FOR HIGH-RISK PREGNANCIES. CBMC'S LEVEL III REGIONAL PERINATAL CENTER, THE HIGHEST DESIGNATION IN THE STATE, OFFERS THE MOST ADVANCED INTENSIVE CARE FOR PREMATURE AND ILL NEWBORNS. OUR 56-BED NEONATAL INTENSIVE/INTERMEDIATE CARE UNIT ("NICU") IS ONE OF ONLY A FEW IN THE NATION WITH THE LOWEST RATE OF CHRONIC LUNG DISEASE, A COMMON COMPLICATION FOR EXTREMELY LOW BIRTH-WEIGHT INFANTS. THE NICU OFFERS THE LATEST TREATMENTS AND MODALITIES IN THE FIELD TO PROVIDE THE MOST ADVANCED CARE FOR MORE THAN 1000 PREMATURE AND ILL NEWBORNS IN 2024. YEAR. THE CBMC NICU HAS ONE OF THE BEST INFANT SURVIVAL RATES AMONG NEONATAL INTENSIVE CARE UNITS IN THE NATION.

CBMC ALSO OFFERS EXTENSIVE CHILDBIRTH AND FAMILY PREPARATION CLASSES. THE MEMBERS OF THE DIVISION OF MATERNAL FETAL MEDICINE ASSIST OBSTETRICIANS IN THE TRI-STATE AREA IN THE CARE OF HIGH-RISK PATIENTS AND RECEIVE HIGH RISK TRANSFERS FROM OTHER COMMUNITY HOSPITALS. THEY ALSO EDUCATE THE MEDICAL CENTER'S MANY OBSTETRICAL RESIDENTS.

OPENED IN 2011, THE REGIONAL SIMULATION CENTER AT CBMC PROVIDES VALUABLE CLINICAL TRAINING AND EDUCATION FOR PHYSICIANS, NURSES, RESIDENTS, MEDICAL STUDENTS, AND COURSES ARE OPEN TO PRACTITIONERS THROUGHOUT THE TRI-STATE AREA REGARDLESS OF AFFILIATION.

THE GOAL OF THE CENTER IS TO ELEVATE PATIENT CARE, IMPROVE CLINICAL PERFORMANCE AND ENHANCE MATERNAL/CHILD HEALTH OUTCOMES IN THE REGION BY PROVIDING ACCESS TO STATE OF THE ART EDUCATION. SIMULATION ENHANCES THE CURRENT EDUCATIONAL OFFERINGS AT CBMC BY PROVIDING AN EXPERIENTIAL LEARNING ENVIRONMENT WHERE CLINICIANS CAN PRACTICE AND LEARN A VARIETY OF TECHNICAL AND BEHAVIORAL SKILLS.

- THE JOINT AND SPINE INSTITUTE

THE PHYSICIANS, NURSES, REHABILITATION STAFF, AND ADMINISTRATION OF COOPERMAN BARNABAS MEDICAL CENTER HAVE WORKED TOGETHER TO ASSEMBLE A MULTIDISCIPLINARY TEAM OF SPECIALISTS TO CREATE THE JOINT INSTITUTE-A A COMPREHENSIVE PATIENT-CENTERED CARE MODEL FOR THE SURGICAL TREATMENT OF AILMENTS. AT THE JOINT INSTITUTE, OUR UNIQUE APPROACH TO JOINT REPLACEMENT IS DESIGNED TO GET PATIENTS BACK TO THEIR OLD SELVES FASTER AND WITH LESS PAIN THAN EVER BEFORE. WE PREPARE AND GUIDE OUR PATIENTS AND THEIR FAMILIES THROUGH THE ENTIRE PROCESS OF TREATMENT INCLUDING PREPARATION FOR SURGERY, SPECIALIZED POST-OPERATIVE CARE AND PREPARATION FOR DISCHARGE.

THE JOINT INSTITUTE OFFERS:

- A DEDICATED PLACE IN THE HOSPITAL FOR THE CARE OF PATIENTS UNDERGOING KNEE AND HIP REPLACEMENTS.
- PRIVATE ROOMS TO ENHANCE RECOVERY AND PATIENT COMFORT.
- A JOINT CARE COORDINATOR TO WORK WITH PATIENTS THROUGHOUT THEIR JOURNEY.
- SPECIALLY TRAINED AND DEDICATED HEALTH CARE TEAM.
- CLINICALLY PROVEN PHYSICAL AND OCCUPATIONAL THERAPY PROGRAMS.
- CONSISTENT TEAM APPROACH TO PATIENT CARE.
- COMPREHENSIVE MANUAL TO GUIDE PATIENTS THROUGH THEIR SURGERY AND REHABILITATION.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

- THE BURN CENTER OF NEW JERSEY

THE BURN CENTER IS THE ONLY STATE-CERTIFIED BURN TREATMENT FACILITY IN NEW JERSEY AND ONE OF THE LARGEST IN NORTH AMERICA WITH 12 INTENSIVE CARE BEDS AND AN 18-BED STEP-DOWN UNIT FOR LESS CRITICALLY INJURED AND IMPROVED STATUS PATIENTS. THE BURN CENTER PROVIDES EXPERT CARE FOR PATIENTS OF ALL AGES. THE BURN CENTER ALSO MEETS THE VERIFICATION CRITERIA OF THE AMERICAN ASSOCIATION AND THE AMERICAN COLLEGE OF SURGEONS TO PROVIDE OPTIMAL CARE FOR BURN PATIENTS. THE BURN CENTER IS EQUIPPED TO TREAT PEDIATRIC THROUGH GERIATRIC BURN PATIENTS WITH A FULL RANGE OF SPECIALIZED SERVICES, INCLUDING A DEDICATED OUTPATIENT DEPARTMENT WHERE

INDIVIDUALS WITH SMALL OR MINOR BURNS RECEIVE TREATMENT AND DISCHARGED PATIENTS RETURN FOR FOLLOW-UP CARE. OVER 350ADULT AND CHILDREN ARE TREATED AS INPATIENTS ANNUALLY.

JERSEY CITY MEDICAL CENTER

- THE CRISTIE KERR WOMEN'S HEALTH CENTER

THE CRISTIE KERR WOMEN'S HEALTH CENTER OPENED IN 2010 OFFERING IMAGING AND OTHER DIAGNOSTIC SERVICES TO WOMEN IN OUR COMMUNITY. THE CENTER OFFERS BREAST CANCER SCREENING PROGRAMS INCLUDING MAMMOGRAMS AND EDUCATION TO WOMEN IN THE COMMUNITY. THE CENTER IS THE FIRST FULL-SERVICE FACILITY IN HUDSON COUNTY TO PROVIDE DETECTION, HEALING, SUPPORT, AND RECOVERY SERVICES.

- COMPREHENSIVE HEART, VASCULAR AND THORACIC CARE

AS THE ONLY FULL-SERVICE HEART HOSPITAL IN HUDSON COUNTY, JERSEY CITY MEDICAL CENTER OFFERS A WIDE ARRAY OF SERVICES INCLUDING THE MOST INNOVATIVE CARDIOVASCULAR AND THORACIC CARE OPTIONS IN THE NATION. WE OFFER A BROAD, MULTIDISCIPLINARY NETWORK OF HEART, VASCULAR AND THORACIC SPECIALISTS AND A PATIENT-CENTRIC AND INTEGRATED APPROACH TO HEALTH CARE SERVICES. JERSEY CITY MEDICAL CENTER PLACES ITS PATIENTS' OPTIMAL HEART, VASCULAR AND THORACIC HEALTH AT THE FOREFRONT OF JCMC'S MISSION. THE

QUALIFIED MEDICAL TEAMS INCLUDE OUTSTANDING SPECIALISTS IN CARDIOLOGY, INTERVENTIONAL CARDIOLOGY, CARDIOTHORACIC SURGERY, VASCULAR SURGERY, ANESTHESIOLOGY, PULMONOLOGY AND ECHOCARDIOGRAPHY. JCMC SPECIALISTS ARE COMPLEMENTED BY EXPERIENCED TECHNICIANS, PHARMACISTS, REGISTERED NURSES AND ANCILLARY STAFF WHO JOIN TOGETHER TO TREAT ALL OF JCMC'S PATIENTS' HEART, VASCULAR AND THORACIC NEEDS WITH EXPERTISE.

ADVANCED IN CARE MANAGEMENT OF COMPLEX ARTERY BLOCKAGES, AORTIC ANEURYSMS, AORTIC VALVE STENOSIS, HEART TUMORS AND NUMEROUS FORMS OF HEART DISEASE, JCMC SPECIALISTS ARE PROFICIENT AT ADMINISTERING DIAGNOSTIC TREATMENTS, ELECTROPHYSIOLOGY AND CORONARY INTERVENTIONS FOR ALL OF JCMC'S PATIENTS.

THE TECHNIQUES OF JCMC'S EXPERIENCED SPECIALISTS IN INTERVENTIONAL AND STRUCTURAL CARDIOLOGY, VASCULAR DISEASE, PERIPHERAL VASCULAR DISEASE AND CARDIAC ELECTROPHYSIOLOGY ARE AIDED BY JCMC'S CUTTING-EDGE EQUIPMENT AND DEVICES USED FOR DIAGNOSING AND TREATING STRUCTURAL HEART AND VASCULAR DISEASE.

THE SPECIALISTS AT JCMC LEAD WITH COMPREHENSIVE AND COMPASSIONATE HEALTH CARE, USING EVIDENCE-BASED NONINVASIVE, INVASIVE, DIAGNOSTIC AND THERAPEUTIC TECHNIQUES AND THERAPIES FOR PATIENTS AND LOVED ONES.

- PORT AUTHORITY HEROES OF SEPTEMBER 11 TRAUMA CENTER

THIS REGIONAL TRAUMA CENTER IS THE STATE-DESIGNATED LEVEL II TRAUMA CENTER FOR HUDSON COUNTY. IN ADDITION TO SERVING THE GROWING COMMUNITIES OF JERSEY CITY, THE SERVICE AREA INCLUDES HUDSON COUNTY, NEW JERSEY WATERWAYS, NEW JERSEY TURNPIKE, THE HOLLAND AND LINCOLN TUNNELS, AND LIBERTY STATE PARK. THE TRAUMA CENTER PROVIDES 24-HOUR TRAUMA SURGERY FOR ADULTS AND CHILDREN. THE CENTER HAS BEEN ACTIVE IN ALL REGIONAL DISASTERS INCLUDING THE 1993 AND 2001 WORLD TRADE CENTER BOMBINGS, THE "MIRACLE ON THE HUDSON" PLANE LANDING, SEVERAL TRAIN DERAILMENTS, AND VARIOUS HAZMAT INCIDENTS. IN ADDITION, THE HOSPITAL IS A STATE DESIGNATED PRIMARY STROKE CENTER.

- THE ORTHOPEDIC INSTITUTE AT JERSEY CITY MEDICAL CENTER

THE ORTHOPEDIC INSTITUTE OFFERS AN EXPANSIVE ARRAY OF ORTHOPEDIC SERVICES, FROM TOTAL JOINT REPLACEMENT AND SURGERY TO SPORTS MEDICINE AND REHABILITATION. THIS UNIQUE PROGRAM BRINGS TOGETHER A MULTI-DISCIPLINARY TEAM OF PHYSICIANS, NURSES, THERAPISTS, AND TECHNICIANS WITH THE GOAL OF PROVIDING SEAMLESS COORDINATED CARE. FURTHER, THERE IS A JOINT CARE COORDINATOR WHO WORKS WITH PATIENTS HAVING JOINT REPLACEMENTS AND PROVIDES EDUCATION CLASSES PRIOR TO YOUR SURGERY THAT BETTER PREPARES PATIENTS AND THEIR FAMILIES FOR THE PROCEDURE. JERSEY CITY MEDICAL CENTER HAS BEEN RECOGNIZED AS A DNV GL HEALTHCARE PROGRAM.

- THE NEONATAL INTENSIVE CARE UNIT AT JERSEY CITY MEDICAL CENTER

JCMC HAS A LEVEL III NICU AND IS THE REGION'S ONLY STATE-DESIGNATED "PERINATAL CENTER," ACCEPTING AND PROVIDING TREATMENT TO INFANTS SUFFERING FROM EXTREME PREMATURITY, SEVERE RESPIRATORY DISTRESS AND FEEDING ISSUES DURING THE FIRST 28 DAYS OF LIFE.

- OUTPATIENT SERVICES

JCMC OPERATES AN AMBULATORY CARE CENTER ADJACENT TO THE HOSPITAL AS WELL AS TWO SATELLITE CLINICS TO ENSURE ACCESS FOR THOSE MOST IN NEED. OUR OUTPATIENT SERVICES OFFERINGS INCLUDE OBSTETRICS AND GYNECOLOGY, OPHTHALMOLOGY, DENTAL, PHYSICAL AND SPEECH THERAPY, AND AUDIOLOGY. WE PROVIDE NEEDED OUTPATIENTS SERVICES TO SPECIAL NEEDS POPULATIONS IN OUR COMMUNITY INCLUDING THE HOMELESS AND ADULTS AND CHILDREN REQUIRING BEHAVIORAL HEALTH SERVICES, HIV/AIDS PATIENTS, AND THOSE IN NEED OF DIALYSIS. JCMC IS THE REGIONAL PSYCHIATRIC REFERRAL CENTER PROVIDING CRISIS INTERVENTION AND EVALUATION, VOLUNTARY AND INVOLUNTARY INPATIENT SERVICES, COMMUNITY PSYCHIATRIC OUTREACH SERVICES, AND A FULL SPECTRUM OF OUTPATIENT PSYCHIATRIC AND ADDICTION SERVICES.

MONMOUTH MEDICAL CENTER AND MONMOUTH MEDICAL CENTER - SOUTHERN CAMPUS

MMC'S RECOGNIZED MEDICAL SERVICES CENTERS OF EXCELLENCE INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

- THE UNTERBERG CHILDREN'S HOSPITAL AT MMC ("CHILDREN'S HOSPITAL")

THE CHILDREN'S HOSPITAL OFFERS THE COMMUNITY RENOWNED MEDICAL EXPERTISE IN THE CARE OF CHILDREN THAT ONLY A LEADING ACADEMIC MEDICAL CENTER CAN PROVIDE. THE CHILDREN'S HOSPITAL HAS 140 PEDIATRIC SPECIALISTS WHO CONCENTRATE IN 26 FIELDS OF MEDICINE. THE ORGANIZATION PROVIDES SPECIALIZED PEDIATRIC CARE, OFFERING A 54-BED REGIONAL PERINATAL CENTER WITH LEVEL III NEONATAL INTENSIVE CARE UNIT, THE REGION'S ONLY PROGRAM IN CHILDREN'S CRISIS INTERVENTION SERVICES AND SUBSPECIALTY PEDIATRIC CARE IN AREAS SUCH AS CARDIOLOGY, GASTROENTEROLOGY, SURGERY, AND ORTHOPEDICS.

IN ADDITION, A HOST OF OUTPATIENT SERVICES FOR CHILDREN ARE OFFERED, INCLUDING: A PEDIATRIC NEUROLOGY PROGRAM, PEDIATRIC MEDICAL DAY STAY UNIT, THE REGIONAL CLEFT PALATE CENTER, AND A PEDIATRIC SUBSPECIALTY CENTER IN OCEAN COUNTY FOR CHILDREN WHO REQUIRE SPECIALTY CARE IN THE AREAS OF GASTROENTEROLOGY, ENDOCRINOLOGY, AND PULMONOLOGY.

- PSYCHIATRIC CENTERS/PROGRAM

MMC HAS THE LARGEST PSYCHIATRIC PROGRAM IN MONMOUTH COUNTY, WITH A TOTAL OF 44 BEDS WITHIN VOLUNTARY AND INVOLUNTARY ADULT INPATIENT UNITS AND 19 BEDS IN ITS INPATIENT CHILDREN'S CRISIS INTERVENTION SERVICE, WHERE CHILDREN AND ADOLESCENTS WITH ACUTE EMOTIONAL, BEHAVIORAL, OR PSYCHIATRIC PROBLEMS ARE TREATED. IN ADDITION, ITS PSYCHIATRIC EMERGENCY SCREENING SERVICE ("PESS") IS THE STATE-DESIGNATED SERVICE FOR MONMOUTH COUNTY. MMC

ALSO OFFERS PARTIAL HOSPITALIZATION, INTENSIVE OUTPATIENT PROGRAMS, TRADITIONAL OUTPATIENT CARE AND AN EARLY INTERVENTION SUPPORT SERVICES PROGRAM ("EISS").

- THE JACQUELINE M. WILENTZ COMPREHENSIVE BREAST CENTER

COMMITTED TO MEETING THE BREAST HEALTH CARE NEEDS OF ALL WOMEN, THE BREAST CENTER IS THE REGION'S LEADER IN PROVIDING THE MOST ADVANCED ARRAY OF BREAST HEALTH SERVICES THROUGH A MULTIDISCIPLINARY TEAM DEDICATED TO THE BREAST HEALTH NEEDS OF ALL WOMEN. MMC PROVIDES A COMFORTABLE AND SUPPORTIVE SETTING IN WHICH ALL OUTPATIENT BREAST HEALTHCARE SERVICES ARE FOUND IN ONE CONVENIENT LOCATION. MMC TAKES A COORDINATED APPROACH TO BREAST CARE INCLUDING BOTH WELL CARE AND CANCER CARE. MMC IS HERE FOR WOMEN WHO SEEK ANNUAL BREAST EVALUATION AND FOR THOSE WOMEN DIAGNOSED WITH BREAST CANCER OR BENIGN BREAST DISEASE.

SEVERAL OF MMC'S SERVICES ARE SPECIFICALLY FOR WOMEN DIAGNOSED WITH BREAST CANCER, INCLUDING: AN OUTPATIENT CHEMOTHERAPY SUITE, PSYCHOSOCIAL COUNSELING AND REHABILITATION SERVICES, BREAST CANCER SUPPORT GROUPS, BREAST CONSERVATION SURGERY AND PATIENT NAVIGATORS. THESE QUALIFIED EXPERTS REPRESENT MANY MEDICAL DISCIPLINES, WORKING TOGETHER TO PROVIDE WOMEN WITH DIAGNOSTIC, TREATMENT, SURGICAL, PSYCHOSOCIAL SUPPORT, AND EDUCATION AND REHABILITATION SERVICES.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

MMC'S STATE-OF-THE-ART FACILITY OFFERS THE LATEST IN MEDICAL EQUIPMENT, TECHNOLOGY, AND SERVICES, INCLUDING:

- ANNUAL PHYSICAL BREAST EXAMINATIONS, MAMMOGRAPHY, AND DIAGNOSTIC SERVICE, HEADED BY A DEDICATED BREAST RADIOLOGIST WHO OVERSEES A STAFF OF HIGHLY TRAINED TECHNOLOGISTS.
- CONSULTATIONS AND SECOND OPINIONS (SURGERY, MEDICAL ONCOLOGY, PATHOLOGY, MAMMOGRAPHY, PLASTIC SURGERY, AND RADIATION THERAPY), BREAST CANCER HIGH RISK PROGRAM, STEREOTACTIC BIOPSY SYSTEM, TOMOSYNTHESIS, COMPUTER-AIDED DETECTION ("ICAD") MAMMOGRAPHY, BREAST-SPECIFIC GAMMA IMAGING, BREAST MRI, AUTOMATED WHOLE-BREAST ULTRASOUND, HIGH-RESOLUTION BREAST ULTRASOUND, ULTRASOUND-GUIDED FINE-NEEDLE BIOPSY, DEXA SCANNING, CLINICAL RESEARCH AND A BREAST INFORMATION CENTER; AND
- SATELLITE LOCATIONS IN COLTS NECK, HOWELL, AND LAKEWOOD TO OFFER WOMEN CONVENIENT ACCESS TO SCREENING AND DIAGNOSTIC MAMMOGRAPHY, BREAST ULTRASOUND, GENETIC TESTING, AND BONE DENSITY TESTING.

- LEON HESS CANCER CENTER

MMC STANDS AT THE FOREFRONT OF PROVIDING THE MOST EXTENSIVE ARRAY OF HIGHLY ADVANCED CANCER SERVICES, DELIVERED BY A MULTIDISCIPLINARY TEAM OF SPECIALISTS IN A CARING AND SUPPORTIVE ENVIRONMENT. FOR DECADES, MMC'S LEADERSHIP ROLE IN ONCOLOGY SERVICES HAS BEEN BROADENED THROUGH THE ONGOING EXPANSION OF STATE-OF-THE-ART PROGRAMS AND TECHNOLOGIES OFFERED IN ALL AREAS OF CANCER PREVENTION, DETECTION, AND TREATMENT. THE LEON

HESS CANCER CENTER AT MMC TOGETHER WITH RUTGERS CANCER INSTITUTE, BRINGS TOGETHER A HOST OF SPECIALISTS AND A VAST ARRAY OF SERVICES UNDER ONE ROOF, MAKING CARE MORE CONVENIENT, EFFICIENT, AND EFFECTIVE. IT FEATURES COMPREHENSIVE MULTIDISCIPLINARY MEDICAL SERVICES THAT ARE LED BY TEAMS OF MAJOR PHYSICIAN SPECIALISTS INCLUDING MEDICAL, SURGICAL AND RADIATION ONCOLOGY.

TOGETHER, THESE CANCER SPECIALISTS, IN CONSULTATION WITH EACH PATIENT'S PRIMARY CARE PHYSICIAN AND IN CONJUNCTION WITH THE HOSPITAL'S CANCER CARE MANAGEMENT TEAM, WORK TO CREATE THE MOST APPROPRIATE AND EFFECTIVE PLAN OF TREATMENT. MMC IS ACCREDITED AT THE HIGHEST DESIGNATION BY THE COMMISSION ON CANCER OF THE AMERICAN COLLEGE OF SURGEONS AS A "TEACHING HOSPITAL AND CANCER CENTER".

- THE CRANMER AMBULATORY SURGERY CENTER

THE CENTER PROVIDES A FULL SPECTRUM OF SAME-DAY SURGICAL SERVICES USING THE MOST MODERN TECHNOLOGY AVAILABLE. THE FACILITY INCLUDES FOUR FULL-SERVICE OPERATING ROOMS, THREE MINOR PROCEDURE ROOMS AND A THREE-TIERED GRADUATED RECOVERY AREA, RESPECTING THE INDIVIDUAL NEEDS OF ADULT AND PEDIATRIC PATIENTS.

THE ONE-STORY, 19,000-SQUARE-FOOT BUILDING IS EQUIPPED TO PERFORM ALL TYPES OF SAME-DAY SURGICAL PROCEDURES, INCLUDING ARTHROSCOPIC, LAPAROSCOPIC AND LASER TECHNIQUES. EVERY ASPECT OF THE CENTER HAS BEEN

DESIGNED TO PROVIDE THE ULTIMATE IN EFFICIENCY AND COMFORT FOR PATIENTS AND THEIR FAMILIES, WHILE OFFERING THE HIGHEST QUALITY MEDICAL CARE.

