
FEDERAL FORM 990
RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
FOR THE YEAR ENDED DECEMBER 31, 2021

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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.

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

B Check if applicable: X Address change. C Name of organization: RWJ BARNABAS HEALTH, INC. - SUBORDINATES. D Employer identification number: 85-1296795. E Telephone number: (973) 322-4032. G Gross receipts \$ 5,816,512,488. H(a) Is this a group return for subordinates? X Yes. H(b) Are all subordinates included? X Yes. I Tax-exempt status: X 501(c)(3). J Website: WWW.RWJBH.ORG. K Form of organization: X Corporation. L Year of formation. M State of legal domicile.

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Activities & Governance... 8-12 Revenue... 13-19 Expenses... 20-22 Net Assets or Fund Balances.

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 (SCOTT J MARIANI), Preparer's signature, Date, Check self-employed, PTIN (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. X Yes.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 [X] No
If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses \$ 5,193,827,541. including grants of \$ 15,748,540.) (Revenue \$ 5,545,557,616.)

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.

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 5,193,827,541.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (228), 1b (187), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 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.
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, 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 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) BARRY H. OSTROWSKY TRUSTEE - MMC - RWJBH PRES/CEO	60.00 NONE	X						NONE	16,210,012.	1,133,430.
(2) THOMAS A. BIGA TRST-CMMC-RWJBH PRES HOSP DIV	60.00 NONE	X						NONE	10,367,780.	998,748.
(3) DAVID A. MEBANE, ESQ. SECRETARY - TRUSTEE - CBMC	55.00 NONE	X		X				NONE	5,400,801.	459,834.
(4) ANROY OTTLEY, M.D. PHYSICIAN - JCMC	55.00 NONE					X		2,655,708.	NONE	48,613.
(5) STEPHEN P. ZIENIEWICZ, FACHE TRST-PRES/CEO-CBMC (TERM 10/22)	55.00 NONE	X		X				NONE	2,404,638.	223,133.
(6) FRANK J. VOZOS, M.D., FACS FORMER OFFICER - MMC-SC	55.00 NONE						X	NONE	1,929,494.	545.
(7) WILLIAM S. ARNOLD TRUSTEE - PRES/CEO-RWJUHN	55.00 NONE	X		X				NONE	1,599,188.	237,489.
(8) LORI A. COLINERI FORMER KEY EMPLOYEE - RWJUH	55.00 NONE						X	NONE	1,671,043.	68,654.
(9) MARTIN S. EVERHART FORMER KEY EMPLOYEE - RWJUH	55.00 NONE						X	NONE	1,434,881.	259,378.
(10) ROBERT G. IRWIN FORMER KEY EMPLOYEE - RWJUH	55.00 NONE						X	NONE	1,259,782.	237,583.
(11) DARRELL TERRY PRESIDENT/CEO - NBIMC	55.00 NONE			X				NONE	948,894.	504,942.
(12) PATRICK J. HAUGHEY COO - CBMC	55.00 NONE			X				1,239,787.	NONE	79,587.
(13) JOHN J. GANTNER FORMER OFFICER - RWJUHN	55.00 NONE						X	NONE	1,280,586.	868.
(14) JOSHUA BERSHAD, M.D. FORMER KEY EMPLOYEE - RWJUH	55.00 NONE					X		NONE	1,009,489.	216,199.

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) MICHAEL KNECHT FORMER KEY EMPLOYEE - RWJUH	55.00 NONE						X	NONE	989,653.	234,811.
(16) RICHARD FREEMAN TRUSTEE-PRESIDENT/CEO-RWJUHH	55.00 NONE	X		X				NONE	1,011,466.	196,116.
(17) PATRICK M. AHEARN PRESIDENT/CEO - CMC	55.00 NONE			X				NONE	979,980.	203,800.
(18) RICHARD L. DAVIS CFO - NO. REG./PRES/CEO - CBMC	55.00 NONE	X		X				NONE	926,569.	171,915.
(19) WARREN E. MOORE TRST-PRES/CEO - CSH(TERM 6/25)	55.00 NONE	X		X				NONE	935,048.	138,067.
(20) MAUREEN BUENO SVP - RWJUHNB (TERMED 7/2/21)	55.00 NONE					X		1,010,685.	NONE	51,219.
(21) GREGORY ROKOSZ, M.D. SVP - VPMA - CBMC	55.00 NONE				X			836,338.	NONE	156,248.
(22) SHERWIN SCHRAG, M.D. PHYSICIAN - JCMC	55.00 NONE				X			920,435.	NONE	33,053.
(23) ANTHONY CAVA PRES./CEO - RWJUH SOMERSET	55.00 NONE			X				NONE	793,582.	159,441.
(24) ERIC W. CARNEY PRESIDENT/CEO - MMC/MMC-SC	55.00 NONE			X				NONE	749,158.	199,619.
(25) KIRK C. TICE TRUSTEE - PRES./CEO - RWJUHR	55.00 NONE	X		X				NONE	779,974.	168,490.
1b Sub-total								6,662,953.	52,682,018.	6,181,782.
c Total from continuation sheets to Part VII, Section A								13,345,178.	8,506,905.	2,675,123.
d Total (add lines 1b and 1c)								20,008,131.	61,188,923.	8,856,905.

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 ▶ 5,491

	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) STUART GEFFNER, M.D. TRUSTEE - CBMC	55.00 NONE	X						906,010.	NONE	37,298.
(27) MICHAEL PRILUTSKY TRUSTEE - PRESIDENT/CEO - JCMC	55.00 NONE	X		X				NONE	749,931.	170,839.
(28) MARY ELLEN CLYNE PRESIDENT/CEO - CMMC	55.00 NONE			X				NONE	672,407.	241,107.
(29) NIKOLAS ALEXIADES CFO - SOUTHERN REGION	55.00 NONE			X				NONE	736,679.	148,900.
(30) SERGIO WAXMAN, M.D. DIVISION DIRECTOR MD - NBIMC	55.00 NONE					X		819,746.	NONE	45,930.
(31) ALISON GRANN, M.D. TRUSTEE - CBMC	55.00 NONE	X						826,563.	NONE	8,490.
(32) BRUNO MOLINO, M.D. PHYSICIAN - JCMC	55.00 NONE					X		790,176.	NONE	38,229.
(33) DEANNA SPERLING TRUSTEE-RWJBH BEH. HEALTH CEO	55.00 NONE	X	X					NONE	663,362.	164,430.
(34) MATTHEW J. SCHREIBER, M.D. CMO/COO - NBIMC	55.00 NONE			X				674,059.	NONE	142,451.
(35) DOUGLAS A. ZEHNER CFO - NEWARK AND UNION	55.00 NONE			X				NONE	671,703.	138,539.
(36) GAIL W. KOSYLA SVP/CFO - CENTRAL REGION	55.00 NONE			X				NONE	696,381.	105,494.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) DORY B. ALTMANN, M.D. TRUSTEE - RWJUH	55.00 NONE	X					NONE	664,367.	48,355.	
(38) THOMAS HELEOTIS, M.D. VPMA - MMC	55.00 NONE				X		588,696.	NONE	123,719.	
(39) MEIKA TYLESE NEBLETT, M.D. CMO - CMC	55.00 NONE				X		569,303.	NONE	118,520.	
(40) CHARLES CATHCART, M.D. TRUSTEE - NBIMC	55.00 NONE	X					NONE	639,873.	21,397.	
(41) RUSSELL C. LANGAN, M.D. TRUSTEE - CBMC	55.00 NONE	X					585,852.	NONE	11,990.	
(42) FRANK J. MAZZARELLA, M.D. VPMA - CMMC	55.00 NONE				X		484,701.	NONE	93,301.	
(43) CARLA PARKER HOLLIS COO - JCMC	55.00 NONE			X			475,746.	NONE	100,099.	
(44) PHILIP SALERNO, III TRUSTEE - PRES/CDO - CSH FDN.	55.00 NONE	X					538,704.	NONE	32,344.	
(45) MATTHEW B. MCDONALD, M.D. TRUSTEE-VP/CMO/PRES/CEO-CSH	55.00 NONE	X		X			529,185.	NONE	39,470.	
(46) JOSHUA ROSENBLATT, M.D. TRUSTEE; EX-OFFICIO/CAO-NBIMC	55.00 NONE	X					540,452.	NONE	27,820.	
(47) SETH D. ROSENBAUM, M.D. SVP/CMO - RWJUHH	55.00 NONE				X		415,315.	NONE	94,456.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) KENNETH GARAY, M.D. CMO - JCMC	55.00 NONE				X		NONE	460,644.	22,521.	
(49) CHARLES CHIANESE, MBA EVP/COO - CSH	55.00 NONE			X			449,316.	NONE	12,678.	
(50) FRANK DOS SANTOS, M.D. CMO - CMMC	55.00 NONE				X		386,106.	NONE	75,379.	
(51) SALVATORE MOFFA, M.D. VPMA - RWJUH	55.00 NONE				X		381,943.	NONE	79,037.	
(52) DOUGLAS LIVORNESE, M.D. TRUSTEE - MMC	55.00 NONE	X					NONE	439,698.	19,036.	
(53) ARNOLD WILLIAMS, M.D. TRUSTEE - SBBH	55.00 NONE	X					NONE	433,883.	22,500.	
(54) JEFFREY J. HOLT FORMER OFFICER - CMMC	55.00 NONE					X	431,349.	NONE	NONE	
(55) CAROL ASH, D.O. CMO - RWJUHR	55.00 NONE				X		345,445.	NONE	75,398.	
(56) KEVIN M. KRAMER, ESQ. FORMER KEY EMPLOYEE - RWJUH	55.00 NONE					X	NONE	351,799.	45,386.	
(57) JASON VIGLIAROLO COO - SBBH	55.00 NONE			X			NONE	293,430.	64,867.	
(58) RENEE JULIE CABALEIRO, M.D. TRUSTEE - NBIMC	55.00 NONE	X					352,988.	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			
(59) JUDY CASTELLANO COLORADO COO/CNO - MMC-SC	55.00 NONE			X				298,332.	NONE	42,519.
(60) ANNA MALIA BECKWITH, M.D. TRUSTEE-SEC. CHIEF NEURO - CSH	55.00 NONE	X						272,640.	NONE	42,904.
(61) STEVEN K. LIBUTTI, M.D. TRUSTEE - RWJUH	55.00 NONE	X						NONE	310,737.	3,338.
(62) MICHELE H. SCHWEERS FORMER OFFICER - MMC	55.00 NONE					X		NONE	250,014.	49,229.
(63) KATHERINE BENTLEY, M.D. TRST-DIR OF PAIN PROGRAM - CSH	55.00 NONE	X						238,865.	NONE	42,409.
(64) ANIL GUPTA, M.D. CMO - MMC-SC	55.00 NONE				X			215,732.	NONE	45,738.
(65) MICHAEL CHEN, M.D. TRUSTEE - RWJUHR	55.00 NONE	X						NONE	254,059.	6,513.
(66) TERESITA C. MEDINA FORMER OFFICER - SBBH	55.00 NONE					X		203,092.	NONE	39,501.
(67) FRANCIS KELLY, M.D. TRUSTEE - CMC (TERMED 2/1/21)	55.00 NONE	X						223,717.	NONE	7,918.
(68) MOHAMMAD JAVED, M.D. TRUSTEE; EX-OFFICIO - JCMC	55.00 NONE	X						206,062.	NONE	NONE
(69) MICHAEL A. MARANO, M.D. TRUSTEE - CBMC	55.00 NONE	X						157,113.	NONE	18,678.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(70) DAVID KOSTINAS 1ST VICE CHAIR - TRUSTEE - CSH	40.00 NONE	X		X				NONE	132,000.	NONE
(71) MATHEW CHOLANKERIL, M.D. TRUSTEE; EX-OFFICIO - RWJUHR	55.00 NONE	X						124,067.	NONE	NONE
(72) RAJESH MOHAN, M.D. CMO - MMC-SC (TERMED 1/31/21)	55.00 NONE				X			107,674.	NONE	3,240.
(73) JEFFREY C. LEDERMAN, D.O. TRUSTEE; EX-OFFICIO - MMC	25.00 NONE	X						NONE	85,938.	3,121.
(74) MARTHA GARCIA TRUSTEE - FAMILY FACULTY - CSH	25.00 NONE	X						44,087.	NONE	35.
(75) MICHAEL ADDIS, M.D. TRUSTEE; EX-OFFICIO - CBMC	25.00 NONE	X						36,923.	NONE	NONE
(76) ZAFAR ZAMIR, M.D. TRUSTEE - VP - RWJUHH	25.00 NONE	X						36,000.	NONE	NONE
(77) CARLOS REMOLINA, M.D. TRUSTEE-VP MED STAFF-RWJUHR	25.00 NONE	X						35,000.	NONE	NONE
(78) SANJAY KUMAR, M.D. TRUSTEE - MMC	25.00 NONE	X						26,000.	NONE	NONE
(79) JOSEPH ALBANESE, D.O. TRUSTEE - CMC	10.00 NONE	X						19,219.	NONE	NONE
(80) ARTHUR G. PACIA, M.D. TRUSTEE - RWJUHH	10.00 NONE	X						9,000.	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(81) FRED TEWELL CHAIR - TRUSTEE - CSH	1.00 NONE	X		X				NONE	NONE	NONE
(82) JOHN R. BLASI, ESQ. 1ST VICE CHAIR - TRUSTEE - CSH	1.00 NONE	X		X				NONE	NONE	NONE
(83) CHRISTIANA FOGLIO 2ND VICE CHAIR - TRUSTEE - CSH	1.00 NONE	X		X				NONE	NONE	NONE
(84) PETER CHEN, JD SECRETARY - TRUSTEE - CSH	1.00 NONE	X		X				NONE	NONE	NONE
(85) LAWRENCE KRAMER TREASURER - TRUSTEE - CSH	1.00 NONE	X		X				NONE	NONE	NONE
(86) CELESTE ANDRIOT WOOD TRUSTEE - CSH	1.00 NONE	X						NONE	NONE	NONE
(87) CHRISSY BACIA TRUSTEE - CSH	1.00 NONE	X						NONE	NONE	NONE
(88) SANDRA DESAPIO TRUSTEE - CSH	1.00 NONE	X						NONE	NONE	NONE
(89) KIM HANEMANN TRUSTEE - CSH	1.00 NONE	X						NONE	NONE	NONE
(90) CYNTHIA KIRCHNER TRUSTEE - CSH	1.00 NONE	X						NONE	NONE	NONE
(91) PETER KORN TRUSTEE - CSH	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(92) LESLIE LOGAN-TAYLOR TRUSTEE - CSH	1.00 NONE	X					NONE	NONE	NONE	
(93) DANA N. MAURO TRUSTEE - CSH	1.00 NONE	X					NONE	NONE	NONE	
(94) REGINALD L. ROSS TRUSTEE - CSH	1.00 NONE	X					NONE	NONE	NONE	
(95) BARBARA ROTHMAN TRUSTEE - CSH	1.00 NONE	X					NONE	NONE	NONE	
(96) JENNIFER A. SENICK, PH.D. TRUSTEE - CSH	1.00 NONE	X					NONE	NONE	NONE	
(97) PENELOPE E. LATTIMER, PH.D. TRUSTEE - CSH (TERMED 9/1/21)	1.00 NONE	X					NONE	NONE	NONE	
(98) ROBERT GACCIONE CHAIRMAN - TRUSTEE - CMMC	1.00 NONE	X		X			NONE	NONE	NONE	
(99) JOSEPH MELONE VICE CHARIMAN - TRUSTEE - CMMC	1.00 NONE	X		X			NONE	NONE	NONE	
(100) BRENT N. RUDNICK SECRETARY - TRUSTEE - CMMC	1.00 NONE	X		X			NONE	NONE	NONE	
(101) BRIAN STERLING TREASURER - TRUSTEE - CMMC	1.00 NONE	X		X			NONE	NONE	NONE	
(102) ANDREA BARBIER, D.O. TRUSTEE - CMMC	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(103) WILFREDO CARABALLO TRUSTEE - CMMC	1.00 NONE	X					NONE	NONE	NONE	
(104) DANIEL J. GELTRUDE TRUSTEE - CMMC	1.00 NONE	X					NONE	NONE	NONE	
(105) ROBERT GIANGERUSO TRUSTEE - CMMC	1.00 NONE	X					NONE	NONE	NONE	
(106) NICHOLAS MINOIA TRUSTEE - CMMC	1.00 NONE	X					NONE	NONE	NONE	
(107) MEI-MEI TUAN TRUSTEE - CMMC	1.00 NONE	X					NONE	NONE	NONE	
(108) GEORGE W. WILLIAMS TRUSTEE - CMMC	1.00 NONE	X					NONE	NONE	NONE	
(109) DONALD JUMP, CPA CHAIRMAN - TRUSTEE - CMC	1.00 NONE	X		X			NONE	NONE	NONE	
(110) GARY V. LOTANO VICE CHAIRMAN - TRUSTEE - CMC	1.00 NONE	X		X			NONE	NONE	NONE	
(111) PETER J. VAN DYKE, ESQ. SECRETARY - TRUSTEE - CMC	1.00 NONE	X		X			NONE	NONE	NONE	
(112) THEODORE GOODING TREASURER - TRUSTEE - CMC	1.00 NONE	X		X			NONE	NONE	NONE	
(113) MICHAEL BELCHER TRUSTEE - CMC	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(114) SANJAY BHAGAT, M.D. TRUSTEE - CMC	1.00 NONE	X					NONE	NONE	NONE	
(115) JERRY P. BOISSEAU TRUSTEE - CMC	1.00 NONE	X					NONE	NONE	NONE	
(116) JARROD C. GRASSO TRUSTEE - CMC	1.00 NONE	X					NONE	NONE	NONE	
(117) THOMAS HOURIGAN TRUSTEE - CMC	1.00 NONE	X					NONE	NONE	NONE	
(118) EUGENIA LAWSON TRUSTEE - CMC	1.00 NONE	X					NONE	NONE	NONE	
(119) BARBARA MILES TRUSTEE - CMC	1.00 NONE	X					NONE	NONE	NONE	
(120) MARK MONTENERO TRUSTEE - CMC	1.00 NONE	X					NONE	NONE	NONE	
(121) JUDITH SCHMIDT, R.N. TRUSTEE - CMC	1.00 NONE	X					NONE	NONE	NONE	
(122) RICHARD STANZIONE, ESQ. TRUSTEE - CMC	1.00 NONE	X					NONE	NONE	NONE	
(123) KIMBERLY VEITH TRUSTEE - CMC	1.00 NONE	X					NONE	NONE	NONE	
(124) SANDY S. BROUGHTON TRUSTEE - CMC (TERMED 5/1/21)	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(125) MAURICE B. HILL, JR., DMD TRUSTEE - CMC (TERMED 5/1/21)	1.00 NONE	X						NONE	NONE	NONE
(126) DAVID ROSEN TRUSTEE - CMC (TERMED 5/1/21)	1.00 NONE	X						NONE	NONE	NONE
(127) BRUCE SCHONBRAUN CHAIRMAN - TRUSTEE - CBMC	1.00 NONE	X		X				NONE	NONE	NONE
(128) JOSEPH BIER TRUSTEE - CBMC	1.00 NONE	X						NONE	NONE	NONE
(129) THOMAS CHEN TRUSTEE - CBMC	1.00 NONE	X						NONE	NONE	NONE
(130) CELIA COLBERT TRUSTEE - CBMC	1.00 NONE	X						NONE	NONE	NONE
(131) ALAN GARTEN, M.D. TRUSTEE; EX-OFFICIO - CBMC	1.00 NONE	X						NONE	NONE	NONE
(132) GREGG GOTTSEGEN TRUSTEE - CBMC	1.00 NONE	X						NONE	NONE	NONE
(133) JEFFREY KIGNER TRUSTEE - CBMC	1.00 NONE	X						NONE	NONE	NONE
(134) ROBERT D. MARCUS TRUSTEE - CBMC	1.00 NONE	X						NONE	NONE	NONE
(135) JOSEPH MAURIELLO TRUSTEE - CBMC	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
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Section B. Independent Contractors

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(136) ANDREA MELCHIORRE TRUSTEE - CBMC	1.00 NONE	X					NONE	NONE	NONE	
(137) RAHUL PAWAR, M.D. TRUSTEE - CBMC	1.00 NONE	X					NONE	NONE	NONE	
(138) EVAN RATNER TRUSTEE - CBMC	1.00 NONE	X					NONE	NONE	NONE	
(139) MICHAEL REKON TRUSTEE - CBMC	1.00 NONE	X					NONE	NONE	NONE	
(140) RICHARD RITHOLZ TRUSTEE - CBMC	1.00 NONE	X					NONE	NONE	NONE	
(141) RYAN SCHINMAN TRUSTEE - CBMC	1.00 NONE	X					NONE	NONE	NONE	
(142) CORI WILF TRUSTEE - CBMC	1.00 NONE	X					NONE	NONE	NONE	
(143) TONY WOLK TRUSTEE - CBMC	1.00 NONE	X					NONE	NONE	NONE	
(144) KATHRYN ZIZZA TRUSTEE - CBMC	1.00 NONE	X					NONE	NONE	NONE	
(145) JOHN RUSSO, M.D. TRST;EX-OFF-CBMC (TERM 5/6/21)	1.00 NONE	X					NONE	NONE	NONE	
(146) ELENA SANTORO TRST;EX-OFF-CBMC (TERM 5/1/21)	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
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Section B. Independent Contractors

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(147) ROBERT E. MARGULIES, ESQ. CHAIRMAN - TRUSTEE - JCMC	1.00 NONE	X		X				NONE	NONE	NONE
(148) CATHERINE M. CARNEVALE VICE CHAIR - TRUSTEE - JCMC	1.00 NONE	X		X				NONE	NONE	NONE
(149) MARVIN GLAZERMAN SECRETARY - TRUSTEE - JCMC	1.00 NONE	X		X				NONE	NONE	NONE
(150) ABEGAIL DOULGAS-JOHNSON TREASURER - TRUSTEE	1.00 NONE	X		X				NONE	NONE	NONE
(151) ANSAR BATOOL TRUSTEE - JCMC	1.00 NONE	X						NONE	NONE	NONE
(152) JEREMY FARRELL TRUSTEE - JCMC	1.00 NONE	X						NONE	NONE	NONE
(153) THOMAS M. GALLAGHER TRUSTEE - JCMC	1.00 NONE	X						NONE	NONE	NONE
(154) CARLOS LEJNIEKS TRUSTEE - JCMC	1.00 NONE	X						NONE	NONE	NONE
(155) EDGAR MARTINEZ TRUSTEE - JCMC	1.00 NONE	X						NONE	NONE	NONE
(156) W. NEVINS MCCANN, ESQ TRUSTEE - JCMC	1.00 NONE	X						NONE	NONE	NONE
(157) JOHN MINELLA TRUSTEE - JCMC	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

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

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? 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			
(169) RICHARD CROWE ----- TRUSTEE - MMC	1.00 ----- NONE	X					NONE	NONE	NONE	
(170) ANNE EVANS-ESTABROOK ----- TRUSTEE - MMC	1.00 ----- NONE	X					NONE	NONE	NONE	
(171) ALYCE FRANKLIN ----- TRUSTEE - MMC	1.00 ----- NONE	X					NONE	NONE	NONE	
(172) CATHERINE D. FRANZONI ----- TRUSTEE - MMC	1.00 ----- NONE	X					NONE	NONE	NONE	
(173) SEAN GERTNER ----- TRUSTEE - MMC	1.00 ----- NONE	X					NONE	NONE	NONE	
(174) MONIQUE GRIFFITH, PSY.D. ----- TRUSTEE - MMC	1.00 ----- NONE	X					NONE	NONE	NONE	
(175) DERRICK T. GRIGGS ----- TRUSTEE - MMC	1.00 ----- NONE	X					NONE	NONE	NONE	
(176) JOHN W. HEAVEY ----- TRUSTEE - MMC	1.00 ----- NONE	X					NONE	NONE	NONE	
(177) CLAIRE M. KNOPF ----- TRUSTEE; EX-OFFICIO - MMC	1.00 ----- NONE	X					NONE	NONE	NONE	
(178) H. WOODY KNOPF ----- TRUSTEE - MMC	1.00 ----- NONE	X					NONE	NONE	NONE	
(179) MICHAEL KOKES ----- TRUSTEE - MMC	1.00 ----- NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(180) RABBI AARON KOTLER TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(181) JOSEPH F. LAGROTTERIA, ESQ. TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(182) GEORGE LAUFENBERG TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(183) HONORABLE LAWRENCE LAWSON TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(184) ZACHARY LEWIS TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(185) YESENIA MADAS TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(186) JAMES R. MAIDA TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(187) LAUREN MARRUS TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(188) VALERIE MONTECALVO TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(189) MARY ANNE NAGY TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(190) JOHN PAIK TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(191) HONORABLE JAMIE PERRI TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(192) ADAM PFEFFER, ESQ. TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(193) RONALD J. RICCIO, ESQ. TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(194) LOUIS A. RODRIGUEZ, P.E. TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(195) ANDREW SAFRAN TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(196) PATRICIA SENSI TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(197) DARSIT SHAH, M.D. TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(198) ROBERT SICKEL TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(199) MARTA SILVERBERG TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(200) ANDREW J. MELNICK TRUSTEE - MMC (TERMED 5/1/21)	1.00 NONE	X					NONE	NONE	NONE	
(201) VITO R. NARDELLI, ESQ. TRUSTEE - MMC (TERMED 5/1/21)	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(202) BETTE UHRMACHER, ESQ. TRUSTEE - MMC (TERMED 5/1/21)	1.00 NONE	X						NONE	NONE	NONE
(203) FRANCIS J. GIANTOMASI CHAIRMAN - TRUSTEE - NBIMC	1.00 NONE	X		X				NONE	NONE	NONE
(204) VAUGHN CROWE VICE CHAIR - TRUSTEE - NBIMC	1.00 NONE	X		X				NONE	NONE	NONE
(205) PATRICK E. HOBBS TREASURER - TRUSTEE - NBIMC	1.00 NONE	X		X				NONE	NONE	NONE
(206) FLEETA J. BARNES TRUSTEE - NBIMC	1.00 NONE	X						NONE	NONE	NONE
(207) MARC E. BERSON TRUSTEE - NBIMC	1.00 NONE	X						NONE	NONE	NONE
(208) ERIC BRUNDAGE TRUSTEE - NBIMC	1.00 NONE	X						NONE	NONE	NONE
(209) NANCY CANTOR, PH.D. TRUSTEE - NBIMC	1.00 NONE	X						NONE	NONE	NONE
(210) REV. WILLIAM CHRISTIAN TRUSTEE - NBIMC	1.00 NONE	X						NONE	NONE	NONE
(211) LAWRENCE P. GOLDMAN TRUSTEE - NBIMC	1.00 NONE	X						NONE	NONE	NONE
(212) ALAN HELFMAN, M.D. TRUSTEE; EX-OFFICIO - NBIMC	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

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

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		
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Section B. Independent Contractors

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(224) DINA KARMAZIN ELKINS TRUSTEE; EX-OFFICIO - RWJUH	1.00 NONE	X					NONE	NONE	NONE	
(225) PAUL D. HUBERT TRUSTEE; EX-OFFICIO - RWJUH	1.00 NONE	X					NONE	NONE	NONE	
(226) ROBERT L. JOHNSON, M.D. TRUSTEE; EX-OFFICIO - RWJUH	1.00 NONE	X					NONE	NONE	NONE	
(227) LINDA MARMORA TRUSTEE; EX-OFFICIO - RWJUH	1.00 NONE	X					NONE	NONE	NONE	
(228) JO-ANN MENDLES TRUSTEE; EX-OFFICIO - RWJUH	1.00 NONE	X					NONE	NONE	NONE	
(229) CATHERINE OWEN TRUSTEE - RWJUH	1.00 NONE	X					NONE	NONE	NONE	
(230) LESTER J. OWENS TRUSTEE - RWJUH	1.00 NONE	X					NONE	NONE	NONE	
(231) CHRISTOPHER J. PALADINO TRUSTEE - RWJUH	1.00 NONE	X					NONE	NONE	NONE	
(232) JOHN A. PAPA TRUSTEE - RWJUH	1.00 NONE	X					NONE	NONE	NONE	
(233) SUSAN C. REINHARD, PH.D. TRUSTEE - RWJUH	1.00 NONE	X					NONE	NONE	NONE	
(234) BRIAN L. STROM, M.D., PH.D. TRUSTEE - RWJUH	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		
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Section B. Independent Contractors

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(235) ROBERT T. ZITO TRUSTEE; EX-OFFICIO - RWJUH	1.00 NONE	X					NONE	NONE	NONE	
(236) WILLIAM J. WALSH, JR. CHAIRMAN - TRUSTEE - RWJUHH	1.00 NONE	X	X				NONE	NONE	NONE	
(237) NINA MELKER VICE CHAIR - TRUSTEE - RWJUHH	1.00 NONE	X	X				NONE	NONE	NONE	
(238) LINDSAY ADAMS-JENKINS TRUSTEE; EX-OFFICIO - RWJUHH	1.00 NONE	X					NONE	NONE	NONE	
(239) SHARIQ A. AFRIDI TRUSTEE - RWJUHH	1.00 NONE	X					NONE	NONE	NONE	
(240) GREGORY BLAIR TRUSTEE - RWJUHH	1.00 NONE	X					NONE	NONE	NONE	
(241) WESLEY BRIDGES, ESQ. TRUSTEE - RWJUHH	1.00 NONE	X					NONE	NONE	NONE	
(242) PATRICIA A. COSTANTE TRUSTEE - RWJUHH	1.00 NONE	X					NONE	NONE	NONE	
(243) HAROLD FINK TRUSTEE - RWJUHH	1.00 NONE	X					NONE	NONE	NONE	
(244) JAMES M. GRAZIANO TRUSTEE - RWJUHH	1.00 NONE	X					NONE	NONE	NONE	
(245) RICHARD GREGG, M.D. TRUSTEE - RWJUHH	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(246) PETER INVERSO ----- TRUSTEE - RWJUHH	1.00 ----- NONE	X					NONE	NONE	NONE	
(247) SHARON LAMONT ----- TRUSTEE - RWJUHH	1.00 ----- NONE	X					NONE	NONE	NONE	
(248) MARLENE LAO-COLLINS ----- TRUSTEE - RWJUHH	1.00 ----- NONE	X					NONE	NONE	NONE	
(249) RYANE A. MARRONE ----- TRUSTEE - RWJUHH	1.00 ----- NONE	X					NONE	NONE	NONE	
(250) TERRY K. MCEWEN ----- TRUSTEE - RWJUHH	1.00 ----- NONE	X					NONE	NONE	NONE	
(251) MICHAEL PRATICO, JR. ----- TRUSTEE - RWJUHH	1.00 ----- NONE	X					NONE	NONE	NONE	
(252) SHERISE D. RITTER ----- TRUSTEE - RWJUHH	1.00 ----- NONE	X					NONE	NONE	NONE	
(253) WILLIAM M. RUE ----- TRUSTEE - RWJUHH	1.00 ----- NONE	X					NONE	NONE	NONE	
(254) PATRICK RYAN ----- TRUSTEE - RWJUHH	1.00 ----- NONE	X					NONE	NONE	NONE	
(255) CYNTHIA E. VONA, DDS, M.D. ----- TRUSTEE - RWJUHH	1.00 ----- NONE	X					NONE	NONE	NONE	
(256) ROBIN A. WALTON ----- TRUSTEE - RWJUHH	1.00 ----- NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

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

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(268) JOHN KLINE, M.D. TRUSTEE - RWJUHR	1.00 NONE	X						NONE	NONE	NONE
(269) RONALD C. KOWALCZYK TRUSTEE - RWJUHR	1.00 NONE	X						NONE	NONE	NONE
(270) BRIAN P. LEDDY TRUSTEE - RWJUHR	1.00 NONE	X						NONE	NONE	NONE
(271) LAWRENCE J. NALDI TRUSTEE - RWJUHR	1.00 NONE	X						NONE	NONE	NONE
(272) MICHAEL NUDO TRUSTEE - RWJUHR	1.00 NONE	X						NONE	NONE	NONE
(273) STEPHEN A. TIMONI TRUSTEE - RWJUHR	1.00 NONE	X						NONE	NONE	NONE
(274) TERESA WALSH, MSN VICE CHAIR - TRUSTEE - SBBH	1.00 NONE	X		X				NONE	NONE	NONE
(275) ELAINE DASTI, P.E. TRUSTEE - SBBH	1.00 NONE	X						NONE	NONE	NONE
(276) MICHAEL R. STANZIONE, ESQ. TRUSTEE - SBBH	1.00 NONE	X						NONE	NONE	NONE
(277) THOMAS D. KELAHER, ESQ. CHAIR-TRST-SBBH (TERM 2/21/21)	1.00 NONE	X		X				NONE	NONE	NONE
(278) DON SUMMA, CPA TRUSTEE - SBBH (TERMED 3/16/21)	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	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

248

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	684,569.				
	d	Related organizations	1d	16,239,195.				
	e	Government grants (contributions)	1e	201,760,546.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	30,413,112.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 705,034.				
	h	Total. Add lines 1a-1f			249,097,422.			
	Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	Business Code	541900	5,460,182,832.	5,460,182,832.	
b		OTHER HEALTHCARE RELATED REVENUE		541900	68,806,698.	65,653,091.	3,153,607.	
c		RENTAL INCOME FROM AFFILIATES		541900	3,485,183.	3,485,183.		
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			5,532,474,713.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)			3,088,975.		-104.
	4	Income from investment of tax-exempt bond proceeds			NONE			
	5	Royalties			NONE			
	6a	Gross rents	(i) Real	17,779,114.				
			(ii) Personal					
			6b	Less: rental expenses	6,100,576.			
	6c	Rental income or (loss)	11,678,538.	NONE				
	d	Net rental income or (loss)			11,678,538.		11,678,538.	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	47,643.	499,015.			
			(ii) Other					
			7b	Less: cost or other basis and sales expenses				
	7c	Gain or (loss)	47,643.	499,015.				
	d	Net gain or (loss)			546,658.		546,658.	
	8a	Gross income from fundraising events (not including \$ 684,569. of contributions reported on line 1c). See Part IV, line 18		407,439.				
			8b	Less: direct expenses	407,439.			
c			Net income or (loss) from fundraising events					
9a	Gross income from gaming activities. See Part IV, line 19		35,160.					
		9b	Less: direct expenses	9,111.				
		c	Net income or (loss) from gaming activities			26,049.		
10a	Gross sales of inventory, less returns and allowances		NONE					
		10b	Less: cost of goods sold	NONE				
		c	Net income or (loss) from sales of inventory			NONE		
Miscellaneous Revenue	11a	CAFETERIA	Business Code	541900	9,041,648.	9,041,648.		
	b	PARKING		541900	3,987,908.	3,987,908.		
	c	GIFT SHOP		541900	53,451.	53,451.		
	d	All other revenue						
	e	Total. Add lines 11a-11d			13,083,007.			
12	Total revenue. See instructions			5,809,995,362.	5,542,404,113.	3,153,503.	15,340,324.	

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	10,449,321.	10,449,321.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,299,219.	5,299,219.		
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	14,688,665.	13,219,800.	1,468,865.	
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	1,969,082,926.	1,772,174,633.	196,908,293.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	71,522,357.	64,370,121.	7,152,236.	
9 Other employee benefits	152,824,112.	137,541,701.	15,282,411.	
10 Payroll taxes	154,953,072.	139,457,765.	15,495,307.	
11 Fees for services (nonemployees):				
a Management	655,985,654.	590,387,089.	65,598,565.	
b Legal	163,957.	147,561.	16,396.	
c Accounting	NONE			
d Lobbying	139,548.	125,593.	13,955.	
e Professional fundraising services. See Part IV, line 17	512,878.			512,878.
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.)	305,130,094.	274,617,085.	30,513,009.	
12 Advertising and promotion	1,609,714.	1,448,743.	160,971.	
13 Office expenses	98,414,538.	88,573,084.	9,841,454.	
14 Information technology.	23,555,974.	21,200,377.	2,355,597.	
15 Royalties.	NONE			
16 Occupancy	97,734,902.	87,961,412.	9,773,490.	
17 Travel	764,887.	688,398.	76,489.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	358,724.	322,852.	35,872.	
20 Interest	89,278,132.	80,350,319.	8,927,813.	
21 Payments to affiliates.	NONE			
22 Depreciation, depletion, and amortization	223,703,876.	201,333,488.	22,370,388.	
23 Insurance	67,469,636.	60,722,672.	6,746,964.	
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	1,082,002,811.	973,802,530.	108,200,281.	
b PHYSICIAN FEES & SALARIES	577,932,257.	520,139,031.	57,793,226.	
c REPAIRS & MAINTENANCE	90,153,650.	81,138,285.	9,015,365.	
d OTHER EXPENSES	75,951,624.	68,356,462.	7,595,162.	
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	5,769,682,528.	5,193,827,541.	575,342,109.	512,878.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	115,667.	1	109,652.
	2 Savings and temporary cash investments	6,419,108.	2	3,660,620.
	3 Pledges and grants receivable, net	18,070,896.	3	82,530,271.
	4 Accounts receivable, net	528,167,466.	4	594,471,972.
	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	85,368,814.	8	94,243,876.
	9 Prepaid expenses and deferred charges	36,451,428.	9	41,452,675.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5949997009.		
	b Less: accumulated depreciation	10b 3538741266.		
		2,143,447,434.	10c	2,411,255,743.
	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	238,983,393.	13	252,086,456.
	14 Intangible assets	6,986,058.	14	6,986,058.
15 Other assets. See Part IV, line 11	4,454,200,162.	15	4,951,861,915.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	7,518,210,426.	16	8,438,659,238.	
Liabilities	17 Accounts payable and accrued expenses	541,053,162.	17	624,727,368.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	75,330,367.	19	30,606,962.
	20 Tax-exempt bond liabilities	160,808,990.	20	158,299,971.
	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	198,594,623.	23	191,077,980.
	24 Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,941,073,288.	25	3,671,775,045.
	26 Total liabilities. Add lines 17 through 25	3,916,860,430.	26	4,676,487,326.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,426,900,680.	27	3,578,568,153.
	28 Net assets with donor restrictions	174,449,316.	28	183,603,759.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	3,601,349,996.	32	3,762,171,912.
33 Total liabilities and net assets/fund balances	7,518,210,426.	33	8,438,659,238.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,809,995,362.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,769,682,528.
3	Revenue less expenses. Subtract line 2 from line 1	3	40,312,834.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,601,349,996.
5	Net unrealized gains (losses) on investments	5	246,651.
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	120,262,431.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,762,171,912.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

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

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990) 2021

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 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

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2021; 15 Public support percentage from 2020 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2021; 16b 33 1/3% support test - 2020; 17a 10%-facts-and-circumstances test - 2021; 17b 10%-facts-and-circumstances test - 2020; 18 Private foundation.

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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

Table with 3 columns: Description, Line Number, Percentage. Rows: 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) - 15 %; 16 Public support percentage from 2020 Schedule A, Part III, line 15 - 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows: 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) - 17 %; 18 Investment income percentage from 2020 Schedule A, Part III, line 17 - 18 %

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		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?		
b	A family member of a person described on line 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

Name of organization RWJ BARNABAS HEALTH, INC. - SUBORDINATES	Employer identification number 85-1296795
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions ▶ \$ _____
- 3 Volunteer hours for political campaign activities. See instructions

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990) 2021

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include questions about lobbying activities like volunteers, staff, media, mailings, etc., with a total amount of 139,548.

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

Table with 3 columns: Question, Yes, No. Questions about dues, lobbying expenditures, and carryover.

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

Table with 3 columns: Question, Yes, No. Questions about dues, non-deductible lobbying expenditures, and carryover.

Part IV Supplemental Information

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

SEE PAGE 4

Blank lines for providing supplemental information.

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B; LINE 11

THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE AFFILIATES WITHIN RWJBARNABAS HEALTH; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM WHICH INCLUDES BARNABAS HEALTH, INC.; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. BARNABAS HEALTH, 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 BARNABAS HEALTH, INC., EIN: 22-2405279.

IN ADDITION, THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE MEMBERS OF THE HOSPITAL ALLIANCE OF NEW JERSEY, THE NEW JERSEY HOSPITAL ASSOCIATION, AND THE AMERICAN 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 ACTIVITIES PERFORMED ON BEHALF OF THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990. THIS ALLOCATION AMOUNTED TO \$139,548 IN 2021.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2021

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

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.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of conservation easements, total number of easements, acreage, and number of easements on historic structures, and several Yes/No questions.

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

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

Table with 3 columns: Line number, Description, and Amount. Includes rows for reporting art, historical treasures, or other similar assets held for public exhibition, education, or research, and for financial gain.

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

Schedule D (Form 990) 2021

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	174,449,316.	164,956,316.	168,160,316.	159,906,574.	145,664,147.
b Contributions				1,905,430.	3,149,635.
c Net investment earnings, gains, and losses	10,525,000.	15,607,000.	227,000.	10,259,836.	18,897,925.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,370,557.	6,114,000.	3,431,000.	3,911,524.	7,805,133.
f Administrative expenses					
g End of year balance	183,603,759.	174,449,316.	164,956,316.	168,160,316.	159,906,574.

- 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 17.5400 %
 - c Term endowment 82.4600 %
- 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
- 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		90,277,631.		90,277,631.
b Buildings		3074818416.	1662765835.	1,412,052,581.
c Leasehold improvements		67,214,263.	59,833,090.	7,381,173.
d Equipment		2295201306.	1791515308.	503,685,998.
e Other		422,485,393.	24,627,033.	397,858,360.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,411,255,743.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES, CURRENT	4,664,719,910.
(2) OTHER RECEIVABLES	33,783,738.
(3) EST AMTS DUE FROM 3RD PARTY	107,097,425.
(4) DUE FROM CSH FOUNDATION	4,249,617.
(5) SECURITY DEPOSITS	1,036,021.
(6) OTHER ASSETS	8,274,741.
(7) RIGHT OF USE ASSET	132,700,463.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	4,951,861,915.

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	322,336,998.
(3) DUE TO AFFILIATES; CURRENT	24,496,777.
(4) EST AMTS DUE TO 3RD PARTY PAYORS; C	371,716,291.
(5) DUE TO AFFILIATES; NON-CURRENT	33,864,338.
(6) RWJBH OBLIGATED GROUPED LIABILITIES	2,805,092,201.
(7) EST AMTS DUE TO 3RD PARTY PAYORS; N	62,126,483.
(8) ACCRUED INTEREST	52,141,957.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,671,775,045.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 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 2021 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, 2021 AND 2020.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

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		328,086,281.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	NONE	NONE			328,086,281.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	NONE	NONE			328,086,281.

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

Schedule F (Form 990) 2021

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

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

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

3 Enter total number of other organizations or entities ▶ _____

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

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

Part IV Foreign Forms

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

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

BARNABAS HEALTH, 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,
\$50,678,214; FOR THE BENEFIT OF THE FOLLOWING RWJBARNABAS HEALTH
TAX-EXEMPT HOSPITALS IN THIS GROUP FORM 990.
CHILDREN'S SPECIALIZED HOSPITAL - \$506,009;
CLARA MAASS MEDICAL CENTER - \$3,329,391;
COMMUNITY MEDICAL CENTER - \$4,215,736;
COOPERMAN BARNABAS MEDICAL CENTER - \$9,836,820;
JERSEY CITY MEDICAL CENTER - \$5,041,774;
MONMOUTH MEDICAL CENTER - \$6,515,529;
NEWARK BETH ISRAEL MEDICAL CENTER - \$10,419,615;
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - \$8,688,394;
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON - \$1,212,746;
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY - \$867,495; AND
SAINT BARNABAS BEHAVIORAL HEALTH CENTER - \$44,705.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public
Inspection**

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

Name of the organization: **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 Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SEE SUPPLEMENT INFORMATION 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				172,143.	512,878.	103,977.

- 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.

AL, AK, CO, DC, FL, GA, IL,
KY, MD, MA, MN, MS, NV, NJ, NM, NY, ND, OH, OK, OR, SC, UT, WA, WI,

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		GOLF OUTING (event type)	PRTNRS IN PROG (event type)	16 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	448,800.	172,143.	471,065.	1,092,008.
	2	Less: Contributions	297,211.	24,108.	363,250.	684,569.
	3	Gross income (line 1 minus line 2)	151,589.	148,035.	107,815.	407,439.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	128,370.	148,035.	58,235.	334,640.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	23,218.		49,581.	72,799.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
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))	
		1	Gross revenue			35,160.
Direct Expenses	2	Cash prizes		9,111.	9,111.	
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.0000 % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)					9,111.
8	Net gaming income summary. Subtract line 7 from line 1, column (d)					26,049.

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:

COMMUNITY COUNSELING SERVICE CO., LLC

ADDRESS:

527 MADISON AVENUE, 5TH FLOOR
NEW YORK, NY 10022

ACTIVITY :

CAMPAIGN MGMT

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : NONE

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 395,000.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : NONE

NAME:

GAIL P. STONE

ADDRESS:

2932 VAUXHALL ROAD
VAUXHALL, NJ 07088

ACTIVITY :

FUNDRAISING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : 172,143.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 68,166.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : 103,977.

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

=====

NAME:

PAMELA RAYVID

ADDRESS:

C/O CORP. FINANCE, 2 CRESCENT PLACE
OCEANPORT, NJ 07757

ACTIVITY :

GRANT WRITING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : NONE

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 49,712.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : NONE

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2021

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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 during the tax year? If "No," skip to question 6a	X	
1b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input checked="" type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	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: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500.0000</u> %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?		X
b If "Yes," did the organization make it available to the public?		

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)			163,273,479.	20,845,198.	142,428,281.	2.47
b Medicaid (from Worksheet 3, column a)			1,214,132,060.	807,939,665.	406,192,395.	7.04
c Costs of other means-tested government programs (from Worksheet 3, column b)			29,922,166.		29,922,166.	0.52
d Total. Financial Assistance and Means-Tested Government Programs			1,407,327,705.	828,784,863.	578,542,842.	10.03
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			15,650,548.	254,512.	15,396,036.	0.27
f Health professions education (from Worksheet 5)			129,224,029.	57,785,275.	71,438,754.	1.24
g Subsidized health services (from Worksheet 6)			179,737,526.	70,543,547.	109,193,979.	1.89
h Research (from Worksheet 7)			2,495,908.		2,495,908.	0.04
i Cash and in-kind contributions for community benefit (from Worksheet 8)			6,507,787.		6,507,787.	0.11
j Total. Other Benefits			333,615,798.	128,583,334.	205,032,464.	3.55
k Total. Add lines 7d and 7j			1,740,943,503.	957,368,197.	783,575,306.	13.58

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

Schedule H (Form 990) 2021

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	1,063,946,940.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	1,247,833,125.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-183,886,185.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
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? 13

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							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 STRRT 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	X	X					X			2
2 RWJ UNIVERSITY HOSPITAL RAHWAY 865 STONE STREET RAHWAY NJ 07065 WWW.RWJBH.ORG	X	X					X			2
3 SAINT BARNABAS BEHAVIORAL HEALTH 1691 ROUTE 9 TOMS RIVER NJ 08754 WWW.RWJBH.ORG	X									2
4										
5										
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			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: <u>2019</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.RWJBH.ORG</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>2019</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>WWW.RWJBH.ORG</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group 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): 213

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

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

Part V Facility Information (continued)

Billing and Collections

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information (continued)

Billing and Collections

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information (continued)

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

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

Part V Facility Information *(continued)*

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

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

Part V Facility Information (continued)

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 COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") REVIEWED SPECIAL HEALTHCARE SERVICE GAPS FOR ITS DEFINED POPULATION OF CHILDREN WITH SPECIAL NEEDS.

RWJBH - FACILITY REPORTING GROUP B
=====

THE CHNA REVIEWED SOCIAL DETERMINANTS OF HEALTH, HEALTHCARE 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) WERE EXAMINED; PRIORITIES AND METHODS WERE DESCRIBED; AND IMPACT WAS EXAMINED IN TRENDS OBSERVED FOR HEALTH STATUS INDICATORS. THE CHNA INCLUDED RESULTS FROM A QUALITATIVE SURVEY OF AREA RESIDENTS. 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
=====

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL SOMERSET AND ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON BOTH COMPLETED THEIR SEPARATE CHNA'S AND MADE WIDELY AVAILABLE AS OF DECEMBER 31, 2021.

SCHEDULE H, PART V, SECTION B, QUESTION 5

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

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 AND SECONDARY DATA AND HEALTH STATUS INDICATORS. WITH THIS EVIDENCE-INFORMED FOUNDATION, THE COMMITTEE IDENTIFIED AND PRIORITIZE

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.

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 AND 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.

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 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.

WHILE 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.

Part V Facility Information (continued)

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

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

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 OVERNIGHT 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.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON'S 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 OVERNIGHT COMMITTEE TO REVIEW THE HEALTH DATA AND ASSIST IN NEED PRIORITIZATION.

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:

Part V Facility Information (continued)

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

[HTTPS://WWW.RWJBH.ORG/CHILDRENS-SPECIALIZED-HOSPITAL/ABOUT-US/COMMUNITY-NEEDS-HEALTH-ASSESSMENT-AND-STRATEGIC-/](https://www.rwjbh.org/childrens-specialized-hospital/about-us/community-needs-health-assessment-and-strategic-/)

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/CLARA-MAASS-MEDICAL-CENTER/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/](https://www.rwjbh.org/clara-maass-medical-center/about/community-health-needs-assessment/)

[HTTPS://WWW.RWJBH.ORG/COMMUNITY-MEDICAL-CENTER/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/](https://www.rwjbh.org/community-medical-center/about/community-health-needs-assessment/)

[HTTPS://WWW.RWJBH.ORG/JERSEY-CITY-MEDICAL-CENTER/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/](https://www.rwjbh.org/jersey-city-medical-center/about/community-health-needs-assessment/)

[HTTPS://WWW.RWJBH.ORG/MONMOUTH-MEDICAL-CENTER/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/](https://www.rwjbh.org/monmouth-medical-center/about/community-health-needs-assessment/)

[HTTPS://WWW.RWJBH.ORG/MONMOUTH-MEDICAL-CENTER-SOUTHERN-CAMPUS/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/](https://www.rwjbh.org/monmouth-medical-center-southern-campus/about/community-health-needs-assessment/)

[HTTPS://WWW.RWJBH.ORG/NEWARK-BETH-ISRAEL-MEDICAL-CENTER/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/](https://www.rwjbh.org/newark-beth-israel-medical-center/about/community-health-needs-assessment/)

[HTTPS://WWW.RWJBH.ORG/RWJ-UNIVERSITY-HOSPITAL-NEW-BRUNSWICK/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/](https://www.rwjbh.org/rwj-university-hospital-new-brunswick/about/community-health-needs-assessment/)

[HTTPS://WWW.RWJBH.ORG/RWJ-UNIVERSITY-HOSPITAL-SOMERSET/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/](https://www.rwjbh.org/rwj-university-hospital-somerset/about/community-health-needs-assessment/)

[HTTPS://WWW.RWJBH.ORG/RWJ-UNIVERSITY-HOSPITAL-HAMILTON/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/](https://www.rwjbh.org/rwj-university-hospital-hamilton/about/community-health-needs-assessment/)

[HTTPS://WWW.RWJBH.ORG/RWJ-UNIVERSITY-HOSPITAL-RAHWAY/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/](https://www.rwjbh.org/rwj-university-hospital-rahway/about/community-health-needs-assessment/)

[HTTPS://WWW.RWJBH.ORG/OUR-LOCATIONS/BEHAVIORAL-HEALTH-CENTER/BARNABAS-HEALTH-BEHAVIORAL-HEALTH-CENTER/](https://www.rwjbh.org/our-locations/behavioral-health-center/barnabas-health-behavioral-health-center/)

[HTTPS://WWW.RWJBH.ORG/SAINT-BARNABAS-MEDICAL-CENTER/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/](https://www.rwjbh.org/saint-barnabas-medical-center/about/community-health-needs-assessment/)

Part V Facility Information (continued)

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

-NEEDS-ASSESSMENT/

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

HTTPS://HEALTHIERMIDDLESEX.COM/DOCUMENT/2020-2022-COMMUNITY-HEALTH-IMPROVE
MENT-PLAN/

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

HTTPS://WWW.HEALTHIERSOMERSET.ORG/WP-CONTENT/UPLOADS/2022/02/SOMERSET-COUN
TY-CHNA-REPORT_NOV-2021FINAL.PDF

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

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 AND DEVELOPED AN IMPLEMENTATION PLAN TO ADDRESS THESE PRIORITY HEALTH NEED AREAS. THE SYSTEM AND FACILITY STRATEGIC PLAN MAPS TO IMPROVED COMMUNITY HEALTH AND THE CHNA IMPLEMENTATION PLAN. THE CHNA IMPLEMENTATION PLAN INCLUDES RESOURCES, ACTIONS AND GOALS (MEASURABLE).

RWJBH - FACILITY REPORTING GROUP B
=====

THE FACILITY, WITH LIMITED RESOURCES, PRIORITIZED HEALTH NEEDS THAT WERE IDENTIFIED AND DEVELOPED AN IMPLEMENTATION PLAN TO ADDRESS THESE PRIORITY HEALTH NEED AREAS. THE SYSTEM AND FACILITY STRATEGIC PLAN MAPS TO IMPROVED COMMUNITY HEALTH AND THE CHNA IMPLEMENTATION PLAN. THE CHNA IMPLEMENTATION PLAN INCLUDES RESOURCES, ACTIONS AND GOALS (MEASURABLE).

SCHEDULE H, PART V, SECTION B, QUESTION 9

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

AS A RESULT OF THE COVID-19 PANDEMIC, THE INTERNAL REVENUE SERVICE ISSUED NOTICE 2020-56 WHICH POSTPONED THE DEADLINE FOR PEFORMING ANY 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.

REQUIREMENT THAT IS DUE TO BE COMPLETED ON OR AFTER APRIL 1, 2020 AND BEFORE DECEMBER 31, 2020. THE ORGANIZATION ADOPTED BY DECEMBER 31, 2020 A WRITTEN IMPLEMENTATION PLAN FOR ITS MOST RECENT CHNA CONDUCTED IN 2019.

RWJBH - FACILITY REPORTING GROUP B
=====

AS A RESULT OF THE COVID-19 PANDEMIC, THE INTERNAL REVENUE SERVICE ISSUED NOTICE 2020-56 WHICH POSTPONED THE DEADLINE FOR PERFORMING ANY CHNA REQUIREMENT THAT IS DUE TO BE COMPLETED ON OR AFTER APRIL 1, 2020 AND BEFORE DECEMBER 31, 2020. THE ORGANIZATION, ADOPTED BY DECEMBER 31, 2020 A WRITTEN IMPLEMENTATION PLAN FOR ITS MOST RECENT CHNA CONDUCTED IN 2019.

AS A RESULT OF ITS MOST RECENT CHNA CONDUCTED IN 2021, BOTH ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - SOMERSET AND ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON ADOPTED THEIR SEPARATE WRITTEN IMPLEMENTATION PLANS BY MAY 15, 2022.

SCHEDULE H, PART V, SECTION B, QUESTION 10

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 10A, IS THE HOME PAGE FOR THE SYSTEM.

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

[HTTPS://WWW.RWJBH.ORG/CHILDRENS-SPECIALIZED-HOSPITAL/ABOUT-US/COMMUNITY-NEEDS-HEALTH-ASSESSMENT-AND-STRATEGIC-/](https://www.rwjbh.org/childrens-specialized-hospital/about-us/community-needs-health-assessment-and-strategic/)

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 - NEW BRUNSWICK:

[HTTPS://HEALTHIERMIDDLESEX.COM/DOCUMENT/2020-2022-COMMUNITY-HEALTH-IMPROVEMENT-PLAN/](https://healthiermiddlesex.com/document/2020-2022-community-health-improvement-plan/)

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - SOMERSET:

Part V Facility Information (continued)

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

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

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON:

HTTPS://HEALTHYMERCER.ORG/WP-CONTENT/UPLOADS/2020/09/HEALTHY-MERCER.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 RAHWAY AND SAINT BARNABAS BEHAVIORAL HEALTH 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 IN CAPACITY TO EXPAND ACCESS, CREATING AN EMPLOYEE READINESS PROGRAM, AND IMPROVING SERVICE ACCESS POINTS AMONGST OTHER INITIATIVES.

RWJBH - FACILITY REPORTING GROUP B

=====

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.

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 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/](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/](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? 126

Name and address	Type of Facility (describe)
1 CSH LTC & OUTPATIENT CARE MOUNTAINSIDE 150 NEW PROVIDENCE ROAD MOUNTAINSIDE NJ 07092	LONG-TERM CARE AND OUTPATIENT CENTER
2 CSH LTC & OUTPATIENT CARE TOMS RIVER 94 STEVENS ROAD TOMS RIVER NJ 08755	LONG-TERM CARE AND OUTPATIENT CENTER
3 CSH OUTPATIENT CENTER AT HAMILTON 3575 QUAKERBRIDGE ROAD HAMILTON NJ 08619	OUTPATIENT CENTER
4 CSH EARLY INTERVENTION TOMS RIVER 316 WASHINGTON STREET TOMS RIVER NJ 08755	EARLY INTERVENTION
5 CSH OUTPATIENT CENTER AT CLIFTON 1135 BROAD STREET CLIFTON NJ 07013	OUTPATIENT CENTER
6 CSH OUTPATIENT CENTER AT TOMS RIVER 368 LAKEHURST ROAD TOMS RIVER NJ 08755	OUTPATIENT CENTER
7 CSH OUTPATIENT CENTER AT NEWARK 182 LYONS AVE NEWARK NJ 07112	OUTPATIENT CENTER
8 CSH OUTPATIENT CENTER AT UNION 2840 MORRIS AVENUE UNION NJ 07083	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 NEW BRUNSWICK 10 PLUM STREET, 6TH FLOOR NEW BRUNSWICK NJ 08901	OUTPATIENT CENTER

Schedule H (Form 990) 2021

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 FANWOOD 313 SOUTH AVENUE FANWOOD NJ 07023	OUTPATIENT CENTER
2 CSH OUTPATIENT CENTER AT WARREN 266 KING GEORGE ROAD WARREN NJ 07059	OUTPATIENT CENTER
3 CSH OUTPATIENT CENTER AT WEST ORANGE 375 MOUNT PLEASANT AVE, STE 201 WEST ORANGE NJ 07052	OUTPATIENT CENTER
4 CSH OUTPATIENT CENTER SOMERSET 888 EASTON AVENUE SOMERSET NJ 08873	OUTPATIENT CENTER
5 CSH OUTPATIENT CENTER AT BAYONNE 815 BROADWAY AVENUE BAYONNE NJ 07002	OUTPATIENT CENTER
6 CSH OUTPATIENT CENTER AT JERSEY CITY 1825 JOHN F. KENNEDY BOULEVARD JERSEY CITY NJ 07305	OUTPATIENT CENTER
7 CSH OUTPATIENT CENTER AT EAST BRUNSWICK 629 CRANBURY ROAD EAST BRUNSWICK NJ 08816	OUTPATIENT CENTER
8 CMMC TRANSITIONAL CARE UNIT ONE CLARA MAASS DRIVE BELLEVILLE NJ 07109	LONG TERM CARE SUB-ACUTE FACILITY
9 CMC TRANSITIONAL CARE UNIT 99 HIGHWAY 37 WEST TOMS RIVER NJ 08755	LONG TERM CARE SUB-ACUTE FACILITY
10 ACC - PHYSICAL THERAPY 200 SOUTH ORANGE AVE LIVINGSTON NJ 07039	PHYSICAL THERAPY

Schedule H (Form 990) 2021

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 NJ CARDIOLOGY ASSOC. - CARDIAC IMAGING 375 MOUNT PLEASANT AVE, STE 201 WEST ORANGE NJ 07052	CARDIAC IMAGING
2 CONSULTANTS IN CARDIOLOGY - CARDIAC IMAG 741 NORTHFIELD AVENUE WEST ORANGE NJ 07052	CARDIAC IMAGING
3 NUCLEAR IMAGING - DR. LENCHUR 776 E 3RD AVENUE ROSELLE NJ 07203	CARDIAC IMAGING
4 ACC - REFRACTIVE/LASIK VISION 200 SOUTH ORANGE AVE LIVINGSTON NJ 07039	REFRACTIVE/LASIK VISION
5 ACC - VASCULAR LAB 200 SOUTH ORANGE AVE LIVINGSTON NJ 07039	VASCULAR LAB
6 ACC - ECHOCARDIOGRAPHY 200 SOUTH ORANGE AVE LIVINGSTON NJ 07039	ECHOCARDIOGRAPHY
7 CARDIAC REHAB 375 MT. PLEASANT AVENUE, STE 301 WEST ORANGE NJ 07052	CARDIAC REHAB
8 OUTREACH PATHOLOGY - SKILLED NURSING 1155 PLEASANT VALLEY WAY WEST ORANGE NJ 07052	PHLEBOTOMY STATION
9 SUMMIT CARDIOLOGY IMAGING PRACTICE 1 SPRINGFIELD AVENUE SUMMIT NJ 07901	CARDIAC IMAGING
10 ACC - HEARING 200 SOUTH ORANGE AVE, STE 221 LIVINGSTON NJ 07039	HEARING

Schedule H (Form 990) 2021

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 NEURO SCIENCE INSTITUTE 200 SOUTH ORANGE AVE, STE 165 LIVINGSTON NJ 07039	OP TESTING
2 ACC - PEDIATRIC PHYSICAL THERAPY 375 MT. PLEASANT AVENUE, STE 1A WEST ORANGE NJ 07052	PEDIATRIC PHYSICAL THERAPY
3 SPEECH THERAPY 101 OLD SHORT HILLS ROAD, STE 201 WEST ORANGE NJ 07052	SPEECH THERAPY
4 OUTREACH PHLEBOTOMY 200 SOUTH ORANGE AVENUE LIVINGSTON NJ 07039	PHLEBOTOMY STATION
5 PHYSICAL THERAPY JCC 760 NORTHFIELD AVE, STE 210 WEST ORANGE NJ 07052	PHYSICAL THERAPY
6 CENTER FOR DIABETIC EDUCATION 200 SOUTH ORANGE AVE, STE 116 LIVINGSTON NJ 07039	OUTPATIENT
7 PHYSICAL THERAPY MILBURN 120 MILBURN AVE, STE 206 MILBURN NJ 07041	PHYSICAL THERAPY
8 OUTREACH PATHOLOGY - ATKINS KENT 101 OLD SHORT HILLS ROAD WEST ORANGE NJ 07052	PHLEBOTOMY STATION
9 SLEEP LAB - MILLBURN 96 MILLBURN AVENUE MILLBURN NJ 07041	SLEEP LAB
10 OUTREACH PATHOLOGY - NJCA 375 MOUNT PLEASANT AVENUE WEST ORANGE NJ 07052	PHLEBOTOMY STATION

Schedule H (Form 990) 2021

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 OUTREACH PATHOLOGY - SKILLED NURSING 787 NORTHFIELD AVENUE WEST ORANGE NJ 07052	PHLEBOTOMY STATION
3 OUTREACH PATHOLOGY - CALDWELL 382 BLOOMFIELD AVENUE CALDWELL NJ 07006	PHLEBOTOMY STATION
4 OUTREACH PATHOLOGY - SKILLED NURSING 311 S. LIVINGSTON AVENUE LIVINGSTON NJ 07039	PHLEBOTOMY STATION
5 OUTREACH PATHOLOGY - REHAB CENTER 144 GALES DRIVE NEW PROVIDENCE NJ 07974	PHLEBOTOMY STATION
6 OUTREACH PATHOLOGY - SKILLED NURSING 560 BERKELEY AVENUE ORANGE NJ 07050	PHLEBOTOMY STATION
7 OUTREACH PATHOLOGY - ROSELAND 189 EAGLE ROCK AVENUE ROSELAND NJ 07068	PHLEBOTOMY STATION
8 OUTREACH PATHOLOGY - SKILLED NURSING 68 PASSAIC AVENUE LIVINGSTON NJ 07039	PHLEBOTOMY STATION
9 OUTREACH PATHOLOGY - SUBACUTE 348 EAST CEDAR STREET LIVINGSTON NJ 07039	PHLEBOTOMY STATION
10 OUTREACH PATHOLOGY - SKILLED NURSING 369 E. MOUNT PLEASANT AVENUE LIVINGSTON NJ 07039	PHLEBOTOMY STATION

Schedule H (Form 990) 2021

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 35 COTTAGE STREET BERKLEY HEIGHTS NJ 07922	PHLEBOTOMY STATION
2 OUTREACH PATHOLOGY - SKILLED NURSING 20 SUMMIT STREET WEST ORANGE NJ 07052	PHLEBOTOMY STATION
3 OUTREACH PATHOLOGY - SKILLED NURSING 101 WHIPPANY ROAD WHIPPANY NJ 07981	PHLEBOTOMY STATION
4 OUTREACH PATHOLOGY - REHAB CENTER 51 MADISON AVENUE MADISON NJ 07940	PHLEBOTOMY STATION
5 OUTREACH PATHOLOGY - SUBACUTE 118 PARSONAGE ROAD EDISON NJ 08837	PHLEBOTOMY STATION
6 OUTREACH PATHOLOGY - SKILLED NURSING 200 MAZDABROOK ROAD PARSIPPANY NJ 07054	PHLEBOTOMY STATION
7 ACC - MORAHAN CENTER/HEALTH & WELLNESS 200 SOUTH ORANGE AVE LIVINGSTON NJ 07039	MORAHAN CENTER
8 OUTREACH PATHOLOGY - SUBACUTE 59 BIRCH STREET PATERSON NJ 07522	PHLEBOTOMY STATION
9 OUTREACH PATHOLOGY - SKILLED NURSING 25 FIFTH AVENUE HASKELL NJ 07420	PHLEBOTOMY STATION
10 OUTREACH PATHOLOGY - SUBACUTE 1400 WOODLANDS AVE. PLAINFIELD NJ 07060	PHLEBOTOMY STATION

Schedule H (Form 990) 2021

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 - SURGI CENTER 187 MILBURN AVE MILBURN NJ 07041	PHLEBOTOMY STATION
2 OUTREACH PATHOLOGY - SUBACUTE 204 GROVE AVE. CEDAR GROVE NJ 07009	PHLEBOTOMY STATION
3 OUTREACH PATHOLOGY - SUBACUTE 536 RIDGE ROAD CEDAR GROVE NJ 07009	PHLEBOTOMY STATION
4 CORPORATE CARE 101 OLD SHORT HILLS ROAD, SUITE 415 WEST ORANGE NJ 07052	CORPORATE CARE
5 RWJBARNABAS HEALTH AT BAYONNE 319 BROADWAY AT 24TH STREET BAYONNE NJ 07002	SATELLITE EMERGENCY DEPARTMENT
6 JCMC AMBULATORY CARE FACILITY 395 GRAND STREET JERSEY CITY NJ 07302	OUTPATIENT PSYCH CLINIC AND OUTPATIENT REHABILITATION
7 JCMC AMBULATORY CARE FACILITY 377 JERSEY AVENUE JERSEY CITY NJ 07302	AMBULATORY CARE
8 JCMC RADIATION ONCOLOGY 631 GRAND STREET JERSEY CITY NJ 07303	RADIATION ONCOLOGY
9 LIBERTY HEALTH IMAGING CENTER 377 SKINNER MEMORIAL DRIVE JERSEY CITY NJ 07302	IMAGING CENTER
10 JCMC WOMEN'S HEALTH CENTER 116 NEWARK AVENUE JERSEY CITY NJ 07302	AMBULATORY CARE

Schedule H (Form 990) 2021

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 CARDIAC DIAGNOSTIC CENTER AT JERSEY CITY 120 FRANKLIN STREET JERSEY CITY NJ 07302	CARDIAC DIAGNOSTIC
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 JERSEY CITY MEDICAL CENTER 9 NUNDA AVENUE JERSEY CITY NJ 07302	RESIDENTIAL PSYCHIATRIC SERVICES
8 MONMOUTH MEDICAL CENTER 100 STATE HIGHWAY 36 WEST LONG BRANCH NJ 07764	INFUSION AND LAB BLOOD DRAW
9 MONMOUTH MEDICAL CENTER 310 ROUTE 34 COLTS NECK NJ 07722	MAMMOGRAPHY SCREENING
10 MONMOUTH MEDICAL CENTER 1910 HIGHWAY 35 OAKHURST NJ 07755	LAB SERVICES AND RADIOLOGY SERVICES

Schedule H (Form 990) 2021

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 3301 HIGHWAY 66, BLDG B, 1ST FLOOR NEPTUNE NJ 07753	EARLY INTERVENTION SUPPORT SERVICES (PSYCHIATRIC)
2 MONMOUTH MEDICAL CENTER 4013 ROUTE 9 NORTH, SUITE 2A HOWELL NJ 07731	MAMMOGRAPHY SCREENING
3 MONMOUTH MEDICAL CENTER - POLLAK CLINIC 75 NORTH BATH AVENUE LONG BRANCH NJ 07740	OUTPATIENT PSYCHIATRIC SERVICES
4 NBIMC SPECIALTY PHYS PRACTICE BAYONNE 16 EAST 29TH STREET BAYONNE NJ 07002	HOSPITAL BASED, OFF-SITE AMBULATORY CARE FACILITY
5 NBIMC SPECIALTY SERVICES AT EDISON 102 JAMES STREET EDISON NJ 08820	HOSPITAL BASED OFF-SITE AMBULATORY CARE FACILITY
6 RWJUH - NEW BRUNSWICK 195 LITTLE ALBANY STREET NEW BRUNSWICK NJ 08901	OUTPATIENT ONCOLOGY AND LAB SERVICES
7 RWJUH - SOMERSET 30 REHILL AVENUE SOMERVILLE NJ 08876	ONCOLOGY SERVICES
8 RWJUH - NEW BRUNSWICK 141 FRENCH STREET NEW BRUNSWICK NJ 08901	PROTON BEAM & LAB SERVICES
9 RWJUH - SOMERSET 110 REHILL AVENUE SOMERVILLE NJ 08876	OUTPATIENT WOUND CARE
10 RWJUH - NEW BRUNSWICK 10 PLUM STREET, 1ST FLOOR NEW BRUNSWICK NJ 08901	GAMMA

Schedule H (Form 990) 2021

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 48 FRENCH STREET NEW BRUNSWICK NJ 08901	OUTPATIENT WOUND CARE
2 RWJUH - SOMERSET 743 ALEXANDER ROAD, SUITE 2 PRINCETON NJ 08540	PHYSICAL THERAPY
3 RWJUH - SOMERSET 331 U.S HIGHWAY 206, 2ND FLOOR HILLSBOROUGH NJ 08844	SLEEP TESTING
4 RWJUH - SOMERSET TD BANK BALLPARK, 1 PATRIOTS PARK BRIDGEWATER NJ 08807	OUTPATIENT PHYSICAL THERAPY & WELLNESS TRAINING
5 RWJUH - SOMERSET 1 JILL COURT, BLDG. 16, SUITE 20 HILLSBOROUGH NJ 08844	PHYSICAL THERAPY
6 RWJUH - NEW BRUNSWICK 10 PLUM STREET, 8TH FLOOR NEW BRUNSWICK NJ 08901	OUTPATIENT SPEECH & AUDIOLOGY
7 RWJUH - NEW BRUNSWICK 100 KIRKPATRICK STREET NEW BRUNSWICK NJ 08901	OUTPATIENT PHYSICAL THERAPY & OUTPATIENT OCCUPATIONAL
8 RWJUH - SOMERSET 110 REHILL AVENUE SOMERVILLE NJ 08876	OUTPATIENT PHYSICAL THERAPY
9 RWJUH - NEW BRUNSWICK 593 CRANBURY ROAD EAST BRUNSWICK NJ 08816	OUTPATIENT PHYSICAL THERAPY & CARDIAC REHAB
10 RWJUH - NEW BRUNSWICK 1044 U.S. HIGHWAY 9 PARLIN NJ 08859	OUTPATIENT PHYSICAL THERAPY

Schedule H (Form 990) 2021

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, 8TH FLOOR NEW BRUNSWICK NJ 08901	OCCUPATIONAL HEALTH
2 RWJUH - SOMERSET 110 REHILL AVENUE SOMERVILLE NJ 08876	OUTPATIENT CARDIAC REHAB
3 RWJUH - SOMERSET 295 STATE HIGHWAY 31/202 FLEMINGTON NJ 08822	OUTPATIENT PHYSICAL THERAPY
4 RWJUH - SOMERSET 110 REHILL AVENUE SOMERVILLE NJ 08876	OUTPATIENT OCCUPATIONAL THERAPY
5 RWJUH - NEW BRUNSWICK 111 UNION VALLEY ROAD, SUITE 201A MONROE NJ 08831	OUTPATIENT CARDIAC REHAB & PHYSICAL THERAPY
6 RWJUH - SOMERSET 110 REHILL AVENUE SOMERVILLE NJ 08876	OUTPATIENT SPEECH THERAPY
7 RWJUH - NEW BRUNSWICK 18 CENTRE DRIVE MONROE NJ 08831	OUTPATIENT AUDIOLOGY & LAB SERVICES
8 RWJUH - NEW BRUNSWICK 14 WOODWARD DRIVE, SUITE 1A OLD BRIDGE NJ 08857	OUTPATIENT AUDIOLOGY
9 RWJUH - NEW BRUNSWICK 10 PLUM STREET, 3RD FLOOR NEW BRUNSWICK NJ 08901	LAB SERVICES
10 RWJUH - NEW BRUNSWICK 181 SOMERSET STREET NEW BRUNSWICK NJ 08901	EMPLOYEE HEALTH SERVICES

Schedule H (Form 990) 2021

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 12 STULTS ROAD, SUITE 122 DAYTON NJ 08810	LAB SERVICES
2 RWJUH - NEW BRUNSWICK 557 CRANBURY ROAD, SUITE 22B EAST BRUNSWICK NJ 08816	LAB SERVICES
3 RWJUH - NEW BRUNSWICK 317 GEORGE STREET, SUITE 101 NEW BRUNSWICK NJ 08901	LAB SERVICES
4 RWJUH - NEW BRUNSWICK 125 PATERSON STREET NEW BRUNSWICK NJ 08901	LAB SERVICES
5 RWJUH - NEW BRUNSWICK 331 ROUTE 206, SUITE 2C HILLSBOROUGH NJ 08844	LAB SERVICES
6 RWJUHH CANCER INSTITUTE NEW JERSEY 2525 KLOCKNER ROAD HAMILTON NJ 08690	ONCOLOGY SERVICES
7 RWJUHH CENTER FOR HEALTH & WELLNESS 3100 QUAKERBRIDGE ROAD HAMILTON NJ 08619	REHAB., COMMUNITY EDUCATION & FITNESS CENTER
8 RWJUHH REHAB AT DELAWARE VALLEY PT 123 FRANKLIN CORNER ROAD LAWRENCEVILLE NJ 08648	REHABILITATION FACILITY
9 RWJUHH REHAB AT LAWRENCEVILLE 4152 QUAKERBRIDGE ROAD LAWRENCEVILLE NJ 08648	REHABILITATION FACILITY
10 RWJUHH SLEEP CARE CENTER 1 UNION STREET ROBBINSVILLE NJ 08691	SLEEP CENTER

Schedule H (Form 990) 2021

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 DIAGNOSTIC CENTER AT COLUMBUS 1 SHEFFIELD DRIVE MANSFIELD TOWNSHIP NJ 08691	DIAGNOSTIC FACILITY
2 RWJUHH BALANCE AND HEARING CENTER 2 HAMILTON HEALTH PLACE HAMILTON NJ 08690	ENT & REHABILITATION
3 RWJUHH AT EWING 1440 LOWER FERRY ROAD EWING NJ 08618	REHABILITATION FACILITY
4 RWJUHH OCCUPATIONAL HEALTH 2 HAMILTON HEALTH PLACE HAMILTON NJ 08690	OCCUPATIONAL FACILITY
5 RWJUH RAHWAY FITNESS & WELLNESS CENTER 2120 LAMBERTS MILL ROAD SCOTCH PLAINS NJ 07076	PHYSICAL THERAPY
6 RWJUH RAHWAY FITNESS & WELLNESS CENTER 60 COOKE AVENUE CARTERET NJ 07008	PHYSICAL THERAPY
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 2021 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 7G

NO COSTS RELATING TO SUBSIDIZED HEALTHCARE SERVICES ARE ATTRIBUTABLE TO
ANY PHYSICIAN CLINICS.

