

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018**

**B** Check if applicable  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
HUNTERDON MEDICAL CENTER  
% THOMAS R PERCELLO  
Doing business as  
Number and street (or P O box if mail is not delivered to street address) Room/suite  
2100 WESCOTT DRIVE  
City or town, state or province, country, and ZIP or foreign postal code  
FLEMINGTON, NJ 08822

**D** Employer identification number  
22-1537688  
**E** Telephone number  
(908) 788-6153  
**G** Gross receipts \$ 294,980,173

**F** Name and address of principal officer  
PATRICK GAVIN  
2100 WESCOTT DRIVE  
FLEMINGTON, NJ 08822

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶

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

**J** Website: ▶ WWW HUNTERDONHEALTHCARE ORG

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1948

**M** State of legal domicile NJ

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities  
STRIVES TO PROVIDE TO THE MAXIMUM EXTENT POSSIBLE QUAL COMPR HLTHCARE SVCS WHICH ARE REQ BY THE PEOPLE OF THE OF THE COMMUNITY AND SURROUNDING AREAS AND APPROPRIATE TO THE ORG

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	17
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	16
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	3,069
<b>6</b> Total number of volunteers (estimate if necessary)	473
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	533,070
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	5,118,024	4,391,438
<b>9</b> Program service revenue (Part VIII, line 2g)	260,497,184	278,027,461
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,349,911	10,389,622
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,738,708	1,490,860
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	269,703,827	294,299,381
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	23,035,917	12,966,482
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	157,445,163	173,042,639
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	88,358,434	95,172,965
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	268,839,514	281,182,086
<b>19</b> Revenue less expenses Subtract line 18 from line 12	864,313	13,117,295
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	349,448,713	349,598,871
<b>21</b> Total liabilities (Part X, line 26)	149,204,385	153,702,747
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	200,244,328	195,896,124

## 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: 2019-11-12  
THOMAS R PERCELLO interim cfo  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: WithumSmithBrown PC  
Preparer's signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Check  if self-employed  
PTIN: P00642486  
Firm's name: WithumSmithBrown PC  
Firm's EIN: \_\_\_\_\_  
Firm's address: 200 Jefferson Park Suite 400  
Whippany, NJ 079811070  
Phone no: (973) 898-9494

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III **1** Briefly describe the organization's mission

PLEASE REFER TO SCHEDULE O FOR A DETAILED MISSION AND COMMUNITY BENEFIT STATEMENT

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 34,421,740 including grants of \$ 0 ) (Revenue \$ 30,256,515 )  
See Additional Data

**4b** (Code ) (Expenses \$ 31,955,953 including grants of \$ 0 ) (Revenue \$ 59,860,498 )  
See Additional Data

**4c** (Code ) (Expenses \$ 22,377,101 including grants of \$ 0 ) (Revenue \$ 23,461,607 )  
See Additional Data

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 158,802,251 including grants of \$ 12,966,482 ) (Revenue \$ 164,956,249 )

**4e** Total program service expenses ▶ 247,557,045

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Answer (Yes/No). Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

**Part IV Checklist of Required Schedules (continued)**

		Yes	No	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . . <input checked="" type="checkbox"/>	23	Yes	<input type="checkbox"/>
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . . <input checked="" type="checkbox"/>	24a	Yes	<input type="checkbox"/>
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b		No <input type="checkbox"/>
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		No <input type="checkbox"/>
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d		No <input type="checkbox"/>
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . . <input checked="" type="checkbox"/>	25a		No <input type="checkbox"/>
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . . <input checked="" type="checkbox"/>	25b		No <input type="checkbox"/>
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . . <input checked="" type="checkbox"/>	26		No <input type="checkbox"/>
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . . <input checked="" type="checkbox"/>	27		No <input type="checkbox"/>
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . <input checked="" type="checkbox"/>	28a		No <input type="checkbox"/>
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . <input checked="" type="checkbox"/>	28b	Yes <input type="checkbox"/>	<input type="checkbox"/>
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . <input checked="" type="checkbox"/>	28c		No <input type="checkbox"/>
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No <input type="checkbox"/>
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No <input type="checkbox"/>
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No <input type="checkbox"/>
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No <input type="checkbox"/>
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . . <input checked="" type="checkbox"/>	33	Yes <input type="checkbox"/>	<input type="checkbox"/>
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . . <input checked="" type="checkbox"/>	34	Yes <input type="checkbox"/>	<input type="checkbox"/>
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes <input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input checked="" type="checkbox"/>	35b	Yes <input type="checkbox"/>	<input type="checkbox"/>
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input checked="" type="checkbox"/>	36		No <input type="checkbox"/>
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> <input checked="" type="checkbox"/>	37		No <input type="checkbox"/>
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes <input type="checkbox"/>	<input type="checkbox"/>

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No	
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	269	<input type="checkbox"/>
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0	<input type="checkbox"/>
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes <input type="checkbox"/>	<input type="checkbox"/>

<p><b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .</p>	<b>2a</b>	3,069			
<p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			<b>2b</b>	Yes	
<p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>			<b>3a</b>	Yes	
<p><b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .</p>			<b>3b</b>	Yes	
<p><b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .</p>			<b>4a</b>		No
<p><b>b</b> If "Yes," enter the name of the foreign country <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>					
<p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>			<b>5a</b>		No
<p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			<b>5b</b>		No
<p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>			<b>5c</b>		
<p><b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .</p>			<b>6a</b>		No
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>			<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<p><b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .</p>			<b>7a</b>		No
<p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>			<b>7b</b>		
<p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>			<b>7c</b>		No
<p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>	<b>7d</b>				
<p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			<b>7e</b>		No
<p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .</p>			<b>7f</b>		No
<p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>			<b>7g</b>		
<p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>			<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b>					
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .</p>			<b>8</b>		
<p><b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .</p>			<b>9a</b>		
<p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>			<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter					
<p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>	<b>10a</b>				
<p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<b>10b</b>				
<b>11 Section 501(c)(12) organizations.</b> Enter					
<p><b>a</b> Gross income from members or shareholders . . . . .</p>	<b>11a</b>				
<p><b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .</p>	<b>11b</b>				
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?					
<p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	<b>12b</b>				
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O</p>			<b>13a</b>		
<p><b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .</p>	<b>13b</b>				
<p><b>c</b> Enter the amount of reserves on hand . . . . .</p>	<b>13c</b>				
<p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>			<b>14a</b>		No
<p><b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .</p>			<b>14b</b>		
<p><b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .</p>			<b>15</b>	Yes	
<p><b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .</p>			<b>16</b>		No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (17); 1b Enter the number of voting members included in line 1a, above, who are independent (16); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (NJ); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply: Own website, Another's website, Upon request (checked), Other (explain in Schedule O); 19 Describe in 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 (THOMAS R PERCELLO 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822 (908) 788-6100)





**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations . . . . .	<b>1d</b>	1,363,632		
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	2,897,924		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	129,882		
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____				
	<b>h Total.</b> Add lines 1a-1f . . . . .		4,391,438		