- THE EISENBERG FAMILY CENTER

MMC DELIVERS MORE THAN 5,000 BABIES ANNUALLY - MORE THAN ANY OTHER HOSPITAL IN MONMOUTH AND OCEAN COUNTIES - AND HAS BUILT ONE OF THE SAFEST OBSTETRICAL PROGRAMS IN THE NATION. AS PER US NEWS, MMC IS RECOGNIZED AS EXCELLENT AT MINIMIZING AVOIDABLE C-SECTIONS WITH LESS THAN 23.9% OF FIRST-TIME, LOW-RISK PREGNANCIES AT FULL TERM DELIVERED BY CESAREAN SECTION. THE VAST MAJORITY OF THE OBSTETRICIAN/GYNECOLOGISTS WHO SERVE AS ATTENDING PHYSICIANS ON MMC'S MEDICAL STAFF ARE BOARD CERTIFIED OR ELIGIBLE IN THE DISCIPLINE. MANY ALSO HOLD CERTIFICATION IN SUCH SPECIALTIES AS MATERNAL-FETAL MEDICINE (PERINATOLOGY), REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY, URO-GYNECOLOGY, AND GYNECOLOGIC ONCOLOGY. IN ADDITION, MMC'S SKILLED AND DEDICATED NURSING STAFF IS TRAINED TO ASSIST MOTHERS AND THEIR CHILDBIRTH PARTNERS DURING LABOR AND DELIVERY AND TO INSTRUCT NEW PARENTS AND OTHER FAMILY MEMBERS IN NEWBORN CARE.

- THE VALERIE FUND CHILDREN'S CENTER FOR CANCER AND BLOOD DISORDERS

THE CENTER PROVIDES COMPREHENSIVE MEDICAL SERVICES TO CHILDREN WITH CHILDHOOD CANCERS SUCH AS LEUKEMIA, LYMPHOMAS AND NEUROBLASTOMAS, AND BLOOD DISORDERS SUCH AS SICKLE CELL ANEMIA AND WHITE CELL ABNORMALITIES. CHILDREN AND YOUNG ADULTS (BIRTH TO 21 YEARS OF AGE) WITH LEUKEMIA AND

OTHER CANCERS ARE TREATED ACCORDING TO THE MOST ADVANCED THERAPEUTIC PROTOCOLS. PATIENTS RECEIVE TREATMENT ON AN OUTPATIENT BASIS FROM A TEAM OF SPECIALISTS, INCLUDING PEDIATRIC HEMATOLOGISTS/ONCOLOGISTS, SURGEONS, RADIOLOGISTS, NURSES, SOCIAL WORKERS, COUNSELORS, AND CHILD LIFE SPECIALISTS. AMONG THE VALERIE FUND'S SERVICES IS RED BLOOD CELL APHERESIS - A SOPHISTICATED EXCHANGE/TRANSFUSION OF RED BLOOD CELLS FOR PATIENTS WITH SICKLE CELL DISEASE.

MMC IS ONE OF EIGHT HOSPITALS IN THE TRI-STATE AREA THAT IS PART OF THE VALERIE FUND, ONE OF THE LARGEST AND MOST ADVANCED PEDIATRIC ONCOLOGY/HEMATOLOGY NETWORKS IN THE COUNTRY.

- ROBOTIC SURGERY PROGRAM

MMC CREATED THE REGION'S FIRST ROBOTIC SURGERY PROGRAM WITH THE DA VINCI S SURGICAL SYSTEM. THE SYSTEM COMBINES COMPUTER AND ROBOTIC TECHNOLOGIES WITH THE SKILLS OF MMC'S SURGEONS TO CREATE A NEW CATEGORY OF SURGICAL TREATMENT, MAKING IT POSSIBLE TO PERFORM MORE TECHNICALLY DEMANDING SURGERIES, SUCH AS PROSTATECTOMY, USING A MINIMALLY INVASIVE APPROACH. MMC OFFERS ROBOTIC SURGERY FOR THE REMOVAL OF A VARIETY OF CANCEROUS TUMORS AS WELL AS FOR BENIGN CONDITIONS. THE ROBOTIC SURGERY SYSTEM OFFERS PATIENTS BETTER OUTCOMES, LESS PAIN, LESS SCARRING, LESS BLOOD LOSS, SHORTER HOSPITAL STAYS AND A QUICKER RETURN TO NORMAL ACTIVITIES THAN CONVENTIONAL SURGERY.

FIRST HOSPITAL IN CENTRAL AND SOUTHERN NEW JERSEY TO INTRODUCE MAKO ROBOTIC-ASSISTED TOTAL AND PARTIAL KNEE AND HIP REPLACEMENT SURGERY. MAKO SURGERY IS PERFORMED USING A SURGEON-CONTROLLED ROBOTIC ARM SYSTEM THAT ENABLES ACCURATE ALIGNMENT AND PLACEMENT OF IMPLANTS.

MMC-SC'S RECOGNIZED MEDICAL SERVICES AND CENTERS OF EXCELLENCE INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

- THE JAMES & SHARON MAIDA GERIATRICS INSTITUTE

MMC-SC HAS LONG BEEN A LEADER IN GERIATRIC MEDICINE, WHICH SPECIFICALLY ADDRESSES THE UNIQUE CARE NEEDS OF OLDER ADULTS. OUR ONE-OF-A-KIND JAMES AND SHARON MAIDA GERIATRICS INSTITUTE PROVIDES INTEGRATED INPATIENT AND OUTPATIENT GERIATRIC SERVICES FOR PATIENTS 65 AND OLDER IN ONE CONVENIENT LOCATION. IN ADDITION, OUR GERIATRICIANS - PHYSICIANS SPECIALIZING IN THE MEDICAL CARE OF THE ELDERLY - HAVE A FULL UNDERSTANDING OF THE WIDE RANGE OF PHYSICAL, MENTAL, MEDICAL, SOCIAL, AND SPIRITUAL ISSUES THAT OLDER ADULTS CAN FACE.

WITH OUR MANY INTERLINKED SERVICES, THE EXPERTS AT THE GERIATRICS INSTITUTE PROVIDE INDIVIDUALIZED CARE RECOMMENDATIONS TO ENSURE THAT PATIENTS RECEIVE THE SPECIAL CARE THEY REQUIRE, WITHOUT INTERFERING WITH THEIR INDEPENDENCE. AND OUR GERIATRIC TEAM WORKS CLOSELY WITH YOU OR YOUR LOVED ONE'S PRIMARY CARE PHYSICIAN TO MAKE SURE THAT ALL PATIENT AND FAMILY NEEDS ARE MET. WITH THE EXPERT TREATMENT AVAILABLE AT OUR

STATE-OF-THE-ART OUTPATIENT PRACTICE, OLDER ADULTS CAN LIVE THE FULLEST LIFE POSSIBLE.

OUR MULTIDISCIPLINARY TEAM ALSO INCLUDES NURSES, SOCIAL WORKERS, NUTRITIONISTS, PHARMACISTS, HEALTH EDUCATORS, PHYSICAL THERAPISTS, OCCUPATIONAL THERAPISTS, SPEECH THERAPISTS AND AUDIOLOGISTS, ALL WHO SPECIALIZE IN THE CARE OF SENIORS AND ARE AVAILABLE TO ACCOMMODATE THE NEEDS OF PATIENTS AS THEY TRANSITION FROM INPATIENT TO OUTPATIENT CARE.

COMPLEMENTING THE GERIATRICS INSTITUTE ARE THE GERIATRIC EMERGENCY MEDICINE (GEM) UNIT, CREATED TO MEET THE MORE COMPLEX NEEDS OF SENIORS IN EMERGENCY CARE, THE ACUTE CARE FOR ELDERS (ACE) UNIT, AN INPATIENT UNIT UTILIZING AN INTERDISCIPLINARY APPROACH TO COLLABORATIVELY DEVELOP A PATIENT-CENTERED CARE PLAN, AND THE BETTER HEALTH PROGRAM, WHICH OFFERS COURSES AND MORE TO MEN AND WOMEN 55 AND OLDER WHO WANT TO IMPROVE THEIR HEALTH AND WELL-BEING.

- THE EMERGENCY DEPARTMENT AT MMC-SC

THE EMERGENCY DEPARTMENT UTILIZES THE LATEST IN CARDIAC MONITORING EQUIPMENT, INCLUDING SPECIAL ROOMS FOR TRAUMA, ORTHOPEDICS, EAR/NOSE/THROAT, OBSTETRICS/GYNECOLOGY, PEDIATRICS, SUTURING AND PSYCHIATRIC EMERGENCIES. THE MAIN EMERGENCY DEPARTMENT INCLUDES 30 TREATMENT BAYS AND HAS REVOLUTIONIZED HOW PATIENTS ARE TREATED IN MODERN HEALTHCARE SETTINGS BY EXPEDITING THE PROCESS WHICH PATIENTS MUST UNDERGO

PRIOR TO RECEIVING MEDICAL TREATMENT. THE STAFF IS FOCUSED ON RESPECTING THE INDIVIDUAL NEEDS OF ALL ADULT AND PEDIATRIC PATIENTS. MMC-SC IS A STATE-DESIGNATED PRIMARY STROKE CENTER AND JOINT COMMISSION CERTIFIED CHEST PAIN CENTER AND HAS OCEAN COUNTY'S ONLY PSYCHIATRIC EMERGENCY SCREENING PROGRAM.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

MMC-SC'S PEDIATRIC EMERGENCY SERVICES PROGRAM IS STAFFED FULL TIME BY HIGHLY EXPERIENCED, BOARD-CERTIFIED EMERGENCY MEDICINE PHYSICIANS WITH ACCESS TO PEDIATRIC CONSULTATIONS 24 HOURS A DAY WITH ON-SITE DOUBLE BOARD-CERTIFIED NEONATOLOGISTS/PEDIATRICIANS AND AN ON-CALL BOARD CERTIFIED PEDIATRICIAN. WHEN NECESSARY, CONSULTATIONS WITH PEDIATRIC SUBSPECIALISTS ARE COORDINATED WITH THE MEDICAL STAFF AT THE UNTERBERG CHILDREN'S HOSPITAL AT MMC. ADDITIONALLY, INFANTS AND CHILDREN REQUIRING MORE SPECIALIZED CARE ARE TRANSPORTED TO THE CHILDREN'S HOSPITAL, IF AND WHEN NECESSARY. MMC-SC'S CHILD-FRIENDLY PEDIATRIC-DESIGNATED TREATMENT AREA IN THE EMERGENCY DEPARTMENT OFFERS A PEDIATRIC PLAYROOM WITH GAMES, TOYS AND BOOKS AND COLORFULLY DECORATED TREATMENT ROOMS EQUIPPED WITH TV AND DVD PLAYER.

EVERY ASPECT OF MMC-SC'S EMERGENCY DEPARTMENT HAS BEEN DESIGNED TO PROVIDE THE ULTIMATE IN EFFICIENCY AND COMFORT FOR PATIENTS AND THEIR FAMILIES, WHILE OFFERING THE HIGHEST QUALITY MEDICAL CARE. THIS HAS LED TO NUMEROUS RECOGNITIONS AND AWARDS FOR PATIENT SATISFACTION AND QUALITY MEDICAL CARE, INCLUDING EXCEPTIONAL TURNAROUND TIME.

- THE CENTER FOR WOUND HEALING

THE WOUND CARE CENTER AT MMC-SC PROVIDES DIAGNOSIS, TREATMENT AND HEALING OF CHRONIC AND HARD-TO-HEAL WOUNDS CAUSED BY A VARIETY OF MEDICAL CONDITIONS INCLUDING DIABETES, TRAUMA, POOR CIRCULATION, BEDRIDDEN, SURGICAL COMPLICATIONS, VASCULAR DISEASES, ETC. THE CENTER FOR WOUND HEALING AND HYPERBARIC MEDICINE APPLIES PROVEN WOUND CARE PRACTICES AND ADVANCED CLINICAL APPROACHES INCLUDING HYPERBARIC OXYGEN THERAPY TO HELP HEAL PATIENTS SUFFERING FROM CHRONIC WOUNDS. ADDITIONALLY, OUR CENTER FREQUENTLY PARTICIPATES IN CLINICAL TRIALS UTILIZING THE LATEST WOUND CARE PRODUCTS AVAILABLE.

- PSYCHIATRIC CENTERS/PROGRAM

MMC-SC HAS THE LARGEST PSYCHIATRIC PROGRAM IN OCEAN COUNTY, WITH A TOTAL OF 60 BEDS WITHIN VOLUNTARY AND INVOLUNTARY ADULT INPATIENT UNITS LOCATED IN A FREE-STANDING FACILITY IN TOMS RIVER, NJ. IN ADDITION, ITS PSYCHIATRIC EMERGENCY SCREENING SERVICE ("PESS") IS THE STATE-DESIGNATED SERVICE FOR OCEAN COUNTY. MMC-SC ALSO OFFERS INTENSIVE OUTPATIENT PROGRAMS AND TRADITIONAL OUTPATIENT CARE.

NEWARK BETH ISRAEL MEDICAL CENTER

NBIMC'S RECOGNIZED MEDICAL SERVICES CENTERS OF EXCELLENCE INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

- HEART TRANSPLANT PROGRAM & HEART FAILURE TREATMENT

THE RENOWNED HEART TRANSPLANT CENTER HAS PERFORMED OVER 1,100 HEART TRANSPLANTS. THE PROGRAM PROVIDES THE MOST ADVANCED TREATMENT OPTIONS AVAILABLE ANYWHERE IN NEW JERSEY FOR PEOPLE WITH CONGESTIVE HEART FAILURE OR END STAGE CARDIAC DISEASE INCLUDING THE ULTIMATE TREATMENT; ORGAN TRANSPLANTATION. EXPERIENCED MULTIDISCIPLINARY TEAM HAS WORKED CLOSELY TOGETHER AT THE HOSPITAL AND WITH ITS AFFILIATES. NBIMC IS A DESIGNATED VENTRICULAR ASSIST DEVICE ("VAD") CENTER AND WAS ONE OF THE FIRST IN NJ TO EMPLOY EXTRACORPOREAL MEMBRANE OXYGENATION ("ECMO").

- RWJBARNABAS HEALTH HEART CENTER AT NBIMC

THE PREMIER CARDIAC SERVICES PROVIDE IMMEDIATE ACCESS TO HIGHLY SOPHISTICATED HEART SURGERY. MEMBERS OF THE SURGICAL TEAM ARE RECOGNIZED AS NATIONAL LEADERS IN THE FIELD OF CARDIOTHORACIC SURGERY AND ARE ADVANCING THE LATEST MINIMALLY INVASIVE TECHNIQUES THAT OFFER PATIENTS FASTER RECOVERY AND FEWER COMPLICATIONS. THE CENTER'S REPUTATION FOR EXCELLENCE HAS MADE THEM EDUCATIONAL RESOURCES FOR CARDIAC SURGEONS THROUGHOUT THE NORTHEAST. SERVICES INCLUDE MINIMALLY INVASIVE CARDIAC SURGERY/ROBOTIC SURGERY, BEATING HEART SURGERY, TRANSCATHETER AORTIC VALVE REPLACEMENT ("TAVR") AND INTEGRATIVE CARDIAC WELLNESS. TO ENSURE

EVERYONE WITH HEART DISEASE HAS ACCESS TO THE SPECIALIZED SERVICES, OUR CARDIAC TEAM SEES PATIENTS AT SATELLITE OFFICES THROUGHOUT THE STATE. IN CONJUNCTION WITH ITS AFFILIATES, SAINT BARNABAS MEDICAL CENTER, JERSEY CITY MEDICAL CENTER AND ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, THE HEART CENTERS PERFORMED OVER 2,800 HEART PROCEDURES AND AROUND 36 HEART TRANSPLANTS IN 2024.

- LUNG TRANSPLANT AND THE CENTER FOR ADVANCED LUNG DISEASE

NEW JERSEY'S ONLY LUNG TRANSPLANT PROGRAM, THE RWJBARNABAS HEALTH ADVANCED LUNG DISEASE AND TRANSPLANT PROGRAM AT NBIMC, OFFERS INCREASED ACCESS TO SINGLE AND DOUBLE LUNG TRANSPLANT AND COMPREHENSIVE TREATMENT AND MANAGEMENT OF CHRONIC AND COMPLEX LUNG DISEASE. TO-DATE, THE CENTER HAS ALREADY PERFORMED OVER 235 TRANSPLANTS. THE PROGRAM BRINGS SPECIALTY SERVICES TO THE STATE IMPROVING THE LIVES OF PEOPLE WITH ADVANCED LUNG CONDITIONS INCLUDING CHRONIC OBSTRUCTIVE PULMONARY DISEASE ("COPD"), CYSTIC FIBROSIS, PULMONARY FIBROSIS, AND PULMONARY HYPERTENSION.

WHILE A PRIMARY GOAL OF THE PROGRAM IS TO IDENTIFY SUITABLE CANDIDATES FOR A TRANSPLANT, THE COMPREHENSIVE MULTIDISCIPLINARY EVALUATION CAN ALSO BENEFIT PATIENTS WHO ARE NOT TRANSPLANT CANDIDATES. THE PROGRAM OFFERS COMPLETE EVALUATION AND TREATMENT PLANS FOR PATIENTS WITH LUNG DISEASES SUCH AS: ASTHMA, CYSTIC FIBROSIS INTERSTITIAL LUNG DISEASES, ALPHA 1 ANTITRYPSIN DEFICIENCY, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, PULMONARY FIBROSIS, SARCOIDOSIS, LYMPHANGIOLEIOMYOMATOSIS (LAM), SCLERODERMA,

PULMONARY ALVEOLAR PROTEINOSIS AND PULMONARY HYPERTENSION.

STATE-OF-THE-ART DIAGNOSTIC SERVICES INCLUDE: CT-GUIDED BIOPSY, NAVIGATIONAL BRONCHOSCOPY, AND ENDOBRONCHIAL ULTRASOUND, BRONCHIAL THERMOPLASTY, ENDOBRONCHIAL RESECTION OF TUMORS, ENDOBRONCHIAL STENTS, AND PLEURAX CATHETER PLACEMENT FOR MALIGNANT PLEURAL EFFUSIONS AND WHOLE LUNG LAVAGE.

THE CENTER HAS VARIOUS ONGOING CUTTING-EDGE RESEARCH TRIALS HELPING PATIENTS WITH END-STAGE LUNG DISEASE.

- CHILDREN'S HOSPITAL OF NEW JERSEY ("CHONJ")

CHONJ PROVIDES COMPREHENSIVE HEALTHCARE PROGRAMS AND SERVICES TO CHILDREN OF ALL AGES. THE HOSPITAL WITHIN A HOSPITAL COMBINES THE MOST ADVANCED FACILITIES AND TECHNOLOGY DEDICATED EXCLUSIVELY TO PEDIATRIC PATIENTS WITH THE PHILOSOPHY OF FAMILY CENTERED CARE. PEDIATRIC AND NEONATAL SERVICES OF CHONJ RANGE FROM PRIMARY/PREVENTIVE CARE SERVICES TO CRITICAL INTENSIVE AND INTERMEDIATE ACUTE CARE FOR CHILDREN AND NEWBORNS.

NBIMC HAS THE LARGEST PEDIATRIC INTENSIVE CARE UNIT IN THE STATE. SPECIALTY SERVICES INCLUDE THE CHILDREN'S HEART CENTER PROVIDING THE MOST COMPREHENSIVE PEDIATRIC CARDIAC AND CARDIAC SURGERY SERVICES IN THE STATE, NEONATAL INTENSIVE AND INTERMEDIATE CARE, PEDIATRIC EMERGENCY SERVICES, PULMONARY SERVICES, THE STATE'S ONLY PEDIATRIC ECMO PROVIDER, PEDIATRIC VIDEO MONITORING UNIT, VALERIE FUND CANCER CENTER, HEMOPHILIA

TREATMENT CENTER, MODERATE SEDATION, ROBOTIC SURGERY, AND THE PRIMARY AND PHYSICIAN SUBSPECIALTY SERVICES OF THE FAMILY HEALTH CENTER.

FAMILIES EXPERIENCE A WARM, COMFORTING ENVIRONMENT IN WHICH PHYSICIANS, NURSES AND CLINICAL STAFF UNDERSTAND THE UNIQUE NEEDS OF CHILDREN AND THE VITAL ROLE OF PARENTS IN THE HEALING PROCESS.

- COMPREHENSIVE HEMOPHILIA TREATMENT CENTER

ONE OF ONLY FOUR STATE-DESIGNATED CENTERS IN NEW JERSEY, THE COMPREHENSIVE HEMOPHILIA TREATMENT CENTER PROVIDES CARE TO BOTH PEDIATRIC AND ADULT PATIENTS WITH INHERITED BLEEDING AND CLOTTING DISORDERS. THE CENTER OFFERS COMPLETE EVALUATIONS BY A TEAM OF EXPERTS INCLUDING HEMATOLOGISTS, NURSES, PSYCHOSOCIAL PROFESSIONALS, AND PHYSICAL THERAPISTS. CONSULTATION BY INFECTIOUS DISEASE SPECIALISTS, DENTISTS, NUTRITIONISTS, GASTROENTEROLOGISTS, ORTHOPEDISTS, AND OTHER SPECIALISTS IS PROVIDED AS NEEDED.

OUR CENTER'S GOAL IS TO PROVIDE THE LATEST ADVANCES IN TREATMENT FOR PEOPLE WITH HEMOPHILIA, ASSIST IN THE CARE OF THE COMPLICATIONS OF HEMOPHILIA, AND CONTINUE TO PROVIDE SUPPORT TO PERSONS WITH HEMOPHILIA AND THEIR FAMILIES WITH THE GOAL OF ACHIEVING A NORMAL LIFESTYLE.

THE CENTER PROVIDES CARE FOR CHILDREN AND ADULTS WITH VON WILLEBRAND DISEASE AND OTHER BLEEDING DISORDERS. PATIENTS WITH THROMBOSIS (CLOTTING

DISORDER) RECEIVE COMPREHENSIVE TREATMENT AT THE CENTER. WE ALSO COORDINATE A HOME CARE PROGRAM WHICH ENABLES PERSONS WITH HEMOPHILIA TO LEAD NORMAL, PRODUCTIVE LIVES. THE HOME CARE PROGRAM ALLOWS FOR IMMEDIATE TREATMENT, THUS AVOIDING THE DELAY, STRESS, AND COST OF EMERGENCY DEPARTMENT CARE. ADULT AND PEDIATRIC INFECTIOUS DISEASE AND GASTROINTESTINAL SPECIALISTS PROVIDE COMPREHENSIVE CARE FOR HEMOPHILIA PATIENTS WITH AIDS AND/OR HEPATITIS AND THEIR PARTNERS.