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 7

WORKSHEET 2 WAS USED FOR THE COST TO CHARGE RATIO.

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,
- 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

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.

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.

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

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.

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 11) 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 2021 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.
- 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.

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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- 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.

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.

- 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.

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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- 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.

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

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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

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Provide the following information.

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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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- 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.
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CHARITABLE PURPOSES. BAD DEBT REPRESENTS PART OF THE BURDEN HOSPITALS SHOULD 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

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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

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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

Part VI Supplemental Information

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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

PSE&G CSH FACILITY REPORTING GROUP A

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IN ADDITION TO THE INTERNAL REVENUE CODE §501(R) COMMUNITY HEALTH NEEDS
 ASSESSMENT INFORMATION OUTLINED IN FORM 990, SCHEDULE H, PART V, SECTION
 B, RWJBARNABAS HEALTH CONDUCTS A REVIEW OF KEY MARKET FACTORS FOR CSH
 ANNUALLY WHICH INCLUDES:

- A REVIEW OF HEALTHCARE UTILIZATION OF ITS SERVICE AREA POPULATION BY
 SERVICES (E.G. CARDIOLOGY, OBSTETRICS, GYNECOLOGY, UROLOGY, ETC.) FOR
 DETERMINING INCREASED OR DECREASED HEALTH NEEDS;

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- HEALTHCARE SERVICE ESTIMATES FOR INPATIENT AND OUTPATIENT SERVICES;

- ASSESSMENT OF LOCAL DEMOGRAPHIC AND SOCIOECONOMIC INFORMATION;

- COMMUNITY HEALTH STATUS 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 DATA, SEER CANCER INCIDENCE AND MORTALITY, TO NAME A FEW SOURCES OF SECONDARY DATA).

RWJBARNABAS HEALTH CONDUCTS AN EXTENSIVE SERVICE AREA POPULATION PHYSICIAN NEED STUDY (BY PRIMARY CARE AND PHYSICIAN SPECIALTY) EVERY THREE TO FIVE YEARS. THE STUDY USES GENERALLY ACCEPTED PHYSICIAN TO POPULATION RATIOS ADJUSTED FOR LOCAL COMMUNITY POPULATION TO IDENTIFY GAPS IN SERVICE. THESE STUDIES INFORM MEDICAL STAFF DEVELOPMENT AND

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RECRUITMENT NEEDS AT THE HOSPITALS TO ASSURE RESPONSIVENESS TO THE SPECIFIC IDENTIFIED NEEDS OF THE COMMUNITY AND TO ASSURE ACCESS TO PHYSICIAN PROVIDER SERVICES.

CSH REVIEWS PATIENT SURVEYS AND COMMENTS TO UNDERSTAND PATIENT AND FAMILY CONCERNS. FURTHER, CSH PARTICIPATES AND WORKS WITH MANY LOCAL ORGANIZATIONS ON HEALTH ISSUES INCLUDING: DISCUSSING AND PRIORITIZING NEEDS, COORDINATING SERVICES, PROVIDING EDUCATION AND SPECIALTY KNOWLEDGE, AND SUPPORTING LOCAL HEALTH PROMOTIONS. AS PART OF RWJBARNABAS HEALTH, CSH WORKS WITH AN ARRAY OF SERVICE PROVIDERS TO SUPPORT A FULL SERVICE CONTINUUM OF CARE FOR ITS COMMUNITIES.

CSH IS ACTIVE IN THEIR RESPECTIVE COMMUNITIES WITH LOCAL MUNICIPALITIES AND COMMUNITY-BASED ORGANIZATIONS. FOR EXAMPLE, CSH CAMP CHATTERBOX, WORKS WITH CAMP OAKHURST IN MONMOUTH COUNTY, NEW JERSEY TO SPONSOR A WEEKLONG OVERNIGHT CAMP FOR CHILDREN AND YOUNG ADULTS, AGES 5-22, WHO USE SYNTHESIZED AUGMENTATIVE AND ALTERNATIVE COMMUNICATION (AAC) DEVICES. CHATTERBOX OFFERS TWO UNIQUE PROGRAMS - A FAMILY PROGRAM FOR CHILDREN

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AGES 5-14 AND AN INDEPENDENCE AND SELF-ADVOCACY PROGRAM FOR TEENS AND YOUNG ADULTS AGES 15-22. ALL CAMPERS MUST BE ABLE TO PARTICIPATE IN THE PROGRAM WITHOUT REQUIRING ONE-ON-ONE BEHAVIORAL SUPPORT. CAMP CHATTERBOX USES THE FACILITIES OF CAMP OAKHURST IN MONMOUTH COUNTY, NJ. CSH ALSO PARTNERS WITH THE WILKES-BARRE FAMILY YMCA PARTNER TO PROVIDE A FULLY MAIN-STREAMED, OVERNIGHT CAMP EXPERIENCE AT CAMP KRESGE IN WHITE HAVEN, PA NEAR THE POCONO MOUNTAINS. THESE COMMUNITY TOUCH POINTS PROVIDE THE HOSPITAL WITH VALUABLE EXTERNAL INSIGHTS REGARDING COMMUNITY NEED.

COVID 19 PRESENTED UNIQUE HEALTH AND PUBLIC SAFETY CHALLENGES AND REQUIRED THE HOSPITAL TO ADDRESS AN ARRAY OF NEW ISSUES AND OTHERS THAT WERE EXACERBATED BY THE PANDEMIC. CSH AND RWJBARNABAS HEALTH WORKED TO DEVELOP THE INFORMATION AND FACILITY CAPACITY INFRASTRUCTURE TO EFFECTIVELY COMMUNICATE AND CARE FOR THE RISING NUMBER OF CASES AND THE DISRUPTIONS THAT PRESENTED FOR OPERATIONS TO MEET THE ROUTINE AND EMERGENT CARE NEEDS OF OUR COMMUNITIES. TO BE SUCCESSFUL, THE HOSPITAL HAD TO COMMAND A NEW LEVEL OF INTERACTION AND COLLABORATION WITH COMMUNITY AND GOVERNMENT STAKEHOLDERS.

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SOME OF THE ACTIONS UNDERTAKEN INCLUDED:

- ROUTINE CALLS WERE ESTABLISHED WITH KEY INTERNAL ADMINISTRATIVE AND INTERDISCIPLINARY CLINICAL CARE LEADERSHIP TO DRIVE EFFECTIVE IDENTIFICATION OF ISSUES AND COMMUNICATION OF POLICY AND NEEDED PRACTICE CHANGES;
- ROUTINE CALLS WERE HELD WITH THE STATE DEPARTMENT OF HEALTH AND WITH THE REGIONAL NETWORKS THAT WERE FORMED TO SUPPORT DATA AND INFORMATION COLLECTION AND PROVIDE AN ADDITIONAL CHANNEL OF COMMUNICATION;
- PROVIDED CLINICAL EXPERTISE (MEDICAL, PHARMACY, INFECTION CONTROL, ETC.) TO SUPPORT ELEVATION OF BEST INFORMATION TO MULTIPLE INTERNAL AND EXTERNAL PARTIES;
- INCREASED COMMUNICATION THROUGH MULTIPLE PLATFORMS WITH TRUSTEES, STAFF, PHYSICIANS, COMMUNITY PARTNERS AND OTHERS;
- DETAILED INVENTORY ACCOUNTING AND REGIONAL DISTRIBUTION AND STORAGE CAPACITIES OF TESTING SUPPLIES AND OTHER EQUIPMENT (VENTILATORS, PULSE OXIMETERS, ETC.) WERE ESTABLISHED;

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- ESTABLISHED NEW CONNECTIONS FOR PPE PROCUREMENT AND STAFF AGENCIES TO

DEAL WITH SHORTAGES;

- ADDRESSED NEW STAFF WORK FLOWS AND SPACE LIMITATIONS INCLUSIVE OF

INCREASED REMOTE ACCESS FOR STAFF SUPPORT FUNCTIONS;

- DEVELOPED PROTOCOLS AND POLICIES TO SUPPORT NEW PROCESSES AND TO

PROMOTE REDUCTION OF INFECTION RISK AND PERSON TOUCH POINTS FOR ALL

ASPECTS OF OPERATIONS;

- INVESTING IN AND USING NEW TELECOMMUNICATION DEVICES (IPADS, SMART

PHONES, ETC.) FOR PATIENTS TO INTERACT WITH FAMILY AND LOVED ONES WHEN

PHYSICAL VISITS WERE NOT POSSIBLE;

- REALIGNED SERVICES TO SELECT SITES OF SERVICES TO BEST CONFIGURE CARE

AND OPERATIONS INCLUDING INCREASED TELEHEALTH, INTENSIVE CARE AND

ISOLATION CAPACITY;

- CHANGED STAFF RECRUITMENT AND DEPLOYMENT TO EFFECTIVELY ADDRESS HIGH

NEED AREAS;

- CONTINUED IMPLEMENTATION OF NEW TREATMENT, THERAPIES AND PROGRAMS;

- EXPANDED LABORATORY AND TESTING CAPACITY;

- DEVELOPMENT OF EXTENSIVE HOSPITAL AND COMMUNITY-BASED NETWORK OF COVID

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TESTING SITES;

- DEVELOPMENT OF COMMUNITY-BASED NETWORK OF COVID VACCINATION SITES; AND
- CONTINUED REVIEW, STUDY AND UNDERSTANDING OF NEEDS AND THE GLARING DISPARITIES THAT WERE EVIDENCED BY COVID'S IMPACT.

CSH AND RWJBARNABAS HEALTH REMAIN ENGAGED WITH THE CONTINUING WORK TO SUPPORT THE RE-EMERGENCE OF THE SOCIAL, BUSINESS AND ACADEMIC ENVIRONMENTS AS RESTRICTIONS CONTINUE TO BE LIFTED. THE COSTS OF THE PANDEMIC WERE FELT MOST ACUTELY BY THE NUMBERS OF LIVES LOST AND THE LIVES ALTERED BY THE PANDEMIC AND ITS DISRUPTIONS INCLUDING THE LOSS OF HOUSING AND EMPLOYMENT, LINGERING HEALTH EFFECTS AND INCREASED ANXIETY AND ISOLATION. THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS UNDERWAY INCLUDES A RESIDENT SURVEY CONDUCTED IN 2021 OF MORE THAN 5,000 PARTICIPANTS. THE SURVEY WAS INCLUSIVE OF QUESTIONS TO HELP UNDERSTAND THE IMPACTS AND CONCERNS TO OUR COMMUNITIES AS PRESENTED BY COVID AS WELL AS GENERAL COMMUNITY NEEDS. THE HOSPITAL AND RWJBARNABAS WILL WORK TO PRIORITIZE AND ADDRESS CHANGING NEEDS AND MITIGATE DISPARITIES THAT ARE EVIDENCED.

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RWJBH - FACILITY REPORTING GROUP B

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IN ADDITION TO THE INTERNAL REVENUE CODE §501(R) COMMUNITY HEALTH NEEDS ASSESSMENT INFORMATION OUTLINED IN FORM 990, SCHEDULE H, PART V, SECTION B, RWJBARNABAS HEALTH CONDUCTS A REVIEW OF KEY MARKET FACTORS ANNUALLY WHICH INCLUDES:

- A REVIEW OF HEALTHCARE UTILIZATION OF ITS SERVICE AREA POPULATION BY SERVICES (E.G. CARDIOLOGY, OBSTETRICS, GYNECOLOGY, UROLOGY, ETC.) FOR DETERMINING INCREASED OR DECREASED HEALTH NEEDS;
- HEALTHCARE SERVICE ESTIMATES FOR INPATIENT AND OUTPATIENT SERVICES;
- ASSESSMENT OF LOCAL DEMOGRAPHIC AND SOCIOECONOMIC INFORMATION;
- COMMUNITY HEALTH STATUS DATA; AND

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

RWJBARNABAS HEALTH CONDUCTS AN EXTENSIVE SERVICE AREA POPULATION PHYSICIAN NEED STUDY (BY PRIMARY CARE AND PHYSICIAN SPECIALTY) EVERY THREE TO FIVE YEARS. THE STUDY USES GENERALLY ACCEPTED PHYSICIAN TO POPULATION RATIOS ADJUSTED FOR LOCAL COMMUNITY POPULATION TO IDENTIFY GAPS IN SERVICE. 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 ASSURE ACCESS TO PHYSICIAN PROVIDER SERVICES.

CMMC REVIEWS PATIENT SURVEYS AND COMMENTS TO UNDERSTAND PATIENT AND FAMILY CONCERNS. FURTHER, PARTICIPATES AND WORKS WITH MANY LOCAL AND

Part VI Supplemental Information

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REGIONAL ORGANIZATIONS ON HEALTH ISSUES INCLUDING: DISCUSSING AND PRIORITIZING NEEDS, COORDINATING SERVICES, PROVIDING EDUCATION AND SPECIALTY KNOWLEDGE, SUPPORTING LOCAL HEALTH PROMOTIONS. THESE COMMUNITY TOUCH POINTS PROVIDE THE HOSPITAL WITH VALUABLE EXTERNAL INSIGHTS REGARDING COMMUNITY NEED.

CMC REVIEWS PATIENT SURVEYS AND COMMENTS TO UNDERSTAND PATIENT AND FAMILY CONCERNS. FURTHER, CMC PARTICIPATES AND WORKS WITH MANY LOCAL ORGANIZATIONS ON HEALTH ISSUES INCLUDING: DISCUSSING AND PRIORITIZING NEEDS, COORDINATING SERVICES, PROVIDING EDUCATION AND SPECIALTY KNOWLEDGE, SUPPORTING LOCAL HEALTH PROMOTIONS. CMC ALSO WORKS WITH OCEAN COUNTY HEALTH DEPARTMENT TO PLAN AND IMPLEMENT A LOCAL NEEDS ASSESSMENT/HEALTH STATUS APPROXIMATELY EVERY FIVE YEARS. THESE COMMUNITY TOUCH POINTS PROVIDE THE HOSPITAL WITH VALUABLE EXTERNAL INSIGHTS REGARDING COMMUNITY NEED.

CBMC REVIEWS PATIENT SURVEYS AND COMMENTS TO UNDERSTAND PATIENT AND FAMILY CONCERNS. FURTHER, CBMC PARTICIPATES AND WORKS WITH MANY LOCAL

Part VI Supplemental Information

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MMC REVIEWS PATIENT SURVEYS AND COMMENTS TO UNDERSTAND PATIENT AND FAMILY CONCERNS. FURTHER, MMC PARTICIPATES AND WORKS WITH MANY LOCAL AND

Part VI Supplemental Information

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NBIMC REVIEWS PATIENT SURVEYS AND COMMENTS TO UNDERSTAND PATIENT AND FAMILY CONCERNS. FURTHER, NBIMC PARTICIPATES AND WORKS WITH MANY LOCAL

Part VI Supplemental Information

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RWJUH-NEW BRUNSWICK REVIEWS PATIENT SURVEYS AND COMMENTS TO UNDERSTAND PATIENT AND FAMILY CONCERNS. FURTHER, RWJUH-NEW BRUNSWICK PARTICIPATES AND WORKS WITH MANY LOCAL ORGANIZATIONS ON HEALTH ISSUES INCLUDING: DISCUSSING AND PRIORITIZING NEEDS, COORDINATING SERVICES, PROVIDING EDUCATION AND SPECIALTY KNOWLEDGE, AND SUPPORTING LOCAL HEALTH PROMOTIONS. RWJUH-NEW BRUNSWICK ALSO PARTICIPATES WITH COLLABORATIVE ORGANIZATIONS FOR COMPREHENSIVE COMMUNITY HEALTH PLANNING EFFORTS. RWJUH-NEW BRUNSWICK CO-PARTNERS HEALTHIER MIDDLESEX, A DIVERSE, MULTI-SECTOR, COMMUNITY-FOCUSED CONSORTIUM COMPRISED OF A WIDE VARIETY OF STAKEHOLDERS INCLUDING COMMUNITY-BASED ORGANIZATIONS, HEALTH DEPARTMENT PERSONNEL, ACADEMIC INSTITUTIONS AND HOSPITAL REPRESENTATIVES. THE COALITION IS RESPONSIBLE FOR GUIDING, PARTICIPATING IN, AND PROVIDING

Part VI Supplemental Information

Provide the following information.

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FEEDBACK ON ALL ASPECTS OF THE ASSESSMENT AND PLANNING PROCESS FOR THE CHNA AND THE RESPONSIVE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP). PARTNERS PROVIDED INPUT ON THE COMMUNITY HEALTH NEEDS ASSESSMENT, PARTICIPATED IN PLANNING SESSIONS, AND GAVE CONTINUOUS FEEDBACK ON DRAFT PLAN COMPONENTS.

RWJUH-SOMERSET WAS THE CONVENING ORGANIZATION AND PARTICIPATES WITH THE HEALTHIER SOMERSET COALITION ("HSC"), A BROADLY REPRESENTATIVE STAKEHOLDER GROUP OF OVER 100 ORGANIZATIONS THAT INCLUDED HEALTH DEPARTMENT LEADERS, HOSPITAL REPRESENTATIVES, AND COMMUNITY-BASED ORGANIZATION LEADERS. THIS COALITION WAS RESPONSIBLE FOR GUIDING, PARTICIPATING IN, AND PROVIDING FEEDBACK ON ALL ASPECTS OF ASSESSMENT AND PLANNING FOR THE SOMERSET COUNTY CHIP.

BOTH HOSPITALS ARE ACTIVE IN THEIR RESPECTIVE COMMUNITIES WITH LOCAL MUNICIPALITIES AND COMMUNITY-BASED ORGANIZATIONS. THESE COMMUNITY TOUCH POINTS PROVIDE THE HOSPITAL WITH VALUABLE EXTERNAL INSIGHTS REGARDING COMMUNITY NEED.

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FAMILY CONCERNS. FURTHER, SBBH PARTICIPATES AND WORKS WITH MANY LOCAL ORGANIZATIONS ON HEALTH ISSUES INCLUDING: DISCUSSING AND PRIORITIZING NEEDS, COORDINATING SERVICES, PROVIDING EDUCATION AND SPECIALTY KNOWLEDGE, SUPPORTING LOCAL HEALTH PROMOTIONS. SBBH ALSO WORKS WITH OCEAN COUNTY HEALTH DEPARTMENT TO PLAN AND IMPLEMENT A LOCAL NEEDS ASSESSMENT/HEALTH STATUS APPROXIMATELY EVERY FIVE YEARS. THESE COMMUNITY TOUCH POINTS PROVIDE THE HOSPITAL WITH VALUABLE EXTERNAL INSIGHTS REGARDING COMMUNITY NEED.

COVID 19 PRESENTED UNIQUE HEALTH AND PUBLIC SAFETY CHALLENGES AND REQUIRED THE HOSPITAL TO ADDRESS AN ARRAY OF NEW ISSUES AND OTHERS THAT WERE EXACERBATED BY THE PANDEMIC. THE HOSPITALS AND RWJBARNABAS HEALTH WORKED TO DEVELOP THE INFORMATION AND FACILITY CAPACITY INFRASTRUCTURE TO EFFECTIVELY COMMUNICATE AND CARE FOR THE RISING NUMBER OF CASES AND THE DISRUPTIONS THAT PRESENTED FOR OPERATIONS TO MEET THE ROUTINE AND EMERGENT CARE NEEDS OF OUR COMMUNITIES. TO BE SUCCESSFUL, THE HOSPITAL HAD TO COMMAND A NEW LEVEL OF INTERACTION AND COLLABORATION WITH COMMUNITY AND GOVERNMENT STAKEHOLDERS.

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SOME OF THE ACTIONS UNDERTAKEN INCLUDED:

- ROUTINE CALLS WERE ESTABLISHED WITH KEY INTERNAL ADMINISTRATIVE AND INTERDISCIPLINARY CLINICAL CARE LEADERSHIP TO DRIVE EFFECTIVE IDENTIFICATION OF ISSUES AND COMMUNICATION OF POLICY AND NEEDED PRACTICE CHANGES;
- ROUTINE CALLS WERE HELD WITH THE STATE DEPARTMENT OF HEALTH AND WITH THE REGIONAL NETWORKS THAT WERE FORMED TO SUPPORT DATA AND INFORMATION COLLECTION AND PROVIDE AN ADDITIONAL CHANNEL OF COMMUNICATION;
- PROVIDED CLINICAL EXPERTISE (MEDICAL, PHARMACY, INFECTION CONTROL, ETC.) TO SUPPORT ELEVATION OF BEST INFORMATION TO MULTIPLE INTERNAL AND EXTERNAL PARTIES;
- INCREASED COMMUNICATION THROUGH MULTIPLE PLATFORMS WITH TRUSTEES, STAFF, PHYSICIANS, COMMUNITY PARTNERS AND OTHERS;
- DETAILED INVENTORY ACCOUNTING AND REGIONAL DISTRIBUTION AND STORAGE CAPACITIES OF TESTING SUPPLIES AND OTHER EQUIPMENT (VENTILATORS, PULSE OXIMETERS, ETC.) WERE ESTABLISHED;

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- ESTABLISHED NEW CONNECTIONS FOR PPE PROCUREMENT AND STAFF AGENCIES TO

DEAL WITH SHORTAGES;

- ADDRESSED NEW STAFF WORK FLOWS AND SPACE LIMITATIONS INCLUSIVE OF

INCREASED REMOTE ACCESS FOR STAFF SUPPORT FUNCTIONS;

- DEVELOPED PROTOCOLS AND POLICIES TO SUPPORT NEW PROCESSES AND TO

PROMOTE REDUCTION OF INFECTION RISK AND PERSON TOUCH POINTS FOR ALL

ASPECTS OF OPERATIONS;

- INVESTING IN AND USING NEW TELECOMMUNICATION DEVICES (IPADS, SMART

PHONES, ETC.) FOR PATIENTS TO INTERACT WITH FAMILY AND LOVED ONES WHEN

PHYSICAL VISITS WERE NOT POSSIBLE;

- REALIGNED SERVICES TO SELECT SITES OF SERVICES TO BEST CONFIGURE CARE

AND OPERATIONS INCLUDING INCREASED TELEHEALTH, INTENSIVE CARE AND

ISOLATION CAPACITY;

- CHANGED STAFF RECRUITMENT AND DEPLOYMENT TO EFFECTIVELY ADDRESS HIGH

NEED AREAS;

- CONTINUED IMPLEMENTATION OF NEW TREATMENT, THERAPIES AND PROGRAMS;

- EXPANDED LABORATORY AND TESTING CAPACITY;

- DEVELOPMENT OF EXTENSIVE HOSPITAL AND COMMUNITY-BASED NETWORK OF COVID

Part VI Supplemental Information

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TESTING SITES;

- DEVELOPMENT OF COMMUNITY-BASED NETWORK OF COVID VACCINATION SITES; AND
- CONTINUED REVIEW, STUDY AND UNDERSTANDING OF NEEDS AND THE GLARING DISPARITIES THAT WERE EVIDENCED BY COVID'S IMPACT.

THE HOSPITALS AND RWJBARNABAS HEALTH REMAINS ENGAGED WITH THE CONTINUING WORK TO SUPPORT THE RE-EMERGENCE OF THE SOCIAL, BUSINESS AND ACADEMIC ENVIRONMENTS AS RESTRICTIONS CONTINUE TO BE LIFTED. THE COSTS OF THE PANDEMIC WERE FELT MOST ACUTELY BY THE NUMBERS OF LIVES LOST AND THE LIVES ALTERED BY THE PANDEMIC AND ITS DISRUPTIONS INCLUDING THE LOSS OF HOUSING AND EMPLOYMENT, LINGERING HEALTH EFFECTS AND INCREASED ANXIETY AND ISOLATION. THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS UNDERWAY INCLUDES A RESIDENT SURVEY CONDUCTED IN 2021 OF MORE THAN 5,000 PARTICIPANTS. THE SURVEY WAS INCLUSIVE OF QUESTIONS TO HELP UNDERSTAND THE IMPACTS AND CONCERNS TO OUR COMMUNITIES AS PRESENTED BY COVID AS WELL AS GENERAL COMMUNITY NEEDS. THE HOSPITAL AND RWJBARNABAS WILL WORK TO PRIORITIZE AND ADDRESS CHANGING NEEDS AND MITIGATE DISPARITIES THAT ARE EVIDENCED.

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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/](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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- 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

PSE&G CSH FACILITY REPORTING GROUP A

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CSH DRAWS PATIENTS ACROSS THE REGION AND OPERATES AT 12 DIFFERENT LOCATIONS IN 9 COUNTIES IN NEW JERSEY. ITS INPATIENT HOSPITAL FOR COMPREHENSIVE REHAB SERVICES IS LOCATED IN NEW BRUNSWICK, NJ. LONG TERM CARE SERVICES ARE PROVIDED IN TOMS RIVER, NJ AS WELL AS MOUNTAIN SIDE, IN UNION COUNTY.

CSH 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. 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

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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 CITY CULTURE PRE-COVID, 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 73% MINORITY AND 31.3% OF RESIDENTS ARE FOREIGN BORN. OVER 53.2% OF RESIDENTS AGED FIVE AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. OVER 36.1% OF PERSONS ARE ESTIMATED TO BE IN POVERTY AND OVER 19% OF PERSONS UNDER AGE 65 ARE WITHOUT HEALTH INSURANCE WHILE 31.9% OF THE POPULATION IS ON PUBLIC INSURANCE, OF WHICH ONLY 7.9% IS MEDICARE.

TOMS RIVER, IS THE COUNTY SEAT OF OCEAN COUNTY. OCEAN COUNTY IS HOME TO ONE-THIRD OF THE JERSEY SHORE, BORDERING THE ATLANTIC OCEAN IN THE

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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 8TH MOST POPULOUS SUBCOUNTY/TOWNSHIP AREA IN THE STATE ACCORDING TO THE 2020 CENSUS AND 2021 ESTIMATES. WHILE THERE WAS AN ESTIMATED 4.6% POPULATION GROWTH ESTIMATED BETWEEN THE 2010 AND 2020 (THE 27TH HIGHEST VOLUME INCREASE IN 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 2020 CENSUS ESTIMATES TOMS RIVER CDP TO HAVE A 19% MINORITY PRESENCE, 8.4% ARE FOREIGN BORN AND 10.6% OF POPULATION AGED 5 YEARS AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. IT IS ESTIMATED THAT 19% OF PERSONS ARE AGED 65 AND OLDER. IT IS ESTIMATED THAT 7.3% OF THE TOMS RIVER POPULATION IS LIVING BELOW THE POVERTY LEVEL AND 7.1% LACK HEALTH

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INSURANCE. APPROXIMATELY 34.3% HAVE PUBLIC HEALTH INSURANCE; 13.8%

MEDICAID AND AN ESTIMATED 20.5% MEDICARE INSURANCE COVERAGE ALONE OR IN

COMBINATION.

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 NEARLY 18% OF ITS REVENUE MIX IN 2021. ITS PATIENT MIX WAS 72% MINORITY GROUPS.

RWJBH - FACILITY REPORTING GROUP B

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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 BEACH POPULATIONS, FISHERMAN AND BOATERS, WHICH PLACES ADDITIONAL SEASONAL DEMANDS ON THE HOSPITAL'S EMERGENCY DEPARTMENT.

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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 8TH MOST POPULOUS SUBCOUNTY/TOWNSHIP AREA IN THE STATE ACCORDING TO THE 2020 CENSUS AND 2021 ESTIMATES. WHILE THERE WAS AN ESTIMATED 4.6% POPULATION GROWTH ESTIMATED BETWEEN THE 2010 AND 2020 (THE 27TH HIGHEST VOLUME INCREASE IN 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 2020 CENSUS ESTIMATES TOMS RIVER CDP TO HAVE A 19% MINORITY PRESENCE, 8.4% ARE FOREIGN BORN AND 10.6% OF POPULATION AGED 5 YEARS AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. IT IS ESTIMATED THAT 19% OF PERSONS ARE AGED 65 AND OLDER. IT IS ESTIMATED THAT 7.3% OF THE TOMS RIVER POPULATION IS LIVING BELOW THE POVERTY LEVEL AND 7.1% LACK HEALTH INSURANCE. APPROXIMATELY 34.3% HAVE PUBLIC HEALTH INSURANCE; 13.8%

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MEDICAID AND AN ESTIMATED 20.5% MEDICARE INSURANCE COVERAGE ALONE OR IN COMBINATION.

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 - 2020 CENSUS ESTIMATES THAT 22.4% OF THE COUNTY POPULATION IS AGED 65 AND OLDER AS OPPOSED TO 16.9% FOR THE STATE. IN 2021, 61.3% OF CMC'S PATIENT ADMISSIONS WERE COMPRISED OF A MEDICARE PAYER. FURTHER, NEARLY 12.9% OF CMC'S PAYER MIX WAS COMPRISED OF UNDERINSURED AND UNINSURED PAYER CATEGORIES. MINORITIES COMPRISED OVER 23.5% OF PATIENTS.

CMMC IS 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 HOME TOWN OF BELLEVILLE AND THE NORTH WARD/ IRONBOUND SECTIONS OF NEWARK, WHICH CONTAINS A LARGE MIX OF LATINO AND

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ITALIAN-AMERICAN POPULATIONS. APPROXIMATELY 31-33% OF THE BELLEVILLE AND NEWARK POPULATIONS ARE FOREIGN BORN AND A LARGE MAJORITY OF THE FOREIGN BORN POPULATION COMING FROM THE LATIN AMERICAS. IN BELLEVILLE, OVER 54% OF PERSONS AGED 5 AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME, FOR NEWARK RESIDENTS, THIS ESTIMATE IS NEARLY 50%.

ESSEX COUNTY IS THE THIRD LARGEST POPULOUS COUNTY IN NEW JERSEY AND ITS POPULATION GREW 10.2% FROM 2010 TO 2020, THE THIRD HIGHEST COUNTY GROWTH RATE IN THE STATE. BELLEVILLE IS THE 62ND LARGEST MCD IN 2020 AND ALSO IS ESTIMATED TO HAVE GROWN 6.4% SINCE THE 2010 ESTIMATE. NEIGHBORING NEWARK CITY, THE LARGEST CITY IN NEW JERSEY, IS ESTIMATED TO HAVE INCREASED IN POPULATION BY 12.4%. NEWARK AND BELLEVILLE ARE ESTIMATED TO BE COMPRISED OF NEARLY 89% AND 69% MINORITY POPULATION, RESPECTIVELY. THE PERCENT OF PERSONS IN POVERTY ARE INCREASING AND ARE ESTIMATED AT 26.3% AND 11.2% FOR NEWARK AND BELLEVILLE, RESPECTIVELY. PERSONS UNDER AGE 65 WITHOUT HEALTH INSURANCE IS ESTIMATED AT 18.9% FOR NEWARK AND 12.8% FOR BELLEVILLE.

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AS A HEALTHCARE PROVIDER TO THE BELLEVILLE AND THE GREATER NEWARK COMMUNITIES, CMMC SERVED MORE THAN 71.6% OF ITS PATIENTS FROM MINORITY POPULATIONS IN 2021. OVER 43% OF ITS PATIENTS ARE OF UNDERINSURED AND UNINSURED PAYER CATEGORIES AND MEDICARE REPRESENTS AN ADDITIONAL 32.7% OF PATIENTS. 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.

CBMC IS LOCATED IN THE TOWN OF LIVINGSTON AND BORDERS WEST ORANGE, WITHIN ESSEX COUNTY, NEW JERSEY. ESSEX COUNTY IS THE THIRD LARGEST POPULOUS COUNTY AND THE SECOND MOST DENSELY POPULATED IN NEW JERSEY, AND HAS EXPERIENCED GROWTH IN NUMBERS AT 10.2% FROM 2010 TO 2020. 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

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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 75TH LARGEST MCD/TOWNSHIP IN NEW JERSEY AND IS ESTIMATED TO HAVE INCREASED 6.9% IN ITS POPULATION FROM 2010 TO 2020. IT IS COMPRISED OF NEARLY 37% MINORITY POPULATION AND 27% OF PERSONS WERE FOREIGN BORN. NEARLY 34.3% OF ITS POPULATION IS ESTIMATED TO SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. ONLY 2.4% OF PERSONS ARE ESTIMATED TO BE IN POVERTY AND LESS THAN 2% OF PERSONS UNDER AGE 65 LACK HEALTH INSURANCE. WEST ORANGE IS ESTIMATED TO HAVE INCREASED 5.7% IN ITS POPULATION AND IS COMPRISED OF 59% MINORITY POPULATION AND 31% OF PERSONS WERE FOREIGN BORN. NEARLY 36% OF ITS POPULATION IS ESTIMATED TO SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. PERSONS IN POVERTY ARE ESTIMATED AT 6.9% OF THE POPULATION AND 8.9% OF PERSONS UNDER AGE 65 ARE ESTIMATED TO LACK HEALTH INSURANCE.

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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 2021, MINORITIES REPRESENT APPROXIMATELY 54% OF CBMC'S PATIENTS AND MORE THAN 11.4% OF ITS PATIENTS ARE OF UNDERINSURED AND UNINSURED PAYER CATEGORIES. MEDICARE REPRESENTS AN ADDITIONAL 37.9% OF PATIENTS.

JCMC IS LOCATED IN JERSEY CITY, THE POPULATION CENTER OF HUDSON COUNTY, AND COMPRISES OVER 40% OF THE COUNTY'S POPULATION IN 2020, 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. JERSEY CITY WAS THE SECOND MOST POPULOUS CITY IN NEW JERSEY IN 2021 (CENSUS BUREAU 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. THE CENSUS BUREAU'S 2020 COUNT SHOWS JERSEY CITY'S POPULATION AS OVER 66% MINORITY AND NEARLY 43% FOREIGN-BORN. OVER 15% OF PERSONS IN

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THE CITY ARE ESTIMATED TO BE IN POVERTY CONTRASTED TO THE COUNTY AT 13% AND STATE AT 9.4%. FURTHER, 11.35% OF PERSONS UNDER 65 IN JERSEY CITY ARE ESTIMATED TO NOT HAVE HEALTH INSURANCE WITH AN ADDITIONAL 22.7% ON MEDICAID AND MEANS TESTED INSURANCE AND 4.2% ON MEDICARE ONLY.

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. ACCORDING THE CENSUS COMMUNITY SURVEY, OVER 52% OF THE POPULATION AGED 5 AND OLDER IS ESTIMATED TO SPEAK A LANGUAGE OTHER

Part VI Supplemental Information

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THAN ENGLISH AT HOME.

JCMC SERVES AREAS THAT INCLUDE 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 AND MEAN HOUSEHOLD INCOMES IN JERSEY CITY THAN IN THE COUNTY, AND THE COUNTY IS LESS THAN THE STATE. JCMC IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO ITS INNER CITY COMMUNITIES; SERVING A PATIENT POPULATION COMPRISED OF MORE THAN 84% MINORITY REPRESENTATION AND OVER 44% UNDERINSURED AND UNINSURED PAYER CLASSIFICATIONS IN 2021. MEDICARE REPRESENTS AN ADDITIONAL 23% 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 2020 CENSUS. MONMOUTH COUNTY IS HOME TO IMMIGRANT POPULATIONS OF

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ITALIAN, GERMAN AND POLISH, WITH A LARGE IRISH-AMERICAN POPULATION AND A RAPIDLY GROWING ASIAN PRESENCE. LONG BRANCH CITY IS THE 74TH LARGEST MCD LOCATION IN THE STATE AND HAS BEEN DESIGNATED AS A MUA/MUP (MEDICALLY UNDERSERVED AREA/POPULATION) BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES. CONTINUED GROWTH IS ESTIMATED FOR THE CITY WITH CENSUS ESTIMATES PLACING AT THE 10TH HIGHEST GROWTH BETWEEN 2020 AND 2021.

LONG BRANCH IS OVER 44% MINORITY PRESENCE WITH OVER 29% OF POPULATIONS FOREIGN BORN. OVER 39% OF POPULATIONS AGED 5 OR OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. OVER 18% OF PERSONS ARE ESTIMATED TO BE IN POVERTY WITH NEARLY 23% OF PERSONS UNDER AGE 65 WITHOUT HEALTH INSURANCE. NEARLY 43% HAVE PUBLIC INSURANCE, 17.2 PERCENT OF WHICH IS MEDICARE.

BETWEEN THE RESIDENTS AND THE SUMMERTIME SHORE VISITORS, MMC IS COMMITTED TO SERVICE ITS DIVERSE PATIENT POPULATION WITH OVER 36% OF ITS PATIENTS COMPRISED OF MINORITY/RACE ETHNICITY GROUPS AND ABOUT 29% OF PATIENTS IN UNDERINSURED AND UNINSURED PAYER GROUPS IN 2021. MEDICARE REPRESENTS AN

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ADDITIONAL 31% OF PATIENTS SERVED.

MMSC IS LOCATED IN LAKEWOOD TOWNSHIP, OCEAN COUNTY. 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 MCD IN THE STATE ACCORDING TO 2021 CENSUS ESTIMATES. THE LOCATION OF MMSC IS WITHIN A DESIGNATED MEDICALLY UNDERSERVED AREA/POPULATION (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 (15%) OF LAKEWOOD IS COMPRISED OF MINORITY POPULATIONS. OVER 9% OF PERSONS ARE FOREIGN BORN AND 23.9% OF PERSONS AGED 5 AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. OVER 25% OF LAKEWOOD PERSONS ARE ESTIMATED TO BE IN POVERTY AND OVER 6% OF PERSONS UNDER AGED

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65 ARE WITHOUT HEALTH INSURANCE WHILE 62.5% OF PERSONS HAVE PUBLIC INSURANCE (4.7% BEING MEDICARE).

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 22% OF THE COUNTY'S POPULATION. THE STATE AND US PERCENTAGE FOR SENIORS IS AROUND 16%.

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 2021, MMCSC'S PATIENTS WERE COMPRISED OF 25% MINORITY POPULATIONS AND NEARLY 33% OF PATIENTS ARE OF UNDERINSURED/UNINSURED PAYOR CATEGORIES. MEDICARE COMPRISES AN ADDITIONAL 42% 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 2021 CENSUS ESTIMATES AND IT IS NEW JERSEY'S LARGEST, AND AMONGST THE

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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. 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 URBAN ENTERPRISE ZONE (UEZ) BY THE STATE OF NEW JERSEY. NEWARK HAS HIGH UNEMPLOYMENT AND POVERTY RATIOS COMPARED TO STATE AND LOCAL AVERAGES; OVER 26% OF PERSONS WERE ESTIMATED TO BE IN POVERTY ACCORDING TO 2020 CENSUS. NEARLY 32% OF PERSONS ARE FOREIGN BORN AND 89% OF NEWARK'S POPULATION IS MINORITY. NEARLY 50% OF PERSONS AGED 5 AND OLDER SPEAK A LANGUAGE OTHER THAN

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ENGLISH AT HOME. IT IS ESTIMATED THAT 19% OF PERSONS UNDER THE AGE OF 65 LACK HEALTH INSURANCE AND 50.6% HAVE PUBLIC INSURANCE, OF WHICH 13.1% IS MEDICARE. THE POPULATION IN NEWARK IS YOUNGER WITH ONLY 10.6% OF THE POPULATION AGED 65 OR OLDER, CONTRASTED WITH NEARLY 14.2% FOR THE COUNTY AND 16.9% FOR THE STATE.

NBIMC IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO ITS INNER CITY COMMUNITIES; SERVING A PATIENT POPULATION COMPRISED OF NEARLY 94% MINORITY REPRESENTATION AND OVER 56% UNDERINSURED AND UNINSURED PAYER CLASSIFICATIONS IN 2021. MEDICARE REPRESENTS AN ADDITIONAL 21% OF THE INPATIENTS 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. NEW BRUNSWICK'S EXTENSIVE HISTORY DATES BACK TO PRE-REVOLUTIONARY TIMES AND IT IS THE HOME OF RUTGERS

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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 CITY CULTURE PRE-COVID, 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 73% MINORITY AND 31.3% OF RESIDENTS ARE FOREIGN BORN. OVER 53.2% OF RESIDENTS AGED FIVE AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. OVER 36.1% OF PERSONS ARE ESTIMATED TO BE IN POVERTY AND OVER 19% OF PERSONS UNDER AGE 65 ARE WITHOUT HEALTH INSURANCE WHILE 31.9% OF THE POPULATION IS ON PUBLIC INSURANCE, OF WHICH ONLY 7.9% IS MEDICARE.

RWJUH NEW BRUNSWICK IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE

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CARE TO ITS INNER CITY COMMUNITIES; SERVING A PATIENT POPULATION
 COMPRISED OF MORE THAN 51.6% MINORITY REPRESENTATION AND OVER 21%
 UNDERINSURED AND UNINSURED PAYER CLASSIFICATIONS IN 2021. MEDICARE
 REPRESENTS AN ADDITIONAL 23.9% 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. 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 A LEVEL OF AFFLUENCE YET HAS 5.7% OF PERSONS ARE ESTIMATED
 TO BE IN POVERTY. THE POPULATION IS COMPRISED OF 48.9% MINORITY AND
 25.4% OF RESIDENTS ARE FOREIGN BORN. OVER 33.7% OF PERSONS AGED 5 OR
 OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. OVER 8% OF PERSONS

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UNDER AGE 65 ARE ESTIMATED TO NOT HAVE HEALTH INSURANCE AND 16.7% HAVE PUBLIC INSURANCE INCLUDING 11.8% MEDICARE.

RWJUH SOMERSET IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO ITS COMMUNITIES; SERVING A PATIENT POPULATION COMPRISED OF MORE THAN 48% MINORITY REPRESENTATION AND NEARLY 16% UNDERINSURED AND UNINSURED PAYER CLASSIFICATIONS IN 2021. MEDICARE REPRESENTS AN ADDITIONAL 38.8% OF THE INPATIENTS 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. TRENTON IS NEW JERSEY'S 10TH LARGEST MCD/TOWNSHIP BY POPULATION SIZE, AND HAMILTON TOWNSHIP IS THE 9TH LARGEST. BOTH HAMILTON TOWNSHIP AND TRENTON HAD POPULATION GROWTH FROM 2010 TO 2020, 4.1% AND 7%, RESPECTIVELY. HAMILTON TOWNSHIP HAS OVER 40 SQUARE MILES, MORE THAN 64 PUBLIC PARKS AND PLAYGROUNDS AND ACRES OF PRESERVED OPEN SPACE. LOCATED

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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 QUAIN TOWNSHIP PRINCETON.

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 36% OF THE POPULATION IS COMPRISED OF MINORITIES AND NEARLY 17% OF THE RESIDENTS WERE FOREIGN BORN. NEARLY 23% OF PERSONS OVER AGE 5 SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME.

APPROXIMATELY 7% OF THE RESIDENTS UNDER 65 YEARS HAD NO HEALTH INSURANCE.

HAMILTON POPULATION HAD 27.6% OF THE POPULATION WITH PUBLIC INSURANCE, OF WHICH 21.7% WERE MEDICARE COVERAGE. NEIGHBORING TRENTON IS COMPRISED

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OF NEARLY 87% MINORITY AND 22.6% OF THE POPULATION IS ESTIMATED TO BE FOREIGN BORN. TRENTON HAS 39% OF THE RESIDENTS AGED FIVE AN OLDER SPEAKING A LANGUAGE OTHER THAN ENGLISH AT HOME. OVER 27% ARE ESTIMATED TO BE IN POVERTY AND OVER 16.8% OF PERSONS AGED UNDER 65 ARE LACKING INSURANCE. APPROXIMATELY 58.1% OF THE TRENTON POPULATION IS ESTIMATED TO BE ON PUBLIC INSURANCE, WITH 16% OF WHICH WAS MEDICARE.

RWJ HAMILTON IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO ITS COMMUNITIES; SERVING A PATIENT POPULATION COMPRISED OF MORE THAN 44% MINORITY REPRESENTATION AND 14.5% UNDERINSURED AND UNINSURED PAYER CLASSIFICATIONS IN 2021. MEDICARE REPRESENTS AN ADDITIONAL 46.7% OF THE INPATIENTS 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 LARGEST POPULATION GROWTH RATE FROM 2010 TO 2020. RAHWAY CITY IS THE 81ST LARGEST MCD/TOWNSHIP IN NEW JERSEY AND GREW BY 8% OVER THE PAST CENSUS PERIOD.

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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.

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 IS THE 28TH LARGEST INCORPORATED PLACE IN NEW JERSEY WITH A
MINORITY PRESENCE OF 67.3%. AROUND 23% OF THE POPULATION IS FOREIGN BORN
AND OVER 35% OF RESIDENTS AGE 5 AND OLDER SPEAK A LANGUAGE OTHER THAN
ENGLISH AT HOME. OVER 7% OF RESIDENTS ARE IN POVERTY AND 10% OF PERSONS

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.

UNDER AGE 65 LACK HEALTH INSURANCE. OVER 34% OF RESIDENTS HAVE PUBLIC HEALTH INSURANCE WITH 15.9% COMPRISED OF MEDICARE.

RWJ RAHWAY IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO ITS COMMUNITIES; SERVING A PATIENT POPULATION COMPRISED OF MORE THAN 33.9% MINORITY REPRESENTATION AND OVER 16.5% UNDERINSURED AND UNINSURED PAYER CLASSIFICATIONS IN 2020. MEDICARE REPRESENTS AN ADDITIONAL 43.5% 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 HIGHEST PERCENTAGE INCREASE (10.5%) IN POPULATION NUMBERS FROM 2010 TO 2020, AND IT HAD THE SECOND LARGEST HIGHEST INCREASE IN NUMBER FOR ALL

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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- 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.

COUNTIES IN THE STATE. TOMS RIVER TOWNSHIP IS RANKED THE 8TH MOST POPULOUS SUBCOUNTY/TOWNSHIP AREA IN THE STATE ACCORDING TO THE 2020 CENSUS AND 2021 ESTIMATES. WHILE THERE WAS AN ESTIMATED 4.6% POPULATION GROWTH ESTIMATED BETWEEN THE 2010 AND 2020 (THE 27TH HIGHEST VOLUME INCREASE IN 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 2020 CENSUS ESTIMATES TOMS RIVER CDP TO HAVE A 19% MINORITY PRESENCE, 8.4% ARE FOREIGN BORN AND 10.6% OF POPULATION AGED 5 YEARS AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. IT IS ESTIMATED THAT 19% OF PERSONS ARE AGED 65 AND OLDER. IT IS ESTIMATED THAT 7.3% OF THE TOMS RIVER POPULATION IS LIVING BELOW THE POVERTY LEVEL AND 7.1% LACK HEALTH INSURANCE. APPROXIMATELY 34.3% HAVE PUBLIC HEALTH INSURANCE; 13.8% MEDICAID AND AN ESTIMATED 20.5% MEDICARE INSURANCE COVERAGE ALONE OR IN COMBINATION.

SBBH SERVES BOTH SUBURBAN AND SEMI-RURAL COMMUNITIES INCLUDING THE SHORE

Part VI Supplemental Information

Provide the following information.

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

COMMUNITIES AND LOWER-INCOME MUNICIPALITIES OF MANCHESTER AND SOUTH TOMS RIVER. SBBH SERVES A SIGNIFICANT PROPORTION OF ELDERLY - 2020 CENSUS ESTIMATES THAT 22.4% OF THE COUNTY POPULATION IS AGED 65 AND OLDER AS OPPOSED TO 16.9% FOR THE STATE. IN 2021, 56.4% OF SBBH'S PATIENT ADMISSIONS WERE COMPRISED OF A MEDICARE PAYER. FURTHER, NEARLY 12.9% OF CMC'S PAYER MIX WAS COMPRISED OF UNDERINSURED AND UNINSURED PAYER CATEGORIES. MINORITIES COMPRISED OVER 18.1% OF PATIENTS.

SBBH SERVES BOTH SUBURBAN AND SEMI-RURAL COMMUNITIES INCLUDING THE SHORE COMMUNITIES AND IMPOVERISHED NEIGHBORHOODS LOCATED IN LAKEWOOD. SBBH SERVES A SIGNIFICANT ELDERLY POPULATION. APPROXIMATELY 32% OF INPATIENTS ARE FROM MINORITY CATEGORIES. SBBH SERVES A PAYER MIX OF APPROXIMATELY 79% GOVERNMENT PAYERS (MEDICARE AND MEDICAID, BOTH TRADITIONAL AND MANAGED CARE PLANS).

SBBH OWNS AND OPERATES 40 ACUTE CARE PSYCHIATRIC BEDS AND MANAGES AN ADDITIONAL 60 PSYCHIATRIC BEDS FOR ITS SYSTEM AFFILIATE, MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART 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.

THIS MISSION OF HEALTH AND WELLNESS IS EXEMPLIFIED AS RWJBARNABAS HEALTH, THE LARGEST ACADEMIC HEALTH CARE SYSTEM IN NEW JERSEY OF WHICH CSH IS AN AFFILIATE, LAUNCHED ITS INITIATIVE OF "ENDING RACISM, TOGETHER" IN 2020. THIS INITIATIVE FOCUSES ON CREATING RACIAL, ETHNIC AND CULTURAL EQUITY, PRIORITIZING THOSE COMMUNITIES THAT ARE MOST DISENFRANCHISED AND EXPERIENCE POOR HEALTH, AND SOCIAL, ECONOMIC, AND EDUCATIONAL OUTCOMES

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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DUE TO THE GENERATIONAL EFFECTS OF RACISM. GOVERNANCE AND LEADERSHIP STRONGLY BELIEVE THAT THIS IS ONE OF OUR MOST IMPORTANT ENDEAVORS THAT WILL BE TRANSFORMATIVE, NOT JUST FOR PEOPLE OF COLOR BUT FOR OUR ENTIRE ENTERPRISE." ENDING RACISM, TOGETHER FOCUSES ON FOUR PRIMARY AREAS: PATIENT CARE, WORKFORCE, COMMUNITY, AND SYSTEM OPERATIONS. USING AN EVIDENCE-BASED APPROACH, EACH AREA INCLUDES QUANTIFIABLE TACTICS TO MEASURE SUCCESS AT THE ORGANIZATIONAL, FACILITY, AND INDIVIDUAL LEVEL. THIS HEALTH EQUITY CHALLENGE WAS FOLLOWED BY A MAJOR INITIATIVE IN 2021 FOCUSED ON FOOD EQUITY.

THE ENDING RACISM, TOGETHER, IS FURTHER SUPPORTED BY RWJBARNABAS HEALTH SOCIAL IMPACT & COMMUNITY INVESTMENT PRACTICE (SICI) WHICH LEVERAGES RWJBARNABAS HEALTH'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 HEALTH EQUITY, 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

Part VI Supplemental Information

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OUTCOMES. THE SOCIAL IMPACT & COMMUNITY INVESTMENT PRACTICE AT
RWJBARNABAS HEALTH ALSO SERVES AS A DRIVER OF THE SYSTEM'S ANCHOR MISSION
TO HIRE LOCAL, BUY LOCAL, AND INVEST LOCAL.

OTHER COMMUNITY BUILDING ACTIVITIES ARE UNDERTAKEN BY RWJBARNABAS HEALTH
TO IMPROVE THE MEDICAL AND SOCIOECONOMIC WELL-BEING OF THE COMMUNITIES 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. RWJBARNABAS HEALTH PROVIDES EDUCATIONAL MATERIALS,
CONDUCTS COMMUNITY HEALTH FAIRS AND HOLDS HEALTH EDUCATION SEMINARS AND
OUTREACH SESSIONS FOR ITS PATIENTS AND FOR COMMUNITY PROVIDERS.
PRESENTATIONS ARE PROVIDED BY PHYSICIANS, NURSES AND OTHER HEALTHCARE
PROFESSIONALS.

THE MAJORITY OF THE BOARD OF TRUSTEES' MEMBERS ARE INDIVIDUALS WITH LOCAL
BUSINESSES OR WHO RESIDE IN THE COMMUNITY. HOSPITAL STAFF MEMBERS SERVE

Part VI Supplemental Information

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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. DIVERSITY IS WELCOMED AND 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 ENTITIES COMPRISING RWJBARNABAS HEALTH.

ORGANIZATION'S COMMUNITY BENEFIT STATEMENT AND PROVIDES A SUMMARY OF ENTITIES COMPRISING RWJBARNABAS HEALTH.

Part VI Supplemental Information

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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 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

Part VI Supplemental Information

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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.

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 AND SAINT BARNABAS BEHAVIORAL HEALTH CENTER, INC. EACH OF THESE HOSPITALS OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545:

Part VI Supplemental Information

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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 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

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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:

CHILDREN'S SPECIALIZED HOSPITAL ("CSH") IS A 162-BED LICENSED 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.

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.

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.

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.

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.

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 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,

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.

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 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

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.

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 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

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.

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 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

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.

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 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.

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.

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 HEALTH CARE SYSTEM.

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). THE ORGANIZATION PROVIDES VARIOUS CORPORATE MANAGEMENT SERVICES TO ALL AFFILIATES WITHIN THE HEALTH CARE 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

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.

CODE §509(A)(2). THE ORGANIZATION SUPPORTS THE HEALTH CARE 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. 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.

CENTRAL JERSEY BEHAVIORAL HEALTH ASSOCIATES, 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.
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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.

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.

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 MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT

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.

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 CODE §509(A)(3). THE ORGANIZATION IS A SUPPORTING ORGANIZATION OF RWJ

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.

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 PROVIDES HIGH-QUALITY CARE OPERATING
UNDER THE MONTESSORI METHOD AND PHILOSOPHY FOR THE EMPLOYEES OF ROBERT
WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON. IN ADDITION, THE CENTER HAS
A DROP OFF PROGRAM AND BABY-SITTING PROGRAM USED BY PARENTS WHO MUST GO
TO THE HOSPITAL FOR OUTPATIENT PROCEDURES.

THE JERSEY CITY MEDICAL CENTER 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)(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)

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.

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) 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.

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

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.

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 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

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.

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.

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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL
ORIGIN OR ABILITY TO PAY.

OPPORTUNITY PROJECT, 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). 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

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.

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.

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 HEALTH CARE 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 HEALTH CARE SYSTEM.

ROBERT WOOD JOHNSON HEALTH NETWORK, INC. IS AN ORGANIZATION RECOGNIZED BY
THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO 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.
- 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.

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 HEALTH CARE SYSTEM.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON 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 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.

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 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.

SAINT BARNABAS HEALTH CARE SYSTEM 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 RWJBARNABAS HEALTH.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 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 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.

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

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.

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 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

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.

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.

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

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.

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 HEALTH CARE 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;

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.

- 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:

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 HEALTH CARE SYSTEM.

BARNABAS ON TIME HOLDINGS, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS ROBERT WOOD JOHNSON HEALTH NETWORK, INC. THIS ORGANIZATION PROVIDES EMERGENCY TRANSPORTATION SERVICES FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT

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.

OF THE CHARITABLE PURPOSES OF THE HEALTH CARE 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.

CENTRAL JERSEY ACO, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS BARNABAS HEALTH, INC. THIS ORGANIZATION IS CURRENTLY INACTIVE.

CENTER STATE MANAGEMENT CORPORATION IS AN ENTITY WHOSE SOLE SHAREHOLDER IS LIVINGSTON SERVICES CORPORATION. THIS ENTITY ENGAGES IN VARIOUS HEALTHCARE RELATED BUSINESS ACTIVITIES.

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.

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.

CREST PHYSICAL THERAPY SERVICES, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS BARNABAS 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 HEALTH CARE 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.

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.

HUDSON MD GROUP, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP,

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.

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 HEALTH CARE 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.

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 BARNABAS HEALTH, INC. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES.

JERSEY ASC VENTURES, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS BARNABAS HEALTH, INC.

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.

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 HEALTH CARE 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 SERVICES CORPORATION IS AN ENTITY WHOSE SOLE SHAREHOLDER IS BARNABAS HEALTH, 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

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.

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 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 HEALTH CARE 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 BARNABAS 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 HEALTH CARE SYSTEM.

PREDICTIVE HEALTH SOLUTIONS, L.L.C. IS A LIMITED LIABILITY COMPANY

Part VI Supplemental Information

Provide the following information.

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TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS CHILDREN'S SPECIALIZED HOSPITAL. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES.

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 HEALTH CARE SYSTEM.

RWJ MEDICAL SERVICES ORGANIZATION AT HAMILTON IS AN ENTITY WHOSE SOLE 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

Part VI Supplemental Information

Provide the following information.

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HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE
BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE
HEALTH CARE 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 HEALTH CARE
SYSTEM.

RWJ-REGENT, 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
HEALTH CARE SYSTEM.

Part VI Supplemental Information

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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 HEALTH CARE SYSTEM.

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 HEALTH CARE SYSTEM.

SBC MANAGEMENT CORPORATION IS AN ENTITY, WHOSE SOLE SHAREHOLDER IS LIVINGSTON SERVICES CORPORATION. THE ENTITY IS CURRENTLY INACTIVE.