<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> NET PATIENT SERVICE REVENUE		541900	269,186,262	269,186,262		
<b>b</b> STATE OF NJ CHARITY SUBSIDY		541900	652,950	652,950			
<b>c</b> HEALTH AND WELLNESS		713940	3,199,865	3,174,203	25,662		
<b>d</b> OTHER HEALTHCARE RELATED REVENUE		541900	4,988,384	4,988,384			
<b>e</b> _____							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f . . . . .			278,027,461				

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			9,204,516			9,204,516	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0				
	<b>5</b> Royalties . . . . .			0				
	<b>6a</b> Gross rents	(i) Real	(ii) Personal					
		<b>b</b> Less rental expenses						
		<b>c</b> Rental income or (loss)						
		<b>d</b> Net rental income or (loss) . . . . .			135,029			135,029
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		<b>b</b> Less cost or other basis and sales expenses						
		<b>c</b> Gain or (loss)						
		<b>d</b> Net gain or (loss) . . . . .			1,185,106			1,185,106
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>						
		<b>b</b> Less direct expenses . . . . .	<b>b</b>					
		<b>c</b> Net income or (loss) from fundraising events . . . . .			0			
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less direct expenses . . . . .		<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .				0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>							
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			0				
Miscellaneous Revenue		Business Code						
<b>11a</b> CHILD CARE		624410	774,656		507,408	267,248		
<b>b</b> CAFETERIA		722320	545,718			545,718		
<b>c</b> VENDING MACHINE		722320	35,457			35,457		
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .			1,355,831					
<b>12 Total revenue.</b> See Instructions . . . . .			294,299,381	278,001,799	533,070	11,373,074		

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	12,966,482	12,966,482		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
<b>4</b> Benefits paid to or for members.	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	8,095,526	7,124,063	971,463	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
<b>7</b> Other salaries and wages.	133,557,248	117,530,378	16,026,870	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	5,134,918	4,518,728	616,190	
<b>9</b> Other employee benefits.	10,433,307	9,181,310	1,251,997	
<b>10</b> Payroll taxes.	15,821,640	13,923,043	1,898,597	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.	1,401,438	1,233,265	168,173	
<b>b</b> Legal.	443,378	390,173	53,205	
<b>c</b> Accounting.	165,996	146,076	19,920	
<b>d</b> Lobbying.	104,442	91,909	12,533	
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			
<b>f</b> Investment management fees.	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	18,998,304	16,718,508	2,279,796	
<b>12</b> Advertising and promotion.	1,412,963	1,243,407	169,556	
<b>13</b> Office expenses.	3,663,300	3,223,704	439,596	
<b>14</b> Information technology.	0			
<b>15</b> Royalties.	0			
<b>16</b> Occupancy.	11,089,809	9,759,032	1,330,777	
<b>17</b> Travel.	41,496	36,516	4,980	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
<b>19</b> Conferences, conventions, and meetings.	512,644	451,127	61,517	
<b>20</b> Interest.	2,701,446	2,701,446		
<b>21</b> Payments to affiliates.	0			
<b>22</b> Depreciation, depletion, and amortization.	17,783,385	11,447,311	6,336,074	
<b>23</b> Insurance.	3,469,598	3,122,638	346,960	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEDICAL SUPPLIES	39,965,589	35,969,030	3,996,559	0
<b>b</b> MAINTENANCE/SERVICE CONTRACT	16,160,864	14,544,778	1,616,086	0
<b>c</b> PHYSICIAN FEES	8,872,620	8,872,620	0	0
<b>d</b> EXP CHARGES TO AFFILIATES	-40,718,904	-35,832,636	-4,886,268	0
<b>e</b> All other expenses	9,104,597	8,194,137	910,460	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	281,182,086	247,557,045	33,625,041	0
<b>26</b> 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 IX

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	9,432	<b>1</b>	10,232
	<b>2</b> Savings and temporary cash investments . . . . .	22,843,309	<b>2</b>	17,711,904
	<b>3</b> Pledges and grants receivable, net . . . . .	400,245	<b>3</b>	600,607
	<b>4</b> Accounts receivable, net . . . . .	23,330,852	<b>4</b>	30,409,051
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	1,639,439	<b>8</b>	1,451,906
	<b>9</b> Prepaid expenses and deferred charges . . . . .	3,763,033	<b>9</b>	3,924,549
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 400,567,266		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 244,763,366	144,922,158	<b>10c</b> 155,803,900
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	132,199,433	<b>13</b>	117,641,707
	<b>14</b> Intangible assets . . . . .	3,769,460	<b>14</b>	4,850,040
	<b>15</b> Other assets See Part IV, line 11 . . . . .	16,571,352	<b>15</b>	17,194,975
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	349,448,713	<b>16</b>	349,598,871	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	28,764,242	<b>17</b>	30,521,033
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	67,690,958	<b>20</b>	66,143,190
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	478,206	<b>23</b>	2,377,983
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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 . . . . .	52,270,979	<b>25</b>	54,660,541
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	149,204,385	<b>26</b>	153,702,747
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	170,679,733	<b>27</b>	166,539,636
	<b>28</b> Temporarily restricted net assets . . . . .	6,430,130	<b>28</b>	7,214,790
	<b>29</b> Permanently restricted net assets . . . . .	23,134,465	<b>29</b>	22,141,698
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	200,244,328	<b>33</b>	195,896,124
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	349,448,713	<b>34</b>	349,598,871

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	294,299,381
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	281,182,086
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	13,117,295
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	200,244,328
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-5,506,012
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-11,959,487
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	195,896,124

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
<b>2a</b> 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>		No
<b>b</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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	Yes	
<b>c</b> 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 in Schedule O	<b>2c</b>	Yes	
<b>3a</b> 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>3a</b>	Yes	
<b>b</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 in Schedule O and describe any steps taken to undergo such audits	<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 22-1537688

**Name:** HUNTERDON MEDICAL CENTER

Form 990 (2018)

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**Form 990, Part III, Line 4a:**

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY MEDICAL/SURGICAL SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

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**Form 990, Part III, Line 4b:**

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY OPERATING ROOM SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

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**Form 990, Part III, Line 4c:**

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY EMERGENCY, ICU & CCU SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

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**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
CASEY KOLLER ..... CHAIRMAN - TRUSTEE	1 0 ..... 0 0	X		X				0	0	0
GREGORY C WATTS ESQ ..... VICE CHAIRMAN - TRUSTEE	1 0 ..... 0 0	X		X				0	0	0
CAROL HARDING ..... SECRETARY - TRUSTEE	1 0 ..... 0 0	X		X				0	0	0
WILLIAM ATWATER ..... TRUSTEE, EX-OFFICIO	1 0 ..... 0 0	X						0	0	0
MARIE BERNARD MD ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
TED BIALY MD ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
ROBERT BOGGIANO MD ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
ROBERT J CODY MD ..... TRST-INT PRES/CEO (EFF 7/1/18)	5 0 ..... 0 0	X		X				497,986	0	0
BARRY GOODMAN ESQ ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
H JAMES GRIFFITH ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
CATHERINE LANGLEY ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
ELLEN F LOCKER ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
JAMES LYNCH ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
KC RONDELLO MD MPH ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
RENEE SELMAN ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
PETER TEUBER PHD ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
MANISH VIRADIA MD ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
MICHAEL E POLLACK MD ..... TRUSTEE (TERMED 5/2018)	1 0 ..... 0 0	X						0	0	0
ROBERT P WISE ..... TRST-PRES/CEO (RETIRED 7/1/18)	50 0 ..... 0 0	X		X				1,263,293	0	26,504
GAIL KOSYLA ..... TREASURER/CFO(TERMED 12/17/18)	50 0 ..... 0 0			X				557,499	0	58,419