- ROBOTIC SURGERY

ROBOTIC SURGERY IS OFFERED IN MANY SPECIALTIES INCLUDING CARDIAC, UROLOGY, PEDIATRIC SURGERY, GYNECOLOGY, URO-GYNECOLOGY, AND GENERAL SURGERY. PERFORMING MINIMALLY INVASIVE PROCEDURES CAN BE LESS TRAUMATIC TO PATIENTS AND ALLOW FOR QUICKER RECOVERY TIMES. NBIMC ALSO OFFERS BLOODLESS SURGERY AND CELEBRATED 10 YEARS OF SERVICE IN 2014. THE ROBOTIC SURGERY PROGRAM AT NBIMC WAS ONE OF THE COUNTRY'S FIRST. HUNDREDS OF PHYSICIANS IN NEW JERSEY AND AROUND THE WORLD HAVE RECEIVED TRAINING FROM ROBOTIC SURGEONS AT NBIMC. IN ADDITION, PHYSICIANS AT NBIMC WERE SOME OF THE FIRST TRAINED IN SINGLE SITE SURGERY.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - NEW BRUNSWICK AND SOMERSET

RWJUH'S CENTERS OF EXCELLENCE INCLUDE CARDIOVASCULAR CARE FROM MINIMALLY

INVASIVE HEART SURGERY TO TRANSPLANTATION, CANCER CARE, STROKE CARE, NEUROSCIENCE, JOINT REPLACEMENT, AND WOMEN'S AND CHILDREN'S CARE INCLUDING THE BRISTOL-MYERS SQUIBB CHILDREN'S HOSPITAL AT ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL.

AS THE FLAGSHIP CANCER HOSPITAL OF RUTGERS CANCER INSTITUTE OF NEW JERSEY AND THE PRINCIPAL TEACHING HOSPITAL OF RUTGERS ROBERT WOOD JOHNSON MEDICAL SCHOOL IN NEW BRUNSWICK, RWJUH IS AN INNOVATIVE LEADER IN ADVANCING STATE-OF-THE-ART CARE. A LEVEL 1 TRAUMA CENTER AND THE FIRST PEDIATRIC TRAUMA CENTER IN THE STATE, RWJUH'S NEW BRUNSWICK CAMPUS SERVES AS A NATIONAL RESOURCE IN ITS GROUND-BREAKING APPROACHES TO EMERGENCY PREPAREDNESS.

- RWJUH NEW BRUNSWICK AND SOMERSET HAVE BEEN DESIGNATED AS CENTERS OF EXCELLENCE IN METABOLIC AND BARIATRIC SURGERY.
- RWJUH SOMERSET WAS THE FIRST IN NEW JERSEY TO OFFER SPECIALIZED PRIMARY MEDICAL CARE SERVICES FOR THE LGBQTIA COMMUNITY, OPENING ITS PROUD FAMILY HEALTH IN 2017.
- RWJUH SOMERSET IS ONE OF ONLY TWO HOSPITALS IN NEW JERSEY TO OFFER AN INPATIENT EATING DISORDERS PROGRAM IN ADDITION TO OFFERING PARTIAL HOSPITALIZATION AND INTENSIVE OUTPATIENT SERVICES.
- RWJUH NEW BRUNSWICK EARNED THE JOINT COMMISSION'S GOLD SEAL OF APPROVAL FOR ITS BARIATRIC SURGERY AND HIP AND KNEE JOINT REPLACEMENT PROGRAMS BY DEMONSTRATING COMPLIANCE WITH THE JOINT COMMISSION'S NATIONAL STANDARDS FOR HEALTH CARE QUALITY AND SAFETY IN DISEASE-SPECIFIC CARE.

- CARDIOVASCULAR CARE

BOTH THE NEW BRUNSWICK AND SOMERSET CAMPUSES OF RWJUH HAVE A LONG HISTORY OF PROVIDING COMPREHENSIVE CARDIAC CARE TO THE COMMUNITY. THE CARDIOVASCULAR CENTER OF EXCELLENCE AT RWJUH CAN BE DIVIDED INTO THREE COMPONENTS: CARDIAC SERVICES INCLUSIVE OF MEDICAL MANAGEMENT AND TREATMENT; THE LATEST IN CARDIAC SURGICAL INNOVATIONS; AND PROVISION OF COMPREHENSIVE VASCULAR SERVICES. THE GOAL OF THIS CENTER OF EXCELLENCE IS TO PROVIDE HIGH-QUALITY, CUTTING-EDGE SERVICES IN A PROMPT AND EFFICIENT MANNER.

CARDIAC SERVICES RUN THE GAMUT FROM ELECTROCARDIOGRAM (EKG) UP TO AND INCLUDING HEART TRANSPLANTATION INCLUSIVE OF THE ABIOCOR TOTAL ARTIFICIAL HEART. THE FOLLOWING DESCRIBES THE CARDIAC SERVICE LINE BASED ON MEDICAL CARDIOLOGY INCLUSIVE OF NON-INVASIVE AND INVASIVE TECHNOLOGIES.

THE NON-INVASIVE TECHNOLOGIES AT ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL ON BOTH CAMPUSES INCLUDE EKG, STRESS TESTING, BOTH NUCLEAR AND REGULAR, ECHOCARDIOGRAPHY, BOTH STRESS AND NON-STRESS TESTING. THESE NON-INVASIVE TECHNIQUES PROVIDE INFORMATION NECESSARY FOR THE DIAGNOSIS AND TREATMENT OF HEART DISEASE.

MEDICALLY INVASIVE CARDIAC PROCEDURES ARE PERFORMED IN THE CARDIAC CATHETERIZATION LABORATORIES. THE HOSPITAL HAS ELEVEN LABORATORIES ACROSS

THE TWO CAMPUSES, INCLUSIVE OF ONE PEDIATRIC AND OF TWO ELECTROPHYSIOLOGY (EP) LABORATORIES IN NEW BRUNSWICK. WITHIN THE CARDIAC CATHETERIZATION LABORATORIES, DIAGNOSTIC CARDIAC CATHETERIZATIONS ARE PERFORMED AS WELL AS PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTIES (PTCA). IN ADDITION, IN THE ELECTROPHYSIOLOGY LABS, TREATMENTS FOR ARRHYTHMIAS ARE PERFORMED. THESE PROCEDURES ARE DONE THROUGH THE USE OF CATHETERS WHICH ARE POSITIONED WITHIN THE HEART TO MEASURE ITS APPROPRIATE ELECTRICAL ACTIVITY AND VULNERABILITY OF THE HEART TO ABNORMAL RHYTHMS AND RAPID OR SLOW HEARTBEATS. THE RWJUH ROBOTIC MAGNETIC NAVIGATION SYSTEM FOR CARDIAC ABLATIONS IN NEW BRUNSWICK HAS GROWN TO BECOME ONE OF THE MOST ACTIVE LABS IN THE COUNTRY. THESE RHYTHM DISORDERS ARE TREATED IN A VARIETY OF WAYS INCLUSIVE OF THE IMPLANTATION OF PACEMAKER DEVICES. THE OTHER PROCEDURES DONE IN THE CARDIAC CATHETERIZATION LABORATORIES ARE THOSE FOR ENDOVASCULAR PROCEDURES TO TREAT PERIPHERAL ARTERY DISEASE. ONE OF THE BUSIEST LABS IN THE REGION, OVER 12,000 PROCEDURES ARE PERFORMED AT RWJUH ANNUALLY. DURING 2015, WORK WAS COMPLETED ON THE SOMERSET CAMPUS TO ELEVATE AND INTEGRATE THOSE CATH LABS ONTO THE SAME TECHNICAL PLATFORM AS THOSE IN NEW BRUNSWICK.

FROM A CARDIAC SURGICAL PERSPECTIVE, THE HOSPITAL IN NEW BRUNSWICK PERFORMS OVER 1,000 CARDIOTHORACIC SURGICAL PROCEDURES PER YEAR. THE CARDIAC SURGERY DIVISION SIMILARLY PERFORMS HEART TRANSPLANTATION. TO SUPPORT HEART TRANSPLANTATION, THE HOSPITAL ALSO PROVIDES VENTRICULAR ASSIST DEVICES (VAD) WHICH ARE USED AS A BRIDGE TO TRANSPLANTATION. THE VAD PROGRAM AT RWJUH IS ONE OF A HANDFUL OF PROGRAMS NATIONALLY TO BE

ACCREDITED BY THE JOINT COMMISSION AS A DESTINATION THERAPY FOR END-STAGE CARDIAC PATIENTS. SINCE ITS 2012 APPROVAL AS A SITE TO OFFER TRANSCATHETER AORTIC VALVE REPLACEMENT, DESIGNED FOR PATIENTS TOO ILL TO QUALIFY FOR TRADITIONAL VALVE REPLACEMENT SURGERY, RWJUH HAS INCREASED THE NUMBER OF TAVR CASES PERFORMED AMONG THE MOST ACUTELY ILL CARDIAC PATIENTS.

THE HOSPITAL HAS AN ACTIVE HEART FAILURE AND TRANSPLANT SERVICE. THROUGH THIS TEAM-ORIENTED APPROACH OF MEDICAL CARDIOLOGISTS AND CARDIAC SURGEONS, THE MOST UP-TO-DATE TECHNIQUES ARE DONE AT ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL INCLUSIVE OF HEART TRANSPLANTS. THE HOSPITAL HAS PERFORMED OVER 240 HEART TRANSPLANTS TO DATE.

THE HOSPITAL ALSO OFFERS A COMPREHENSIVE CARDIAC REHABILITATION PROGRAM AS A MEANS FOR REHABILITATION FOR PATIENTS WHO HAVE UNDERGONE CERTAIN PROCEDURES OR TREATMENT. THE PROGRAM IS APPROVED BY MEDICARE AND PRIVATE INSURANCE COMPANIES AND IS A BENEFICIAL SERVICE WHERE THE PATIENTS ARE ASSISTED BY THE NURSES AND EXERCISE PHYSIOLOGISTS TO RESUME THEIR ACTIVITIES OF DAILY LIVING.

THE OTHER COMPONENT OF THE CARDIOVASCULAR SERVICE LINE IS VASCULAR SERVICES WHICH ARE PRIMARILY PROVIDED THROUGH THE VASCULAR SURGEONS AND INTERVENTIONAL RADIOLOGISTS. THE TYPES OF PROCEDURES PERFORMED BY THE VASCULAR SURGEONS INCLUDE CAROTID ARTERY SURGERY FOR STROKE PREVENTION, ABDOMINAL AORTIC ANEURYSM (AAA) REPAIRS, THORACIC AORTIC ANEURYSM

REPAIRS, RENAL ARTERY REPAIRS, AND ARTERIAL RECONSTRUCTION FOR LOWER EXTREMITIES. THE VASCULAR SURGEONS ARE ALSO PROVIDING ENDOVASCULAR THERAPIES. IN ADDITION TO THE SERVICES PROVIDED BY THE VASCULAR SURGEONS, THE INTERVENTIONAL RADIOLOGISTS PROVIDE MODERN AND COMPLETE DIAGNOSTIC VASCULAR EXAMINATIONS AS WELL AS ENDOVASCULAR THERAPY. THE VASCULAR TEAM HAS COLLABORATED WITH THE HOSPITAL'S TRAUMA AND EMERGENCY MEDICINE DEPARTMENTS TO LAUNCH A NEW CLINICAL PROTOCOL FOR THE MANAGEMENT OF EMERGENCY AAA CASES.

NON-INVASIVE VASCULAR TESTING IS PROVIDED THROUGH THE VASCULAR LABORATORY. PROCEDURES INCLUDE BUT ARE NOT LIMITED TO CAROTID ARTERY, TRANSCRANIAL DOPPLER, AND UPPER AND LOWER EXTREMITY ARTERIAL SCANS.

- CANCER CARE

PROVIDING COMPASSIONATE, HIGH-QUALITY CARE FOR CANCER PATIENTS HAS LONG BEEN A PRIMARY FOCUS OF BOTH THE NEW BRUNSWICK AND SOMERSET CAMPUSES OF RWJUH.

THE CANCER HOSPITAL AT RWJUH IN NEW BRUNSWICK OFFERS A COMPREHENSIVE CANCER CARE PROGRAM WITH A CANCER HOSPITAL THAT PROVIDES SAME-DAY CHEMOTHERAPY, MEDICAL ONCOLOGY, HEMATOLOGY/ONCOLOGY, SURGICAL ONCOLOGY, BONE MARROW AND RADIATION THERAPY - ALL IN ONE LOCATION. THE COLLABORATION OF RWJUH SPECIALISTS, PHYSICIANS AND RESEARCHERS ALLOWS PATIENTS TO RECEIVE THE BENEFITS OF ALL THE LATEST ADVANCES IN CANCER

CARE. TECHNOLOGICAL HIGHLIGHTS OF THE PROGRAM INCLUDE TUMOR MOTION TRACKING, WHICH ALLOWS FOR GREATER PRECISION IN TREATING TUMORS WITH RADIATION, AND THE DA VINCI SURGICAL ROBOT, WHICH OFFERS MINIMALLY INVASIVE SURGICAL OPTIONS, OFTEN RESULTING IN QUICKER RECOVERY TIME FOR PATIENTS. RWJUH IS THE FLAGSHIP HOSPITAL OF THE CANCER INSTITUTE OF NEW JERSEY, THE ONLY NEW JERSEY NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CANCER CENTERS. ONCOLOGY SERVICES WILL BE TRANSFORMED WITH THE OPENING OF THE JACK & SHERYL MORRIS CANCER CENTER IN 2025. THE MORRIS CANCER CENTER IS A STATE-OF-THE-ART, CANCER CENTER FEATURING OUTPATIENT AND INPATIENT CAPACITY COUPLED WITH RESEARCH LABORATORIES, RETAIL SPACE AND ANCILLARY SERVICES DEVOTED TO PATIENT WELLNESS AND IS A FIRST OF ITS KIND IN NEW JERSEY. IT WILL INCLUDE THE WIDE-RANGING ADVANCED ONCOLOGY CARE SERVICES OFFERED BY RUTGERS CANCER INSTITUTE AND RWJBARNABAS HEALTH, ALL UNDER ONE ROOF - GREATLY ENHANCING THE PATIENT EXPERIENCE AND PROVIDING FURTHER EASE OF ACCESS.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

LOCATED ON THE CAMPUS OF ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL SOMERSET, THE STEEPLECHASE CANCER CENTER PROVIDES COMPREHENSIVE CANCER SERVICES WITHIN A CALM, COMPASSIONATE, PATIENT-FOCUSED ENVIRONMENT. THE CANCER CENTER HAS BEEN NATIONALLY RECOGNIZED WITH THE PRESTIGIOUS OUTSTANDING ACHIEVEMENT AWARD FROM THE COMMISSION ON CANCER OF THE AMERICAN COLLEGE OF SURGEONS. THE SANOFI US BREAST CARE PROGRAM IS ONE OF ONLY A SELECT FEW BREAST CARE PROGRAMS IN NEW JERSEY TO ACHIEVE FULL ACCREDITATION BY THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS.

IT HAS ALSO BEEN NAMED A BREAST IMAGING CENTER OF EXCELLENCE BY THE AMERICAN COLLEGE OF RADIOLOGY. THE STEEPLECHASE CANCER CENTER IS A CLINICAL RESEARCH AFFILIATE OF THE RUTGERS CANCER INSTITUTE OF NEW JERSEY.

UNIQUE PROGRAM HIGHLIGHTS INCLUDE:

IN THE SPRING OF 2015, WORK WAS COMPLETED ON THE CREATION OF THE LAURIE PROTON THERAPY CENTER AT RWJ, ALSO ON THE ROBERT WOOD JOHNSON CAMPUS. PROTON BEAM THERAPY IS REVOLUTIONARY IN THE TREATMENT OF CERTAIN TYPES OF CANCER AND IS PARTICULARLY EFFECTIVE IN THE TREATMENT OF SELECTED PEDIATRIC CANCERS - SUCH AS THOSE IN THE SPINE AND BRAIN - WHERE THE USE OF TRADITIONAL RADIOTHERAPY MIGHT CAUSE DAMAGE TO FORMING NERVOUS SYSTEM TISSUE. THE ESTABLISHMENT OF THE LAURIE PROTON THERAPY CENTER HAS CREATED ANOTHER DESTINATION THERAPY FOR THE PEOPLE OF OUR REGION.

- RWJUH'S RADIATION ONCOLOGY DEPARTMENT PROVIDES THE LATEST ADVANCES IN RADIOTHERAPY INCLUDING INTENSITY-MODULATED RADIATION THERAPY (IMRT), STEREOTACTIC BODY RADIO THERAPY, TOTAL SKIN ELECTRON BEAM THERAPY, HIGH DOSE RATE AND LOW DOSE RATE BRACHYTHERAPY AND IMAGE-GUIDED RADIATION THERAPY (IGRT).
- THE GAMMA KNIFE CENTER AT RWJUH LOCATED ON THE HOSPITAL CAMPUS TREATS COMPLEX CANCERS WITH STEREOTACTIC RADIO SURGERY OF THE BRAIN AND SPINE IN WAYS THAT TRADITIONAL SURGERY CANNOT. THE GAMMA KNIFE TECHNOLOGY IS ALSO BEING SUCCESSFULLY USED IN TREATING CONDITIONS OF THE FACIAL NERVOUS

SYSTEM AND FOR MALFORMATIONS OF BLOOD VESSELS IN THE BRAIN. THE RWJUH GAMMA KNIFE CENTER PROVIDES THE LATEST TECHNOLOGY IN THE BATTLE AGAINST CANCER.

- RWJUH OFFERS THE STATE'S ONLY ACCREDITED RESIDENCY PROGRAM IN RADIATION ONCOLOGY. THE RESIDENCY PROGRAM SUPPORTS THE PRODUCTION OF ADVANCED CLINICAL AND BASIC SCIENCE RESEARCH THAT SUPPORTS AND ENSURES THE APPROPRIATE APPLICATION OF HIGH-END TECHNOLOGY.
- RWJUH PROVIDES BOTH ADULT AND PEDIATRIC OUTPATIENT CHEMOTHERAPY AND INFUSION SERVICES AND IS ONE OF ONLY 2 BONE MARROW TRANSPLANT CENTERS IN THE STATE AND HAS A BONE MARROW UNIT HOUSED WITHIN THE CANCER HOSPITAL.
- RWJUH PROVIDES ACCESS TO THE EXPERTISE OF THE REGION'S BEST PLASTIC AND RECONSTRUCTIVE SURGEONS.
- THE CANCER HOSPITAL OF NEW JERSEY AT RWJUH FOCUSES ON ADDITIONAL PATIENT NEEDS INCLUDING EDUCATION, PSYCHOLOGICAL, EMOTIONAL, AND SPIRITUAL SUPPORT.
- THE BRISTOL-MYERS SQUIBB CHILDREN'S HOSPITAL AT RWJUH HOUSES A 10-BED PEDIATRIC HEMATOLOGY/ONCOLOGY UNIT FOR CHILDREN WITH CANCER.
- PATIENTS HAVE ACCESS TO A DEDICATED ONCOLOGY SOCIAL WORKER, AN ONCOLOGY NUTRITIONIST, CHAPLAIN AND NUMEROUS OTHER SUPPORT GROUPS.
- IN THE CANCER HOSPITAL, ALL ROOMS ARE PRIVATE WITH HOTEL-STYLE AMENITIES SUCH AS A TV, REFRIGERATOR, AND IN-SERVICE DINING, AS WELL AS SLEEPING ACCOMMODATIONS FOR FAMILY MEMBERS.
- WOMEN'S AND CHILDREN'S SERVICES.

OBSTETRICAL CARE

BOTH THE NEW BRUNSWICK AND SOMERSET CAMPUSES OF RWJUH HAVE A LONG HISTORY OF PROVIDING COMPREHENSIVE CARE TO WOMEN AND CHILDREN IN OUR DIVERSE COMMUNITIES. THE REGIONAL PERINATAL CENTER AT ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL OFFERS THE HIGHEST LEVEL OF OBSTETRIC AND NEONATAL SERVICES IN NEW JERSEY. A FULL RANGE OF SPECIALIZED CARE IS OFFERED, INCLUDING: PRE-CONCEPTION COUNSELING FOR WOMEN DIAGNOSED WITH A CHRONIC CONDITION BEFORE PREGNANCY; COUNSELING FOR COUPLES WITH HIGH RISK FACTORS FOR GENETIC PROBLEMS; MEETING THE ADVANCED CARE NEEDS OF WOMEN WITH MEDICAL PROBLEMS SUCH AS EPILEPSY, RENAL TRANSPLANT, HIV POSITIVE OR CARDIOVASCULAR DISEASE; CARE FOR PREGNANT WOMEN WITH MULTIPLES OR A PREVIOUS PRETERM INFANT; AND, EVEN PROVIDING SECOND OPINIONS FOR PREGNANT WOMEN SEEKING THIS OPTION.

RWJUH'S LABOR AND DELIVERY UNIT OFFERS PATIENTS WELL-APPOINTED ROOMS THAT ARE LARGER AND REDESIGNED TO CREATE A WARM, PATIENT-FOCUSED ENVIRONMENT. THE HOSPITAL RENOVATED AND ADDED BOTH ANTE-PARTUM AND POST-PARTUM ROOMS AND BEDS, WHICH NOW GIVES US 32 ANTE- AND POST-PARTUM BEDS, AS WELL AS 12 LABOR AND DELIVERY ROOMS. ADDITIONALLY, THERE IS EASIER ACCESS FROM THE LABOR AND DELIVERY AREA TO THE NEONATAL INTENSIVE CARE UNIT IF NEWBORNS REQUIRE HIGHLY SPECIALIZED CRITICAL CARE.

DURING 2024, MORE THAN 2,600 BIRTHS WERE RECORDED AT THE REGIONAL PERINATAL CENTER IN NEW BRUNSWICK AND OVER 775 BIRTHS WERE NOTED ON THE SOMERSET CAMPUS.

PROGRAM HIGHLIGHTS INCLUDE:

- THE STATE'S MOST ADVANCED PROGRAM FOR EVALUATING AND PREVENTING PRE-TERM BIRTHS AND PREGNANCY LOSS.
- A COMPREHENSIVE OBSTETRICAL UNIT IN NEW BRUNSWICK, WHICH INCLUDES STATE-OF-THE-ART, LABOR AND DELIVERY ROOMS, AN ANTE-PARTUM LOFT FOR OBSTETRIC EMERGENCIES, A FOUR-BED RECOVERY UNIT AND THREE OPERATING ROOMS.
- A TOTAL OF 32 PRIVATE ANTE-PARTUM AND POST-PARTUM ROOMS FOR MATERNITY CARE WITH HOTEL-LIKE AMENITIES.
- STATE-OF-THE-ART CENTRAL FETAL SURVEILLANCE MONITORS WITH REMOTE ACCESS, AND AN EXPANDED NURSES' STATION WITH A PHYSICIAN DICTATION AREA.
- REMOTE ACCESS FOR FETAL SURVEILLANCE AVAILABLE TO SMART PHONE, OFFICE, AND HOME.
- MATERNAL-FETAL MEDICINE SPECIALISTS AVAILABLE 24/7 WITH A FULL-TEAM COMPRISED OF FELLOWS, NURSES, SOCIAL WORKERS, NUTRITIONISTS, AND GENETIC COUNSELORS.
- STRONG RELATIONSHIPS WITH THE ADULT MEDICAL INTENSIVE CARE UNIT (MICU) WHICH IS WIRED FOR CENTRAL FETAL MONITORING.
- THE FIRST HOSPITAL IN NEW JERSEY WITH THE COOL-CAP DEVICE FOR NEONATES BORN WITH MODERATE TO SEVERE HYPOXIC-ISCHEMIC ENCEPHALOPATHY (HIE), WHICH CAN CAUSE PERMANENT NEUROLOGIC SEQUELAE.
- TWO NURSERIES EQUIPPED WITH STATE-OF-THE-ART TECHNOLOGY AND A HIGHLY SKILLED STAFF WITH EXPERIENCE IN PHOTOTHERAPY AND IV ANTIBIOTICS.