SHC ENTERPRISES, INC. IS AN ENTITY WHOSE SOLE SHAREHOLDER IS LIVINGSTON SERVICES CORPORATION.

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.

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 HEALTH CARE SYSTEM.

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 HEALTH CARE SYSTEM.

SOMERSET REALTY GROUP, INC. IS AN ENTITY WHOSE SOLE SHAREHOLDER IS SHC ENTERPRISES, INC. THIS ENTITY PROVIDES REAL ESTATE SERVICES.

VISION HEALTHCARE, INC. IS AN ENTITY WHOSE SOLE SHAREHOLDER IS LIVINGSTON SERVICES CORPORATION. THIS ENTITY CONDUCTS VARIOUS HEALTHCARE BUSINESS

Part VI Supplemental Information

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ACTIVITIES.

ACTIVITIES.

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 THE LEAD 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

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.

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 SHARED PLANS CAN BE FOUND AT

THE FOLLOWING WEB ADDRESS:

[HTTPS://WWW.NJ.GOV/HEALTH/HEALTHYNJ/2030/COMMUNITY-PLANS.](https://www.nj.gov/health/healthynj/2030/community-plans)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

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 non-cash 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)	100,000.				SPONSORSHIP
(2) BIG BROTHERS BIG SISTERS OF COASTAL AND NOR 305 BOND STREET ASBURY PARK, NJ 07704	22-2115416	501(C)(3)	7,500.				SPONSORSHIP
(3) BOYS GIRLS CLUB OF MONMOUTH COUNTY 1201 MONROE AVE ASBURY PARK, NJ 07712	21-0694373	501(C)(3)	7,500.				SPONSORSHIP
(4) BROOKDALE COMMUNITY COLLEGE 765 NEWMAN SPRINGS ROAD LINCROFT, NJ 07738	22-1849485	GOV. ORG	10,275.				SPONSORSHIP
(5) GIRL SCOUTS OF THE JERSEY SHORE, INC. 1405 OLD FREEHOLD ROAD TOMS RIVER, NJ 08753	21-0731966	501(C)(3)	13,000.				SPONSORSHIP
(6) KIMBALL MEDICAL CENTER DENTAL STAFF 600 RIVER AVENUE LAKEWOOD, NJ 08701	21-0634989	501(C)(3)	15,000.				SPONSORSHIP
(7) LAKEWOOD RESOURCE & REFERRAL CTR 1771 MADISON AVE LAKEWOOD, NJ 08701	20-1324142	501(C)(3)	9,517,680.				SPONSORSHIP
(8) LATINO AMERICAN ASSOCIATION OF MONMOUTH P.O. BOX 357 LONG BRANCH, NJ 07740	22-3591810	501(C)(3)	5,750.				SPONSORSHIP
(9) MONMOUTH COUNTY SPCA WALL STREET EATONTOWN, NJ 07724	21-0679893	501(C)(3)	10,000.				SPONSORSHIP
(10) MONMOUTH UNIVERSITY OFFICE OF THE BURSAR NEWARK, NJ 07191	21-0634584	501(C)(3)	12,500.				SPONSORSHIP
(11) PHILLIPPINE NURSES ASSOCIATION OF NJ 90 NORTHFIELD AVENUE WEST ORANGE, NJ 07052	22-2139162	501(C)(6)	6,500.				SPONSORSHIP
(12) RAHWAY FIRST AID EMERGENCY SQUAD, INC. 905 STONE STREET RAHWAY, NJ 07065	23-7107761	501(C)(3)	49,500.				SPONSORSHIP

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 17

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

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

Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SCAN ADULT EDUCATION CENTER 180 HIGHWAY 35 SOUTH EATONTOWN, NJ 07724	22-3178757	501(C)(3)	6,000.				SPONSORSHIP
(2) T. THOMAS FORTUNE FOUNDATION 94 DRS JAMES PARKER BLVD.	81-5308319	501(C)(3)	25,000.				SPONSORSHIP
(3) THE VALERIE FUND 2101 MILBURN AVENUE MAPLEWOOD, NJ 07040	22-2126867	501(C)(3)	12,000.				SPONSORSHIP
(4) TIGGER HOUSE P.O. BOX 276 RED BANK, NJ 07701	46-4331523	501(C)(3)	11,000.				SPONSORSHIP
(5) TOWNSHIP OF BELLEVILLE MUNICIPAL BUILDING BELLEVILLE, NJ 07109	22-6001645	GOVT. ORG	10,500.				SPONSORSHIP
(6) VINCENT MASTRO MONTESSORI ACADEMY 35 WHITE ROAD SHREWSBURY, NJ 07702	22-3535655	501(C)(3)	8,600.				SPONSORSHIP
(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 ▶

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

Schedule I (Form 990) 2021

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART 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)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number

85-1296795

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

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				
BARRY H. OSTROWSKY 1 TRUSTEE - MMC - RWJBH	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	2,242,530.	2,103,603.	11,863,879.	1,113,654.	19,776.	17,343,442.	4,625,073.
THOMAS A. BIGA 2 TRST-CMMC-RWJBH PRES	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	1,778,046.	1,158,400.	7,431,334.	979,178.	19,570.	11,366,528.	6,694,164.
DAVID A. MEBANE, ESQ. 3 SECRETARY - TRUSTEE -	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	763,868.	434,200.	4,202,733.	429,965.	29,869.	5,860,635.	2,873,648.
ANROY OTTLEY, M.D. 4 PHYSICIAN - JCMC	(i)	476,066.	2,178,832.	810.	21,602.	27,011.	2,704,321.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
STEPHEN P. ZIENIEWICZ, 5 TRST-PRES/CEO-CBMC (TE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	1,550,166.	328,000.	526,472.	211,253.	11,880.	2,627,771.	225,596.
FRANK J. VOZOS, M.D., 6 FORMER OFFICER - MMC-	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	12,822.	324,600.	1,592,072.	390.	155.	1,930,039.	397,957.
WILLIAM S. ARNOLD 7 TRUSTEE - PRES/CEO-RW	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	1,016,731.	470,000.	112,457.	235,905.	1,584.	1,836,677.	NONE
LORI A. COLINERI 8 FORMER KEY EMPLOYEE -	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	1,261,715.	191,000.	218,328.	66,791.	1,863.	1,739,697.	130,000.
MARTIN S. EVERHART 9 FORMER KEY EMPLOYEE -	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	818,774.	342,400.	273,707.	249,430.	9,948.	1,694,259.	227,917.
ROBERT G. IRWIN 10 FORMER KEY EMPLOYEE -	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	711,422.	296,000.	252,360.	218,050.	19,533.	1,497,365.	210,000.
DARRELL TERRY 11 PRESIDENT/CEO - NBIMC	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	668,781.	242,900.	37,213.	477,138.	27,804.	1,453,836.	NONE
PATRICK J. HAUGHEY 12 COO - CBMC	(i)	824,233.	37,520.	378,034.	66,801.	12,786.	1,319,374.	179,058.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOHN J. GANTNER 13 FORMER OFFICER - RWJU	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	19,840.	810,000.	450,746.	635.	233.	1,281,454.	355,000.
JOSHUA BERSHAD, M.D. 14 FORMER KEY EMPLOYEE -	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	564,189.	270,000.	175,300.	187,850.	28,349.	1,225,688.	169,000.
MICHAEL KNECHT 15 FORMER KEY EMPLOYEE -	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	550,035.	273,900.	165,718.	205,685.	29,126.	1,224,464.	158,000.
RICHARD FREEMAN 16 TRUSTEE-PRESIDENT/CEO	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	591,406.	228,000.	192,060.	175,546.	20,570.	1,207,582.	165,600.

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PATRICK M. AHEARN PRESIDENT/CEO - CMC	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	571,380.	204,000.	204,600.	182,550.	21,250.	1,183,780.	160,800.
2 RICHARD L. DAVIS CFO - NO. REG./PRES/C	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	749,639.	77,417.	99,513.	139,163.	32,752.	1,098,484.	89,613.
3 WARREN E. MOORE TRST-PRES/CEO - CSH(T	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	333,604.	276,480.	324,964.	133,671.	4,396.	1,073,115.	243,443.
4 MAUREEN BUENO SVP - RWJHNB (TERMED	(i)	258,779.	166,533.	585,373.	51,219.	NONE	1,061,904.	70,000.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 GREGORY ROKOSZ, M.D. SVP - VPMA - CBMC	(i)	571,067.	131,222.	134,049.	136,714.	19,534.	992,586.	91,689.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 SHERWIN SCHRAG, M.D. PHYSICIAN - JCMC	(i)	457,406.	462,219.	810.	9,002.	24,051.	953,488.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 ANTHONY CAVA PRES./CEO - RWJUH SOM	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	472,906.	145,000.	175,676.	139,871.	19,570.	953,023.	128,996.
8 ERIC W. CARNEY PRESIDENT/CEO - MMC/M	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	590,868.	150,000.	8,290.	171,750.	27,869.	948,777.	NONE
9 KIRK C. TICE TRUSTEE - PRES./CEO -	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	486,041.	140,000.	153,933.	138,871.	29,619.	948,464.	127,996.
10 STUART GEFFNER, M.D. TRUSTEE - CBMC	(i)	784,189.	99,999.	21,822.	5,800.	31,498.	943,308.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
11 MICHAEL PRILUTSKY TRUSTEE - PRESIDENT/C	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	558,191.	172,500.	19,240.	160,375.	10,464.	920,770.	NONE
12 MARY ELLEN CLYNE PRESIDENT/CEO - CMMC	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	524,631.	131,220.	16,556.	219,304.	21,803.	913,514.	NONE
13 NIKOLAS ALEXIADES CFO - SOUTHERN REGION	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	591,023.	117,300.	28,356.	117,801.	31,099.	885,579.	NONE
14 SERGIO WAXMAN, M.D. DIVISION DIRECTOR MD	(i)	739,424.	78,000.	2,322.	18,675.	27,255.	865,676.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
15 ALISON GRANN, M.D. TRUSTEE - CBMC	(i)	676,493.	147,748.	2,322.	4,962.	3,528.	835,053.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
16 BRUNO MOLINO, M.D. PHYSICIAN - JCMC	(i)	589,697.	199,237.	1,242.	10,218.	28,011.	828,405.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE

Schedule J (Form 990) 2021

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				
DEANNA SPERLING 1 TRUSTEE-RWJBH BEH. HE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	357,590.	179,900.	125,872.	145,126.	19,304.	827,792.	105,976.
MATTHEW J. SCHREIBER, 2 CMO/COO - NBIMC	(i)	567,419.	83,000.	23,640.	113,325.	29,126.	816,510.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DOUGLAS A. ZEHNER 3 CFO - NEWARK AND UNIO	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	544,282.	88,481.	38,940.	108,822.	29,717.	810,242.	NONE
GAIL W. KOSYLA 4 SVP/CFO - CENTRAL REG	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	584,808.	100,233.	11,340.	103,910.	1,584.	801,875.	NONE
DORY B. ALTMANN, M.D. 5 TRUSTEE - RWJUH	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	608,297.	NONE	56,070.	18,119.	30,236.	712,722.	NONE
THOMAS HELEOTIS, M.D. 6 VPMA - MMC	(i)	452,550.	47,813.	88,333.	92,672.	31,047.	712,415.	70,922.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MEIKA TYLESE NEBLETT, 7 CMO - CMC	(i)	491,603.	75,000.	2,700.	98,129.	20,391.	687,823.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CHARLES CATHCART, M.D. 8 TRUSTEE - NBIMC	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	540,859.	89,985.	9,029.	20,040.	1,357.	661,270.	NONE
RUSSELL C. LANGAN, M.D 9 TRUSTEE - CBMC	(i)	445,312.	140,000.	540.	2,900.	9,090.	597,842.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
FRANK J. MAZZARELLA, M 10 VPMA - CMMC	(i)	377,245.	21,982.	85,474.	83,207.	10,094.	578,002.	60,642.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CARLA PARKER HOLLIS 11 COO - JCMC	(i)	356,602.	110,400.	8,744.	76,969.	23,130.	575,845.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PHILIP SALERNO, III 12 TRUSTEE - PRES/CDO -	(i)	394,334.	117,616.	26,754.	11,600.	20,744.	571,048.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MATTHEW B. MCDONALD, M 13 TRUSTEE-VP/CMO/PRES/C	(i)	452,842.	61,238.	15,105.	8,700.	30,770.	568,655.	8,670.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOSHUA ROSENBLATT, M.D 14 TRUSTEE; EX-OFFICIO/C	(i)	506,340.	NONE	34,112.	24,650.	3,170.	568,272.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SETH D. ROSENBAUM, M.D 15 SVP/CMO - RWJUHH	(i)	354,282.	39,755.	21,278.	66,319.	28,137.	509,771.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KENNETH GARAY, M.D. 16 CMO - JCMC	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	455,691.	NONE	4,953.	2,175.	20,346.	483,165.	NONE

Schedule J (Form 990) 2021

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				
CHARLES CHIANESE, MBA 1 EVP/COO - CSH	(i)	322,481.	60,142.	66,693.	11,600.	1,078.	461,994.	43,687.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
FRANK DOS SANTOS, M.D. 2 CMO - CMMC	(i)	383,176.	NONE	2,930.	47,708.	27,671.	461,485.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SALVATORE MOFFA, M.D. 3 VPMA - RWJUH	(i)	344,752.	28,875.	8,316.	68,966.	10,071.	460,980.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DOUGLAS LIVORNESE, M.D. 4 TRUSTEE - MMC	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	418,055.	NONE	21,643.	2,402.	16,634.	458,734.	NONE
ARNOLD WILLIAMS, M.D. 5 TRUSTEE - SBBH	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	413,843.	NONE	20,040.	13,869.	8,631.	456,383.	NONE
JEFFREY J. HOLT 6 FORMER OFFICER - CMMC	(i)	13,221.	NONE	418,128.	NONE	NONE	431,349.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CAROL ASH, D.O. 7 CMO - RWJUHR	(i)	316,039.	24,375.	5,031.	58,106.	17,292.	420,843.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KEVIN M. KRAMER, ESQ. 8 FORMER KEY EMPLOYEE -	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	275,989.	75,000.	810.	15,784.	29,602.	397,185.	NONE
JASON VIGLIAROLO 9 COO - SBBH	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	249,423.	42,660.	1,347.	63,853.	1,014.	358,297.	NONE
RENEE JULIE CABALEIRO, 10 TRUSTEE - NBIMC	(i)	352,988.	NONE	NONE	NONE	NONE	352,988.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JUDY CASTELLANO COLORA 11 COO/CNO - MMC-SC	(i)	247,169.	47,138.	4,025.	12,705.	29,814.	340,851.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANNA MALIA BECKWITH, M 12 TRUSTEE-SEC. CHIEF NE	(i)	245,358.	26,742.	540.	7,875.	35,029.	315,544.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
STEVEN K. LIBUTTI, M.D. 13 TRUSTEE - RWJUH	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	306,000.	NONE	4,737.	2,138.	1,200.	314,075.	NONE
MICHELE H. SCHWEERS 14 FORMER OFFICER - MMC	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	186,918.	60,000.	3,096.	19,402.	29,827.	299,243.	NONE
KATHERINE BENTLEY, M.D. 15 TRST-DIR OF PAIN PROG	(i)	221,757.	14,250.	2,858.	7,159.	35,250.	281,274.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANIL GUPTA, M.D. 16 CMO - MMC-SC	(i)	211,689.	NONE	4,043.	29,351.	16,387.	261,470.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MICHAEL CHEN, M.D. TRUSTEE - RWJUHR	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	249,653.	NONE	4,406.	NONE	6,513.	260,572.	NONE
2 TERESITA C. MEDINA FORMER OFFICER - SBBH	(i)	188,308.	6,737.	8,047.	18,294.	21,207.	242,593.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 FRANCIS KELLY, M.D. TRUSTEE - CMC (TERMED)	(i)	223,717.	NONE	NONE	7,918.	NONE	231,635.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 MOHAMMAD JAVED, M.D. TRUSTEE; EX-OFFICIO -	(i)	206,062.	NONE	NONE	NONE	NONE	206,062.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 MICHAEL A. MARANO, M.D. TRUSTEE - CBMC	(i)	152,983.	NONE	4,130.	NONE	18,678.	175,791.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 RAJESH MOHAN, M.D. CMO - MMC-SC (TERMED)	(i)	37,259.	61,215.	9,200.	3,240.	NONE	110,914.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J

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 3

THE ORGANIZATION PAID FOR HEALTH CLUB DUES FOR CERTAIN EMPLOYEES. THE HEALTH CLUB DUES ARE TREATED AS TAXABLE WAGES AND ARE INCLUDED ON EACH INDIVIDUAL'S RESPECTIVE 2021 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: CHARLES CHIANESE, MBA, \$500 AND MATTHEW B. MCDONALD, M.D., \$500.

SCHEDULE J, PART I; QUESTION 4A

THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE DURING CALENDAR YEAR 2021 WHICH WAS INCLUDED IN EACH INDIVIDUAL'S 2021 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: JEFFREY J. HOLT, \$350,000 AND MAUREEN BUENO, \$242,719.

SCHEDULE J, PART I, QUESTION 4B

THE AMOUNT REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES AN AMOUNT REPORTED ON A FORM W-2, BOX 1, AS FEDERAL TAXABLE WAGES ISSUED BY FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS CO., 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.

EMPLOYER'S THIRD-PARTY ADMINISTRATOR OF THE ORGANIZATION'S SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP"). THE SERP WAS TERMINATED AND FIDELITY MADE A DISTRIBUTION OF THE ENTIRE BALANCE TO EACH PARTICIPANT. THIS AMOUNT INCLUDED EMPLOYER CONTRIBUTIONS PREVIOUSLY TAXED ON FORM W-2, BOX 5, FOR MEDICARE WAGE PURPOSES (AND REPORTED ON PRIOR YEARS FORMS 990) AND ACCOUNT EARNINGS. ACCORDINGLY, THE AMOUNTS OUTLINED HEREIN ARE ALSO INCLUDED IN SCHEDULE J, PART II, COLUMN E, TOTAL COMPENSATION COLUMN: BARRY H. OSTROWSKY, \$10,615,775; THOMAS A. BIGA, \$6,223,954 AND DAVID A. MEBANE, ESQ., \$3,750,513.

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 2021 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: BARRY H. OSTROWSKY, \$1,146,250; THOMAS A. BIGA, \$1,176,000; DAVID A. MEBANE, ESQ., \$433,500; STEPHEN P. ZIENIEWICZ, FACHE, \$396,703; FRANK J. VOZOS, M.D., FACS, \$1,461,721; LORI A.

Part III Supplemental Information

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

COLINERI, \$215,259; MARTIN S. EVERHART, \$258,947; ROBERT G. IRWIN,
\$210,000; PATRICK J. HAUGHEY, \$353,242; JOHN J. GANTNER, \$358,487; JOSHUA
BERSHAD, M.D., \$169,000; MICHAEL KNECHT, \$158,000; RICHARD FREEMAN,
\$165,600; PATRICK M. AHEARN, \$160,800; RICHARD L. DAVIS, \$89,613; WARREN
E. MOORE, \$243,443; MAUREEN BUENO, \$337,890; GREGORY ROKOSZ, M.D.,
\$91,689; ANTHONY CAVA, \$128,996; KIRK C. TICE, \$127,996; DEANNA SPERLING,
\$105,976; THOMAS HELEOTIS, M.D., \$70,922; FRANK J. MAZZARELLA, M.D.,
\$60,642; MATTHEW B. MCDONALD, M.D., \$8,670; CHARLES CHIANESE, MBA,
\$43,687 AND JEFFREY J. HOLT, \$68,128.

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
AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2021 FORM
W-2, BOX 5, AS TAXABLE MEDICARE WAGES: BARRY H. OSTROWSKY, \$1,088,401;
THOMAS A. BIGA, \$954,528; DAVID A. MEBANE, ESQ., \$405,315; STEPHEN P.

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.

ZIENIEWICZ, FACHE, \$198,930; WILLIAM S. ARNOLD, \$213,000; LORI A. COLINERI, \$59,450; MARTIN S. EVERHART, \$233,480; ROBERT G. IRWIN, \$199,200; DARRELL TERRY, \$452,592; PATRICK J. HAUGHEY, \$56,878; JOSHUA BERSHAD, M.D., \$169,000; MICHAEL KNECHT, \$198,435; RICHARD FREEMAN, \$165,600; PATRICK M. AHEARN, \$160,800; RICHARD L. DAVIS, \$126,113; WARREN E. MOORE, \$122,796; MAUREEN BUENO, \$41,973; GREGORY ROKOSZ, M.D., \$109,683; ANTHONY CAVA, \$128,996; ERIC W. CARNEY, \$150,000; KIRK C. TICE, \$127,996; MICHAEL PRILUTSKY, \$149,500; MARY ELLEN CLYNE, \$194,654; NIKOLAS ALEXIADES, \$107,595; DEANNA SPERLING, \$105,976; MATTHEW J. SCHREIBER, M.D., \$102,450; DOUGLAS A. ZEHNER, \$95,772; GAIL W. KOSYLA, \$93,035; THOMAS HELEOTIS, M.D., \$70,922; MEIKA TYLESE NEBLETT, M.D., \$86,250; FRANK J. MAZZARELLA, M.D., \$60,642; CARLA PARKER HOLLIS, \$71,760; SETH D. ROSENBAUM, M.D., \$63,419; FRANK DOS SANTOS, M.D., \$45,000; SALVATORE MOFFA, M.D., \$56,831; CAROL ASH, D.O., \$52,406 AND JASON VIGLIAROLO, \$41,955.

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 2021 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2021 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, EITHER IN COLUMN (B)(III) AS FORM W-2, BOX 5, TAXABLE MEDICARE WAGES OR IN COLUMN (C) AS NON-TAXABLE UNVESTED DEFERRED COMPENSATION THAT IS NOW BEING REPORTED AGAIN ON THIS YEAR'S FORM 990.

**SCHEDULE L
(Form 990)**

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

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

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

OMB No. 1545-0047

2021

**Open To Public
Inspection**

Name of the organization: **RWJ BARNABAS HEALTH, INC. - SUBORDINATES** Employer identification number: **85-1296795**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶						\$						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JERALD M. MAZZARELLA	FAMILY MEMBER OF KEY EE	39,037.	CLARA MAASS MED CTR EMPLOYEE		X
(2) SHERYL LEE MCGINLEY	FAMILY MEMBER OF CMC TRST	94,048.	COMMUNITY MEDICAL CTR EMPLOYEE		X
(3) SHARON A. OTT	FAMILY MEMBER OF CMC TRST	18,258.	COMMUNITY MEDICAL CTR EMPLOYEE		X
(4) ERIN CARLY WINKELS	FAMILY MEMBER OF KEY EE	94,804.	MONMOUTH MEDICAL CTR EMPLOYEE		X
(5) KENNETH S. TERRY	FAMILY MEMBER OF OFFICER	16,401.	NEWARK BETH ISRAEL MC EMPLOYEE		X
(6) AJ TERRY - PURYEAR	FAMILY MEMBER OF OFFICER	52,278.	NEWARK BETH ISRAEL MC EMPLOYEE		X
(7) GABRIELLE TERRY	FAMILY MEMBER OF OFFICER	40,205.	NEWARK BETH ISRAEL MC EMPLOYEE		X
(8)					
(9)					
(10)					

Part V Supplemental Information

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

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	705,034.	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 in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2021

JSA

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 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.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

85-1296795

CORE FORM, PART I, LINE 9; PROGRAM SERVICE REVENUE

OUTLINED BELOW IS THE PROGRAM SERVICE REVENUE IN THE AMOUNT OF

\$5,532,474,713 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 - \$145,777,623

- CLARA MAASS MEDICAL CENTER (FEID: 22-1500556)

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

PROGRAM SERVICE REVENUE - \$320,945,223

- COMMUNITY MEDICAL CENTER (FEID: 22-3452306)

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

PROGRAM SERVICE REVENUE - \$444,744,528

- COOPERMAN BARNABAS MEDICAL CENTER (FEID: 22-1494440)

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

PROGRAM SERVICE REVENUE - \$990,086,612

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

- JERSEY CITY MEDICAL CENTER (FEID: 22-2783298)

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

PROGRAM SERVICE REVENUE - \$418,844,675

- 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 - \$573,021,197

- NEWARK BETH ISRAEL MEDICAL CENTER (FEID: 22-3452311)

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

PROGRAM SERVICE REVENUE - \$635,940,010

- 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 - \$1,678,190,666

- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON (FEID: 21-0634572)

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

PROGRAM SERVICE REVENUE - \$191,590,809

- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY (FEID: 22-1487305)

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

PROGRAM SERVICE REVENUE - \$122,017,489

- SAINT BARNABAS BEHAVIORAL HEALTH CENTER (FEID: 22-2977312)

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

PROGRAM SERVICE REVENUE - \$11,315,881

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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. MOST RECENTLY, JERSEY CITY MEDICAL CENTER JOINED 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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

UNIVERSITY HOSPITAL AT HAMILTON, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL
RAHWAY, CHILDREN'S SPECIALIZED HOSPITAL, SOMERSET MEDICAL CENTER, AND
OTHER HEALTH CARE RELATED VENTURES.

NOW 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.

RWJBH IS ONE OF NEW JERSEY'S LARGEST PRIVATE EMPLOYERS - WITH
APPROXIMATELY 35,000 EMPLOYEES, NEARLY 7,400 INDIVIDUAL PHYSICIANS ON THE
COMBINED MEDICAL STAFFS (OF WHICH, IN EXCESS OF 1,600 ARE EMPLOYED), AND
OVER 1,000 RESIDENTS AND INTERNS. RWJBH ROUTINELY CAPTURES NATIONAL
AWARDS FOR OUTSTANDING QUALITY AND SAFETY. THE COMBINED SYSTEM HAS ANNUAL
OPERATING REVENUES IN EXCESS OF \$6.6 BILLION. IN THE 2021 CONTINUING
PANDEMIC YEAR, RWJBH TREATED MORE THAN TWO MILLION PATIENTS WITH OVER
192,500 INPATIENT ADMISSIONS INCLUDING APPROXIMATELY 12,300 PEDIATRIC
ADMISSION, AROUND 650,400 EMERGENCY DEPARTMENT VISITS, AND OVER 28,200

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

NEWBORN AND NEONATAL ADMISSIONS. RWJBH'S COMPOSITION INCLUDES 11 ACUTE CARE HOSPITALS, THREE ACUTE CARE STATE DESIGNATED CHILDREN'S HOSPITALS, 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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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.

THE DEVELOPMENT OF A STRONG, COLLABORATIVE NETWORK POSITIONED RWJBARNABAS HEALTH ALONG WITH ITS HOSPITAL AFFILIATES TO EFFECTIVELY ADDRESS THE UNIQUE HEALTH AND PUBLIC SAFETY CHALLENGES OF COVID 19 AND REQUIRED RWJBH

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

TO ADDRESS AN ARRAY OF NEW ISSUES AND OTHERS THAT WERE EXACERBATED BY THE PANDEMIC. RWJBH WORKED TO DEVELOP THE INFORMATION AND FACILITY CAPACITY INFRASTRUCTURE TO EFFECTIVELY COMMUNICATE AND CARE FOR THE RISING NUMBER OF CASES AND THE DISRUPTIONS THAT PRESENTED FOR OPERATIONS IN MEETING THE ROUTINE AND EMERGENT CARE NEEDS OF OUR COMMUNITIES. TO BE SUCCESSFUL, THE HOSPITAL HAD TO COMMAND A NEW LEVEL OF INTERACTION AND COLLABORATION WITH COMMUNITY AND GOVERNMENT STAKEHOLDERS AS WELL AS INTERNAL STAFF AND PROVIDERS.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

SOME OF THE ACTIONS UNDERTAKEN INCLUDED:

- ROUTINE CALLS WERE ESTABLISHED WITH KEY INTERNAL ADMINISTRATIVE AND INTERDISCIPLINARY CLINICAL CARE LEADERSHIP TO DRIVE EFFECTIVE IDENTIFICATION OF ISSUES AND COMMUNICATION OF POLICY AND NEEDED PRACTICE CHANGES.
- ROUTINE CALLS WERE HELD WITH THE STATE DEPARTMENT OF HEALTH AND WITH THE REGIONAL NETWORKS THAT WERE FORMED TO SUPPORT DATA AND INFORMATION COLLECTION AND PROVIDE AN ADDITIONAL CHANNEL OF COMMUNICATION.
- PROVIDED CLINICAL EXPERTISE (MEDICAL, PHARMACY, INFECTION CONTROL, ETC.) TO SUPPORT ELEVATION OF BEST INFORMATION TO MULTIPLE INTERNAL AND EXTERNAL PARTIES.
- INCREASED COMMUNICATION THROUGH MULTIPLE PLATFORMS WITH TRUSTEES, STAFF, PHYSICIANS, COMMUNITY PARTNERS AND OTHERS.
- DETAILED INVENTORY ACCOUNTING AND REGIONAL DISTRIBUTION AND STORAGE CAPACITIES OF TESTING SUPPLIES AND OTHER EQUIPMENT (VENTILATORS, PULSE

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

OXIMETERS, ETC.) WERE ESTABLISHED.

- ESTABLISHED NEW CONNECTIONS FOR PPE PROCUREMENT AND STAFF AGENCIES TO
DEAL WITH SHORTAGES.

- ADDRESSED NEW STAFF WORKFLOWS AND SPACE LIMITATIONS INCLUSIVE OF
INCREASED REMOTE ACCESS FOR STAFF SUPPORT FUNCTIONS.

- DEVELOPED PROTOCOLS AND POLICIES TO SUPPORT NEW PROCESSES AND TO
PROMOTE REDUCTION OF INFECTION RISK AND PERSON TOUCH POINTS FOR ALL
ASPECTS OF OPERATIONS.

- INVESTING IN AND USING NEW TELECOMMUNICATION DEVICES (IPADS, SMART
PHONES, ETC.) FOR PATIENTS TO INTERACT WITH FAMILY AND LOVED ONES WHEN
PHYSICAL VISITS WERE NOT POSSIBLE.

- REALIGNED SERVICES TO SELECT SITES OF SERVICES TO BEST CONFIGURE CARE
AND OPERATIONS INCLUDING INCREASED TELEHEALTH, INTENSIVE CARE, AND
ISOLATION CAPACITY.

- CHANGED STAFF RECRUITMENT AND DEPLOYMENT TO EFFECTIVELY ADDRESS HIGH
NEED AREAS.

- CONTINUED IMPLEMENTATION OF NEW TREATMENT THERAPIES AND SERVICES.

- EXPANDED LABORATORY AND TESTING CAPACITY.

- DEVELOPMENT OF EXTENSIVE HOSPITAL AND COMMUNITY-BASED NETWORK OF COVID
TESTING SITES.

- DEVELOPMENT OF MULTI-SPECIALTY POST COVID RECOVERY SERVICES AND
PROGRAMS.

- DEVELOPMENT OF COMMUNITY-BASED AND REGIONAL NETWORK OF COVID
VACCINATION SITES; AND,

- CONTINUED REVIEW, STUDY AND UNDERSTANDING OF NEEDS AND THE GLARING

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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▶ Attach to Form 990 or 990-EZ.

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

DISPARITIES THAT WERE EVIDENCED BY COVID'S IMPACT.

RWJBARNABAS HEALTH AND ITS AFFILIATES REMAIN ENGAGED WITH THE CONTINUING
WORK TO SUPPORT THE RE-EMERGENCE OF THE SOCIAL, BUSINESS, AND ACADEMIC
ENVIRONMENTS AS RESTRICTIONS CONTINUE TO BE LIFTED. THE COSTS OF THE
PANDEMIC WERE FELT MOST ACUTELY BY THE NUMBERS OF LIVES LOST AND THE
LIVES ALTERED BY THE PANDEMIC AND ITS DISRUPTIONS INCLUDING THE LOSS OF
HOUSING AND EMPLOYMENT, LINGERING HEALTH EFFECTS AND INCREASED ANXIETY
AND ISOLATION. THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS UNDERWAY
INCLUDES A RESIDENT SURVEY CONDUCTED IN 2021 OF MORE THAN 5,000
PARTICIPANTS. THE SURVEY WAS INCLUSIVE OF QUESTIONS TO HELP UNDERSTAND
THE IMPACTS AND CONCERNS TO OUR COMMUNITIES AS PRESENTED BY COVID AS WELL
AS GENERAL COMMUNITY NEEDS. THE HOSPITAL AND RWJBARNABAS WILL WORK TO
PRIORITIZE AND ADDRESS CHANGING NEEDS AND MITIGATE DISPARITIES THAT ARE
EVIDENCED.

HOSPITALS' CONFORMANCE WITH IRS REVENUE RULING 69-545

=====

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

THAN INCIDENTALLY.

RWJBH VISION AND MISSION

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OUR VISION FOR TRANSFORMING HEALTH CARE IS TO SERVE AS AN INNOVATIVE
RESOURCE FOR OUR COMMUNITIES TO WHICH PEOPLE TURN FOR SOCIAL, HUMAN AND
HEALTH SERVICES, AS WELL AS THE HIGHEST QUALITY, CULTURALLY COMPETENT
CLINICAL CARE AND A SUPERIOR EXPERIENCE WITHIN OUR EXPANDING OUTPATIENT
PROGRAMS, HOSPITALS, AND COMMUNITY-BASED PROGRAMS.

AT RWJBARNABAS HEALTH, OUR MISSION AND OBLIGATION REACH BEYOND HELPING
PEOPLE WHEN THEY ARE SICK AND EXTEND TO KEEPING PEOPLE WELL AND BUILDING
HEALTHY COMMUNITIES. WE BELIEVE THAT TEAMING UP WITH PARTNER
ORGANIZATIONS AND COMMUNITY PARTNERSHIPS ALLOWS US TO LEVERAGE OUR
INDIVIDUAL STRENGTHS TO WORK COLLECTIVELY TO COMBAT DISEASE AND PROMOTE
WELLNESS IN OUR REGION---TRULY MAKING OUR COMMUNITIES HEALTHIER.

RWJBARNABAS HEALTH'S STRATEGIC PRIORITIES INCLUDE: PREPARING FOR
POPULATION MANAGEMENT AND TO MAXIMIZE ECONOMIES OF SCALE; EXPANDING
OUTPATIENT SERVICES; DEVELOPING A 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.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

TOGETHER, 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, WE HAVE CREATED A
STATEWIDE NETWORK SPANNING NEW JERSEY AND COVERING OVER 5 MILLION
RESIDENTS IN OUR CORE SERVICE AREAS. THIS MEANS WE WILL HAVE THE
TREMENDOUS OPPORTUNITY TO REACH MORE THAN HALF THE STATE'S POPULATION
WITH HIGH-QUALITY, CULTURALLY COMPETENT CARE.

AS ONE INTEGRATED HEALTH SYSTEM, RWJBARNABAS HEALTH WILL:

- 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.
- 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.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

ENDING RACISM TOGETHER

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.

THIS MISSION OF HEALTH AND WELLNESS IS EXEMPLIFIED AS RWJBARNABAS HEALTH, THE LARGEST ACADEMIC HEALTH CARE SYSTEM IN NEW JERSEY BY THE NOVEMBER 2020, LAUNCH OF ITS INITIATIVE, 'ENDING RACISM TOGETHER.' THE PANDEMIC, PAIRED WITH THE RECENT CIVIL INJUSTICES, HAVE SHONE A LIGHT SO BRIGHT ON INEQUITY AND SYSTEMIC RACISM THAT WE, LIKE MANY ACROSS THE NATION, RECOGNIZE THE NEED TO DO MORE AND RWJBH DEMONSTRATES ITS COMMITMENT TO BECOME AN ANTIRACIST ORGANIZATION.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

HOSPITAL AFFILIATES PARTICIPATE IN THIS INITIATIVE FOCUSED ON CREATING RACIAL, ETHNIC, AND CULTURAL EQUITY, PRIORITIZING THOSE COMMUNITIES THAT ARE MOST DISENFRANCHISED AND EXPERIENCE POOR HEALTH, AND SOCIAL, ECONOMIC, AND EDUCATIONAL OUTCOMES DUE TO THE GENERATIONAL EFFECTS OF

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

RACISM. GOVERNANCE AND LEADERSHIP STRONGLY BELIEVE THAT THIS IS ONE OF OUR MOST IMPORTANT ENDEAVORS THAT WILL BE TRANSFORMATIVE, NOT JUST FOR PEOPLE OF COLOR BUT FOR OUR ENTIRE ENTERPRISE. "ENDING RACISM, TOGETHER" FOCUSES ON FOUR PRIMARY AREAS: PATIENT CARE, WORKFORCE, COMMUNITY, AND SYSTEM OPERATIONS. USING AN EVIDENCE-BASED APPROACH, EACH AREA INCLUDES QUANTIFIABLE TACTICS TO MEASURE SUCCESS AT THE ORGANIZATIONAL, FACILITY, AND INDIVIDUAL LEVEL. THE HEALTH EQUITY CHALLENGE WAS FOLLOWED BY A MAJOR INITIATIVE IN 2021 FOCUSED ON FOOD EQUITY.

RECOGNIZING THE FRACTURED SOCIETY AND PUBLIC HEALTH DISPARITY CRISIS OF RACISM, RWJBH HAS BEEN A LEADER IN THE COUNTRY AS WE HAVE WORKED TOWARDS DIVERSITY, EQUITY, AND INCLUSION. WE HAVE MADE STRIDES IN ADDRESSING DIVERSITY IN OUR BOARD APPOINTMENTS, REVIEWING OUR HIRING PRACTICES, CREATING DIVERSITY COUNCILS ACROSS THE SYSTEM, PROVIDING CULTURAL COMPETENCY TRAINING, AND CELEBRATING THE BEAUTY IN OUR CULTURAL DIFFERENCES THROUGH THE WORK OF OUR DIVERSITY, EQUITY, AND INCLUSION TEAM. ADDITIONALLY, WE HAVE WORKED TO CREATE SUSTAINABLE, POLICY-LED IMPACT BY HIRING INDIVIDUALS WHO RESIDE WITHIN VULNERABLE COMMUNITIES, INVESTING IN THE COMMUNITIES THAT WE SERVE, ALTERING PROCUREMENT POLICIES FOR DIVERSE AND WOMEN-OWNED VENDORS TO STIMULATE LOCAL ECONOMIES, AS WELL AS, ACTIVELY ADDRESSING SOCIAL DETERMINANTS OF HEALTH AT THE COMMUNITY LEVEL THROUGH THE WORK OF THE SOCIAL IMPACT AND COMMUNITY INVESTMENT PRACTICE.

SOCIAL IMPACT AND COMMUNITY INVESTMENT

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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 YOUTH WORKFORCE DEVELOPMENT.
3. NEIGHBORHOOD AND BUILT ENVIRONMENT INCLUDING HOMELESSNESS PREVENTION, VIOLENCE PREVENTION AND SOBER LIVING
4. GLOBAL HEALTH INCLUDING BOTH INTERNATIONAL AND DOMESTIC OUTREACH
5. EMPLOYEE ENGAGEMENT AND VOLUNTEERISM, INCLUDING SKILLS-BASED VOLUNTEERISM AND SERVICE RALLIES.

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 IS FUNDED BY A GRANT FROM THE ROBERT WOOD JOHNSON FOUNDATION, AS WELL AS THROUGH PRIVATE DONATIONS, AND WILL EVENTUALLY BE IMPLEMENTED IN OTHER LOCATIONS ACROSS THE STATE.

THE HUBS WERE CHOSEN FOR THEIR CURRENT INFRASTRUCTURE AND WORK IN THE

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

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.

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.

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,

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

PROMEDICA, PROVIDENCE ST. JOSEPH HEALTH, RUSH UNIVERSITY MEDICAL CENTER,
TRINITY HEALTH, AND UMASS MEMORIAL HEALTH CARE. TODAY, MORE THAN 45
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.

THE ANCHOR NETWORK IS SUPPORTED THROUGH A BACKBONE ORGANIZATION (THE
DEMOCRACY COLLABORATIVE, WITH SUPPORT FROM CO-CREATIVE CONSULTING). ON
NOVEMBER 6, 2019 - FOURTEEN HOSPITALS AND HEALTH SYSTEMS, INCLUDING

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

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.

LEADING MEDICAL AND HEALTH SERVICES

=====

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 400 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
1,100 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 NEARLY 2,000 OPEN HEART PROCEDURES AND OVER 100
TRANSPLANTS/VADS IN 2021.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

- LEADING REGIONAL KIDNEY TRANSPLANT CENTERS INCLUDING A CENTER THAT

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

RANKS IN THE TOP 4 OF 240 CENTERS IN THE NATION BY THE 2021 NUMBER OF LIVING DONOR TRANSPLANT VOLUMES AND THE 5TH LARGEST TRANSPLANT CENTER 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 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.
- AS THE LARGEST EMERGENCY MEDICAL SERVICES (EMS) PROVIDER IN THE STATE, THE SYSTEM-WIDE EMS DIVISION FOR THE RWJBARNABAS HEALTH INCLUDES RWJ MOBILE HEALTH SERVICES (NEW BRUNSWICK, SOMERSET, AND HAMILTON), RAHWAY MICU, AND JERSEY CITY MEDICAL CENTER EMS. THE MOBILE HEALTH PROGRAM ALSO INCLUDES A GROWING TRAINING CENTER WITH OVER 100 FULL-TIME AND PER DIEM EDUCATION STAFF. THE STAFF IS COMPRISED OF SUBJECT MATTER EXPERTS FROM A DIVERSE GROUP OF PROFESSIONAL FROM EMTS, PARAMEDICS, TACTICAL PARAMEDICS, DIVE MEDICS, FLIGHT PARAMEDICS, FLIGHT NURSES, PHYSICIANS, PHYSICIAN ASSISTANTS, REGISTERED NURSES, LAW ENFORCEMENT OFFICERS, EMERGENCY PREPAREDNESS, AND FIRE-FIGHTERS. EMTS AND PARAMEDICS ALSO SUPPLEMENT THE EDUCATION STAFF, CONNECTING THE CLASSROOM TO THE CURRENT PRACTICE IN THE FIELD. THE TRAINING CENTER HAS A PARAMEDIC PROGRAM THAT IS ACCREDITED BY THE COMMITTEE ON ACCREDITATION OF EDUCATIONAL PROGRAMS FOR THE EMERGENCY MEDICAL SERVICES PROFESSIONS. THE TRAINING CENTER CREDENTIALS

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

APPROXIMATELY 500 NEW EMTS EACH YEAR.

- 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 51 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; AND

- 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:

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

- 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.

- 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 IS DEVELOPING 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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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 FREESTANDING,
DEDICATED CANCER PAVILION 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.

GRADUATE MEDICAL EDUCATION AND OTHER EDUCATION PROGRAMS

THE GRADUATE MEDICAL EDUCATION (GME) PROGRAMS WITHIN RWJBH ARE SPONSORED
RUTGERS HEALTH (RUTGERS BIOMEDICAL AND HEALTH SCIENCES), A UNIT OF
RUTGERS UNIVERSITY. GME TAKES PLACE AT COMMUNITY MEDICAL CENTER,
COOPERMAN BARNABAS MEDICAL CENTER, JERSEY CITY MEDICAL CENTER, MONMOUTH
MEDICAL CENTER, NEWARK BETH ISRAEL MEDICAL CENTER, ROBERT WOOD JOHNSON
SOMERSET AND ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL. RESIDENCIES AND

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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 EDUCATION MISSION.

FOR GRADUATE MEDICAL EDUCATION, OUR EIGHT 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 MAXILLOFACIAL SURGERY, OPHTHALMOLOGY, UROLOGY, AND VASCULAR SURGERY RESIDENCY. FELLOWS TRAIN IN PROGRAMS IN 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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

RESIDENCY PROGRAM.

EACH RESIDENCY PROGRAM IS ACCREDITED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION, THE AMERICAN DENTAL ASSOCIATION, OR THE COUNCIL ON PODIATRIC MEDICAL EDUCATION, AS RELEVANT. 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 THE OVERSIGHT THAT NEEDS TO BE ASSURED SO THAT PATIENTS RECEIVE APPROPRIATE CARE UNDER THE SUPERVISION OF EXPERIENCED ATTENDING PHYSICIANS.

DURING 2020, MANY OF THE EDUCATIONAL PROGRAMS WERE IMPACTED BY THE PANDEMIC AND REQUIRED THE IMPLEMENTATION OF THE ACGME EXISTING EXTRAORDINARY CIRCUMSTANCES POLICY (ACGME POLICY 21.0) TO ACCOMMODATE THE NEED FOR ALL PHYSICIANS, INCLUDING RESIDENTS AND FELLOWS, TO CARE FOR PATIENTS TO THE BEST OF THEIR ABILITY DURING THE PANDEMIC. THESE CIRCUMSTANCES, AS THEY EVOLVED, REQUIRED RWJBH INSTITUTIONS AND THEIR PARTICIPATING SITES TO FUNCTION DURING PEAK PANDEMIC TIMES AS "STAGE 3", WHERE ROUTINE CARE EDUCATION AND DELIVERY WAS RECONFIGURED TO FOCUS PRIMARILY ON PATIENT CARE. THE AMOUNT OF TIME AND ASSISTANCE PROVIDED BY OUR RESIDENTS AND FELLOWS DURING THESE EXTRAORDINARY TIMES WAS A TESTAMENT TO THE CALIBER AND SERVICE MINDSET OF INDIVIDUALS PARTICIPATING IN THESE PROGRAMS. THIS UNPARALLELED SUPPORT CONTINUED THROUGH 2021.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

UNDERGRADUATE MEDICAL EDUCATION

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

AT THE UNDERGRADUATE LEVEL FOR 2021, WE HAD 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

HIGHEST QUALITY MEDICAL EDUCATION AND CONTINUING EDUCATION IS FELT TO RESULT IN HIGHEST QUALITY PATIENT CARE AND ULTIMATELY DELIVERS TO OUR PATIENTS THE MOST CURRENT, COST-EFFECTIVE, AND INTEGRATED MEDICAL CARE POSSIBLE.

CONTINUING MEDICAL EDUCATION ("CME") ACTIVITIES ARE CONDUCTED THROUGHOUT THE SYSTEM, WITH OUR HOSPITALS EITHER ACCREDITED BY THE MEDICAL SOCIETY OF NEW JERSEY OR PARTNERING WITH RUTGERS BIOMEDICAL AND HEALTH SCIENCES TO OFFER CATEGORY 1 AMA-PRA CME TO THE PHYSICIANS IN THE COMMUNITY.

OTHER EDUCATION AND TRAINING PROGRAMS

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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2021

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Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

RWJBH BELIEVES THAT THE HIGHEST QUALITY CLINICAL EDUCATION RESULTS IN THE
HIGHEST QUALITY 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

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL NEW BRUNSWICK HAS 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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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, THE BH ENTERED INTO A NEW AGREEMENT WITH THE UNIVERSITY OF MEDICINE AND DENTISTRY IN NEW JERSEY - NEW JERSEY MEDICAL SCHOOL ("UMDNJ-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 UMDNJ-NJMS AND MEMBERS OF THE FACULTY AT EACH OF THESE TWO HOSPITALS HAVE PARTICIPATED IN A NUMBER OF UMDNJ-NJMS-SPONSORED CONTINUING MEDICAL EDUCATION PROGRAMS. MEMBERS OF THE FACULTY FROM UMDNJ-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 UMDNJ-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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.
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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY (UMDNJ), 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.

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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 IS A PILLAR OF RWJBARNABAS HEALTH'S STRATEGIC PLAN AND IS NOT
ONLY CRITICAL TO OUR ORGANIZATION'S SUCCESS BUT TO CREATING AND
MAINTAINING HEALTHY COMMUNITIES THROUGHOUT NEW JERSEY. AT RWJBARNABAS
HEALTH, WE WILL NEVER STOP IMPROVING THE PATIENT SAFETY CULTURE AT OUR
FACILITIES. DAY IN AND DAY OUT, OUR HOSPITALS UNITE IN PATIENT SAFETY. WE
ARE CONSTANTLY STRENGTHENING OUR COMMITMENT TO EXCELLENCE AND STRIVING TO
IMPROVE PATIENT OUTCOMES THROUGH FOCUSING ON IMPORTANT TOPICS SUCH AS
HAND WASHING AND SEPSIS, AS WELL AS ANNUAL INITIATIVES INCLUDING
PARTICIPATION IN THE SAFETY ATTITUDE QUESTIONNAIRE SURVEY AND NATIONAL
PATIENT SAFETY WEEK.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

"I AM QUALITY" IS OUR PROMISE AND OUR PERSONAL COMMITMENT TO DELIVER THE BEST 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.

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

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

EFFECTIVELY AND EFFICIENTLY.

- RESPECTFUL CARE. RESPECTING AN INDIVIDUAL'S AND FAMILY'S VALUES AND
CUSTOMS ALLOWS US TO HONOR THEIR NEEDS AND CHOICES.

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. THE SYSTEM PROMOTES BEST
PRACTICE AND ENCOURAGES INNOVATIONS THROUGH QUALITY AND PERFORMANCE
COUNCILS, TRAINING AND EDUCATION AND HOLDING QUALITY FAIRS THROUGHOUT THE
ENTERPRISE.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PATIENT SATISFACTION

THE FUNCTION OF PATIENT SATISFACTION/EXPERIENCE IS ACTIVE IN EACH OF THE
RWJBH HOSPITALS - A DEPARTMENT OF PATIENT SATISFACTION WAS A FIRST IN NEW
JERSEY WHEN IT WAS CREATED AND INTRODUCED AT COOPERMAN BARNABAS MEDICAL
CENTER (PREVIOUSLY NAMED SAINT BARNABAS MEDICAL CENTER). THE PATIENT
SATISFACTION TEAM ENSURES HANDS-ON RESPONSIVENESS TO PATIENTS AND THEIR
FAMILIES, AND PROVIDES A FORUM WHERE PATIENTS, FAMILIES AND COMMUNITY
MEMBERS CAN OPENLY COMMUNICATE THEIR IDEAS. CONSTANT EVALUATION OF AND
ATTENTION TO PATIENTS' OPINIONS THROUGH FORMALIZED SURVEYS HELP RWJBH
IDENTIFY AREAS OF STRENGTH AND THE AREAS WHERE THERE CAN BE IMPROVEMENT.
RWJBH IS COMMITTED TO FULFILLING OUR ETHICAL OBLIGATION TO PROVIDE THE
FINEST HEALING ENVIRONMENT FOR OUR PATIENTS AND THEIR FAMILIES, AND A

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

POSITIVE, FULFILLING WORK ENVIRONMENT FOR OUR PHYSICIANS AND EMPLOYEES.

PROFESSIONAL PRACTICE MODELS AND SYSTEM CARE COLLABORATION

NURSING:

NURSING BELIEVES IT IS ESSENTIAL TO HAVE A STRUCTURED FORUM FOR STAFF
NURSES SO THEY CAN PARTICIPATE IN THE DEVELOPMENT OF POLICIES,
PROCEDURES, AND STANDARDS OF CARE. BECAUSE OF THIS, NURSING'S VOICE HAS
NEVER BEEN STRONGER THROUGHOUT RWJBARNABAS HEALTH.

OUR SYSTEMWIDE SHARED GOVERNANCE AND PROFESSIONAL NURSE PRACTICE COUNCIL
(PNPC) ASSURES THAT STAFF NURSES ARE A PART OF DECISIONS WHICH AFFECT
THEIR CLINICAL PRACTICE. PROVIDED IN THESE LINKS ARE JUST A SAMPLING OF
SOME OF THE GREAT WORK THAT IS BEING DONE. PNPC IS AN APPROVING BODY FOR
EVIDENCE BASED PROFESSIONAL NURSING PRACTICE TO ENSURE ALIGNMENT OF BEST
PRACTICES THROUGHOUT THE SYSTEM, SUPPORTS INTEGRATION OF CLINICAL
INITIATIVES AND FACILITATES IMPROVEMENTS TO NURSING PRACTICE WITHIN
SPECIALTY AREAS ACROSS HOSPITAL SITES. THE COUNCIL SUPPORTS THE MISSION
AND VISION OF RWJBH, EXCELLENCE IN PATIENT AND FAMILY CENTERED CARE FOR
OPTIMAL PATIENT OUTCOMES. IN ADDITION, OUR HOSPITALS OPERATE
FACILITY-BASED COUNCILS TO ASSURE INCLUSION OF STAFF VOICES AT INDIVIDUAL
FACILITIES.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

MANY CARE COLLABORATIVES HAVE BEEN FORMED 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
- 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 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,

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

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 IS 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

=====

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. DURING
THESE EXTRAORDINARY TIMES, MANY OF OUR PARTNERS WORKED COLLABORATIVELY TO
SUPPORT FRONT LINE STAFF AND REINFORCE NEEDED MESSAGING FOR OUR SHARED
COMMUNITIES.

THESE PARTNERS INCLUDE, BUT ARE NOT LIMITED TO:

NEW JERSEY DEVILS AND THE PRUDENTIAL CENTER

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

RWJBARNABAS HEALTH IS THE OFFICIAL HEALTHCARE 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.

RWJBH PARTNERS WITH THE DEVILS ON ALL OF THEIR GRASSROOTS PROGRAMS AS A
WAY TO SUPPORT OUR MISSION OF BUILDING HEALTHIER COMMUNITIES. THESE
PROGRAMS ARE A PART OF OUR COMMITMENT TO HEALTH, WELLNESS AND LIVING AN
ACTIVE AND HEALTHY LIFESTYLE.

RUTGERS UNIVERSITY

RWJBARNABAS HEALTH IS THE OFFICIAL HEALTHCARE 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.

NEW YORK YANKEES RADIO NETWORK

RWJBARNABAS HEALTH IS A PREMIER PARTNER OF THE NEW YORK YANKEES RADIO

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.
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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

NETWORK, WHICH AIRS YANKEE GAMES ON WFAN-AM. THROUGH THIS PARTNERSHIP,
RWJBH AIRS A WEEKLY HEALTH MINUTE AND REGULARLY CELEBRATES GREAT WORK BY
COMMUNITY LEADERS WITH A "CIVIC HERO" SALUTE SEGMENT. RWJBH HAS ALSO
WORKED WITH CBS ECOMEDIA ON SEVERAL COMMUNITY-BASED PROJECTS.

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 HEALTHCARE 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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.
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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

WITH HEALTH AND WELLNESS EDUCATION AND OTHER COMMUNITY-BASED SERVICES.

PRINCETON UNIVERSITY

RWJBARNABAS HEALTH IS THE OFFICIAL HEALTHCARE 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.

MONMOUTH UNIVERSITY

RWJBARNABAS HEALTH IS A PROUD SUPPORTER OF MONMOUTH UNIVERSITY ATHLETICS.
RWJBH WORKS CLOSELY WITH MONMOUTH TO SUPPORT ALL ATHLETES AND PROVIDES
THE UNIVERSITY WITH HEALTH AND WELLNESS EDUCATION AND OTHER
COMMUNITY-BASED SERVICES.

LAKEWOOD BLUECLAWS

RWJBARNABAS HEALTH IS A PROUD PARTNER OF THE LAKEWOOD BLUECLAWS, A MINOR
LEAGUE AFFILIATE OF THE PHILADELPHIA PHILLIES. THE MONMOUTH MEDICAL
CENTER CHAMPIONS CLUB IS A POPULAR DESTINATION FOR GROUPS ATTENDING

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Employer identification number

BLUECLAWS GAMES. RWJBH HOSTS SEVERAL MOVIE NIGHTS ON THE FIELD EACH YEAR
DURING THE SUMMER MONTHS

SOMERSET PATRIOTS

RWJBARNABAS HEALTH IS THE OFFICIAL HEALTHCARE PROVIDER OF THE SOMERSET
PATRIOTS, AN INDEPENDENT MINOR LEAGUE BASEBALL TEAM THAT PLAYS IN
SOMERSET COUNTY. RWJBH PROVIDES ALL OF THE ATHLETIC TRAINING AND SPORTS
PERFORMANCE COVERAGE FOR THE TEAM.

TRENTON THUNDER

RWJBARNABAS HEALTH IS AN OFFICIAL PARTNER OF THE TRENTON THUNDER, AN
AFFILIATE OF THE NEW YORK YANKEES. THE THUNDER IS RECOGNIZED AS THE
"NATIONS BEST FRANCHISE" FOR PROVIDING AN OUTSTANDING AND UNIQUE FAN
EXPERIENCE WHILE CONDUCTING UNPRECEDENTED COMMUNITY OUTREACH. TOGETHER
WITH RWJBH, THE THUNDER DELIVERS HEALTH LIFESTYLE INFORMATION TO THE
RESIDENTS OF MERCER COUNTY VIA HEALTH SCREENINGS, EDUCATIONAL
OPPORTUNITIES, AND SOCIAL MESSAGING.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

ASBURY PARK MUSIC AND FILM FESTIVAL

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

RWJBH, MONMOUTH MEDICAL CENTER, AND THE ASBURY PARK MUSIC FOUNDATION
SHARE THE COMMON GOAL OF EMPOWERING OUR COMMUNITIES TO CONNECT, ACT, AND
THRIVE. IN 2016, RWJBARNABAS HEALTH'S MONMOUTH MEDICAL CENTER BECAME THE
FOUNDING PARTNER OF THE ASBURY MUSIC AND FILM FESTIVAL, A ONE-OF-A-KIND
FESTIVAL THAT CELEBRATES THE ROLE OF MUSIC AND FILM. BY PROVIDING MUSIC
EDUCATION, INSTRUMENTS AND SOCIAL CONNECTION OPPORTUNITIES THROUGH THE
ASBURY PARK MUSIC FOUNDATION, THE FESTIVAL BENEFITS THE UNDERSERVED
CHILDREN IN ASBURY PARK; ONE THE MOST CHALLENGED YOUTH COMMUNITIES IN THE
COUNTRY.

SOMA FILM FESTIVAL

RWJBARNABAS HEALTH'S COOPERMAN BARNABAS MEDICAL CENTER IS THE PRESENTING
PARTNER OF THE SOMA FILM FESTIVAL, WHICH TAKES PLACE IN THE COMMUNITIES
OF SOUTH ORANGE AND MAPLEWOOD NEW JERSEY. THE SOMA FILM FESTIVAL
SHOWCASES NEW, ENTERTAINING, AND INNOVATIVE FILMS FROM LOCAL, STUDENT,
DOMESTIC, AND INTERNATIONAL FILMS.

CENTRAL JERSEY JAZZ FESTIVAL

RWJBARNABAS HEALTH'S ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL IS THE
PRESENTING PARTNER OF THE CENTRAL JERSEY JAZZ FESTIVAL. THIS THREE-DAY,
THREE CITY FREE MUSIC FESTIVAL, WITH EVENTS IN FLEMINGTON, NEW BRUNSWICK,

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

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Internal Revenue Service
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OMB No. 1545-0047

2021

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Inspection**

Employer identification number

AND SOMERVILLE, IS OPEN TO THE PUBLIC AND DRAWS APPROXIMATELY 12,000 JAZZ
LOVERS TO THE REGION EVERY YEAR.

MONTCLAIR JAZZ FESTIVAL

RWJBARNABAS HEALTH'S CLARA MAASS MEDICAL CENTER IS A PROUD PARTNER OF THE
MONTCLAIR JAZZ FESTIVAL WHICH SUPPORTS ARTS, MUSIC, AND THE COMMUNITY.
THIS FREE ANNUAL EVENT TAKES PLACE ON THE BEAUTIFUL 17-ACRES NISHUANE
PARK IN MONTCLAIR'S SOUTH END.

NEW JERSEY HALL OF FAME

RWJBARNABAS HEALTH IS A PROUD PARTNER OF THE NEW JERSEY HALL OF FAME AND
SPONSORS THE NEW JERSEY HALL OF FAME MOBILE MUSEUM. THIS MOBILE MUSEUM
TRAVELS THE STATE TO SCHOOLS, FESTIVALS, AND EVENTS TO OFFER A MULTIMEDIA
EXHIBITION CREATED AROUND THE THEME-"MAKE A DIFFERENCE." THROUGH IMAGES,
ARTIFACTS, FILM, AND A SUITE OF INTERACTIVE ELEMENTS, VISITORS CAN
EXPLORE THE WAYS THAT HALL OF FAME INDUCTEES HAVE CHANGED THE STATE AND
THE WORLD.

NJPAC

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

RWJBARNABAS HEALTH IS PROUD TO PARTNER WITH THE NEW JERSEY PERFORMING ARTS CENTER (NJ PAC) IN NEWARK. NJ PAC IS THE CENTERPIECE OF NEWARK FOR MUSIC AND THE ARTS. EACH SUMMER, NJ PAC, HORIZON, AND RWJBH PRESENT "SOUNDS OF THE CITY" A FREE OUTDOOR SUMMER CONCERT SERIES ATTRACTING THOUSANDS TO DOWNTOWN NEWARK.

CITIBIKE

RWJBARNABAS HEALTH'S JERSEY CITY MEDICAL CENTER IS A FOUNDING PARTNER OF CITI BIKE JERSEY CITY. THIS PARTNERSHIP ALLOWS FOR THE JERSEY CITY COMMUNITY TO HAVE ACCESS TO AN ALTERNATIVE, HEALTHIER, MEANS OF TRANSPORTATION. THERE IS A CITI BIKE STATION ON THE JERSEY CITY MEDICAL CENTER'S CAMPUS THAT OFFERS EMPLOYEES ACCESS. THESE STATIONS ARE CONNECTED TO AND CAN ALSO BE USED TO TRAVEL AROUND NEW YORK CITY.

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

NUTRITION AND WELLNESS FACTS TO HELP THEM LEAD A HEALTHY LIFESTYLE.

THE NOVO NORDISK NEW JERSEY MARATHON

RWJBARNABAS HEALTH IS A PROUD PARTNER OF THE NOVO NORDISK NEW JERSEY MARATHON AND HOSTS OF THE "RWJBARNABAS HEALTH FAMILY FESTIVAL, 5K, AND KID'S RACES." WE PROVIDE HEALTH, NUTRITION, AND SAFETY TIPS TO ALL RUNNERS. EACH YEAR MORE THAN 150 RWJBH EMPLOYEES RUN IN THE RACE, WHILE 50+ EMPLOYEES VOLUNTEER. PHYSICIANS AND EMERGENCY MEDICAL SERVICES FROM MONMOUTH MEDICAL CENTER ARE AT THE RACE TO ATTEND AND CARE FOR THE RUNNERS.

PUREBASKETBALL

RWJBARNABAS HEALTH IS THE OFFICIAL HEALTHCARE PARTNER OF PUREBASKETBALL, AN AAU COMMUNITY BASKETBALL PROGRAM THAT INCLUDES ONE GIRLS TEAMS (AGES 13-UNDER), AND TWO BOYS TEAMS (AGES 13-UNDER AND 16-UNDER). RWJBH WORKS CLOSELY WITH PUREBASKETBALL TO SUPPORT THE ATHLETIC TRAINING AND HEALTH NEEDS OF ALL THEIR ATHLETES WHILE PROVIDING THESE ATHLETES HEALTH AND WELLNESS EDUCATION.

PHIL SIMMS NORTH-SOUTH HIGH SCHOOL ALL-STAR FOOTBALL CLASSIC

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

RWJBARNABAS HEALTH AND THE PHIL SIMMS NORTH-SOUTH HIGH SCHOOL ALL-STAR FOOTBALL CLASSIC, WHICH SHOWCASES THE TOP 80 HIGH SCHOOL FOOTBALL PLAYERS IN NEW JERSEY, HAVE A LONGSTANDING RELATIONSHIP. RWJBH EDUCATES THE ATHLETES ON THE IMPORTANCE OF NUTRITION, CONDITIONING, AND INJURY PREVENTION AND SUPPORTS THE GAMES "LEADERS FOR LIFE" PROGRAM, WHICH HELPS DEVELOP YOUNG ATHLETES FROM UNDERSERVED COMMUNITIES.

DAVID DIEHL

RWJBARNABAS HEALTH PARTNERS WITH RETIRED NEW YORK GIANTS OFFENSIVE LINEMAN AND TWO-TIME SUPER BOWL CHAMPION, DAVID DIEHL TO EXTEND HIS MESSAGE OF HEALTH, WELLNESS, AND PREVENTATIVE SCREENINGS THROUGHOUT THE STATE OF NEW JERSEY. DAVID IS A SPOKESPERSON FOR THE MATTHEW J. MORAHAN III HEALTH ASSESSMENT CENTER FOR ATHLETES, WHERE HE HELPS RAISE AWARENESS ABOUT CONCUSSIONS AND HEART SCREENINGS. DAVID ALSO HOSTS A GOLF OUTING WITH CLARA MAASS MEDICAL CENTER, WHICH HELPS RAISE FUNDS FOR THE PROGRAMS AND SERVICES AT THE HOSPITAL.

GEORGE ST. PLAYHOUSE

RWJBARNABAS HEALTH PARTNERS WITH GEORGE ST. PLAYHOUSE LOCATED IN NEW BRUNSWICK. GEORGE ST. PLAYHOUSE IS A WELL-RESPECTED PERFORMING ARTS

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

CENTER. THEY PUT ON NUMEROUS PRODUCTIONS EACH YEAR THAT ADDRESS TOPICS
SUCH AS HEALTH AND WELLNESS, CLIMATE CHANGE AND RESPECT. RWJBARNABAS
HELPS BY ASSISTING WITH MEDICAL ASSISTANCE FOR ACTORS TO EDUCATING ABOUT
HEALTHY LIFE CHOICES AND WELLNESS, WHICH RELATES TO SOME OF THEIR
PRODUCTIONS.

PROPELIFY

RWJBARNABAS HEALTH PARTNERS WITH PROPELIFY LOCATED IN HOBOKEN. THE
PROPELIFY FESTIVAL IS AN INNOVATION AND TECHNOLOGY FESTIVAL. RWJBH
PARTNERS TO PROMOTE INNOVATION AND TECHNOLOGY THAT CAN BE USED IN
MEDICINE. FOR EXAMPLE, OUR APPLIEDVR DEVICES SUCH AS OUR SAMSUNG GEAR
VR/OCULUS DEVICES HELP TREAT PAIN, ANXIETY, OPIOID ADDICTION, ETC.

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.

BAYONNE SOCCER

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2021

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Inspection**

Employer identification number

RWJBARNABAS HEALTH PARTNERS WITH BAYONNE SOCCER LOCATED IN BAYONNE, NEW
JERSEY. BAYONNE YOUTH SOCCER ASSOCIATION PROMOTES SOCCER WHILE
INCORPORATING EVENTS AS WELL. RWJBARNABAS SPONSORS THEIR EVENTS SUCH AS
THE BOO CLASSIC FAMILY FEST AND THE SPRING BUDDY BALL SOCCER PROGRAM.