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
STEPHEN RUSINKO ..... TREAS/INTRM CFO (EFF 12/17/18)	50 0 ..... 0 0			X				6,478	0	0
LAWRENCE N GRAND ..... EXECUTIVE VP/COO	50 0 ..... 0 0			X				478,354	0	71,849
DEBORAH L HOSKINS ..... VP, FINANCE (RETIRED 7/4/18)	50 0 ..... 0 0			X				304,094	0	24,923
RICHARD J WEBB ..... CHIEF LEGAL OFFICER	50 0 ..... 0 0				X			489,240	0	42,409
VIOLET T KOCSIS ..... CHIEF HUMAN RESOURCES OFFICER	50 0 ..... 0 0				X			384,903	0	77,361
GEORGE ROKSVAAG MD ..... CHIEF MEDICAL OFFICER	50 0 ..... 0 0				X			338,444	0	17,234
DANIEL MORREALE ..... CHIEF INFORMATION OFFICER	50 0 ..... 0 0				X			331,662	0	53,062
WAYNE G FELLMETH MD ..... CHIEF MEDICAL INFO OFFICER	50 0 ..... 0 0				X			305,134	0	0
NEIL HUDES ..... VP, PRESIDENT OPERATIONS	50 0 ..... 0 0				X			437,151	0	65,968
ROBERT G COATES MD ..... VPMA	50 0 ..... 0 0				X			420,301	0	76,012

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
PATRICIA STEINGALL RN ..... VP, PATIENT CARE	50 0 ..... 0 0				X			400,756	0	71,789
DAVID D SKILLINGE MD ..... VP, MEDICAL PRACTICES	50 0 ..... 0 0				X			360,339	0	66,738
CHRISTAL KOZLOSKI ..... VP, MARKETING	50 0 ..... 0 0				X			278,376	0	41,091
LUANN TRAINER ..... COO MEDICAL PRACTICES	50 0 ..... 0 0				X			267,937	0	19,168
CHRISTINE D BOGARD ..... EXEC DIR MEDICAL PRACTICES	50 0 ..... 0 0				X			226,906	0	34,146
LAN CAO MD ..... PHYSICIAN	50 0 ..... 0 0					X		321,131	0	31,536
MIMI MAK MD ..... PHYSICIAN	50 0 ..... 0 0					X		314,952	0	9,849
DONALD R PINNER ..... VP, COO - HRCH	50 0 ..... 0 0					X		304,772	0	43,267
CHRISTINE E SKOTZKO MD ..... PHYSICIAN	50 0 ..... 0 0					X		301,221	0	26,069
LAWRENCE M FECHTNER MD ..... PHYSICIAN	50 0 ..... 0 0					X		287,767	0	43,158

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

**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](http://www.irs.gov/Form990) for the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
HUNTERDON MEDICAL CENTER

Employer identification number  
22-1537688

**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 or 990-EZ) )
- 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 **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 in 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		
<b>Total</b>						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc (see instructions)					<b>12</b>	

**13 First five 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**

<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five 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**

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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>		
<b>2</b>	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
<b>1</b>	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
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	By reason of the relationship described in (2), 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**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>	Yes	No
<b>b</b>	Did the activities described in (a) 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>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>Provide details in Part VI.</i>		
<b>b</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**

- 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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2018 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 22-1537688

**Name:** HUNTERDON MEDICAL CENTER

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

**Facts And Circumstances Test**

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
  
**2018**  
**Open to Public Inspection**

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

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

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

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

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

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

Name of the organization HUNTERDON MEDICAL CENTER	Employer identification number 22-1537688
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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				



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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?	Yes		104,442
<b>j</b> Total Add lines 1c through 1i			104,442
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

**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."**

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

**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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 11	DURING 2018, THE ORGANIZATION PAID AN OUTSIDE LOBBYING FIRM A TOTAL OF \$9,000 FOR LOBBYING ON A FEDERAL AND STATE LEVEL RELATED TO MEDICARE, MEDICAID AND OTHER HEALTHCARE LEGISLATIVE MATTERS THE ORGANIZATION IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION, THE NEW JERSEY HOSPITAL ASSOCIATION AND THE NEW JERSEY BUSINESS & INDUSTRY 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 ORGANIZATION THIS ALLOCATION AMOUNTED TO \$21,028 DURING THE YEAR ENDED DECEMBER 31, 2018 A PERCENTAGE OF THE 2018 COMPENSATION FOR THE DIRECTOR OF GOVERNMENT AND COMMUNITY AFFAIRS HAS BEEN ALLOCATED TOWARD LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE HUNTERDON MEDICAL CENTER AND ITS AFFILIATES ON BOTH A FEDERAL AND STATE LEVEL THIS ALLOCATION AMOUNTED TO \$74,414 IN 2018

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
**▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
**▶ Attach to Form 990.**  
**▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**Name of the organization**  
HUNTERDON MEDICAL CENTER

**Employer identification number**  
22-1537688

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

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

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

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

Preservation of land for public use (e g , recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

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

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

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

**(i)** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**(ii)** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a 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 programs
  - 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 |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . .

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	23,357,000	19,274,100	19,983,713	20,189,578	18,392,151
<b>b</b> Contributions . . . . .					1,200,000
<b>c</b> Net investment earnings, gains, and losses	-893,787	4,082,900	900,244	-178,492	670,449
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .			1,609,857	27,373	73,022
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	22,463,213	23,357,000	19,274,100	19,983,713	20,189,578

- 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 ▶ 98 570 %
  - c** Temporarily restricted endowment ▶ 1 430 %
- 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 |
| <b>(i)</b> unrelated organizations . . . . .   | 3a(i)  | No |
| <b>(ii)</b> related organizations . . . . .  | 3a(ii) | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | 3b     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .	0	6,796,849		6,796,849
<b>b</b> Buildings . . . . .	0	155,262,075	62,224,993	93,037,082
<b>c</b> Leasehold improvements	0	9,094,936	3,664,281	5,430,655
<b>d</b> Equipment . . . . .	0	216,629,305	173,149,463	43,479,842
<b>e</b> Other . . . . .	0	12,784,101	5,724,629	7,059,472
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				155,803,900

**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)		
<b>Total.</b> (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) SHORT-TERM INVESTMENTS	38,087,363	F
(2) ASSETS WHOSE USE IS LIMITED	1,019,848	F
(3) BOARD DESIGNATED FUNDS	49,030,165	F
(4) DONOR RESTRICTED ASSETS	17,649,353	F
(5) BENEFICIAL INTEREST IN TRUSTS	2,055,375	F
(6) INVESTMENTS - LAND	213,099	F
(7) ASSETS OF HMC FOUNDATION	9,586,504	F
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶	117,641,707	

**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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 ) ▶	

**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	0
ACCRUED INTEREST PAYABLE	1,046,035
OTHER LIABILITIES	8,183,978
THIRD-PARTY PAYORS, CURRENT	1,072,420
THIRD-PARTY PAYORS, NON-CURRENT	6,573,052
MALPRACTICE LIABILITY	717,000
PENSION BENEFIT LIABILITY	45,795,393
DUE TO AFFILIATES	-8,727,337
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	54,660,541

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 FIN 48 (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.