- A DEDICATED OB ANESTHESIOLOGIST, LACTATION CONSULTANTS ON STAFF SEVEN DAYS A WEEK AND A CERTIFIED CHILD SAFETY PASSENGER TECHNICIAN.

RWJUH SOMERSET RENOVATED ITS MATERNITY UNIT IN 2016 TO ENHANCE THE COMFORT AND QUALITY OF CARE FOR PATIENTS AND THEIR FAMILIES. RENOVATIONS INCLUDED UPDATES TO LABOR AND DELIVERY ROOMS AND POST-PARTUM ROOMS, INCLUDING NEW FURNITURE, FLOORING, PAINT, AND DéCOR, AS WELL AS ENHANCED SECURITY SYSTEMS. ALL PATIENT ROOMS FEATURE THE GETWELLNETWORK, AN INTERACTIVE PATIENT EDUCATION TELEVISION SYSTEM PROVIDING ACCESS TO THE INTERNET, EMAIL, AND VIDEOS ABOUT HEALTH-RELATED TOPICS DURING A PATIENT'S STAY IN THE HOSPITAL.

RWJUH SOMERSET ALSO PROVIDES A WIDE RANGE OF SERVICES FOR EXPECTANT MOTHERS, NEWBORNS, AND THEIR FAMILIES, INCLUDING A LEVEL II INTERMEDIATE CARE NURSERY STAFFED 24/7 BY A BOARD-CERTIFIED NEONATOLOGIST AND SPECIALLY TRAINED NURSES. A BOARD-CERTIFIED OBSTETRICIAN/GYNECOLOGIST AND ANESTHESIOLOGY COVERAGE DEDICATED TO OBSTETRICS IS AVAILABLE 24/7. COUNSELING WITH MATERNAL-FETAL MEDICINE STAFF AND A PERINATOLOGIST IS AVAILABLE AS IS A COMPREHENSIVE DIABETES CENTER THAT OFFERS PREGNANCY AND POST-PARTUM COUNSELING. A FAMILY PRACTICE CENTER PROVIDES PRENATAL AND POST-PARTUM CARE. SERVICES ALSO INCLUDE A LACTATION CONSULTANT FOR INPATIENT AND OUTPATIENT VISITS; POST-PARTUM AND INFANT CARE CLASSES OFFERED DURING A PATIENT'S STAY SO THAT THEY ARE READY FOR DISCHARGE; AND CHILDBIRTH EDUCATION FEATURING A WIDE RANGE OF TOPICS FOR PARENTS, SIBLINGS, AND GRANDPARENTS.

- THE BRISTOL-MYERS SQUIBB CHILDREN'S HOSPITAL (BMSCH) AT ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL

THE BRISTOL-MYERS SQUIBB CHILDREN'S HOSPITAL AT ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL IS AT THE EPICENTER OF A GROWING PEDIATRIC ACADEMIC HEALTH CAMPUS THAT PROVIDES THE MOST COMPREHENSIVE CARE FOR CHILDREN IN NEW JERSEY. BMSCH FEATURES SUB-SPECIALISTS IN A FULL RANGE OF PEDIATRICS FROM PEDIATRIC SURGERY, UROLOGY AND CARDIOLOGY TO ONCOLOGY, ORTHOPEDICS, HEMATOLOGY, AND PULMONOLOGY, ALL IN A FAMILY-CENTERED ENVIRONMENT. WITH THE MERGER IN 2014, PEDIATRIC PATIENTS OF SOMERSET COUNTY NOW HAVE HEIGHTENED ACCESS TO BMSCH AND THE MANY CLINICAL SPECIALISTS ON THE ACADEMIC CAMPUS. UNIVERSITY HOSPITAL IS AT THE EPICENTER OF A GROWING PEDIATRIC ACADEMIC HEALTH CAMPUS THAT PROVIDES THE MOST COMPREHENSIVE CARE FOR CHILDREN IN NEW JERSEY. BMSCH FEATURES SUB-SPECIALISTS IN A FULL RANGE OF PEDIATRICS FROM PEDIATRIC SURGERY, UROLOGY AND CARDIOLOGY TO ONCOLOGY, ORTHOPEDICS, HEMATOLOGY, AND PULMONOLOGY, ALL IN A FAMILY-CENTERED ENVIRONMENT. WITH THE MERGER ACHIEVED EARLIER THIS YEAR, PEDIATRIC PATIENTS OF SOMERSET COUNTY NOW HAVE HEIGHTENED ACCESS TO BMSCH AND THE MANY CLINICAL SPECIALISTS ON THE ACADEMIC CAMPUS.

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM HIGHLIGHTS INCLUDE:

- THE CENTER FOR ADVANCED PEDIATRIC SURGERY (CAPS), LOCATED ON THE

SEVENTH FLOOR OF BMSCH, IS DESIGNED AS A DISTINCT PEDIATRIC OPERATING ROOM SUITE. CAPS PROVIDES THE LATEST IN TECHNOLOGY FOR GENERAL PEDIATRIC SURGEONS AND PEDIATRIC SUB-SPECIALISTS.

- THE STATE'S ONLY DESIGNATED PEDIATRIC TRAUMA CENTER: FOR THE MOST SERIOUSLY INJURED CHILDREN, BMSCH IS A CERTIFIED LEVEL II TRAUMA CENTER, AND PEDIATRIC SURGEONS ARE AVAILABLE TO PERFORM SURGERY AT A MOMENT'S NOTICE. THIS PEDIATRIC TRAUMA CENTER WORKS IN CONCERT WITH THE RWJUH LEVEL 1 TRAUMA CENTER.

- PEDIATRIC EMERGENCY DEPARTMENT: OUR UNIQUE STANDALONE PEDIATRIC EMERGENCY DEPARTMENT, COMPLETELY SEPARATE FROM OUR ADULT EMERGENCY DEPARTMENT, IS SPECIALLY DESIGNED TO MEET THE NEEDS OF CHILDREN AND THEIR FAMILIES WITH SPECIALLY TRAINED ED NURSES, TECHNICIANS, AND BOARD-CERTIFIED DOCTORS.

- THE PEDIATRIC INTENSIVE CARE UNIT (PICU): THE PICU PROVIDES CARE FOR CRITICALLY ILL AND INJURED CHILDREN, INCLUDING ALL OF THE MOST ADVANCED TREATMENT MODALITIES AND ALL ASPECTS OF INVASIVE AND NON-INVASIVE MONITORING, ALONG WITH 24-HOUR-A-DAY CARE FROM PEDIATRIC CRITICAL CARE SPECIALISTS.

- ROBOTIC SURGERY: BMSCH OFFERS THE LATEST IN MINIMALLY INVASIVE PEDIATRIC ROBOTIC SURGERY FOR THE TREATMENT OF SEVERAL UROLOGIC CONDITIONS INCLUDING PYELOPLASTY AND PARTIAL NEPHRECTOMY.

- THE PEDIATRIC HEMATOLOGY/ONCOLOGY PROGRAM: BMSCH, IN CONJUNCTION WITH THE CANCER INSTITUTE OF NEW JERSEY (CINJ), OFFERS CHILDREN WITH CANCER AND BLOOD DISORDERS THE MOST ADVANCED CARE IN THE STATE. IT INCLUDES A PEDIATRIC BRAIN TUMOR PROGRAM AND A LEUKEMIA/LYMPHOMA PROGRAM.

- THE PEDIATRIC ORTHOPEDIC PROGRAM: THIS PROGRAM PROVIDES COMPLETE PEDIATRIC CARE FOR A WIDE RANGE OF DEVELOPMENTAL, CONGENITAL, POST-TRAUMATIC AND NEUROMUSCULAR CONDITIONS OF THE MUSCULOSKELETAL SYSTEM USING BOTH SURGICAL AND NON-SURGICAL APPROACHES, INCLUDING MINIMALLY INVASIVE TECHNIQUES.
- THE PEDIATRIC PULMONARY PROGRAM: THIS PROGRAM PROVIDES CARE FOR CHILDREN SUFFERING FROM A NUMBER OF RESPIRATORY PROBLEMS INCLUDING CYSTIC FIBROSIS, ASTHMA, TECHNOLOGY DEPENDENCE AND SLEEP DISORDERS.
- NEONATAL INTENSIVE CARE UNIT (NICU): BMSCH IS HOME TO ONE OF THE LARGEST NEONATAL INTENSIVE CARE UNITS (NICU) IN THE STATE AND FEATURES THE MOST UP-TO-DATE TECHNOLOGY DESIGNED TO TREAT THE MOST CRITICALLY ILL NEWBORNS.
- METABOLISM, INFECTIOUS DISEASES AND RHEUMATOLOGY: THESE CENTERS PROVIDE PATIENTS WITH THE MOST EXPANDED SERVICES AVAILABLE.
- CHILD LIFE PROGRAM: THIS PROGRAM ASSISTS FAMILIES WITH THE ADJUSTMENT TO HOSPITALIZATION, ILLNESS OR INJURY AND TREATMENT.

THE NEARBY CHILD HEALTH INSTITUTE OF NEW JERSEY AT RUTGERS RWJMS IS A CENTER FOR BIOMEDICAL RESEARCH AND PEDIATRIC CARE, FEATURING AN AMBULATORY CARE CENTER, RESEARCH LABORATORIES AND OFFICES FOR FACULTY. HERE, SCIENTISTS, RESEARCHERS AND CLINICIANS CONVERGE TO STUDY AND TREAT DISEASES THAT THREATEN CHILDREN. ATTACHED TO BMSCH IS THE PSE&G CHILDREN'S SPECIALIZED HOSPITAL - ANOTHER VALUED MEMBER OF THE RWJBH HEALTH SYSTEM - THE NATION'S LARGEST PROVIDER OF PEDIATRIC REHABILITATION SERVICES FOR CHILDREN. SIMILARLY ADJACENT TO THE BMSCH AND RWJUH CAMPUS

ARE TWO IMPORTANT NOT-FOR-PROFIT PARTNERS IN PEDIATRIC HEALTHCARE: THE RONALD MCDONALD HOUSE, WHERE FAMILIES OF SICK CHILDREN CAN LIVE DURING THE CHILD'S HOSPITAL STAY, AND ALSO THE EMBRACE KIDS FOUNDATION, WHICH SUPPORTS FAMILIES OF CHILDREN UNDERGOING CANCER AND OTHER BLOOD DISORDERS.

- LEVEL I TRAUMA CENTER

THE LEVEL I TRAUMA CENTER AT RWJUH IS A REGIONAL LEVEL ONE TRAUMA CENTER. RWJUH IS ONE OF ONLY THREE LEVEL ONE TRAUMA CENTERS DESIGNATED BY THE NEW JERSEY DEPARTMENT OF HEALTH. A LEVEL ONE CENTER IS THE HIGHEST DESIGNATION A HOSPITAL CAN RECEIVE. THE CENTER CARES FOR NEARLY 2,500 TRAUMA PATIENTS ANNUALLY IN AN EMERGENCY DEPARTMENT THAT SEES NEARLY 90,000 PATIENTS EACH YEAR.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON

RWJUH HAMILTON'S RECOGNIZED MEDICAL SERVICES CENTERS OF EXCELLENCE INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

- CENTER OF EXCELLENCE IN METABOLIC AND BARIATRIC SURGERY

THE BARIATRIC SURGERY PROGRAM AT RWJUH HAMILTON OFFERS PATIENTS ADVANCED CLINICAL TREATMENT FOR WEIGHT LOSS, ENABLING THEM TO OVERCOME THE MOST

DAMAGING HEALTH EFFECTS OF BEING OVERWEIGHT. THROUGH A TEAM APPROACH, CANDIDATES ARE EVALUATED, AND PRE-EXISTING CONDITIONS ARE TAKEN INTO CONSIDERATION. PATIENTS RECEIVE EDUCATION ON PROCEDURE OPTIONS, RISKS, OUTCOMES, POTENTIAL SIDE EFFECTS, AND LIFESTYLE MODIFICATIONS. PROGRESS IS MONITORED AND STRICT DIETARY AND EXERCISE REGIMENS ARE INSTITUTED. PATIENTS ARE PAIRED WITH CLINICAL PROFESSIONALS, EXERCISE SPECIALISTS, NUTRITIONISTS, AND SUPPORT STAFF TO PROVIDE A FULL CONTINUUM OF SERVICES AND COUNSELING. THE PROGRAM IS RECOGNIZED AS A BARIATRIC SURGERY CENTER OF EXCELLENCE WITH A DEMONSTRATED TRACK RECORD OF FAVORABLE OUTCOMES IN BARIATRIC SURGERY BY THE SURGICAL REVIEW CORPORATION.

- RUTGERS CANCER INSTITUTE OF NEW JERSEY HAMILTON

THE ONCOLOGY PROGRAM INTEGRATES A MEDICAL AND RADIATION ONCOLOGY PRACTICE WITH LEADING ONCOLOGY SPECIALISTS, OUTPATIENT TREATMENT, AND SUPPORT SERVICES. AS AN AFFILIATE OF THE RUTGERS CANCER INSTITUTE OF NEW JERSEY IN NEW BRUNSWICK-THE ONLY NATIONAL CANCER INSTITUTE-DESIGNATED CANCER CENTER IN NEW JERSEY-WE PROVIDE ACCESS TO CANCER RESEARCH AND SCIENTIFIC ADVANCES FOR THE TREATMENT OF ALL TYPES OF MALIGNANCIES AND BLOOD DISORDERS. THE PROGRAM IS ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS' COMMISSION ON CANCER AND NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS.

LOCATED ON THE HOSPITAL CAMPUS, THE CANCER CENTER PROVIDES ADDED CONVENIENCE AND COMFORT TO OUR PATIENTS IN A MODERN 18,500-SQUARE-FOOT

BUILDING INTEGRATING ALL OF THE SERVICES NEEDED TO CARE FOR SOMEONE WITH CANCER:

- DEDICATED SUPPORT SERVICES AND SOCIAL WORKER.
- GENETIC TESTING AND COUNSELING.
- INFUSION AND RADIATION TREATMENT AREAS.
- LABORATORY SERVICES.
- ON-SITE MEDICAL SERVICES.
- ONCOLOGY MEDICAL PRACTICE.
- RESEARCH PROGRAM/CLINICAL TRIALS.
- DEDICATED BREAST CANCER AND LUNG CANCER NAVIGATORS TO HELP OUR PATIENTS NAVIGATE APPROPRIATELY THROUGH THE COMPLEX TREATMENT.
- THROUGH A PARTNERSHIP WITH THE AMERICAN CANCER SOCIETY, A "LOOK GOOD, FEEL BETTER" IMAGE SALON IS OFFERED TO OUR CANCER PATIENTS.; AND
- DIABETES AND ENDOCRINOLOGY CARE CENTERS.

DIABETES AND ENDOCRINOLOGY CARE:

OUR DIABETES SELF-MANAGEMENT PROGRAM OFFERS ONE-ON-ONE EDUCATION TO OUR PATIENTS ABOUT THE IMPORTANCE OF SELF-MANAGEMENT AND HOW TO APPLY THE BASIC PRINCIPLES TO THEIR EVERYDAY LIVES. TO DO THIS, WE COMMUNICATE WITH PATIENTS THROUGH INPATIENT CARE, ON AN OUTPATIENT LEVEL AND THROUGH SUPPORT AND CONTINUED EDUCATION. OUR DIABETES SUPPORT GROUP IS A FREE SERVICE FOR THOSE LIVING WITH DIABETES AND THEIR LOVED ONES. WE ALSO OFFER COMMUNITY EDUCATION PROGRAMS HELD AT THE RWJ FITNESS & WELLNESS

CENTER. A DIABETES NURSE PRACTITIONER IS ASSIGNED TO MANAGE THE INPATIENT AND OUTPATIENT CARE OF OUR PATIENTS. OUR OUTPATIENT DIABETES PROGRAM IS CERTIFIED BY THE AMERICAN DIABETES ASSOCIATION AS A CENTER OF EXCELLENCE SINCE 2002 AND ALSO RECOGNIZED BY THE JOINT COMMISSION.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY

- PRIMARY STROKE CENTER

RWJUH RAHWAY IS A STATE-DESIGNATED PRIMARY STROKE CENTER WITH TELEMEDICINE CAPABILITY FOR 24/7 COVERAGE. THIS SERVICE IS SUPPORTED AND CONNECTED BY CO-LOCATED CONTINUUM OF CARE SERVICES, INCLUDING CARE CONNECTION, A 24-BED LICENSED SUBACUTE REHAB UNIT OWNED BY ALARIS HEALTH, AND KINDRED HOSPITAL, A 34-BED LONG TERM ACUTE CARE HOSPITAL FOR MEDICALLY COMPLEX PATIENTS WHO NEED INTENSE SPECIALIZED TREATMENT FOR AN EXTENDED PERIOD OF TIME.

- THE JOINT REPLACEMENT CENTER

THE JOINT REPLACEMENT CENTER AT RWJUH RAHWAY PROVIDES AN EXPERIENCED TEAM TO PROVIDE PRE-SURGERY AND POST-SURGERY EDUCATION, CLINICAL EXPERTISE, THERAPY, AND THE INDIVIDUAL SUPPORT. PHYSICAL AND AQUATIC THERAPY CENTERS ARE LOCATED IN ITS FITNESS CENTERS IN SCOTCH PLAINS AND CARTERET. ALL SURGEONS ARE BOARD CERTIFIED AND HAVE EXTENSIVE EXPERIENCE IN JOINT

REPLACEMENT AND MINIMALLY INVASIVE TECHNIQUES. THE EXPERIENCED STAFF CONSISTS OF A JOINT CARE COORDINATOR, SPECIALIZED NURSING CARE, LICENSED OCCUPATIONAL AND PHYSICAL THERAPISTS, AND CASE MANAGERS TO HELP EACH PATIENT MAKE THE TRANSITION FROM THE HOSPITAL TO A PAIN FREE, ACTIVE LIFE.

- THE CENTER FOR WOUND HEALING AND HYPERBARIC MEDICINE

RWJUH RAHWAY PARTNERS WITH RESTORIX HEALTH TO PROVIDE HYPERBARIC MEDICINE. THE CENTER PROVIDES PATIENTS WITH TREATMENT FOR CHRONIC, NON-HEALING WOUNDS ASSOCIATED WITH INADEQUATE CIRCULATION, POORLY FUNCTIONING VEINS, AND IMMOBILITY. NON-HEALING WOUNDS OCCUR MOST FREQUENTLY IN PEOPLE WITH DIABETES AND POOR CIRCULATION.

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE CENTER OFFERS:

- COMPRESSION THERAPY.
- DIABETIC FOOT MANAGEMENT.
- BIOLOGIC SKIN SUBSTITUTES.
- EDEMA MANAGEMENT.
- LABS, IMAGING, AND SCANS.
- COORDINATION OF DIETARY.
- DIABETES EDUCATION SERVICES.

- WOUND CARE EDUCATION.

- HYPERBARIC OXYGEN THERAPY.

- OFF-LOADING (TAKING PRESSURE OFF THE WOUND).

- SHARP DEBRIDEMENT (REMOVAL OF DEAD TISSUE).

- SPECIALTY DRESSINGS THAT PROMOTE HEALING AND LIMIT THE POTENTIAL FOR INFECTION.

- TOPICAL PRESCRIPTION MEDICATIONS; AND

- VASCULAR STUDIES.

- CARDIAC HEALTH SERVICES

CARDIAC HEALTH SERVICES AT RWJUH RAHWAY INCLUDE A FULLY CERTIFIED MOBILE INTENSIVE CARE UNIT, A 24/7 EMERGENCY DEPARTMENT WITH BOARD CERTIFIED SPECIALISTS, A STATE-OF-THE-ART CARDIAC CATHETERIZATION LAB AND AN AVERAGE DOOR-TO-BALLOON TIME UNDER 60 MINUTES FOR LIFESAVING ANGIOPLASTY. IT HAS THE FULL RANGE OF CARDIAC DIAGNOSTIC EQUIPMENT. IN ADDITION, THE NICHOLAS QUADREL HEALTHY HEART CENTER OFFERS A COMPREHENSIVE CARDIAC REHAB PROGRAM, WITH MEDICALLY SUPERVISED EXERCISE, NUTRITIONAL COUNSELING, AND SUPPORT. CARDIAC REHAB HAS BEEN SHOWN TO REDUCE THE CHANCE OF A SECOND CARDIAC EVENT AND IMPROVES STAMINA AND STRENGTH.

SAINT BARNABAS BEHAVIORAL HEALTH CENTER

AT SBBH, OUR MULTIDISCIPLINARY STAFF INCLUDES EXPERIENCED PROFESSIONALS

IN NEARLY EVERY FACET OF BEHAVIORAL HEALTHCARE. THIS ALLOWS US TO PROVIDE TRULY CUSTOMIZED AND HIGHLY SPECIALIZED TREATMENT TRACKS FOR ADULTS AND GERIATRIC PATIENTS, AS WELL AS PROGRAMS FOR THE DUALLY DIAGNOSED. IN ALL PROGRAMS, TREATMENT TEAMS ARE CREATED TO MATCH EACH PATIENT'S SPECIFIC NEEDS AND INCLUDE PROFESSIONALS WHO ARE CERTIFIED IN THEIR AREA OF EXPERTISE. OUR CLINICALLY INTENSIVE PROGRAMS ARE DESIGNED TO BRING ABOUT POSITIVE, LASTING CHANGE AND A RAPID RETURN TO HEALTH.

STEPPING STONES - INTENSIVE OUTPATIENT PROGRAM

THE STEPPING STONES INTENSIVE OUTPATIENT PROGRAM IS DESIGNED FOR INDIVIDUALS WHO REQUIRE TREATMENT THREE TO FIVE DAYS PER WEEK, DEPENDING ON THEIR NEEDS. THREE-AND-A-HALF-HOUR MORNING SESSIONS ARE OFFERED MONDAY THROUGH FRIDAY FOR THE PATIENT'S CONVENIENCE. SESSIONS CONSIST OF GROUP THERAPY AND WEEKLY INDIVIDUAL SESSIONS WITH A PSYCHIATRIST, ADVANCED PRACTICE NURSE AND AN INDIVIDUAL THERAPIST.