NJ REPERTORY

RWJBARNABAS HEALTH PARTNERS WITH NJ REPERTORY LOCATED IN LONG BRANCH. THE
NJ REPERTORY IS A NON-PROFIT THEATRE THAT STRIVES TO MAKE AN IMPACT WITH
THEIR NEW PLAYS. GABOR BARABAS WAS A NEUROLOGIST AT OUR MONMOUTH MEDICAL
CENTER IN YEARS PAST. DR. BARABAS AND HIS WIFE STARTED THE "ALL ABOUT
EVE" FESTIVAL. RWJBARNABAS SPONSORS THE "ALL ABOUT EVE" FESTIVAL.

NEW JERSEY SOCCER ASSOCIATION

RWJBARNABAS HEALTH PARTNERS WITH NEW JERSEY SOCCER ASSOCIATION LOCATED IN
TRENTON. THE NJ SOCCER ASSOCIATION IS THE OLDEST MEMBER OF THE U.S.
SOCCER FEDERATION AND IS FOCUSED ON SOCCER PLAYERS ABOVE THE AGE OF 19.
BOTH MEN AND WOMEN PLAY RECREATIONALLY OR COMPETITIVELY. RWJBARNABAS
SPONSORS THEIR RED CARPET AS WELL AS THE VIDEOS PRODUCED FOR THE WINNING
TEAMS FOR THEIR ANNUAL AWARDS DINNER.

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(Form 990 or 990-EZ)**

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Internal Revenue Service
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Employer identification number

SIX FLAGS GREAT ADVENTURE & SAFARI

SIX FLAGS GREAT ADVENTURE, RWJBARNABAS HEALTH AND THE RUTGERS CANCER
INSTITUTE OF NEW JERSEY HAVE JOINED FORCES TO FIGHT CANCER AND CELEBRATE
SURVIVORSHIP WITH THE UNVEILING OF COASTERS FOR CANCER - THE FIRST ROLLER
COASTER WRAPPED IN THE HANDPRINTS OF CANCER SURVIVORS AND SUPPORTERS.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

SKY BLUE FC

RWJBARNABAS HEALTH, SERVES AS AN "OFFICIAL PARTNER" AND THE "OFFICIAL
HEALTHCARE PROVIDER" OF SKY BLUE FC WHICH IS THE NEW JERSEY-BASED
NATIONAL WOMEN'S SOCCER LEAGUE FRANCHISE. THIS MULTI-FACETED PARTNERSHIP
ALIGNS WITH RWJBARNABAS HEALTH'S MISSION TO ADVANCE HEALTH CARE WHILE
PROMOTING HEALTH AND WELLNESS INITIATIVES AND EDUCATION IN COMMUNITIES
SERVED ACROSS THE STATE. AS THE ONLY WOMEN'S PROFESSIONAL SOCCER TEAM IN
NEW JERSEY, SKY BLUE FC HAS COMPETED IN THE NATIONAL WOMEN'S SOCCER
LEAGUE SINCE 2013.

THROUGH THIS PARTNERSHIP, RWJBARNABAS HEALTH AND SKY BLUE FC WILL JOINTLY
DEVELOP A COMMUNITY OUTREACH PROGRAM TO BETTER EDUCATE DIVERSE AUDIENCES,
INCLUDING YOUTH ATHLETES AND WOMEN, ON THE IMPORTANCE OF PROPER
NUTRITION, MAXIMIZING SPORTS PERFORMANCE AND HEALTHY HABITS.

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

BAYONNE ARTS FESTIVAL

RWJBARNABAS HEALTH PARTNERS WITH THE BAYONNE ARTS FESTIVAL. THE BAYONNE
ARTS FESTIVAL CELEBRATES THE CULTURE OF BAYONNE THROUGH THE ARTS AND
MUSIC.

AWARDS, ACCREDITATIONS AND HONORS

=====

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. SOME OF THESE
RECOGNITIONS INCLUDE, AMONG OTHERS:

- SPECIAL RECOGNITION FOR HEROISM --RWJBARNABAS HEALTH'S PATIENT
EXPERIENCE TEAM WAS AWARDED SPECIAL RECOGNITION FOR HEROISM DURING THE
PANDEMIC BY THE LEAPFROG GROUP, AN INDEPENDENT NATIONAL WATCHDOG
ORGANIZATION OF EMPLOYERS AND OTHER PURCHASERS FOCUSED ON HEALTHCARE
SAFETY AND QUALITY.

- LEAPFROG SAFETY SCORES - THE SPRING 2022 SCORES RECOGNIZED TWO OF THE
ACUTE CARE FACILITIES AS RECEIVING AN "A" GRADE, SEVEN RECEIVED A "B"
GRADE. MONMOUTH MEDICAL CENTER IN LONG BRANCH IS THE ONLY ONE IN THE
REGION TO HAVE ACHIEVED 15 STRAIGHT "A" RATINGS SINCE THE PROGRAM'S

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2021

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Inspection**

Employer identification number

INCEPTION.

- LEAPFROG TOP HOSPITALS - MONMOUTH MEDICAL CENTER WAS RECOGNIZED BY THE LEAPFROG GROUP AS A 2021 TOP TEACHING HOSPITAL.

- FORBES BEST-IN-STATE - IN 2021, FOR THE SECOND CONSECUTIVE YEAR, THE CORPORATION HAS BEEN RECOGNIZED BY FORBES AS AMERICA'S BEST-IN-STATE EMPLOYER. THIS PRESTIGIOUS AWARD IS PRESENTED BY FORBES AND STATISTA INC., THE WORLD-LEADING STATISTICS PORTAL AND INDUSTRY RANKING PROVIDER.

- TOP PLACES TO WORK IN HEALTHCARE - FOR THE SECOND CONSECUTIVE YEAR, THE CORPORATION HAS BEEN NAMED ONE OF THE TOP 150 PLACES TO WORK IN HEALTHCARE BY BECKER'S HOSPITAL REVIEW, INCLUDING RECOGNITION FOR WOMEN'S HEALTH PROGRAMS. IN APRIL, 2021, RWJBH WAS NAMED A BEST PLACE TO WORK IN NEW JERSEY BY THE NJ ADVANCE MEDIA/STAR LEDGER - THE STATE'S LARGEST NEWS OUTLET. RWJBARNABAS HEALTH WAS IN THE TOP 10 OF N.J. TOP WORKPLACES IN 2021, AS DETERMINED BY EMPLOYEE ENGAGEMENT PLATFORM, ENERGAGE, IN PARTNERSHIP WITH NJ.COM AND JERSEY'S BEST.

- LGBTQ HEALTHCARE EQUALITY - HEALTHCARE EQUALITY INDEX (HEI) DESIGNATION
- ALL RWJBARNABAS HEALTH FACILITIES HAVE BEEN DESIGNATED IN 2022 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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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.

- GARDEN STATE EQUALITY - IN 2021, THE CORPORATION WAS HONORED BY GARDEN STATE EQUALITY, THE LARGEST LGBTQ ADVOCACY ORGANIZATION IN NEW JERSEY, WITH THE CORPORATE RESPONSIBILITY AWARD, BASED ON THE SYSTEM'S COMMITMENT TO PROVIDING CULTURALLY SENSITIVE, COMPASSIONATE, AND INCLUSIVE CARE FOR THE LGBTQ COMMUNITY THROUGH ONGOING INITIATIVES.

- GHX ORGANIZATION - RWJBH WAS NAMED A 2021 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. ALL ACUTE CARE FACILITIES WITHIN THE ORGANIZATION WERE AWARDED CERTIFICATION PERFORMANCE EXCELLENCE LEVELS OF EIGHT AND ABOVE. 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 NEWARK BETH ISRAEL MEDICAL CENTER WAS NAMED ONE OF THE WORLD'S BEST HOSPITALS AND RWJUH WAS NAMED A BEST MATERNITY

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

CARE HOSPITAL. IN ADDITION, CHILDREN'S SPECIALIZED HOSPITAL HAS BEEN
RECOGNIZED ON NEWSWEEK'S LIST OF WORLD'S BEST SPECIALIZED HOSPITALS AND
RWJUH ALSO RECEIVED NEWSWEEK AMERICA'S BEST AWARD FOR AMBULATORY SURGERY
CENTERS (RANKED IN NJ) IN 2022. 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 50 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.

- COMMISSION ON CANCER ACCREDITED PROGRAM - THE AMERICAN COLLEGE OF
SURGEONS' COMMISSION ON CANCER HAS RATED RWJUH NEW BRUNSWICK AND NEWARK
BETH ISRAEL AMONG THE NATION'S BEST COMPREHENSIVE CANCER CENTERS.

- NATIONAL QUALITY MEASURES FOR BREAST CENTERS (NQBMC) - THE JACQUELINE
M. WILENTZ BREAST CENTER WAS CERTIFIED AS A QUALITY BREAST CENTER OF

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

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OMB No. 1545-0047

2021

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Inspection**

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EXCELLENCE, THE HIGHEST CERTIFICATION LEVEL OFFERED BY THE NQNBC.

ADDITIONALLY, THE CENTER 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.

- 100 GREAT HOSPITALS IN AMERICA - IN 2020, ROBERT WOOD JOHNSON
UNIVERSITY HOSPITAL IN NEW BRUNSWICK WAS NAMED TO THIS LIST, DEVELOPED BY
BECKER'S HEALTHCARE, WHICH RECOGNIZES FACILITIES FOR EXCELLENCE IN
CLINICAL CARE, PATIENT OUTCOMES, AND STAFF AND PHYSICIAN SATISFACTION.

- U.S. NEWS & WORLD REPORT - THE BRISTOL-MYERS SQUIBB CHILDREN'S HOSPITAL
(BMSCH) AT ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL WAS NAMED FOR THE
SIXTH TIME AS ONE OF THE NATION'S BEST CHILDREN'S HOSPITALS IN 2019-2020

- RECOGNIZED FOR UROLOGY. OTHER NATIONAL, REGIONAL AND NEW JERSEY
RECOGNITION WAS RECEIVED WIDELY BY THE CORPORATION'S HOSPITALS IN A GREAT
RANGE OF SPECIALTIES IN 2020-2021.

- 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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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 ONE OF ONLY
SEVEN INSTITUTIONS GLOBALLY TO ACHIEVE THIS LENGTH OF DISTINCTION.

- NICHE - SEVERAL OF OUR FACILITIES HAVE BEEN RECOGNIZED AS A NICHE
(NURSES IMPROVING CARE FOR HEALTH SYSTEM ELDERS) HOSPITAL.

- PROTECTING THE PATIENT - VOICE OF THE CUSTOMER AWARD - NUANCE
HEALTHCARE HAS RECOGNIZED CERTAIN RWJBH AFFILIATES FOR A REDUCTION OF
HOSPITAL ACQUIRED CONDITIONS BY 73% AND BEING JOINT COMMISSION TOP
PERFORMERS FOR NATIONAL QUALITY MEASURES.

- AMERICAN HEART ASSOCIATION - SEVERAL OF OUR HOSPITALS HAVE RECEIVED
RECOGNITION FOR HEART FAILURE AND/OR STROKE SERVICES BY THE AMERICAN
HEART ASSOCIATION.

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

THE USE OF SYSTEMATIC, PATIENT-CENTERED, COORDINATED CARE THAT SUPPORTS
ACCESS, COMMUNICATION, AND PATIENT INVOLVEMENT.

- 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.

- METABOLIC AND BARIATRIC SURGERY ACCREDITATION AND QUALITY IMPROVEMENT
PROGRAM (MBSAQIP) ACCREDITATION - SIX RWJBH FACILITIES ARE ACCREDITED AS
COMPREHENSIVE CENTERS FOR BARIATRIC AND METABOLIC SURGERY OF THE AMERICAN
COLLEGE OF SURGEONS.

- DET NORSKE VERITAS (DNV) ACCREDITATION - JCMC RECEIVED DNV
REACCREDITATION. AS A WORLD-LEADING CERTIFICATION BODY WITH OBJECTIVES TO
SAFEGUARD LIFE, PROPERTY, AND THE ENVIRONMENT, DNV IS COMMITTED TO
SUPPORTING THE DEVELOPMENT AND CONTINUAL IMPROVEMENT OF HEALTHCARE
QUALITY AND PATIENT SAFETY IN HEALTHCARE ORGANIZATIONS.

- NEW JERSEY DEPARTMENT OF HEALTH - THE NJ DEPARTMENT OF HEALTH AWARDED
FOUR OF RWJBH FACILITIES GOLD FOR THEIR ANTIMICROBIAL STEWARDSHIP
PROGRAMS.

- LOWN INSTITUTE - NEWARK BETH ISRAEL MEDICAL CENTER HAS BEEN NAMED MOST
RACIALLY INCLUSIVE BY THE LOWN INSTITUTE; A NONPARTISAN HEALTHCARE THINK
TANK IN MAY 2021. NEWARK BETH ISRAEL MEDICAL CENTER RANKS FOURTH ON THE

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

LIST NATIONALLY AND IS THE ONLY HOSPITAL IN NEW JERSEY TO RANK AMONG THE NATION'S TOP TEN. THE LOWN INSTITUTE HOSPITAL INDEX RANKS RWJBARNABAS HEALTH AN "A" AND AS 14TH HIGHEST OF 304 HEALTH CARE SYSTEMS IN THE PROVISION OF COMMUNITY BENEFIT. FURTHER, RWJBH IS RANKED AN "A" AND 48 OF 304 FOR EQUITY.

RWJBH'S COMMITMENT TO QUALITY AND SERVICE HAS RESULTED IN MANY AWARDS AND RECOGNITIONS FOR THE SYSTEM AND ITS CENTERS. THESE INCLUDE, BUT ARE NOT LIMITED, TO THE FOLLOWING SELECTIONS OF A FEW BY HOSPITAL IN THE FOLLOWING SECTION THAT ALSO PROVIDES A BRIEF DESCRIPTION. 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.

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. AT 13 DIFFERENT NEW JERSEY LOCATIONS, OUR 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 2021, CSH CARED FOR APPROXIMATELY 115 PATIENTS DAILY AND PROVIDED OVER 182,000 VISITS OF EARLY INTERVENTION, PHYSICIAN,

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

AND OUTPATIENT SERVICES. CSH IS COMMITTED TO PROVIDING QUALITY AND
COMPASSIONATE CARE TO ITS COMMUNITIES. UNDERINSURED AND MEDICARE
COMPRISED NEARLY 18% OF ITS REVENUE MIX IN 2021. ITS PATIENT MIX WAS 72%
MINORITY GROUPS.

CSH IS ACCREDITED BY THE JOINT COMMISSION AND THE RECIPIENT OF MANY
ACCREDITATIONS, AWARDS, AND RECOGNITIONS; INCLUDING, BUT NOT LIMITED TO:

- LICENSED BY THE NEW JERSEY DEPARTMENT OF HEALTH AS A COMPREHENSIVE
REHABILITATION HOSPITAL; PEDIATRIC LONG TERM CARE FACILITY AND FOR
MULTIPLE HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY - PRIMARY CARE
AND PHYSICAL THERAPY.

- LICENSED BY NEW JERSEY DEPARTMENT OF HUMAN SERVICES FOR OUTPATIENT
MENTAL HEALTH SERVICES.

- CERTIFIED BY MEDICAID, MEDICARE, AND SPECIAL CHILD HEALTH SERVICES.

- 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.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

- 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.

CLARA MAASS MEDICAL CENTER ("CMMC")

CMMC IS A 492-LICENSED BED ACUTE COMMUNITY HOSPITAL INCLUDING 20 SUBACUTE BEDS PROVIDING SERVICES TO MORE THAN 15,000 INPATIENTS AND OVER 1,700 BIRTHS IN 2021. THE HOSPITAL ALSO PROVIDED NEARLY 119,000 OUTPATIENT VISITS AND OVER 72,400 EMERGENCY DEPARTMENT VISITS. CMMC IS 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 SERVES A BROAD RANGE OF COMMUNITIES IN URBAN

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

AND SUBURBAN SETTINGS WITH CULTURALLY AND ETHNICALLY DIVERSE POPULATIONS AND ITS SERVICE AREA EXTENDS TO NEIGHBORING HUDSON, PASSAIC, AND BERGEN COUNTIES. COMMITTED TO THE HEALTH AND WELLNESS OF ITS COMMUNITY, THE CENTER OF EXCELLENCE FOR LATINO HEALTH AT CLARA MAASS MEDICAL CENTER WAS ESTABLISHED IN 2016 TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH WITHIN THE LOCAL HISPANIC COMMUNITY.

THE MEDICAL CENTER IS RECOGNIZED NATIONALLY FOR EXCELLENT PERFORMANCE IN QUALITY AND PATIENT SAFETY BY HEALTHGRADES AND IS A FIVE-STAR RECIPIENT IN APPENDECTOMY, BARIATRIC SURGERY, CARDIAC SERVICES, GASTROINTESTINAL, GYNECOLOGIC SURGERY, LABOR AND DELIVERY, OBSTETRICS AND GYNECOLOGY, AND ORTHOPEDICS. U.S. NEWS AND WORLD REPORT HAS LISTED CMMC AMONG ITS HIGH PERFORMING HOSPITALS FOR HEART FAILURE AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD). A TWELVE-TIME RECIPIENT OF THE "A" HOSPITAL SAFETY SCORE FROM THE LEAPFROG GROUP, THE MEDICAL CENTER HAS BEEN CERTIFIED BY THE JOINT COMMISSION IN DISEASE-SPECIFIC PROGRAMS IN ACUTE CORONARY SYNDROME, HEART FAILURE, CARDIAC REHABILITATION, AND ELECTIVE HIP AND KNEE REPLACEMENT.

CLARA MAASS MEDICAL CENTER IS A FULLY ACCREDITED HOSPITAL AND THE RECIPIENT OF NUMEROUS AWARDS AND HONORS INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING:

- HEALTHGRADES PATIENT SAFETY EXCELLENCE AWARD (2020) RECOGNIZING AS TOP IN THE NATION FOR PROVIDING EXCELLENCE IN PATIENT SAFETY BY PREVENTING

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

INFECTIONS, MEDICAL ERRORS, AND OTHER PREVENTABLE COMPLICATIONS.

- RECIPIENT OF THE HEALTHGRADES EXCELLENCE AWARD AND SUPERIOR SERVICE

AWARD SIX YEARS IN A ROW FOR OBSTETRICS AND GYNECOLOGY, LABOR, AND

DELIVERY (2016-2021) AND BARIATRIC SURGERY EXCELLENCE AWARD (2020-2021).

- 2022 HEALTHGRADES RATING OF SAFETY AS BETTER THAN EXPECTED FROM

ACCIDENTAL CUT, PUNCTURE, PERFORATION, OR HEMORRHAGE DURING MEDICAL CARE.

- 2022 HEALTHGRADES ACHIEVEMENTS INCLUDES BETTER THAN EXPECTED

PERFORMANCE FOR ORTHOPEDICS HIP FRACTURE TREATMENT FOR 16 YEARS IN A ROW

(2007-2022); OVERALL BARIATRIC SURGERY FOR 6 YEARS IN A ROW (2017-2022);

AND VAGINAL DELIVERY AND C-SECTION DELIVERY FOR 6 YEARS IN A ROW

(2016-2021).

- U.S. NEWS & WORLD REPORT, NAMED AS A HIGH PERFORMING HOSPITAL FOR

CONGESTIVE HEART FAILURE, KIDNEY FAILURE AND CHRONIC OBSTRUCTIVE

PULMONARY DISORDER.

- DESIGNATION AS AN LGBTQ HEALTHCARE EQUALITY LEADER FROM THE HUMAN

RIGHTS CAMPAIGN FOUNDATION, 2018-2022.

- GRADE 'B' SCORES IN HOSPITAL SAFETY AND QUALITY BY THE LEAPFROG GROUP.

- RECEIVED AN "A" FROM THE LOWN HOSPITAL INDEX FOR COMMUNITY BENEFIT AND

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.
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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

WAS IN TOP 10 HOSPITALS IN THE STATE.

- GOLD SEAL OF APPROVAL RECEIVED FROM THE JOINT COMMISSION WITH
DISEASE-SPECIFIC CERTIFICATION IN ACUTE CORONARY SYNDROME, CARDIAC
REHABILITATION, HEART FAILURE, JOINT REPLACEMENT (HIP AND KNEE) AND
ADVANCED CERTIFICATION IN PALLIATIVE CARE.

- PLATINUM RECOGNITION PARTNERSHIP FOR LIFE HOSPITAL CAMPAIGN, RECOGNIZED
FOR RAISING ORGAN AND TISSUE DONATION AWARENESS 2021-2022. RECOGNITION BY
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' HEALTH RESOURCES AND
SERVICES ADMINISTRATION (HRSA).

- EARNED AN OVERALL FIVE-STAR RATING FROM THE CENTERS FOR MEDICARE AND
MEDICAID SERVICES FOR ITS TRANSITIONAL CARE UNIT.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

- PLATINUM RECOGNITION FROM THE HEALTH RESOURCES AND SERVICES
ADMINISTRATION DONATION CAMPAIGN WORKPLACE PARTNERSHIP FOR LIFE HOSPITAL
CAMPAIGN FOR INCREASED ORGAN DONATION EFFORTS, 2018-2020.

- NAMED TO THE 'MOST WIRED HOSPITALS' LIST BY THE AMERICAN HOSPITAL
ASSOCIATION'S HEALTH FORUM. ACHIEVED LEVEL 9 MOST WIRED RECOGNITION FROM
CHIME IN 2021.

- EARNED DESIGNATION AS A BARIATRIC SURGERY CENTER OF EXCELLENCE BY THE
AMERICAN COLLEGE OF SURGEONS.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

- PRIMARY STROKE CENTER AS DESIGNATED BY THE NEW JERSEY DEPARTMENT OF HEALTH.

- EARNED THE 2019 BRONZE STEWARD RECOGNITION AT THE STATEWIDE ANTIMICROBIAL STEWARDSHIP COLLABORATIVE CONFERENCE BY THE NEW JERSEY DEPARTMENT OF HEALTH (NJDOH).

- RECEIVED NICHE (NURSES IMPROVING CARE FOR HEALTH SYSTEM ELDERS) DESIGNATION IN RECOGNITION OF OUR COMMITMENT TO PATIENT CENTERED CARE FOR OLDER ADULT PATIENTS.

COMMUNITY MEDICAL CENTER ("CMC")

CMC IS A GENERAL ACUTE CARE TEACHING HOSPITAL LOCATED IN TOMS RIVER, OCEAN COUNTY, NEW JERSEY. ITS SERVICE AREA INCLUDES NEARLY 649,000 RESIDENTS. CMC IS COMPRISED OF 617 LICENSED BEDS INCLUDING 25 TRANSITIONAL CARE (SKILLED NURSING) BEDS. CMC SERVES BOTH SUBURBAN AND SEMI-RURAL COMMUNITIES INCLUDING SHORE TOWNS AND THE LOWER-INCOME MUNICIPALITIES OF MANCHESTER AND TOMS RIVER SOUTH. CMC SERVES A SIGNIFICANT PROPORTION OF ELDERLY - 2020 CENSUS ESTIMATES THAT 22.4% OF THE COUNTY POPULATION IS AGED 65 AND OLDER AS OPPOSED TO 16.9% FOR THE STATE. IN 2021, 61.3% OF CMC'S PATIENT ADMISSIONS WERE COMPRISED OF A MEDICARE PAYER. FURTHER, NEARLY 12.9% OF CMC'S PAYER MIX WAS COMPRISED OF

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

UNDERINSURED AND UNINSURED PAYER CATEGORIES. MINORITIES COMPRISED OVER 23.5% OF PATIENTS. DURING 2021, CMC SERVICED OVER 23,600 INPATIENTS, DELIVERED OVER 2,250 BABIES, PROVIDED NEARLY 211,000 OUTPATIENT VISITS FOR DIAGNOSTIC AND TREATMENT SERVICES INCLUDING APPROXIMATELY 66,800 EMERGENCY DEPARTMENT VISITS.

CMC HAS JOINT COMMISSION TRIENNIAL RE-ACCREDITATION FOR HOSPITALS AND HAS BEEN RECOGNIZED WITH DISTINGUISHED AWARDS FOR CLINICAL EXCELLENCE.

- JOINT COMMISSION GOLD SEAL OF APPROVAL FOR STROKE PROGRAM, TOTAL JOINT REPLACEMENT-HIP AND TOTAL JOINT REPLACEMENT-KNEE.

- DESIGNATED PRIMARY STROKE CENTER WITH NEW JERSEY DEPARTMENT OF HEALTH.

- RECEIVED A LEAPFROG SAFETY GRADE OF "A" IN SPRING 2021.

- NAMED TO THE 'MOST WIRED HOSPITALS' LIST BY THE AMERICAN HOSPITAL ASSOCIATION'S HEALTH FORUM. ACHIEVED LEVEL 9 MOST WIRED RECOGNITION FROM CHIME IN 2021.

- THE CANCER CENTER HAS BEEN ACCREDITED BY THE COMMISSION ON CANCER OF THE AMERICAN COLLEGE OF SURGEONS SINCE 1986 AND RECOGNIZED AS A BARIATRIC SURGERY CENTER.

- RECEIVED AN "A" FROM THE LOWN HOSPITAL INDEX AND WAS IN TOP 10

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

HOSPITALS IN THE STATE FOR INCLUSIVITY AND PATIENT SAFETY.

- PLATINUM RECOGNITION PARTNERSHIP FOR LIFE HOSPITAL CAMPAIGN, RECOGNIZED FOR RAISING ORGAN AND TISSUE DONATION AWARENESS 2021-2022. RECOGNITION BY U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA).

- U.S. NEWS & WORLD REPORT, NAMED AS A HIGH PERFORMING HOSPITAL FOR THREE PROCEDURES: DIABETES, STROKE AND CHRONIC OBSTRUCTIVE PULMONARY DISORDER.

- SRC EXCELLENCE IN ROBOTIC SURGERY ACCREDITED AS A CENTER OF EXCELLENCE IN ROBOTIC SURGERY BY THE SURGICAL REVIEW CORPORATION, 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.

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.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

CBMC IS LOCATED IN THE TOWN OF LIVINGSTON, WITHIN ESSEX COUNTY, NEW JERSEY. LIVINGSTON IS THE 75TH LARGEST MCD/TOWNSHIP IN NEW JERSEY AND IS ESTIMATED TO HAVE INCREASED 6.9% IN ITS POPULATION FROM 2010 TO 2020. ESSEX COUNTY IS THE THIRD LARGEST POPULOUS COUNTY AND THE SECOND MOST DENSELY POPULATED IN NEW JERSEY AND HAS EXPERIENCED GROWTH IN NUMBERS AT 10.2% FROM 2010 TO 2020. 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.

THE 597-BED TEACHING INSTITUTION CARED FOR NEARLY 33,000 INPATIENTS AND OVER 81,300 EMERGENCY DEPARTMENT ADULT AND PEDIATRIC PATIENTS DURING 2021. THE HOSPITAL DELIVERED OVER 6,500 BABIES FOR MOTHERS COMING FROM NEARLY EVERY COUNTY IN THE STATE. CBMC ALSO SERVED APPROXIMATELY 283,000 OUTPATIENT VISITS.

CBMC IS ACCREDITED BY THE JOINT COMMISSION HAS EARNED MANY CERTIFICATIONS

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

AND ACCREDITATIONS AND BEEN THE RECIPIENT OF NUMEROUS AWARDS AND HONORS INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING:

- ADVANCED CERTIFICATION FOR ITS STROKE CENTER AND FOR ADVANCED PALLIATIVE CARE; CORE CERTIFICATION FOR ACUTE CORONARY SYNDROME, CARDIAC REHABILITATION, HEART FAILURE, HIP REPLACEMENT AND KNEE REPLACEMENT.
- HEALTHGRADES 2022 AMERICA'S 250 BEST HOSPITALT RECIPIENT AND 100 BEST CARDIAC CARET (2022, 2021, 2020) AND AMERICA'S 100 BEST HOSPITALS FOR GASTROINTESTINAL SURGERYT (2022, 2021) AND AMERICA'S 100 BEST HOSPITALS FOR PULMONARY CARE AWARDT (2022).
- RECOGNIZED BY HEALTHGRADES AS PERFORMING BETTER THAN EXPECTED FOR HEART FAILURE, 30-DAY SEPSIS MORTALITY, BOWEL OBSTRUCTION MORTALITY, 30-DAY MORTALITY FOR COLORECTAL SURGERIES, UPPER GASTROINTESTINAL SURGERY MORTALITY, VAGINAL DELIVERIES, STROKE 30-DAY MORTALITY, CHRONIC OBSTRUCTIVE PULMONARY DISEASE 30-DAY MORTALITY, AND PNEUMONIA MORTALITY.
- U.S. NEWS & WORLD REPORT CONFERS CBMC AS A BEST REGIONAL HOSPITAL AND NOTES HIGH PERFORMANCE FOR COLON CANCER SURGERY, HEART ATTACK, HEART FAILURE, DIABETES, KIDNEY FAILURE, STROKE, 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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

ORGANIZATION, FOR FOUR CONSECUTIVE YEARS.

- NAMED TO THE 'MOST WIRED HOSPITALS' LIST BY THE AMERICAN HOSPITAL

ASSOCIATION'S HEALTH FORUM. ACHIEVED LEVEL 9 MOST WIRED RECOGNITION FROM

CHIME IN 2021.

- LOWN INSTITUTE RANKED CBMC AN ("A") FOR COST EFFICIENCY AND FOR

CLINICAL OUTCOMES.

- 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

- AMERICAN BURN ASSOCIATION IN CONJUNCTION WITH THE AMERICAN COLLEGE OF

SURGEONS BURN CENTER VERIFICATION.

- JOINT COMMISSION GOLD SEAL OF APPROVAL FOR ACUTE CORONARY SYNDROME

(ASC), HEART FAILURE, CARDIAC REHABILITATION, PRIMARY STROKE, TOTAL HIP

REPLACEMENT AND TOTAL KNEE REPLACEMENT.

- QRCR CERTIFIED BY THE AMERICAN ASSOCIATION FOR RESPIRATORY CARE.

- CARDIAC REHABILITATION PROGRAM ACCREDITED/CERTIFIED BY THE AMERICAN

ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

- LABORATORY AND PATHOLOGY SERVICES ACCREDITED/CERTIFIED BY THE COLLEGE
OF AMERICAN PATHOLOGISTS; LABORATORY TRANSFUSION SERVICES
ACCREDITED/CERTIFIED BY THE AMERICAN ASSOCIATION OF BLOOD BANKS.

- RADIATION ONCOLOGY SERVICES ACCREDITED/CERTIFIED BY THE AMERICAN
COLLEGE OF RADIOLOGY AND THE AMERICAN COLLEGE OF RADIATION ONCOLOGY.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

JERSEY CITY MEDICAL CENTER ("JCMC")

JERSEY CITY MEDICAL CENTER IS 348- BED LICENSED GENERAL ACUTE CARE
HOSPITAL LOCATED IN JERSEY CITY, THE POPULATION CENTER OF HUDSON COUNTY,
AND COMPRISES OVER 40% OF THE COUNTY'S POPULATION IN 2020 AND IS
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. JERSEY CITY WAS THE SECOND MOST
POPULOUS CITY IN NEW JERSEY IN 2021 (CENSUS BUREAU ESTIMATES) AND HAD THE
HIGHEST INCREASE IN POPULATION NUMBERS OF NEW JERSEY'S PLACES AND TOWNS
FROM 2010 TO 2020. JERSEY CITY IS THE SECOND MOST POPULOUS CITY IN NEW
JERSEY ACCORDING TO THE 2020 CENSUS. IN 2021, JCMC ADMITTED NEARLY 16,000
INPATIENTS AND PROVIDED AROUND 201,000 OUTPATIENT VISITS WITH MORE THAN
81,100 EMERGENCY DEPARTMENT VISITS. THE HOSPITAL DELIVERED NEARLY 2,000
BABIES.

JCMC IS A DNV (WHICH STANDS FOR DET NORSKE VERITAS) FULLY ACCREDITED

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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.

- 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 GYNECOLOGIC SURGERY EXCELLENCE AWARDT FOR 2021, 2020, 2019.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

- HEALTHGRADES SAFETY RECOGNITION FOR PREVENTING EXCESSIVE BRUISING OR BLEEDING AS A CONSEQUENCE OF A PROCEDURE OR SURGERY.

- HEALTHGRADES BETTER THAN EXPECTED PERFORMANCE FOR C-SECTIONS, GYN PROCEDURES AND HYSTERECTOMIES, AND HIP REPLACEMENTS.

- 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 2022, BY THE HUMAN RIGHTS CAMPAIGN (HRC) FOUNDATION.

- RANKED AS "HIGH PERFORMING" IN TREATMENT OF KIDNEY FAILURE BY U.S. NEWS & WORLD REPORT, PRIOR RECOGNITION FOR HEART FAILURE AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE.

- NAMED TO THE 'MOST WIRED HOSPITALS' LIST BY THE AMERICAN HOSPITAL ASSOCIATION'S HEALTH FORUM. ACHIEVED LEVEL 9 MOST WIRED RECOGNITION FROM CHIME IN 2021.

- RECEIVED AN "A" FROM THE LOWN HOSPITAL INDEX FOR COMMUNITY BENEFIT AND WAS IN TOP 10 HOSPITALS IN THE STATE.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

- THE LEAPFROG GROUP HAS AWARDED JCMC A 'B' GRADING FOR QUALITY AND
PATIENT SAFETY; WAS NAMED A TOP TEACHING HOSPITAL BY LEAPFROG GROUP IN
2017.

- U.S. NEWS & WORLD REPORT, NAMED AS A HIGH PERFORMING HOSPITAL FOR FIVE
CONDITIONS: HEART ATTACK, HEART FAILURE, DIABETES, KIDNEY FAILURE AND
CHRONIC OBSTRUCTIVE PULMONARY DISORDER.

- RECIPIENT OF THE AMERICAN HEALTH ASSOCIATION (AHA)/AMERICAN STROKE
ASSOCIATION'S GET WITH THE GUIDELINES-STROKE GOLD PLUS QUALITY
ACHIEVEMENT AWARD AND HONOR ROLE ELITE FOR HIGHER ACHIEVEMENT OF STROKE
TREATMENT TIME.

- OPERATED THE FIRST EMS SERVICE IN THE U.S. TO EARN TRIPLE ACCREDITATION
IN DISPATCH, EDUCATION, AND EMERGENCY MEDICAL SERVICE.

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 2020 CENSUS. MONMOUTH

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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 74TH LARGEST MCD LOCATION IN THE STATE
AND HAS BEEN DESIGNATED AS A MUA/MUP (MEDICALLY UNDERSERVED
AREA/POPULATION) BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION
(HRSA) OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES. CONTINUED GROWTH
IS ESTIMATED FOR THE CITY WITH CENSUS ESTIMATES PLACING AT THE 10TH
HIGHEST GROWTH BETWEEN 2020 AND 2021.

THE INSTITUTION PROVIDES A BROAD SPECTRUM OF SERVICES, SERVING THE
LIFESPAN RANGING FROM HIGH-RISK NEONATOLOGY TO GERIATRIC CARE. ADMISSIONS
TOTAL OVER 22,600 ANNUALLY, INCLUDING OVER 6,200 BIRTHS, AND
APPROXIMATELY NEARLY 197,600 OUTPATIENT VISITS AND OVER 45,100 EMERGENCY
VISITS. MMC SERVES A DIVERSE COMMUNITY WITH AND IS LOCATED IN THE
NORTHERNMOST COUNTY ON THE JERSEY SHORE AND IS IN CLOSE PROXIMITY TO NEW
YORK CITY WITH THE FIFTH LARGEST TOTAL POPULATION IN THE STATE. MONMOUTH
COUNTY IS HOME TO IMMIGRANT POPULATIONS OF ITALIAN, GERMAN AND POLISH,
WITH A LARGE IRISH AMERICAN POPULATION AND A RAPIDLY GROWING ASIAN
PRESENCE.

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:

- EARNED JOINT COMMISSION ADVANCED CERTIFICATION AS A PRIMARY STROKE

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

CENTER AND CORE DISEASE-SPECIFIC CERTIFICATION FOR HIP AND KNEE JOINT
REPLACEMENT AND SPINE SURGERY.

- MAGNET RECOGNITION FOR NURSING PROFESSIONALISM, TEAMWORK, AND
SUPERIORITY IN PATIENT CARE. WITH THIS CREDENTIAL, MMC JOINED THE GLOBAL
COMMUNITY OF ORGANIZATIONS RECOGNIZED BY MAGNET. CURRENTLY, JUST 509 U.S.
HEALTH CARE ORGANIZATIONS OUT OF MORE THAN 6,300 U.S. HOSPITALS HAVE
ACHIEVED MAGNET RECOGNITION.

- 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 (2021, 2020, 2019) AND
OBSTETRICS AND GYNECOLOGY EXCELLENCE AWARDT (2021, 2020, 2019).

- HEALTHGRADES SAFETY RECOGNITION FOR PREVENTING ACCIDENTAL CUT,
PUNCTURE, PERFORATION, OR HEMORRHAGE DURING MEDICAL CARE.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2021

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Inspection**

Employer identification number

- HEALTHGRADES BETTER THAN EXPECTED PERFORMANCE FOR VAGINAL DELIVERIES, HIP FRACTURE TREATMENT AND KNEE REPLACEMENTS.

- PLATINUM RECOGNITION PARTNERSHIP FOR LIFE HOSPITAL CAMPAIGN, RECOGNIZED FOR RAISING ORGAN AND TISSUE DONATION AWARENESS 2021-2022. RECOGNITION BY U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA).

- NAMED ON NEWSWEEK LIST OF WORLD'S BEST HOSPITALS, AMONGST 2,200 HOSPITALS WORLDWIDE.

- CONSISTENTLY EARNS GRADE "A" SCORE IN HOSPITAL SAFETY BY THE LEAPFROG GROUP; RECOGNIZED FOR THE THIRD TIME AS A TOP TEACHING HOSPITAL IN 2021.

- ONE OF THE EIGHT HOSPITALS IN NEW JERSEY TO RECEIVE A 4-STAR RATING-THE HIGHEST RATING IN THE STATE-FROM THE CENTERS FOR MEDICARE AND MEDICAID SERVICES.

- LGBTQ HEALTHCARE EQUALITY LEADER IN LGBTQ HEALTHCARE EQUALITY.

- DESIGNATED AS A COMPREHENSIVE CANCER PROGRAM AND BARIATRIC SURGERY CENTER BY THE AMERICAN COLLEGE OF SURGEONS.

- NAMED A 2020 GUARDIAN OF EXCELLENCE AWARD WINNER BY PRESS GANEY. THE

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

GUARDIAN OF EXCELLENCE AWARD RECOGNIZES TOP-PERFORMING HEALTH CARE ORGANIZATIONS THAT HAVE ACHIEVED THE 95TH PERCENTILE OR ABOVE FOR PERFORMANCE IN PATIENT EXPERIENCE.

- A TOP NEW JERSEY HOSPITALS IN THE U.S. NEWS & WORLD REPORT RANKINGS. RECOGNIZED AS HIGH PERFORMER FOR KIDNEY FAILURE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, AND HEART FAILURE.

- RECEIVED AN "A" FROM THE LOWN HOSPITAL INDEX FOR COMMUNITY BENEFIT AND FOR PATIENT SAFETY (WAS IN TOP 10 HOSPITALS IN THE STATE).

- DESIGNATED AS A NICHE (NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDERS) HOSPITAL.

- 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 FOR FIVE CONSECUTIVE YEARS.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

- SLEEP DISORDERS CENTER IS THE FIRST FACILITY IN MONMOUTH COUNTY TO EARN ACCREDITATION FROM THE AMERICAN ACADEMY OF SLEEP MEDICINE.

- AMERICAN HEART ASSOCIATION GET WITH THE GUIDELINES HEART FAILURE GOLD PLUS QUALITY ACHIEVEMENT AWARD.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

- NAMED TO THE 'MOST WIRED HOSPITALS' LIST BY THE AMERICAN HOSPITAL ASSOCIATION'S HEALTH FORUM. ACHIEVED LEVEL 9 MOST WIRED RECOGNITION FROM CHIME IN 2021

MMC-SC IS A 241-BED FULLY ACCREDITED ACUTE CARE HOSPITAL LOCATED IN LAKEWOOD, OCEAN COUNTY, NEW JERSEY. 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 MCD IN THE STATE ACCORDING TO 2021 CENSUS ESTIMATES. THE LOCATION OF MMCSC IS WITHIN A DESIGNATED MEDICALLY UNDERSERVED AREA/POPULATION (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. MMC-SC SERVES A DIVERSE URBAN POPULATION INCLUDING A PROPORTIONATELY HIGHER MIX OF ELDERLY AND UNINSURED/UNDERINSURED COMMUNITIES. DURING 2021, MMC-SC SERVICED OVER 5,400 INPATIENTS, NEARLY OVER 64,000 OUTPATIENT VISITS WITH OVER 26,200 EMERGENCY VISITS.

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:

- EARNED JOINT COMMISSION ADVANCED CERTIFICATION AS A PRIMARY STROKE CENTER AND CORE DISEASE-SPECIFIC CERTIFICATION FOR CHEST PAIN AND HEART FAILURE.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

- HEALTHGRADES BETTER THAN EXPECTED PERFORMANCE FOR PACEMAKER PROCEDURES.

- RECEIVED AN "A" FROM THE LOWN HOSPITAL INDEX FOR EQUITY AND COMMUNITY
BENEFIT.

- LGBTQ HEALTHCARE EQUALITY LEADER IN LGBTQ HEALTHCARE EQUALITY.

- EARNED A GRADE "B" SCORE IN HOSPITAL SAFETY BY THE LEAPFROG GROUP.

- DESIGNATION AS A NICHE (NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDER)
HOSPITAL.

- RECOGNITION AS A MENTOR HOSPITAL BY THE NEW JERSEY HOSPITAL ENGAGEMENT
NETWORK (HEN).

- NJ SHARING NETWORK PLATINUM LEVEL RECOGNITION FOR INCREASING ENROLLMENT
IN THE NEW JERSEY STATE DONOR REGISTRY AND SPREADING THE LIFE-SAVING
MESSAGE OF ORGAN AND TISSUE DONATION.

- NAMED TO THE 'MOST WIRED HOSPITALS' LIST BY THE AMERICAN HOSPITAL
ASSOCIATION'S HEALTH FORUM. ACHIEVED LEVEL 9 MOST WIRED RECOGNITION FROM
CHIME IN 2021

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

NEWARK BETH ISRAEL MEDICAL CENTER ("NBIMC")

NEWARK BETH ISRAEL MEDICAL CENTER ("NBIMC"), A 667-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 2021 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. NBIMC SERVES AREAS THAT INCLUDE MUA/MUP DESIGNATIONS AND STATE DESIGNATION AS MEDICALLY UNDERINSURED AND AN URBAN ENTERPRISE ZONE (UEZ) BY THE STATE OF NEW JERSEY. NEWARK IS HOME TO A MAJOR INTERNATIONAL AIRPORT AND CONNECTS TO MAJOR ROADWAYS AND IS ADJACENT TO MAJOR SHIPPING YARDS. DUE TO THE NATURE OF ITS LOCATION, NBIMC SERVES DIVERSE COMMUNITIES WITH THE MAJORITY OF THE RACIAL MAKEUP OF THE CITY BEING PREDOMINANTLY MINORITY AND 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. IN 2021, NBIMC HAD OVER 18,700 INPATIENT ADMISSIONS, AROUND 2,500 BIRTHS, OVER 263,000 OUTPATIENT CASES AND OVER 82,900 EMERGENCY VISITS.

NBIMC, A JOINT COMMISSION ACCREDITED HOSPITAL AND BEHAVIORAL HEALTH

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

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Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

PROVIDER, IS THE RECIPIENT OF NUMEROUS AWARDS AND HONORS INCLUDING, BUT
NOT LIMITED TO, THE FOLLOWING:

- CERTIFIED BY THE JOINT COMMISSION DISEASE SPECIFIC CARE ADVANCED
CERTIFICATION AS A PRIMARY STROKE CENTER AND A VENTRICULAR ASSIST DEVICE
PROGRAM.
- CERTIFIED BY JOINT COMMISSION AS CORE PROGRAM IN HEART FAILURE.
- NEWARK BETH ISRAEL MEDICAL CENTER HAS BEEN NAMED ONE OF THE 2019, 2020,
AND 2021 WORLD'S BEST HOSPITALS BY NEWSWEEK MAGAZINE.
- LEAPFROG "A" GRADE FOR SAFETY AND QUALITY SPRING 2021.
- NICHE EXEMPLAR HOSPITAL DESIGNATION INDICATES A HOSPITAL'S COMMITMENT
TO ELDER CARE EXCELLENCE.
- HEALTHGRADES PATIENT SAFETY EXCELLENCE AWARDT (2021, 2020) INDICATING
TOP IN THE NATION FOR PROVIDING EXCELLENCE IN PATIENT SAFETY BY
PREVENTING INFECTIONS, MEDICAL ERRORS, AND OTHER PREVENTABLE
COMPLICATIONS
- HEALTHGRADES AS HIGHER PERFORMING FOR CARDIAC DEFIBRILLATOR PROCEDURES,
VAGINAL AND C-SECTION DELIVERIES.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

- HEALTHGRADES RECOGNITION FOR SAFETY AS TO PREVENTING THE FOLLOWING:
COLLAPSED LUNG DUE TO A PROCEDURE OR SURGERY IN OR AROUND THE CHEST;
EXCESSIVE BRUISING OR BLEEDING AS A CONSEQUENCE OF A PROCEDURE OR
SURGERY; AND RESPIRATORY FAILURE FOLLOWING SURGERY.

- AN LGBTQ HEALTHCARE EQUALITY INDEX LEADER DESIGNATION BY THE HUMAN
RIGHTS CAMPAIGN (HRC) FOUNDATION (2017-2021).

- NEW JERSEY DESIGNATED PRIMARY STROKE CENTER BY THE NEW JERSEY
DEPARTMENT OF HEALTH AND SENIOR SERVICES.

- NICHE (NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDERS) EXEMPLAR HOSPITAL
DESIGNATION. 2015-2021.

- NAMED TO THE 'MOST WIRED HOSPITALS' LIST BY THE AMERICAN HOSPITAL
ASSOCIATION'S HEALTH FORUM. ACHIEVED LEVEL 9 MOST WIRED RECOGNITION FROM
CHIME IN 2021.

- LOWN INSTITUTE RANKED IN STATE'S TOP 10 AND AN ("A") FOR SOCIAL
RESPONSIBILITY, COMMUNITY BENEFIT, INCLUSIVITY.

- PLATINUM RECOGNITION PARTNERSHIP FOR LIFE HOSPITAL CAMPAIGN, RECOGNIZED
FOR RAISING ORGAN AND TISSUE DONATION AWARENESS 2021-2022. RECOGNITION BY
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' HEALTH RESOURCES AND
SERVICES ADMINISTRATION (HRSA).

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

- ACCREDITATION FOR THE COHEN CANCER CENTER AT NBIMC BY THE AMERICAN COLLEGE OF SURGEON'S COMMISSION ON CANCER.

- AMERICAN HEART ASSOCIATION - GUIDELINES GOLD AWARD FOR RESUSCITATION AND RECOGNIZED FOR PRIMARY STROKE CERTIFICATION.

- USNEWS & WORLD REPORT: RATED HIGH PERFORMING FOR TREATMENT OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) AND HEART FAILURE 2016; CARDIOLOGY AND HEART SURGERY 2020; PULMONOLOGY AND LUNG SURGERY 2020; BEST HOSPITALS IN THE NEW JERSEY AND METRO AREA - CANCER, CARDIOLOGY & HEART SURGERY, DIABETES & ENDOCRINOLOGY, GASTROENTEROLOGY & GI SURGERY, NEPHROLOGY, NEUROLOGY & NEUROSURGERY 2014-2015.

- AMERICAN COLLEGE OF RADIOLOGY - DIAGNOSTIC IMAGING CENTER OF EXCELLENCE; DIAGNOSTIC IMAGING CENTER OF EXCELLENCE; DESIGNATED LUNG CANCER SCREENING CENTER; AND DESIGNATED LUNG CANCER SCREENING CENTER.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - NEW BRUNSWICK AND SOMERSET (RWJUH-NEW BRUNSWICK AND RWJUH-SOMERSET)

RWJUH IS A 947-LICENSED BED ACADEMIC MEDICAL CENTER WITH CAMPUSES IN NEW BRUNSWICK AND SOMERVILLE, NJ. THIS ENTITY WAS CREATED THROUGH THE

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

SUCCESSFUL MERGER BETWEEN RWJUH AND SOMERSET MEDICAL CENTER IN THE YEAR
2014.

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. 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. DURING 2021, THE HOSPITAL'S NEW
BRUNSWICK CAMPUS HAD NEARLY 32,800 INPATIENT ADMISSIONS, OVER 3,000
BIRTHS AND OVER 86,300 HOSPITAL EMERGENCY DEPARTMENT VISITS FOR BOTH
ADULT AND PEDIATRIC DEPARTMENTS. TOTAL OUTPATIENT CASES WERE OVER
398,600.

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. 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. ON THE SOMERSET CAMPUS, THERE WERE OVER NEARLY
14,100 INPATIENT ADMISSIONS, NEARLY 45,000 EMERGENCY DEPARTMENT VISITS
AND NEARLY 900 BIRTHS. TOTAL OUTPATIENT VISITS EXCEEDED 116,400 DURING

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

2021.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

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. SOMERSET 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 TWO ADULT SPECIALTIES AND TEN ADULT CONDITIONS AND PROCEDURES, THESE ARE COLON

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

CANCER SURGERY, LUNG CANCER SURGERY, HEART ATTACK, HEART BYPASS SURGERY,
HEART FAILURE, DIABETES, KIDNEY FAILURE, STROKE, HIP REPLACEMENT AND
CHRONIC OBSTRUCTIVE PULMONARY DISEASE. RWJUH-SOMERSET WAS RECOGNIZED AS
"HIGH-PERFORMING" FOR HEART FAILURE, DIABETES, KIDNEY FAILURE, STROKE AND
CHRONIC OBSTRUCTIVE PULMONARY DISEASE.

- RWJUH WAS NAMED TO NEWSWEEK'S 2021 LIST OF BEST MATERNITY CARE
HOSPITALS, IN RECOGNITION OF THE EXCEPTIONAL CARE WE PROVIDE TO MOTHERS,
NEWBORNS AND THEIR FAMILIES.

- RWJUH-NEW BRUNSWICK RECEIVED HEALTHGRADES BARIATRIC SURGERY EXCELLENCE
AWARDT (2022, 2021, 2020) AND AMERICA'S 100 BEST HOSPITALS FOR PROSTATE
SURGERY AWARDT (2020). RWJUH-SOMERSET RECEIVED THE PATIENT SAFETY
EXCELLENCE AWARDT (2021) AND GYNECOLOGIC SURGERY EXCELLENCE AWARDT (2021,
2020, 2019).

- RWJUH-NEW BRUNSWICK RECEIVED HEALTHGRADES SAFETY RECOGNITION FOR SAFETY
AS TO PREVENTING THE FOLLOWING: RESPIRATORY FAILURE FOLLOWING SURGERY.

- HEALTHGRADES RECOGNIZED RWJUH-NEW BRUNSWICK AS HIGHER PERFORMING FOR
BARIATRIC SURGERY, VAGINAL DELIVERY AND HIP FRACTURE TREATMENT.
RWJUH-SOMERSET WAS RECOGNIZED AS BETTER THAN EXPECTED FOR PACEMAKER
PROCEDURES, BOWEL OBSTRUCTION 30-DAY MORTALITY, HYSTERECTOMY, C-SECTION
AND VAGINAL DELIVERY,

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.
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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

- RWJUH - SOMERSET HAS RECEIVED AN "A" PATIENT SAFETY GRADE FROM THE LEAPFROG GROUP FOR BOTH THE SPRING AND FALL 2021 SCORES.

- LOWN INSTITUTE RANKED RWJUH-SOMERSET AN ("A") FOR 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 2021-2022. RECOGNITION BY U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA).

- BOTH HOSPITALS HAVE NICHE (NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDERS) HOSPITAL DESIGNATION.

- NAMED TO THE 'MOST WIRED HOSPITALS' LIST BY THE AMERICAN HOSPITAL ASSOCIATION'S HEALTH FORUM. ACHIEVED LEVEL 9 MOST WIRED RECOGNITION FROM CHIME IN 2021.

- 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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

COMPREHENSIVE.

- THE ACS COMMISSION ON CANCER (COC) HAS RATED RWJUH-NEW BRUNSWICK AMONG THE NATION'S BEST COMPREHENSIVE CANCER CENTERS; BOTH HOSPITALS' CANCER CENTERS HAVE COC DESIGNATIONS.

- 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 RECEIVES 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.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

- COLLEGE OF AMERICAN PATHOLOGISTS -- BOTH CAMPUSES OF RWJUH'S LABORATORY SERVICES ARE ACCREDITED BY THE COMMISSION ON LABORATORY ACCREDITATION OF THE COLLEGE OF AMERICAN PATHOLOGISTS (CAP), BASED ON THE RESULTS OF ITS ON-SITE INSPECTION. RWJUH IS ONE OF MORE THAN 6,000 CAP-ACCREDITED LABORATORIES NATIONWIDE. THE CAP LABORATORY ACCREDITATION PROGRAM, BEGUN IN THE EARLY 1960S, IS RECOGNIZED BY THE FEDERAL GOVERNMENT AS BEING EQUAL TO OR MORE STRINGENT THAN THE GOVERNMENT'S OWN INSPECTION. RWJUH'S LABORATORY WAS CONGRATULATED FOR "EXCELLENCE OF THE SERVICES BEING PROVIDED."

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - HAMILTON ("RWJUH HAMILTON")

RWJUH HAMILTON, A 248-BED GENERAL ACUTE CARE HOSPITAL, IS LOCATED ON A 67-ACRE CAMPUS ADJACENT TO HAMILTON'S VETERANS PARK IN HAMILTON, NEW JERSEY IN MERCER COUNTY. 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. TRENTON IS NEW JERSEY'S 10TH LARGEST MCD/TOWNSHIP BY POPULATION SIZE, AND HAMILTON TOWNSHIP IS THE 9TH LARGEST. BOTH HAMILTON TOWNSHIP AND TRENTON HAD POPULATION GROWTH FROM 2010 TO 2020, 4.1% AND 7%, RESPECTIVELY. 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. IN 2021, THE

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

HOSPITAL HAD OVER 6,000 ADMISSIONS, AROUND 31,300 EMERGENCY ROOM VISITS.

TOTAL OUTPATIENT CASES WERE OVER 96,300.

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 FALL 2021.

- PLATINUM RECOGNITION PARTNERSHIP FOR LIFE HOSPITAL CAMPAIGN, RECOGNIZED
FOR RAISING ORGAN AND TISSUE DONATION AWARENESS 2021-2022. 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.

- HEALTHGRADES SAFETY RECOGNITION FOR PREVENTING PRESSURE SORES OR BED
SORES ACQUIRED IN THE HOSPITAL.

- RANKED AS "HIGH PERFORMING" IN TREATMENT OF HEART FAILURE, KIDNEY
FAILURE AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE BY U.S. NEWS & WORLD

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

REPORT.

- GOLD RECOGNITION PARTNERSHIP FOR LIFE HOSPITAL CAMPAIGN, RECOGNIZED FOR
RAISING ORGAN AND TISSUE DONATION AWARENESS 2021-2022. RECOGNITION BY
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' HEALTH RESOURCES AND
SERVICES ADMINISTRATION (HRSA).

- 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 COMMUNITY BENEFIT.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY ("RWJUH RAHWAY")

RWJUH RAHWAY IS LICENSED FOR 241 BEDS AND 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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

2020. RAHWAY CITY IS THE 81ST LARGEST MCD/TOWNSHIP IN NEW JERSEY AND GREW BY 8% OVER THE PAST CENSUS PERIOD. 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. IN 2021, RWJUH RAHWAY PROVIDED CARE FOR OVER 5,100 INPATIENTS AND AROUND 31,700 EMERGENCY ROOM VISITS AND OVER 54,000 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.

- LEAPFROG SAFETY GRADE "A" FALL 2021 AND FOR SPRING 2022.

- HOSPITALS & HEALTH NETWORKS IN PARTNERSHIP WITH THE AMERICAN HOSPITAL ASSOCIATION'S HEALTH FORUM AND THE COLLEGE OF HEALTHCARE INFORMATION MANAGEMENT EXECUTIVES (CHIME) - MOST WIRED HOSPITAL

- LOWN INSTITUTE RANKED ("A") FOR PATIENT SAFETY.

- HEALTHGRADES SAFETY RECOGNITION FOR PREVENTING ACCIDENTAL CUT, PUNCTURE, PERFORATION, OR HEMORRHAGE DURING MEDICAL CARE.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.
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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

- HEALTHGRADES BETTER THAN EXPECTED PERFORMANCE FOR APPENDECTOMY
COMPLICATIONS, AND STROKE MORTALITY, HIP FRACTURE TREATMENT AND HIP
REPLACEMENT.

- C-SECTIONS, GYN PROCEDURES AND HYSTERECTOMIES, AND HIP REPLACEMENTS.

- NICHE (NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDER) HOSPITAL
DESIGNATION.

- DIABETES PROGRAM CERTIFIED BY THE AMERICAN DIABETES ASSOCIATION.

- PRIMARY STROKE CENTER, NEW JERSEY DEPARTMENT OF HEALTH.

- 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.

- SAINT BARNABAS BEHAVIORAL HEALTH CENTER ("SBBH")

SBBH 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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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.

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 8TH MOST
POPULOUS SUBCOUNTY/TOWNSHIP AREA IN THE STATE ACCORDING TO THE 2020
CENSUS AND 2021 ESTIMATES. WHILE THERE WAS AN ESTIMATED 4.6% POPULATION
GROWTH ESTIMATED BETWEEN THE 2010 AND 2020 (THE 27TH HIGHEST VOLUME
INCREASE IN 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.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

SBBH SERVES BOTH SUBURBAN AND SEMI-RURAL COMMUNITIES INCLUDING THE SHORE COMMUNITIES AND LOWER-INCOME MUNICIPALITIES OF MANCHESTER AND SOUTH TOMS RIVER. SBBH SERVES A SIGNIFICANT PROPORTION OF ELDERLY - 2020 CENSUS ESTIMATES THAT 22.4% OF THE COUNTY POPULATION IS AGED 65 AND OLDER AS OPPOSED TO 16.9% FOR THE STATE. IN 2021, 56.4% OF SBBH'S PATIENT ADMISSIONS WERE COMPRISED OF A MEDICARE PAYER. FURTHER, NEARLY 12.9% OF THE PAYER MIX WAS COMPRISED OF UNDERINSURED AND UNINSURED PAYER CATEGORIES. MINORITIES COMPRISED OVER 18.1% OF PATIENTS.

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.

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

- 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

=====

NEW COVID RECOVERY SERVICES:

SINCE THE BEGINNING OF THE PANDEMIC, WE HAVE CARED FOR THOUSANDS OF
 PATIENTS DIAGNOSED WITH COVID-19. AS IT IS A NOVEL AND EXTREMELY COMPLEX
 VIRUS, THE HEALTHCARE COMMUNITY IS JUST LEARNING ABOUT ITS LONG-TERM
 EFFECTS. WHILE THE MAJORITY OF PEOPLE WHO HAVE HAD CORONAVIRUS (COVID-19)
 RECOVER COMPLETELY, THERE IS A POPULATION OF SURVIVORS WHO SUFFER FROM
 LINGERING SIDE EFFECTS. THEIR COVID RECOVERY TIME SEEMS TO LAST LONGER
 THAN OTHERS'. THESE INDIVIDUALS ARE SOMETIMES CALLED "LONG-HAULERS," AND
 THEIR SYMPTOMS INTERFERE WITH THEIR ABILITY TO RECOVER AND RETURN TO
 THEIR PRIOR LIFE AND ACTIVITIES.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

RWJBARNABAS HEALTH HAS CREATED COVID-19 REHABILITATION PROGRAMS TO HELP
PEOPLE MANAGE WHAT HAVE BEEN CALLED "POST-COVID CONDITIONS" OR "LONG
COVID." ACCORDING TO THE CENTERS FOR DISEASE CONTROL AND PREVENTION
(CDC), COMMON LONG-COVID SYMPTOMS INCLUDE:

- FATIGUE
- SHORTNESS OF BREATH
- COUGH
- JOINT PAIN
- CHEST PAIN
- DIFFICULTY THINKING AND CONCENTRATING (BRAIN FOG)
- DEPRESSION
- MUSCLE PAIN
- HEADACHE
- INTERMITTENT FEVER AND A FAST-BEATING HEART (HEART PALPITATIONS)
- LESS COMMON BUT MORE SERIOUS LONG-TERM COMPLICATIONS THAT CAN PREVENT A
FULL RECOVERY FROM COVID-19 INCLUDE:

- INFLAMMATION OF THE HEART MUSCLE
- LUNG FUNCTION ABNORMALITIES
- ACUTE KIDNEY INJURY
- DERMATOLOGIC ISSUES (RASHES, HAIR LOSS)
- SMELL AND TASTE PROBLEMS
- SLEEP ISSUES
- MEMORY PROBLEMS

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

- PSYCHIATRIC PROBLEMS (DEPRESSION, ANXIETY, MOOD CHANGES)

COVID RECOVERY SERVICES HAVE BEEN DEVELOPED AND INCLUDE MULTIDISCIPLINARY TEAM OF DOCTORS AND REHABILITATION EXPERTS WORKING TOGETHER TO REDUCE OR ELIMINATE LINGERING SYMPTOMS IN PEOPLE WHO HAVE POST-COVID CONDITIONS. PATIENTS ARE ASSESSED AND LINKED WITH EXPERTS IN SPECIALTIES SUCH AS CARDIOLOGY, PULMONOLOGY, NEUROLOGY, PHYSICAL THERAPY, SPEECH THERAPY, BEHAVIORAL THERAPY, AND MORE. OUR PROVIDERS OFFER ACCESS TO A CONTINUUM OF CARE, INCLUDING ADDITIONAL OUTPATIENT TESTING, RADIOLOGY, OR PRESCRIPTION MEDICATION. PROGRAMS HAVE BEEN DEVELOPED FOR BOTH ADULTS AND PEDIATRICS.

PHYSICIAN-LED COMPREHENSIVE ACADEMIC PROGRAMS ARE AVAILABLE AT:

- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, NEW BRUNSWICK, NJ - POST-COVID RECOVERY PROGRAM
- COOPERMAN BARNABAS MEDICAL CENTER, LIVINGSTON, NJ - ADULT - POST-COVID COMPREHENSIVE ASSESSMENT RECOVERY AND EVALUATION (CARE) PROGRAM
- COOPERMAN BARNABAS MEDICAL CENTER, LIVINGSTON, NJ - PEDIATRIC - PEDIATRIC POST-COVID COMPREHENSIVE ASSESSMENT RECOVERY AND EVALUATION (CARE) PROGRAM
- PHYSICIAN CARE AND REHABILITATION SERVICES ARE OFFERED AT CHILDREN'S SPECIALIZED HOSPITAL - PEDIATRIC POST-COVID CARE IS OFFERED THROUGH VARIOUS DEPARTMENTS DEPENDING ON THE NEED.
- CHILDREN'S HOSPITAL OF NEW JERSEY AT NEWARK BETH ISRAEL MEDICAL CENTER,

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

NEWARK, NJ - PEDIATRIC POST-COVID COMPREHENSIVE ASSESSMENT RECOVERY AND
EVALUATION (CARE) PROGRAM

- MONMOUTH MEDICAL CENTER, LONG BRANCH, NJ - PULMONARY REHABILITATION
POST-COVID RECOVERY PROGRAM

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

- MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS, LAKEWOOD, NJ - POST-COVID
RECOVERY PROGRAM

- NEWARK BETH ISRAEL MEDICAL CENTER, NEWARK, NJ - COVID-19 RECOVERY
CLINIC

- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, HAMILTON, NJ - POST-COVID
RECOVERY PROGRAM

- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, RAHWAY, NJ - POST-COVID
RECOVERY PROGRAM

- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, SOMERSET, NJ - POST-COVID CARE
EXERCISE PROGRAM AND SPEECH SERVICES

RWJBARNABAS HEALTH PARTICIPATES IN CLINICAL TRIALS TO OFFER THE LATEST
TREATMENTS TO OUR PATIENTS. AS PART OF A PREMIER ACADEMIC MEDICAL
INSTITUTION, OUR WORK CAN INFORM THE MEDICAL RESEARCH COMMUNITY TO AID IN
DEVELOPING MORE EFFECTIVE TREATMENTS FOR COVID-19.

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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

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.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

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

=====

THE PANDEMIC RESULTED IN A CHALLENGING YEAR OF SERVICE WITH TIMES OF PRIORITIZATION AND RESPONSE TO PUBLIC HEALTH EMERGENT PROTOCOLS INCLUDING DISRUPTION OF ELECTIVE SERVICES. STAFF MET THE MANY CHALLENGES AND WORKED TO ASSURE THE RESPECTIVE COMMUNITY HEALTH NEEDS WERE ADDRESSED. THE CENTERS OF EXCELLENCE FOR THE HOSPITALS INCLUDE A WIDE ARRAY OF SPECIALIZED SERVICES. ONLY A FEW ARE PROVIDED IN THE FOLLOWING SECTION.

CHILDREN'S SPECIALIZED HOSPITAL

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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 72 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
46 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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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.

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2021

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Inspection**

Employer identification number

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.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

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Inspection**

Employer identification number

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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 & QUADRIPLÉGIA) 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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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.

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.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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"), MAMMOSITE
BRACHYTHERAPY FOR BREAST CANCER, HIGH DOSE RATE RADIOTHERAPY AND
RADIOACTIVE SEED IMPLANTS FOR PROSTATE CANCER. 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.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

- 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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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,

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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,

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.
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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.
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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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.

- 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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

- SUPPORT SERVICES - SUPPORTIVE COUNSELING, PASTORAL CARE SERVICES, EDUCATION, NUTRITION COUNSELING, PAIN MANAGEMENT, REFERRAL SERVICES AND SUPPORT GROUPS ARE ALL AVAILABLE FOR PATIENTS AND FAMILIES. SOCIAL SERVICES SUCH AS FREE TRANSPORTATION (APPROXIMATELY 2,500 ROUND TRIPS ANNUALLY), WIGS AND PROSTHETIC DEVICES, FINANCIAL AND DISABILITY ASSISTANCE, AND HOME CARE ARE ALSO AVAILABLE.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

- 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 JACUZZIS.
- 24-HOUR ANESTHESIA AND PAIN MANAGEMENT THERAPIES.
- SUPERIOR LACTATION EDUCATION AND SUPPORT.
- SPECIAL CARE NURSERY.
- 24-HOUR NEONATAL COVERAGE.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

- 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.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

- 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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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. WE CURRENTLY HAVE 13 DISEASE 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 TO ?GHT ALONGSIDE YOU,
PROVIDING CLOSE-TO-HOME ACCESS TO THE LATEST TREATMENTS AND CLINICAL

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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.