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

**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.

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

**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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 22-1537688

**Name:** HUNTERDON MEDICAL CENTER

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, QUESTION 4	RESTRICTED FUNDS ARE USED TO SUPPORT THE CHARITABLE ACTIVITIES AND PROGRAMS OF THE ORGANIZATION AND ITS AFFILIATES

**Supplemental Information**

Return Reference	Explanation
SCHEDULE D, PART X	<p>THE ORGANIZATION IS AN AFFILIATE WITHIN THE HUNTERDON HEALTHCARE SYSTEM, INC ("SYSTEM"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM THE SYSTEM'S PARENT ENTITY IS HUNTERDON HEALTHCARE SYSTEM, INC AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE SYSTEM AND ALL ENTITIES WITHIN THE SYSTEM FOR THE YEARS ENDED DECEMBER 31, 2018 AND DECEMBER 31, 2017, INCLUDING THIS ORGANIZATION, RESPECTIVELY THE INDEPENDENT CPA FIRM ISSUED AN UNMODIFIED OPINION WITH RESPECT TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS IN ADDITION, AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF HUNTERDON MEDICAL CENTER AND AFFILIATES FOR THE YEARS ENDED DECEMBER 31, 2018 AND DECEMBER 31, 2017, RESPECTIVELY THE INDEPENDENT CPA FIRM ISSUED AN UNMODIFIED OPINION WITH RESPECT TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS THE FOLLOWING FOOTNOTE IS INCLUDED IN THE ORGANIZATION'S 2018 AUDITED CONSOLIDATED FINANCIAL STATEMENTS THAT REPORTS THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX PROVISIONS UNDER FIN 48 (ASC 740) The Medical Center is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from federal income taxes on its exempt income under Section 501(a) of the Code The CAPTIVE PC'S ARE NEW JERSEY PROFESSIONAL CORPORATIONS as described in Section 501(c)(3) of the Internal Revenue Code and ARE exempt from federal income taxes on exempt income under Section 501(a) of the Code The Medical Center accounts for uncertainty in income taxes by prescribing a recognition threshold of more-likely-than-not to be sustained upon examination by the appropriate taxing authority Measurement of the tax uncertainty occurs if the recognition threshold has been met There were no tax uncertainties that met the recognition threshold in 2018 or 2017</p>

**SCHEDULE H (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

**Hospitals**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**

**Name of the organization**  
 HUNTERDON MEDICAL CENTER

**Employer identification number**  
 22-1537688

OMB No 1545-0047  
**2018**  
 Open to Public Inspection

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

		Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<b>1a</b>	Yes	
<b>b</b> If "Yes," was it a written policy?	<b>1b</b>	Yes	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
<b>3</b> 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			
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<b>3a</b>	Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 500 %	<b>3b</b>	Yes	
<b>c</b> 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			
<b>4</b> 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"?	<b>4</b>	Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b>	Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b>		No
<b>c</b> 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?	<b>5c</b>		
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b>		No
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b>		

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			4,623,591	318,836	4,304,755	1 530 %
<b>b</b> Medicaid (from Worksheet 3, column a)			32,253,314	21,092,871	11,160,443	3 970 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			36,876,905	21,411,707	15,465,198	5 500 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			3,075,248		3,075,248	1 090 %
<b>f</b> Health professions education (from Worksheet 5)			3,518,663	1,728,303	1,790,360	0 640 %
<b>g</b> Subsidized health services (from Worksheet 6)			14,440,485	3,491,431	10,949,054	3 890 %
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)						
<b>j Total.</b> Other Benefits			21,034,396	5,219,734	15,814,662	5 620 %
<b>k Total.</b> Add lines 7d and 7j			57,911,301	26,631,441	31,279,860	11 120 %

**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
<b>1</b> Physical improvements and housing	1		467,919	58,798	409,121	0.150 %
<b>2</b> Economic development						
<b>3</b> Community support						
<b>4</b> Environmental improvements	1		131,657	0	131,657	0.050 %
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>	2		599,576	58,798	540,778	0.200 %

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

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>		9,956,000
<b>3</b> 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.	<b>3</b>		995,600
<b>4</b> 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**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	64,783,149
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	73,778,821
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-8,995,672
<b>8</b> Describe in Part VI the extent to which any shortfall reported in 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**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>	Yes
<b>b</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.	<b>9b</b>	Yes

**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 %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**Part V Facility Information****Section A. Hospital Facilities**

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

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

**1**

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

	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
See Additional Data Table										

**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)  
 HUNTERDON MEDICAL CENTER

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

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

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	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? . . . . .		No
<b>2</b>	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 . . . . .		No
<b>3</b>	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)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<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)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
<b>5</b>	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 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 . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .		No
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	Yes	
<b>7</b>	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)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.hunterdonhealthcare.org</u>		
<b>b</b>	<input checked="" type="checkbox"/> Other website (list url) <u>see schedule h, part v, section c</u>		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>www.hunterdonhealthcare.org</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	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		
<b>12a</b>	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)? . . . . .		No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" on 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)**

HUNTERDON MEDICAL CENTER

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
<b>13</b>	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	<b>13</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	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)	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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)	<b>16</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW hunterdonhealthcare org</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW hunterdonhealthcare org</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW hunterdonhealthcare org</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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 LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)**Billing and Collections**

HUNTERDON MEDICAL CENTER

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No	
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	17	Yes	
<b>18</b>	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			
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<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			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b>	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	19		No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<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			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b>	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)			
<b>a</b>	<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			
<b>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations			
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)			
<b>f</b>	<input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b>	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	21	Yes	
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing			
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
<b>d</b>	<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)**

HUNTERDON MEDICAL CENTER

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care
- a**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
  - b**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - c**  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - d**  The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**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

	Yes	No
<b>23</b>		No
<b>24</b>		No



**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? 42

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

**Part VI Supplemental Information**

Provide the following information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 3C	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 2018 POVERTY GUIDELINES (DEPARTMENT OF HEALTH AND SENIOR SERVICES) FPG ARE INCLUDED IN THE CRITERIA FOR DETERMINING ELIGIBILITY FOR CHARITY AND DISCOUNTED CARE

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, QUESTION 6A	NOT APPLICABLE

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, QUESTION 7G	NO COSTS RELATING TO SUBSIDIZED HEALTHCARE SERVICES ARE ATTRIBUTABLE TO ANY PHYSICIAN CLINICS

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, QUESTION 7	WORKSHEET 2 WAS USED FOR THE COST TO CHARGE RATIO

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART II	THE PRIMARY ACTIVITY IS SUBSIDIZED HOUSING FOR THE MEDICAL RESIDENTS OF HUNTERDON MEDICAL CENTER