GERIATRIC BEHAVIORAL HEALTH

AS PEOPLE AGE, THEY ARE CONFRONTED WITH PHYSICAL, EMOTIONAL AND SOCIAL CHANGES THAT CAN BE DIFFICULT TO MANAGE, EVEN WITH THE DEVOTED SUPPORT OF FAMILY AND FRIENDS. ELDERLY PATIENTS EXPERIENCE MANY CHANGES IN THEIR LIVES WHICH MAKE THEM MORE VULNERABLE TO DISEASE, NOTABLY, DEPRESSION. OFTEN THE LINES ARE NOT CLEAR AS TO WHETHER A PATIENT'S PROBLEM IS DEPRESSION, DEMENTIA, OR A MEDICAL ILLNESS EMERGING AS A BEHAVIORAL

DISTURBANCE.

WITHIN THE RWJBARNABAS HEALTH BEHAVIORAL HEALTH NETWORK, OUR COMPASSIONATE TEAMS OF GERIATRIC PSYCHIATRISTS, PSYCHIATRIC NURSES, CLINICAL SOCIAL WORKERS, AND ADJUNCT THERAPISTS WORK ALONGSIDE OUR ELDERLY PATIENTS AND THEIR FAMILIES TO ACHIEVE THE BEST OUTCOMES.

OUR NEW JERSEY FACILITIES OFFER A COMPLETE RANGE OF INPATIENT AND OUTPATIENT MENTAL HEALTH SERVICES FOR GERIATRIC PATIENTS. TREATMENTS VARY BASED ON THE SEVERITY OF PROBLEMS, BUT INCLUDE PSYCHOTHERAPY, MEDICATIONS, HOME HEALTH CARE, OUTPATIENT PROGRAMS STRUCTURED FOR MAINTAINING A HIGH LEVEL OF INDEPENDENCE, AND HOSPITALIZATION PROVIDING A STRUCTURED THERAPEUTIC APPROACH IN AN APPROPRIATE ENVIRONMENT.

INPATIENT ADULT PSYCHIATRIC SERVICES

RWJBARNABAS HEALTH BEHAVIORAL HEALTH NETWORK OFFERS BOTH VOLUNTARY AND INVOLUNTARY INPATIENT UNITS AND INTENSIVE SHORT-TERM CARE FACILITIES WHICH TREAT THE MOST SEVERELY ILL PATIENTS. THERE ARE SPECIALIZED TREATMENT TRACKS IN PLACE THROUGHOUT THE NETWORK FOR MICA PATIENTS AS WELL AS OTHER DUALLY DIAGNOSED PATIENTS. SBBH PATIENTS MAY ACCESS INPATIENT SERVICES THROUGH EMERGENCY SERVICES AT NUMEROUS NETWORK SITES, THROUGH RWJBARNABAS HEALTH BEHAVIORAL HEALTH NETWORK 24-HOUR ACCESS CENTER STAFFED BY CLINICIANS TRAINED IN EMERGENCY RESPONSE, OR THROUGH PROFESSIONAL REFERRAL.

RWJBH OTHER MEDICAL SERVICES

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RWJBH PROVIDES AN EXTENSIVE ARRAY OF ADDITIONAL MEDICAL SERVICES THROUGH ITS SYSTEM WHICH INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

- AMBULATORY SURGERY CENTER.
- ANESTHESIOLOGY.
- BARIATRIC SURGERY.
- BEHAVIORAL HEALTH NETWORK.
- BLOODLESS MEDICINE AND SURGERY PROGRAM.
- BONE MARROW TRANSPLANT.
- BURN CENTER.
- CANCER PROGRAMS AND SERVICES.
- CARDIAC SERVICES AND HEART TRANSPLANT.
- CELIAC DISEASE PROGRAM.
- CENTER FOR HEALTH AND WELLNESS.
- COLON WELLNESS CENTER.
- COMMUNITY HEALTH.
- COMPREHENSIVE REHABILITATION CENTER.
- CORPORATE CARE.
- CRANIOFACIAL CENTER.
- CYSTIC FIBROSIS.
- DIABETES CARE.

- DIALYSIS, RENAL.

- EMERGENCY SERVICES.

- EPILEPSY CENTER, ADULT AND PEDIATRIC COMPREHENSIVE.

- FITNESS AND WELLNESS CENTERS.

- GREENHOUSE AND MOBILE GREENHOUSE

- HEALTH ASSESSMENT CENTER FOR ATHLETES.

- HEMOPHILIA AND BLOOD DISORDERS.

- HEMODIALYSIS.

- HOME HEALTH SERVICES.

- HOSPICE AND PALLIATIVE CARE SERVICES.

- IMAGING CENTERS.

- INTERNAL MEDICINE FACULTY PRACTICE.

- INTEGRATIVE MEDICINE CENTER.

- JOINT INSTITUTES.

- JOINT AND SPINE INSTITUTE.

- LASIK REFRACTIVE SURGERY.

- LUNG CENTER - LUNG TRANSPLANT.

- MEDICAL EDUCATION AND CLINICAL RESEARCH.

- MEDICINE SUBSPECIALTIES.

- CENTER FOR MENOPAUSE AND REPRODUCTIVE ENDOCRINE SERVICES.

- MULTIPLE SCLEROSIS COMPREHENSIVE CARE PROGRAM.

- NEONATAL INTENSIVE CARE UNIT.

- INSTITUTE FOR NEUROLOGY AND NEUROSURGERY.

- NUTRITIONAL COUNSELING SERVICES.

- OBESITY AND WEIGHT MANAGEMENT CENTER.

- OBSTETRICS/GYNECOLOGY.

- OCCUPATIONAL MEDICINE.

- OSTEOPOROSIS AND METABOLIC BONE DISEASE CENTER.

- PAIN MANAGEMENT.

- PATHOLOGY SERVICES.

- PEDIATRIC CARDIAC SURGERY.

- PEDIATRICS - GENERAL AND SUBSPECIALTY.

- PEDIATRIC INTENSIVE CARE UNIT.

- PEDIATRIC NEPHROLOGY AND TRANSPLANTATION.

- PEDIATRIC ONCOLOGY.

- PEDIATRIC SPECIALTY CENTER (INCLUDES DEVELOPMENTAL, GENETICS, DIABETES, ENDOCRINOLOGY, GASTROENTEROLOGY, GENERAL SURGERY, INFECTIOUS DISEASE, AND IMMUNOLOGY, LYME DISEASE AND RHEUMATOLOGY, NEUROLOGY, PULMONOLOGY).

- PERITONEAL DIALYSIS.

- PHYSICAL MEDICINE AND REHABILITATION.

- PHYSICAL AND OCCUPATIONAL THERAPY.

- PLASTIC AND RECONSTRUCTIVE SURGERY.

- PRE-ADMISSION TESTING.

- POST-ACUTE REHABILITATION.

- OUTPATIENT PULMONARY REHABILITATION.

- RADIATION ONCOLOGY.

- RADIOLOGY.

- REFRACTIVE SURGERY CENTER.

- REGIONAL CRANIOFACIAL CENTER.

- RENAL TRANSPLANT CENTERS.

- RETAIL PHARMACIES.

- COMPREHENSIVE REHABILITATION CENTER.

- RECOVERY AND PREVENTION SERVICES.

- RESPIRATORY CARE.

- ROBOTIC SURGERY AND MINIMALLY INVASIVE SURGERY.

- SENIOR HEALTH.

- SLEEP DISORDERS CENTER.

- SMOKING CESSATION.

- SPEECH AND HEARING CENTER.

- SPORTS MEDICINE INSTITUTE.

- STROKE, COMPREHENSIVE AND PRIMARY CENTERS.

- SURGERY DEPARTMENT.

- TOBACCO TREATMENT PROGRAM.

- TRANSITIONAL CARE UNITS.

- TRAVEL MEDICINE.

- UROGYNECOLOGY.

- VALERIE FUND CHILDREN'S CENTERS.

- WEIGHT LOSS INSTITUTE.

- WOMEN'S CARDIAC RISK ASSESSMENT.

- WOMEN'S/PARENT HEALTH EDUCATION.

- WOMEN'S CENTER FOR GYNECOLOGICAL SURGERY.

- WOUND CARE CENTERS AND HYPERBARIC MEDICINE; AND

- VASCULAR CENTER.

HEALTH EDUCATION PROGRAMS, CLASSES AND SUPPORT GROUPS

RWJBH IS DEDICATED TO PROVIDING THE HIGHEST QUALITY OF SERVICES TO MEET ALL THE HEALTHCARE NEEDS OF ITS COMMUNITY. IN ADDITION TO THE DIRECT PATIENT CARE PROVIDED BY ITS STAFF, RWJBH MAKES AVAILABLE VARIOUS HEALTH CARE EDUCATION PROGRAMS AND CLASSES, PATIENT SUPPORT GROUPS AND COMMUNITY SERVICES TO PATIENTS AND THEIR FAMILIES. THESE INCLUDES A VARIETY OF LIFESTYLE AND INSTRUCTIONAL CLASSES TO IMPROVE AN INDIVIDUAL'S OVERALL WELL-BEING (THERE MAY BE A FEE ASSOCIATED WITH SOME OF THE PROGRAMS). ADDITIONALLY, RWJBH OFFERS AN EXTENSIVE ARRAY OF PRENATAL CHILDBIRTH PREPARATION AND PARENTING CLASSES AND SERVICES. IN ADDITION, THE WOMEN'S HEALTH SERVICE DEPARTMENT OFFERS SEMINARS ON WOMEN'S HEALTH ISSUES.

CORE FORM, PART V; QUESTION 3B

COMMUNITY MEDICAL CENTER (EIN: 22-3452306) FILED A 2024 FEDERAL FORM 990-T, REPORTING UNRELATED BUSINESS INCOME. IN ADDITION, THE FOLLOWING ORGANIZATIONS ALSO FILED A 2024 FEDERAL FORM 990-T FOR INFLATION REDUCATION ACT REFUNDABLE TAX CREDITS. THESE ENTITIES GENERATED NO UNRELATED BUSINESS INCOME IN 2024:

- COOPERMAN BARNABAS MEDICAL CENTER, INC. (EIN: 22-1494440);
- JERSEY CITY MEDICAL CENTER, INC. (EIN: 22-2783298);
- NEWARK BETH ISRAEL MEDICAL CENTER, INC. (EIN: 22-3452311); AND
- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, INC. (EIN: 22-1487243).

CORE FORM, PART V; QUESTION 15

THE FOLLOWING INDIVIDUALS ARE ALL EMPLOYED IN A SYSTEM CORPORATE ROLE FOR RWJ BARNABAS HEALTH, INC. THEIR COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP IS WITH RWJBH CORPORATE SERVICES, INC. (EIN: 22-2405279). RWJBH CORPORATE SERVICES, INC. FILED A 2024 FORM 4720 AND REMITTED THE EXCISE TAX BASED ON COMPENSATION IN EXCESS OF $1M FOR MSSRS. BIGA, MANIGAN AND MEBANE.

VARIOUS HOSPITALS INCLUDED IN THIS GROUP FORM 990 FILED SEPARATE FORMS 4720 FOR THEIR RESPECTIVE RWJBARNABAS HEALTH TAX-EXEMPT HOSPITALS AND MEDICAL CENTER PRESIDENT/CEO'S AND EXECUTIVES. UNDER THE COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP THE FOLLOWING COMPLETED A 2024 FORM 4720 AND REMITTED TAX ON EXCESS EXECUTIVE COMPENSATION FOR THE FOLLOWING INDIVIDUALS ALTHOUGH THESE INDIVIDUALS RECEIVED A 2024 FORM W-2 FROM RWJBH CORPORATE SERVICES, INC. (FEID: 22-2405279); A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION.

- MARY ELLEN CLYNE - PRESIDENT/CHIEF EXECUTIVE OFFICER, CLARA MAASS MEDICAL CENTER (FEID: 22-1500556);
- PATRICK M. AHEARN - PRESIDENT/CHIEF EXECUTIVE OFFICER, COMMUNITY MEDICAL CENTER (FEID: 22-3452306);
- RICHARD L. DAVIS - PRESIDENT/CHIEF EXECUTIVE OFFICER, COOPERMAN BARNABAS MEDICAL CENTER (FEID: 22-1494440);
- MICHAEL PRILUTSKY - PRESIDENT/CHIEF EXECUTIVE OFFICER, JERSEY CITY MEDICAL CENTER (FEID: 22-2783298);
- ERIC W. CARNEY - PRESIDENT/CHIEF EXECUTIVE OFFICER, MONMOUTH MEDICAL

CENTER (FEID: 22-3452412);

- DARRELL TERRY - PRESIDENT/CHIEF EXECUTIVE OFFICER, NEWARK BETH ISRAEL MEDICAL CENTER (FEID: 22-3452311);

- WILLIAM S. ARNOLD - CHIEF EXECUTIVE OFFICER, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL (FEID: 22-1487243); AND

- GARY S. HORAN - TRUSTEE AND FORMER PRESIDENT/CHIEF EXECUTIVE OFFICER, TRINITAS REGIONAL MEDICAL CENTER (FEID: 22-3601678).

IN ADDITION, VARIOUS HOSPITALS INCLUDED IN THIS GROUP FORM 990 FILED SEPARATE FORMS 4720 FOR THEIR RESPECTIVE RWJBARNABAS HEALTH TAX-EXEMPT HOSPITAL AND MEDICAL CENTER EXECUTIVES. THE FOLLOWING COMPLETED A 2024 FORM 4720 AND REMITTED TAX ON EXCESS EXECUTIVE COMPENSATION FOR THE FOLLOWING INDIVIDUALS:

- JENNIFER A. O'NEILL, DNP - CHIEF OPERATING OFFICER, COOPERMAN BARNABAS MEDICAL CENTER (FEID: 22-1494440); AND

- ALAN LEE - PRESIDENT, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL (FEID: 22-1487243).

ANROY OTTLEY, M.D., FACS IS INCLUDED WITHIN THIS GROUP FORM 990, PART VII. HIS COMMON LAW EMPLOYER WAS NOT REQUIRED TO FILE A FORM 4720 FOR ANY REMITTANCE OF EXCISE TAX RELATED TO DR. OTTLEY BECAUSE HE IS A LICENSED MEDICAL PROVIDER WHOSE COMPENSATION WAS FOR CLINICAL SERVICES AND THUS EXEMPT FROM EXCISE TAXES AS PROVIDED FOR UNDER INTERNAL REVENUE CODE SECTION 4960.

ANTHONY ALTOBELLI, M.D. IS INCLUDED WITHIN THIS GROUP FORM 990, PART VII. HIS COMMON LAW EMPLOYER WAS NOT REQUIRED TO FILE A FORM 4720 FOR ANY REMITTANCE OF EXCISE TAX RELATED TO DR. ALTOBELLI BECAUSE HE IS A LICENSED MEDICAL PROVIDER WHOSE COMPENSATION WAS FOR CLINICAL SERVICES AND THUS EXEMPT FROM EXCISE TAXES AS PROVIDED FOR UNDER INTERNAL REVENUE CODE SECTION 4960.

SCHERWIN SCHRAG, M.D. IS INCLUDED WITHIN THIS GROUP FORM 990, PART VII. HIS COMMON LAW EMPLOYER WAS NOT REQUIRED TO FILE A FORM 4720 FOR ANY REMITTANCE OF EXCISE TAX RELATED TO DR. SCHRAG BECAUSE HE IS A LICENSED MEDICAL PROVIDER WHOSE COMPENSATION WAS FOR CLINICAL SERVICES AND THUS EXEMPT FROM EXCISE TAXES AS PROVIDED FOR UNDER INTERNAL REVENUE CODE SECTION 4960.

SERGIO WAXMAN, M.D., MBA IS INCLUDED WITHIN THIS GROUP FORM 990, PART VII. HIS COMMON LAW EMPLOYER WAS NOT REQUIRED TO FILE A FORM 4720 FOR ANY REMITTANCE OF EXCISE TAX RELATED TO DR. WAXMAN BECAUSE HE IS A LICENSED MEDICAL PROVIDER WHOSE COMPENSATION WAS FOR CLINICAL SERVICES AND THUS EXEMPT FROM EXCISE TAXES AS PROVIDED FOR UNDER INTERNAL REVENUE CODE SECTION 4960.

NIKOLAS ALEXIADES IS INCLUDED WITHIN THIS GROUP FORM 990, PART VII. HIS COMMON LAW EMPLOYER WAS NOT REQUIRED TO FILE A FORM 4720 FOR ANY REMITTANCE OF EXCISE TAX RELATED TO MR. ALEXIADES BECAUSE HE WAS NOT A

COVERED EMPLOYEE AND THUS EXEMPT FROM EXCISE TAXES AS PROVIDED FOR UNDER INTERNAL REVENUE CODE SECTION 4960.

CORE FORM, PART VI, SECTION A; QUESTION 2

- CLAIRE M. KNOPF AND HEYWOOD H. KNOPF - FAMILY RELATIONSHIP.

- ARTHUR JAMES CIFELLI AND JACK MORRIS - BUSINESS RELATIONSHIP.

- ROBERT GACCIONE, ESQ. AND COURTNEY GACCIONE - FAMILY RELATIONSHIP.

- ANNE MARIE BRAMNICK, ESQ. AND ANNE EVANS-ESTABROOK - FAMILY RELATIONSHIP.

- PETER INVERSO AND RYAN A. MARRONE - FAMILY RELATIONSHIP.

CORE FORM, PART VI, SECTION A; QUESTION 3

THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE AFFILIATES WITHIN RWJBARNABAS HEALTH; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") WHICH INCLUDES RWJBH CORPORATE SERVICES, INC. ("RWJBH CS"). RWJBH CS IS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION AND SERVES THE SYSTEM. RWJBH CS PROVIDES VARIOUS CORPORATE RELATED SERVICES FOR THE BENEFIT OF VARIOUS SYSTEM ENTITIES; INCLUDING THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990. THESE CORPORATE SERVICES, INCLUDE, BUT ARE NOT LIMITED TO, EXECUTIVE, LEGAL AND RISK MANAGEMENT, COMPLIANCE AND GOVERNANCE, HUMAN RESOURCES AND FINANCE. RWJBH CS ALLOCATES A PERCENTAGE OF ITS TOTAL CORPORATE RELATED SERVICES COSTS TO VARIOUS SYSTEM ENTITIES, INCLUDING THE ORGANIZATIONS

INCLUDED IN THIS CONSOLIDATED GROUP FORM 990, AS REIMBURSEMENT FOR THESE CORPORATE RELATED SERVICES. THE REIMBURSEMENT TO RWHBH CS IS REFLECTED AS AN EXPENSE FOR THESE ORGANIZATIONS.

THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ENGAGE SODEXO INCORPORATED AND AFFILIATES ("SODEXO") TO BE AN AGENT OF THE ORGANIZATION AND DELEGATES CONTROL TO SODEXO IN THE MANAGEMENT OF DAILY OPERATIONS OF ITS FOOD & NUTRITION DEPARTMENT. THE SODEXO MANAGEMENT EMPLOYEE FUNCTIONS AND IS RECOGNIZED AS A DEPARTMENT MANAGER WHO PERFORMS IN ACCORDANCE WITH THE ORGANIZATION'S DEPARTMENT MANAGEMENT PRACTICES AND IN ACCORDANCE WITH ITS WRITTEN POLICIES AND PROCEDURES. THE POSITION REPORTS TO AN OFFICER/KEY EMPLOYEE OF THE ORGANIZATION.

CORE FORM, PART VI, SECTION A; QUESTIONS 6 & 7

RWJ BARNABAS HEALTH, INC. ("RWJ BH") IS THE SOLE MEMBER OF THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990. RWJ BH HAS THE RIGHT TO ELECT THE MEMBERS OF THESE ORGANIZATION'S BOARD OF TRUSTEES AND HAS CERTAIN RESERVED POWERS AS DEFINED IN THESE ORGANIZATION'S BYLAWS.

CORE FORM, PART VI, SECTION B; QUESTION 11B

THE HOSPITALS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE AFFILIATES WITHIN RWJBARNABAS HEALTH; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). RWJ BARNABAS HEALTH, INC. IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM. THIS FEDERAL FORM 990 WAS MADE AVAILABLE TO EACH

VOTING MEMBER OF EACH HOSPITAL'S BOARD OF TRUSTEES PRIOR TO FILING THE FEDERAL FORM 990 WITH THE INTERNAL REVENUE SERVICE ("IRS"). IN ADDITION, THE RWJ BARNABAS HEALTH, INC. AUDIT COMMITTEE ASSUMED THE RESPONSIBILITY TO OVERSEE AND COORDINATE THE FEDERAL FORM 990 PREPARATION, REVIEW AND FILING PROCESS FOR ALL TAX EXEMPT AFFILIATES WITHIN THE SYSTEM.

AS PART OF THE ORGANIZATION'S FEDERAL FORM 990 TAX RETURN PREPARATION PROCESS, THE SYSTEM HIRED A PROFESSIONAL CERTIFIED PUBLIC ACCOUNTING ("CPA") FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990. THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE HOSPITAL'S FINANCE PERSONNEL AND SYSTEM INDIVIDUALS INCLUDING EXECUTIVE VICE PRESIDENT OF FINANCE, EXECUTIVE VICE PRESIDENT/CHIEF FINANCIAL OFFICER, EXECUTIVE VICE PRESIDENT/COMPLIANCE AND AUDIT AND VARIOUS OTHER INDIVIDUALS ("INTERNAL WORKING GROUP") TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S INTERNAL WORKING GROUP FOR REVIEW. THE ORGANIZATION'S INTERNAL WORKING GROUP REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM. REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S INTERNAL WORKING GROUP FOR FINAL REVIEW AND APPROVAL. THEREAFTER THIS FEDERAL FORM 990 WAS PROVIDED IN ADVANCE TO THE MEMBERS OF THE AUDIT COMMITTEE AND A FEDERAL FORM 990

PRESENTATION WAS MADE BY THE CPA FIRM AND SYSTEM CORPORATE FINANCE TO THE AUDIT COMMITTEE AT A REGULARLY SCHEDULED AUDIT COMMITTEE MEETING. IN ADDITION THERE WAS A SPECIAL MEETING HELD TO DISCUSS THIS FEDERAL FORM 990 AND TO REVIEW THE 2024 AND 2023 COMMUNITY BENEFIT INFORMATION WITH AT LEAST ONE REPRESENTATIVE FROM EACH HOSPITAL CONTAINED IN THIS FEDERAL FORM 990, A REPRESENTATIVE FROM SYSTEM CORPORATE FINANCE AND A REPRESENTATIVE FROM THE CPA FIRM. FOLLOWING THESE REVIEWS AND MEETINGS AND PRIOR TO FILING WITH THE IRS, THE FINAL FEDERAL FORM 990 WAS MADE AVAILABLE TO EACH VOTING MEMBER OF EACH HOSPITAL'S BOARD OF TRUSTEES (THE GOVERNING BODY OF EACH HOSPITAL).