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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 OVER 150 KIDNEY TRANSPLANTS PERFORMED IN 2021 AND OVER 6,400 OVER THE YEARS. CBMC IS 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.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

PEDIATRIC UROLOGISTS TO PROVIDE TOTAL CARE FOR PATIENTS WITH UROLOGICAL
AND NEPHROLOGICAL PROBLEMS.

- THE CBMC NEUROLOGY AND NEUROSURGERY INSTITUTE

THE CBMC NEUROLOGY AND NEUROSURGERY INSTITUTE IS 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.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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 STROKE.

- 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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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 2021, CBMC DELIVERED OVER 6,500 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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

LATEST TREATMENTS AND MODALITIES IN THE FIELD TO PROVIDE THE MOST
ADVANCED CARE FOR MORE THAN 2000 PREMATURE AND ILL NEWBORNS IN 2020.
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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

THE JOINT AND SPINE INSTITUTE OFFERS DEDICATED BEDS 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.
- GROUP LUNCHESES WITH PATIENTS, THEIR COACHES, AND OTHERS IN THE PROGRAM.
- A JOINT TEAM THAT COORDINATES ALL PRE-OPERATIVE CARE AND DISCHARGE
PLANNING.
- A COMPREHENSIVE PATIENT GUIDE FOR PATIENTS TO FOLLOW FROM SIX WEEKS
PRE-OP UNTIL THREE MONTHS POST-OP AND BEYOND.
- COORDINATED AFTER-CARE PROGRAM.
- NEWSLETTERS TO UPDATE PATIENTS WITH NEW INFORMATION ABOUT ARTHRITIS AND
JOINT CARE; AND
- PUBLIC EDUCATION SEMINARS ABOUT HIP AND KNEE PAIN.

- THE BURN CENTER OF NEW JERSEY

THE BURN CENTER IS THE ONLY STATE-CERTIFIED BURN TREATMENT FACILITY IN

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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 450 ADULT 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 REGARDLESS OF ABILITY TO PAY. THE CENTER IS THE FIRST FULL-SERVICE FACILITY IN HUDSON COUNTY TO PROVIDE DETECTION, HEALING, SUPPORT, AND RECOVERY SERVICES.

- FANNIE E. RIPPEL FOUNDATION HEART INSTITUTE ("THE INSTITUTE")

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

THE INSTITUTE FEATURES STATE-OF-THE-ART DIAGNOSTIC TECHNOLOGY TO PROVIDE EXEMPLARY OUTPATIENT CARDIAC CARE. THE INSTITUTE PROVIDES TWO HIGH-RISK CARDIAC CATHETERIZATION LABORATORIES, A SINGLE PLANE AND A THREE-DIMENSIONAL BI-PLANE ALONG WITH OTHER CRITICALLY IMPORTANT DIAGNOSTIC TECHNOLOGY. THE MEDICAL CENTER IS THE REGION'S "HIGH-RISK" DESTINATION FOR PATIENTS WITH THE MOST COMPREHENSIVE CARDIAC CENTER IN HUDSON COUNTY.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

JCMC IS HUDSON COUNTY'S ONLY FULL-SERVICE HEART HOSPITAL. CARDIAC SERVICES PROVIDED INCLUDE ANGIOPLASTY, DIAGNOSTIC CARDIAC CATHETERIZATION, INTRAVASCULAR ULTRASOUND, PACEMAKER & IMPLANTABLE CARDIOVERTER DEFIBRILLATOR THERAPY, MINIMALLY INVASIVE VEIN HARVESTING AND CARDIAC ARTERY BYPASS GRAFT, THORACIC AND ABDOMINAL AORTIC ANEURYSM REPAIR, MITRAL AND AORTIC VALVE REPAIR AND REPLACEMENT, ELECTROPHYSIOLOGY, PERIPHERAL VASCULAR PROCEDURES, INCLUDING ENDOVASCULAR PROCEDURES AND CARDIAC ABLATION.

- 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

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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.

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

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

- 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

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Department of the Treasury
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OMB No. 1545-0047

2021

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Inspection**

Employer identification number

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

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

Department of the Treasury
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OMB No. 1545-0047

2021

**Open to Public
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Employer identification number

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.

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.

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

Department of the Treasury
Internal Revenue Service

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2021

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- 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 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.

**SCHEDULE O
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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

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

MMC DELIVERS AROUND 6,000 BABIES ANNUALLY - THE MOST IN MONMOUTH AND
OCEAN COUNTIES - AND HAS BUILT ONE OF THE SAFEST OBSTETRICAL PROGRAMS IN

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

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THE NATION, MAINTAINING ONE OF THE LOWEST C-SECTION RATES IN THE NATION.
THE VAST MAJORITY OF THE MORE THAN 50 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

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(Form 990 or 990-EZ)**

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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

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

Department of the Treasury
Internal Revenue Service
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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.

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

Department of the Treasury
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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 ELDERLY (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.

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

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(Form 990 or 990-EZ)**

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2021

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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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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. NBIMC'S SHORT AND LONG-TERM SURVIVAL RATES HAVE

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

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Internal Revenue Service
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OMB No. 1545-0047

2021

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Inspection**

Employer identification number

CONTINUALLY SURPASSED BOTH REGIONAL AND NATIONAL AVERAGES. THE EXPERIENCED MULTIDISCIPLINARY TEAM HAS WORKED CLOSELY TOGETHER AT THE HOSPITAL AND WITH ITS AFFILIATES. NBIMC IS A DESIGNATED VENTRICULAR ASSIST DEVISE ("VAD") CENTER AND WAS ONE OF THE FIRST IN NJ TO EMPLOY EXTRACORPOREAL MEMBRANE OXYGENATION ("ECMO").

- RWJBARNABAS HEALTH HEART CENTER AT NBIMC

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

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 2,400 OPEN HEART/TAVR PROCEDURES AND AROUND 115 TRANSPLANTS/VADS IN 2021.

- LUNG TRANSPLANT AND THE CENTER FOR ADVANCED LUNG DISEASE

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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 190 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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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

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

Department of the Treasury
Internal Revenue Service
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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

ONE OF ONLY SIX 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.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

- 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.

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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 LGBTQIA 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

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

Department of the Treasury
Internal Revenue Service
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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

MEDICALLY INVASIVE CARDIAC PROCEDURES ARE PERFORMED IN THE CARDIAC CATHETERIZATION LABORATORIES. THE HOSPITAL HAS NINE LABORATORIES ACROSS THE TWO CAMPUSES, INCLUSIVE 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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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. THE CARDIAC CATHETERIZATION LABORATORIES PERFORM OVER 6,500 PROCEDURES PER YEAR AND ARE AMONGST THE LARGEST AND MOST ACTIVE IN THE STATE OF NEW JERSEY. 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 PERFORMED OVER 1,273 OPEN HEART/TAVR PROCEDURES, INCLUSIVE OF CORONARY ARTERY BYPASS, GRAFTING, MINIMALLY INVASIVE SURGERY FOR REPAIR AND REPLACEMENT OF VALVES, REPAIR OF CONGENITAL ABNORMALITIES IN ADULTS AND SURGICAL TREATMENT OF ATRIAL FIBRILLATION. 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.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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 200 HEART TRANSPLANTS.

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2021

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Inspection**

Employer identification number

COMPREHENSIVE CANCER CENTERS.

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.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

- 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.
- 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.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

- 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.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

AND BEDS, WHICH NOW GIVES US 31 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 2021, MORE THAN 3,000 BIRTHS WERE RECORDED AT THE REGIONAL PERINATAL CENTER IN NEW BRUNSWICK AND NEARLY 900 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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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.

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.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

- 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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

- 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 SEES APPROXIMATELY 2,800
TRAUMA CASES ANNUALLY.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON

RWJUH HAMILTON'S RECOGNIZED MEDICAL SERVICES CENTERS OF EXCELLENCE

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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; AND
- THROUGH A PARTNERSHIP WITH THE AMERICAN CANCER SOCIETY, A "LOOK GOOD,
FEEL BETTER" IMAGE SALON IS OFFERED TO OUR CANCER PATIENTS.
- 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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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.

THE CENTER OFFERS:

- COMPRESSION THERAPY.
- DIABETIC FOOT MANAGEMENT.
- BIOLOGIC SKIN SUBSTITUTES.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

- 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.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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 DUALY 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 SESSIONS ARE OFFERED MONDAY THROUGH FRIDAY WITH BOTH MORNING AND AFTERNOON SESSIONS AVAILABLE 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

THE GERIATRIC TREATMENT PROGRAM OFFERS A COMPLETE RANGE OF INPATIENT AND

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

OUTPATIENT MENTAL HEALTH SERVICES FOR GERIATRIC PATIENTS. TREATMENTS VARY
BASED ON THE SEVERITY OF PROBLEMS, BUT INCLUDE PSYCHOTHERAPY,
MEDICATIONS, HOME HEALTHCARE, OUTPATIENT PROGRAMS STRUCTURED FOR
MAINTAINING A HIGH LEVEL OF INDEPENDENCE AND HOSPITALIZATION PROVIDING A
STRUCTURED THERAPEUTIC APPROACH IN AN APPROPRIATE ENVIRONMENT. PROGRAMS
TAKE PLACE IN A SEPARATE UNIT DESIGNED FOR OLDER ADULTS. A GERIATRIC
PSYCHIATRIST LEADS ALL TREATMENT TEAMS AND MONITORS THE NUTRITIONAL,
PHARMACOLOGICAL AND MEDICAL NEEDS OF EACH PATIENT. THE GERIATRIC
PSYCHIATRIST IS IDEALLY SUITED TO ADDRESS THE MENTAL HEALTH NEEDS OF
OLDER ADULTS BY TAKING INTO ACCOUNT CO-EXISTING MEDICAL ILLNESSES AND
MEDICATIONS, DIETARY NEEDS, FAMILY ISSUES AND SOCIAL CONCERNS AND
INTEGRATES THEM INTO A HOLISTIC APPROACH TO TREATMENT.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

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 DUALY 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.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

- 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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

- 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.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

- 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.

SUPPORT GROUPS

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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 THE FOLLOWING HEALTHCARE EDUCATION PROGRAMS AND CLASSES, PATIENT SUPPORT GROUPS AND COMMUNITY SERVICES TO PATIENTS AND THEIR FAMILIES. SOME OF THESE PROGRAMS ARE:

- AIDS/HIV POSITIVE SUPPORT GROUP.
- BEREAVEMENT SUPPORT GROUP.
- BREASTFEEDING SUPPORT GROUP.
- BREAST HEALTH EDUCATION.
- BURN PEER SUPPORT GROUP.
- CANCER SUPPORT GROUPS AND PROGRAMS.
- CARDIAC REHABILITATION SUPPORT GROUP.
- CHILDREN OF AGING PARENTS SUPPORT GROUP.
- COPING LOW VISION.
- CRANIOFACIAL PARENT EDUCATION AND SUPPORT.
- EPILEPSY PARENT SUPPORT GROUP.
- IMPOTENCE ANONYMOUS.
- INFERTILITY SUPPORT GROUP.
- LYMPHEDEMA EDUCATION AND SUPPORT GROUP.
- NICU SUPPORT GROUP.
- OSTEOPOROSIS EDUCATION.
- PARENTING INSIGHTS.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

- PARKINSON'S DISEASE SUPPORT GROUP.
- PEDIATRIC OUTREACH EDUCATION.
- PERINATAL BEREAVEMENT SUPPORT GROUP.
- REFRACTIVE SURGERY SEMINAR.
- RENAL TRANSPLANT AND DIALYSIS SUPPORT GROUPS AND PROGRAMS.
- RESOLVE.
- THE WELLNESS CONNECTION; AND
- WOMEN'S HEALTH/PARENT EDUCATION.

INSTRUCTIONAL CLASSES AND PROGRAMS

RWJBH OFFERS A VARIETY OF LIFESTYLE AND INSTRUCTIONAL CLASSES TO IMPROVE AN INDIVIDUAL'S OVERALL WELL-BEING. THERE IS A FEE ASSOCIATED WITH SOME OF THESE PROGRAMS. THESE INCLUDE, BUT ARE NOT LIMITED, TO:

- AQUACIZE CLASS.
- CPR: CARDIOPULMONARY RESUSCITATION CLASS.
- FIRST AID PROGRAMS AND FIRST RESPONDERS.
- HEALTHY LIVING AND EATING.
- HIPPO THERAPY: THERAPY FOR CHILDREN ON HORSEBACK.
- INTEGRATIVE MEDICINE PROGRAMS.
- KARATE FOR CHILDREN WITH SPECIAL NEEDS.
- LEARN PROGRAM FOR WEIGHT CONTROL, KID'S FIT.
- MOMS IN MOTION: PRENATAL AND POSTPARTUM EXERCISE.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

- SPORTS MEDICINE PROGRAMS.
- STAY FIT; AND
- YOGA CLASS.

CHILDBIRTH PREPARATION AND PARENTING CLASSES

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. THE FOLLOWING COURSES AND SERVICES ARE CURRENTLY OFFERED INCLUDE, BUT ARE NOT LIMITED, TO:

- ADOPTIVE PARENTS BABY CARE CONSULTATIONS.
- BREASTFEEDING CLASS.
- BREAST PUMP RENTAL SERVICE.
- DADDY BEEPER RENTAL SERVICE.
- GRANDPARENTING.
- INFANT AND CHILD CPR.
- LAMAZE REFRESHER SERIES.
- MARVELOUS MULTIPLES PROGRAM.
- MOMS IN MOTION: PRENATAL AND POSTPARTUM EXERCISE.
- PARENTING INSIGHTS.
- PETS AND BABIES' SEMINAR.
- PREPARED CHILDBIRTH SERIES.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

- PREPARED CHILDBIRTH/LAMAZE SERIES.
- SIBLING CLASS; AND
- WOMEN'S HEATH SEMINARS.
- SIBLING CLASS; AND
- WOMEN'S HEATH SEMINARS.

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; 22 VOTING, 16 INDEPENDENT;
- CLARA MAASS MEDICAL CENTER; 12 VOTING, 11 INDEPENDENT;
- COMMUNITY MEDICAL CENTER; 16 VOTING, 14 INDEPENDENT;
- COOPERMAN BARNABAS MEDICAL CENTER; 27 VOTING, 20 INDEPENDENT;
- JERSEY CITY MEDICAL CENTER; 20 VOTING, 17 INDEPENDENT;
- MONMOUTH MEDICAL CENTER; 40 VOTING, 35 INDEPENDENT;
- NEWARK BETH ISRAEL MEDICAL CENTER; 17 VOTING, 12 INDEPENDENT;

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL; 22 VOTING, 19 INDEPENDENT;

- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON; 24 VOTING, 21
INDEPENDENT;

- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY; 21 VOTING, 17
INDEPENDENT; AND

- SAINT BARNABAS BEHAVIORAL HEALTH CENTER; 7 VOTING, 5 INDEPENDENT.

CORE FORM, PART VI, SECTION A; QUESTION 2

- CLAIRE M. KNOFF AND HEYWOOD H. KNOFF - FAMILY RELATIONSHIP.

- ADAM PFEFFER, ESQ. AND RAYMOND F. SHEA, JR. ESQ. - BUSINESS
RELATIONSHIP.

- ARTHUR JAMES CIFELLI AND JACK MORRIS - BUSINESS RELATIONSHIP.

- CHRISTINE KLINE AND JOHN A. KLINE, M.D. - 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 BARNABAS HEALTH, INC. ("BH").
BH IS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION
AND SERVES THE SYSTEM. BH PROVIDES VARIOUS CORPORATE RELATED SERVICES FOR

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.
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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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. BH 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 BH 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; QUESTION 4

EFFECTIVE, OCTOBER 14, 2021, SAINT BARNABAS MEDICAL CENTER CHANGED ITS NAME TO COOPERMAN BARNABAS MEDICAL CENTER. THE ORGANIZATION'S CERTIFICATE OF INCORPORATION AND BYLAWS WERE AMENDED AND RESTATED TO REFLECT THIS CHANGE.

CORE FORM, PART VI, SECTION A; QUESTIONS 6 & 7

RWJ BARNABAS HEALTH, INC. ("RWJ BH") IS THE SOLE MEMBER OF THE

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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, SENIOR VICE PRESIDENT OF SYSTEM INTERNAL AUDIT AND VARIOUS OTHER INDIVIDUALS ("INTERNAL WORKING GROUP") TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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 2021 AND 2020 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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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.

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, 2021, 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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.
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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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 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

THE FOLLOWING INDIVIDUALS ARE ALL EMPLOYED IN A SYSTEM CORPORATE ROLE FOR
RWJ BARNABAS HEALTH, INC. THEIR COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP
IS WITH BARNABAS HEALTH, INC. (EIN: 22-2405279). BARNABAS HEALTH, INC.
FILED A 2021 FORM 4720 AND REMITTED THE EXCISE TAX BASED ON COMPENSATION
IN EXCESS OF \$1M FOR MSSRS. OSTROWSKY AND BIGA. OTHER INDIVIDUALS
REPORTED IN THIS FORM 990 ALSO HAVE A COMMON LAW EMPLOYER/EMPLOYEE
RELATIONSHIP WITH BARNABAS HEALTH, INC. INCLUDING MSSRS. MEBANE,
EVERHART, IRWIN, BERSHAD, COLINERI AND KNECHT. THESE INDIVIDUALS ARE
INCLUDED IN THIS FORM 990 SOLELY BECAUSE THEY ARE A TRUSTEE OR FORMER KEY
EMPLOYEE OF ONE OF THE SUBORDINATES INCLUDED IN THIS GROUP FORM 990.

VARIOUS HOSPITALS INCLUDED IN THIS GROUP FORM 990 FILED SEPARATE FORMS

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

4720 FOR THEIR RESPECTIVE RWJBARNABAS HEALTH TAX-EXEMPT HOSPITALS AND MEDICAL CENTER PRESIDENT/CEO'S. UNDER THE COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP THE FOLLOWING COMPLETED A 2021 FORM 4720 AND REMITTED TAX ON EXCESS EXECUTIVE COMPENSATION FOR THE FOLLOWING INDIVIDUALS ALTHOUGH THESE INDIVIDUALS RECEIVED A 2021 FORM W-2 FROM BARNABAS HEALTH, INC. (FEID: 22-2405279); A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION.

- STEPHEN P. ZIENIEWICZ, FACHE - PRESIDENT/CHIEF EXECUTIVE OFFICER, COOPERMAN BARNABAS MEDICAL CENTER (FEID: 22-1494440);

- PATRICK J. HAUGHEY - CHIEF OPERATING OFFICER, COOPERMAN BARNABAS MEDICAL CENTER (FEID: 22-1494440);

- FRANK J. VOZOS, M.D., FACS - FORMER CHIEF EXECUTIVE OFFICER, MONMOUTH MEDICAL CENTER - SOUTHERN CAMPUS (FEID: 22-3452412);

- WILLIAM S. ARNOLD - PRESIDENT/CHIEF EXECUTIVE OFFICER, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL (FEID: 22-1487243);

- JOHN J. GANTER - FORMER PRESIDENT/CHIEF EXECUTIVE OFFICER, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL (FEID: 22-1487243); AND

- MAUREEN BUENO - SENIOR VICE PRESIDENT, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL (FEID: 22-1487243).

ANROY OTTLEY, 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. OTTLEY BECAUSE HIS COMPENSATION WAS ATTRIBUTABLE TO CLINICAL SERVICES AND THUS EXEMPT FROM EXCISE TAXES

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

AS PROVIDED FOR UNDER INTERNAL REVENUE CODE SECTION 4960.

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 AND SCHEDULE J

MICHELE H. SCHWEERS IS STILL EMPLOYED WITHIN RWJBARNABAS HEALTH AS THE VICE PRESIDENT/CHIEF HUMAN RESOURCES OFFICER FOR BARNABAS HEALTH, INC.; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION.

KEVIN M. KRAMER, ESQ. IS STILL EMPLOYED WITHIN RWJBARNABAS HEALTH AS SENIOR COUNSEL OF BARNABAS HEALTH, INC.; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION.

TERESITA C. MEDINA IS STILL EMPLOYED WITHIN RWJBARNABAS HEALTH AS A DIRECTOR FOR CLARA MAASS MEDICAL CENTER; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION.

THE FOLLOWING INDIVIDUALS ARE EMPLOYED BY BARNABAS HEALTH, INC., WORKING IN A CORPORATE ROLE FOR RWJBARNABAS HEALTH:

- JOSHUA M. BERSHAD, M.D. ;

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

- LORI A. COLINERI;
- MICHAEL KNECHT;
- MARTIN S. EVERHART; AND
- ROBERT G. IRWIN.

CORE FORM, PART VII, SECTION A, COLUMN B

THIS ORGANIZATION IS AN AFFILIATE WITHIN RWJBARNABAS HEALTH; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THE SYSTEM INCLUDES BOTH FOR-PROFIT AND NOT FOR-PROFIT ORGANIZATIONS. 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 RWJ BARNABAS HEALTH; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THE SYSTEM HAS A NUMBER OF OUTSTANDING

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

LONG-TERM OBLIGATED GROUP DEBT LIABILITIES, INCLUDING THE FOLLOWING BOND
ISSUANCES:

- 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-1;

- 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 2017A;

- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY REVENUE AND
REFUNDING BONDS SERIES 2016A;

- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY REVENUE AND
REFUNDING BONDS SERIES 2014A;

- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY REVENUE AND
REFUNDING BONDS SERIES 2012A;

- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY SERIAL BONDS
SERIES 2019;

- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY TAXABLE REVENUE
BONDS SERIES 2016; AND

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY TAXABLE REVENUE
BONDS SERIES 2012.

THE BONDS OUTLINED ABOVE AND VARIOUS OTHER LONG-TERM BORROWINGS ARE
ALLOCATED BY BARNABAS HEALTH, 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 O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

SCHEDULE K WAS PREPARED ON A CONSOLIDATED BASIS AND IS INCLUDED IN THE
FORM 990 OF BARNABAS HEALTH, 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 FROM RELATED INTERNAL REVENUE CODE SECTION 501(C)(3)
TAX-EXEMPT FOUNDATIONS - (\$786,414);
- NET ASSETS RELEASED FROM RESTRICTION FOR PURCHASES OF PROPERTY AND
EQUIPMENT - \$19,494,350;
- NET ASSETS RELEASED FROM ASSETS WITH DONOR RESTRICTIONS -
(\$11,624,683);
- PENSION ADMINISTRATION COSTS - (\$2,160,337);
- CAPITAL ASSET TRANSFER TO RELATED INTERNAL REVENUE CODE SECTION
501(C)(3) TAX-EXEMPT AFFILIATES - \$85,817,861;
- OTHER CHANGES IN UNRESTRICTED NET ASSETS - \$2,229,514;
- NET CHANGE IN INTEREST IN RESTRICTED NET ASSETS OF UNCONSOLIDATED
FOUNDATIONS - (\$1,456,145);
- EQUITY TRANSFER FROM RELATED INTERNAL REVENUE CODE SECTION 501(C)(3)
TAX-EXEMPT FOUNDATIONS - UNRESTRICTED - \$10,621,688;
- NET CHANGE IN NET ASSETS RELEASED FROM DONOR RESTRICTIONS - \$9,017,752;
- EQUITY TRANSFER FROM RELATED INTERNAL REVENUE CODE SECTION 501(C)(3)
TAX-EXEMPT FOUNDATIONS - RESTRICTED - \$3,908,820;

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

- DIVIDEND DISTRIBUTION FROM COMMERCIAL PROFESSIONAL INSURANCE COMPANY, LTD.; A 100% CONTROLLED FOREIGN CORPORATION - \$5,000,000;
- CAPITAL CONTRIBUTION TO SHREWSBURY DIAGNOSTIC IMAGING, LLC; A LIMITED LIABILITY COMPANY CONTROLLED BY THIS ORGANIZATION - (\$357,773); AND
- GAIN ON EARLY EXTINGUISHMENT OF DEBT, NET - \$557,798.

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, 2021 AND DECEMBER 31, 2020; 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.

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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 3.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY CLARA MAASS MEDICAL CENTER
ARE REFLECTED IN NUMBERS 4 THROUGH 9.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY COMMUNITY MEDICAL CENTER ARE
REFLECTED IN NUMBERS 10 THROUGH 15.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY COOPERMAN BARNABAS MEDICAL
CENTER ARE REFLECTED IN NUMBERS 16 THROUGH 158.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY JERSEY CITY MEDICAL CENTER
ARE REFLECTED IN NUMBERS 159 THROUGH 168.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY MONMOUTH MEDICAL CENTER ARE
REFLECTED IN NUMBERS 169 THROUGH 179.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY NEWARK BETH ISRAEL MEDICAL
CENTER ARE REFLECTED IN NUMBERS 180 THROUGH 208.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY ROBERT WOOD JOHNSON
UNIVERSITY HOSPITAL ARE REFLECTED IN NUMBERS 209 THROUGH 218.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY ROBERT WOOD JOHNSON
UNIVERSITY HOSPITAL AT HAMILTON ARE REFLECTED IN NUMBERS 219 THROUGH 221.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY ROBERT WOOD JOHNSON
UNIVERSITY HOSPITAL RAHWAY ARE REFLECTED IN NUMBERS 222 THROUGH 240.

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 ENTITIES 1-17.

CLARA MAASS MEDICAL CENTER'S OTHER HEALTHCARE FACILITIES ARE REFLECTED IN
ENTITY 18.

COMMUNITY MEDICAL CENTER'S OTHER HEALTHCARE FACILITIES ARE REFLECTED IN
ENTITY 19.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

COOPERMAN BARNABAS MEDICAL CENTER'S OTHER HEALTHCARE FACILITIES ARE
REFLECTED IN ENTITIES 20-64.

JERSEY CITY MEDICAL CENTER'S OTHER HEALTHCARE FACILITIES ARE REFLECTED IN
ENTITIES 65-77.

MONMOUTH MEDICAL CENTER'S OTHER HEALTHCARE FACILITIES ARE REFLECTED IN
ENTITIES 78-83.

NEWARK BETH ISRAEL MEDICAL CENTER'S OTHER HEALTHCARE FACILITIES ARE
REFLECTED IN ENTITIES 84-85.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL'S OTHER HEALTHCARE FACILITIES ARE
REFLECTED IN ENTITIES 86-115.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON'S OTHER HEALTHCARE
FACILITIES ARE REFLECTED IN ENTITIES 116-124.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY'S OTHER HEALTHCARE
FACILITIES ARE REFLECTED IN ENTITIES 125-126.

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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

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, INC.

C/O CORP. FINANCE, 2 CRESCENT PLACE

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

OCEANPORT, NJ 07757

22-2405279

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

CENTRAL JERSEY BEHAVIORAL HEALTH ASSOCIATES

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3343959

CHILDRENS SPECIALIZED HOSPITAL FOUNDATION

150 NEW PROVIDENCE ROAD

MOUNTAINSIDE, NJ 07092

13-6844298

CLARA MAASS FOUNDATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

NORTH BRUNSWICK, NJ 08902

26-3659270

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

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

OCEANPORT, NJ 07757

22-0012205

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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

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

**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.

2021

**Open to Public
Inspection**

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

Name of the organization

Employer identification number

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

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

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

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

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

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
BARNABAS HEALTH, INC. C/O CORP. FINANCE, 2 CRESCENT PLACE OCEANPORT, NJ 07757	MANAGEMENT	655,966,570.
WM BLANCHARD COMPANY 199 MOUNTAIN AVENUE, P.O. BOX 298 SPRINGFIELD, NJ 07081	CONSTRUCTION	61,128,581.
SODEXO INCORPORATED AND AFFILIATES P.O. BOX 360170 PITTSBURGH, PA 15251-6170	FOOD/MANAGEMENT	34,366,760.
ABBOTT LABORATORIES, INC. 100 ABBOTT PARK ROAD ABBOTT PARK, IL 60064	MEDICAL	18,010,068.
QUEST DIAGNOSTICS, INC. 1 INSIGHTS DRIVE CLIFTON, NJ 07012-2355	MEDICAL	16,721,285.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

85-1296795

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

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) CENTER FOR DISC, INNOV & DEVELOPMENT LLC 84-2897309 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	HEALTH SVCS.	NJ	NONE	NONE	CSH
(2) LIBERTY HEALTHCARE VENTURES, LLC 27-2045146 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	HEALTH SVCS.	NJ	NONE	NONE	JCMC
(3) RWJUH-PLUM STREET, LLC 26-2282746 579A CRANBURY ROAD EAST BRUNSWICK, NJ 08816	REAL ESTATE	NJ	NONE	NONE	RWJUH
(4) RWJ INTEGRATED HEALTHCARE, LLC 81-1271129 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	HEALTH SVCS.	NJ	NONE	NONE	RWJUH
(5) SAINT BARNABAS MANAGEMENT SERVICES, LLC 22-3661568 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	HEALTH SVCS.	NJ	204,418.	52,590.	SBBH
(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)							

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

Schedule R (Form 990) 2021

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SEE SUPPLEMENTAL PAGE												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) SEE SUPPLEMENTAL PAGE									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

990 SCH R, PART III-IDENTIFICATION OF REL. ORG. TAXABLE AS PARTNERSHIP

(A) NAME/ADDRESS/EIN	B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) PREDOMINANT INCOME	(F) SHARE OF TOT INCOME	(G) SHARE EOY	(H) DISPROPORTIONATE		(I) CODE V-UBI	(J) PARTNER		(K) % OWNERSHIP
							YES	NO		YES	NO	
AVENEL ISELIN MEDICAL GROUP, L 400 GILL LANE ISELIN, NJ 08830	HEALTH SVCS.	NJ	N/A									
BARNABAS ON TIME HOLDINGS, LLC 135 E. HIGHLAND PARK ROSELLE,	HEALTH SVCS.	NJ	N/A									
CENTRAL JERSEY ACO, LLC 45-546 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									
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									
INNOVATIVE PURCHASING CONCEPTS C/O CORP FIN. 2 CRESCENT PLACE	INACTIVE	NJ	RWJ BH-SUBS.	RELATED		NONE	266,117.	X		NONE	X	100.0000
JERSEY ASC VENTURES, LLC 47-33 1A BURTON HILLS BLVD NASHVILLE	HEALTH SVCS.	TN	N/A									
LIBERTY/USP SURGERY CENTERS, L 15305 DALLAS PKWY SUITE 1600 L	HEALTH SVCS.	TX	N/A									
MEDEMERGE, LLC 03-0382501 1005 WASHINGTON AVE. GREEN BRO	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		(I) CODE V-UBI	(J) PARTNER		(K) % OWNERSHIP
							YES	NO		YES	NO	
NEW JERSEY IMAGING NTKW, LLC 46 C/O CORP FIN. 2 CRESCENT PLACE	HEALTH SVCS.	NJ	N/A									
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
RWJ-REGENT, LLC 45-3853994 10 PLUM STREET, 4TH FLOOR NEW	HEALTH SVCS.	NJ	RWJUH	RELATED	NONE	NONE		X	NONE		X	80.0000
SHREWSBURY DIAGNOSTIC IMAGING, 1131 BROAD STREET, SUITE 110 S	HEALTH SVCS.	NJ	MMC	RELATED	361,074.	503,574.		X	NONE		X	51.0000
SOMERSET PEDIATRIC GROUP, LLC 575 ROUTE 28, BLDG. 2, STE. 22	HEALTH SVCS.	NJ	N/A									
CARE STATION MSO, LLC 328 WEST ST. GEORGES AVENUE LI	HEALTH SVCS.	NJ	N/A									
JAG-ONE HOLDINGS, LP 85-439527 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
ADVANCED GASTROENTEROLOGY GROU 1308 MORRIS AVENUE, SUITE 102	HEALTH SVCS.	NV	N/A									

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

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 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-2506125 MGMT SVCS.	NJ	N/A	C CORP.				X
CSH VENTURES, INC. 200 SOMERSET STREET NEW BRUNSWICK, NJ 08901	47-2729885 MED. CONSULTING	NJ	N/A	C CORP.	NONE	66,202.	100.0000	X
HEALTH CARE FACILITIES MGT C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-3532988 MAINT. SVCS.	NJ	N/A	C CORP.				X
LIVINGSTON INFUSION CARE INC C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-3190756 HEALTH SVCS.	NJ	N/A	C CORP.				X
LIVINGSTON SERVICES CORP. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-2779395 HEALTH SVCS.	NJ	N/A	C CORP.				X
LSC PHARMACY SERVICES, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	45-2552776 PHARMACY SVCS	NJ	N/A	C CORP.				X
MAJOR INVESTIGATIONS, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-3040539 SECURITY SVCS	NJ	N/A	C CORP.				X
NJ HEALTH CARE SYSTEM, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-3536986 INACTIVE	NJ	N/A	C CORP.				X
RWJ MED SVCS ORG AT HAMILTON C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-3454270 HEALTH SVCS.	NJ	N/A	C CORP.				X
RWJ MEDICAL ASSOCIATES, P.A. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-3586872 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. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	45-3967414 HEALTH SVCS.	NJ	N/A	C CORP.				X
RWJ SURGERY CENTER, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-3698431 HEALTH SVCS.	NJ	N/A	C CORP.				X
SBC MANAGEMENT CORPORATION C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-3414332 MGMT SVCS.	NJ	N/A	C CORP.				X
SHC ENTERPRISES, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-2665595 MGMT SVCS.	NJ	N/A	C CORP.				X
SOMERSET REALTY GROUP, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-3269525 REAL ESTATE	NJ	N/A	C CORP.				X
VISION HEALTHCARE, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	20-4285005 INVESTMENT	NJ	N/A	C CORP.				X
CPIC 44 CHURCH STREET , HAMILTON BD HM11	FINANCIAL VEHICLE	BD	N/A	FOREIGN CORP.	64,711,084.	328,086,281.	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.

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BARNABAS HEALTH, INC.	M	655,966,570.	COST
(2) BARNABAS HEALTH, INC.	R	279,010,706.	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?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
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(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.

Part VII Supplemental Information

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

PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES NO
AUXILIARY OF THE RWJUH C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	SUPPORT	NJ	501(C)(3)	509(A)(2)	RWJUH	X
BARNABAS BAYONNE DEV URBAN RENEWAL CORP C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	STAFFING SVCS	NJ	501(C)(3)	509(A)(3)	SBRDC	X
BARNABAS HEALTH, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	HEALTH SVCS.	NJ	501(C)(3)	509(A)(3)	RWJ BH	X
BARNABAS HEALTH MEDICAL GROUP, P.C. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	HEALTH SVCS.	NJ	501(C)(3)	509(A)(2)	RWJ BH	X
CENTER STATE HEALTH GROUP, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	HEALTH SVCS.	NJ	501(C)(3)	509(A)(3)	RWJ BH	X
CENTRAL JERSEY BEHAVIORAL HEALTH ASSOC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	HEALTH SVCS.	NJ	501(C)(3)	509(A)(3)	SBBH	X
CHILDRENS SPECIALIZED HOSPITAL FDN. 150 NEW PROVIDENCE ROAD MOUNTAINSIDE, NJ 07092	FUNDRAISING	NJ	501(C)(3)	509(A)(1)	CSH	X
CLARA MAASS FOUNDATION C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	FUNDRAISING	NJ	501(C)(3)	509(A)(1)	RWJ BH	X
COMMUNITY MEDICAL CENTER AUXILIARY C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	SUPPORT	NJ	501(C)(3)	509(A)(3)	CMC	X
COMMUNITY MEDICAL CENTER FOUNDATION C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	FUNDRAISING	NJ	501(C)(3)	509(A)(1)	RWJ BH	X

Part VII Supplemental Information

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

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES NO
DOCTORS' CENTER MANAGEMENT CORP C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-3175258 HEALTH SVCS.	NJ	501(C)(3)	509(A)(3)	RWJ BH	X
GREENVILLE HOSPITAL C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-0963805 INACTIVE	NJ	501(C)(3)	HOSPITAL	RWJ BH	X
IRVINGTON HOSPITAL FOUNDATION C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	23-7025428 INACTIVE	NJ	501(C)(3)	509(A)(3)	RWJ BH	X
LAKEVIEW CHILD CARE CENTER, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-2627639 CHILD CARE	NJ	501(C)(3)	509(A)(2)	RWJ BH	X
LIBERTY RIVERSIDE HEALTHCARE C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-3284894 INACTIVE	NJ	501(C)(3)	HOSPITAL	RWJ BH	X
MEGA CARE, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-2578561 HEALTH SVCS.	NJ	501(C)(3)	509(A)(3)	CSHG	X
MONMOUTH MED CNTR - SOUTHERN CAMPUS FDN. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-2630076 FUNDRAISING	NJ	501(C)(3)	509(A)(1)	RWJ BH	X
MONMOUTH MEDICAL CENTER - FACULTY PRACT. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-3357053 HEALTH SVCS.	NJ	501(C)(3)	509(A)(3)	MMC	X
MONMOUTH MEDICAL CENTER FOUNDATION C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-2456079 FUNDRAISING	NJ	501(C)(3)	509(A)(1)	RWJ BH	X
NEW BRUNSWICK AFFILIATED HOSPITALS, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-1946837 HEALTH SVCS.	NJ	501(C)(3)	509(A)(3)	RWJ BH	X

Part VII Supplemental Information

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

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES NO
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)	509(A)(3)	JCMC	X
OPPORTUNITY PROJECT, INC. 22-3242203 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	HEALTH SVCS.	NJ	501(C)(3)	509(A)(1)	CSH	X
ROBERT WOOD JOHNSON VISITING NURSES, INC 26-3659270 972 SHOPPES BOULEVARD NORTH BRUNSWICK, NJ 08902	HEALTH SVCS.	NJ	501(C)(3)	509(A)(2)	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)	509(A)(3)	RWJ BH	X
RWJ BARNABAS HEALTH, INC. 81-0682747 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	INACTIVE	NJ	501(C)(3)	509(A)(3)	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)	509(A)(3)	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)	509(A)(1)	RWJ BH	X
RWJ UNIV. HOSPITAL FOUNDATION, INC. 22-2378007 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	FUNDRAISING	NJ	501(C)(3)	509(A)(1)	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)	509(A)(2)	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)	509(A)(1)	RWJ BH	X

Part VII Supplemental Information

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

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES NO
SAINT BARNABAS HOSPICE AND PALLIATIVE C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-2354659 HEALTH SVCS.	NJ	501(C)(3)	509(A)(1)	RWJ BH	X
SAINT BARNABAS OUTPATIENT CENTERS C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-2458479 HEALTH SVCS.	NJ	501(C)(3)	509(A)(2)	RWJ BH	X
SAINT BARNABAS REALTY DEVELOPMENT CORP. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-2940008 TITLE HLDNG.	NJ	501(C)(3)	509(A)(3)	RWJ BH	X
SANDY HOOK FRNDS OF ST BARNABAS BURN FDN C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-3236202 FUNDRAISING	NJ	501(C)(3)	509(A)(3)	RWJ BH	X
SOMERSET HEALTH CARE FOUNDATION, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-3294408 FUNDRAISING	NJ	501(C)(3)	509(A)(1)	RWJ BH	X
THE JERSEY CITY MEDICAL CENTER FDN. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-3113911 FUNDRAISING	NJ	501(C)(3)	509(A)(2)	RWJ BH	X
UNITED RESCUE AT JERSEY CITY, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-2458481 HEALTH SVCS.	NJ	501(C)(3)	509(A)(2)	JCMC	X
UNIVERSITY PHYSICIAN ASSOCIATES OF NJ C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-2095812 HEALTH SVCS.	NJ	501(C)(3)	509(A)(3)	RWJ BH	X
VNA HEALTH GROUP OF NEW JERSEY, LLC 176 RIVERSIDE AVENUE	47-4841103 RED BANK, NJ 07701 HEALTH SVCS.	NJ	501(C)(3)	509(A)(2)	MEGA CARE	X

RENT AND ROYALTY INCOME

Taxpayer's Name RWJ BARNABAS HEALTH, INC. - SUBORDINATES	Identifying Number 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	17779114.	
TOTAL GROSS INCOME		17779114.

OTHER EXPENSES:		
OTHER EXPENSES	6,100,576.	

DEPRECIATION (SHOWN BELOW)			
LESS: Beneficiary's Portion			
AMORTIZATION			
LESS: Beneficiary's Portion			
DEPLETION			
LESS: Beneficiary's Portion			
TOTAL EXPENSES			6,100,576.
TOTAL RENT OR ROYALTY INCOME (LOSS)			11678538.

Less Amount to

Rent or Royalty	
Depreciation	
Depletion	
Investment Interest Expense	
Other Expenses	
Net Income (Loss) to Others	

Net Rent or Royalty Income (Loss) 11678538.

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	17779114.

	17779114.
	=====

OTHER DEDUCTIONS

RENTAL EXPENSES	6,100,576.

	6,100,576.
	=====

RENT AND ROYALTY SUMMARY

=====

PROPERTY -----	TOTAL INCOME -----	DEPLETION/ DEPRECIATION -----	OTHER EXPENSES -----	ALLOWABLE NET INCOME -----
RENTAL	17779114.	-----	6,100,576.	11678538.
TOTALS	----- 17779114. =====	----- ----- =====	----- 6,100,576. =====	----- 11678538. =====

**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/F1041 for instructions and the latest information.

OMB No. 1545-0092

2021

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 One 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 2020 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 line 17, column (3) on the back ▶				7

Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One 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	47,643.			47,643.
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 2020 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 line 18a, column (3) on the back ▶				16 47,643.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2021

Part III Summary of Parts I and II		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
Caution: Read the instructions <i>before</i> completing this part.				
17	Net short-term gain or (loss)	17		
18	Net long-term gain or (loss):			
a	Total for year	18a		47,643.
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		47,643.

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, col. (2), or line 18c, col. (2), is more than zero, or
- 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, col. (2) or line 18c, col. (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 \$2,700	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 \$13,250	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 2021 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 2021 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.

- (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 <i>Column (e)</i> 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.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	VARIOUS SECURITIES	VARIOUS	VARIOUS	47,643.00				47,643.00
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) ►				47,643.				47,643.

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.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Attachment
Sequence No. 27

Go to www.irs.gov/Form4797 for instructions and the latest information.

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 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions.
1b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets.
1c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets.

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)

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (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). Rows 2-9.

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): SEE STATEMENT 1 499,015.
11 Loss, if any, from line 7.
12 Gain, if any, from line 7 or amount from line 8, if applicable.
13 Gain, if any, from line 31.
14 Net gain or (loss) from Form 4684, lines 31 and 38a.
15 Ordinary gain from installment sales from Form 6252, line 25 or 36.
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824.
17 Combine lines 10 through 16. 499,015.
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.
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.

For Paperwork Reduction Act Notice, see separate instructions.

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 1 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



RWJ BARNABAS HEALTH, INC.

December 31, 2021 and 2020

(With Independent Auditors' Report Thereon)

RWJ BARNABAS HEALTH, INC.

Table of Contents

	Page
Independent Auditors' Report	1
Consolidated Financial Statements:	
Consolidated Balance Sheets	3
Consolidated Statements of Operations	4
Consolidated Statements of Changes in Net Assets	5
Consolidated Statements of Cash Flows	6
Notes to Consolidated Financial Statements	7



KPMG LLP
New Jersey Headquarters
51 John F. Kennedy Parkway
Short Hills, NJ 07078-2702

Independent Auditors' Report

The Board of Trustees
RWJ Barnabas Health, Inc.:

Opinion

We have audited the consolidated financial statements of RWJ Barnabas Health, Inc. (the Corporation), which comprise the consolidated balance sheets as of December 31, 2021 and 2020, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of the Corporation as of December 31, 2021 and 2020, and the results of its operations, the changes in its net assets, and its cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of the Corporation and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with U.S. generally accepted accounting principles, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Corporation's ability to continue as a going concern for one year after the date that the consolidated financial statements are available to be issued.

Auditors' Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.



In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Corporation's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Corporation's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

KPMG LLP

Short Hills, New Jersey
April 27, 2022

RWJ BARNABAS HEALTH, INC.

Consolidated Balance Sheets

December 31, 2021 and 2020

(In thousands)

Assets	2021	2020
	<u>2021</u>	<u>2020</u>
Current assets:		
Cash and cash equivalents	\$ 154,095	100,380
Short-term investments	755,551	578,074
Assets limited or restricted as to use	90,605	142,603
Patient accounts receivable	678,737	589,224
Estimated amounts due from third-party payors	107,097	31,022
Other current assets	<u>374,803</u>	<u>238,624</u>
Total current assets	2,160,888	1,679,927
Assets limited or restricted as to use, noncurrent portion	819,128	273,902
Investments	4,862,135	5,032,506
Property, plant, and equipment, net	2,910,166	2,563,409
Right-of-use assets	258,089	269,663
Other assets, net	<u>667,089</u>	<u>457,500</u>
Total assets	<u>\$ 11,677,495</u>	<u>10,276,907</u>
Liabilities and Net Assets		
Current liabilities:		
Accounts payable	\$ 492,231	388,370
Accrued expenses and other current liabilities	1,116,185	949,233
Estimated amounts due to third-party payors	375,500	207,932
Long-term debt	38,468	9,224
Lease obligations	37,942	42,237
Self-insurance liabilities	<u>100,562</u>	<u>82,931</u>
Total current liabilities	2,160,888	1,679,927
Estimated amounts due to third-party payors, net of current portion	62,124	400,550
Self-insurance liabilities, net of current portion	324,618	265,940
Long-term debt, net of current portion	3,327,935	2,592,403
Lease obligations, net of current portion	234,433	237,046
Accrued pension liability	29,018	31,465
Other liabilities	<u>149,930</u>	<u>210,148</u>
Total liabilities	<u>6,288,946</u>	<u>5,417,479</u>
Net assets:		
Without donor restrictions	5,118,887	4,677,376
With donor restrictions	<u>269,662</u>	<u>182,052</u>
Total net assets	<u>5,388,549</u>	<u>4,859,428</u>
Total liabilities and net assets	<u>\$ 11,677,495</u>	<u>10,276,907</u>

See accompanying notes to consolidated financial statements.

RWJ BARNABAS HEALTH, INC.
Consolidated Statements of Operations
Years ended December 31, 2021 and 2020
(In thousands)

	<u>2021</u>	<u>2020</u>
Revenue:		
Patient service revenue	\$ 6,077,874	5,036,674
CARES Act grant revenue	65,110	570,657
Other revenue, net	<u>483,539</u>	<u>293,244</u>
Total revenue	<u>6,626,523</u>	<u>5,900,575</u>
Expenses:		
Salaries and wages	2,468,791	2,232,692
Physician fees and salaries	739,895	600,371
Employee benefits	505,911	446,884
Supplies	1,220,247	1,086,619
Other	1,247,553	1,068,852
Interest	100,983	101,203
Depreciation and amortization	<u>271,024</u>	<u>257,470</u>
Total expenses	<u>6,554,404</u>	<u>5,794,091</u>
Income from operations	<u>72,119</u>	<u>106,484</u>
Nonoperating revenue (expenses):		
Investment income, net	346,699	798,807
Other, net	<u>(1,702)</u>	<u>1,680</u>
Total nonoperating revenue, net	<u>344,997</u>	<u>800,487</u>
Excess of revenue over expenses	417,116	906,971
Other changes:		
Pension changes other than net periodic benefit cost	471	(11,282)
Net assets released from restriction for purchases of property and equipment	19,494	18,107
Other, net	<u>4,430</u>	<u>3,792</u>
Increase in net assets without donor restrictions	<u>\$ 441,511</u>	<u>917,588</u>

See accompanying notes to consolidated financial statements.

RWJ BARNABAS HEALTH, INC.

Consolidated Statements of Changes in Net Assets

Years ended December 31, 2021 and 2020

(In thousands)

	<u>Without donor restrictions</u>	<u>With donor restrictions</u>	<u>Total net assets</u>
Net assets at December 31, 2019	\$ 3,759,788	173,036	3,932,824
Changes in net assets:			
Excess of revenue over expenses	906,971	—	906,971
Pension changes other than net periodic benefit cost	(11,282)	—	(11,282)
Change in interest in restricted net assets of unconsolidated foundation	—	(1,817)	(1,817)
Net assets released from restriction	18,107	(19,790)	(1,683)
Restricted contributions	—	30,321	30,321
Investment income on restricted investments, net	—	491	491
Other	3,792	(189)	3,603
Change in net assets	<u>917,588</u>	<u>9,016</u>	<u>926,604</u>
Net assets at December 31, 2020	<u>4,677,376</u>	<u>182,052</u>	<u>4,859,428</u>
Changes in net assets:			
Excess of revenue over expenses	417,116	—	417,116
Pension changes other than net periodic benefit cost	471	—	471
Change in interest in restricted net assets of unconsolidated foundation	—	(1,456)	(1,456)
Net assets released from restriction	19,494	(37,339)	(17,845)
Restricted contributions	—	127,042	127,042
Investment income on restricted investments, net	—	507	507
Other	4,430	(1,144)	3,286
Change in net assets	<u>441,511</u>	<u>87,610</u>	<u>529,121</u>
Net assets at December 31, 2021	\$ <u>5,118,887</u>	<u>269,662</u>	<u>5,388,549</u>

See accompanying notes to consolidated financial statements.

RWJ BARNABAS HEALTH, INC.
Consolidated Statements of Cash Flows
Years ended December 31, 2021 and 2020
(In thousands)

	<u>2021</u>	<u>2020</u>
Cash flows from operating activities:		
Change in net assets	\$ 529,121	926,604
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Pension changes other than net periodic benefit cost	(471)	11,282
Depreciation and amortization expense	271,024	257,470
Amortization of bond financing costs, premiums, and discounts	(8,570)	(7,639)
Net change in unrealized losses (gains) on investments	11,113	(561,802)
Realized gains on investments	(279,307)	(157,599)
Unrealized gain on interest rate swaps	(1,636)	(4,509)
Equity in income of joint ventures	(84,396)	(50,967)
Distributions received from investments in joint ventures	63,419	43,154
Distributions to noncontrolling interests	358	—
Impairment of goodwill	—	9,314
(Gain) loss on sale of assets	(2,232)	677
Contributions restricted for long-term use	(16,756)	(14,544)
Loss on early extinguishment of debt, net	(702)	—
Changes in operating assets and liabilities:		
Patient accounts receivable	(89,513)	(35,758)
Reduction in the carrying amount in the right-of-use assets	57,877	61,438
Other assets	(221,892)	(38,852)
Accounts payable, accrued expenses, and other current liabilities	254,336	199,989
Estimated amounts due from and to third-party payors	(246,933)	535,673
Accrued pension liability	(1,976)	(1,371)
Lease obligation, self-insurance, and other long-term liabilities	(37,120)	(34,629)
Net cash provided by operating activities	<u>195,744</u>	<u>1,137,931</u>
Cash flows from investing activities:		
Purchases of property, plant, and equipment	(612,465)	(469,290)
Purchases of investments	(6,121,220)	(7,639,324)
Proceeds from the sale of investments	6,469,873	6,870,462
Investment in joint venture	(180,343)	(137,732)
Cash paid in acquisition	—	(1,020)
Proceeds from sale of assets	10,580	692
Net cash used in investing activities	<u>(433,575)</u>	<u>(1,376,212)</u>
Cash flows from financing activities:		
Proceeds from issuance of debt	870,301	—
Borrowings under letter of credit	—	20,000
Repayments of long-term debt	(90,466)	(10,943)
Repayments under letter of credit	—	(20,000)
Payments for deferred financing costs	(5,301)	—
Distributions to noncontrolling interests	(358)	—
Proceeds from contributions restricted for long-term use	16,756	14,544
Proceeds from conditional grants and contributions for long-term use	2,327	5,958
Net cash provided by financing activities	<u>793,259</u>	<u>9,559</u>
Net increase (decrease) in cash and cash equivalents	555,428	(228,722)
Cash, cash equivalents, and restricted cash at beginning of year	<u>121,565</u>	<u>350,287</u>
Cash, cash equivalents, and restricted cash at end of year	<u>\$ 676,993</u>	<u>121,565</u>
Cash and cash equivalents	\$ 154,095	100,380
Restricted cash included in assets limited or restricted as to use	522,898	21,185
Total cash, cash equivalents, and restricted cash	<u>\$ 676,993</u>	<u>121,565</u>
Supplemental disclosures of cash flow information:		
Cash paid for interest	\$ 95,360	93,978
Finance lease obligations incurred	2,739	1,169
Supplemental disclosures of noncash investing and financing activities:		
Change in noncash acquisitions of property, plant, and equipment	\$ 10,925	63,457

See accompanying notes to consolidated financial statements.

RWJ BARNABAS HEALTH, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In thousands)

(1) Organization

RWJ Barnabas Health, Inc. (the Corporation) is a not for profit, tax-exempt corporation located in West Orange, New Jersey. RWJ Barnabas Health, Inc. is the sole corporate member or sole shareholder of the Corporation's affiliated organizations. The Corporation was organized to develop and operate a multihospital healthcare system providing a comprehensive spectrum of healthcare services, principally to the residents of New Jersey and surrounding areas.

The services and facilities of the Corporation include 11 acute care hospitals, 3 acute care children's hospitals, a pediatric rehabilitation hospital with a network of outpatient centers, a freestanding 100-bed behavioral health center, two trauma centers, a satellite emergency department, ambulatory care centers, geriatric centers, the state's largest behavioral health network, comprehensive home care and hospice programs, fitness and wellness centers, retail pharmacy services, medical groups, multi-site imaging centers, an accountable care organization, a burn treatment facility, comprehensive cancer services, breast centers, and comprehensive cardiac surgery services, including a heart transplant center, a lung transplant center, and kidney transplant centers.

(2) Significant Accounting Policies

(a) Basis of Accounting of Financial Statement Presentation

The consolidated financial statements have been prepared on the accrual basis of accounting and include all affiliates and other entities for which operating control is exercised by the Corporation. Investments in entities where the Corporation does not have operating control are recorded under the equity or cost method of accounting. The Corporation has included its equity share of income or losses from investments in unconsolidated affiliates in other operating revenue. Intercompany balances and transactions are eliminated in consolidation.

(b) Recently Adopted Accounting Pronouncements

The Corporation adopted the Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) 2018-14, *Compensation – Retirement Benefits – Defined Benefit Plans – General (Subtopic 715-20): Disclosure Framework – Changes to the Disclosure Requirements for Defined Benefit Plans* for the year ended December 31, 2021. ASU 2018-14 modifies, adds and removes certain disclosure requirements for employers that sponsor defined benefit and other postretirement benefits and has been applied retrospectively.

(c) Use of Estimates

The preparation of the consolidated financial statements in conformity with generally accepted accounting principles (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and reported amounts of revenue and expenses during the reporting year. Actual results could differ from those estimates.

RWJ BARNABAS HEALTH, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In thousands)

(d) Cash and Cash Equivalents

Cash and cash equivalents include investments in money market funds and highly liquid debt instruments with original maturities of three months or less, excluding assets limited or restricted as to use.

Cash and cash equivalents are maintained with domestic financial institutions with deposits, which exceed federally insured limits. It is the Corporation's policy to monitor the financial strength of these institutions.

(e) Patient Accounts Receivable

The Corporation has agreements with third-party payors that provide for payment at amounts different from its established charges. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Management regularly reviews accounts and contracts to record explicit price concessions that are netted against patient accounts receivable in the consolidated balance sheets. The Corporation grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor arrangements. The concentration of patient accounts receivable as of December 31, 2021 and 2020 was as follows:

	December 31	
	2021	2020
Medicare	23 %	23 %
Medicaid	14	13
Blue Cross	20	20
Commercial and managed care	29	31
Self-pay patients and other	14	13
	<u>100 %</u>	<u>100 %</u>

(f) Revenue

(i) Patient Service Revenue

The Corporation's patient service revenue is recognized at the amount that reflects the consideration to which the Corporation expects to be entitled in exchange for providing patient care. These amounts are due from patients and third-party payors and include an estimate of variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Generally, the Corporation bills the patients and third-party payors several days after the services are performed and/or the patient is discharged from the facility.

Revenue is recognized as performance obligations are satisfied. Performance obligations are determined based on the nature of the services provided by the Corporation. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. The Corporation believes that this method provides a

RWJ BARNABAS HEALTH, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In thousands)

reasonable representation of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. The Corporation measures the performance obligation from admission into the hospital to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge.

Because all of its performance obligations relate to contracts with a duration of less than one year, the Corporation has elected to apply the optional exemption to not disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at year-end, which primarily relate to acute care patients (in-house). The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of year-end.

The majority of the Corporation's services are rendered to patients with third-party payor insurance coverage. Reimbursement under these programs for all payors is based on a combination of prospectively determined rates, reimbursed costs, discounted charges, and per diem payments. Amounts received under Medicare and Medicaid programs are subject to review and final determination by program intermediaries or their agents and the contracts the Corporation has with commercial payors also provide for retroactive audit and review of claims. Agreements with third-party payors typically provide for payments at amounts less than established charges. For further discussion on third-party reimbursement, refer to note 5. Generally, patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. The Corporation also provides services to uninsured patients, and offers those uninsured patients a discount, either by policy or law, from standard charges. The Corporation estimates the transaction price for patients with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts, and implicit price concessions. Implicit price concessions are determined based on historical collection experience. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change and are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. Adjustments arising from a change in the transaction price were not significant for the years ended December 31, 2021 or 2020. Subsequent changes that are determined to be the result of an adverse change in the patient's ability to pay are recorded as bad debt expense. There was no bad debt expense for the years ended December 31, 2021 or 2020.

Consistent with the Corporation's mission, care is provided to patients regardless of their ability to pay. The Corporation has determined it has provided implicit price concessions to uninsured patients and patients with other uninsured balances (e.g., co-pays and deductibles). The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts the Corporation expects to collect based on its collection history with those patients. Patients who meet the Corporation's criteria for charity care are provided care without charge or at amounts less than established charges. The Corporation has determined that it has provided sufficient implicit price concessions for these accounts. Price concessions, including charity care, are not reported as revenue.

RWJ BARNABAS HEALTH, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In thousands)

The Corporation has elected the financing component practical expedient and does not adjust the promised amount of consideration from patients and third-party payors for the effects of a significant financing component due to the Corporation's expectation that the period between the time the service is provided to a patient and the time that the patient or a third-party payors pays for that service will be one year or less. However, the Corporation does, in certain instances, enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

The Corporation has determined that the nature, amount, timing, and uncertainty of patient service revenue and cash flows are affected by payors and service lines. The following tables reflect patient service revenue from third-party payors, government subsidies, and others (including uninsured patients) for the years ended December 31, 2021 and 2020:

	2021		
	<u>Inpatient</u>	<u>Outpatient</u>	<u>Total</u>
Medicare	\$ 1,301,637	715,207	2,016,844
Medicaid	555,847	463,227	1,019,074
Blue Cross	707,139	750,241	1,457,380
Commercial and managed care	654,763	545,376	1,200,139
Self-pay patients and other	144,024	143,018	287,042
State of New Jersey subsidy revenue	97,395	—	97,395
	<u>\$ 3,460,805</u>	<u>2,617,069</u>	<u>6,077,874</u>
Total patient service revenue			

	2020		
	<u>Inpatient</u>	<u>Outpatient</u>	<u>Total</u>
Medicare	\$ 1,122,101	538,394	1,660,495
Medicaid	499,744	363,005	862,749
Blue Cross	576,847	588,548	1,165,395
Commercial and managed care	596,208	458,167	1,054,375
Self-pay patients and other	124,020	109,064	233,084
State of New Jersey subsidy revenue	60,576	—	60,576
	<u>\$ 2,979,496</u>	<u>2,057,178</u>	<u>5,036,674</u>
Total patient service revenue			

(ii) *Other Revenue*

Other revenue includes income from grants, equity in the income of healthcare joint ventures, unrestricted contributions, net assets released from restriction for operations, cafeteria sales, and parking. Grant revenue and contributions of the Corporation are nonexchange transactions in

RWJ BARNABAS HEALTH, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In thousands)

which no commensurate value is exchanged. In such cases, contribution accounting is applied under ASC Topic 958-605, *Not-for-Profit Entities, Revenue Recognition*. See note 3 for grant funding received under the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Equity in the income of joint ventures is evaluated under ASC Topic 323, *Investments – Equity Method and Joint Ventures*.

Additionally, pharmacy sales and other contracts related to healthcare services are included in other revenue and consist of contracts, which vary in duration and in performance. Revenue is recognized when the performance obligations identified within the individual contracts are satisfied and collections are probable.

(g) Supplies

Supplies are carried at the lower of cost, determined principally on an average cost basis, or net realizable value. Supplies, totaling \$123,840 and \$126,584, are included in other current assets in the consolidated balance sheets at December 31, 2021 and 2020, respectively.

(h) Assets Limited or Restricted as to Use

Assets limited or restricted as to use include assets held by trustees under bond indenture agreements, assets restricted for self-insurance, assets held for supplemental retirement benefits, and assets restricted by donors for specific purposes or endowment. Amounts required to meet current liabilities of the Corporation are classified as current assets. Restricted cash of \$522,898 and \$21,185 as of December 31, 2021 and 2020, respectively, is included in assets limited or restricted as to use and assets limited or restricted as to use, noncurrent portion, in the consolidated balance sheets. The balance as of December 31, 2021 includes the construction fund from the issuance of the Series 2021A bonds (note 10).

(i) Investments and Investment Income

A significant portion of the Corporation's investments are held in an investment portfolio maintained for the benefit of the Corporation and its affiliates. Debt securities are designated as trading. Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value, based on quoted market prices. Donated investments are recorded at their fair value, based on quoted market prices at the date of receipt.

Alternative investments (nontraditional, not readily marketable asset classes) within the investment portfolio are structured such that the Corporation holds interests in private investment funds, consisting of hedge funds, private equity funds, and real estate funds. These investments are reported at fair value as estimated and reported by general partners, based upon the underlying net asset value (NAV) of the fund or partnership as a practical expedient. Because of inherent uncertainty in these valuations, those estimated values may significantly differ from the values that would have been used had a ready market for the investments existed, and differences could be material.

Investment income not restricted by donors including realized and unrealized gains and losses on investments and changes in the fair value of alternative investments are included in nonoperating

RWJ BARNABAS HEALTH, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In thousands)

revenue. Investment income and realized gains and losses on assets restricted by donors for specific purposes or endowment are included in net assets with donor restrictions.

(j) Property, Plant, and Equipment

Property, plant, and equipment expenditures are recorded at cost or, if donated or impaired, at fair value at the date of donation or impairment. Finance leases are recorded at the present value of the future minimum lease payments at the inception of the lease and are included in property, plant, and equipment.

Depreciation expense is computed on a straight-line basis using estimated useful lives of the assets, ranging from 2 to 40 years. Real estate and equipment held under finance leases and leasehold improvements are amortized using the straight-line method over the shorter of the estimated useful life of the asset or the related lease term. Such amortization is included in depreciation expense. Gifts of long-lived assets, such as land, buildings, or equipment, are reported as net assets without donor restrictions, unless explicit donor stipulations specify how the donated assets must be used, and are excluded from the excess of revenue over expenses in the consolidated statements of operations. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as net assets with donor restrictions. Absent explicit stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

(k) Leases

The Corporation determines if an arrangement is a lease at inception. Leases are included in right-of-use (ROU) assets and lease obligations, current and long-term, in the consolidated balance sheets. ROU assets and liabilities are recognized based on the present value of the future minimum lease payments over the lease term using the Corporation's incremental borrowing rate. The ROU asset also includes any prepaid rent while excluding lease incentives and initial direct costs incurred.

Lease expense for operating minimum lease payments is recognized on a straight-line basis over the full lease term. Finance leases are included in property, plant, and equipment and long-term debt in the consolidated balance sheets. Finance lease assets and liabilities are recognized based on the present value of the future minimum lease payments over the lease term using the explicit interest rate, when available. If an explicit interest rate is not available, the Corporation applies its incremental borrowing rate. Finance lease assets are amortized on a straight-line basis over the full lease term and presented in depreciation and amortization in the consolidated statement of operations. Interest on lease payments is calculated using the effective interest method and presented in interest expense in the consolidated statement of operations.

(l) Deferred Financing Costs

Deferred financing costs represent costs incurred to obtain debt financing arrangements. Amortization of these costs is provided using the effective-interest method over the terms of the applicable indebtedness. Deferred financing costs are presented as a reduction of the related debt.

RWJ BARNABAS HEALTH, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In thousands)

During 2021, the Corporation incurred \$5,301 of deferred financing costs related to the issuance of the tax-exempt Series 2021A bonds (note 10). No deferred financing costs were incurred during 2020. In connection with the refunding and refinancing that occurred during 2021, \$416 of unamortized deferred financing costs were written off and are included in nonoperating revenue (expenses) in the accompanying consolidated statement of operations.

(m) Donor-Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. The gifts are reported as donor-restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends and/or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the consolidated statements of changes in net assets as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying consolidated statements of operations.

Pledges receivable represent an unconditional promise to give cash and other assets to the Corporation's affiliates over a period not greater than 20 years. Such amounts are recorded at their present value at the date the promise is received, net of an allowance for uncollectible pledges. Such amounts are included as externally designated or restricted noncurrent assets limited as to use in the consolidated balance sheets.

(n) Net Assets

Resources are classified for reporting purposes as net assets without donor restrictions and net assets with donor restrictions, according to the absence or existence of donor-imposed restrictions. Resources arising from the results of operations or assets set aside by the Board of Trustees are not considered to be donor-restricted. Net assets with donor restrictions represent funds, including contributions and accumulated investment returns, whose use has been restricted by donors to a specific period or purpose or that have been restricted by donors to be maintained in perpetuity to provide a permanent source of income. Generally, the donors of these donor-restricted assets permit the use of part of the income earned on related investments for specific purposes.

RWJ BARNABAS HEALTH, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In thousands)

Net assets without and with donor restrictions are available for the following purposes:

	<u>December 31</u>	
	<u>2021</u>	<u>2020</u>
Without donor restrictions:		
Undesignated	\$ 5,118,887	4,677,376
With donor restrictions:		
Perpetual in nature	31,346	32,513
Purpose restricted	159,056	149,232
Time restricted	<u>79,260</u>	<u>307</u>
Net assets	<u>\$ 5,388,549</u>	<u>4,859,428</u>

(o) Performance Indicator

The consolidated statements of operations include a performance indicator, which is the excess of revenue over expenses. Changes in net assets without donor restrictions, which are excluded from excess of revenue over expenses, include certain changes in pension obligations, capital contributions, and other transactions.