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, QUESTIONS 2,3 AND 4	BAD DEBT EXPENSE WAS CALCULATED USING THE PROVIDERS' BAD DEBT EXPENSE FROM FINANCIAL STATEMENT, NET OF ACCOUNTS WRITTEN OFF AT CHARGES THE ORGANIZATION ISSUED AUDITED FINANCIAL STATEMENTS THE ORGANIZATION'S ALLOWANCE FOR DOUBTFUL ACCOUNTS (BAD DEBT EXPENSE) METHODOLOGY AND CHARITY CARE POLICIES ARE CONSISTENTLY APPLIED BELOW DESCRIBES IT IN MORE DETAIL PATIENT ACCOUNTS RECEIVABLE THE MEDICAL CENTER ASSESSES COLLECTABILITY ON PATIENT CONTRACTS PRIOR TO THE RECOGNITION OF NET PATIENT SERVICE REVENUES PATIENT ACCOUNTS RECEIVABLE, NET, ARE RECORDED AT NET REALIZABLE VALUE ACCOUNTS ARE WRITTEN OFF THROUGH BAD DEBT EXPENSE WHEN THE MEDICAL CENTER HAS EXHAUSTED ALL COLLECTION EFFORTS AND DETERMINES ACCOUNTS ARE IMPAIRED BASED ON CHANGES IN PATIENT CREDIT WORTHINESS CHARITY CARE AND UNCOMPENSATED CARE IN FURTHERANCE OF ITS CHARITABLE PURPOSE, THE MEDICAL CENTER PROVIDES A WIDE VARIETY OF BENEFITS TO THE COMMUNITY MANY OF WHICH ADDRESS THE SOCIAL DETERMINANTS OF HEALTH INCLUDING VARIOUS COMMUNITY-BASED PROGRAMS HEALTH SCREENINGS, TRAINING FOR EMERGENCY SERVICE PERSONNEL, SOCIAL SERVICE, SUPPORT COUNSELING FOR PATIENTS AND FAMILIES, PASTORAL CARE, AND CRISIS INTERVENTION ADDITIONALLY, A LARGE NUMBER OF HEALTH-RELATED EDUCATIONAL PROGRAMS ARE PROVIDED FOR THE BENEFIT OF THE COMMUNITY, INCLUDING HEALTH ENHANCEMENTS AND WELLNESS, CLASSES ON SPECIFIC CONDITIONS, AND TELEPHONE INFORMATION SERVICES DESIGNED TO IMPROVE THE GENERAL STANDARDS OF THE HEALTH OF THE COMMUNITY PROGRAMS THAT SUPPORT ACCESS TO FOOD, HEALTHCARE, TRANSPORTATION AND CAREGIVER SUPPORT ARE ALSO IMBEDDED IN OUR SYSTEM THE MEDICAL CENTER ALSO PROVIDES MEDICAL CARE WITHOUT CHARGE OR AT REDUCED COSTS TO RESIDENTS OF ITS COMMUNITY WHO MEET THE CRITERIA UNDER STATE REGULATION FOR CHARITY CARE THE MEDICAL CENTERS DEFINITION OF CHARITY CARE INCLUDES SERVICES PROVIDED AT NO CHARGE OR AT A REDUCED CHARGE TO PATIENTS WHO ARE UNINSURED OR UNDERINSURED THE MEDICAL CENTER MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE IT PROVIDES THESE RECORDS INCLUDE THE AMOUNT OF CHARGES FORGONE FOR SERVICES AND SUPPLIES FURNISHED UNDER ITS CHARITY CARE POLICY AN OVERALL COST TO CHARGE RATIO WAS APPLIED TO ARRIVE AT THE COST OF CHARITY CARE, AND AS A RESULT THE COST OF CHARITY CARE AMOUNTED TO \$3,485,961 AND \$4,088,624 IN 2018 AND 2017, RESPECTIVELY BECAUSE THE MEDICAL CENTER DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THEY ARE NOT REPORTED AS REVENUE THE STATE PROVIDES CERTAIN SUBSIDY PAYMENTS TO QUALIFIED HOSPITALS TO PARTIALLY FUND UNCOMPENSATED CARE AND CERTAIN OTHER COSTS SUBSIDY PAYMENTS RECOGNIZED AS REVENUE AMOUNTED TO \$318,836 AND \$216,055 AND 2018 AND 2017, RESPECTIVELY, AND ARE INCLUDED IN OTHER REVENUE IN THE ACCOMPANYING CONSOLIDATED STATEMENT OF OPERATIONS

Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, SECTION B, QUESTION 8</p>	<p>MEDICARE COSTS WERE DERIVED FROM THE 2018 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 DID NOT INCLUDE MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT IN THE CALCULATION OF THEIR COMMUNITY BENEFIT PERCENTAGE. HOWEVER, THE ORGANIZATION FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS SHOULD BE 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 INDIVIDUALS 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 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, 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. 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. COMMUNITY BENEFIT STANDARD IN 1969, THE IRS ISSUED REVENUE RULING 69-545, WHICH "REMOVED" 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 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</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, SECTION B, QUESTION 8</p>	<p>DED 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 IT S 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 AVAILAB LE 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 HOSP ITAL ASSOCIATION ("AHA") FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE CO MMUNITY 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, 2 007 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 HOSPITAL S 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 - MEDICARE, LIKE MEDICAID, DOES N OT PAY THE FULL COST OF CARE RECENTLY, MEDICARE REIMBURSES HOSPITALS ONLY 92 CENTS FOR EV ERY DOLLAR THEY SPEND TO TAKE CARE OF MEDICARE PATIENTS THE MEDICARE PAYMENT ADVISORY COM MISSION ("MEDPAC") IN ITS MARCH 2007 REPORT TO CONGRESS CAUTIONED THAT UNDERPAYMENT WILL G ET EVEN WORSE, WITH MARGINS REACHING A 10-YEAR LOW AT NEGATIVE 5 4 PERCENT - MANY MEDICAR E BENEFICIARIES, LIKE THEIR MEDICAID COUNTERPARTS, ARE POOR MORE THAN 46 PERCENT OF MEDIC ARE 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 E LIGIBLES " THERE IS EVERY COMPELLING PUBLIC POLICY REASON TO TREAT MEDICARE AND MEDICAID U NDERPAYMENTS SIMILARLY FOR PURPOSES OF A HOSPITAL'S COMMUNITY BENEFIT AND INCLUDE THESE CO STS ON FORM 990, SCHEDULE H, PART I MEDICARE UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPI TAL IN ORDER TO CONTINUE TREATING THE COMMUNITY'S ELDERLY AND POOR THESE UNDERPAYMENTS RE PRESENT 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 UNDERPAYME NT (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 ATT RIBUTABLE TO LOW-INCOME PATIENTS, WHO, FOR MANY REASONS, DECLINE TO COMPLETE THE FORMS REQ UIRED TO ESTABLISH ELIGIBILITY FOR HOSPITALS' CHARITY CARE OR FINANCIAL ASSISTANCE PROGRAM S A 2006 CONGRESSIONAL BUDGET OFFICE ("CBO") REPORT, NONPROFIT HOSPITALS AND THE PROVISIO N 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 PENDING CHARITY CARE UNLIKE B AD DEBT IN OTHER INDUSTRIES, HOSPITAL BAD DEBT IS COMPLICATED BY THE FACT THAT HOSPITALS F OLLOW THEIR MISSION TO THE COMMUNITY AND TREAT EVERY PATIENT THAT COMES THROUGH THEIR EMER GENCY DEPARTMENT, REGARDLESS OF ABILITY TO PAY PATIENTS WHO HAVE OUTSTANDING BILLS ARE NO T TURNED AWAY, UNLIKE OTHER INDUSTRIES BAD DEBT IS FURTHER COMPLICATED BY THE AUDITING IN DUSTRY'S STANDARDS ON REPORTING CHARITY CARE MANY PATIENTS CANNOT OR DO NOT PROVIDE THE N ECESSARY, EXTENSIVE DOCUMENTATION REQUIRED TO BE DEEMED CHARITY CARE BY AUDITORS AS A RES ULT, ROUGHLY 40% OF BAD DEBT IS PENDING CHARITY CARE - THE CBO CONCLUDED THAT ITS FINDING S "SUPPORT THE VALIDITY OF T</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B, QUESTION 9B	ACCOUNTS CONSIDERED TO BE CHARITY CARE ARE NOT INCLUDED IN THE BAD DEBT EXPENSE, BUT RATHER, ACCOUNTED FOR AS AN ALLOWANCE IT IS THE POLICY OF HUNTERDON MEDICAL CENTER, TO TREAT ALL PATIENTS EQUALLY REGARDLESS OF INSURANCE AND THEIR ABILITY TO PAY FOR ACCOUNTS DETERMINED TO BE "SELF-PAYOR 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 NEEDED TO COMPLETE A 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, - FINANCIAL COUNSELING FOR A HOSPITAL INITIATED DISCOUNT PROGRAM FOR THOSE WITH NO INSURANCE OR WHO ARE UNDERINSURED AND DON'T MEET THE STATEMENT REQUIREMENTS FOR FREE CARE THE HOSPITAL-INITIATED DISCOUNT PROGRAM RATES ARE REFLECTIVE OF 200% OF MEDICAID, AND -FINANCIAL ARRANGEMENTS INCLUDING 1 CASH/CREDIT CARD (AMERICAN EXPRESS, DISCOVER, VISA, MASTERCARD), OR 2 FLEXIBLE PAYMENT PLANS

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 2	<p>UNDER THE BYLAWS OF HMC, THE HOSPITAL HAS A NEEDS COMMITTEE WHICH ANALYZES THE HEALTHCARE SERVICES THAT ARE CONSIDERED NECESSARY TO MEET THE HEALTHCARE NEEDS OF THE COMMUNITY. THE COMMITTEE IS COMPRISED OF HEALTHCARE ADMINISTRATION, PHYSICIANS AND COMMUNITY MEMBERS. THIS COMMITTEE WORKS TOWARD ENSURING THERE IS AN APPROPRIATE SUPPLY OF PHYSICIANS TO MEET THE NEEDS OF THE POPULATION. HUNTERDON MEDICAL CENTER ALSO CONTINUES TO WORK WITH THE "PARTNERSHIP FOR HEALTH", WHICH IS A GROUP OF OVER 70 ORGANIZATIONS IN THE COUNTY INCLUDING THE HUNTERDON COUNTY DEPARTMENT OF HEALTH, THE UNITED WAY OF HUNTERDON COUNTY AS WELL AS MANY OTHERS. THE EFFORTS OF THIS ORGANIZATION ARE TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY AND FOCUS ON SUCH ISSUES AS CHRONIC DISEASE, MENTAL HEALTH, SUBSTANCE MISUSE, OBESITY AND LATINO HEALTH DISPARITIES. DATA COLLECTION FOR THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT BEGAN IN 2018 WHEN QUANTITATIVE AND QUALITATIVE DATA WAS COLLECTED. ELEVEN FOCUS GROUPS WERE CREATED TO IDENTIFY COMMUNITY THEMES AND STRENGTHS. THE LOCAL PUBLIC HEALTH SYSTEM WAS ASSESSED. A GROUP OF COMMUNITY STAKEHOLDERS INCLUDING HIGH SCHOOL SUPERINTENDENT, FREEHOLDER, PHYSICIANS, PROSECUTOR, FAITH LEADER, HEALTHCARE ADMINISTRATORS AND BUSINESS LEADERS ASSESSED THE COMMUNITY'S HEALTH AND IDENTIFIED FIVE FORCES OF CHANGE OCCURRING IN THE COUNTY THAT WAS IMPACTING THE HEALTH OF THE COMMUNITY MEMBERS. FINALLY, STATEWIDE DATA SOURCES WERE USED AS BENCHMARKS TO COMPARE THE RESULTS OF HUNTERDON COUNTY. THIS DATA WILL BE REPORTED IN 2019 AND FOR THE PURPOSES OF THESE 2018 990 REPORTS WE WILL REFERENCE THE 2016 CHNA AND CHIP. THE 2016 CHNA IDENTIFIED FOUR PRIORITY HEALTH ISSUES TO BE ADDRESSED BY HUNTERDON HEALTHCARE SYSTEM: OBESITY/OVERWEIGHT, SUBSTANCE ABUSE, LATINO HEALTH DISPARITIES &amp; AGE-RELATED ISSUES.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 3	THE MEDICAL CENTER PROVIDES FINANCIAL COUNSELING TO ALL PATIENTS REGARDLESS OF INSURANCE STATUS THEY RECEIVE A WRITTEN NOTICE IN ENGLISH OR SPANISH FORMAT OF THE FINANCIAL ASSISTANCE PROGRAMS AVAILABLE AT THE TIME OF ADMISSION OR DURING THE OUTPATIENT REGISTRATION PROCESS FINANCIAL COUNSELING SERVICES ARE AVAILABLE TO ALL PATIENTS THROUGH THE PATIENT ACCOUNTS DEPARTMENT DURING OR AFTER THE PROVISION OF SERVICES ALL PATIENTS DEEMED SELF-PAY ARE SCREENED FOR FINANCIAL ASSISTANCE BY A RESOURCE ADVISOR ACCORDING TO THE FEDERAL POVERTY GUIDELINES AND REFERRED TO APPROPRIATE AGENCIES OR PROGRAMS VERBIAGE STATING FINANCIAL ASSISTANCE IS AVAILABLE IS INCLUDED ON EACH PATIENT'S BILLING STATEMENT THE MESSAGE READS AS FOLLOWS "IF YOU CANNOT PAY THIS BILL AND REQUIRE FINANCIAL ASSISTANCE OR PAYMENT ARRANGEMENTS, PLEASE CONTACT OUR PATIENT ACCOUNTS DEPARTMENT " CHARITY CARE SIGNS ARE ALSO POSTED THROUGHOUT THE FACILITY, MAINLY IN PATIENT REGISTRATION AREAS SIGNS ARE POSTED IN BOTH ENGLISH AND SPANISH