CORE FORM, PART VI, SECTION B; QUESTION 12

RWJBARNABAS HEALTH HAS A WRITTEN CONFLICT OF INTEREST POLICY WITH WHICH IT REGULARLY MONITORS AND ENFORCES COMPLIANCE. THIS CONFLICT OF INTEREST POLICY REQUIRES THAT A CONFLICT OF INTEREST FORM CONSISTENT WITH BEST GOVERNANCE PRACTICES AND INTERNAL REVENUE SERVICE GUIDELINES BE CIRCULATED TO OFFICERS, TRUSTEES AND KEY EMPLOYEES ANNUALLY. IN A SITUATION IN WHICH A TRUSTEE DISCLOSES AN INTEREST THAT COULD GIVE RISE TO A CONFLICT, THE TRUSTEE'S POTENTIAL CONFLICT IS REFERRED TO THE SYSTEM'S CORPORATE NOMINATING AND GOVERNANCE COMMITTEE WHICH EVALUATES THE CONFLICT AND ITS POTENTIAL IMPACT ON THE TRUSTEE'S PARTICIPATION ON THE BOARD OR ON CERTAIN ISSUES WHICH MAY COME BEFORE THE BOARD. AS APPROPRIATE THE COMMITTEE WILL TAKE ACTION TO ADDRESS THE CONFLICT.

CORE FORM, PART VI, SECTION B; QUESTION 15

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number

85-1296795

THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE AFFILIATES WITHIN RWJBARNABAS HEALTH; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM WHICH INCLUDES RWJ BARNABAS HEALTH, INC. ("RWJ BH"); A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. RWJ BH'S BOARD OF TRUSTEES MAINTAINS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE"). THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF RWJ BH'S SENIOR MANAGEMENT. THE COMMITTEE ALSO REVIEWS THE COMPENSATION AND BENEFITS OF OTHER OFFICERS AND KEY EMPLOYEES OF RWJBARNABAS HEALTH; INCLUDING, WITHOUT LIMITATION, THE CHIEF EXECUTIVE OFFICERS OF THE RWJBARNABAS HEALTH HOSPITALS AND MEDICAL CENTERS. THE COMMITTEE, WHICH IS REQUIRED BY THE CORPORATION'S BYLAWS TO BE COMPRISED SOLELY OF INDEPENDENT TRUSTEES, SEEKS GUIDANCE AND SUBSTANTIATION FROM A NATIONALLY RECOGNIZED COMPENSATION CONSULTANT. THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED. THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE.

THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM. THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF

REASONABLENESS ARE THE FOLLOWING:

1. THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT;

2. THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION; AND

3. THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION.

THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF TRUSTEES EACH OF WHO ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST.

THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA; SPECIFICALLY THE COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE REVIEW OF HOSPITAL AND HEALTHCARE SYSTEM EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES. THIS STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING, BUT NOT LIMITED TO, SIMILARLY SIZED HEALTHCARE SYSTEMS AND HOSPITALS, # OF LICENSED BEDS AND NET PATIENT SERVICE REVENUE.

THE COMMITTEE ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION

THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION COMMITTEE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED.

THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS APPLIES TO CERTAIN RWJ BH SENIOR MANAGEMENT PERSONNEL. THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990, WHERE APPLICABLE, ARE REVIEWED ANNUALLY BY THE RWJBARNABAS HEALTH PRESIDENT/CHIEF EXECUTIVE OFFICER WITH ASSISTANCE FROM RWJBARNABAS HEALTH'S HUMAN RESOURCES DEPARTMENT IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION. OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS.

CORE FORM, PART VI, SECTION B; QUESTION 16B

RWJBARNABAS HEALTH MAINTAINS A WRITTEN POLICY TO ENSURE THAT ANY JOINT VENTURE ENTERED INTO BY A RWJBARNABAS HEALTH TAX-EXEMPT ENTITY WITH A FOR-PROFIT PARTICIPANT IS REVIEWED AND FOLLOWED SO AS TO EVALUATE ITS PARTICIPATION UNDER APPLICABLE FEDERAL TAX LAW, AND TO ENSURE THAT THE ORGANIZATION TAKES STEPS TO SAFEGUARD THE ORGANIZATION'S EXEMPT STATUS WITH RESPECT TO SUCH ARRANGEMENTS.

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	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.*	2024 Open to Public Inspection

Name of the organization	Employer identification number
RWJ BARNABAS HEALTH, INC. - SUBORDINATES	85-1296795

CORE FORM, PART VI, SECTION C; QUESTION 18

PURSUANT TO STATE OF NEW JERSEY P.L. 2019, CHAPTER 513, (WHICH WAS EFFECTIVE ON JULY 21, 2020), AND AMENDED P.L. 2008, CHAPTER 58 (C.26: 2H-5.1B), THIS ORGANIZATION HAS POSTED ON ITS INTERNET WEBSITE A COPY OF THIS INTERNAL REVENUE SERVICE (IRS) FORM 990 AND ALL SCHEDULES AND SUPPORTING DOCUMENTATION REQUIRED TO BE SUBMITTED TO THE IRS IN CONJUNCTION WITH THE FORM 990 WITH THE EXCEPTION OF THOSE SCHEDULES NOT OPEN FOR PUBLIC INSPECTION. SAID FORM 990 WAS POSTED BY THE ORGANIZATION AFTER FILING ITS FORM 990 WITH THE IRS.

CORE FORM, PART VI, SECTION C; QUESTION 19

THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990, FILED CERTIFICATES OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY.

CORE FORM, PART VII

CORE FORM, PART VII INCLUDES, AS OF DECEMBER 31, 2024, THE MEMBERS OF THE BOARD OF TRUSTEES, OFFICERS, AND KEY EMPLOYEES OF EACH OF THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990.

PLEASE NOTE THAT PETER J. VAN DYKE, ESQ. IS ALSO A MEMBER OF SAINT BARNABAS BEHAVIORAL HEALTH CENTER'S BOARD OF TRUSTEES BUT IS ONLY DISCLOSED ONCE ON CORE FORM, PART VII OF THIS CONSOLIDATED GROUP FORM 990 AS A BOARD MEMBER OF COMMUNITY MEDICAL CENTER.

PLEASE NOTE THAT THOMAS A. BIGA IS ALSO A MEMBER OF JERSEY CITY MEDICAL CENTER'S BOARD OF TRUSTEES BUT IS ONLY DISCLOSED ONCE ON CORE FORM, PART VII OF THIS CONSOLIDATED GROUP FORM 990 AS A BOARD MEMBER OF CLARA MAASS MEDICAL CENTER.

PLEASE NOTE THAT NINA MELKER IS ALSO A MEMBER OF ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON'S BOARD OF TRUSTEES BUT IS ONLY DISCLOSED ONCE ON CORE FORM, PART VII OF THIS CONSOLIDATED GROUP FORM 990 AS A BOARD MEMBER OF ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL.

PLEASE NOTE THAT ROBERT SICKEL IS ALSO A MEMBER OF SAINT BARNABAS BEHAVIORAL HEALTH CENTER'S BOARD OF TRUSTEES BUT IS ONLY DISCLOSED ONCE ON CORE FORM, PART VII OF THIS CONSOLIDATED GROUP FORM 990 AS A BOARD MEMBER OF MONMOUTH MEDICAL CENTER.

CORE FORM, PART VII AND SCHEDULE J

CORE FORM, PART VII AND SCHEDULE J REFLECT CERTAIN BOARD MEMBERS AND OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM THIS ORGANIZATION OR A RELATED ORGANIZATION. PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OF THE ORGANIZATION OR A RELATED ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER OR OFFICER OF THIS ORGANIZATION'S BOARD OF TRUSTEES.

CORE FORM, PART VII, SECTION A, COLUMN B

THIS ORGANIZATION IS AN AFFILIATE WITHIN RWJBARNABAS HEALTH; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). CERTAIN BOARD OF TRUSTEE MEMBERS, OFFICERS AND/OR DIRECTORS LISTED ON CORE FORM, PART VII

AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH BOTH THIS ORGANIZATION AND OTHER AFFILIATES WITHIN THE SYSTEM. THE HOURS SHOWN ON THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE NO COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, REPRESENT THE ESTIMATED HOURS DEVOTED PER WEEK FOR THIS ORGANIZATION. TO THE EXTENT THESE INDIVIDUALS SERVE AS A MEMBER OF THE BOARD OF TRUSTEES OF OTHER RELATED ORGANIZATIONS IN THE SYSTEM, THEIR RESPECTIVE HOURS PER WEEK PER ORGANIZATION ARE APPROXIMATELY THE SAME AS REFLECTED IN CORE FORM, PART VII OF THIS FORM 990. THE HOURS REFLECTED ON PART VII OF THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, PAID OFFICERS AND KEY EMPLOYEES, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF RWJBARNABAS HEALTH; NOT SOLELY THIS ORGANIZATION.

CORE FORM, PART X; LINE 25

THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE MEMBERS OF RWJBARNABAS HEALTH; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THE SYSTEM HAS A NUMBER OF OUTSTANDING LONG-TERM OBLIGATED GROUP DEBT LIABILITIES, INCLUDING THE FOLLOWING BOND ISSUANCES:

- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY REVENUE AND REFUNDING BONDS SERIES 2024A;
- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY REVENUE AND REFUNDING BONDS SERIES 2024B;

- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY REVENUE AND REFUNDING BONDS SERIES 2021A;

- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY REVENUE AND REFUNDING BONDS SERIES 2019A;

- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY REVENUE AND REFUNDING BONDS SERIES 2019B-2;

- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY REVENUE AND REFUNDING BONDS SERIES 2019B-3;

- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY REVENUE AND REFUNDING BONDS SERIES 2016A;

- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY SERIAL BONDS SERIES 2019; AND

- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY TAXABLE REVENUE BONDS SERIES 2016.

THE BONDS OUTLINED ABOVE AND VARIOUS OTHER LONG-TERM BORROWINGS ARE ALLOCATED BY RWJBH CORPORATE SERVICES, INC. TO THE FOLLOWING SYSTEM MEMBER HOSPITALS AND CERTAIN OTHER AFFILIATES. THE BALANCE SHEET OF THESE RESPECTIVE MEMBER HOSPITALS AND CERTAIN OTHER AFFILIATES REFLECTS A DUE TO RELATED PARTY LIABILITY AND ARE REFLECTED ON THE BALANCE SHEETS OF THE FOLLOWING SUBSIDIARY ORGANIZATIONS:

- CHILDREN'S SPECIALIZED HOSPITAL, EIN: 22-1487148

- CLARA MAASS MEDICAL CENTER, EIN: 22-1500556

- COMMUNITY MEDICAL CENTER, EIN: 22-3452306

- COOPERMAN BARNABAS MEDICAL CENTER, EIN: 22-1494440
- JERSEY CITY MEDICAL CENTER, EIN: 22-2783298
- MONMOUTH MEDICAL CENTER, EIN: 22-3452412
- NEWARK BETH ISRAEL MEDICAL CENTER, EIN: 22-3452311
- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, EIN: 22-1487243
- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON, EIN: 21-0634572
- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY, EIN: 22-1487305
- SAINT BARNABAS BEHAVIORAL HEALTH CENTER, EIN: 22-2977312
- SAINT BARNABAS REALTY DEVELOPMENT CORPORATION, EIN: 22-2940008

SCHEDULE K WAS PREPARED ON A CONSOLIDATED BASIS AND IS INCLUDED IN THE FORM 990 OF RWJBH CORPORATE SERVICES, INC., EIN: 22-2405279.

THE ORGANIZATIONS OUTLINED ABOVE WITH THE EXCEPTION OF SAINT BARNABAS REALTY DEVELOPMENT CORPORATION, FILE A CONSOLIDATED GROUP FORM 990.

CORE FORM, PART XI; QUESTION 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCE INCLUDE:

- EQUITY TRANSFER TO RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT FOUNDATIONS - ($111,150);
- NET ASSETS RELEASED FROM RESTRICTION FOR PURCHASES OF PROPERTY AND EQUIPMENT - $27,672,824;
- PENSION ADMINISTRATION COSTS - ($10,866,972);

- CAPITAL ASSET TRANSFER FROM RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT AFFILIATES - $78,747,938;

- OTHER CHANGES IN UNRESTRICTED NET ASSETS - $5,411,126;

- NET CHANGE IN INTEREST IN RESTRICTED NET ASSETS OF UNCONSOLIDATED FOUNDATIONS - ($5,317,305);

- EQUITY TRANSFER FROM RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT FOUNDATIONS - UNRESTRICTED - $4,059,540;

- NET CHANGE IN NET ASSETS RELEASED FROM DONOR RESTRICTIONS - $137,585,453; AND

- GAIN ON EARLY EXTINGUISHMENT OF DEBT - $43,778,379.

CORE FORM, PART XII; QUESTION 2

THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE AFFILIATES WITHIN RWJBARNABAS HEALTH, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THE SYSTEM'S TAX-EXEMPT PARENT ENTITY IS RWJ BARNABAS HEALTH, INC. AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF RWJ BARNABAS HEALTH, INC. AND ALL AFFILIATES WITHIN THE SYSTEM FOR THE YEARS ENDED DECEMBER 31, 2024 AND DECEMBER 31, 2023; RESPECTIVELY. THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS FOR THE RWJBARNABAS HEALTH HOSPITALS AND CERTAIN OTHER AFFILIATES. THE INDEPENDENT CPA FIRM ISSUED AN UNMODIFIED OPINION WITH RESPECT TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS. THE RWJ BARNABAS HEALTH, INC. AUDIT COMMITTEE HAS ASSUMED RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR.

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	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.*	2024 Open to Public Inspection

Name of the organization	Employer identification number
RWJ BARNABAS HEALTH, INC. - SUBORDINATES	85-1296795

CORE FORM, PART XII; QUESTION 3

THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE AFFILIATES WITHIN RWJBARNABAS HEALTH; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THE SYSTEM ENGAGED AN INDEPENDENT ACCOUNTING FIRM TO PREPARE AND ISSUE A SYSTEM WIDE CONSOLIDATED AUDIT UNDER THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133 AUDIT. THIS ORGANIZATION WAS INCLUDED IN THE SYSTEM WIDE A-133 AUDIT.

SCHEDULE B

THE GIFTS, GRANTS AND CONTRIBUTIONS REFLECTED ON SCHEDULE B ARE AMOUNTS RECEIVED BY ALL ENTITIES INCLUDED IN THIS CONSOLIDATED GROUP FORM 990.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY CHILDREN'S SPECIALIZED HOSPITAL ARE REFLECTED IN NUMBERS 1 THROUGH 4.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY CLARA MAASS MEDICAL CENTER ARE REFLECTED IN NUMBERS 5 THROUGH 12.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY COMMUNITY MEDICAL CENTER ARE REFLECTED IN NUMBERS 13 THROUGH 17.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY COOPERMAN BARNABAS MEDICAL CENTER ARE REFLECTED IN NUMBERS 18 THROUGH 166 AND NUMBERS 301 AND 302.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY JERSEY CITY MEDICAL CENTER ARE REFLECTED IN NUMBERS 167 THROUGH 177 AND NUMBER 302.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY MONMOUTH MEDICAL CENTER ARE REFLECTED IN NUMBERS 178 THROUGH 188 AND NUMBER 302.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY NEWARK BETH ISRAEL MEDICAL CENTER ARE REFLECTED IN NUMBERS 189 THROUGH 256 AND NUMBERS 301 AND 302.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL ARE REFLECTED IN NUMBERS 257 THROUGH 266 AND NUMBER 302.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON ARE REFLECTED IN NUMBERS 267 THROUGH 283 AND NUMBER 302.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY ARE REFLECTED IN NUMBERS 284 THROUGH 294 AND NUMBER 302.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY TRINITAS REGIONAL MEDICAL CENTER ARE REFLECTED IN NUMBERS 295 THROUGH 299.

SCHEDULE H, PART V; SECTION D

SCHEDULE H, PART V; SECTION D - OTHER HEALTHCARE FACILITIES THAT ARE NOT LICENSED, REGISTERED, OR SIMILARLY RECOGNIZED AS A HOSPITAL FACILITY FOR THE ENTITIES INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE LISTED BY THE HOSPITAL FACILITY WHICH CONTROLS THE ORGANIZATION AND IN ORDER OF SIZE FROM LARGEST TO SMALLEST.

CHILDREN'S SPECIALIZED HOSPITAL'S OTHER HEALTHCARE FACILITIES ARE REFLECTED IN FORM 990, SCHEDULE H, PART V; SECTION D, NUMBERS 1-14.

COMMUNITY MEDICAL CENTER'S OTHER HEALTHCARE FACILITIES ARE REFLECTED IN FORM 990, SCHEDULE H, PART V; SECTION D, NUMBER 15.

COOPERMAN BARNABAS MEDICAL CENTER'S OTHER HEALTHCARE FACILITIES ARE REFLECTED IN FORM 990, SCHEDULE H, PART V; SECTION D, NUMBERS 16-55.

JERSEY CITY MEDICAL CENTER'S OTHER HEALTHCARE FACILITIES ARE REFLECTED IN FORM 990, SCHEDULE H, PART V; SECTION D, NUMBERS 56-68.

MONMOUTH MEDICAL CENTER'S OTHER HEALTHCARE FACILITIES ARE REFLECTED IN FORM 990, SCHEDULE H, PART V; SECTION D, NUMBERS 69-74.

NEWARK BETH ISRAEL MEDICAL CENTER'S OTHER HEALTHCARE FACILITIES ARE REFLECTED IN FORM 990, SCHEDULE H, PART V; SECTION D, NUMBERS 75-76.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL'S OTHER HEALTHCARE FACILITIES ARE

REFLECTED IN FORM 990, SCHEDULE H, PART V; SECTION D, NUMBERS 77-99.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON'S OTHER HEALTHCARE FACILITIES ARE REFLECTED IN FORM 990, SCHEDULE H, PART V; SECTION D, NUMBERS 100-106.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY'S OTHER HEALTHCARE FACILITIES ARE REFLECTED IN FORM 990, SCHEDULE H, PART V; SECTION D, NUMBERS 107-108.

TRINITAS REGIONAL MEDICAL CENTER'S OTHER HEALTHCARE FACILITIES ARE REFLECTED IN FORM 990, SCHEDULE H, PART V; SECTION D, NUMBERS 109-114.

DEPARTMENTAL EIN LISTING

THE ORGANIZATION'S FEDERAL FORM 990 INCLUDES CERTAIN REVENUE RECEIVED AND EXPENSES INCURRED BY VARIOUS CLARA MAASS MEDICAL CENTER HEALTHCARE RELATED PROGRAMS, DEPARTMENTS, ACTIVITIES AND CLARA MAASS MEDICAL CENTER EMPLOYEES. REVENUE EARNED FROM THESE PROGRAMS AND ACTIVITIES WAS RECEIVED BY CLARA MAASS MEDICAL CENTER UTILIZING FEDERAL IDENTIFICATION NUMBERS OTHER THAN 22-1500556.

BELOW IS A LIST OUTLINING THE VARIOUS CLARA MAASS MEDICAL CENTER PROGRAMS, DIVISIONS, DEPARTMENTS AND PHYSICIAN EMPLOYEES AND THEIR RESPECTIVE FEDERAL IDENTIFICATION NUMBERS.

CLARA MAASS MEDICAL CENTER HOUSE 33-1056363

CMMC PROVIDER SERVICES 81-4812623

DEPARTMENTAL EIN LISTING

THE ORGANIZATION'S FEDERAL FORM 990 INCLUDES CERTAIN REVENUE RECEIVED AND EXPENSES INCURRED BY VARIOUS COOPERMAN BARNABAS MEDICAL CENTER HEALTHCARE RELATED PROGRAMS, DEPARTMENTS, ACTIVITIES AND COOPERMAN BARNABAS MEDICAL CENTER EMPLOYEES. REVENUE EARNED FROM THESE PROGRAMS AND ACTIVITIES WAS RECEIVED BY COOPERMAN BARNABAS MEDICAL CENTER UTILIZING FEDERAL IDENTIFICATION NUMBERS OTHER THAN 22-1494440.

BELOW IS A LIST OUTLINING THE VARIOUS COOPERMAN BARNABAS MEDICAL CENTER PROGRAMS, DIVISIONS, DEPARTMENTS AND PHYSICIAN EMPLOYEES AND THEIR RESPECTIVE FEDERAL IDENTIFICATION NUMBERS.

NICU ASSOCIATES AT SAINT BARNABAS	22-3181029
PEDIATRIC CRITICAL CARE ASSOCIATES AT SAINT BARNABAS	22-3258938
SAINT BARNABAS MULTI SPECIALTY GROUP	22-3551005
MEDICAL ONCOLOGY ASSOCIATES AT SAINT BARNABAS	22-3403774
SBMC DEPARTMENT OF CRITICAL CARE MEDICINE	03-0498041
CANCER SURGERY SERVICES OF SAINT BARNABAS	20-1716316
ASSOCIATES IN TRANSPLANT AND GENERAL SURGERY	20-3128758
SBMC STRESS TEST PANEL	76-0828820
RADIATION ONCOLOGY GROUP AT CBMC	81-2497757
SBMC PROVIDER SERVICES	81-4786011

Name of the organization
RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number
85-1296795

DEPARTMENTAL EIN LISTING

THE ORGANIZATION'S FEDERAL FORM 990 INCLUDES CERTAIN REVENUE RECEIVED AND EXPENSES INCURRED BY VARIOUS JERSEY CITY MEDICAL CENTER HEALTHCARE RELATED PROGRAMS, DEPARTMENTS, ACTIVITIES AND JERSEY CITY MEDICAL CENTER EMPLOYEES. REVENUE EARNED FROM THESE PROGRAMS AND ACTIVITIES WAS RECEIVED BY JERSEY CITY MEDICAL CENTER UTILIZING FEDERAL IDENTIFICATION NUMBERS OTHER THAN 22-2783298.

PLEASE NOTE THAT THERE ARE VARIOUS EMPLOYED PHYSICIANS THAT REMIT BILLINGS UNDER THEIR SEPARATE EIN'S DIRECTLY TO JERSEY CITY MEDICAL CENTER. SUCH PHYSICIAN'S RESPECTIVE NAME AND EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER IS NOT OUTLINED ABOVE BUT MAY BE OBTAINED UPON REQUEST.