The Corporation differentiates its ongoing operating activities by providing income from operations as a sub performance indicator. Investment income, net, net periodic benefit costs other than service costs, interest rate swap mark-to-market adjustments, gain on early extinguishment of debt, and other transactions, which are not considered to be components of the Corporation's ongoing activities, are excluded from income from operations and reported as nonoperating revenue in the consolidated statements of operations. Investment income earned on assets limited as to use under bond indenture agreements is included in other revenue in the consolidated statements of operations.

(p) Income Taxes

The Corporation and its affiliates, excluding its for-profit subsidiaries and nominee owned captive professional medical services corporation, are not-for-profit corporations and are exempt from federal and state income taxes on related income under existing provisions of the Internal Revenue Code and State of New Jersey statutes.

The Corporation's for-profit subsidiaries have recorded various deferred income tax assets and liabilities that reflect temporary differences between the amounts of assets and liabilities used for financial reporting purposes and the amounts used for income tax purposes. These amounts, where applicable, to the Corporation are included as other assets or other liabilities in the consolidated balance sheets as appropriate. In addition, the provision for income taxes recorded by the Corporation's for-profit subsidiaries, where applicable, have been made for in the consolidated results of operations of the Corporation and is included in other expenses in the consolidated statement of operations.

RWJ BARNABAS HEALTH, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In thousands)

Certain for-profit subsidiaries have federal net operating loss (NOL) carryforwards of approximately \$26,268 that expire through 2037 and State of New Jersey NOL carryforwards of approximately \$59,334 that also expire through 2041. Certain for-profit subsidiaries have federal NOL carryforwards of approximately \$32,512 that expire indefinitely. At December 31, 2021 and 2020, all deferred tax assets related to these NOL carryforwards have been fully reserved due to the uncertainty of realizing the tax benefits associated with these amounts.

The Corporation and its affiliates recognize the financial statements effects of tax positions when they are more likely than not, based on technical merits, that the positions will be sustained upon examination by the tax authorities. Benefits from tax positions that meet the more-likely-than-not recognition threshold are measured at the largest amount of benefit that is greater than 50% likely of being realized upon settlement. The Corporation does not have any significant uncertain tax positions as of December 31, 2021 and 2020.

(q) Self-Insurance

Under the Corporation's self-insurance programs, claims are recorded based upon actuarial estimation, including both reported and incurred but not reported claims, taking into consideration the severity of incidents and the expected timing of claim payments (note 13a, b, and c).

(r) Impairment of Long-Lived Assets

Management routinely evaluates the carrying value of its long-lived assets for impairment whenever events or changes in circumstances indicate that the carrying amount of assets, or a related group of assets, may not be recoverable from estimated undiscounted cash flows generated by the underlying tangible assets. When the carrying value of an asset exceeds its estimated recoverability, an asset impairment charge is recognized for the difference between the fair value and carrying value of the asset.

In addition to consideration of impairment upon the events or changes in circumstances described above, management regularly evaluates the remaining useful lives of its long-lived assets. If estimates are changed, the carrying value of affected assets is allocated over the remaining useful lives. In estimating the future cash flows for determining whether an asset is impaired, the Corporation groups its assets at the lowest level for which there are identifiable cash flows independent of other groups of assets. No impairment charge was recorded during the year ended December 31, 2021 or 2020.

(s) Goodwill and Intangible Assets

Goodwill and intangible assets are accounted for under ASC Topic 350, *Intangibles – Goodwill and Other*. Goodwill represents the excess of the aggregate purchase price over the fair value of net assets acquired in business combinations. Intangible assets represent the acquisition of the Rutgers Health brand name (see note 16). Identifiable intangible assets are initially recorded at fair value at the time of acquisition using the income approach. Goodwill and intangible assets have indefinite useful lives and are not amortized, but are subjected to impairment tests. The Corporation performs impairment testing at least annually or more frequently if events or circumstances change creating a reasonable possibility that an impairment may exist. Included in other assets are goodwill and intangible assets of approximately \$7,000 and \$45,000, respectively, at both December 31, 2021 and 2020.

RWJ BARNABAS HEALTH, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In thousands)

(3) COVID-19 Pandemic and Government Funding

On March 11, 2020, the World Health Organization declared the COVID-19 outbreak a pandemic. The pandemic adversely affected the Corporation's results of operations during 2020 and continued to affect the Corporation's results during 2021. However, the Corporation experienced a gradual and steady recovery in volumes in 2021 as compared to 2020 despite the surges caused by the Delta and Omicron variants.

On March 27, 2020, the President signed into law the CARES Act, which provides economic assistance to a wide array of industries, including healthcare. The CARES Act provides financial relief under several programs including a funding advance of Medicare payments, deferral of the employer portion of payroll taxes and establishment of the Provider Relief Fund (PRF). The U.S. Department of Health and Human Services (HHS) is expected to provide \$175,000,000 to assist healthcare providers in the recovery of lost revenues attributable to COVID-19 and healthcare-related expenses. Under the PRF, the Corporation has received approximately \$47,000 and \$636,000 for the years ended December 31, 2021 and 2020. These funds are considered a grant that is not subject to repayment, provided the Corporation maintains compliance with the related terms, conditions, and reporting requirements of the grant set forth by HHS. The compliance and reporting requirements, as issued and updated by HHS, may continue to evolve, which could impact the amounts recognized by the Corporation through this program. The Corporation has recognized approximately \$65,110 and \$570,657 as CARES Act grant revenue for the years ended December 31, 2021 and 2020. The remaining deferred payments may be recognized as operating revenue in future periods, subject to compliance with current rules and conditions and ongoing regulatory clarifications.

During the year ended December 31, 2020, the Corporation received approximately \$556,000 in Medicare payment advances under the Medicare Accelerated and Advanced Payment Program. Medicare started recouping these advances in April 2021 with final recoupments expected by August 2022. As of December 31, 2021, approximately \$207,000 has been recouped, with the balance of approximately \$349,000 recorded in the current portion of estimated amounts due to third party payors. As of December 31, 2020, approximately \$212,000 is recorded in current portion of estimated amounts due to third-party payors, with the balance of approximately \$344,000 recorded as long-term in the consolidated balance sheet.

The Corporation elected to defer the deposit and payment of the employer's share of Social Security taxes incurred from March 27, 2020 through December 31, 2021 as allowed under the CARES Act. The program requires payment of 50% of the deferred taxes by December 31, 2021 and 50% by December 31, 2022. As of December 31, 2020, the Corporation accumulated approximately \$88,000 of deferred employer payroll taxes that are recorded within accrued expenses and other current liabilities and other liabilities in the consolidated balance sheet. As of December 31, 2021, approximately \$46,000 of this amount was repaid, the balance of approximately \$42,000 is included in accrued expenses and other current liabilities.

During 2021, the Corporation applied for and received approval for the reimbursement of qualifying expenses under the Federal Emergency Management Agency (FEMA). For the year ended December 31, 2021, the Corporation recognized approximately \$94,000 of FEMA funds within other revenue in the consolidated statement of operations.

RWJ BARNABAS HEALTH, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In thousands)

(4) Charity Care and Community Benefit

In accordance with the Corporation's mission and philosophy, the Corporation's hospitals and affiliates commit substantial resources to both the indigent population and the broader community. The Corporation's charity care policy is to provide care without regard to the patient's ability to pay for services rendered. To the extent that patients do not have the ability to pay, services rendered to those patients are reported as charity care. The Corporation's hospitals and affiliates also provide other benefits through a broad range of community service programs and charitable activities. The amount of charity care, community service programs, and charitable activities, at estimated cost, provided to the indigent population and broader community for the years ended December 31, 2021 and 2020 is as follows:

	<u>2021</u>	<u>2020</u>
Cost of charity care and community benefit programs:		
Estimated cost of charity care provided, less state subsidy funding	\$ 141,357	142,473
Unpaid cost of public programs, Medicaid, and other means – tested programs	434,505	413,925
Other programs:		
Cash and in-kind donations	\$ 2,934	3,528
Education and research	82,243	65,137
Subsidized departments	116,066	83,611
Other community benefits	12,224	21,213

The Corporation's hospitals utilize a cost to charge ratio methodology to convert charity care to cost. The cost to charge ratio is calculated utilizing the Corporation's cost accounting system or filed cost reports.

The State of New Jersey's regulations provide for the distribution of funds from a Charity Care Fund, which is intended to partially offset the cost of services provided to the uninsured. For the years ended December 31, 2021 and 2020, the Corporation's hospitals received distributions from the Charity Care Fund of \$19,934 and \$13,397, respectively, which are included in patient service revenue.

(5) Healthcare Reimbursement System

(a) The Corporation records patient service revenue at the amount that reflects the consideration to which the Corporation expects to be entitled in exchange for providing patient care. Patient service revenue consists of amounts charged for services rendered less estimated discounts for contractual and other allowances for patients covered by Medicare, Medicaid, and other health plans and discounts offered to patients under the Corporation's uninsured discount program.

The Medicare program currently pays for most services at predetermined rates; however, certain services and specified expenses continue to be reimbursed on a cost basis. The Medicaid program also currently reimburses the Corporation at predetermined rates for inpatient services and on a cost reimbursement methodology for outpatient services. Regulations require annual retroactive settlements

RWJ BARNABAS HEALTH, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In thousands)

for cost-based reimbursement and other payment arrangements through cost reports filed by the Corporation.

The Corporation has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. These agreements have retrospective audit clauses, allowing the payor to review and adjust claims subsequent to initial payment.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is a possibility that recorded estimates could change by a material amount. In accounting for Medicare and Medicaid cost report settlements, the Corporation records all third-party receivables and liabilities at their estimated realizable values. Management periodically reviews recorded amounts receivable from, or payable to, third-party payors and adjusts these balances as new information becomes available. In addition, revenue received under certain third-party agreements is subject to audit.

During the years ended December 31, 2021 and 2020, certain of the Corporation's prior year third-party cost reports were audited and settled, or tentatively settled by third-party payors. Adjustments resulting from such audits, settlements, and management reviews are reflected as adjustments to patient service revenue in the period that the adjustments become known. Accordingly, the Corporation evaluated the results of these settlements on its open cost reports. The effect of cost report settlements and other adjustments increased patient service revenue by approximately \$16,915 and \$15,755 for the years ended December 31, 2021 and 2020, respectively. Although certain other prior year cost reports submitted to third-party payors remain subject to audit and retroactive adjustment, management does not expect any material adverse settlements. Medicare cost reports for all years prior to 2017 have been audited and settled. Medicaid cost reports for all years prior to 2019 have been audited and settled for all acute care hospitals. For the pediatric rehabilitation hospital, Medicaid cost reports have been audited by the fiscal intermediary through 2019. Settlement has been finalized through 2019. The fiscal intermediary may reopen certain years related to specific settlement items in the cost report year.

The Corporation has a compliance program to monitor conformity with applicable laws and regulations, but the possibility of future government review and interpretation exists. The Corporation is not aware of any significant pending or threatened investigations involving allegations of potential wrongdoing.

- (b) The Corporation and others in the healthcare industry are subject to certain inherent risks, including the following:
- Substantial dependence on revenue derived from reimbursement by the Federal Medicare and State Medicaid programs that have been reduced in recent years and which entail exposure to various healthcare fraud statutes;
 - Government regulations, government budgetary constraints, and proposed legislative and regulatory changes.

RWJ BARNABAS HEALTH, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In thousands)

Such inherent risks require the use of certain management estimates in the preparation of the Corporation's consolidated financial statements, and it is reasonably possible that a change in such estimates may occur. Management of the Corporation believes that adequate provision has been made in the consolidated financial statements for the matters discussed above and their ultimate resolution will not have a material effect on the consolidated financial statements.

(6) Investments and Assets Limited or Restricted as to Use

Investments and assets limited or restricted as to use consist of the following:

	December 31	
	2021	2020
Investments and assets limited or restricted as to use:		
Cash and cash equivalents and money market funds	\$ 933,698	697,663
Government obligations/municipal bonds	340,876	453,014
Corporate bonds	1,196,208	1,179,987
Certificates of deposit	5,914	5,853
Mutual funds	1,859,288	1,882,570
Equity securities	540,805	408,568
Unit investment trusts	1,269	1,061
Asset-backed securities	377,889	417,747
Mortgage-backed securities	153,818	135,484
Alternative investments	983,930	800,096
Pledges receivable, net	119,167	31,400
Other investments	2,634	2,699
Accrued interest	11,923	10,943
	<u>\$ 6,527,419</u>	<u>6,027,085</u>

These amounts are reflected in the consolidated balance sheets as follows:

	December 31	
	2021	2020
Current portion:		
Investments	\$ 755,551	578,074
Assets limited or restricted as to use	90,605	142,603
Noncurrent assets limited or restricted as to use	819,128	273,902
Investments	<u>4,862,135</u>	<u>5,032,506</u>
	<u>\$ 6,527,419</u>	<u>6,027,085</u>

RWJ BARNABAS HEALTH, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In thousands)

Investments and assets limited or restricted as to use are classified as follows:

	December 31	
	2021	2020
Investments	\$ 5,617,686	5,610,580
Self-insurance funds	24,802	25,108
Donor-restricted funds and pledges receivable, net	234,884	151,467
Funds held by bond trustees under bond indenture agreements	536,456	53,677
Internally designated funds for specific use	2,870	60,840
Other limited use funds	110,721	125,413
	<u>\$ 6,527,419</u>	<u>6,027,085</u>

Assets held under bond indenture agreements are maintained for the following purposes:

	December 31	
	2021	2020
Capital project funds	\$ 477,559	—
Interest funds	58,889	53,669
Principal funds	8	8
	<u>\$ 536,456</u>	<u>53,677</u>

The Corporation's investments are exposed to various kinds and levels of risk. Fixed income securities, including fixed income mutual funds, expose the Corporation to interest rate risk, credit risk, and liquidity risk. As interest rates change, the values of many fixed income securities are affected. Credit risk is the risk that the obligor of the security will not fulfill its obligation. Liquidity risk is a risk that a financial asset may not be readily sold.

Corporate bonds, equity mutual funds, equity securities, and commercial mortgage-backed securities expose the Corporation to market risk, performance risk, and liquidity risk. Market risk is the risk associated with major movements of the equity markets, both foreign and domestic. Performance risk is the risk associated with a particular fund's operating performance. Liquidity risk, as previously defined, tends to be higher for international funds and small capitalization equity funds.

The Corporation has incorporated an Investment Policy Statement (IPS) into its investment program. The IPS, which has been formally adopted by the Board of Trustees, contains standards designed to ensure adequate diversification by asset category and geography. The IPS also limits fixed income investments by credit rating, which serves to further mitigate the risk associated with the investment program. At December 31, 2021 and 2020, management believes that its investment positions are in accordance with guidelines established by the IPS.

RWJ BARNABAS HEALTH, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In thousands)

(7) Liquidity and Availability of Resources

Financial assets available within one year of the balance sheet date for general expenditures such as operating expenses and construction costs not financed with debt are as follows:

	December 31	
	2021	2020
Cash and cash equivalents	\$ 154,095	100,380
Short-term investments	755,551	578,074
Patient accounts receivable	678,737	589,224
Estimated amounts due from third party payors and other current assets	<u>295,329</u>	<u>88,428</u>
	<u>\$ 1,883,712</u>	<u>1,356,106</u>

Current financial assets not available for general use because of contractual or donor-imposed restrictions were \$90,605 and \$142,603 at December 31, 2021 and 2020, respectively. Amounts not available for general use include amounts set aside for scheduled principal payments on debt, self-insurance funds, and perpetual, time, and purpose-restricted assets.

As of December 31, 2021, the Corporation has unrestricted cash and investments on hand to cover 335 days of operating expenses. Day's cash on hand includes Medicare advances of approximately \$349,000 received as part of the CARES Act. The Corporation's practice is to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. In addition, the Corporation invests cash in excess of daily requirements in short-term investments. Besides short-term investments, the Corporation has \$4,862,135 classified as long-term investments at December 31, 2021, of which most is available for general use. In the event of an unanticipated liquidity need, the Corporation could draw upon a \$50,000 secured revolving promissory note (note 10).

(8) Fair Value Measurements

ASC Topic 820, *Fair Value Measurement*, establishes a three-level valuation hierarchy for disclosure of fair value measurements. The valuation hierarchy is based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date. The three levels are defined as follows:

Level 1: Quoted prices in active markets for identical assets or liabilities. Level 1 assets and liabilities include cash and cash equivalents and debt and equity securities that are traded in an active exchange market.

Level 2: Observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities. Level 2 assets and liabilities include debt securities with quoted market prices that are traded less frequently than exchange-traded instruments. This category generally includes certain U.S. government and agency mortgage-backed debt securities and corporate bonds.

RWJ BARNABAS HEALTH, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In thousands)

Level 3: Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities. Level 3 assets and liabilities include financial instruments whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant management judgment or estimation. The Corporation currently holds no Level 3 investments.

The following tables present the Corporation's fair value hierarchy for those assets measured at fair value on a recurring basis, and exclude pledges receivable, net, other investments, and accrued interest receivable as of December 31, 2021 and 2020:

	December 31, 2021				
	<u>Fair value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>NAV</u>
Investment categories:					
Cash and cash equivalents and money market funds	\$ 933,698	933,698	—	—	—
Equity securities	540,805	540,805	—	—	—
Equity mutual funds	1,457,273	1,422,936	34,337	—	—
Fixed income mutual funds	402,015	402,015	—	—	—
Certificates of deposit	5,914	—	5,914	—	—
Unit investment trusts	1,269	1,269	—	—	—
Commercial mortgage-backed securities	153,818	—	153,818	—	—
Corporate bonds	1,196,208	—	1,196,208	—	—
Asset-backed securities	377,889	—	377,889	—	—
Government bonds	176,092	—	176,092	—	—
Government mortgage-backed securities	121,631	—	121,631	—	—
Municipal bonds	43,153	—	43,153	—	—
Alternative investments	983,930	—	—	—	983,930
Total	<u>\$ 6,393,695</u>	<u>3,300,723</u>	<u>2,109,042</u>	<u>—</u>	<u>983,930</u>

RWJ BARNABAS HEALTH, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In thousands)

	December 31, 2020				
	Fair value	Level 1	Level 2	Level 3	NAV
Investment categories:					
Cash and cash equivalents and money market funds	\$ 697,663	697,663	—	—	—
Equity securities	408,568	408,568	—	—	—
Equity mutual funds	1,510,039	1,510,039	—	—	—
Fixed income mutual funds	372,531	372,531	—	—	—
Certificates of deposit	5,853	—	5,853	—	—
Unit investment trusts	1,061	1,061	—	—	—
Commercial mortgage-backed securities	135,484	—	135,484	—	—
Corporate bonds	1,179,987	—	1,179,987	—	—
Asset-backed securities	417,747	—	417,747	—	—
Government bonds	175,878	—	175,878	—	—
Government mortgage-backed securities	214,319	—	214,319	—	—
Municipal bonds	62,817	—	62,817	—	—
Alternative investments	800,096	—	—	—	800,096
Total	\$ 5,982,043	2,989,862	2,192,085	—	800,096

The following discussion describes the valuation methodologies used for financial assets measured at fair value for investment and pension plan assets. The techniques utilized in estimating the fair values are affected by the assumptions used, including discount rates and estimates of the amount and timing of future cash flows.

Fair value estimates are made at a specific point in time, based on available market information and judgments about the financial asset, including estimates of timing, amount of expected future cash flows, and the credit standing of the issuer. In some cases, the fair value estimates cannot be substantiated by comparison to independent markets. The disclosed fair value may not be realized in the immediate settlement of the financial asset. In addition, the disclosed fair values do not reflect any premium or discount that could result from offering for sale at one time an entire holding of a particular financial asset. Potential taxes and other expenses that would be incurred in an actual sale or settlement are not reflected in amounts disclosed. Care should be exercised in deriving conclusions about the Corporation's business, its value, or consolidated financial position based on the fair value information of financial assets presented.

Fair values for the Corporation's fixed income securities are based on prices provided by its investment managers and its custodian bank. Both the investment managers and the custodian bank use a variety of pricing sources to determine market valuations. Inputs include direct or indirectly observable inputs (other than Level 1 inputs) such as quoted prices for similar assets or liabilities exchanged in active or inactive markets and quoted prices for identical assets or liabilities in inactive markets; other inputs that may be considered in fair value determination include interest rates and yield curves, volatilities, and credit risk. Pricing evaluations generally reflect discounted expected future cash flows, which incorporate yield curves for instruments with similar characteristics, such as credit rating, duration, and yields. Each designates

RWJ BARNABAS HEALTH, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In thousands)

specific pricing services or indexes for each sector of the market based upon the provider's expertise. The Corporation's fixed income securities portfolio is highly liquid, which allows for a high percentage of the portfolio to be priced through pricing services.

Fair values of equity securities have been determined by the Corporation from observable market quotations, when available.

Mutual funds and unit investment trusts are valued at the NAV of shares held at year-end, based on published market quotations on active markets.

Fair values of commercial mortgage-backed securities and asset-backed securities have been determined by the Corporation based on a discounted future cash flows methodology, using current market interest rate data adjusted for inherent credit risk, or quoted market prices and recent transactions, when available.

Fair values of U.S. government bonds/municipal bonds and corporate bonds have been determined by the Corporation from observable market quotations, when available. Because of the nature of these assets, carrying amounts approximate fair values, which have been determined from public quotations, when available.

Fair values of bank loans are determined by the Corporation using quoted prices of securities with similar coupon rates and maturity dates or discounted cash flows.

The following tables summarize redemption terms and the Corporation's commitments for the hedge funds and others as of December 31, 2021 and 2020:

<u>Description of investment</u>	2021			
	<u>Carrying value</u>	<u>Unfunded commitment</u>	<u>Redemption frequency</u>	<u>Redemption notice required</u>
Hedge funds	\$ 381,797	—	Monthly – annually	45–90 days written notice
Private equity	155,656	106,861	—	—
Real estate	231,939	44,508	Quarterly	90 days written notice
Other	214,538	17,830	—	—
	<u>\$ 983,930</u>	<u>169,199</u>		

RWJ BARNABAS HEALTH, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In thousands)

<u>Description of investment</u>	2020			
	<u>Carrying value</u>	<u>Unfunded commitment</u>	<u>Redemption frequency</u>	<u>Redemption notice required</u>
Hedge funds	\$ 314,635	—	Monthly – annually	45–90 days written notice
Private equity	113,893	129,948	—	—
Real estate	192,826	21,094	Quarterly	90 days written notice
Other	178,742	21,636	—	—
	<u>\$ 800,096</u>	<u>172,678</u>		

Investments in hedge funds, interests in investment funds with complex portfolio-construction and risk management techniques, are typically carried at estimated fair value based on the NAV of the shares in each investment company or partnership. Changes in unrealized gains or losses on investments, including those for which partial liquidations were effected in the course of the year, are calculated as the difference between the NAV of the investment at year-end less the NAV of the investment at the beginning of the year, as adjusted for contributions and redemptions made during the year. At December 31, 2021, the Corporation holds \$154,028 of investments in hedge funds, which are subject to a 50% withdrawal limitation on the invested balance per quarter. As of December 31, 2021, \$50,000 of the balance was subject to lock-up which expired on February 1, 2022. Generally, no dividends or other distributions are paid.

Investments in private equity funds, typically structured as limited partnership interests, are carried at fair value estimated using NAV or equivalent as determined by the general partner in the absence of readily ascertainable market values. Distributions under this investment structure are made to investors through the liquidation of the underlying assets. Voluntary redemptions are generally not permitted by limited partners and investments in these partnership interests are through the life of the fund. The fair value of limited partnership interests is generally based on fair value capital balances reported by the underlying partnerships, subject to management review and adjustment.

Real estate funds invest primarily in institutional quality commercial and residential real estate assets within the U.S. and investments in publicly traded real estate investment trusts. Fair value is estimated based on the NAV of the shares in each partnership. The Partnership distributes current income to the partners on a quarterly basis based on each partners' interest. Partners can choose to participate in a reinvestment plan in which all distributions are automatically invested in additional units. Redemptions can generally be made quarterly with 90 days' prior written notice after an initial lock-up period expires.

Investments in other alternative investments consist of private debt funds structured as a limited partnership interest with ability to invest in short-term opportunities, and are carried at fair value estimated using NAV or equivalent as determined by the general partner in the absence of readily ascertainable market values. Distributions under this investment structure are made to investors through the liquidation of the underlying assets. Voluntary redemptions are not permitted and investment is through the life of the fund. The Corporation also invests in certain venture capital funds. Investments in venture capital funds,

RWJ BARNABAS HEALTH, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In thousands)

typically structured as limited partnerships, consist of ownership stakes in small to medium sized start-up firms. These firms generally have high growth potential and are characterized by higher risk/reward profiles. Distributions under this investment structure are typically made to investors through the liquidation of the underlying assets. Voluntary redemptions are generally not permitted by limited partners and investments in these partnership interests are through the life of the fund.

(9) Property, Plant, and Equipment

Property, plant, and equipment consist of the following as of December 31, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Land and improvements	\$ 167,565	155,987
Buildings and leasehold improvements	3,319,333	3,180,964
Fixed equipment	435,393	417,208
Major movable equipment	2,181,221	2,039,051
Real estate and equipment under finance leases	<u>55,502</u>	<u>52,919</u>
	6,159,014	5,846,129
Less accumulated depreciation and amortization (including accumulated amortization of real estate and equipment under finance leases of \$23,626 and \$19,822)	<u>3,858,717</u>	<u>3,632,227</u>
	2,300,297	2,213,902
Construction in progress	<u>609,869</u>	<u>349,507</u>
Property, plant, and equipment, net	<u>\$ 2,910,166</u>	<u>2,563,409</u>

The Corporation will fund the construction of a new clinical and research building for the Rutgers Cancer Institute of New Jersey (CINJ). The new building is adjacent to, and integrated with, RWJUH New Brunswick. In June 2021, the Corporation broke ground on the free standing cancer hospital. The estimated cost is expected to be approximately \$735,000. For the year ended December 31, 2021, approximately \$135,000 has been incurred related to this project.

As of December 31, 2021, the Corporation had committed approximately \$950,000 to complete the construction of the Rutgers CINJ project noted above and other renovation and expansion projects at various affiliates of the Corporation as well as amounts committed for the EPIC project (note 13e).

RWJ BARNABAS HEALTH, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In thousands)

(10) Long-Term Debt

Long-term debt consists of the following:

	December 31	
	2021	2020
Master Trust indebtedness:		
New Jersey Health Care Facilities Financing Authority (NJHCFFA) Revenue and Refunding Bonds:		
RWJ Barnabas Health Obligated Group Issue, 2021A \$351,355 serial bonds maturing through July 1, 2045 with interest rates ranging from 4.00% to 5.00%; \$400,490 of term bonds maturing July 1, 2051 with interest rates ranging from 2.040% to 2.625%	\$ 751,845	—
RWJ Barnabas Health Obligated Group Issue, Series 2019A Serial Bonds maturing through July 1, 2029 with an interest rate of 5.00%	15,470	17,490
RWJ Barnabas Health Obligated Group Issue, Series 2019B-1 Five Year Put Bonds maturing on July 1, 2043 with an interest rate of 5.00%	69,725	69,725
RWJ Barnabas Health Obligated Group Issue, Series 2019B-2 Six Year Put Bonds maturing on July 1, 2042 with an interest rate of 5.00%	70,555	70,555
RWJ Barnabas Health Obligated Group Issue, Series 2019B-3 Seven Year Put Bonds maturing on July 1, 2045 with an interest rate of 5.00%	70,550	70,550
RWJ Barnabas Health Obligated Group Issue, Series 2017A (previously Children's Specialized Hospital Issue, Series 2013A) maturing on July 1, 2036 with an interest rate of 3.03%	7,438	7,829
RWJ Barnabas Health Obligated Group Issue, Series 2016A \$399,565 serial bonds maturing through July 1, 2036 with interest rates ranging from 3.50% to 5.00%; \$279,570 of term bonds maturing on July 1, 2043 with interest rates ranging from 4.00% to 5.00%	679,135	679,135
Barnabas Health Issue, Series 2014A term bonds \$100,000 maturing on July 1, 2044 with an interest rate of 5.00%; \$29,925 maturing on July 1, 2044 with an interest rate of 4.25%	129,925	129,925

RWJ BARNABAS HEALTH, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In thousands)

	<u>December 31</u>	
	<u>2021</u>	<u>2020</u>
Robert Wood Johnson University Hospital Issue, Series 2014A \$11,075 serial bonds maturing through 2034 with an interest rate of 5.00%; \$45,210 term bonds maturing from 2039 to 2043 with an interest rate of 5.00%	\$ 55,925	55,925
Robert Wood Johnson University Hospital Issue, Series 2013A \$9,230 serial bonds maturing through 2023 with interest rates ranging from 3.00% to 5.00%; \$93,285 term bonds maturing from 2024 to 2043 with interest rates ranging from 5.25% to 5.50%	98,125	100,375
Barnabas Health Issue, Series 2012A serial bonds maturing through 2022 with an interest rate of 5.00%	9,000	90,250
RWJ Barnabas Health, Series 2019 serial bonds maturity through July 1, 2049 with an interest rate of 3.48%	302,333	302,333
RWJ Barnabas Health Private Placement Taxable Notes, Series 2018 maturing through July 1, 2044 with interest rates ranging from 4.04% to 4.40%	300,000	300,000
RWJ Barnabas Health Taxable Revenue Bonds, Series 2016 \$100,000 maturing July 1, 2026 with an interest rate of 2.954%; \$394,952 maturing July 1, 2046 with an interest rate of 3.949%	494,952	494,952
Barnabas Health System Taxable Revenue Bonds, Series 2012 term bonds maturing on July 1, 2028 with an interest rate of 4.00%	81,240	81,240
Total Master Trust Indebtedness	3,136,218	2,470,284
Finance leases with various interest rates	32,166	33,982
Total long-term debt	3,168,384	2,504,266
Plus unamortized bond premium	218,751	114,557
Less:		
Unamortized bond discount	1,160	1,376
Deferred financing costs, net	19,572	15,820
Current portion	38,468	9,224
Long-term portion	\$ 3,327,935	2,592,403

RWJ BARNABAS HEALTH, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In thousands)

Under the terms of the Master Trust Indenture (MTI), Barnabas Health, Inc., Children's Specialized Hospital (CSH), Clara Maass Medical Center, Community Medical Center, Jersey City Medical Center, Monmouth Medical Center (including Monmouth Medical Center, Southern Campus), Newark Beth Israel Medical Center, RWJ Barnabas Health, Inc., Robert Wood Johnson University Hospital (RWJUH), Robert Wood Johnson University Hospital at Hamilton, Robert Wood Johnson University Hospital Rahway, and Cooperman Barnabas Medical Center (CBMC), formerly known as Saint Barnabas Medical Center, are members of an Obligated Group. Substantially all of the Corporation's debt is subject to the provisions of the MTI.

To secure its payment obligations, the Obligated Group has granted to the Trustee a first lien and security interest in the gross revenue of each member of the Obligated Group.

Obligated Group members are jointly and severally liable under the MTI. The Corporation does have the right to name designated affiliates. Though designated affiliates are not obligated to make debt service payments on the obligations under the MTI, the Corporation may cause each designated affiliate to transfer such amounts as necessary to enable the Obligated Group members to comply with the terms of the MTI, including payment of the outstanding obligations.

The Corporation's Obligated Group is required to maintain certain financial covenants in connection with the NJHCFFA and credit arrangements with a consortium of banks, including JPMorgan Chase Bank, N.A. (JPMorgan), TD Bank and U.S. Bank.

On August 19, 2021, the Corporation legally defeased all of the outstanding New Jersey Health Care Facilities Financing Authority Revenue and Refunding Bonds, Barnabas Health Issue, Series 2012A that mature on and after July 1, 2023. The principal amount of the defeased bonds was \$81,250. U.S. Bank National Association is the bond trustee and escrow agent. The defeased bonds will be called for optional redemption on July 1, 2022 at a redemption price equal to 100% of the principal amount plus accrued interest. The principal amount of the remaining Series 2012A Bonds that was not defeased is \$9,000 and will be called for redemption on July 1, 2022 with accrued interest due on January 1, 2022 and July 1, 2022. The transaction resulted in a gain on extinguishment of debt of \$702 which is recorded in other, net within nonoperating revenue.

On September 30, 2021, the Obligated Group issued New Jersey Health Care Facilities Financing Authority, RWJ Barnabas Health Revenue Bonds, Series 2021A in the amount of \$751,845 as obligations under the MTI. These bonds mature on July 1, 2051 and consist of principal of \$351,355 and \$400,490 in Serial and Term Bonds, respectively. Series 2021A was issued at a premium of \$118,456 for a total source of funds of \$870,301. Principal payments are due annually on July 1 and interest payments are due semi-annually until maturity. The bond proceeds will be used to fund the construction of the Rutgers CINJ as well as various other capital projects. As of December 31, 2021, \$343,893 of the bond proceeds was reimbursed from the construction fund.

On March 25, 2020, April 7, 2020, and June 30, 2021 the Corporation entered into forward interest rate swap agreements with JPMorgan, Bank of America, and U.S. Bank, respectively. Under the terms of these agreements, the Corporation is paying fixed interest rates ranging from 0.90275% to 1.3625% in exchange for variable rate payments equal to 70% of the effective Federal funds rate. The notional amounts on these swap agreements are tied to the outstanding principal on the underlying bond series. The Corporation has

RWJ BARNABAS HEALTH, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In thousands)

the option to terminate the interest rate swap agreements on or before July 1, 2034. As of December 31, 2021 and 2020, the fair value of the interest rate swap agreements, net of a credit value adjustment of \$1,103 and \$739, was \$6,145 and \$4,509, respectively, and is included in other assets, net.

On March 31, 2021, the Corporation entered into a secured revolving promissory note (the Note) for the principal amount of \$50,000 with JPM for routine working capital needs. The Note contained an accordion feature that allowed the Corporation to increase the loan by an additional \$50,000. The terms of the Note include a commitment fee of 0.12% and a LIBOR spread at 0.55%. As of December 31, 2021, \$5,575 of the Note was used in the form of standby letters of credit (LOC) that provides liquidity support for the Corporation's self-insured workers' compensation and other programs. There was no cash drawn from the Note during the term. The Note expired on March 31, 2022 and was replaced with a \$50,000 secured revolving promissory note (New Note) with JPM expiring on March 31, 2023. The terms of the New Note include a commitment fee of 0.12%. The interest rate is based on an adjusted term SOFR Rate for the interest period plus 0.55% per annum. As of April 27, 2022, there were no borrowings outstanding.

Scheduled maturities on long-term debt and future minimum payments on finance lease obligations at December 31, 2021 are as follows:

	<u>Long-term debt</u>	<u>Finance leases</u>	<u>Total</u>
2022	\$ 34,240	5,239	39,479
2023	37,734	4,398	42,132
2024	45,686	3,741	49,427
2025	46,046	3,743	49,789
2026	132,596	3,755	136,351
Thereafter	<u>2,839,916</u>	<u>19,280</u>	<u>2,859,196</u>
Total	3,136,218	40,156	3,176,374
Plus unamortized bond premium	218,751	—	218,751
Less:			
Amount representing interest on finance lease obligations	—	7,990	7,990
Unamortized bond discount	1,160	—	1,160
Deferred financing costs, net	19,572	—	19,572
Current portion	<u>34,240</u>	<u>4,228</u>	<u>38,468</u>
Long-term portion	<u>\$ 3,299,997</u>	<u>27,938</u>	<u>3,327,935</u>

(11) Employee Benefit Plans

The Corporation maintains a single noncontributory defined-benefit plan, the RWJ Barnabas Health Retirement Income Plan (the RWJBH Plan). Participation in the RWJBH Plan is closed to new entrants and is currently frozen to future benefit accruals. Benefits under the RWJBH Plan are substantially based on

RWJ BARNABAS HEALTH, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In thousands)

years of service and employee's career earnings. The Corporation will contribute to the RWJBH Plan based on actuarially determined amounts necessary to provide assets sufficient to meet anticipated benefit payments to plan participants and to meet the minimum funding requirements of the Employee Retirement Income Security Act of 1974, as amended by the Pension Protection Act of 2006, and Internal Revenue Service regulations.

GAAP requires recognition on the balance sheet of the funded status of defined-benefit pension plans and the recognition in net assets without donor restrictions of unrecognized actuarial gains and losses and prior service costs and credits. The funded status is measured as the difference between the fair value of the RWJBH Plan's assets and the projected benefit obligation of the RWJBH Plan.

Included in net assets without donor restriction at December 31, 2021 and 2020 are the following amounts that have not yet been recognized in net periodic pension cost: unrecognized prior service cost of approximately \$2,431 and \$2,551, respectively, and unrecognized actuarial losses of approximately \$254,651 and \$255,002, respectively. Unrecognized prior service cost is the impact of changes in plan benefits applied retrospectively to employee service previously rendered. Unrecognized actuarial losses represent unexpected changes in the projected benefit obligation and plan assets over time, primarily due to changes in assumed discount rates and investment experience. Using the measurement date of December 31, the following table sets forth the funded status of the RWJBH Plan and the amounts recognized in the Corporation's consolidated financial statements:

	December 31	
	2021	2020
Changes in benefit obligation:		
Benefit obligation at beginning of period	\$ 1,128,203	1,050,229
Interest cost	30,703	36,641
Actuarial (gains) losses	(19,011)	110,975
Benefits paid and expenses	(67,603)	(69,642)
Benefit obligation at end of year	<u>1,072,292</u>	<u>1,128,203</u>
Change in plan assets:		
Fair value of plan assets at beginning of period	1,096,738	1,028,675
Actual return on plan assets	9,739	133,505
Employer contributions	4,400	4,200
Benefits paid and expenses	(67,603)	(69,642)
Fair value of plan assets at end of year	<u>1,043,274</u>	<u>1,096,738</u>
Funded status – accrued pension liability	<u>\$ (29,018)</u>	<u>(31,465)</u>

The actuarial gain in 2021 resulted in an overall decrease in the December 31, 2021 projected benefit obligation of approximately \$19,011, which was primarily attributable to an increase in the discount rate assumption from 2020 to 2021.

RWJ BARNABAS HEALTH, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In thousands)

The actuarial loss in 2020 resulted in an overall increase in December 31, 2020 projected benefit obligation of approximately \$110,975, which was primarily attributable to a decrease in the discount rate assumption from 2019 to 2020.

During 2021 and 2020, the Society of Actuaries published updated mortality table MP-2021 and MP-2020. The Corporation utilized the updated mortality tables resulting in an increase in the projected benefit obligations in the amount of \$3,900 at December 31, 2021 and a decrease in the projected benefit obligation in the amount of \$5,100 at December 31, 2020.

The actuarially computed net periodic pension cost for the years ended December 31, 2021 and 2020 included the following components, which are included in other nonoperating revenue, net:

	<u>2021</u>	<u>2020</u>
Interest costs	\$ 30,703	36,641
Expected return on plan assets	(34,799)	(40,162)
Amortization of actuarial loss and prior service credit	<u>6,520</u>	<u>6,349</u>
Net periodic pension cost	<u>\$ 2,424</u>	<u>2,828</u>

The projected unit credit method is the actuarial cost method used to compute pension expense.

The weighted average assumptions used in determining the net periodic pension cost was discount rates of 2.82% and 3.59%, an expected long-term rate of return on plan assets of 3.30% and 4.05% and the weighted average interest crediting rate for cash balance plans was 2.25% and 2.30% for the years ended December 31, 2021 and 2020, respectively.

The weighted average assumption used in the accounting for the projected benefit obligation was a discount rate of 3.09% and 2.82% and the weighted average interest crediting rate for cash balance plans was 2.25% as of December 31, 2021 and 2020, respectively.

Expected benefit payments by year as of December 31, 2021 are as follows:

2022	\$ 72,912
2023	74,154
2024	74,824
2025	77,470
2026	78,845
2027–2031	328,699

The consolidated assets of the RWJBH Plan are managed under a liability-driven investment (LDI) strategy. Under the LDI strategy, the expected rate of return on plan assets at December 31, 2021 is based upon the assumption that plan assets will be invested primarily in fixed income and other related securities based upon their ability to perform similarly to the characteristics of the plan liabilities over time.

RWJ BARNABAS HEALTH, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In thousands)

The following tables present the Corporation's fair value hierarchy for those pension plan assets measured at fair value as of December 31, 2021 and 2020. At December 31, 2021 or 2020, the Corporation held no Level 3 assets.

December 31, 2021					
	Fair value	Level 1	Level 2	Level 3	NAV
Cash and cash equivalents	\$ 90,654	90,654	—	—	—
Corporate bonds	471,512	—	471,512	—	—
Government bonds	143,439	—	143,439	—	—
Bond funds	143,710	—	143,710	—	—
Bank loans	6,891	—	6,891	—	—
Other investments	13,728	—	13,728	—	—
Alternative investments	173,340	—	—	—	173,340
	<u>\$ 1,043,274</u>	<u>90,654</u>	<u>779,280</u>	<u>—</u>	<u>173,340</u>

December 31, 2020					
	Fair value	Level 1	Level 2	Level 3	NAV
Cash and cash equivalents	\$ 39,885	39,885	—	—	—
Corporate bonds	501,653	—	501,653	—	—
Government bonds	175,518	—	175,518	—	—
Bond funds	186,259	—	186,259	—	—
Bank loans	7,178	—	7,178	—	—
Other investments	14,208	—	14,208	—	—
Alternative investments	172,037	—	—	—	172,037
	<u>\$ 1,096,738</u>	<u>39,885</u>	<u>884,816</u>	<u>—</u>	<u>172,037</u>

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Alternative investments include private equity investments, hedge funds, and other.

2021				
Description of investment	Carrying value	Unfunded commitment	Redemption frequency	Redemption notice required
Hedge fund	\$ 33,607	—	Semi-annually	90 days
Private equity	75,875	101,905	—	—
Other	63,858	—	—	—
	<u>\$ 173,340</u>	<u>101,905</u>		

RWJ BARNABAS HEALTH, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In thousands)

<u>Description of investment</u>	2020			
	<u>Carrying value</u>	<u>Unfunded commitment</u>	<u>Redemption frequency</u>	<u>Redemption notice required</u>
Hedge fund	\$ 51,351	—	Semi-annually	90 days
Private equity	70,343	82,833	—	—
Other	50,343	—	—	—
	<u>\$ 172,037</u>	<u>82,833</u>		

The Corporation maintains multiple defined-contribution retirement plans for its employees. Benefit expense for these plans for the years ended December 31, 2021 and 2020 was \$84,392 and \$83,041, respectively. The Corporation also has several supplemental executive retirement plans for certain key individuals. The plans were funded during 2021 and 2020 based upon the benefit formula as outlined in the plan documents.

(12) Leases

The following table presents the components of the ROU assets, liabilities, and expenses related to leases and their classification in the consolidated balance sheets and statements of operations as of and for the years ended December 31, 2021 and 2020:

<u>Components of lease balances</u>	<u>Classification in consolidated balance sheets</u>	2021	2020
Assets:			
Operating lease assets	ROU asset	\$ 258,089	269,663
Finance lease assets	Property, plant, and equipment, net	31,876	33,097
Total leased assets		<u>\$ 289,965</u>	<u>302,760</u>
Liabilities:			
Operating lease liabilities:			
Current	Lease obligations	\$ 37,942	42,237
Long term	Lease obligations, net of current portion	234,433	237,046
Total operating lease liabilities		<u>272,375</u>	<u>279,283</u>
Finance lease liabilities:			
Current	Long-term debt	4,228	4,562
Long term	Long-term debt, net of current portion	27,938	29,420
Total finance lease liabilities		<u>32,166</u>	<u>33,982</u>
Total lease liabilities		<u>\$ 304,541</u>	<u>313,265</u>

RWJ BARNABAS HEALTH, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In thousands)

Components of lease expense	Classification in consolidated statements of operations	2021	2020
Operating lease expense	Other operating expenses	\$ 56,249	59,531
Finance lease expense:			
Amortization of leased assets	Depreciation and amortization	3,804	1,165
Interest on lease liabilities	Interest	1,138	1,542
Total finance lease expense		4,942	2,707
Variable and short-term lease expense	Other operating expenses	15,347	14,933
Total lease expense		\$ 76,538	77,171

The Corporation determines if an arrangement is a lease at the inception of the contract. The ROU assets represent the Corporation's right to use the underlying assets for the lease term and the lease liabilities represent the Corporation's obligation to make lease payments arising from the leases. ROU assets and lease liabilities are recognized at commencement date based on the present value of lease payments over the lease term. An estimated incremental borrowing rate, which is derived from information available at the lease commencement date, is used to determine the present value of lease payments. The incremental borrowing rates for the portfolio of leases are based upon indicative borrowing rates for taxable debt with terms that correspond to the various lease terms.

The Corporation's operating leases are primarily for real estate, including medical office buildings, and corporate and other administrative offices, as well as medical and office equipment. Finance leases are primarily for real estate and medical equipment. Real estate lease agreements typically have initial terms of 5 to 10 years, and equipment lease agreements typically have initial terms between 2 and 5 years. The Corporation has certain long-term land leases whose original terms range from 50 to 98 years. Leases with an initial term of 12 months or less (short-term leases) are not recorded in the consolidated balance sheets.

Real estate leases may include one or more options to renew, with renewals that can extend the lease term from 1 to 20 years. The Corporation has the option to renew its land leases that can extend the lease term significantly. The exercise of lease renewal options is at the Corporation's sole discretion. Renewal options are assessed at the commencement date, modification date, and when a reassessment event has occurred. The renewal option is included in the lease term when it is reasonably certain to be exercised. Certain leases also include options to purchase the leased property. The useful life of assets and leasehold improvements are limited by the expected lease term, unless there is a transfer of title or purchase option reasonably certain of exercise.

Certain lease agreements for real estate include payments based on actual common area maintenance expenses. These variable lease payments are recognized in other operating expenses, net, but are not included in the ROU asset or liability balances. Real estate leases generally include rental escalation clauses that are factored into the determination of lease expense when appropriate. Escalations based on an index, such as the Consumer Price Index, are estimated at the commencement date and differences to

RWJ BARNABAS HEALTH, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In thousands)

the initial estimate are treated as variable lease payments. The lease agreements do not contain any material residual value guarantees, restrictions, or covenants.

The Corporation has elected the practical expedient that allows lessees to choose to not separate lease and nonlease components by class of underlying asset and is applying this expedient to all real estate asset classes. The Corporation elected the practical expedient package to not reassess at adoption (i) whether expired or existing contracts contain leases under the new definition of a lease, (ii) lease classification for expired or existing leases, or (iii) whether previously capitalized initial direct costs would qualify for capitalization under Topic 842.

Sublease income is included in other revenue in the consolidated statements of operations and amounted to \$4,981 and \$5,719 for the years ended December 31, 2021 and 2020, respectively.

The weighted average lease terms and discount rates for operating and finance leases at December 31, 2021 and 2020 are presented in the following table:

	<u>2021</u>	<u>2020</u>
Weighted average remaining lease term:		
Operating leases	10.2 years	9.7 years
Finance leases	10.5 years	11.2 years
Weighted average discount rate:		
Operating leases	3.40 %	3.55 %
Finance leases	3.96	3.97

Cash flow and other information related to leases is included in the following table for the years ended December 31, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash outflows from operating leases	\$ 53,097	56,502
Operating cash inflows from operating leases	1,647	1,907
Operating cash outflows from finance leases	1,138	1,542
Financing cash outflows from finance leases	4,555	5,552
ROU assets obtained in exchange for lease obligations:		
Operating leases	\$ 19,459	89,147
Finance leases	2,739	1,169

RWJ BARNABAS HEALTH, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In thousands)

Future maturities of lease liabilities at December 31, 2021 are presented in the following table:

	Operating leases	Finance leases	Total
2022	\$ 42,214	5,239	47,453
2023	32,788	4,398	37,186
2024	28,190	3,741	31,931
2025	26,118	3,743	29,861
2026	23,654	3,755	27,409
Thereafter	153,899	19,280	173,179
Total lease payments	306,863	40,156	347,019
Less imputed interest	34,488	7,990	42,478
Total lease obligations	272,375	32,166	304,541
Less current obligations	37,942	4,228	42,170
Long-term lease obligations	\$ 234,433	27,938	262,371

(13) Commitments and Contingencies

(a) Professional and General Liabilities

Commercial Professional Insurance Co. Ltd. (CPIC), is an off-shore captive insurance company located in Bermuda, which writes professional liability, comprehensive general liability, and other casualty lines of business for the Corporation and its affiliates. CPIC is a wholly owned affiliate of CBMC and is consolidated in the accompanying consolidated financial statements. Investments and other assets maintained by CPIC are reported in assets limited as to use under externally designated or restricted assets in the consolidated balance sheets. The Corporation has estimated a range of losses for its potential liability for professional liability, comprehensive general liability, and other casualty lines of business related to CPIC based upon its own past experience and industry experience data. These estimates include ultimate costs for unreported incidents and losses not covered by current insurance limits on a present value basis.

For policy years beginning July 1, 2004, CPIC provides payment of claims on a reimbursement basis for the Corporation's self-insurance program. For professional liability, the most recent limits are \$1 million for each medical incident with a \$3 million aggregate for CSH claims, \$10 million for each medical incident with no aggregate for all other facilities, and a buffer layer of \$5 million for each medical incident with an annual aggregate limit of \$5 million. For general liability, the limit is \$1 million for each and every general liability occurrence with no aggregate. Prior to July 1, 2018, the Corporation purchased excess coverage of \$150 million from various carriers for amounts in excess of CPIC's retained limits. Beginning July 1, 2018, the excess coverage is funded through CPIC. CPIC purchases reinsurance through various carriers.

RWJ BARNABAS HEALTH, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In thousands)

Prior to December 31, 2016, certain affiliates of the Corporation were insured through Systems and Affiliated Members Limited (SAAML). In February 2017, CPIC and SAAML finalized a merger, with CPIC as the surviving company, at which time all affiliates were insured by CPIC. CPIC issues policies providing professional liability and comprehensive general liability coverage for all the Corporation's affiliates and subsidiaries under a combined insurance program.

At December 31, 2021 and 2020, total liabilities, which include tail coverage, were \$334,286 and \$269,601, respectively. The liabilities have been discounted at 2.5% and are included in self-insurance liabilities in the accompanying consolidated balance sheets. The undiscounted liability was \$354,586 and \$287,986 as of December 31, 2021 and 2020, respectively. The liabilities also include \$38,765 and \$21,197 of claims at December 31, 2021 and 2020, respectively, which are expected to be reimbursed by CPIC. Such amounts are included in other assets, net, in the accompanying consolidated balance sheets.

(b) Workers' Compensation

The Corporation is self-insured for the majority of workers' compensation benefits and has a commercial insurance policy excess of \$1,000 each and every claim. At December 31, 2021 and 2020, the accrual for estimated workers' compensation claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported and totaled \$59,812 and \$55,405, respectively. The liabilities also include \$10,616 and \$11,072 of claims as of December 31, 2021 and 2020, respectively, which are expected to be reimbursed by the excess carrier. Such amounts are included in other assets, net. The Corporation's obligation to pay workers' compensation benefits from the runoff of a legacy workers' compensation program, which ended in 2013, is supported by an unsecured letter of credit in the amount of \$5,400 (note 10).

(c) Employee Health Insurance

The Corporation maintains self-insured employee health benefit programs to provide coverage for its employees. At December 31, 2021 and 2020, the accrual for estimated employee health insurance claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported of approximately \$31,083 and \$23,865, respectively, and is included in self-insurance liabilities in the consolidated balance sheets.

(d) Litigation

Various investigations, lawsuits, and claims arising in the normal course of operations are pending or on appeal against the Corporation. While the ultimate effect of such actions cannot be determined at this time, it is the opinion of management that the liabilities that may arise from such actions would not materially affect the consolidated financial position or results of operations of the Corporation.

(e) EHR Platform

The Corporation entered into an agreement with EPIC to deploy an integrated Electronic Health Record (EHR) with supporting revenue cycle, data analytics, and consumer-facing digital capabilities. When completed, this integration will, among other things, establish one EHR across all ambulatory sites to support the ability to manage physicians as one integrated practice and support the consolidation of the various revenue cycle systems to an integrated solution.

RWJ BARNABAS HEALTH, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In thousands)

The implementation will be done in phases. The first go-live was completed in May 2021. The anticipated completion date of the entire project is 2024. Through December 31, 2021, the Corporation has incurred approximately \$323,000 in capital and operating costs and anticipates spending an additional \$427,000 to complete the project.

(f) Other

Approximately 23% of the Corporation's employees were covered by collective bargaining agreements for the years ended December 31, 2021 and 2020, of which 12% expire in the next year.

(14) Functional Expenses

The Corporation provides general healthcare services primarily to residents within its geographic area and supports research and educational programs. Expenses are allocated based on estimated time and effort contingent upon the location and/or specialty the expense was incurred. Expenses related to providing these services and supporting functions are as follows for the years ended December 31, 2021 and 2020:

	2021		
	Healthcare services	General and administrative	Total
Salaries and wages	\$ 2,121,803	346,988	2,468,791
Physician fees and salaries	665,905	73,990	739,895
Employee benefits	435,083	70,828	505,911
Supplies	1,216,644	3,603	1,220,247
Other	948,989	298,564	1,247,553
Interest	87,403	13,580	100,983
Depreciation and amortization	227,647	43,377	271,024
Total	\$ <u>5,703,474</u>	<u>850,930</u>	<u>6,554,404</u>

	2020		
	Healthcare services	General and administrative	Total
Salaries and wages	\$ 1,907,440	325,252	2,232,692
Physician fees and salaries	540,334	60,037	600,371
Employee benefits	379,852	67,032	446,884
Supplies	1,085,520	1,099	1,086,619
Other	797,990	270,862	1,068,852
Interest	86,451	14,752	101,203
Depreciation and amortization	218,074	39,396	257,470
Total	\$ <u>5,015,661</u>	<u>778,430</u>	<u>5,794,091</u>

RWJ BARNABAS HEALTH, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In thousands)

(15) Investments in Joint Ventures

Corporation has invested in a number of joint ventures to provide specialty healthcare services. These services include surgical, diagnostic imaging, home care and hospice, rehabilitation, medical transportation and fitness, and wellness programs. The investments range from 25% to 53% ownership. The Corporation does not exercise operating control over these investments; accordingly, they are recorded under the equity method of accounting and report only the Corporation's share of net income attributable to the investee as equity in earnings in other revenue in the accompanying consolidated statements of operations. Financial information for the equity method investees for the years ended December 31, 2021 and 2020 includes net operating revenue of \$854,785 and \$554,891, net income of \$231,400 and \$136,987, and net income attributable to the Corporation of \$84,396 and \$50,967, respectively. For the year ended December 31, 2021, the Corporation invested capital of \$180,343 in joint ventures, of which \$152,005 of the investment related to joint ventures formed during 2021.

Total investments in joint ventures amounted to \$521,268 and \$319,948 at December 31, 2021 and 2020, respectively. These amounts are included in other assets, net in the consolidated balance sheets.

(16) Affiliation with Rutgers, The State University of New Jersey

The Corporation, Rutgers, the State University of New Jersey (Rutgers), and Rutgers Health Group (RHG) entered into a Master Affiliation Agreement (MAA) in 2018 to partner and create the state's largest academic healthcare system with the goal of integrating medical education, advanced research, and healthcare delivery to produce world class clinical services and outcomes.

The Corporation, Rutgers, and RHG are separate and distinct legal entities. The MAA requires reciprocal commitments and the alignment of each party's respective strategic, operational, and financial interests, and activities as part of a coordinated and mutually supportive academic health system. A Joint Committee was established for strategic planning and oversight featuring equal representation from the Corporation and Rutgers. The Corporation and Rutgers have continued to execute on strategies contemplated in the MAA including integrating the clinical operations of the Faculty of Robert Wood Johnson Medical School (RWJMS) and the Rutgers CINJ through Integrated Practice Agreements (IPA) effective July 1, 2020 and July 1, 2021, respectively. Under the terms of these agreements, Rutgers will continue to employ providers and certain support staff, but the Corporation will be responsible for the operations of the clinical practices and related financial results. This includes establishing a unified medical records system across the Corporation's entire medical group (including RWJMS and CINJ) and creating a unified and integrated patient experience.

The MAA required the Corporation to invest \$100,000 through June 30, 2019 of which \$45,000 was capitalized for the right to use the Rutgers Health brand name. In addition, more than \$1,000,000 over 20 years will be invested to expand the education and research mission of the integrated academic health system. During the years ended December 31, 2021 and 2020, the Corporation made payments to Rutgers in the amounts of \$60,963 and \$43,834, respectively, related to the MAA. As of December 31, 2021 and 2020, the Corporation owed Rutgers \$92,404 and \$58,808, net, respectively, under the MAA and IPA agreements. These amounts are included in accrued expenses and other liabilities in the consolidated balance sheets.

RWJ BARNABAS HEALTH, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(In thousands)

(17) Potential Affiliations

The Corporation and Saint Peter's Healthcare System (SPHCS) entered into a Definitive Agreement on September 10, 2020 to integrate the two healthcare systems. Under the terms of the Definitive Agreement, SPHCS, headquartered in New Brunswick, New Jersey, with its flagship hospital, Saint Peter's University Hospital, a 478-bed acute care teaching hospital and acute care children's hospital, will remain as a full-service provider of acute healthcare services, and would continue its mission and identity as a Catholic hospital in adherence with the standards of care stated in the Ethical and Religious Directives for Catholic Health Care Services. The Corporation has committed to making significant strategic capital investments in facilities, technology and innovation to enhance and expand clinical services provided at SPHCS.

Approvals will be necessary from state and federal officials, and others, before any of the transactions are considered complete. It is not currently possible to determine if, or when, the transactions will be completed.

(18) Subsequent Events

The Corporation, Trinitas Regional Medical Center (Trinitas) and Trinitas Health (TH) closed on their affiliation transaction, effective January 1, 2022, whereby the Corporation has replaced TH as the sole member of Trinitas. TH merged with, and into Trinitas, with Trinitas as the surviving merger entity. Trinitas is a 554-bed, Catholic, acute care teaching hospital, headquartered in Elizabeth, New Jersey. Under the terms of the Definitive Agreement, dated November 11, 2020, the role of Trinitas as a full service, Catholic provider of acute healthcare services for the eastern Union County community will be enhanced. Together, both organizations will be able to increase access to high-quality healthcare in the northern and central New Jersey regions, and expand outreach to underserved communities. This includes a specific focus on cardiac care, oncology, emergency services, renal care/dialysis, women's health and wound care, as well as behavioral health services and others.

On January 27, 2022, in connection with the Definitive Agreement, the Corporation legally defeased all of the outstanding New Jersey Health Care Facilities Financing Authority Refunding and Revenue Bonds, Trinitas Regional Medical Center Obligated Issue, Series 2016A and all of the outstanding New Jersey Health Care Facilities Financing Authority Refunding Bonds, Trinitas Regional Medical Center Obligated Issue, Series 2017A. The total payment for the defeased bonds was \$72,252.

Management evaluated all events occurring subsequent to December 31, 2021 and through April 27, 2022, the date the consolidated financial statements were available to be issued. The Corporation did not have any material recognizable subsequent events during the period, except as previously disclosed.



COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) Implementation Plan 2020

CONTENT

1. BACKGROUND of CHNA REQUIREMENT
2. CHNA DOCUMENT REQUIREMENTS
3. THE 2019 IDENTIFIED/PRIORITIZED COMMUNITY NEEDS
4. 2020 IMPLEMENTATION PLAN

BACKGROUND: HOSPITAL CHNA REQUIREMENTS

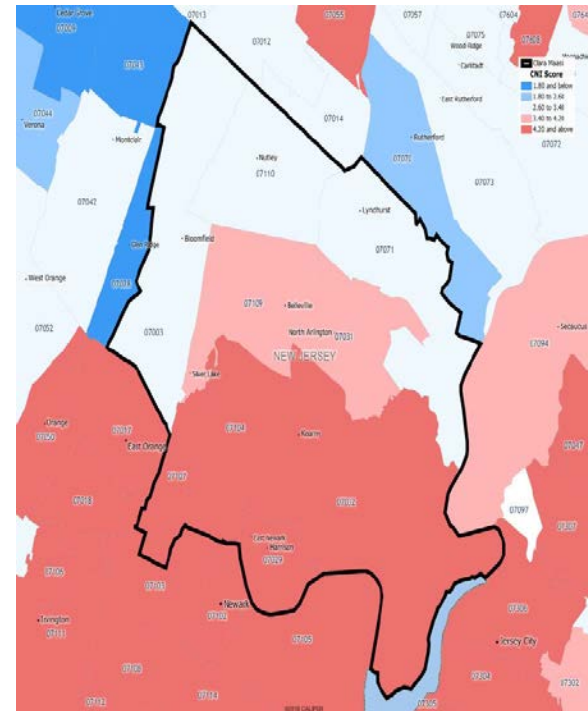
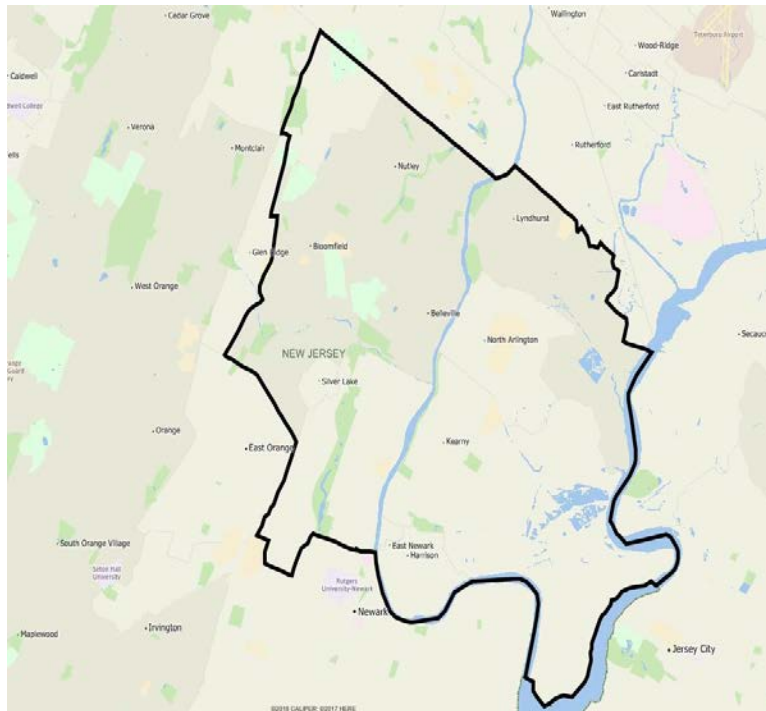
Community Health Needs Assessments (CHNA) were mandated by the 2010 Affordable Care Act ⁽¹⁾. IRS requirements include two written reports to be adopted by authorized body:

- 1. A Community Health Needs Assessment (CHNA)** -- A comprehensive analysis of health needs in the communities we serve and conducted at least every three years. Make widely available.
- 2. Implementation Strategy** -- how facility plans to address priority issues. Attaches to facility Form 990 returns.

(1) The CHNA requirements are among several new requirements that apply to section 501(c)(3) hospital organizations under section 501(r), which was added to the Code by section 9007(a) of the Patient Protection and Affordable Care Act ("Affordable Care Act"), Pub. L. No. 111-148, 124 Stat. 119, enacted March 23, 2010.