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 4	HUNTERDON MEDICAL CENTER'S PRIMARY SERVICE AREA IS HUNTERDON COUNTY, NEW JERSEY, BUT ALSO SERVES PART OF SOMERSET, WARREN AND MERCER COUNTIES THE CENSUS FOR HUNTERDON COUNTY AS OF 2010 WAS 128,349, HOWEVER MORE RECENT ESTIMATES ARE 124,714 (2108 CENSUS ESTIMATE) IT IS PART OF THE NY METROPOLITAN AREA AND THE COUNTY SEAT IS FLEMINGTON THE RACIAL MAKE-UP OF THE COUNTY IS 85 1% WHITE/NON-HISPANIC, 2 9% AFRICAN AMERICAN, 0 2% NATIVE AMERICAN, 4 2% ASIAN AND 6 8% HISPANIC/LATINO, AND 8% OTHER HUNTERDON COUNTY HAS BEEN RANKED AS HAVING THE 4TH HIGHEST INCOME PER CAPITA IN THE U S

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 5	<p>HUNTERDON MEDICAL CENTER HAS FURTHERED ITS EXEMPT PURPOSE IN SUCH PROGRAMS AS 1) LATINO HEALTH INITIATIVE FOCUSED ON LOW-INCOME IMMIGRANTS HEALTH NEEDS, 2) CREATION OF A MEDICATION ACCESS PROGRAM IN COLLABORATION WITH THE PHARMACEUTICAL INDUSTRY TO DISTRIBUTE FREE PRESCRIPTION DRUGS TO PATIENTS UNABLE TO PAY, AND 3) ANNUAL FREE HEALTH SCREENING PROGRAMS FOR THE ENTIRE COUNTY FOR BREAST CANCER, PROSTATE CANCER, COLON CANCER, HEARING LOSS, ALZHEIMER'S DISEASE, PRE-NATAL AND DIABETES CARE, AMONG OTHERS THE FOUR PRIORITY HEALTH ISSUES IDENTIFIED THROUGH THE COMMUNITY HEALTH NEEDS PROCESS HAVE BEEN ADDRESSED IN 2018 THROUGH THE 2016 CHIP ADOPTED BY THE MEDICAL CENTER BOARD AT ITS SEPTEMBER 2017 MEETING THE GOALS INCLUDED 1) FOCUS ON HEALTHY WEIGHT AMONG HUNTERDON COUNTY RESIDENTS THROUGH THE INCREASE OF THE NUMBER OF ADULTS PARTICIPATING IN WELLNESS AND WEIGHT AND DIABETES MANAGEMENT PROGRAMS 2) REDUCE THE PREVALENCE OF SUBSTANCE ABUSE OF HUNTERDON COUNTY RESIDENTS THROUGH THE STRENGTHENING OF EXISTING PROGRAMS, THE ENHANCEMENT OF TRAINING AMONG PHYSICIANS TO EFFECTIVELY IDENTIFY THE USE OF SUBSTANCES AMONG THE COMMUNITY'S MEMBERS, AND WITH THE INCREASE IN THE NUMBER OF COMPLETED INPATIENT ADDICTION TREATMENT CONSULTS 3) REDUCE LATINO HEALTH DISPARITY BY PROVIDING BROCHURES, INFORMATION MATERIALS, EDUCATIONAL SESSIONS IN SPANISH, BY IMPROVING ACCESS TO PRENATAL CARE THROUGH THE MEDICAL CENTER'S FAMILY HEALTH CENTER IN LAMBERTVILLE, AND IMPROVING ACCESS TO AGE-APPROPRIATE CANCER SCREENINGS 4) IMPROVING QUALITY OF LIFE OF SENIORS (65 YEARS AND OVER) LIVING IN HUNTERDON COUNTY BY OFFERING SUPPORT GROUPS, INCREASING THE PERCENTAGE OF SENIORS WHO SEEK PREVENTIVE CARE, INCREASING THE PERCENTAGE OF SENIORS WHO HAVE COMPLETED AN ADVANCED DIRECTIVE, INCREASING THE UTILIZATION OF THE SYSTEM'S ADULT DAY CENTER, INCREASING THE UTILIZATION OF HOSPICE SERVICES TO COMMUNITY MEMBERS, AND EDUCATING NURSES TO PROPERLY ASSESS AND ADDRESS SENIOR HEALTH ISSUES</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 6	<p>THIS ORGANIZATION IS AN AFFILIATE OF THE HUNTERDON HEALTHCARE SYSTEM ALL AFFILIATES ARE COMMITTED TO ENHANCING THE OVERALL HEALTH STATUS OF THE COMMUNITY BY PROVIDING THE HIGHEST QUALITY HEALTHCARE AND RELATED SERVICES THE HUNTERDON HEALTHCARE SYSTEM STRIVES TO EXCEED THE PATIENTS' EXPECTATIONS EMPHASIZING COMMITMENT, COMPETENCE, COLLABORATION, COMMUNICATION, AND COMPASSION OUTLINED BELOW IS A SUMMARY OF THE ENTITIES WHICH COMPRISE THE HUNTERDON HEALTHCARE SYSTEM, INC NOT FOR PROFIT HUNTERDON HEALTHCARE SYSTEM ENTITIES HUNTERDON HEALTHCARE SYSTEM, INC HUNTERDON HEALTHCARE SYSTEM, INC ("HHS") IS THE TAX-EXEMPT PARENT OF THE HUNTERDON HEALTHCARE SYSTEM, INC ("SYSTEM") THIS INTEGRATED HEALTHCARE DELIVERY SYSTEM CONSISTS OF A GROUP OF AFFILIATED HEALTHCARE ORGANIZATIONS THE SOLE MEMBER OR STOCK HOLDER OF EACH ENTITY IS EITHER HHS OR ANOTHER SYSTEM AFFILIATE CONTROLLED BY HHS THE SYSTEM IS AN INTEGRATED NETWORK OF HEALTHCARE PROVIDERS THROUGHOUT THE STATE OF NEW JERSEY HUNTERDON HEALTHCARE SYSTEM, 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) HUNTERDON HEALTHCARE SYSTEM, INC STRIVES TO CONTINUALLY DEVELOP AND OPERATE A HEALTHCARE SYSTEM WHICH PROVIDES SUBSTANTIAL COMMUNITY BENEFIT THROUGH THE PROVISION OF A COMPREHENSIVE SPECTRUM OF HEALTHCARE SERVICES TO THE RESIDENTS OF NEW JERSEY AND SURROUNDING COMMUNITIES HUNTERDON HEALTHCARE SYSTEM, INC ENSURES THAT HUNTERDON MEDICAL CENTER PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY NO INDIVIDUALS ARE DENIED NECESSARY MEDICAL CARE, TREATMENT OR SERVICES HUNTERDON MEDICAL CENTER OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 1 THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS, 2 THE ORGANIZATION OPERATES AN ACTIVE EMERGENCY ROOM FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR, 3 THE ORGANIZATION MAINTAINS A CLOSED MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS, AND 4 CONTROL OF THE ORGANIZATION RESTS WITH ITS BOARD OF TRUSTEES AND THE BOARD OF TRUSTEES OF HUNTERDON HEALTHCARE SYSTEM, INC 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 HUNTERDON MEDICAL CENTER HUNTERDON MEDICAL CENTER ("HMC") IS A 178-BED LICENSED NON-PROFIT COMMUNITY HOSPITAL LOCATED IN FLEMINGTON, NEW JERSEY HMC IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOSES, HMC 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, HMC OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 BRITESIDE ADULT DAY CENTERS, INC BRITESIDE ADULT DAY CENTER S, 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 ADULT DAY CARE SERVICES TO INDIVIDUALS HUNTERDON HEALTHCARE FOUNDATION HUNTERDON HEALTHCARE 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 HUNTERDON 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 HUNTERDON REGIONAL COMMUNITY HEALTH, INC HUNTERDON REGIONAL COMMUNITY 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 NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF HUNTERDON 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 HUNTERDON HOSPICE HUNTERDON HOSPICE IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 6	<p>REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(1) THE ORGANIZATION PROVIDES CARE AND SUPPORT FOR TERMINALLY ILL PATIENTS AND THEIR FAMILIES IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY HUNTERDON HOSPICE HAS PROVIDED EXCEPTIONAL PHYSICAL, EMOTIONAL AND SPIRITUAL SUPPORT TO PATIENTS AND THEIR FAMILIES DURING LIFE'S FINAL STAGES WHETHER AT HOME, IN THE HOSPITAL, OR IN A LONG-TERM CARE OR ASSISTED LIVING FACILITY, THEIR DEDICATED, HIGHLY SKILLED TEAM STRIVES TO IMPROVE QUALITY OF LIFE WHILE PROVIDING COMFORT, PRESERVING DIGNITY, AND HONORING THE UNIQUE WISHES OF EACH PATIENT AND FAMILY VISITING HEALTH &amp; SUPPORTIVE SERVICES VISITING HEALTH &amp; SUPPORTIVE SERVICES 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 SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF HUNTERDON 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 HUNTERDON PRIMARY CARE, P C HUNTERDON PRIMARY CARE, 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 HUNTERDON MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION WHICH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATING MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY HUNTERDON SPECIALTY CARE, P C HUNTERDON SPECIALTY CARE, 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 HUNTERDON MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION WHICH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATING MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY HUNTERDON URGENT CARE, P C HUNTERDON URGENT CARE, 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 HUNTERDON MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION WHICH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATING MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY HUNTERDON AMBULATORY SERVICES, LLC A SINGLE MEMBER LIMITED LIABILITY COMPANY WHOSE SOLE MEMBER IS HUNTERDON MEDICAL CENTER, THE ORGANIZATION IS LOCATED IN FLEMINGTON, HUNTERDON COUNTY, NEW JERSEY THE ORGANIZATION PROVIDES AMBULATORY NON-PROVIDER BASED DIAGNOSTIC AND THERAPEUTIC SERVICES FOR PROFIT HUNTERDON HEALTHCARE SYSTEM ENTITIES MIDJERSEY HEALTH CORPORATION A FOR-PROFIT ENTITY WHOSE SOLE SHAREHOLDER IS HUNTERDON HEALTHCARE SYSTEM, INC ("HHS") THIS ENTITY PROVIDES OVERSIGHT TO VARIOUS ENTITIES IN THE HHS DEL VALLEY OFFICE ASSOCIATION A PARTNERSHIP WHICH PROVIDES PROPERTY MANAGEMENT SERVICES FOR BOTH HHS ENTITIES AND NON-HHS ENTITIES HUNTERDON MEDICAL OFFICE ASSOCIATES A PARTNERSHIP WHICH PROVIDES PROPERTY MANAGEMENT SERVICES FOR BOTH HHS ENTITIES AND NON-HHS ENTITIES NORTH HUNTERDON MEDICAL ASSOCIATES A PARTNERSHIP WHICH PROVIDES PROPERTY MANAGEMENT SERVICES FOR BOTH HHS ENTITIES AND NON-HHS ENTITIES HUNTERDON CENTER FOR SURGERY LLC A PARTNERSHIP WHICH PROVIDES SURGERY SERVICES TO INDIVIDUALS</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 7	NOT APPLICABLE