DEPARTMENTAL EIN LISTING

THE ORGANIZATION'S FEDERAL FORM 990 INCLUDES CERTAIN REVENUE RECEIVED AND EXPENSES INCURRED BY VARIOUS MONMOUTH MEDICAL CENTER HEALTHCARE RELATED PROGRAMS, DEPARTMENTS, ACTIVITIES AND MONMOUTH MEDICAL CENTER EMPLOYEES. REVENUE EARNED FROM THESE PROGRAMS AND ACTIVITIES WAS RECEIVED BY MONMOUTH MEDICAL CENTER UTILIZING FEDERAL IDENTIFICATION NUMBERS OTHER THAN 22-3452412.

BELOW IS A LIST OUTLINING THE VARIOUS MONMOUTH MEDICAL CENTER PROGRAMS, DIVISIONS, DEPARTMENTS AND PHYSICIAN EMPLOYEES AND THEIR RESPECTIVE FEDERAL IDENTIFICATION NUMBERS.

MMC PROVIDER SERVICES 81-4837197

IN ADDITION, THIS FORM 990 INCLUDES THE CURRENT YEAR REVENUE AND EXPENSE ACTIVITY AND YEAR END ASSETS AND LIABILITIES OF BOTH THE MEDICAL STAFFS OF MONMOUTH MEDICAL CENTER AND MONMOUTH MEDICAL CENTER - SOUTHERN CAMPUS.

DEPARTMENTAL EIN LISTING

THE ORGANIZATION'S FEDERAL FORM 990 INCLUDES CERTAIN REVENUE RECEIVED AND EXPENSES INCURRED BY VARIOUS NEWARK BETH ISRAEL MEDICAL CENTER HEALTHCARE RELATED PROGRAMS, DEPARTMENTS, ACTIVITIES AND NEWARK BETH ISRAEL MEDICAL CENTER EMPLOYEES. REVENUE EARNED FROM THESE PROGRAMS AND ACTIVITIES WAS RECEIVED BY NEWARK BETH ISRAEL MEDICAL CENTER UTILIZING FEDERAL IDENTIFICATION NUMBERS OTHER THAN 22-3452311.

THE FOLLOWING IS A LIST OUTLINING THE VARIOUS NEWARK BETH ISRAEL MEDICAL CENTER PROGRAMS, DIVISIONS, DEPARTMENTS AND THEIR RESPECTIVE FEDERAL IDENTIFICATION NUMBERS.

NBIMC DEPARTMENT OF NON-INVASIVE CARDIOLOGY	22-3680276
NBIMC DEPARTMENT OF ONCOLOGY	22-3680355
NBIMC DEPARTMENT OF PATHOLOGY	22-3680343
NBIMC DEPARTMENT OF CARDIOTHORACIC SURGERY	22-3680349
NBIMC DEPARTMENT OF INTERNAL MEDICINE	22-3680346
NBIMC DEPARTMENT OF GERIATRICS	22-3680200

NBIMC DEPARTMENT OF OB/GYN	22-3680351
NBIMC DEPARTMENT OF HEART TRANSPLANT	16-1707383
NBIMC DEPARTMENT OF SURGERY	16-1711394
NBIMC INTERVENTIONAL CARDIOLOGY	01-0828308
NBIMC/TRINITAS PEDIATRIC MEDICAL GROUP	84-1671694
NBIMC ADULT GASTROENTEROLOGY	06-1748860
NEWARK BETH ISRAEL EMERGENCY DEPARTMENT	22-3719160
NBIMC DEPARTMENT OF RADIOLOGY	06-1793948
NBIMC CHONJ PHYSICIAN GROUP	26-2203038
NBI CHILDRENS HOSPITAL	22-3357053
NBIMC PROVIDER SERVICES	81-4857719

PLEASE NOTE THAT THERE ARE VARIOUS EMPLOYED PHYSICIANS THAT REMIT BILLINGS UNDER THEIR SEPARATE EIN'S DIRECTLY TO NEWARK BETH ISRAEL MEDICAL CENTER. SUCH PHYSICIAN'S RESPECTIVE NAME AND EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER IS NOT OUTLINED ABOVE BUT MAY BE OBTAINED UPON REQUEST.

IN ADDITION, MONMOUTH MEDICAL CENTER - FACULTY PRACTICE PLAN; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, UTILIZES THE IDENTIFICATION NUMBER FOR NBI CHILDRENS HOSPITAL AS ITS PRINCIPAL IDENTIFICATION NUMBER.

FORM 990, LINE H(B)

FORM 990, LINE H(B) - SUBORDINATES INCLUDED

CHILDREN'S SPECIALIZED HOSPITAL

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-1487148

CLARA MAASS MEDICAL CENTER

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-1500556

COMMUNITY MEDICAL CENTER

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3452306

COOPERMAN BARNABAS MEDICAL CENTER

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-1494440

JERSEY CITY MEDICAL CENTER

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2783298

MONMOUTH MEDICAL CENTER

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3452412

NEWARK BETH ISRAEL MEDICAL CENTER

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3452311

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-1487243

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

21-0634572

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-1487305

SAINT BARNABAS BEHAVIORAL HEALTH CENTER

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2977312

TRINITAS REGIONAL MEDICAL CENTER

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3601678

FORM 990, LINE H(B) - SUBORDINATES NOT INCLUDED

AUXILIARY OF THE ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-6014339

BARNABAS BAYONNE DEVELOPMENT URBAN RENEWAL CORORATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

35-2219655

BARNABAS HEALTH MEDICAL GROUP, P.C.

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3316007

CENTER STATE HEALTH GROUP, INC.

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2939956

CHILDRENS SPECIALIZED HOSPITAL FOUNDATION

150 NEW PROVIDENCE ROAD

MOUNTAINSIDE, NJ 07092

13-6844298

CLARA MAASS FOUNDATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2132516

COMMUNITY MEDICAL CENTER AUXILIARY ASSOCIATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

21-0729672

COMMUNITY MEDICAL CENTER FOUNDATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2597592

DOCTORS' CENTER MANAGEMENT CORP

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3175258

GREENVILLE HOSPITAL

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-0963805

IRVINGTON HOSPITAL FOUNDATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

23-7025428

LAKEVIEW CHILD CARE CENTER, INC.

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2627639

LIBERTY RIVERSIDE HEALTHCARE

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3284894

MARILLAC CORPORATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

52-1947015

MEGA CARE, INC.

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2578561

MONMOUTH MED CNTR - SO. CAMPUS FOUNDATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2630076

MONMOUTH MEDICAL CENTER-FACULTY PRACTICE PLAN

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3357053

MONMOUTH MEDICAL CENTER FOUNDATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2456079

NEW BRUNSWICK AFFILIATED HOSPITALS

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-1946837

NEW MARGARET HAGUE WOMENS HEALTH INSTITUTE

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3363012

OPPORTUNITY PROJECT, INC.

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3242203

ROBERT WOOD JOHNSON VISITING NURSES, INC.

972 SHOPPES BOULEVARD

NORTH BRUNSWICK, NJ 08902

26-3659270

ROBERT WOOD JOHNSON HEALTH NETWORK, INC.

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3420314

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON FOUNDATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-1487243

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY AUXILIARY

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-0012205

RWJBH BEHAVIORAL HEALTH, PREVENTION AND RECOVERY, INC.

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3343959

RWJBH CORPORATE SERVICES, INC.

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2405279

RWJBH MEDICAL GROUP, P.C.

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

84-2840311

RWJ BARNABAS HEALTH, INC.

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

81-0682747

SAINT BARNABAS HEALTH CARE SYSTEM FOUNDATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3769036

SAINT BARNABAS HOSPICE & PALLIATIVE CARE CENTER, INC.

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2354659

SAINT BARNABAS OUTPATIENT CENTERS

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2458479

SAINT BARNABAS REALTY DEVELOPMENT CORPORATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2940008

SANDY HOOK FRNDS OF SAINT BARNABAS BURN FOUNDATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3236202

SOMERSET HEALTH CARE FOUNDATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3294408

THE JERSEY CITY MEDICAL CENTER FOUNDATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3113911

THE RWJ UNIVERSITY HOSPITAL FOUNDATION, INC.

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2378007

TRINITAS FOUNDATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2353773

TRINITAS HEALTHCARE CORPORATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2473652

UNITED RESCUE AT JERSEY CITY, INC.

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2458481

UNIVERSITY PHYSICIAN ASSOCIATES NJ

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2095812

VNA HEALTH GROUP OF NEW JERSEY, LLC

176 RIVERSIDE AVENUE

RED BANK, NJ 07701

47-4841103

Name of the organization: RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number: 85-1296795

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

RWJBARNABAS HEALTH - AS THE LEADING ACADEMIC HEALTH SYSTEM IN NEW JERSEY - IS ADVANCING INNOVATIVE STRATEGIES IN HIGH QUALITY PATIENT CARE, EDUCATION AND RESEARCH TO ADDRESS BOTH THE CLINICAL AND SOCIAL DETERMINANTS OF HEALTH. THE ENTITIES WORK TOGETHER TO PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. PLEASE REFER TO THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT INCLUDED IN SCHEDULE O.

Name of the organization: RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number: 85-1296795

FORM 990, PART III - PROGRAM SERVICE
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LINE 4A, PROGRAM SERVICE

EXPENSES INCURRED IN PROVIDING INPATIENT, OUTPATIENT, EMERGENCY AND VARIOUS OTHER MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY AND IN FURTHERANCE OF CHARITABLE TAX-EXEMPT PURPOSES. PLEASE REFER TO THE COMMUNITY BENEFIT STATEMENT IN SCHEDULE O.

Name of the organization: RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number: 85-1296795

FORM 990, PART VI, LINE 17 - STATES

AL,AK,CO,
DC,FL,GA,IL,KY,MD,MA,
MN,MS,NV,NJ,NM,NY,ND,OH,OK,OR,
SC,UT,WA,WI,

Name of the organization: RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number: 85-1296795

FORM 990,PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
RWJBH CORPORATE SERVICES, INC. C/O CORP. FINANCE, 2 CRESCENT PLACE OCEANPORT, NJ 07757	MANAGEMENT	845,443,224.
RUTGERS THE STATE UNIVERSITY OF NJ 33 KNIGHTSBRIDGE ROAD PISCATAWAY, NJ 08854-3987	MEDICAL	86,891,955.
WM BLANCHARD COMPANY 199 MOUNTAIN AVENUE, P.O. BOX 298 SPRINGFIELD, NJ 07081	CONSTRUCTION	46,593,184.
SODEXO INCORPORATED AND AFFILIATES P.O. BOX 360170 PITTSBURGH, PA 15251-6170	FOOD/MANAGEMENT	38,557,640.
ABBOTT LABORATORIES INC. 200 ABBOTT PARK ROAD ABBOTT PARK, IL 60064	MEDICAL	22,219,455.

SCHEDULE R (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number

85-1296795

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SEE SUPPLEMENTAL PAGE					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
SEE SUPPLEMENTAL PAGE							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

PART I - IDENTIFICATION OF DISREGARDED ENTITIES

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) TOTAL INCOME	(E)EOY ASSETS	(F) DIRECT CONTROL
CENTER FOR DISC, INNOV & DEVELOPMENT LLC 84-2897309	HEALTH SVCS.	C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 NJ	NONE	NONE	CSH
LIBERTY HEALTHCARE VENTURES, LLC 27-2045146	HEALTH SVCS.	C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 NJ	NONE	NONE	JCMC
RWJUH-PLUM STREET, LLC 26-2282746	REAL ESTATE	579A CRANBURY ROAD EAST BRUNSWICK, NJ 08816 NJ	NONE	NONE	RWJUH
RWJ INTEGRATED HEALTHCARE, LLC 81-1271129	HEALTH SVCS.	C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 NJ	NONE	NONE	RWJUH
SAINT BARNABAS MANAGEMENT SERVICES, LLC 22-3661568	HEALTH SVCS.	C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 NJ	546,507.	46,252.	SBBH
RWJ-REGENT, LLC 45-3853994	HEALTH SVCS.	10 PLUM STREET, 4TH FLOOR NEW BRUNSWICK, NJ 08901 NJ	NONE	NONE	RWJUH
LIBERTY REALTY HOLDINGS, LLC 47-3539698	TITLE HLDNG	C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 NJ	1,426,527.	46,132,410.	JCMC
TOMS RIVER WEST AMB SURG CENTER 99-0947019	HEALTH SVCS.	C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 NJ	NONE	296,798.	CMC

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	(G) SEC 512 NO
AUXILIARY OF RWJUH 22-6014339 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	SUPPORT	NJ	501(C)(3)	12C	RWJUH	X	
BARNABAS BAYONNE DEV URBAN RENEWAL CORP 35-2219655 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	STAFFING SVCS	NJ	501(C)(3)	12A	SBRDC		X
BARNABAS HEALTH MEDICAL GROUP, P.C. 22-3316007 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	HEALTH SVCS.	NJ	501(C)(3)	10	RWJ BH		X
RWJBH CORPORATE SERVICES, INC. 22-2405279 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	HEALTH SVCS.	NJ	501(C)(3)	12A	RWJ BH		X
CENTER STATE HEALTH GROUP, INC. 22-2939956 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	HEALTH SVCS.	NJ	501(C)(3)	12B	RWJ BH		X
RWJBH BEHAV HEALTH, PREVENTION & RECOV 22-3343959 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	HEALTH SVCS.	NJ	501(C)(3)	12A	SBBH	X	
CHILDRENS SPECIALIZED HOSPITAL FDN. 13-6844298 150 NEW PROVIDENCE ROAD MOUNTAINSIDE, NJ 07092	FUNDRAISING	NJ	501(C)(3)	7	CSH	X	
CLARA MAASS FOUNDATION 22-2132516 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	FUNDRAISING	NJ	501(C)(3)	7	RWJ BH		X
COMMUNITY MEDICAL CENTER AUXILIARY 21-0729672 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	FUNDRAISING	NJ	501(C)(3)	12C	CMC	X	
COMMUNITY MEDICAL CENTER FOUNDATION 22-2597592 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	FUNDRAISING	NJ	501(C)(3)	7	RWJ BH		X

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES	(G) SEC 512 NO
DOCTORS' CENTER MANAGEMENT CORP 22-3175258 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	HEALTH SVCS.	NJ	501(C)(3)	12C	RWJ BH		X
GREENVILLE HOSPITAL 22-0963805 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	INACTIVE	NJ	501(C)(3)	3	RWJ BH		X
IRVINGTON HOSPITAL FOUNDATION 23-7025428 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	INACTIVE	NJ	501(C)(3)	12A	RWJ BH		X
LAKEVIEW CHILD CARE CENTER, INC. 22-2627639 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	CHILD CARE	NJ	501(C)(3)	10	RWJ BH		X
LIBERTY RIVERSIDE HEALTHCARE 22-3284894 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	INACTIVE	NJ	501(C)(3)	3	RWJ BH		X
MARILLAC CORPORATION 52-1947015 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	REAL ESTATE	NJ	501(C)(3)	12A	TRMC	X	
MEGA CARE, INC. 22-2578561 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	HEALTH SVCS.	NJ	501(C)(3)	12A	CSHG		X
MONMOUTH MED CNTR - SOUTHERN CAMPUS FDN. 22-2630076 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	FUNDRAISING	NJ	501(C)(3)	7	RWJ BH		X
MONMOUTH MEDICAL CENTER - FACULTY PRACT. 22-3357053 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	HEALTH SVCS.	NJ	501(C)(3)	12A	MMC	X	
MONMOUTH MEDICAL CENTER FOUNDATION 22-2456079 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	FUNDRAISING	NJ	501(C)(3)	7	RWJ BH		X

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES	(G) SEC 512 NO
NEW BRUNSWICK AFFILIATED HOSPITALS, INC. 22-1946837 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	HEALTH SVCS.	NJ	501(C)(3)	12A	RWJ BH		X
NEW MARGARET HAGUE CTR WOMENS JCM OB/GYN 22-3363012 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	HEALTH SVCS.	NJ	501(C)(3)	12A	JCMC	X	
OPPORTUNITY PROJECT, INC. 22-3242203 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	HEALTH SVCS.	NJ	501(C)(3)	7	CSH	X	
ROBERT WOOD JOHNSON VISITING NURSES, INC 26-3659270 972 SHOPPES BOULEVARD NORTH BRUNSWICK, NJ 08902	HEALTH SVCS.	NJ	501(C)(3)	10	N/A		X
RWJBH MEDICAL GROUP, P.C. 84-2840311 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	HEALTH SVCS.	NJ	501(C)(3)	12A	RWJ BH		X
RWJ BARNABAS HEALTH, INC. 81-0682747 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	INACTIVE	NJ	501(C)(3)	12C	N/A		X
RWJ HEALTH NETWORK, INC. 22-3420314 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	HEALTH SVCS.	NJ	501(C)(3)	12A	RWJ BH		X
RWJ UNIV. HOSP. AT HAMILTON FDN., INC. 22-2552329 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	FUNDRAISING	NJ	501(C)(3)	7	RWJ BH		X
RWJ UNIV. HOSPITAL RAHWAY AUXILIARY 22-0012205 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	SUPPORT	NJ	501(C)(3)	10	RWJUHR	X	
SAINT BARNABAS HEALTH CARE SYSTEM FDN. 22-3769036 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	FUNDRAISING	NJ	501(C)(3)	7	RWJ BH		X

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES	(G) SEC 512 NO
SAINT BARNABAS HOSPICE AND PALLIATIVE 22-2354659 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	HEALTH SVCS.	NJ	501(C)(3)	7	RWJ BH		X
SAINT BARNABAS OUTPATIENT CENTERS 22-2458479 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	HEALTH SVCS.	NJ	501(C)(3)	10	RWJ BH		X
SAINT BARNABAS REALTY DEVELOPMENT CORP. 22-2940008 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	TITLE HLDNG.	NJ	501(C)(3)	12B	RWJ BH		X
SANDY HOOK FRNDS OF ST BARNABAS BURN FDN 22-3236202 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	FUNDRAISING	NJ	501(C)(3)	12D	RWJ BH		X
SOMERSET HEALTH CARE FOUNDATION, INC. 22-3294408 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	FUNDRAISING	NJ	501(C)(3)	7	RWJ BH		X
THE JERSEY CITY MEDICAL CENTER FDN. 22-3113911 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	FUNDRAISING	NJ	501(C)(3)	10	RWJ BH		X
THE RWJ UNIV. HOSPITAL FOUNDATION, INC. 22-2378007 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	FUNDRAISING	NJ	501(C)(3)	7	RWJ BH		X
TRINITAS FOUNDATION 22-2353773 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	FUNDRAISING	NJ	501(C)(3)	7	RWJ BH		X
TRINITAS HEALTHCARE CORPORATION 22-2473652 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	HEALTH SVCS.	NJ	501(C)(3)	10	RWJ BH		X
UNITED RESCUE AT JERSEY CITY, INC. 22-2458481 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	HEALTH SVCS.	NJ	501(C)(3)	10	JCMC	X	

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES	(G) SEC 512 NO
UNIVERSITY PHYSICIAN ASSOCIATES OF NJ 22-2095812 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	HEALTH SVCS.	NJ	501(C)(3)	12C	RWJ BH		X
VNA HEALTH GROUP OF NEW JERSEY, LLC 47-4841103 176 RIVERSIDE AVENUE RED BANK, NJ 07701	HEALTH SVCS.	NJ	501(C)(3)	10	MEGA CARE		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) SEE SUPPLEMENTAL PAGE												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) SEE SUPPLEMENTAL PAGE									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

990 SCH R,PART III-IDENTIFICATION OF REL. ORG. TAXABLE AS PARTNERSHIP

(A) NAME/ADDRESS/EIN	B) PRIMARY ACTIVITY	(C)LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) PREDOMINANT INCOME	(F) SHARE OF TOT INCOME	(G) SHARE EOY	(H)DISPROPORTIONATE YES	(H)DISPROPORTIONATE NO	(I) CODE V-UBI	(J) PARTNER YES	(J) PARTNER NO	(K) % OWNERSHIP
195 MSO, LLC 00-0000000 C/O CORP FIN. 2 CRESCENT PLACE	HEALTH SVCS.	NJ	N/A									
A WOMAN'S PLACE HOLDINGS, LLC 18 WILSON CIRCLE RUMSON, NJ 07	HEALTH SVCS.	NJ	N/A									
ADVANCED GASTROENTEROLOGY GROU 1308 MORRIS AVENUE, SUITE 102	HEALTH SVCS.	NJ	N/A									
ADVANCED SURGICAL & ENDOSCOPY 81 VERONICA AVENUE, SUITE 205	HEALTH SVCS.	NJ	N/A									
ANESTHESIA SPECIALISTS OF NJ, 66 WEST GILBERT STREET RED BAN	HEALTH SVCS.	NJ	N/A									
ASSOCIATES IN OTOLARYNGOLOGY O 741 NORTHFIELD AVE, SUITE 104A	HEALTH SVCS.	NJ	N/A									
ATLANTIC AMBULATORY ANESTHESIA 655 SHREWSBURY CENTER SHREWSBU	HEALTH SVCS.	NJ	N/A									
AVENEL ISELIN MEDICAL GROUP, L 400 GILL LANE ISELIN, NJ 08830	HEALTH SVCS.	NJ	N/A									
CARE STATION MSO, LLC 85-43836 328 WEST ST. GEORGES AVENUE LI	HEALTH SVCS.	NJ	N/A									
CCG MEDICAL GROUP, LLC 88-3940 673 MORRIS AVENUE, SUITE 201 S	HEALTH SVCS.	NJ	N/A									

990 SCH R,PART III-IDENTIFICATION OF REL. ORG. TAXABLE AS PARTNERSHIP

(A) NAME/ADDRESS/EIN	B) PRIMARY ACTIVITY	(C)LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) PREDOMINANT INCOME	(F) SHARE OF TOT INCOME	(G) SHARE EOY	(H)DISPROPORTIONATE YES	(H)DISPROPORTIONATE NO	(I) CODE V-UBI	(J) PARTNER YES	(J) PARTNER NO	(K) % OWNERSHIP
CENTRAL JERSEY ACO, LLC 45-546 C/O CORP FIN. 2 CRESCENT PLACE	HEALTH SVCS.	NJ	N/A									
CENTRAL JERSEY HAND SURGERY, L C/O CORP FIN. 2 CRESCENT PLACE	HEALTH SVCS.	NJ	N/A									
CHILDRENS SPECIALIZED HOSP ABA C/O CORP FIN. 2 CRESCENT PLACE	HEALTH SVCS.	NJ	CSH	RELATED	NONE	NONE	X		NONE	X		50.1000
CNJ SPECIALTY SURGICAL ASSOC, C/O CORP FIN. 2 CRESCENT PLACE	HEALTH SVCS.	NJ	N/A									
CREST PHYSICAL THERAPY SERVICE 66 WEST GILBERT STREET RED BAN	HEALTH SVCS.	NJ	N/A									
DIGESTIVE HEALTHCARE CENTER, L 511 COURTYARD DRIVE, BLDG. 500	HEALTH SVCS.	NJ	N/A									
FAMILY CARE PRIMARY & URGENT C 257 ROUTE 22 EAST GREEN BROOK,	HEALTH SVCS.	NJ	N/A									
FOOT AND ANKLE PHYSICIANS OF N C/O CORP FIN. 2 CRESCENT PLACE	HEALTH SVCS.	NJ	N/A									
GASTROENTEROLOGY ASSOC OF NJ, C/O CORP FIN. 2 CRESCENT PLACE	HEALTH SVCS.	NJ	N/A									
GI VENTURES, LLC 00-0000000 C/O CORP FIN. 2 CRESCENT PLACE	HEALTH SVCS.	NJ	N/A									