CHNA REQUIREMENTS: DESCRIPTION of COMMUNITY SERVED

- A description of the community served by the hospital facility and how determined.
 - *Definition - traditional primary and secondary service area*
 - *Review of Demographics and Social Determinants of Health*



CHNA REQUIREMENTS: DESCRIPTION of METHODOLOGY AND DATA

- A description of the process and methods used and how data obtained
 - *Multidisciplinary/Facility Steering Committee and local Oversight Committee*
 - *Use of Primary Data (surveys) and Secondary Data (Mortality, Morbidity, etc.)*

CHNA and IMPLEMENTATION PLAN PROCESS



Primary Data:

- Community Resident Survey (over 370 respondents from CMMC's PSA)
- Local Oversight Committee Survey

Secondary Data:

- Over 100 secondary data indicators
- Sources include Government and Private (Census, CDC, Gallup, Kaiser, United Way)

CHNA REQUIREMENTS:

DESCRIPTION of INPUT FROM PERSONS REPRESENTING BROAD INTERESTS OF COMMUNITY

- Description of input from persons who represent the broad interest of the community served by the hospital facility
 - *Extensive Primary Data – Resident surveys and focus groups*
 - *Local CHNA Oversight Committee with Key Community Stakeholders*
 - *YMCA*
 - *United Way*
 - *Local ministry*
 - *Health Departments*
 - *Community (volunteer) and others*

- Primary and chronic disease needs and health issues of uninsured, low-income and minority groups
 - *Elements of resident survey and stakeholder participation*

CHNA REQUIREMENTS:

DESCRIPTION of PROCESS FOR IDENTIFYING AND PRIORITIZING NEEDS

- A prioritized description of the community health needs identified and description of the process and criteria used
 - *Consultant Recommendation*
 - *Prioritization ranking exercise with CHNA Oversight Committee members*

- Prioritization ranking criteria:
 - *Scale/Size of problem (size of issue)*
 - *Risk of morbidity and mortality*
 - *Impact of problem on vulnerable populations*
 - *Can meaningful progress be made in 3 years*
 - *The capability/competency to impact the issue*

CHNA REQUIREMENTS:

DESCRIPTION of HEALTH FACILITIES AND RESOURCES

- A description of the existing health care facilities and resources within the community available to meet needs identified.
 - *Existing programs for selected priority needs*
 - *Appendix D: Resource listing of health and social service entities*

CHNA REQUIREMENTS:

EVALUATION OF LAST IMPLEMENTATION PLAN TAKEN TO ADDRESS LAST CHNA PRIORITIES

- The five 2016 priorities and some actions were:
 1. *Enhance Access to Health Care with focus on addressing barriers of culture, diversity, and the special needs population*
 - *Recruited additional primary care physicians*
 - *Expanded Clara Cares and WAVES Program points of coverage*
 - *Reduced Re-admissions*
 - *Increase Clara Wellness Club membership*
 - *Developed Center of Excellence for Latino Health*
 2. *Improve Cardiovascular Disease Care and Prevention*
 - *Transitions of Care program*
 - *Held nutrition and wellness programs to promote prevention*
 - *Increased community screenings and educational programs*
 - *Initiate Cardiac Rehabilitation lecture series*

The Implementation Plan is not a reflection of all activities conducted or planned for community needs and benefit -- but a plan to focus on select prioritized needs and make a difference

EVALUATION OF LAST IMPLEMENTATION PLAN (Continued)

3. *Improve Cancer Care and Prevention*

- *Continued Lung Cancer, PAP Screenings*
- *Hosted skin cancer screenings*
- *Increased community outreach and continue support groups*
- *Developed new Nutrition Support Group for cancer patients*

4. *Reduce obesity in the Community to improve wellness and disease prevention*

- *Implemented a bariatric clinic and follow-up support services*
- *Host skin cancer screenings*
- *Increase community outreach and continue support groups*
- *Developed new Nutrition Support Group for cancer patients*
- *Created new workshops on healthy food shopping and meal preparation*

EVALUATION OF LAST IMPLEMENTATION PLAN (Continued)

5. *Improve Respiratory Care and Disease Prevention*

- *Developed a “Lung Health” Initiative for asthma related illness, COPD, lung cancer and smoking*
- *Developed Care Pathways with physicians to provide patient education support and pathways for better management of high-risk behaviors*
- *Developed program to wean individuals from oxygen dependency*

CHNA RESULTS 2019

Summary of Key Findings

Health Issues/ Concerns Impacting Community

- **Obesity:** #1 concern (all ethnic/age/gender/income groups)
- **Substance Use/ Abuse and Mental Health** also high concern (particularly among younger residents)
- **Chronic diseases** (diabetes, cancer, heart) and **factors contributing to diseases** (smoking, stress, aging) are major health concerns

Barriers to Accessing Health Care

- **Insurance** issues, **cost** concerns, long **wait times** and difficulties with **scheduling** appointments are top barriers to accessing health care services
- 73% indicate at least one barrier to care

Community Strengths/ Opportunities

- **Strength** areas:
 - Places to socialize
 - Access to fresh food
 - Safe places to walkCaucasians, Asians, older and higher income residents most favorable overall toward community services
- **Opportunities** to address the areas of:
 - Jobs
 - Safe/affordable housing
 - Interpersonal violence
 - Healthy food in schools

Personal Health Behaviors

- Residents self-report being in good health and exhibit **positive health behaviors:**
 - Describe health as good/very good/excellent (78%)
 - Regularly eat healthy (75%)
 - Have annual physical exam (83%)
 - Physically active (67%)
 - Children eat breakfast daily (85%)
- Conversely, there is a substantial group of residents whose **health habits** could be improved:
 - Describe health as fair or poor (22%)
 - Do not eat healthy regularly (25%)
 - Are not physically active (33%)
 - Diagnosed with high blood pressure (60%), high cholesterol (55%) or weight problems (51%)
 - Do not get mammograms (29%) or prostate screens (50%)

Hispanics are the least likely to get screening exams and most screening tests skew toward the older and higher income residents

RESULTS of 2019 CHNA IDENTIFIED AND PRIORITIZED NEEDS

PRIORITY ISSUES	PRIORITIZATION CRITERIA					
	<i>Number of people impacted</i>	<i>The risk of morbidity and mortality associated with the problem</i>	<i>Impact of the problem on vulnerable populations</i>	<i>Meaningful progress can be made within a 3-year period</i>	<i>Community's capability/ competency to impact</i>	
Obesity	14	16	16	13	13	72
Geriatric Care	11	14	13	16	17	71
Access to Care (cost of care, insurance)	11	15	17	12	14	69
Diabetes	9	17	16	13	13	68
Prenatal (Maternal/Infant Outcomes)	6	15	19	13	13	66
Language	8	10	16	15	17	66
Substance Abuse	10	18	16	12	9	65
Heart Disease	9	17	15	12	12	65
Transportation	7	8	13	18	18	64
Mental Health	12	12	16	12	10	62
Cancer	10	17	15	10	10	62

Priorities selected for the Implementation Plan is not a reflection of all activities conducted or planned for community needs and benefit -- but is an intentional plan focused on the selected needs to achieve a meaningful difference.

2019 PRIORITY NEED SELECTION INDICATOR CONCERNS

■ **Obesity**

- Obesity was top health concern of PSA community survey participants (48% identified)
- The percent of Essex County residents with a body mass index >-30 trended upward from 24.8% in 2011, to 26.8% in 2016.
- In 2016, 32.6% of Essex County adults reported no physical exercise within the past month, higher than New Jersey (29.8%) and CHR national benchmark.
- Obesity is a significant health risk factor for many chronic diseases

■ **Diabetes**

- Is the fifth leading cause of death in Essex County
- The 2016 Essex County age-adjusted mortality rate due to diabetes (26.3/100,000) was higher than the statewide rate (17.6/100,000).
- Diabetes is the third most common inpatient Ambulatory Care Sensitive Condition in Essex County

2019 PRIORITY NEED SELECTION INDICATOR CONCERNS

■ Prenatal Care

- Only 63.5% of Essex County women entered prenatal care in the first trimester compared to 72.1% in New Jersey.
- The percent of Essex County women enrolled in 1st trimester prenatal care declined from 81% in 2010 to 63.5% in 2016.
- The percent of women without prenatal care ranged from a low of 1.9% in 2013 to a high of 3.3% in 2016.
- The 2016 Essex County rates for no prenatal care (3.3%) places it in the worst performing quantile.

2020 IMPLEMENTATION PLAN DELIVERABLES

- Obtain Board Adoption of 2019 CHNA (Completed)
- Publicize Adopted CHNA by 2019 Calendar Year End (Completed)
- Implementation/Improvement Plan (Attached)
- Board Adoption by July 15, 2020

*The Implementation/Improvement Plan describes how facility plans to address needs identified through the CHNA -- the **actions** it plans to take and **anticipated results**; the programs and resources; and **describe any collaborations** between facility and other organizations in addressing need.*

CHNA REQUIREMENTS: 2020 IMPLEMENTATION PLAN TO ADDRESS PRIORITIES

The three 2019 priorities and 2020 actions are:

1. Reduce obesity in the Community to improve wellness and disease prevention
 - *Provide the community with a bariatric clinic and follow-up support services*
 - *Provide community outreach and offer support groups*
 - *Provide workshops on healthy food shopping and meal preparation*
2. Improve diabetic care and disease prevention
 - *Provide diabetic education consults*
 - *Provide pre-diabetic educational classes*
 - *Offer glucose screenings*
 - *Maintain diabetes accreditation (National Recognition)*
 - *Provide workshops on healthy food choices and meal preparation*
3. Improve prenatal care and outcomes
 - *Provide the community with an obstetrical clinic*
 - *Provide pre-natal testing*
 - *Provide support services*
 - *Provide prenatal education*
 - *Provide assistance/guidance related to healthcare coverage options*

The Implementation Plan is not a reflection of all activities conducted or planned for community needs and benefit -- but a plan to focus on select prioritized needs and make a difference

**Community
Medical Center**

**RWJBarnabas
HEALTH**



COMMUNITY HEALTH NEEDS ASSESSMENT

IMPLEMENTATION PLAN

2019

Introduction

In 2019, Community Medical Center (CMC) conducted and adopted its Community Health Needs Assessment (CHNA) which consisted of a community health needs survey of residents in our service area, a detailed review of secondary source data and a survey of local health officials and community agencies. The primary objective of this research was to obtain opinions of residents within CMC's Primary Service Area (PSA) in order to conduct a comprehensive health assessment to better serve our community and meet the CHNA requirements. The Plan can be accessed at www.rwjbarnabashealth.org/communitymedicalcenter.aspx.

Through the CHNA process, health need priorities were chosen based on the Medical Center's capacity, resources, competencies, and the needs specific to the populations it serves. The Implementation Plan addresses the manner in which CMC will address each priority need and the expected outcome for the evaluation of its efforts. The implementation plan which follows is based on the three selected priority areas*:

- **Chronic Disease Prevention and Management**
- **Behavioral Health: Mental Health & Substance Use**
- **Cancer**

CMC collaborates with many local organizations on health issues including: discussing and prioritizing needs, coordinating services, providing education and specialty knowledge, and supporting local health promotions. CMC also works with Ocean County Health Department to plan and implement a local needs assessment/health status and to support community health and wellness events.

CMC CHNA oversight committee members were Patrick Ahearn; Dr. Teri Kubiel; Keri Britske; Charlene Harding; Jean Flaherty and Rick Pallamary.

**The three focus areas do not represent the full extent of the Medical Center's community benefit activities or its support of the community's health needs. Other needs identified through the CHNA may be better addressed by other agencies/organizations or deferred to another timeframe.*

Goal 1: Chronic Disease Prevention and Management

Key CHNA Findings:

- Two thirds of residents have been diagnosed with one of the following: high blood pressure, diabetes, high cholesterol, weight problems, or heart conditions.
- All conditions prevalent among older and lower income groups
- CHF is the most common inpatient ACSC among adults in the CMC service area
- Need for free/low cost preventative services in the community, and communicating effectively with culturally and ethnically diverse populations
- Free or low cost screenings for preventative health services are of the greatest importance of females, single residents and lower income groups

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
1.1	Evaluate and improve the care transitions for chronic cardiac conditions. Identify high risk cardiac failure patients and offer Transitions of Care program throughout their hospitalization.	<ul style="list-style-type: none"> • Reduce CHF admissions by 5% by 2022 • Reduce AMI readmissions by 5% by 2022 		2019 Baseline: CHF: 15.8% AMI: 19.4%
1.2	In collaboration with community partners, continue to provide screenings for heart disease, cancer and related risk factors including blood pressure and diabetes to enhance early identification and treatment.	<ul style="list-style-type: none"> • Expand the annual number of attendees by 3% per year, 2022 		2019 Baseline: 17,143 Attendees expected to increase given more coordinated efforts
1.3	Continue efforts to educate community members about diabetes self-care.	<ul style="list-style-type: none"> • Continue to provide outpatient diabetic self-management classes monthly • Continue to provide outpatient education and support groups 		In-house program continued as described 2019 Support Groups baseline: 135 attendees

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Goal 1: Chronic Disease Prevention and Management

Key CHNA Findings:

- Two thirds of residents have been diagnosed with one of the following: high blood pressure, diabetes, high cholesterol, weight problems, or heart conditions
- All conditions prevalent among older and lower income groups
- CHF is the most common inpatient ACSC among adults in the CMC service area
- Need for free/low cost preventative services in the community, and to communicate effectively with culturally and ethnically diverse populations
- Free or low cost screenings for preventative health services are of the greatest importance of females, single residents and lower income groups

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
1.4	Continue sponsorship of exercise activities in the community to promote health awareness and improvement	<ul style="list-style-type: none"> • Increase participation in Jingle Bell 5k run, Running with the Devils 5k run/walk, Dancing for Heart Health 		2019 Jingle Bell 5K Baseline: 150 2019 Running with the Devils 5k Run/Walk Baseline: 600 2019 Dancing for Heart Health Baselines: 500
1.5	Offer “The Whimsical Foodtastic Fun Tour” – Children’s National School Assembly Program to children grades K-4 in Ocean County schools encouraging healthy eating habits	<ul style="list-style-type: none"> • Increase number of schools served. • Increase number of students in attendance 		2019 Baseline: 2 schools served 2019 Baseline: 300 students attended
1.6	Continue hosting an annual food drive in the spring/summer when food pantries are low in stock, to provide proper nutrition to Ocean County children and families in need	<ul style="list-style-type: none"> • Continue to track total and increase pounds of food donated by employees and Medical Staff 		2019 Baseline: 22,506

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Goal 1: Chronic Disease Prevention and Management

Key CHNA Findings:

- Two thirds of residents have been diagnosed with one of the following: high blood pressure, high cholesterol, weight problems, or heart conditions. All conditions prevalent among older and lower income groups
- CHF is the most common inpatient ACSC among adults in the CMC service area
- Need for free/low cost preventative services in the community. Need to communicate effectively with culturally and ethnically diverse populations.
- Free or low cost screenings for preventative health services are of the greatest importance of females, single residents and lower income groups

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
1.7	Establish three additional PCP hubs within Ocean County over the next 3 years to increase access to primary care services and to address community need	<ul style="list-style-type: none"> • Number of new PCP hubs in Ocean County 		2019 Baseline – 2 existing PCP Hubs
1.8	Matthew J. Morahan Cardiac & ImPact Concussion Screenings – provide education and health screenings regarding concussion and pediatric cardiac disease	<ul style="list-style-type: none"> • Provide education, evaluation, and assessment of sports injury and sports-related cardiac and concussion screenings 		2019 Baseline Screenings: Cardiac and ImPact Concussion: 138
1.9	In collaboration with community partners, continue to provide bilingual health fairs and screenings	<ul style="list-style-type: none"> • Provide educational material in Spanish with bilingual healthcare providers to communicate effectively with the community 		2019 Baseline – 2 events

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Goal 2: Behavioral Health: Mental Health & Substance Use

Key CHNA Findings:

- Substance use was the highest health concern of residents surveyed; mental health was also frequently mentioned as a concern
- Total Ocean County substance use treatment admission were 46% higher than the State
- Ocean County residents had a higher rate of inpatient mental health admissions and a higher mental health ED use rate than the State
- Nearly 16% of County residents report 14 or more days of poor physical health, and 15% report 14 or more days of poor mental health

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
2.1	ED staff with psychiatric nurses, mental health screeners and mental health associates in conjunction with a fulltime psychiatrist to assess and treat patients providing principles of wellness and recovery in our mission to help prevent unnecessary hospitalizations	<ul style="list-style-type: none"> Track turnaround time from evaluate/treat to disposition, using Cerner 		Achieve Length of Stay less than 10 hours from medical clearance to discharge
2.2	Through collaboration with RWJBarnabas Health Behavioral Health Center (“BHBHC”), increase staff awareness and provide appropriate referrals to select services to needed individuals and families. <ul style="list-style-type: none"> Project MORE program for youths at risk for social problems, emotional problems, etc. Strengthening Families Programs 	<ul style="list-style-type: none"> Provide quarterly postings to Hospital ED staff and Nursing Staff of select BHBHC programs and services being offered to at risk populations and the community 		Behavioral Health program information will be shared with CMC employees and posted in the emergency department to include, but not limited to: Depression Awareness, PTSD and Smoking Cessation.
2.3	The Opioid Overdose Program responds to individuals reversed from an opioid overdose who are treated at CMC’s Emergency Department as a result of the reversal	<ul style="list-style-type: none"> Navigators will target to track 90% of each patient to monitor treatment compliance 		Monthly outcomes will be distributed to CMC Administration and the Division of Mental Health
2.4	Peer Recovery specialist program to be utilized for the ED and inpatients who consent	<ul style="list-style-type: none"> Increase the number of peer recovery deployments by 3% 		Monitor recovery specialist referral process ED and inpatient: 1,270 of deployments in 2019

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Goal 3: Cancer

Key CHNA Findings:

- Cancer tops the list of health issues among consumer survey respondents
- Mammograms and pap smears for women are seen as being most important to survey respondents
- Breast Cancer has the highest incidence rate in the County (and increased from 2010-2013), followed by Prostate, Lung, Melanoma and Colorectal.
- Rates for Breast, Melanoma, Lung and Colorectal were higher than the State

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
3.1	Continue to offer free cancer screenings for breast, cervical, prostate and colon cancer to the uninsured/underinsured, pursuant to the NJ Screen grant program objectives	<ul style="list-style-type: none"> • Increase number of participants by 5% annually, 2022 • Number of positive findings/patients referred for treatment 		2019 Baseline: 201 patients screened with 57 positive or questionable findings referred for follow up
3.2	Provide access to clinical trials in partnership with CINJ and Rutgers to maintain accrual compliance/comprehensive cancer status as required by the Commission on Cancer (COC) and NAPBC	CoC and NAPBC requirements for clinical trial. CoC requirements: <ul style="list-style-type: none"> • 4% in 2019 NAPBC requirements: <ul style="list-style-type: none"> • 2% in 2019 		2019 CMC accruals: CoC : 22% NAPBC: 1%
3.3	To provide access to oncology referrals with contact source 844-CANCERNJ, and through telemedicine, in collaboration with CINJ and Rutgers, for complex oncology cases	<ul style="list-style-type: none"> • Develop and maintain referral for high complex oncology cases 		Utilize tracking system for referrals

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Goal 3: Cancer

Key CHNA Findings:

- Cancer is one of the health issues among consumer survey respondents. Mammograms and pap smears for women are seen as being most important to survey respondents.
- Breast Cancer has the highest incidence rate in the County (and increased from 2010-2013), followed by Prostate, Lung, Melanoma and Colorectal. Rates for Breast, Melanoma, Lung and Colorectal were higher than the State.

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
3.4	<p>Provide a patient navigator process to address the needs of all cancer patients and will continue to monitor the number of patients served</p> <p>Disparities/Barriers to Care in 2019 include Fear of screening: Widespread fear of a lung cancer diagnosis which prohibits large number of the high risk population from obtaining screening CT Lack of understanding of navigator: Trend is for patients to not call navigator for assistance due to lack of understanding of role. They associate navigator with the department in which they meet, despite education as to navigator’s role. Also, separate patient surveys were sent to evaluate navigation services Disparities to care identified: Lack of education about the disease process and coordination of care remain the two largest barriers to quality care Lack of familiarity or trust: 2019 trend noticed in physician practices and fellow navigator that patients reluctant to have surgery at CMC and transfer their surgery and/or care to other hospitals. Going forward, these are numbers that will be tracked to better understand the problem and formulate a plan of action</p>	<ul style="list-style-type: none"> • Increase number of participants served by 5% annually 		<p>BASELINE: To-date, 638 lung navigation patient visits face-to-face or phone. To date, 1,023 general navigation patient visits face-to-face, or phone</p> <p>Establish baseline and track for patients transferring their surgery</p>

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COMMUNITY HEALTH NEEDS ASSESSMENT

IMPLEMENTATION PLAN

2019-2021

Goal I: Improve Health Outcomes for Cancer Patients by Promoting Prevention and Early Detection of Cancer in the Community

Key CHNA Findings:

- Cancer emerges as one of the five top issues identified by the PSA Health Officers.
- Cancer is the second leading cause of death in the US, causing approximately 1,600 deaths per day.

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
1.1	Provide cancer prevention education seminars to increase awareness of a specific cancer type and address the needs of the community.	Measure the number of programs offered		<p>2019 (Q1-Q3): Number of cancer prevention seminars provided = 21</p> <ul style="list-style-type: none"> • Skin seminars= 3 • Head & neck seminars= 1 • Lung seminar = 10 <ul style="list-style-type: none"> • Smoking cessation seminar= 1 • Breast seminars= 1 • Colon seminars= 5
1.2	<p>Expand early detection outreach by providing free community screenings in <u>one or more of the below cancers</u>:</p> <ul style="list-style-type: none"> • Skin Cancer • Head and Neck Cancer • Lung Cancer • Breast Cancer • Colorectal Cancer • Prostate Cancer • GYN cancer/ Pap Smear 	Number of programs provided as measured by number of community benefit hours reported		<p>2019 (Q1-Q3): Community benefit hours reported= 781 hours</p> <ul style="list-style-type: none"> • Skin= 10 hours • Head & neck= 32 hours • Lung= 360 hours <ul style="list-style-type: none"> • Smoking cessation= 100 hours • Breast= 2 hours • Colon= 277 hours

Goal II: Improve Outcomes for Cardiovascular Disease Through Care Coordination and Education and Outreach

Key CHNA Findings:

- In top five health related concerns by PSA Health Officers.

-The AHA And World Heart Federation suggest addressing: tobacco use, hypertension, diabetes, and obesity to reduce overall incidence of cardiovascular disease.

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
2.1	<p>Focus individual sessions for community participants, who will be educated specifically in the Heart Disease risk factors. The Heart Disease education will include:</p> <ul style="list-style-type: none"> • Dietary • Lifestyle • Medication • Psychosocial risk factors 	Utilize the 2019 program numbers as a basis to measure the percent of increased participation		<p>2019 Baseline: Conducted 6 Heart Disease risk factor sessions</p> <p>2020 Goal: Increase Heart Disease risk factor sessions by 20%</p>
2.2	<p>Offer a series of cardiac related health screenings targeted at specific early detection:</p> <ul style="list-style-type: none"> • Blood pressure • Cholesterol • BMP • Nutrition assessment 	Increase the number of health screenings by 5%		<p>2019 YTD:</p> <ul style="list-style-type: none"> • 38 cardiac related health screenings
2.3	<p>Offer a series of classes on a quarterly basis, that are focused on the importance of medication regimes for Heart Failure patients:</p> <ul style="list-style-type: none"> • Include a dietary professional to incorporate medication interactions • Include a pharmacist to assist with multi-pharmaceutical questions 	Retaining Heart Failure patients in the RWJBarnabas health system and offering interest in ongoing cardiac health		<p>2019 Baseline:</p> <ul style="list-style-type: none"> • 30 day readmission rate for Heart Failure (January-August 2019)= 18.83 days <p>2020 Goal :</p> <ul style="list-style-type: none"> • Reduce Heart Failure readmissions by 3%

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Goal III: Improve Diabetes Prevention and Diabetes Self Management by Promoting Healthy Eating and Exercise at Schools and Community-based Organizations.

Key CHNA Findings:

- Identified as a top five health issue by PSA Health Officers.
- Obesity/Diabetes was identified as a top issue by PSA residents.

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
3.1	To increase access to prevent T2 (CDC National Diabetes Prevention Program)	Increase number of persons enrolled in the program by 3%		Offer informational seminars <ul style="list-style-type: none"> • 2-3 before class start date to recruit participants • Offer 3 ongoing year-long programs each calendar year Target- number of people, increase enrollment by 3%
3.2	Increase number of persons enrolled in diabetes classes each calendar year	Expand access to diabetes self management education and support		Tracking- Offer diabetes self management class series- every month for 10 months out of the year
3.3	Improve the knowledge and skills of persons with diabetes to self-manage their disease	Persons with diabetes will improve on their knowledge and skills to manage their disease assessed via pre/post assessment survey		Target number to complete both pre and post assessment: 50% of persons who enrolled in the program

Goal IV: Maternal & Child Health

Key CHNA Findings:

- Identified as a top five health issue by PSA Health Officers.

-The WHO pushed for a Global Strategy for Women's, Children's, & Adolescent's Health. Their set of objectives are to: end preventable deaths, ensure health and well-being, and expand enabling environments.

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
4.1	Offer free Pediatric Flu Clinics, providing vaccines for mothers and children	Number of clinics and vaccines provided		<u>2019 YTD:</u> <ul style="list-style-type: none"> • 2 free pediatric flu clinics offered at Edison Middle School in West Orange • 83 mother/child vaccinations provided in West Orange
4.2	Creation of a Post Partum Family Advisory Council	Increase overall hospital and discharge ratings in the HCAHPS scores		<u>2019 Baseline:</u> <ul style="list-style-type: none"> • Overall hospital rating YTD- 47th percentile • Discharge rating YTD- 84th percentile <u>2020 Goal:</u> <ul style="list-style-type: none"> • Overall hospital rating- achieve 60th percentile • Discharge rating- achieve 90th percentile

Goal V: Reduce Disparities by Improving Access to Care

Key CHNA Findings:

- The need for free or low cost screenings for preventative health services is more important to females, African Americans, singles and lower income groups
- Improve access to primary care in the following zip codes: West Orange, Orange, South Orange and Maplewood.

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
5.1	Ensure strong SBMC presence in our PSA urban communities to build trust, provide needed health screenings and conduct preventative education in partnership with community based organizations	Number of programs provided as measured by number of community benefit hours reported		<u>2019 (Q1-Q3):</u> <ul style="list-style-type: none"> • Number of programs= 142 • Number of attendees= 18,353 • Number of hours= 608
5.2	Aiming to prevent liver disease in the PSA area by providing Hepatitis B & C screenings in the community	Increase total number of patients screened in the community		<u>2019 Baseline:</u> 293 TOTAL <ul style="list-style-type: none"> • 158 screened for Hepatitis B • 135 screened for Hepatitis C <u>2020 Goal:</u> <ul style="list-style-type: none"> • 300 patient screenings
5.3	The GILEAD grant funded program aims to prevent liver disease in the PSA area. Saint Barnabas Medical Center’s ED, Cancer Center, and inpatients floors will provide: <ul style="list-style-type: none"> • Hepatitis B & C screening • Linkage to care • Education 	Offer education, linkage to care, and increase Hepatitis B & C screenings by 10%		<u>2019 YTD:</u> 12,098 TOTAL <ul style="list-style-type: none"> • 5,441 screened for Hepatitis B • 6,657 screened for Hepatitis C

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Community Health Needs Assessment

Implementation Plan 2019-2021



**Jersey City
Medical Center**

RWJBarnabas
HEALTH

Introduction

In 2019, Jersey City Medical Center (“JCMC”) conducted and adopted its Community Health Needs Assessment (“CHNA”) which consisted of a community health needs survey of residents in our service area, a detailed review of primary and secondary source data, key informant interviews, and meetings with local health officials and community stakeholders. The Plan can be accessed at <https://www.rwjbh.org/documents/community-health-needs-assessment/JCMC-CHNA-1219.pdf>

Through the CHNA process, health need priorities were chosen based on the Medical Center’s capacity, resources, competencies, and the needs specific to the populations it serves. These issues are within the hospital’s purview, competency and resources to impact in a meaningful manner. The Implementation Plan addresses the manner in which JCMC will address each priority need and the expected outcome for the evaluation of its efforts. After a comprehensive analysis and rigorous prioritization process resulted in the following final four selected priority areas*:

1. Preventive Health Care Services
2. Access to Health Care (Primary Care and Behavioral Health)
3. Chronic Disease Management (Diabetes & Hypertension)
4. Violence/Safety

JCMC is active as a founding member of HealthierJC which is made up of key stakeholders (government, civic, community-based organizations, faith-based organizations and healthcare providers) who are focused on proactively reducing health disparities and improving the health of community members. JCMC will continue to work with the HealthierJC coalition, other providers and community organizations to improve the health and welfare of our communities.

**The four priority areas do not represent the full extent of the Medical Center’s community benefit activities or its support of the community’s health needs. Other significant needs identified through the CHNA include maternal/infant care, transportation, insurance, finances/poverty, language barriers, and outreach to diverse populations. Many of which are already being addressed in existing programs and through other credible means. The hospital, with limited resources, will work on prioritized needs and continually work with the community and other providers and agencies to improve health status. Action for some needs may be better addressed by other agencies/organizations or deferred to another timeframe.*

2019-2021 CHNA Process

01/01/2019
Official Kick off of 2019-2021 CHNA Process

01/31/2019
Local CHNA Executive Committee Meeting – Review of Draft Survey Data and Secondary Sources Data

4/25/2019
Key Informants Interviews – Community groups and community physicians groups

7/16/2019
Population Health Council Meeting – Review of all Data and Interviews and Establishment of Priority Areas and Define Priority Health Needs

08/09/2019
Brainstorming Session to Develop Priority Health Goals and Strategies

2019-2021 CHNA Process (Continued)

09/2019
Meeting with
Leaders to
review the
assigned
Goals and
identify
appropriate
Strategies

10/2020
Implementation
Plan is finalized

12/19/2019 -
Board of Trustees
approved the 2019-
2021 CNHA Report to be
reviewed and approved
by the Community
Outreach Steering
Committee . The Report
was reviewed and
approved on
12/24/2019

05/2020
Implementation
Plan is presented
and approved by
the Board of
Trustees.

2020 - 2021
Monitoring of the
Implementation
Plan through
monthly
Population Health
Council

Implementation Plan

Priority Health Needs & Respective Goals

Priority Health Need	Goal
Preventive Health Care Services	Increase the number of health screenings & consumer education to improve health & wellbeing
Access to Care	Improve access to primary care, mental health, & substance abuse services
Chronic Disease Management: Diabetes, Hypertension, & Obesity	Reduce the Impact of Chronic Disease through education & programs targeting better disease and care management
Violence Prevention & Safety	To promote safety and decrease incidence of violence with a focus on individual behaviors, physical environment, and social environment

Goal 1:

Preventive Health Care Services

Increase the number of health screenings & consumer education to improve health & wellbeing

Key Findings:

- In 2016, a lower percentage of Hudson County adults over age 50 (56.2%) participated in colorectal screening than adults statewide (65.1%)
- In 2016, the percent of Hudson County adults who received a flu shot (60.1%) was lower than the *Healthy People 2020* target of 90%.

Strategy	KPI	Responsible Party	Reporting Forum
1.1: Increase community based health screenings and intervention in vulnerable populations by 5% by December 31, 2021.	# health screenings conducted # number of individuals linked to primary care	Director, Population Health	Population Health Council Quarterly
1.2: Increase community based consumer education in vulnerable populations by 5% by December 31, 2021.	# of health and wellbeing related education sessions	Manager, Community Outreach	Population Health Council Quarterly
1.3: Initiate oncology-specific (colon and lung) screenings by December 31, 2021.	# of colon cancer screenings # of lung cancer screenings # of patients outreached and educated	Oncology Screening Nurse Navigator	Population Health Council Quarterly

Goal 2:

Access to Care

Improve access to primary care, mental health, & substance abuse services

Key Findings:

- In 2015, 14.8% of Hudson County's 18-64 population was uninsured in comparison to the statewide rate of 10%
- In 2015, Hudson County performed in the worst performing quartile of all New Jersey counties for the ratio of population to primary care physicians.

Strategy	KPI	Responsible Party	Reporting Forum
1.1: Increase adult outpatient mental health services at 2 co-located primary care sites by December 31, 2021.	# of patients seen # of clinical interventions	Vice President, Behavioral Health	Population Health Council Quarterly
1.2: Improve access to mental health crisis services through an additional offsite- crisis location by December 31, 2021.	# of visits	Vice President, Behavioral Health	Population Health Council Quarterly
1.3: Increase access to primary care physicians by opening 3 primary care locations by December 31, 2021.	# of new PCP # of hours added # of community members able to be served	Vice President, Ambulatory Care Network Chair of Medicine	Population Health Council Quarterly

Goal 3:

Chronic Disease Management

Reduce the Impact of Chronic Disease through education & programs targeting improved disease and care management

Key Findings:

- The percent of Hudson County residents with a BMI of ≥ 30 trended upward from 27.4% in 2011 to 31.2% in 2016.
- Within Hudson County, the percent of adults reporting no leisure-time physical activity trended upward from 27% in 2014 to 36% in 2016.

Strategy	KPI	Responsible Party	Reporting Forum
1.1: Utilize locally hired CHWs to link individuals with chronic disease to primary care and other needed community resources by December 31, 2020.	# of individuals connected to primary care # individuals link to community resources	Manager, CHW Program Director, Population Health	Population Health Council Quarterly
1.2: Initiate nutritional disease specific education and counseling	# nutrition consultations	Registered Dietician	Population Health Council Quarterly
1.3: Implement Fresh Food Farmacy Program to provide healthy foods and disease-specific education focused on nutrition by December 31, 2020	# of patients who were referred and received services from the Fresh Food Farmacy	AVP, Hospital-based services and Social Impact	Population Health Council Quarterly

Goal 4:

Violence Prevention & Safety

To promote safety and decrease incidence of violence with a focus on individual behaviors, physical environment, and social environment

Key Findings:

- Hudson County ranked in the poorest performing quartile for burglaries statewide and the middle quartile for domestic violence arrests compared to all NJ counties.
- In 2017, the violent crime rate in Hudson County was 325/100,000 reflecting the worst performing quartile for the County Health Rankings

Strategy	KPI	Responsible Party	Reporting Forum
1.1: Grow JCMC's hospital-based violence intervention program for at-risk community members by 10% through December 31, 2021.	# of participants in HVIP Rate of recidivism	Manager, HVIP Director, Trauma Program	Population Health Council Quarterly
1.2: Provide peer counseling and mental health services to trauma patients through December 31, 2021.	# of patients seen by mental health worker # of participants in peer counseling	Director of Behavioral Health Manager, HVIP	Population Health Council Quarterly
1.3: Develop and implement a program to deliver support groups and workshops for victims and families	# of support groups # of workshops # of participants served	Manager, HVIP Director, Trauma Program	Population Health Council Quarterly

**Monmouth
Medical Center**

**RWJBarnabas
HEALTH**

COMMUNITY HEALTH NEEDS ASSESSMENT

IMPLEMENTATION PLAN

2020 - 2023

Introduction

In 2019, Monmouth Medical Center (MMC) conducted and adopted its Community Health Needs Assessment (CHNA) which consisted of a community health needs survey of residents in our service area, a detailed review of secondary source data and a survey of local health officials and community agencies. The Plan can be accessed at www.rwjbarabashealth.org/.aspx.

Through the CHNA process, health need priorities were chosen based on the Medical Center's capacity, resources, competencies, and the needs specific to the populations it serves. The Implementation Plan addresses the manner in which MMC will address each priority need and the expected outcome for the evaluation of its efforts. The implementation plan which follows is based on the four selected priority areas*:

- Prevention and Treatment of Obesity & Associated Chronic Diseases such as Diabetes, Heart Disease, Cancer
- Reduce Substance Abuse
- Improve Access to Care for Behavioral Health Patients

MMC participates in the Health Improvement Coalition of Monmouth County which is made up of key stakeholders in the county (government, civic, community-based organizations and healthcare providers) who are focused on improving the health of community members. MMC will continue to work with the Health Improvement Coalition of Monmouth County, other providers and community organizations to improve the health and welfare of our communities.

**The three focus areas do not represent the full extent of the Medical Center's community benefit activities or its support of the community's health needs. Other needs identified through the CHNA may be better addressed by other agencies/organizations or deferred to another timeframe.*

Goal 1: Prevention, Early Detection and Treatment of Obesity & Associated Chronic Diseases such as Diabetes, Heart Disease & Cancer

Key CHNA Findings:

- Obesity is the leading contributor for chronic diseases for both men and women of most ethnicities and leads to premature death and disability. Long Branch has the highest incident rate for Obesity and Diabetes.
- Over 80% of Adults have at least one risk factor for cardiovascular disease. Heart disease and cancer has historically been the top causes of death in Monmouth County with a respective increase of 7.1% and a decrease of 4.8% since 2013. Percentage of residents with high cholesterol in Monmouth County was higher than statewide rate.
- Cancer is the 2nd leading cause of death in the nation, New Jersey and Monmouth County. Monmouth County rates of Breast, Prostate, Melanoma, Lung and Colon/Rectum Cancer were higher than statewide figures. Cancer incidence is substantially higher in Monmouth County than State.

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
1.1	Improve knowledge scores of students participating in the evidenced based Kids Fit nutrition program in the 21 st Century After-School program in Long Branch School District	<ul style="list-style-type: none"> • ↑ % if improvement in change in behavior scores 		<u>2019</u> 38% improvement in scores
1.2	Increase # of pediatric and adult patients seen in the FQHC for 1:1 nutrition and weight management	<ul style="list-style-type: none"> • ↑ # of pediatric and adult patients • ↓ % lower BMI 		<u>2019</u> 186 patient visits 62% BMI reduction
1.3	Provide nutrition and weight management education and screenings for community members at risk for obesity and diabetes	<ul style="list-style-type: none"> • # of educational events and # serve • # of individuals screened for BMI 		<u>2019</u> # programs serving # BMI screenings

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	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
1.4	Advance the implementation of the Long Branch Walking Club through collaboration with MMC clinical and non-clinical employees	<ul style="list-style-type: none"> • # of participants per session • # of MMC employee participants 		<u>2019</u> (fall session) = 30 walkers
1.5	Establish a reoccurring health program in community settings (barbershops, hair salons, food pantries, etc.) in Long Branch that serve high risk populations	<ul style="list-style-type: none"> • # of participants • # of BP referrals • # of lung, breast, colon screenings booked 		<u>2020</u> establish baseline
1.6	Establish a Maternal Health education program with the Women’s Health Center to educate pregnant women on healthy lifestyle behaviors with an emphasis on hypertension, gestational diabetes and breastfeeding.	<ul style="list-style-type: none"> • # of participants • # of participants that are breast feeding at discharge 		<u>2020</u> establish baseline

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	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
1.7	Improve participation and outcomes for patients taking part in the Outpatient Diabetic Self Management Program	<ul style="list-style-type: none"> • ↑ # of patient consults • 80 % of participants will achieve within a 6 month period <ul style="list-style-type: none"> • A1c reduction of 1% or > • Weight reduction of 3.5% or > • Participation in 10 hours of comprehensive diabetic management education 		<u>2019</u> patient consults 1,141 A1c 68% Weight reduction 70% Class participation 80%
1.8	Improve care transitions for patients with chronic cardiovascular disease through the use of multidisciplinary team rounding, APN assessment during hospital admission, and standardized clinical pathway order sets.	↓ Medicare 30-day readmission rate/100 people for: <ul style="list-style-type: none"> • AMI to 13.17 • Heart Failure to 17.8 • COPD to 16.3 • PN to 13.96 		<u>2019</u> AMI 10.00 Heart Failure 15.97 COPD 15.38 PN 18.26
1.9	Partner with VNAHG to provide ongoing communication, education, and monitoring of patients to identify early changes in health status	<ul style="list-style-type: none"> • ↑ # of new patients enrolled in Healthy Lives Program • ↑ # of completed patient follow-up appointments 		<u>2019</u> New Patients = 88 Follow-up appointments =2,292 COPD New Patients = 22 COPD follow-up appointments = 119

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	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
1.10	Eliminate racial/ethnic disparities in 30 day readmits	<ul style="list-style-type: none"> • ↓ % 30 day readmission with no exclusion 		<u>2019</u> Black or African American, non-Hispanic = 15% White, non-Hispanic = 11% Hispanic = 12%
1.11	Improve racial/ethnic disparities in communication	<ul style="list-style-type: none"> • Improve quality at discharge with instructions 		<u>2019</u> Black or African American 87.8/48% White 90.6/78% Hispanic 91.3/83%
1.12	Provide cultural competency education to employees to improve racial/ethnic disparities in communication	<ul style="list-style-type: none"> • ↑ Increase the % of employees completing the training 		<u>2019</u> 70%

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	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
1.13	<ul style="list-style-type: none"> • Increase participation in the Lung Cancer Screening Program for high-risk individuals. • Establish referral program to PCP for individuals with incidental lung nodule findings for appropriate radiologic follow-up. • Enhance our referrals to our smoking cessation program. • Reduce the incidence of late-stage diagnosis for lung cancer 	<ul style="list-style-type: none"> • # of participants that complete a low-dose CT for lung cancer screening (2019 = 207) • # of referrals to PCP for Incidental Lung Nodule Program (Feb 2020 Initiation) • # of new lung cancers detected through low-dose CT for lung cancer screening (2019 = 3) • % of patients w/ late stage (stage 4) diagnosis of lung cancer (Jan – Jun 2019 = 57%) 		<p><u>2020 Targets</u></p> <ul style="list-style-type: none"> • Low-dose CT = 228 (10% increase) • Incidental Lung Nodule Referrals = 600 (50/month) • New cancers detected through low-dose CT for lung cancer screening = 5 (2%) • % of patents w/ late stage diagnosis (stage 4) of lung cancer = decrease to 52%
1.14	<ul style="list-style-type: none"> • Continue to provide access to MMC’s Cancer Support Community • Established Integrated Oncology Psychotherapy program in support of treatment plans (Oct 2019) 	<ul style="list-style-type: none"> • # participants in Cancer Support Community Programs (2019; MMC: 2,443; MMCSC: 747) • # patients w/increased anxiety due to cancer dx seeking individual therapy (2019 = 7) 		<p><u>2020 Targets</u></p> <ul style="list-style-type: none"> • Participants in Cancer Support Community Programs <ul style="list-style-type: none"> • MMC 2,500; MMCSC 760 • Patients w/increased anxiety due to cancer dx seeking individual therapy = 15

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	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
1.15	<ul style="list-style-type: none"> Continue to provide community outreach emphasizing screening and early detection for populations at risk / provide navigation to screening for uninsured patients <ol style="list-style-type: none"> Breast cancer screening Establish navigation process for screening of <u>uninsured patients</u>: <ol style="list-style-type: none"> Lung cancer screening Colorectal cancer screening 	<ul style="list-style-type: none"> # of at-risk and/or uninsured patients navigated to complete screening (2019 = 421 uninsured patients navigated for breast screening services; 398 mammograms; 12 breast cancers detected). 		<p><u>2020 Targets</u></p> <p><u>Breast</u></p> <ul style="list-style-type: none"> 465 navigated to breast screening 445 mammograms completed 13 breast cancers detected (3%) <p><u>Lung</u></p> <ul style="list-style-type: none"> 30 low-dose CT for lung cancer screening completed <p><u>Colon</u></p> <ul style="list-style-type: none"> 50 FIT kits distributed 25 FIT kits returned

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Goal 2: Reduce Substance Use

Key CHNA Findings:

- Opioid epidemic and non-medical Rx drug use continues to rise. Total substance use treatment admissions were higher than the State and Narcan administrations were up 63% between 2015 & 2016. In Monmouth County and New Jersey, age-adjusted drug induced deaths increased between 2007 and 2013.
- Emergency Department utilization rates in MMC's Service Area were higher (9.0/1,000) than the county rate (6.85/1,000) and the State rate (7.84/1,000).
- Binge drinking increased 17.5 to 22.7% in Monmouth County and New Jersey. 22.7% of adults in Monmouth County reported binge drinking, higher than the State & Ocean County.
- 20% county residents are smokers, higher than the state, Ocean County, County Health Ranking benchmark & Health People 2020. Tobacco use remains the leading cause of preventable disease, disability, and death. E-cigarette use among middle and high school students has increased alarmingly since 2017.

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
2.1	Expand Monmouth Medical Center's Peer Recovery Program (PRP) beyond those individuals reversed from an opioid overdose to include any individuals who accept follow-up care to address drug addiction	<ul style="list-style-type: none"> ↑ # and % of individuals who receive emergency care for substance use disorder who subsequently accept follow-up care through the OORP 		<u>2019</u> 79.7% (1,113 of 1,397 individuals)
2.2	Track recovery status of individuals who received follow-up care through OORP	<ul style="list-style-type: none"> ↑ # and % of individuals in recovery at 6 and 12 month intervals 		<u>2019</u> 5.8% (7 of 121 individuals)
2.3	Improve awareness and access to services to support those suffering from addiction and their families	<ul style="list-style-type: none"> ↑ # of individuals attending the All Recovery Support Group 		<u>2020</u> establish baseline

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- Opioid epidemic and non-medical Rx drug use continues to rise. Total substance use treatment admissions were higher than the State and Narcan administrations were up 63% between 2015 & 2016. In Monmouth County and New Jersey, age-adjusted drug induced deaths increased between 2007 and 2013.
- Emergency Department utilization rates in MMC's Service Area were higher (9.0/1,000) than the county rate (6.85/1,000) and the State rate (7.84/1,000).
- Binge drinking increased 17.5 to 22.7% in Monmouth County and New Jersey. 22.7% of adults in Monmouth County reported binge drinking, higher than the State & Ocean County.
- 20% county residents are smokers, higher than the state, Ocean County, County Health Ranking benchmark & Health People 2020. Tobacco use remains the leading cause of preventable disease, disability, and death. E-cigarette use among middle and high school students has increased alarmingly since 2017.

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
2.4	Conduct screening for and provide education regarding alcohol use	<ul style="list-style-type: none"> • ↑ # of patients with an AUDIT score of 8-15 who receive education from a Recovery Specialist 		<u>2020</u> establish baseline
2.5	Prevent initiation of tobacco use among youth and young adults and to promote cessation and tobacco users to quit	<ul style="list-style-type: none"> • ↑ expand the # of community educators for adult to adult and adult to children training on vaping education • ↑ # of schools that implemented non-clinical educational program (ASPIRE) • # of referrals to Nicotine and Tobacco Recovery Services • ↑ # of educational events and # served 		<u>2019</u> <ul style="list-style-type: none"> • 59 Don't Get Vaped In trainers trained • 5 schools implemented ASPIRE • 157 referrals to Nicotine and Tobacco Recovery Services <u>2020</u> establish baseline <ul style="list-style-type: none"> • # of educational events and # served

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Goal 3: Improve Access to Care for Behavioral Health Patients

Key CHNA Findings:

- Individuals with a behavioral health condition are at greater risk of developing a wide range of physical health problems (e.g., chronic diseases).
- Average life expectancy for a person with serious mental illness is at least 25 years less than those without.
- Monmouth County had a higher rate of residents with an inpatient hospitalization (7.10/1,000) for Mental Health Conditions than NJ (4.81/1,000) in 2016.
- Suicide and suicidal ideation is one of most pressing issues with particular concern in the decrease in age of onset. Stress and trauma seen as underlying causes.
- Monmouth County's suicide rate (8.2/100,000) was higher than the State (7.7/100,000).
- Monmouth County's ED visit rate for Mental Health Conditions increased between 2012 (8.90/1,000) and 2016 (9.33/1,000).

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
3.1	Maintain Integrated Health Home (IHH) for the seriously mentally ill wait time and first appointment adherence in the outpatient setting and after readmission (transition of care)	<ul style="list-style-type: none"> • % of patients seen within 7 days of IHH referral • % of patients first appointment adherence/no-show rate • Ensure all readmitted patients are seen within 7 days of discharge from Emergency Room or hospitalization for reengagement in program 		<u>2019</u> patients seen within 7 days of referral 100% adherence to first appointment 100%
3.2	Reduce readmission within 30 days of IHH enrollment through focused patient management and navigation	<ul style="list-style-type: none"> • ↓ % of patients readmitted within 30 days of IHH program 		<u>2019 baseline</u> Re-admissions within 30 days of IHH program 5.3%
3.3	Improve patient satisfaction with IHH program	<ul style="list-style-type: none"> • ↑ Patient satisfaction scores 		<u>2019 baseline</u> Patient Satisfaction with IHH program 92.75%
3.4	Provide education for suicide awareness for prevention intervention to identify risk factors and warning signs	<ul style="list-style-type: none"> • # of educational events • # served • # students surveyed 		<u>2020</u> establish baseline

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Monmouth Medical Center Southern Campus

RWJBarnabas
HEALTH



COMMUNITY HEALTH NEEDS ASSESSMENT

IMPLEMENTATION PLAN

2020 - 2023

Introduction

In 2019, Monmouth Medical Center Southern Campus (MMCSC) conducted and adopted its Community Health Needs Assessment (CHNA) which consisted of a community health needs survey of residents in our service area, a detailed review of secondary source data and a survey of local health officials and community agencies. The Plan can be accessed at www.rwjbarnabashealth.org/_____.aspx.

Through the CHNA process, health need priorities were chosen based on the Medical Center's capacity, resources, competencies, and the needs specific to the populations it serves. The Implementation Plan addresses the manner in which MMCSC will address each priority need and the expected outcome for the evaluation of its efforts. The implementation plan which follows is based on the four selected priority areas*:

- **Prevention, Early Detection and Treatment Associated with Chronic Diseases such as Diabetes, Heart Disease and Cancer**
- **Reduce Substance Abuse**
- **Mental/Behavioral Health**

MMCSC participates in the Ocean County Health Advisory Group which is made up of key stakeholders in the county (government, civic, community-based organizations and healthcare providers) who are focused on improving the health of community members. MMCSC will continue to work with the Ocean County Health Advisory Group, other providers and community organizations to improve the health and welfare of our communities.

**The three focus areas do not represent the full extent of the Medical Center's community benefit activities or its support of the community's health needs. Other needs identified through the CHNA may be better addressed by other agencies/organizations or deferred to another timeframe.*

Goal 1: Prevention, Early Detection and Treatment Associated with Chronic Diseases such as Diabetes, Heart Disease and Cancer

Key CHNA Findings:

- Obesity is the leading contributor for chronic diseases for both men and women of most ethnicities and leads to premature death and disability.
- Heart disease and cancer are the top causes of death in Ocean County with the greatest increases in unintentional injuries and Alzheimer's.
- County-wide mortality rate for heart disease, cancer and stroke are higher than New Jersey, and Healthy People 2020 targets.
- More than a third of County residents report hypertension and high cholesterol, higher than the Healthy People 2020 targets
- Hospital incidence rates for diabetes, obesity, and renal failure in Ocean County are higher than those in the State.
- 50% or more of MMC-SC's oral digestive, respiratory and breast surgeries were discovered in Stage III of IV.

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
1.1	Improve participation and outcomes for patients taking part in the Outpatient Diabetic Self Management Program	<ul style="list-style-type: none"> • ↑ # of patient consults • 80 % of participants will achieve within a 6 month period <ul style="list-style-type: none"> • A1c reduction of 1% or > • Weight reduction of 3.5% or > • Participation in 10 hours of comprehensive diabetic management education 		<u>2019</u> patient consults - 422 A1c – 73% Weight reduction – 66% Class participation – 78%
1.2	Develop a focused nutrition education program modeled after NIH's "Healthy Eating After 50"	<ul style="list-style-type: none"> • ↑ % if improvement in change in behavior or knowledge scores 		<u>2020</u> establish baseline
1.3	Continue to provide cardiovascular and diabetes health education and screenings for referral of treatment for high risk populations	# blood pressures screenings # body mass index screenings # glucose screenings		<u>2019</u> BP – 297 BMI – 75 Glucose – 45

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	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
1.4	<p>Improve care transitions for patients with chronic cardiovascular disease through the use of multidisciplinary team rounding, APN assessment during hospital admission, and standardized clinical pathway order sets.</p> <p>Reduce readmissions within 30 days post discharge from acute care</p>	<p>↓ Medicare 30-day readmission rate/100 people for:</p> <ul style="list-style-type: none"> • AMI to .05 • Heart Failure to 18.50 • COPD to 21.50 • PN to 16.5 		<p><u>2019</u> AMI 0.00 HF 18.50 COPD 21.50 PN 16.50</p>
1.5	<p>Continue to provide education for awareness and prevention to identify risk factors and early warning signs of stroke and cardiovascular disease</p>	<ul style="list-style-type: none"> • Implement 3 stroke education programs • Implement 3 heart health programs 		<p><u>2019</u> Stroke - 3 Heart - 3</p>

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	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
1.6	Enhance senior health through the Better Health Programs by providing education, physical activity and socialization	<ul style="list-style-type: none"> • # of educational programs • # of participants 		<u>2019</u> Programs - 83 Participants - 1,622
1.7	Continue to support efforts to assist seniors and caregivers in navigating community resources	<ul style="list-style-type: none"> • # participants in Caregiver Support Group • # participants in Bereavement Support Group • # participants navigated to community resources 		<u>2020</u> establish baseline

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	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
1.8	<ul style="list-style-type: none"> • Increase participation in the Lung Cancer Screening Program for high-risk individuals. • Establish referral program to PCP for individuals with incidental lung nodule findings for appropriate radiologic follow-up. • Enhance our referrals to our smoking cessation program. • Reduce the incidence of late-stage diagnosis for lung cancer 	<ul style="list-style-type: none"> • # of participants that complete a low-dose CT for lung cancer screening (2019 = 44) • # of referrals to PCP for Incidental Lung Nodule Program (Feb 2020 Initiation) • # of new lung cancers detected through low-dose CT for lung cancer screening (2019 = 0) • % of patients w/ late stage (stage 4) diagnosis of lung cancer (2019 = 58%) 		<u>2020 Targets</u> <ul style="list-style-type: none"> • Low-dose CT = 50 (10% increase) • Incidental Lung Nodule Referrals = 192 (16/month) • New cancers detected through low-dose CT for lung cancer screening = 1 (2%) • % of patents w/ late stage diagnosis (stage 4) of lung cancer = decrease to 53%
1.9	<ul style="list-style-type: none"> • Continue to provide access to Cancer Support Community 	<ul style="list-style-type: none"> • # participants in Cancer Support Community Programs (2019 MMCSC: 747) 		<u>2020 Targets</u> <ul style="list-style-type: none"> • Participants in Cancer Support Community Programs <ul style="list-style-type: none"> • MMCSC 760

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Key CHNA Findings:

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- 50% or more of MMC-SC's oral digestive, respiratory and breast surgeries were discovered in Stage III of IV.

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
1.10	<ul style="list-style-type: none"> Continue to provide community outreach emphasizing screening and early detection for populations at risk / provide navigation to screening for uninsured patients <ol style="list-style-type: none"> Breast cancer screening Establish navigation process for screening of <u>uninsured patients</u>: <ol style="list-style-type: none"> Lung cancer screening Colorectal cancer screening 	<ul style="list-style-type: none"> # of at- risk and/or uninsured patients navigated to complete screening (2019 = 152 uninsured patients navigated for breast screening services; 145 mammograms; 2 breast cancers detected). # of low-dose CT for lung cancer screenings completed (January 2020 initiation) # of FIT kits distributed / # returned (2019 = 41 FIT kits distributed; 18 FIT kits returned) # of colonoscopies completed (2019 = 3) 		<p><u>2020 Targets</u></p> <p><u>Breast</u></p> <ul style="list-style-type: none"> 167 navigated to breast screening 155 mammograms completed 3 breast cancers detected (2%) <p><u>Lung</u></p> <ul style="list-style-type: none"> 12 low-dose CT for lung cancer screening completed <p><u>Colon</u></p> <ul style="list-style-type: none"> 34 FIT kits distributed/22 FIT kits returned 9 colonoscopies completed

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Goal 2: Reduce Substance Abuse

Key CHNA Findings:

- Opioid epidemic and non-medical Rx drug use continues to rise. County rate for substance use treatment admissions was higher for the State and in the worst performing quartile statewide
- Drug overdose admissions increased and were in the worst performing quartile statewide and for County Health Rankings
- Binge drinking in Ocean County increased 10.6% to 16.4% . Ocean County is worst performing quartiles in New Jersey and in terms of County Health Ranking benchmark.
- 20% county residents are smokers, higher than the state, Ocean County, County Health Ranking benchmark & Health People 2020. Tobacco use remains the leading cause of preventable disease, disability, and death. E-cigarette use among middle and high school students has increased alarmingly since 2017.

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
2.1	Expand MMCSC’s Peer Recovery Program (PRP) beyond those individuals reversed from an opioid overdose to include any individuals who accept follow-up care to address drug addiction	<ul style="list-style-type: none"> • ↑ # and % of individuals who receive emergency care for substance use disorder who subsequently accept follow-up care through the PRP 		<u>2019</u> 77.4% (657 of 849 individuals)
2.2	Track recovery status of individuals who received follow-up care through PRP	<ul style="list-style-type: none"> • ↑ # and % of individuals in recovery at 6 and 12 month intervals 		<u>2019</u> 4.1% (3 of 73 individuals)
2.3	Improve awareness and access to services to support those suffering from addiction and their families	<ul style="list-style-type: none"> • ↑ # of individuals attending the All Recovery Support Group 		<u>2020</u> establish baseline

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- 20% county residents are smokers, higher than the state, Ocean County, County Health Ranking benchmark & Health People 2020. Tobacco use remains the leading cause of preventable disease, disability, and death. E-cigarette use among middle and high school students has increased alarmingly since 2017.

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
2.4	Conduct screening for and provide education regarding alcohol use	↑ # of patients with an AUDIT score of 8-15 who receive education from a Recovery Specialist		<u>2020</u> establish baseline
2.5	Prevent initiation of tobacco use among youth and young adults and to promote cessation and tobacco users to quit	<ul style="list-style-type: none"> • ↑ expand the # of community educators for adult to adult and adult to children training on vaping education • ↑ # of schools that implemented non-clinical educational program (ASPIRE) • # of referrals to Nicotine and Tobacco Recovery Services • ↑ # of educational events and # served 		<u>2019</u> <ul style="list-style-type: none"> • 6 schools implemented ASPIRE • 176 referrals to Nicotine and Tobacco Recovery Services <u>2020</u> establish baseline <ul style="list-style-type: none"> • # of community educators • # of educational events and # served

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Goal 2: Reduce Substance Abuse

Key CHNA Findings:

- Opioid epidemic and non-medical Rx drug use continues to rise. County rate for substance use treatment admissions was higher for the State and in the worst performing quartile statewide
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- 20% county residents are smokers, higher than the state, Ocean County, County Health Ranking benchmark & Health People 2020. Tobacco use remains the leading cause of preventable disease, disability, and death. E-cigarette use among middle and high school students has increased alarmingly since 2017.

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
2.6	Prevent the misuse of prescription medication in older adult population	<ul style="list-style-type: none"> • # of presentation • # of attendees • # of Safe Med Kits distributed 		<u>2020</u> establish baseline
2.7	Expand participation in the “Sticker Shock” program in Lakewood and Jackson to educate retail liquor store staff, youth and chaperones to identify signs and consequences of adults purchasing alcohol for underage youth	<ul style="list-style-type: none"> • # of retail establishments participating • # of staff educated • # of chaperones • # of youth 		<u>2020</u> establish baseline

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Goal 3: Improve Access to Care for Behavioral Health Patients

Key CHNA Findings:

- Individuals with a behavioral health condition are at greater risk of developing a wide range of physical health problems (e.g., chronic diseases).
- Average life expectancy for a person with serious mental illness is at least 25 years less than those without.
- Mental Health issues are of high concern among younger residents.
- More than a third of County residents report 14 or more days of poor physical and mental health.

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
3.1	Maintain Integrated Health Home (IHH) for the seriously mentally ill wait time and first appointment adherence in the outpatient setting and after readmission (transition of care)	<ul style="list-style-type: none"> • % of patients seen within 7 days of IHH referral. Goal is 100%. • % of patients first appointment adherence/no-show rate. Outcome goal is above 90%. • Ensure all readmitted patients are seen within 7 days of discharge from Emergency Room or hospitalization for reengagement in program 		<u>2019</u> patients seen within 7 days of referral 94% adherence to first appointment 95%
3.2	Reduce readmission within 30 days of IHH enrollment through focused patient management and navigation	↓ % of patients readmitted within 30 days of IHH program. Threshold to keep under 10%.		<u>2019 baseline</u> Re-admissions within 30 days of IHH program 6.5%
3.3	Improve patient satisfaction with IHH program	↑ Patient satisfaction scores		<u>2019 baseline</u> Patient Satisfaction with IHH program 90% & above

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COMMUNITY HEALTH NEEDS ASSESSMENT

IMPLEMENTATION PLAN

2021

Introduction

In 2019, Newark Beth Israel Medical Center (“NBIMC”) conducted and adopted its Community Health Needs Assessment (“CHNA”) which consisted of a community health needs survey of residents in our service area, a detailed review of secondary source data, a survey and meetings with local health officials and a Public Health Symposium made up of county public health officers and community representatives. The Plan can be accessed at www.rwjbarabashealth.org/_____.aspx.

Through the CHNA process, health need priorities were chosen based on the Medical Center’s capacity, resources, competencies, and the needs specific to the populations it serves. The Implementation Plan addresses the manner in which NBIMC will address each priority need and the expected outcome for the evaluation of its efforts. The implementation plan which follows is based on the four selected priority areas*:

- **The Impact of Health Disparities**
- **Violence and its health impacts**
- **Obesity**
- **Maternal and Infant Mortality**

NBIMC participates and works with many local organizations on health issues including: discussing and prioritizing needs, coordinating services, providing education and specialty knowledge, and supporting local health promotions. This includes working with Essex County Health Department, local health departments, the Greater Newark Health Care Coalition and Greater Newark Advisory Board to support health planning and to support community health and wellness events. These community touch points provide the hospital with valuable external insights regarding community need.

**The four focus areas do not represent the full extent of the Medical Center’s community benefit activities or its support of the community’s health needs. Other needs identified through the CHNA may be better addressed by other agencies/organizations or deferred to another timeframe. Other significant needs identified include mental health and substance abuse, access to care, lead poisoning, teen pregnancy, readmission rates, tobacco use, primary care physician shortages, STDs, limited English proficiency and other socioeconomic challenges.*

Goal 1: Reduce the Impact of Health Disparities on the Care and Treatment of Heart Disease and Stroke Prevention

Key CHNA Findings:

- Heart disease and stroke were among the top health-related concerns identified in a survey of public health officers and community residents
- The mortality rate for Blacks in Essex County due to stroke is 78% higher than that of Whites
- The mortality rate for heart disease in Essex County is higher than in the state and surrounding counties.

	Strategy/Initiative	Indicator	Responsible Staff*	Tracking/ Outcome																									
1.1	<ul style="list-style-type: none"> Conduct a prospective Cohort study on patients visiting the ER (6/1/13 – 5/31/16) to determine the <u>mortality</u> for (hypertensive emergency and hypertensive urgency) hypertensive emergency (associated end organ damage in the brain, heart, and kidney)and urgency (asymptomatic patient with BP equal to or > 200/120) among a high risk group of patients in Newark. Data will be analyzed to provide information to clinicians to be utilized to design tailored interventions to reduce mortality 	<ul style="list-style-type: none"> Completion of the study with analysis of the results, to provide data on the mortality related to hypertensive emergencies. Quantify the disparity in mortality for hypertensive crisis Identify the risk factors for mortality Presentation and dissemination of the findings to warn patients and providers of the risk <p>*new initiative</p>		<ul style="list-style-type: none"> Data extraction from EMR should begin May 2020. Total of approx. 3500 patients. monthly data extraction data analysis Publication of Manuscript 																									
1.2	<ul style="list-style-type: none"> QI project to screen for secondary hypertension for a sample of patients (N=25) with hypertension crisis, and improve care by tailoring medication in clinic . The participants will undergo screening by testing for plasma renin activity and aldosterone level, to determine the frequencies of the specific renin/aldosterone phenotypes (hyperaldosteronism and the Liddle phenotype). 	<ul style="list-style-type: none"> Clinic attendance of 60% in this cohort Reduce by 50% the number of uncontrolled Hypertension in this Cohort Identify 100 % of patients with secondary hypertension Provide Meds to 100% of participants if they cannot afford. 		<ul style="list-style-type: none"> Attendance Percentage adherence to BP Meds Percentage of participants with controlled BP 																									
1.3	<p>Increase fresh food access for community members through Greenhouse and Farmers Market programming.</p> <ul style="list-style-type: none"> Farmers Market attendance Greenhouse programming attendance Pounds of food donated for both feeding and education purposes # of clients using SNAP # of clients using WIC # of clients using SFMNP vouchers 	<p>Increase numbers 10% by 2021</p> <table border="1"> <thead> <tr> <th></th> <th>Baseline</th> <th>2019</th> <th>2020</th> <th>2021</th> </tr> </thead> <tbody> <tr> <td>Market attendance</td> <td></td> <td>4,800</td> <td></td> <td></td> </tr> <tr> <td>Greenhouse attendance</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pounds of food donated</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SNAP Users</td> <td></td> <td>90</td> <td></td> <td></td> </tr> </tbody> </table> <p>WIC & SFMNP are new initiatives for 2020, no baseline data available.</p>		Baseline	2019	2020	2021	Market attendance		4,800			Greenhouse attendance					Pounds of food donated					SNAP Users		90				
	Baseline	2019	2020	2021																									
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Goal 1: Reduce the Impact of Health Disparities on the Care and Treatment of Heart Disease and Stroke Prevention (continued)

Key CHNA Findings:

- Heart disease and stroke were among the top health-related concerns identified in a survey of public health officers and community residents
- The mortality rate for Blacks in Essex County due to stroke is 78% higher than that of Whites
- The mortality rate for heart disease in Essex County is higher than in the state and surrounding counties.

	Strategy/Initiative	Indicator	Responsible Staff*	Tracking/ Outcome
1.4	<ul style="list-style-type: none"> • Increase the number of patients diagnosed with hypertension who have a blood pressure of <i>less than</i> 140/90 at their most recent office visit. 	<ul style="list-style-type: none"> • Number of patients who have an active diagnosis of essential HTN and have had at least two office visits within the measurement year. • <u>Goal:</u> increase the number of patients with B/P <140/90 by 5% **Baseline: 2019 data: 67% with HTN had B/P< 140/90 		<p>Medical record review: June, Sept and Dec 2020 and 2021</p> <p>% patients with HTN have BP Less than 140/90</p>
1.5	<ul style="list-style-type: none"> • Increase number of patients with a primary diagnosis of hypertension who follow their treatment plan: Ex: PCP appointments, prescribed medication and nutrition appointments:(Representative sample) 	<ul style="list-style-type: none"> • Number patients attending PCP appointments. • Number pts taking medication prescribed. • Number pts attend nutrition counseling appt. * new initiative, no baseline data 		<p>Medical record review: June, Sept and Dec 2020 and 2021</p> <p>% patients following HTN treatment plan.</p>

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Goal 1A: Reduce the Impact of Health Disparities in graduate Medical Education Key CHNA Findings:

- Heart disease and stroke were among the top health-related concerns identified in a survey of public health officers and community residents
- The mortality rate for Blacks in Essex County due to stroke is 78% higher than that of Whites
- The mortality rate for heart disease in Essex County is higher than in the state and surrounding counties.

	Strategy/Initiative	Indicator	Responsible Staff*	Tracking/ Outcome
1A.1	<ul style="list-style-type: none"> • Establishment of an educational curriculum, in collaboration with the ACGME, to train House staff to identify and address health and health care disparities in their specialties. • Identify at risk populations and provide equitable care • Promote awareness and recognition of cultural humility across the CLE • Awareness of Implicit Bias and the effect on treatment algorithms 	<ul style="list-style-type: none"> • Education will include 5 learning sessions on healthcare disparity, cultural humility, quality improvement, SDOH screening, and data collection with pre/post test assessment • 75 % Resident attendance at Learning Sessions • 75 % Demonstration of Understanding of Cultural Humility • 75 % Participation in QI project • 75 % completion of curriculum in 3 years • 100 % of Residency programs integrating a discussion of Health disparity in morbidity and mortality discussions. • 75% completion of Harvard Implicit Association Test (HIAT) 		<ul style="list-style-type: none"> • Baseline survey completion • Learning session completion • Feedback on learning sessions • Number of ongoing projects • Completion of (HIAT)

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Goal 2 - Enhance services and referrals for patients identified with a history of violent trauma and/or at risk for domestic violence and other forms of trauma and abuse

Key CHNA Findings:

- CDC identified child maltreatment and adversity as significant public health concern; 9,250 children substantiated for abuse & neglect in NJ (2013-2017)
- In 2016, Essex County domestic violence arrest rates were higher than the State and all other comparison counties
- In 2017, Newark ranked 12th out of 422 municipalities reporting violent crimes to the FBI

	Strategy/Initiative	Indicator	Responsible Staff*	Tracking/Outcome
2.1	Continue to conduct trauma and domestic violence screenings on all new adult patients presenting to Primary Care at the Adult Health Center (AHC) and offer services in-house with the Integrated Behavioral Health (IBH) program or in the community with appropriate providers.	<p>Patient Navigator to approach <i>new</i> patients to engage in the screening process as evidenced by completed screening tools</p> <ul style="list-style-type: none"> increase % of new patients completing ACES and HITS by 5%. <p><u>Baseline:</u> (2019)</p> <ul style="list-style-type: none"> 730 individuals screened 459 (61%) scored positive on at least 1 screenings (includes ACE's, HITS, PC-PTSD) 		Screenings are being conducted on <i>new</i> patients.
2.2	<p>Conduct trauma, domestic violence, and resilience screenings on all parents of children and adolescents referred to the Metro RDTC for psychosocial evaluation of child maltreatment.</p> <p>Resilience screen to identify protective factors.</p>	<p>Patient Navigators to approach parents of new patients to engage in the screening process as evidenced by completed screening tools</p> <ul style="list-style-type: none"> (% of parents of new patients completing ACES and HITS). <p>*new initiative. No baseline data</p>		Screenings are being conducted on parents of new patients and expanded to include parents of established RDTC therapy patients as well.
2.3	Inform Primary Care Provider (PCP) of positive screening results for further assessment and discussion (including discussion of protective factors/resiliency)	<p>Patient navigators to refer parents with positive screens and low resilience scores to their primary care physician/mental health provider or NBI 's PCP's for discussion of available services/interventions</p> <p>*new initiative. No baseline data</p>		Positive screens on trauma, violence, substance abuse, anxiety, and depression are forwarded to Behavioral Health treatment team members.

*Responsible Staff for internal purposes only; Not on final document

Goal 3: Obesity and Disease Prevention

key CHNA Findings:

- In 2016, Newark reported the highest rate of obesity of all comparative geographies (38.7%)
- The percent of Essex county residents with a Body Mass Index (BMI)>=30 increased to 26.8% in 2016
- The percent of individuals from Newark reporting no leisure time physical activity was highest among all the comparison geographies (41.7%).

	Strategy/Initiative	Indicator	Responsible Staff*	Tracking/ Outcome
3.1	Expand utilization of KidsFit program in schools through teacher training project. <ul style="list-style-type: none"> • Teacher Training Session attendance • # of schools utilizing KidsFit in the classroom 	Increase numbers 10% by 2021 Baseline 2019 2020 2021 Teacher Attendance 113 School Utilization 22		
3.2	Increase participation in the Wellness Center’s cooking/nutrition education classes. <ul style="list-style-type: none"> • Nutrition education attendance • Cooking class attendance 	Increase numbers 10% by 2021 Baseline 2019 2020 2021 Nutrition education attendance 617 Cooking class attendance 436		

*Responsible Staff for internal purposes only; Not published on final document

Goal 4: Reduce Maternal and Infant Mortality by Encouraging Preventative Measures

Key CHNA Findings:

- In 2016, Essex county's rate for no prenatal care was more than double the State rate, performing in the lowest quartile

In 2016, the percentage of Newark women with no prenatal care(3.8%) exceeded that of Essex county

-Newark's infant mortality rate is more than twice that of the State

	Strategy/Initiative	Indicator	Responsible Staff*	Tracking/ Outcome
4.1	<ul style="list-style-type: none"> Code Venus: Reducing maternal morbidity and mortality by improving the care of patients with Pre-eclampsia and Eclampsia: Education of staff Prioritizing care Standardization of the management Early consultation and admission 	<ul style="list-style-type: none"> Quarterly staff education sessions 75% treatment of Pre-eclampsia and Eclampsia in 1hr 75% OBGYN consultation in 1 hr. 75% OBGYN Disposition in 1.5 hr. 75% move to bed (OBGYN / RDU) in 1.5 hrs. 		<ul style="list-style-type: none"> Time to treatment with Blood Pressure medication Time to treatment with Magnesium Time to OB-GYN consultation Time to disposition
4.2	<ul style="list-style-type: none"> Create a Telehealth program for pregnant mothers to eliminate barriers to accessing care, such as lack of childcare and transportation. Assist patients in obtaining necessary kits such as Blood Pressure monitors, Weighting scales and Urine Drip sticks 	<ul style="list-style-type: none"> Increase engagement of mothers by using telehealth visits during prenatal duration by 20% # of pregnant mothers who received kits <p>*Current Baseline: 50%</p>		
4.3	<ul style="list-style-type: none"> Educate NBIMC providers (nurses and Ob & PEDS attendings) and community health and social service workers (i.e. EPPC) on reducing the risk of SIDS and other sleep-related infant deaths and on how to educate parents and grandparents. 	<ul style="list-style-type: none"> Educational sessions offered for staff and community workers Annual safe sleep module to be included as part of Maternal Child Health staff competency a 20-minute webinar link with updates in net-learning <p>**new initiative</p>		

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Goal 4: Reduce Maternal and Infant Mortality by Encouraging Preventative Measures

Key CHNA Findings:

- In 2016, Essex county's rate for no prenatal care was more than double the State rate, performing in the lowest quartile

In 2016, the percentage of Newark women with no prenatal care(3.8%) exceeded that of Essex county

-Newark's infant mortality rate is more than twice that of the State

-

	Strategy/Initiative	Indicator	Responsible Staff*	Tracking/ Outcome												
4.4	<ul style="list-style-type: none"> Provide all moms with education on safe sleep practices Community Health Workers will make home visits to new moms to assess safe sleep conditions of baby cribs and bassinets 	<ul style="list-style-type: none"> Number of moms provided with education and literature on safe sleep practices Percent of moms demonstrating safe sleep practices during home visit <p>*new initiative. No baseline data available</p>														
4.5	<ul style="list-style-type: none"> Conduct Parental Risk assessments (PRAs) Enhance maternal health education for NBIMC providers Promote and encourage breast feeding 	<ul style="list-style-type: none"> Conduct Parental Risk assessments (PRAs) Increase the number of number of referrals made to Essex Pregnancy and Parenting Connection(EPPC) by 5% by 2021 Implement new didactic breast feeding curriculum and skills station Conduct annual breast feeding competency for all nursing staff Offer moms free virtual breast feeding classes <p><u>Baseline (2019):</u></p> <ul style="list-style-type: none"> number of patient referrals: 10% 														
4.6	Increase Women's Wellness Pantry average monthly utilization rates. <ul style="list-style-type: none"> # of monthly participants Pounds of food distributed 	Increase numbers 10% by 2021 Baseline <table border="1"> <tr> <td></td> <td>2019</td> <td>2020</td> <td>2021</td> </tr> <tr> <td>Monthly attend.</td> <td>19</td> <td></td> <td></td> </tr> <tr> <td>Pounds of food</td> <td>4,000</td> <td></td> <td></td> </tr> </table>		2019	2020	2021	Monthly attend.	19			Pounds of food	4,000				
	2019	2020	2021													
Monthly attend.	19															
Pounds of food	4,000															
4.7	Increase maternal/child program attendance at Wellness Center. <ul style="list-style-type: none"> Prenatal Nutrition 101 attendance Breastfeeding Support Group attendance 	Increase numbers 10% by 2021 Baseline <table border="1"> <tr> <td></td> <td>2019</td> <td>2020</td> <td>2021</td> </tr> <tr> <td>Prenatal 101</td> <td>18</td> <td></td> <td></td> </tr> <tr> <td>Breastfeeding (started mid-year)</td> <td></td> <td></td> <td></td> </tr> </table>		2019	2020	2021	Prenatal 101	18			Breastfeeding (started mid-year)					
	2019	2020	2021													
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2022 Community Health Improvement Plan



May 2, 2022

About Robert Wood Johnson University Hospital-Hamilton

Founded in 1971 and located in Hamilton Township in Mercer County, New Jersey, on a 67-acre campus adjacent to Veterans Park, Robert Wood Johnson University Hospital Hamilton (RWJUHH) provides a network of comprehensive health care services including hospital care, prevention and wellness, primary care and specialty practices, and outpatient diagnostic and treatment services to the community. RWJUHH is a founding member of the Greater Mercer Public Health Partnership.

The Greater Mercer Public Health Partnership (GMPHP) is a 501(c)3 collaboration of fifteen core organizations consisting primarily of hospitals and local and county health departments whose mission is to measurably improve the health of greater Mercer County residents. In addition, the GMPHP Community Advisory Board includes over 60 community non-profits, businesses, schools, and governmental organizations committed to the health of Mercer County residents. The GMPHP was formed to identify community health needs within Mercer County, to work collaboratively with stakeholders, and create novel strategies that leverage the collective expertise of the participants to implement a meaningful and measurable Health Improvement Plan for Mercer County, New Jersey.

GMPHP Participating Hospitals	GMPHP Participating Health Departments
Capital Health Medical Center-Hopewell Robert Wood Johnson University Hospital-Hamilton Saint Francis Medical Center Saint Lawrence Rehabilitation Center	East Windsor Health Department Ewing Township Health Department Township of Hamilton Division of Health Lawrence Township Health Department Mercer County Department of Human Services Montgomery Health Department, serving Hopewell and Pennington Boroughs Princeton Health Department Township of Hopewell Department of Health Trenton Health Department West Windsor Health Department, serving Hightstown and Robbinsville

Approval and Adoption of Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP)

The CHNA Report was adopted by the Robert Wood Johnson University Hospital Board of Directors on December 6, 2021. The CHIP was adopted by the Robert Wood Johnson University Hospital Hamilton Board of Directors on May 2, 2022.

CHNA Background

Since 2012, RWJUHH and the partners of GMPHP have collaborated on key public and community health challenges. Every three years the GMPHP conducts a Community Health Needs Assessment (CHNA) and develops an accompanying Community Health Improvement Plan (CHIP) to guide collective impact to improve health and wellbeing across Mercer County. The GMPHP CHNA was designed to be used by all GMPHP partner agencies. **This CHNA was adopted by the RWJUHH Board on December 6, 2021.**

CHNA Research Methods

The 2021 CHNA was conducted from January 2021 to September 2021 and included quantitative and qualitative research methods to determine health trends and disparities across Mercer County. Secondary research methods were used to identify and analyze statistical socioeconomic and health indicators. Data were compared across zip codes and neighborhoods in Mercer County as well as the county as a whole, New Jersey, and national benchmarks. Primary research methods were used to solicit input from public health experts and key community stakeholders representing the broad interests of the community.

Through this comprehensive view of statistical health indicators and community stakeholder feedback, a profile was created of health indicators and socioeconomic factors that influence the health and well-being of Mercer County residents. These findings are used to guide GMPHP and its healthcare, public health, social service, and other community-based partners including RWJUHH in focusing action on collective impact methods to address inequities in health outcomes and access to care across the area.

The 2021 CHNA study methods included:

- ▶ An analysis of existing secondary data sources, including public health statistics, demographic and social measures, and healthcare utilization
- ▶ A key informant survey with nearly 200 health and human service providers among other representatives from education institutions, civic and social associations, faith communities, employers and businesses, elected officials, and other community-based organizations
- ▶ A convenience survey of more than 1,200 individuals who received a COVID-19 vaccine through one of the four GMPHP hospitals or 10 health departments during 2021
- ▶ More than 70 individual and small group discussions with key stakeholders representing diverse, underserved, minority, and historically disenfranchised populations
- ▶ Strategic planning to determine priority health needs
- ▶ Development of a collective impact Community Health Improvement Plan (CHIP)

Community Engagement

In assessing community health needs, input was solicited and received from persons who represent the broad interests of the community, including underserved, low-income, and minority populations. These individuals provided wide perspectives on health trends, shared lived experiences among historically disenfranchised and underserved populations, and provided insights into service delivery gaps that contribute to health disparities and inequities.

The CHNA was conducted following IRS Tax Code 501(r) requirements to conduct a CHNA every three years as set forth by the Patient Protection and Affordable Care Act (PPACA), the Public Health Practice Standards of Performance for Local Boards of Health in New Jersey, and the Public Health Accreditation Board Standards and Measures. The Steering Committee of GMPHP included two senior representatives from RWJUHH, including the former GMPHP Board President, Lauren Stabinsky.

2021 GMPHP Steering Committee Members

Emily Baggett, Trenton Health Team
David Bosted, Community Member
Thomas Boyle, Saint Lawrence Rehabilitation Center
Karen Buda, Community Member
Stephanie Carey, Montgomery Health Department, serving Hopewell and Pennington Boroughs
Angela Chatman, Community Member
Jeremye Cohen, Capital Health Medical Center
Ann Dorocki, Mercer County Department of Human Services
Yvette Graffie-Copper, Trenton Health Department
Diane Grillo, Robert Wood Johnson University Hospital Hamilton
Jeffrey Grosser, Princeton Health Department
Darlene Hanley, Saint Lawrence Rehabilitation Center
Chris Hellwig, Township of Hamilton Division of Health
Margy Jahn, East Windsor Health Department
Pam Keo, Saint Lawrence Rehabilitation Center
Kathryn Koellner, Saint Francis Medical Center
Keith Levine, Lawrence Township Health Department
Dawn Marling, Township of Hopewell Department of Health
Jennifer McGowan-Smith, Saint Francis Medical Center
Carol Nicholas, GMPHP; Lawrence Township Health Department
Stephen Papenberg, Community Member
Devangi Patel, Montgomery Health Department, serving Hopewell and Pennington Boroughs
Kristin Reed, Mercer County Department of Human Services
Lauren Stabinsky, Robert Wood Johnson University Hospital Hamilton
Jill Swanson, West Windsor Health Department, serving Hightstown and Robbinsville

Within RWJUHH, two distinct committees were formed internally to craft a CHIP for RWJUHH that aligns with the collective action priorities adopted by the GMPHP as well as the RWJBarnabas system wide strategic priorities. These committees, formed to work alongside 35th Street Consulting, the consultant engaged to facilitate this process, included a Steering Committee comprised of five key leaders from RWJUHH, as well as a Strategic Planning and Oversight Committee. Together, these two committees identified initiatives underway at RWJUHH that demonstrate key activities and initiatives that foster greater health equity and improved health outcomes in alignment with the collective action goals outlined in the GMPHP CHIP. These strategies are informed by Ending Racism Together initiative and the High Reliability Organization (HRO) initiatives systemwide. These initiatives are designed to remove barriers to accessing care and striving towards more inclusive and equitable systems to work towards reducing racial disparities in health outcomes in the communities they serve.

2022 RWJUHH CHIP Steering Committee Members

Joyce Cantalice, Manager, Better Health Program
Diane Grillo, Vice President, Health Promotion
Lisa Fedorick, Coordinator Volunteers
Tedford Taylor, Director, Pastoral Care and Volunteers
Brian Weiner, Director, Community Education and Conference Center

2022 RWJUH Strategic Planning and Oversight Committee Members

Bariatric Program, Sandra Hass
Better Health Program, Joyce Cantalice
Cancer Center, Amy German
Cardiology/Disease Management, Connie Mocerri
Community Health, Brian Weiner & Roseanne Sondermeyer
Community Impact Alliance, Lindsay Jenkins
Diversity/Inclusion/Employee Engagement, Betsaida Boynton
Emergency Department, Tammy Leigh
Emergency Department Screener, Kami Clothier
Foundation, Jessica Alleman
Infection Prevention, Erin Glospie
Marketing, Sherry Smith
Nicotine and Tobacco Recovery Program, Michael Kosloski
Nursing, Dawn Hutchinson
Pastoral Care, Ted Taylor
Patient Relations, Allison Mosier
Pharmacy, Jonathan Margolin
Quality, Tracee Bachman
Respiratory, Ang Low
Volunteers, Lisa Fedorick

Our Research Partner:



A New Jersey certified Small Business Enterprise (SBE) and Women Owned Business Enterprise (WBE), 35th Street Consulting specializes in transforming data into action that advances health and social equity through practical and impactful strategies. Our interdisciplinary team of community development experts, health planners, researchers, and data analysts have worked with hundreds of healthcare providers, payors, public health departments, government agencies, health and human service providers, and other community-based organizations to direct action and funding to reimagine policies and achieve realistic, measurable social impact.

What is a Community Health Improvement Plan (CHIP)?

A community health improvement plan (CHIP) is a tool designed for hospitals and to strategically outline their plans and activities to improve the wellbeing of the people living in the community they serve. This CHIP is specific to the strategies and goals within RWJUHH but are designed to complement and align with the goals outlined in the RWJBarnabas system-wide initiatives and plans as well as the collaborative CHIP developed by the GMPHP.

The goals and metrics outlined in this document are crafted to support the internal infrastructure within RWJUHH to measure, support and further the goals of achieving health equity. This will be achieved by prioritizing staff development and support and ensuring robust data collection to track changes in participation and outcomes. The action areas outlined in this CHIP are cross cutting throughout the hospital, acknowledging the importance of accurate measurement in key metrics in ensuring and documenting high quality care that is equitably accessible and responsive to population-based inequities. Recognizing the primacy of the culture of the institution stems from supporting the workforce, this CHIP positions RWJUHH as a leader in advancing health equity.

Understanding Social Determinants of Health and Health Equity: The connection between our communities and our health

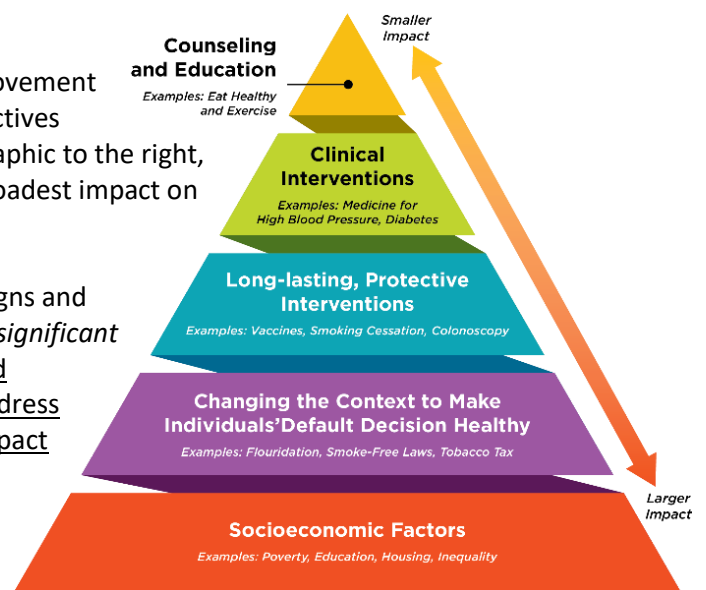
Health equity encompasses a wide range of social, economic, and health measures but can be simply defined as “a fair opportunity for every person to be as healthy as possible.” In order to achieve health equity, we need to look beyond the healthcare system to dismantle systematic inequities born through racism and discrimination, both overt and implied, in our social structures—like power and wealth distribution, education and job opportunities, housing and safe environments—to build a healthier community for all people now and in the future.

The root causes of health disparities are most driven by social determinants of health: the way in which the physical or built environment, socioeconomic conditions, accessibility and quality of health services that exist in a community impact health outcomes. Public health agencies, including the US Centers for Disease Control (CDC), widely hold that at least 40% of a person’s health profile is determined by social determinants of health. Addressing social determinants of health is a primary approach to achieving *health equity*.

In developing the 2022-2025 Community Health Improvement Plan, the GMPHP adopted overarching goals and objectives aimed at addressing health equity. As shown in the graphic to the right, healthcare entities and their partners can have the broadest impact on health needs by addressing socioeconomic factors.

This approach does not discount public health campaigns and individualized care. In fact, these interventions *play a significant role in individual health outcomes*. Combining targeted interventions with community-wide strategies that address systematic inequities has the greatest potential for impact on overall community health and well-being.

GMPHP will use the 2022-2025 CHIP to monitor county-wide progress toward the priority areas using



the objectives outlined below. GMPHP partners will identify existing and future institutional strategies that align with the identified goals and share progress regarding their specific actions that work towards achieving the objectives through collective impact.

This RWJUHH CHIP documents the specific actions that RWJUHH will take to address the priority areas outlined in the approved CHNA, in alignment with the RWJBarnabas system CHIP and the GMPHP priorities for collective action in Mercer County.



**OVERARCHING THEME:
TO CREATE A CULTURE OF HEALTH EQUITY AND TRUST**

Determining Community Health Priorities

The GMPHP committee, including representatives from RWJUHH, considered statistical data and qualitative feedback to determine community health priorities within Mercer County. Statistical data included health indicators and socioeconomic measures to document health disparities and underlying inequities experienced by Mercer County residents. Perspectives on data trends and direct feedback on community health priorities were collected via a community-wide key stakeholder survey, interviews, and small group dialogue. Participants in this research included more than 200 representatives from healthcare providers, public health departments, social service agencies, schools and higher education, employers, places of worship, civic and social networks, elected officials and policymakers, among other community-based organizations. Emphasis was placed on collecting diverse perspectives from stakeholders that work with communities of color, medically underserved, vulnerable, and historically disenfranchised populations.

Context for the Creation of this Community Health Improvement Plan

The COVID-19 global pandemic has been in the forefront of the world's concerns since 2020, coinciding with the research informing this Community Health Needs Assessment (CHNA) and the CHIP. The COVID-19 pandemic has created unprecedented challenges for people across Mercer County—and the world—and has demanded rapid and robust response from healthcare, social services, government, businesses, families, and individuals. COVID exacerbated existing disparities within the health and social service systems and exposed long-standing inequities in power and socioeconomic opportunities within our society, including in Mercer County.

COVID-19 has not impacted all people equally. Rather, certain structural issues—population density, low income, crowded workplaces, etc.—contribute to higher levels of spread and worse outcomes from COVID-19, and potentially other infectious diseases. The preliminary priorities encompassed in the CHNA and the GMPHP CHIP were determined during the fall of 2021, a period of time where COVID-19 case counts were increasing, hospital occupancy was growing, deaths were ticking upwards and community-based vaccine clinics offering walk in hours were new in Mercer County. During this time, the disparity in access to vaccination and testing and the resulting negative outcomes amongst people of color and other disenfranchised communities was of substantial concern and urgency. Therefore, all GMPHP members, including RWJUHH, made recognizing the ongoing needs—and recovery—from the COVID-19 pandemic that have disproportionately negatively impacted communities of color as a priority. The activities and actions associated with the COVID-19 priority area identified in the CHNA

outlined activities and objectives specific to reducing health disparities and the unequal death toll among Black, Indigenous, African American, and other People of Color (BIPOC).

This moment, spring of 2022, finds us in a different time, where collaborative vaccination efforts have led us to more equitable vaccination, greater access to testing, more availability of treatment options and lower levels of hospitalizations and deaths across the board. While disparity in access and outcomes by race continues to exist, technical progress relating to the virus itself has changed, as have local, national and international strategies for containment. Therefore, COVID-19 specific goal will not be included in this CHIP. Rather, strategies employed in this collective action leveraged to confront the inequities in opportunity, access, education, and trust revealed by COVID have been integrated into every priority set out in this CHIP. These lessons have been integrated throughout the other metrics identified here, in an effort to create a culture of greater health equity and trust, and to prepare for a more equitable response in future emergencies.



COVID-19 EXPOSED LONG-STANDING INEQUITIES THAT TAUGHT US TO PREPARE A MORE EQUITABLE RESPONSE DURING FUTURE

The lessons learned from the impact of COVID-19 that revealed clear inequities are also informed by the Ending Racism Together initiative implemented by RWJBarnabas system in 2020. Similar strategies focusing on confronting the impact of structural racism on health outcomes has also been undertaken by GMPHP, New Jersey Department of Health, the US Department of Health and Human Services and others.

The specific measures included in the goals reflect the importance of acknowledging staff needs, particularly regarding caregiver fatigue as a result of their tireless work during the pandemic. These goals highlight the understanding that staff who are supported in meeting their physical, social and emotional needs provide better care to the people they serve. These measures also reflect the upcoming transition to a more robust and response electronic medical record system that can be used to capture demographic, social and behavioral health indicators to track equity related outcomes to better target efforts to engage disenfranchised populations and increase access to care.

Prioritized Health Needs Summary

Goal 1: Life Expectancy and Chronic Disease
Collective Impact Goal: Eliminate disparities in life expectancy due to chronic disease so that all people in Mercer County can live full lives, regardless of race, ethnicity, language spoken, income, or zip code.
RWJUHH Goal: Ensure all residents have equitable access to resources to prevent and manage chronic disease to reduce disparities in life expectancy resulting from chronic diseases.
1.1 Ensure EMR tracking captures the race/ethnicity, preferred language and gender identity of patients to measure the participation in key chronic disease programs is proportionate to the underlying population.
1.2 By December 2024, implement trauma informed mental health screening as a component of primary care and chronic disease maintenance for all patients.
1.3 By December 2024, continue support and engagement in RWJUHH Community Field as a safe space for community resilience activity and positive wellness resources for diverse and vulnerable populations.
1.4 By December 2024 increase participation in chronic disease maintenance programs and wellness activities among diverse and vulnerable populations.
1.5 By December 2024, ensure patient involvement and empowerment by including representation from diverse chronic disease patient treatment population as part of the Patient and Family Advisory Council including youth.
Goal 2: Behavioral Health, Trauma and Adverse Childhood Experiences
Collective Impact Goal: Foster a community where acute, chronic and systemic trauma are recognized and appropriately treated as integral components of health and wellness opportunities for all people.
RWJUHH Goal: Incorporate Ending Racism Together tenets, trauma informed strategies, behavioral health and social determinants of health screenings in all patient interactions.
2.1 Ensure EMR tracking captures the race/ethnicity and gender identity of patients to measure the participation in all behavioral health programs is proportionate to the underlying population.
2.2 By December 2024, implement trauma informed mental health screening as a component of care for all.
2.3: By December 2024, ensure at least 65% of RWJUHH staff have participated in the Ending Racism Initiative and can name one way they have incorporated the lessons learned in their work.
2.4: By December 2024, incorporate Social Determinants of Health (SDoH) questions available in EPIC in all patient encounters to meet state SDoH standards.
2.5: By December 2024, all staff reaffirm annually the commitments in the HRO to ensure trust, reliability.
2.6 Ensure continuation of regularly scheduled Schwartz Rounds to support RWJUHH Staff with additional resources on caring for themselves, their patients and their teams.
2.7 By December 2024 increase participation in behavioral health and wellness activities among diverse and vulnerable populations.
Goal 3: Women and Children's Health
Collective Impact Goal: Eliminate disparities in infant and maternal mortality based on race by promoting equity in opportunities for social determinants of health and wellness for all women.
RWJUHH Goal: Promote opportunities for social, emotional, physical and economic wellness for women and all birthing people.
3.1 Ensure EMR tracking captures the race/ethnicity and gender of patients to measure the participation in all programs is proportionate to the underlying population.
3.2 By December 2024, implement trauma informed mental health screening for all patients.
3.3: By December 2024, increase the proportion of women whose SDoH or BH screens indicate a need who are connected directly with supportive services.
3.4: By December 2024, engage CIA in building relationships with partner agencies who can provide supports for women outside of health care such as housing, education, job training.

LESSONS LEARNED ABOUT INEQUITIES IN OPPORTUNITY, ACCESS, EDUCATION AND TRUST REVEALED BY COVID-19 ARE INTEGRATED INTO EVERY PRIORITY SET OUT IN THIS CHIP

Life Expectancy and Chronic Disease

Guiding Goal: Achieve equitable life expectancy among all residents in Mercer County.

Prior to COVID, the top leading causes of death among all populations in the US were chronic diseases including (in order of US mortality rates) heart disease, cancer, unintentional injuries, chronic lower respiratory diseases, stroke, Alzheimer’s disease. In Mercer County, it is evident that prevention, identification, and treatment of chronic disease is efficacious and high quality, but not for everyone.

We need to apply our understanding of persistent disparities among Black and Indigenous People of Color (BIPOC) and respond to the wide inequalities in death rates due to chronic disease. As such, the GMPHP redefined its goals toward reducing and responding to chronic disease to focus on the underlying inequities that contribute towards greater risk for chronic disease and lower life expectancy.

CHNA Key Findings:	CHNA Page
▶ Life expectancy in Mercer County (80.6) is on par with New Jersey (80.5), but life expectancy for Black people (74.9) is lower than all other race and ethnic groups: White (80.9), Latinx (85.7), and Asian (90.3).	58
▶ The percent of the population that is uninsured in Trenton (17.6%) and Hightstown (16.6%) is two times higher than NJ (7.8%) and US (8.8%).	46
▶ Heart disease deaths are increasing in Mercer County (162.7) and higher than NJ (158.0) and the US (161.5); heart disease deaths among Black people in Mercer County (236.4) are higher than any other group and higher than among Black people anywhere else.	62
▶ Diabetes deaths are increasing in Mercer County from 15.1 (2018) to 17.3 (2019); The diabetes death rate is nearly two times greater for Black people (31.7) than White people (13.1) in Mercer County.	68
▶ One in five Mercer County Senior Medicare Beneficiaries are living with four or more chronic conditions.	74
▶ The ability to afford appropriate and safe housing creates barriers for chronic disease prevention and management; older adults, racial and ethnic minorities, low-income residents; and youth with asthma are particularly impacted by lack of adequate housing.	39-41
▶ As of 2018, nearly 1 in 10 Mercer County residents were food insecure; anecdotal evidence supports this percentage has increased significantly with COVID-19.	37
▶ 41.7% Mercer County adults report having no leisure activity in past 30 days compared to NJ (27.8%) and the US (24.2%) averages.	54-55

Measurable Objectives:	Indicator in CHNA Report	Source
▶ Promote awareness to support people in Mercer County living in poverty to align with New Jersey state average of 10%. (HP2030 Goal: 8%) (p. 7-9, 36)	Poverty in Mercer County =11.6%	ACS, United States Census Bureau, 2015-2019
▶ Promote awareness to support a reduction in uninsured rates in Trenton and Hightstown by 50% to align with state and national rates. (p.46)	Trenton = 16.6%; Hightstown = 17.6% NJ = 7.7%; US = 8.8%	United States Census Bureau, 2015-19
▶ Promote awareness to support a reduction in premature age adjusted death rates among Black African American residents in Mercer County to align with the combined Mercer County rate (300). (p.58)	Premature age adjusted death rate for Black/African American people in Mercer County = 590; Combined rate for all people = 300	National Center for Health Statistics – Mortality Files, 2017-2019
▶ Promote awareness to support an increase of physical activity/leisure among adults and children across Mercer County to 30 minutes per day or 3 ½ hours per week, per CDC exercise recommendations. (p.55)	41.7% of Mercer County adults reported no leisure time activity (0) in 30 days	New Jersey State Health Assessment Data, 2015-2018; CDC, 2015-2018
▶ Promote awareness to support the increase the proportion of Mercer County residents that have permanent safe, affordable, appropriate homes from 30% to 25% or lower (p.47)	In Mercer County, 28.7% of homeowners and 50.7% of renters have documented housing problems. 12.5% of homeowners and 29.6% of renters have severe housing problems. ¹	United States Department of Housing and Urban Development (HUD), 2013-2017
▶ Promote awareness to support resilience focused activities and supports to address Adverse Community Environments and combat the impact of Adverse Childhood Events (ACEs). (p.24)		BRFSS 2015-2017, 25 states, CDC Vital Signs, November 2019, NJ Funders ACES Collaborative (2019)

¹ This does not include homeless individuals or temporarily housed individuals and families.

Priority Area: Life Expectancy and Chronic Disease

Collective Impact Goal: Eliminate disparities in life expectancy due to chronic disease so that all people in Mercer County can live full lives, regardless of race, ethnicity, gender identity, income, or zip code.

RWJUHH Goal: Ensure all residents have equitable access to resources to prevent and manage chronic disease to reduce disparities in life expectancy resulting from chronic diseases.

Objectives	Strategy	Action Steps
1.1 Ensure EMR and LVM1 tracking captures the race/ethnicity/preferred language/ gender identity of patients to measure the participation in key chronic disease programs is proportionate to the underlying population.	Reduce the proportion of “unknown” entries to demographic characteristics by 5% each calendar year. Make available training regarding why and how to collect race, ethnicity, data based on evidence-based tools such as AHA Disparities Toolkit each calendar year.	Create reminders and follow up opportunities to complete missing demographic data in EPIC.
		Incorporate and populate fields capturing demographic data for Community Education, Better Health and other programs utilizing LVM1 data system.
		Incorporate training on how and why to incorporate demographic information in EPIC and LVM1 training for all staff.
1.2 By December 2024, implement trauma informed mental health screening as a component of primary care and chronic disease maintenance for all patients.	Increase the utilization of mental health screening as a standard tool for primary care and chronic disease maintenance visits by 5% each calendar year.	Incorporate training regarding how, why and when to use the mental health screening tool as part of EPIC training.
		Review mental health screening outcomes annually.
1.3 By December 2024, continue support and engagement in RWJUHH Community Field as a safe space for community resilience activity and positive wellness resources for diverse and vulnerable populations.	Highlight formal and informal activities taking place on the field through the marketing and communications activities in social media, newsletters, and public communication. Engage Community Impact Alliance (CIA) to promote and support community activities taking place on the RWJUHH Community Field.	Create social media posts, newsletter articles regarding activities taking place on the RWJUHH Community Field.
		All system wide campaigns and RWJUHH specific campaigns are developed with the goal and objective to speak and relate to all community residents including all ethnicities and race .
		Promote, sponsor, attend and participate in community events, fundraising support for activities.
	All system wide campaigns including RWJUH Hamilton specifically are developed with the goal and objective to speak and relate to all community residents including all ethnicities and race.	
	Encourage the utilization of the RWJUHH Community Field by individuals and organizations/programs focused on inclusion of individuals from vulnerable populations (low income, BIPOC, youth, ages 65+).	Conduct healthy living habits outreach to youth and youth serving agencies, particularly young people of color and low-income youth. Each campaign is reflective of the target audience, geography and/or primary and secondary areas, and consumer demographics like age, gender, ethnicity and particular research findings of ethnicity and/or race and how each could be affected by chronic disease, illness or healthcare disparities.

Priority Area: Life Expectancy and Chronic Disease

Collective Impact Goal: Eliminate disparities in life expectancy due to chronic disease so that all people in Mercer County can live full lives, regardless of race, ethnicity, gender identity, income, or zip code.

RWJUHH Goal: Ensure all residents have equitable access to resources to prevent and manage chronic disease to reduce disparities in life expectancy resulting from chronic diseases.

Objectives	Strategy	Action Steps
1.4 By December 2024 increase participation in chronic disease maintenance programs and wellness activities among diverse and vulnerable populations.	Create short video tool in key languages designed to teach patients how and why to access telehealth.	Create short video tool/app for use at all discharges that explains what, why and how to use telehealth services, accessible on smart phones and online.
		Each message is reflective of the target audience, geography and/or primary and secondary areas, and consumer demographics like age, gender, ethnicity and particular research findings of ethnicity and/or race and how each could be affected by chronic disease, illness or healthcare disparities.
	Increase in-person participation in wellness activities among diverse people age 65+ by 10% each year.	Ensure outreach materials and methods to engage diverse individuals ages 65+ in Chronic disease maintenance programs, Better Health Program activities and wellness opportunities are Aligned with the following Marketing and Communications metrics: Reflective of the target audience, geography and/or primary and secondary areas, and consumer demographics like age, gender, ethnicity and particular research findings of ethnicity and/or race and how each could be affected by chronic disease, illness or healthcare disparities.
		Reduce economic barriers for participation.
		Collect demographic information (age, gender, race, ethnicity) from participants.
		Encourage participation on PFAC among diverse chronic disease patients ages 65+.
1.5 By December 2024, ensure patient involvement and empowerment by including representation from diverse chronic disease patient treatment population as part of the Patient and Family Advisory Council (PFAC) and youth volunteer program.	Onboard a cohort of junior volunteers who identify as local Hamilton high school students who are BIPOC and/or receive significant social services from the school district to develop career and professional awareness and workplace skills that will enhance economic / scholastic opportunities in the future.	Develop a junior volunteer program of up to 10 Hamilton Township high school students who are drawn from families receiving economic support and identify as BIPOC beginning in 2022 and grow the program participants based upon annual project assessments.
	Increase participation on Patient and Family Advisory Council (PFAC) among diverse chronic disease patients ages 65+.	Invite and encourage participation in the PFAC among BIPOC Better Health Program and Community Education participants.

Behavioral Health, Trauma and Adverse Childhood Experiences
Guiding Goal: Reduce the impact of trauma on health outcomes.

Adverse Childhood Experiences (ACES) are traumatic or stressful events that occur before the age of 18. While these incidents are individual in nature, they are compounded by exposure to adverse community environments, and ameliorated through supportive community environments. Traumatic or stressful events in childhood have been shown to have lifelong impacts on the economic, educational, and mental and physical health outcomes for individuals and are associated with decreased life expectancy.

In recognition of the wide impact of ACES, RWJ Hamilton works collaboratively with the GMPHP and has focused its goals for behavioral health on the prevention, identification, and treatment of ACES at a community and individual level. This includes screening for ACES among current patients, leveraging collaboration to connect patients with useful services, promoting education and employment opportunities for local diverse populations, educating providers about ACES, and promoting policies that allow children and families to thrive. This way we can positively impact the root causes of existing mental and physical health concerns among adults, as well as creating a healthier future for children.

Behavioral Health, Trauma and Adverse Childhood Experiences
Guiding Goal: Reduce the impact of trauma on health outcomes.

Key CHNA Findings:	CHNA Page
▶ COVID-19 has become one of the top five leading causes of death; In NJ, it is the third leading cause of death for White, non-Hispanic residents and the number one cause of death among Black, Asian, and Latinx residents.	10
▶ Approximately one-third of all Trenton residents across all race and ethnicities live in poverty; another 20.4% of all Mercer residents are asset limited. These data are prior to COVID-19.	22
▶ A marker for trauma, Mercer County (5.7) has among the highest Infant Mortality rates in the state (4.3) and higher than US (5.8). Infant mortality among Black babies is higher than any other racial or ethnic group across the state (9.2), Mercer County (11.9) and Trenton (13.9).	80-81
▶ HUD documented housing problems exist in higher than NJ and US proportions for renters in Trenton, Hightstown, Pennington; Renters and Homeowners are Housing Cost Burdened	41
▶ The most common reason for experiencing homelessness is being asked to leave a shared residence, suggesting high undetected housing cost burdens.	44
▶ As of 2018, nearly 1 in 10 Mercer County residents were food insecure; anecdotal evidence supports this percentage has increased significantly with COVID-19.	37

Measurable Objectives:	Indicator in CHNA Report	Source
<p>▶ Promote awareness to support the reduction of people in Mercer County living in poverty to align with New Jersey state average of 10%. (HP2030 Goal: 8%) (p. 7-9, 36)</p>	<p>Poverty in Mercer County = 11.6%</p>	<p>ACS, United States Census Bureau, 2015-2019</p>
<p>▶ Promote awareness to support the reduction of premature age adjusted death rates among Black African American residents in Mercer County to more closely align with the combined Mercer County rate(300).(p. 58)</p>	<p>Premature age adjusted death rate for Blacks in Mercer County = 590 Overall = 300</p>	<p>National Center for Health Statistics, Mortality Files, 2017-19</p>
<p>▶ Promote awareness to support the increase the proportion of Mercer County residents that have permanent safe, affordable, appropriate homes from 30% to 25% or lower (p.47)</p>	<p>In Mercer County, 28.7% of homeowners and 50.7% of renters have documented housing problems. 12.5% of homeowners and 29.6% of renters have severe housing problems.²</p>	<p>United States Department of Housing and Urban Development (HUD), 2013-2017</p>
<p>▶ Increase partnership with Farm to Family to reduce household food insecurity and hunger across Mercer County to 7%. (HP2030 Goal: 6%) (p.37)</p>	<p>In Mercer County, 8.9% of all residents are food insecure</p>	<p>Feeding America, 2016-2018</p>
<p>▶ Work with GMPH partners to increase number of households that has a computer and broadband access to at least 90%. (p.83)</p>	<p>Mercer County municipalities range between 62.3% of households with broadband and a computer to 94.0%</p>	<p>United States Census Bureau, 2015-2019</p>
<p>▶ Work with GMPH partners to promote resilience focused activities and supports to address Adverse Community Environments and combat the impact of Adverse Childhood Events (ACEs).</p>		<p>BRFSS 2015-2017, 25 states, CDC Vital Signs, November 2019, NJ Funders ACES Collaborative (2019)</p>

² This does not include people who are unhoused or temporarily housed individuals and families.

Priority Area: Behavioral Health, Trauma and Adverse Childhood Experiences

Collective Impact Goal: Foster a community where acute, chronic and systemic trauma are recognized and appropriately treated as integral components of health and wellness opportunities for all people .

RWJUHH Goal: Incorporate Ending Racism Together tenets, trauma informed strategies, behavioral health and social determinants of health screenings in all patient interactions.

Objectives	Strategy	Action Steps
2.1 Ensure EMR tracking captures the race/ethnicity and gender identity of patients to measure the participation in behavioral health programs is proportionate to the underlying population.	Reduce the proportion of “unknown” entries to demographic characteristics by 10% each calendar year.	Create reminders and follow up opportunities to complete missing demographic information.
		Make available staff training regarding why and how to collect race, ethnicity, primary language data based on evidence-based tools such as AHA Disparities Toolkit each calendar year.
2.2 By December 2024, implement trauma informed mental health screening as a component of care for all patients.	Increase the utilization of mental health screening as a standard tool for primary care and chronic disease maintenance visits by 10% each calendar year.	Make available for staff training regarding why and how to collect mental health indicators as part of EPIC training each calendar year.
		Create reminders and follow up opportunities to complete missing mental health screening data.
2.3: By December 2024, ensure at least 65% of RWJUHH staff have participated in the Ending Racism Initiative and can name one way they have incorporated the lessons learned in their work.	Ensure all active Adjunct Chaplains and Chaplain Interns receive anti-racism and trauma-informed pastoral care training at the end of each calendar year.	Train pastoral care providers (chaplain adjuncts / chaplain interns) in anti-racism issues using materials / strategic plan outlined by RWJBarnabas Health.
		Incorporate trauma-informed strategies in pastoral care assessment and intervention, focusing on BIPOC populations.
	Ensure RWJUHH staff from each department engage in Ending Racism Together initiatives each calendar year.	Promote, encourage and make available Ending Racism Together activities among all staff at RWJUHH.
2.4: By December 2024, incorporate Social Determinants of Health (SDoH) questions available in EPIC in all patient encounters to meet state SDoH standards.	Utilize SDoH metrics available in EPIC to determine patient barriers to accessing care and maintaining healthy behaviors and make referrals for support.	Incorporate the utilization of SDoH questions available via EPIC as a regular metric for primary care, emergency, behavioral health, and wellness maintenance visits by 5% each calendar year.
2.5: By December 2024, all staff reaffirm annually the commitments in the HRO to ensure trust, reliability.	Incorporate review of the tenants of the HRO in staff meetings and signing of the commitment in staff review process each calendar year.	Review the tenants of the HRO at staff meetings.
		Include signed commitments to the tenants as part of staff review.

Priority Area: Behavioral Health, Trauma and Adverse Childhood Experiences

Collective Impact Goal: Foster a community where acute, chronic and systemic trauma are recognized and appropriately treated as integral components of health and wellness opportunities for all people .

RWJUHH Goal: Incorporate Ending Racism Together tenets, trauma informed strategies, behavioral health and social determinants of health screenings in all patient interactions.

Objectives	Strategy	Action Steps
<p>2.6 Ensure continuation of regularly scheduled Schwartz Rounds to support RWJUHH Staff with additional resources on caring for themselves, their patients and their teams.</p>	<p>Schwartz Rounds are an evidence based program implemented at RWJUHH to support employees in awareness of their own emotional connection to their work, and in turn expanding compassion to themselves and those they care for.</p>	<p>Use scheduled Schwartz Rounds to provide a forum for employees to process difficult feelings around providing patient / family care, with attention to issues of systemic bias and health equity.</p>
<p>2.7 By December 2024 increase participation in behavioral health and wellness activities among diverse and vulnerable populations.</p>	<p>Create short video tool in key languages designed to teach patients how and why to access behavioral health through telehealth.</p>	<p>Create short video tool/app for use at all discharges that explains what, why and how to use telehealth services, accessible on smart phones and online.</p> <p>Each message is reflective of the target audience, geography and/or primary and secondary areas, and consumer demographics like age, gender, ethnicity and particular research findings of ethnicity and/or race and how each could be affected by illness or healthcare disparities.</p>

Priority Area: Women and Children’s Health

Goal: Achieve equitable birth outcomes for women and children regardless of race, ethnicity, income, or zip code.

Disparities in maternal and child outcomes among Black mothers and infants, including infant mortality, are measures of structural socioeconomic inequities that are at play well before a mother gets pregnant or gives birth, therefore upstream strategies that address the root causes of inequities will have far reaching impact on health and quality of life outcomes, including infant mortality.

Infant mortality is widely regarded as an important community health indicator because it is particularly sensitive to structural factors including social and economic factors and quality of life conditions. Structural conditions, such as housing insecurity, educational attainment of the mother, and ACES have a significant impact on the health of infants in their first year of life and the life of their mothers.

In Mercer County, the rate of infant deaths among Black babies is 30% higher than the statewide rate and more than two times larger than the national average. This high rate indicates the need to address structural factors at the community level that are impacting this negative outcome. In alignment with the recommendations with the Nurture New Jersey Strategic Plan, GMPHP’s strategies reflect the stated values of dismantling racism, community engagement, multisector collaboration to address upstream root causes, and a commitment to make all recommended resources available to all women, especially those in high need or low resource communities.

GMPHP and its partners have taken action to leverage their partnerships to remove barriers to care and providing home-based support to new mothers, as well as addressing community-based social inequities that disproportionately impact Black families.

Clinical interventions at the point of pregnancy can help to mitigate pre-existing risks of social determinants of health and optimize birth outcomes for mothers and infants. Challenges in connecting with mothers during the first trimester include multiple factors that create barriers to all Mercer County women being able to access the many available care options. Addressing socioeconomic challenges that impede access will have the most cross-cutting impact on birth and overall quality of life outcomes throughout childhood and into adulthood.

CHNA Key Findings:	CHNA Page
▶ Mercer County (5.7) has among the highest Infant Mortality rates in the state (3.9) and higher than US (5.8). Infant mortality among Black babies is higher than any other racial or ethnic group across the state (9.2), Mercer County (11.9) and Trenton (13.9).	80-81
▶ 65.7% of Mercer County moms access prenatal care in the first trimester compared to NJ (74.5%) and US (77.6%) averages and below the HP2030 goal (80.5%). Black (55.7%) and Latinx (51.8%) moms in Mercer County are less likely to access early prenatal care than any other group.	78-79
▶ Breastfeeding at 8 weeks of age at 50.9% in New Jersey. This is a leading priority in Healthy NJ 2020 Plan (State Health Improvement Plan).	79

Measurable Objectives:	Indicator in CHNA Report	Source
▶ Work with GMPH partners to increase onset of first trimester prenatal care among all pregnant people in Mercer County to align with state average of 75%. (p78)	65.7% of pregnant people access prenatal care in the first trimester	New Jersey State Health Assessment Data, 2019; CDC, 2019
▶ Work with GMPH partners to increase the proportion of pregnant African American and Latinx people accessing prenatal care during the first trimester in participating programs by 5% each year. (p. 79)	55.7% of African American and 51.8% of Latinx pregnant people access prenatal care during the first trimester.	New Jersey State Health Assessment Data, 2019; CDC, 2019
▶ Work with GMPH partners to maintain program participation in prenatal care visits through postpartum visits. (p. 78-79)	65.7% of pregnant people in Mercer County access prenatal care in the first trimester compared to 74.5% across NJ and 77.6% across the US.	New Jersey State Health Assessment Data, 2019; CDC, 2019*
▶ Work with GMPH partners to increase participation in pre and postpartum care programs for delivering person and baby through infant age 2. (p.78-79)		New Jersey State Health Assessment Data, 2019; CDC, 2019*
▶ increase the onset and duration of breastfeeding through infant age 1. (p.78-79)	83.7% of Mercer County babies initiate breastfeeding after delivery	New Jersey State Health Assessment Data, 2019; CDC, 2019*
▶ Work with GMPH partners to make 1,000 perinatal home visits to people from Mercer County who gave birth in Mercer County.		
▶ Work with GMPH partners to increase by 10% per year the number of people who receive a referral for social support in the perinatal period who receive the referred service.		New Jersey State PRAMS*

* Additional programmatic tracking from: Family Connect program, Children’s Futures, Central Jersey Family Health Consortium, NowPow

Priority Area: Women and Children’s Health

Collective Impact Goal: Eliminate disparities in infant and maternal mortality based on race by promoting equity in opportunities for social determinants of health and wellness for all birthing people

RWJUHH Goal: Promote equitable opportunities for social, emotional, physical and economic wellness for women and all birthing people.

Objectives	Strategy	Action Steps
3.1 Ensure EMR tracking captures the race/ethnicity and gender identity of patients to measure the participation in all programs is proportionate to the underlying population.	Reduce the proportion of “unknown” entries to demographic characteristics by 5% each calendar year.	Create reminders and follow up opportunities to complete missing demographics..
	Incorporate staff training regarding why and how to collect race, gender ethnicity, data based on evidence-based tools such as AHA Disparities Toolkit each calendar year.	Incorporate training on how and why to incorporate demographic information in EPIC training for all staff.
3.2 By December 2024, implement trauma informed mental health screening as a component of care for all patients.	Increase the utilization of mental health screening as a standard tool for all visits by 5% each calendar year.	Incorporate training regarding how, why and when to use the mental health screening tool as part of EPIC training.
3.3: By December 2024, increase the proportion of women whose SDoH or BH screens indicate a need who are connected directly with supportive services.	Incorporate staff training regarding why and how to collect SDoH indicators as part of EPIC training each calendar year.	Include referral tracking in the training for SDoH screening. Review referrals regularly.
	Implement and utilize SDoH metrics as a standard tool for primary care, emergency, behavioral health, and wellness maintenance visits by 5% each calendar year.	Incorporate the utilization of SDoH questions available via EPIC as a regular metric for primary care, emergency, behavioral health, and wellness maintenance visits by 5% each calendar year.
	Increase direct referrals for SDoH and BH care during patient visits and follow up tracking by 5% each calendar year.	Incorporate follow up tracking for referrals made for SDoH and BH into EPIC. Review referrals regularly.
3.4: By December 2024, engage CIA in building relationships with partner agencies who can provide supports for women outside of health care such as housing, education, job training.	Leverage the relationship building work of the CIA to increase partnerships with agencies providing supportive services such as housing, education and job training by 10% each calendar year.	Promote, sponsor, attend and participate in community collaborations and networking events.
		All system wide campaigns including RWJUH Hamilton specifically are developed with the goal and objective to speak and relate to all community residents including all ethnicities and race.



COMMUNITY HEALTH NEEDS ASSESSMENT

IMPLEMENTATION PLAN

2019 -2021

Introduction

In 2019, Robert Wood Johnson University Hospital Rahway conducted and adopted its Community Health Needs Assessment (“CHNA”) which consisted of a community health needs survey of residents in our service area, a detailed review of secondary source data, a survey and meetings with local health officials and a Public Health Symposium made up of county public health officers and community representatives. The Plan can be accessed at www.rwjbarnabashealth.org

Through the CHNA process, health need priorities were chosen based on the hospital’s capacity, resources, competencies, and the needs specific to the populations it serves. The Implementation Plan addresses the manner in which RWJ Rahway will address each priority need and the expected outcome for the evaluation of its efforts. The implementation plan which follows is based on the three selected priority areas*:

- Nutrition Education
- Diabetes/Obesity
- Behavioral Health

**The focus areas do not represent the full extent of the hospital’s community benefit activities or its support of the community’s health needs. Other needs identified through the CHNA may be better addressed by other agencies/organizations or deferred to another timeframe. Other significant needs identified in the CHNA include primary care physician shortages, substance abuse, low birthweight, C-Section rate, STDs, teen pregnancy, immunization, tobacco use and community safety.*

Goal I: Improve Health Through Healthier Eating and Improving Access to Healthy Food

Key CHNA Findings:

- The community survey revealed that while 96% of respondents say they understood what healthy food is, only 84% said they eat healthy food on a regular basis.
- 15% say they worried whether their food would run out before they got money to buy more food.

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
1.1	<p>Assure access to healthy eating programs in age of COVID through combination of virtual and in person programming.</p> <p>Include healthy eating articles in community newsletter and social media.</p> <p>Link Frontline Appreciation, Community Groups and pantries to provide steady stream of food.</p> <p>Link nutritional counseling to community groups, churches, support groups and RWJ Rahway Fitness. Promotion of counseling services in various venues</p>	<p>Goal to double number of virtual programs and increase viewership. Attract a more diverse audience through African American Churches.</p> <p>At least 1 page per issue of dietitian-approved recipes. 1-2 pages slated.</p> <p>Links with local community groups and food pantries with Frontline Appreciation groups for food drives, donations.</p> <p>Increase nutrition outreach to more support groups, church groups and others.</p>	<p>Nutrition staff, Community Education</p> <p>Marketing</p> <p>Nutrition staff, Community Ed</p>	<p>2019 Baseline: 79 in educational/demo in person programs. >500 clients served. 2020 Goal: 4 virtual programs, two churches. >200 served 2021 Goal: 8 virtual/Live programs > 400 served.</p> <p>1-2 pages story/recipe per topic on each issue from RN, CDE</p> <p>Linked FLAG Rahway, Scotch Plains-Fanwood with Rahway Food for Friends</p> <p>2019 Baseline: Provided 24 free sessions for nutritional advice, information through phone consults, presentations.</p> <p>2020 goal: Provide at least 30 sessions, telephone and in person.</p>
1.2	<p>Hold food, supplies drive and distribution to local community food pantry</p>	<p>Increase contribution by 100 pounds per month of healthy pantry staples to local food pantry, along with recipes, preparation and safety information.</p>	<p>Nutrition, community</p>	<p>Baseline 2019: 200 pounds of healthy food per month annually. 2020 Goal: 300 Pounds of Healthy Food, Recipes, supplies 2021 Goal:400 pounds of healthy food, produce</p>

*Responsible Staff for internal purposes only; Not published on final document

Goal II: Improve Diabetes Education, Glucose Control, Reduce Obesity

Key CHNA Findings:

- Percentage of Union County residents with BMI over 30 rose to 25.6% in 2016 from 23.3% in 2012.
- Union County ranks in the lowest quartile in terms of percent of diabetic Medicare enrollees receiving A1C screenings.
- Diabetes is 8th leading cause of death in Union County

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
2.1	<p>Provide education, resources and support to the community, including food pantries, churches and libraries.</p> <p>Promote care pathways for low-income constituents who have difficulty obtaining healthy weight.</p>	<p>Increase the number/types (virtually or small group) of community educational programs/demonstrations.</p> <p>Increase outreach to in free support/education programs, either virtually or inperson , including exercise, nutrition and bariatric surgery.</p>		<p><u>Baseline Measure 2019:</u> 60 educational programs/demos provided at various locales. 12 diabetes support groups. 12 bariatric support groups.</p> <p>2020 12 Diabetes support, increasing membership by at least three guests per month. 12 bariatric support by at least three per month.</p> <p>2021 Reduce or maintain healthy A1C levels/weight for group participants</p>
2.2	<p>Offer a series of health screenings surrounding blood glucose and blood pressure with referral to education, counseling or physician.</p>	<p>Increase the number of blood pressure and cholesterol screenings provided (Target: 15 screenings annually)</p>		<p><u>Baseline Measure:</u> 2019 10 free screenings 2020 Goal: 10 screenings <u>2021 Goal: 15 free screenings</u></p>
2.3	<p>Small group workshops on prediabetes for uninsured, underinsured clients.</p> <p>Provide phone counseling, virtual workshops.</p>	<p>Hold a series of small group workshops on glucose control through lifestyle, medication and activity.</p> <p>Promote virtual options for small group workshops.</p>		<p><u>Baseline Measure:</u> Six, six-week classes in 2019.</p> <p>Held 1 six-week in-person session in 2020. Start virtual workshops in 2020-2021. Create educational Video</p>

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Goal III: Diabetes Prevention by Promoting Healthy Eating and Exercise at Schools and Community-based Organizations.

Key CHNA Findings:

- Obesity/ Diabetes identified as a top issue by residents.
- Identified as a top six health issue by PSA Health Officers.

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
3.1	<p>Expand relationships with schools, community organizations, churches and senior facilities for healthy eating and exercise programming.</p> <p>Expanding prediabetes education virtually. Virtual prediabetes programming.</p>	Increase programming in largely African American churches through virtual programming.	Diabetes, Dietary staff, Gateway Family YMCA	<p>2019 Baseline: Two prediabetes live workshops at two large churches.</p> <p>2020: Two virtual prediabetes programs through church-based outreach. >200 served.</p> <p>2021 Hold at least three virtual programs for community at large and through churches</p>
3.2	<p>Expand programming/counseling in fitness centers, such as Gateway Family YMCA, Scotch Plains YMCA, as well as RWJ Rahway Fitness & Wellness Centers.</p>	Prediabetes-focused programs on lifestyle changes to avert diabetes	Dietary, Diabetes staff, Gateway Family YMCA	<p>2019 Baseline: 30 educational/exercise programs in fitness centers.</p> <p>2020: Establish educational programming. Conduct live/joint programs.</p> <p>Launch a media educational platform.</p>

Goal IV: Behavioral Health

Key CHNA Findings:

- Union County had second highest rate of residents in the state with an inpatient hospitalization for a mental health condition
- Drug overdose deaths nearly doubled from 2014 to 2016
- 41% of Community Survey Respondents were concerned regarding high stress lifestyle.
- In 2016, 9.1% of Union County residents reported 14 of the past 30 days were not good mental health days.

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
4.1	<p>Improve access to mental health services</p> <p>Promote mental health well being through support groups, referral network.</p> <p>Promote resources available in health system, county for mental health response.</p>	<p>Increase the number of participants in support, educational programs through publications/social media/community linkages and speakers</p> <p>Use community publication and social media for stories and referral to system programs, services and support.</p>	<p>NAMI Union County</p> <p>Self Help Clearinghouse, NAMI</p>	<p>2019: Increased membership in NAMMI group by 10-15 families</p> <p>2020: Establish targeted program in conjunction with community partner NAMI for their clients.</p> <p>2021: Hold two-three education programs with NAMI members, targeted to physical and mental wellbeing. Exercises, meditation and lifestyle changes.</p>
4.2	<p>Develop exercise and stress management program with YMCA.</p>	<p>Hold at least 2-3 programs mixing exercise/stress management.</p>	<p>Fitness Centers, RWJ Behavioral health, RWJ Rahway</p>	<p>2020: Establish targeted program for YMCA guests.</p> <p>2021: Hold two-three programs, targeted to physical and mental wellbeing, exercise, meditation and lifestyle changes.</p>

Goal IV: Behavioral Health

Key CHNA Findings:

-41% of Community survey respondents were concerned regarding substance use and abuse.

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
4.3	Facilitate and Promote Narcan Training, Narcan Awareness to community at large, Narcotics Anonymous, All Recovery groups, Alcoholics Anonymous.	Promote, schedule and arrange Narcan training sessions through new media platform.	Community education	<p>Arranged/promoted 3 Narcan Training programs in 2019</p> <p>Arranged/promoted 2 virtual Narcan programs 2020</p> <p>Arranged/promoted 3 Narcan training session 2021.</p>
4.4	Promote availability of all recovery support group for people with substance abuse disorders	Use newsletters, publications, social media and other communication to promote recovery meetings. Increase participation in meetings	Community Education	<p>2019 baseline: Weekly group increased from 19 to 25 people.</p> <p>2020: Groups average over 50 people.</p> <p>2021: Increase virtual/inperson group membership.</p>

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COMMUNITY HEALTH NEEDS ASSESSMENT

IMPLEMENTATION PLAN

2020

Introduction

In 2019, Barnabas Health Behavioral Health Center (BHBHC) conducted and adopted its Community Health Needs Assessment (CHNA) which consisted of a community health needs survey of residents in our service area, a detailed review of secondary source data and a survey of local health officials and community agencies. The Plan can be accessed at <https://www.rwjbh.org/why-rwj-barnabas-health-/community-health-needs-assessment/>

Through the CHNA process, health need priorities were chosen based on BHBHC's capacity, resources, competencies, and the needs specific to the populations it serves. The Implementation Plan addresses the manner in which BHBHC will address each priority need and the expected outcome for the evaluation of its efforts. The implementation plan which follows is based on the three selected priority areas*:

- **Mental Health Services for Older Adults**
- **Increasing Access to Traditional Outpatient Behavioral Health Services**
- **Mental Health Services for the Needs of Veterans in Ocean County**

BHBHC participates and serves on the Ocean County Mental Health Board which is made up of key stakeholders in the county (government, civic, community-based organizations and healthcare providers) who are focused on improving the behavioral health of community members. BHBHC will continue to work with the Ocean County Mental Health Board, other providers and community organizations to improve the health and welfare of our communities.

**The three focus areas do not represent the full extent of the Behavioral Health Center's community benefit activities or its support of the community's health needs. Other needs identified through the CHNA may be better addressed by other agencies/organizations or deferred to another timeframe.*

Goal 1: Increasing Access to Traditional Outpatient Behavioral Health Services

Key CHNA Findings:

- 1 in 4 US adults have a behavioral health disorder
- Over 20% of adults aged 60 and over suffer from a mental or neurological disorder

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
2.1	Expand current Intensive Outpatient Program to include traditional outpatient mental health services, tailored to treat a wide range of mental health issues including depression, anxiety, grief and loss, mood disorders, PTSD and co-occurring substance abuse issues.	<ul style="list-style-type: none"> • Program created, branded & launched to community • # of outpatients treated annually • Telemedicine Option for Outpatient Services created and offered 		Services launched and slots filled, admissions tracked
2.2	Market behavioral health treatment services for individuals of all ages, including high quality treatment for all psychiatric disorders, to meet the needs of our community.	<ul style="list-style-type: none"> • Increase community awareness and promote services through comprehensive marketing plan, website, social media platforms, postings, screenings, mailings, etc. • Offer virtual behavioral health community education programs 		Campaigns launched, educational programs delivered. Attendees tracked and referrals tracked.
2.3	Continue to hold Mental Health Screening Days for the public to access free screenings for depression, anxiety, stress, Obsessive Compulsive Disorder and Post-Traumatic Stress Disorder; designed to educate individuals about the signs and symptoms of mental health issues.	<ul style="list-style-type: none"> • # of Mental Health Screening Days, participants, referrals. Offer Weekly mental health check ins to be more palatable to the community. 		Weekly Screenings Held. Track # screenings and referrals to services.

*Responsible Staff for internal purposes only; Not published on final document

Goal 2: Mental Health Services for Older Adults

Key CHNA Findings:

-Mental Health disorders strongly associated with chronic diseases and health conditions in older adults

- Promoting and expanding education and outreach with physicians and long term care facilities will help address mental health disorders that precede chronic disease and lessen symptoms, and improving the mental health of older adult patients

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
3.1	Educate long term care facilities on direct admission process to the BHC and strengthen the relationship with PESS Units in Ocean County for appropriate usage	<ul style="list-style-type: none"> Annual event at the BHC and at least monthly visits to LTC facilities 		Event and visits Held, Increased Direct Admissions by 10% , referrals tracked
3.2	Visit physicians of all specialties and strengthen the relationship between the practice and the BHC. Educate on new programs/services such as ECT in the Network.	<ul style="list-style-type: none"> At least 3 monthly 		Visits held, referrals tracked, follow ups completed
3.3	Provide behavioral health in-services to LTC facilities at their sites	<ul style="list-style-type: none"> At least 2 quarterly to various Ocean County facilities 		In-services Held and Referrals increased by 20% annually, referrals tracked and barriers overcome
3.4	Identify and work with organizations to promote behavioral health education in the 55 plus communities. (including other RWJBH hospitals)	<ul style="list-style-type: none"> Number of communities reached and number of attendees at the programs as well as resulting referrals 		Increase communities reached and programs held by 20%

*Responsible Staff for internal purposes only; Not published on final document

Goal 3: Mental Health Services for the Needs of Veterans in Ocean County

Key CHNA Findings:

- Ocean County is home to 12% of veterans in NJ (Over 44,000), the largest of all counties
- 3 primary mental health concerns that affect military personnel the most frequently are PTSD, depression and traumatic brain injury
- Gap exists between the need and use of services for veterans

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
4.1	Develop relationships with area VA mental health providers to complement existing services and increase access for area veterans	<ul style="list-style-type: none"> • Increase referrals of vets for behavioral health services when appropriate by 5% 		Meet with current area service providers annually to strengthen the relationship and referrals between the BHC and the providers. At least 3 annually.
4.2	Offer screenings specific to Veterans, helping to identify mental health needs and increasing access to all area services along the treatment continuum. Promote screenings via marketing plan.	<ul style="list-style-type: none"> • 1 per year 		Screenings held and # screened/attended along with follow up for each. No baseline for #s screened.
4.3	Post on BHC social media platforms and RWJBH platforms infographics and educational messages regarding mental health signs and symptoms, wellness, service offerings, treatment options, no stigma, etc. Separate marketing plan for recognition of Veterans Day.	<ul style="list-style-type: none"> • Quarterly and annual Veterans Day plan of activities 		Posts and Messages issued, responses tracked. All inquiries followed up on and tracked.

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2021

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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

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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

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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

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, INC.

C/O CORP. FINANCE, 2 CRESCENT PLACE

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OCEANPORT, NJ 07757

22-2405279

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

CENTRAL JERSEY BEHAVIORAL HEALTH ASSOCIATES

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3343959

CHILDRENS SPECIALIZED HOSPITAL FOUNDATION

150 NEW PROVIDENCE ROAD

MOUNTAINSIDE, NJ 07092

13-6844298

CLARA MAASS FOUNDATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

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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

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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

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

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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

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NORTH BRUNSWICK, NJ 08902

26-3659270

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

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

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OCEANPORT, NJ 07757

22-0012205

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

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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

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

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OCEANPORT, NJ 07757

22-2095812

VNA HEALTH GROUP OF NEW JERSEY, LLC

176 RIVERSIDE AVENUE

RED BANK, NJ 07701

47-4841103

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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

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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

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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

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, INC.

C/O CORP. FINANCE, 2 CRESCENT PLACE

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22-2405279

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

CENTRAL JERSEY BEHAVIORAL HEALTH ASSOCIATES

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3343959

CHILDRENS SPECIALIZED HOSPITAL FOUNDATION

150 NEW PROVIDENCE ROAD

MOUNTAINSIDE, NJ 07092

13-6844298

CLARA MAASS FOUNDATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

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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

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22-2627639

LIBERTY RIVERSIDE HEALTHCARE

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3284894

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

NORTH BRUNSWICK, NJ 08902

26-3659270

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

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

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

OCEANPORT, NJ 07757

22-0012205

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

SCHEDULE O
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2021

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Inspection**

Employer identification number

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

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

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2021

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Name of the organization

Employer identification number

OCEANPORT, NJ 07757

22-2095812

VNA HEALTH GROUP OF NEW JERSEY, LLC

176 RIVERSIDE AVENUE

RED BANK, NJ 07701

47-4841103