990 SCH R,PART III-IDENTIFICATION OF REL. ORG. TAXABLE AS PARTNERSHIP

(A) NAME/ADDRESS/EIN	B) PRIMARY ACTIVITY	(C)LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) PREDOMINANT INCOME	(F) SHARE OF TOT INCOME	(G) SHARE EOY	(H)DISPROPORTIONATE YES	(H)DISPROPORTIONATE NO	(I) CODE V-UBI	(J) PARTNER YES	(J) PARTNER NO	(K) % OWNERSHIP
HAMILTON ENDO & SURG, LLC 22-3 1235 WHITEHORSE-MERCERVILLE RD	HEALTH SVCS.	NJ	N/A									
HUDSON MD GROUP, LLC 84-192888 443 NORTHFIELD AVE. WEST ORANG	HEALTH SVCS.	NJ	N/A									
HURON PATHOLOGY ASSOC, PLLC 83 66 WEST GILBERT STREET RED BAN	HEALTH SVCS.	NJ	N/A									
ID CARE, LLC 00-0000000 C/O CORP FIN. 2 CRESCENT PLACE	HEALTH SVCS.	NJ	N/A									
INNOVATIVE PURCHASING CONCEPTS C/O CORP FIN. 2 CRESCENT PLACE	INACTIVE	NJ	RWJ BH-SUBS.	RELATED	NONE	102,064.	X		NONE	X		100.0000
JAG-ONE HOLDINGS, LP 85-439527 C/O CORP FIN. 2 CRESCENT PLACE	HEALTH SVCS.	NJ	N/A									
JERSEY ASC VENTURES, LLC 47-33 1A BURTON HILLS BLVD NASHVILLE	HEALTH SVCS.	TN	N/A									
KAYAL MEDICAL GROUP, LLC 87-41 266 HARRISTOWN RD., STE 104 GL	HEALTH SVCS.	NJ	N/A									
KINTIROGLOU PEDIATRICS, LLC 00 C/O CORP FIN. 2 CRESCENT PLACE	HEALTH SVCS.	NJ	N/A									
LIBERTY/USP SURGERY CENTERS, L 15305 DALLAS PKWY SUITE 1600 L	HEALTH SVCS.	TX	N/A									

990 SCH R,PART III-IDENTIFICATION OF REL. ORG. TAXABLE AS PARTNERSHIP

(A) NAME/ADDRESS/EIN	B) PRIMARY ACTIVITY	(C)LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) PREDOMINANT INCOME	(F) SHARE OF TOT INCOME	(G) SHARE EOY	(H)DISPROPORTIONATE YES	(H)DISPROPORTIONATE NO	(I) CODE V-UBI	(J) PARTNER YES	(J) PARTNER NO	(K) % OWNERSHIP
LIVINGSTON PATHOLOGY ASSOCIATE C/O CORP FIN. 2 CRESCENT PLACE	HEALTH SVCS.	NJ	N/A									
MEDEMERGE, LLC 03-0382501 1005 WASHINGTON AVE. GREEN BRO	HEALTH SVCS.	NJ	N/A									
MEDICOR CARDIOLOGY, LLC 92-038 331 ROUTE 206 HILLSBOROUGH, NJ	HEALTH SVCS.	NJ	N/A									
MONTGOMERY MEDICAL ASSOCIATES, 9 DUTCHTOWN-HARLINGEN ROAD BEL	HEALTH SVCS.	NJ	N/A									
MVP MEDICAL ASSOCIATES II, LLC 95 OLD SHORT HILLS ROAD WEST O	HEALTH SVCS.	NJ	N/A									
NEW JERSEY IMAGING NTWK, LLC 4 C/O CORP FIN. 2 CRESCENT PLACE	HEALTH SVCS.	NJ	N/A									
NJ SPINE CENTER, LLC 22-332327 40 MAIN STREET CHATHAM, NJ 079	HEALTH SVCS.	NJ	N/A									
OCEAN OTOLARYNGOLOGY, LLC 00-0 C/O CORP FIN. 2 CRESCENT PLACE	HEALTH SVCS.	NJ	N/A									
OPTHALMOLOGY NJ, LLC 93-284900 400 VALLEY ROAD, SUITE 106 MT.	HEALTH SVCS.	NJ	N/A									
ORTHOPAEDIC SPORTS MED & REHAB C/O CORP FIN. 2 CRESCENT PLACE	HEALTH SVCS.	NJ	N/A									

990 SCH R,PART III-IDENTIFICATION OF REL. ORG. TAXABLE AS PARTNERSHIP

(A) NAME/ADDRESS/EIN	B) PRIMARY ACTIVITY	(C)LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) PREDOMINANT INCOME	(F) SHARE OF TOT INCOME	(G) SHARE EOY	(H)DISPROPORTIONATE YES	(H)DISPROPORTIONATE NO	(I) CODE V-UBI	(J) PARTNER YES	(J) PARTNER NO	(K) % OWNERSHIP
PARKWAY ANESTHESIA ASSOCIATES, 66 WEST GILBERT STREET RED BAN	HEALTH SVCS.	NJ	N/A									
PARKWAY MEDICAL MANAGEMENT, LL 66 WEST GILBERT STREET RED BAN	HEALTH SVCS.	NJ	N/A									
PATHLINK, LLC 00-0000000 66 WEST GILBERT STREET RED BAN	HEALTH SVCS.	NJ	N/A									
PATHLINK OF GEORGIA, LLC 92-13 66 WEST GILBERT STREET RED BAN	HEALTH SVCS.	NJ	N/A									
PATHLINK OF NEW JERSEY, LLC 00 66 WEST GILBERT STREET RED BAN	HEALTH SVCS.	NJ	N/A									
PATHLINK OF NEW MEXICO, LLC 86 66 WEST GILBERT STREET RED BAN	HEALTH SVCS.	NJ	N/A									
PATHLINK OF OHIO, LLC 92-27083 66 WEST GILBERT STREET RED BAN	HEALTH SVCS.	NJ	N/A									
PATHLINK OF PENNSYLVANIA, PLLC 66 WEST GILBERT STREET RED BAN	HEALTH SVCS.	NJ	N/A									
PATHLINK OF TEXAS, PLLC 00-000 66 WEST GILBERT STREET RED BAN	HEALTH SVCS.	NJ	N/A									
PEDIATRICARE ASSOCIATES, LLC 0 C/O CORP FIN. 2 CRESCENT PLACE	HEALTH SVCS.	NJ	N/A									

990 SCH R,PART III-IDENTIFICATION OF REL. ORG. TAXABLE AS PARTNERSHIP

(A) NAME/ADDRESS/EIN	B) PRIMARY ACTIVITY	(C)LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) PREDOMINANT INCOME	(F) SHARE OF TOT INCOME	(G) SHARE EOY	(H)DISPROPORTIONATE YES	(H)DISPROPORTIONATE NO	(I) CODE V-UBI	(J) PARTNER YES	(J) PARTNER NO	(K) % OWNERSHIP
PLEASANTDALE HEALTH MSO, LLC 0 C/O CORP FIN. 2 CRESCENT PLACE	HEALTH SVCS.	NJ	N/A									
PREDICTIVE HEALTH SOLUTIONS, L C/O CORP FIN. 2 CRESCENT PLACE	HEALTH SVCS.	NJ	CSH	RELATED	NONE	NONE	X		NONE	X		50.1000
RWJBH ASSOCIATES 2, LLC 84-286 66 WEST GILBERT STREET RED BAN	HEALTH SVCS.	NJ	N/A									
RWJ-REGENT II, LLC 80-0878969 ONE ROBERT WOOD JOHNSON PLACE	HEALTH SVCS.	NJ	RWJUH	RELATED	NONE	NONE	X		NONE	X		78.4310
SCA-SPARTA, LLC 47-2676325 569 BROOKWOOD VILLAGE, SUITE 9	HEALTH SVCS.	AL	N/A									
SEAVIEW ORTHOPAEDICS & MEDICAL 1200 EAGLE AVENUE OCEAN, NJ 07	HEALTH SVCS.	NJ	N/A									
SHREWSBURY DIAGNOSTIC IMAGING, 1131 BROAD STREET, SUITE 110 S	HEALTH SVCS.	NJ	MMC	RELATED	3,982,630.	2,850,779.	X		NONE	X		51.0000
SOMERSET PEDIATRIC GROUP, LLC 575 ROUTE 28, BLDG. 2, STE. 22	HEALTH SVCS.	NJ	N/A									
TOMS RIVER AMBULATORY ANESTHES C/O CORP FIN. 2 CRESCENT PLACE	HEALTH SVCS.	NJ	N/A									
UCHA HOLDINGS, LLC 87-4124009 2005 ST. GEORGES AVENUE RAHWAY	HEALTH SVCS.	NJ	N/A									

990 SCH R,PART III-IDENTIFICATION OF REL. ORG. TAXABLE AS PARTNERSHIP

(A) NAME/ADDRESS/EIN	B) PRIMARY ACTIVITY	(C)LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) PREDOMINANT INCOME	(F) SHARE OF TOT INCOME	(G) SHARE EOY	(H)DISPROPORTIONATE YES	(H)DISPROPORTIONATE NO	(I) CODE V-UBI	(J) PARTNER YES	(J) PARTNER NO	(K) % OWNERSHIP
UNION COUNTY HC ASSOCIATES, LL 2005 ST. GEORGES AVENUE RAHWAY	HEALTH SVCS.	NJ	N/A									
WRB HEALTHCARE, LLC 99-0958436 C/O CORP FIN. 2 CRESCENT PLACE	HEALTH SVCS.	NJ	N/A									

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
CENTER STATE MANAGEMENT CORP 22-2506125 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	MGMT SVCS.	NJ	N/A	C CORP.					X
CSH VENTURES, INC. 47-2729885 200 SOMERSET STREET NEW BRUNSWICK, NJ 08901	MED. CONSULTING	NJ	CSH	C CORP.	NONE	66,202.	100.0000	X	
HEALTH CARE FACILITIES MGT 22-3532988 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	MAINT. SVCS.	NJ	N/A	C CORP.					X
LIVINGSTON INFUSION CARE INC 22-3190756 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	HEALTH SVCS.	NJ	N/A	C CORP.					X
LIVINGSTON SERVICES CORP. 22-2779395 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	HEALTH SVCS.	NJ	N/A	C CORP.					X
LSC PHARMACY SERVICES, INC. 45-2552776 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	PHARMACY SVCS.	NJ	N/A	C CORP.					X
MAJOR INVESTIGATIONS, INC. 22-3040539 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	SECURITY SVCS.	NJ	N/A	C CORP.					X
NJ HEALTH CARE SYSTEM, INC. 22-3536986 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	INACTIVE	NJ	N/A	C CORP.					X
RWJ MED SVCS ORG AT HAMILTON 22-3454270 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	HEALTH SVCS.	NJ	N/A	C CORP.					X
RWJ MEDICAL ASSOCIATES, P.A. 22-3586872 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	HEALTH SVCS.	NJ	N/A	C CORP.					X

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
RWJ PHYSICIAN ENTERPRISE, P.A. 45-3967414 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	HEALTH SVCS.	NJ	N/A	C CORP.					X
RWJ SURGERY CENTER, INC. 22-3698431 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	HEALTH SVCS.	NJ	N/A	C CORP.					X
SBC MANAGEMENT CORPORATION 22-3414332 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	MGMT SVCS.	NJ	N/A	C CORP.					X
SHC ENTERPRISES, INC. 22-2665595 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	MGMT SVCS.	NJ	N/A	C CORP.					X
SOMERSET REALTY GROUP, INC. 22-3269525 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	REAL ESTATE	NJ	N/A	C CORP.					X
TRINITAS HEALTH SERVICES CORPORATION 22-2557627 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	HEALTH SVCS.	NJ	TRMC	C CORP.	495,134.	416,778.	100.0000	X	
VISION HEALTHCARE, INC. 20-4285005 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	INVESTMENT	NJ	N/A	C CORP.					X
CPIC 44 CHURCH STREET , HAMILTON BD HM11	FINANCIAL VEHICLE	BD	CBMC	FOREIGN CORP.	86,132,375.	433,779,127.	100.0000	X	

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

			Yes	No
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	**1a**		X
b	Gift, grant, or capital contribution to related organization(s)	**1b**		X
c	Gift, grant, or capital contribution from related organization(s)	**1c**	X	
d	Loans or loan guarantees to or for related organization(s)	**1d**	X	
e	Loans or loan guarantees by related organization(s)	**1e**	X	
f	Dividends from related organization(s)	**1f**		X
g	Sale of assets to related organization(s)	**1g**		X
h	Purchase of assets from related organization(s)	**1h**		X
i	Exchange of assets with related organization(s)	**1i**		X
j	Lease of facilities, equipment, or other assets to related organization(s)	**1j**		X
k	Lease of facilities, equipment, or other assets from related organization(s)	**1k**		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	**1l**		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	**1m**	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**	X	
o	Sharing of paid employees with related organization(s)	**1o**	X	
p	Reimbursement paid to related organization(s) for expenses	**1p**	X	
q	Reimbursement paid by related organization(s) for expenses	**1q**	X	
r	Other transfer of cash or property to related organization(s)	**1r**	X	
s	Other transfer of cash or property from related organization(s)	**1s**	X	

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1)	RWJBH CORPORATE SERVICES, INC.	M	845,443,224.	COST
(2)	RWJBH CORPORATE SERVICES, INC.	R	319,565,697.	COST
(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? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(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, PART V

THE ORGANIZATIONS INCLUDED IN THIS GROUP FORM 990 ARE MEMBERS OF RWJBARNABAS HEALTH; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. FUNDS ARE ROUTINELY TRANSFERRED BETWEEN AFFILIATES AND BUSINESS ACTIVITIES ARE COMMON ON BEHALF OF THE SYSTEM'S AFFILIATES, INCLUDING THESE ORGANIZATIONS. THESE TRANSACTIONS MAY BE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THESE ORGANIZATIONS AND OTHER AFFILIATES. THE RWJBARNABAS HEALTH ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY COST EFFECTIVE HEALTHCARE AND WELLNESS SERVICES TO THEIR COMMUNITIES REGARDLESS OF ABILITY TO PAY AND IN FURTHERANCE OF CHARITABLE TAX-EXEMPT PURPOSES.

RENT AND ROYALTY INCOME

Taxpayer's Name	Identifying Number
RWJ BARNABAS HEALTH, INC. - SUBORDINATES	85-1296795

DESCRIPTION OF PROPERTY
RENTAL

☐ Yes ☐ No Did you actively participate in the operation of the activity during the tax year?

TYPE OF PROPERTY:
REAL RENTAL INCOME

OTHER INCOME:		
RENTAL INCOME	19531221.	
TOTAL GROSS INCOME		19531221.
OTHER EXPENSES:		
OTHER EXPENSES	7,313,543.	
DEPRECIATION (SHOWN BELOW)		
LESS: Beneficiary's Portion		
AMORTIZATION		
LESS: Beneficiary's Portion		
DEPLETION		
LESS: Beneficiary's Portion		
TOTAL EXPENSES		7,313,543.
TOTAL RENT OR ROYALTY INCOME (LOSS)		12217678.

Less Amount to

Rent or Royalty	
Depreciation	
Depletion	
Investment Interest Expense	
Other Expenses	
Net Income (Loss) to Others	
Net Rent or Royalty Income (Loss)	12217678.
Deductible Rental Loss (if Applicable)	

SCHEDULE FOR DEPRECIATION CLAIMED

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des.	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
Totals									

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

RENTAL INCOME	19531221.
	19531221.

OTHER DEDUCTIONS

RENTAL EXPENSES	7,313,543.
	7,313,543.

RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
RENTAL	19531221.		7,313,543.	12217678.
TOTALS	19531221.		7,313,543.	12217678.

SCHEDULE D (Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1041, Form 5227, or Form 990-T.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to *www.irs.gov/Form1041* for instructions and the latest information.

OMB No. 1545-0092

2024

Name of estate or trust	Employer identification number
RWJ BARNABAS HEALTH, INC. - SUBORDINATES	85-1296795

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? . . . . . ☐ **Yes** ☒ **No**
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Note: Form 5227 filers need to complete **only** Parts I and II.

Part I Short-Term Capital Gains and Losses - Generally Assets Held 1 Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked				
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked				

4	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	**4**	
5	Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	**5**	
6	Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2023 Capital Loss Carryover Worksheet	**6**	( )
7	**Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). Enter here and on Part III, line 17, column (3)	**7**	

Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than 1 Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked	35,687.			35,687.
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked				
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked				

11	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	**11**	
12	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	**12**	
13	Capital gain distributions	**13**	
14	Gain from Form 4797, Part I	**14**	
15	Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2023 Capital Loss Carryover Worksheet	**15**	( )
16	**Net long-term capital gain or (loss).** Combine lines 8a through 15 in column (h). Enter here and on Part III, line 18a, column (3)	**16**	35,687.

Part III Summary of Parts I and II

Caution: Read the instructions **before** completing this part.

		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
17 Net short-term gain or (loss)	17			
18 Net long-term gain or (loss):				
a Total for year	18a			35,687.
b Unrecaptured section 1250 gain (see line 18 of the worksheet)	18b			
c 28% rate gain	18c			
19 **Total net gain or (loss).** Combine lines 17 and 18a	19			35,687.

Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and **don't** complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

Part IV Capital Loss Limitation

20 Enter here and enter as a (loss) on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4c, if a trust), the **smaller** of:
a The loss on line 19, column (3); **or** **b** $3,000 . . . . . **20** ( )

Note: If the loss on line 19, column (3), is more than $3,000, **or** if Form 1041, page 1, line 23 (or Form 990-T, Part I, line 11), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), **and** Form 1041, line 23, is more than zero.

Caution: Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if:

- Either line 18b, column (2), or line 18c, column (2), is more than zero;
- Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero; or
- There are amounts on lines 4e and 4g of Form 4952.

Form 990-T trusts. Complete this part **only** if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, **and** Form 990-T, Part I, line 11, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 18b, column (2), or line 18c, column (2), is more than zero.

21	Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line 11)			21	
22	Enter the **smaller** of line 18a or 19 in column (2) but not less than zero	22			
23	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	23			
24	Add lines 22 and 23	24			
25	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-	25			
26	Subtract line 25 from line 24. If zero or less, enter -0-			26	
27	Subtract line 26 from line 21. If zero or less, enter -0-			27	
28	Enter the **smaller** of the amount on line 21 or $3,150			28	
29	Enter the **smaller** of the amount on line 27 or line 28			29	
30	Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0%				30
31	Enter the **smaller** of line 21 or line 26			31	
32	Subtract line 30 from line 26			32	
33	Enter the **smaller** of line 21 or $15,450			33	
34	Add lines 27 and 30			34	
35	Subtract line 34 from line 33. If zero or less, enter -0-			35	
36	Enter the **smaller** of line 32 or line 35			36	
37	Multiply line 36 by 15% (0.15)				37
38	Enter the amount from line 31			38	
39	Add lines 30 and 36			39	
40	Subtract line 39 from line 38. If zero or less, enter -0-			40	
41	Multiply line 40 by 20% (0.20)				41
42	Figure the tax on the amount on line 27. Use the 2024 Tax Rate Schedule for Estates and Trusts. See the Schedule G instructions in the Instructions for Form 1041			42	
43	Add lines 37, 41, and 42			43	
44	Figure the tax on the amount on line 21. Use the 2024 Tax Rate Schedule for Estates and Trusts. See the Schedule G instructions in the Instructions for Form 1041			44	
45	**Tax on all taxable income.** Enter the **smaller** of line 43 or line 44 here and on Form 1041, Schedule G, Part I, line 1a (or Form 990-T, Part II, line 2)				45

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side	**Social security number or taxpayer identification number**
RWJ BARNABAS HEALTH, INC. - SUBORDINATES	85-1296795

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II **Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- [X] **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- [ ] **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- [ ] **(F)** Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the **Note** below and see *Column (e)* in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). **See the separate instructions.** (f) Code(s) from instructions	(g) Amount of adjustment	(h) **Gain or (loss)** Subtract column (e) from column (d) and combine the result with column (g).
VARIOUS SECURITIES	VARIOUS	VARIOUS	35,687.00				35,687.00
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked) . . .			35,687.				35,687.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Form **4797**

Department of the Treasury
Internal Revenue Service

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to *www.irs.gov/Form4797* for instructions and the latest information.

OMB No. 1545-0184

2024

Attachment Sequence No. **27**

Name(s) shown on return: RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Identifying number: 85-1296795

1a Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions	1a	
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	1b	
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	1c	

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)

3	Gain, if any, from Form 4684, line 39	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows	7	
	Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.		
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.		
8	Nonrecaptured net section 1231 losses from prior years. See instructions	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	9	

SEE STATEMENT 1

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

						-67,368.

11	Loss, if any, from line 7	11	( )
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	-67,368.
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.		
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	18a	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4	18b	

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A		
B		
C		
D		

These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20 Gross sales price (**Note:** *See line 1a before completing.*)	20				
21 Cost or other basis plus expense of sale	21				
22 Depreciation (or depletion) allowed or allowable	22				
23 Adjusted basis. Subtract line 22 from line 21	23				
24 Total gain. Subtract line 23 from line 20	24				
25 If section 1245 property:					
a Depreciation allowed or allowable from line 22	25a				
b Enter the **smaller** of line 24 or 25a	25b				
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a Additional depreciation after 1975. See instructions	26a				
b Applicable percentage multiplied by the **smaller** of line 24 or line 26a. See instructions	26b				
c Subtract line 26a from line 24. If residential rental property **or** line 24 isn't more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976	26d				
e Enter the **smaller** of line 26c or 26d	26e				
f Section 291 amount (corporations only)	26f				
g Add lines 26b, 26e, and 26f	26g				
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a Soil, water, and land clearing expenses	27a				
b Line 27a multiplied by applicable percentage. See instructions	27b				
c Enter the **smaller** of line 24 or 27b	27c				
28 If section 1254 property:					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a				
b Enter the **smaller** of line 24 or 28a	28b				
29 If section 1255 property:					
a Applicable percentage of payments excluded from income under section 126. See instructions	29a				
b Enter the **smaller** of line 24 or 29a. See instructions	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33		
34 Recomputed depreciation. See instructions	34		
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		

Supplement to Form 4797 Part II Detail

Description	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
VARIOUS ASSETS	VARIOUS	VARIOUS			67,368.	-67,368.
Totals						-67,368.

JSA

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