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 22-1537688

**Name:** HUNTERDON MEDICAL CENTER

## Form 990 Schedule H, Part V Section A. Hospital Facilities

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		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	HUNTERDON MEDICAL CENTER 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822 WWW.HUNTERDONHEALTHCARE.ORG 11001	X	X		X			X			

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, QUESTIONS 5 AND 6B</p>	<p>THE HUNTERDON COUNTY PARTNERSHIP FOR HEALTH IS A COUNTY-WIDE INITIATIVE THAT INVOLVES MORE THAN 70 COMMUNITY SERVICE PROVIDERS, AGENCIES AND ORGANIZATIONS SHARING A COMMON INTEREST IN PROMOTING AND IMPROVING THE HEALTH, WELL-BEING AND QUALITY OF LIFE OF HUNTERDON COUNTY RESIDENTS SINCE ITS INCEPTION IN 1995, THIS HEALTHIER COMMUNITY INITIATIVE HAS LED THE COMPLETION OF 4 COUNTY-LEVEL BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) SURVEYS THEY HAVE GIVEN VITAL INPUT INTO THE 2016 COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) THE MEMBERS OF THE HUNTERDON COUNTY PARTNERSHIP FOR HEALTH INCLUDE - ALZHEIMER'S ASSOCIATION - AMERICA'S GROW A ROW - AMERICAN HEART ASSOCIATION - ANDERSON HOUSE - BIOMEDICAL SCIENCES ACADEMY - CANCER COALITION OF HUNTERDON AND MERCER - CATHOLIC DIOCESE OF METUCHEN - CENTRAL JERSEY FAMILY HEALTH CONSORTIUM - CERTIFIED FITNESS FOR SPECIAL NEEDS - CLINTON PUBLIC SCHOOL - COUNTY DIVISION OF PUBLIC HEALTH NURSING &amp; EDUCATION - COUNTY DIVISION OF SENIOR, DISABILITIES &amp; VETERANS SERVICES - COUNTY MEDICAL RESERVE CORPS - DELAWARE VALLEY FAMILY HEALTH CENTER - FAMILY PROMISE - FISHERMAN'S MARK - FLEMINGTON AREA FOOD PANTRY - FLEMINGTON JEWISH COMMUNITY CENTER - FOOTHILL ACRES - FRANCIS A. DESMARES ELEMENTARY SCHOOL - GO HUNTERDON - HAMPTON PUBLIC SCHOOL - HICMAP - HP PARTIAL CARE - HUNTERDON CARDIOVASCULAR ASSOCIATES - HUNTERDON CARE CENTER - HUNTERDON CENTRAL REGIONAL HIGH SCHOOL - HUNTERDON COUNTY DEPARTMENT OF HUMAN SERVICES - HUNTERDON COUNTY CHAMBER OF COMMERCE - HUNTERDON COUNTY DIVISION OF HEALTH - HUNTERDON COUNTY DIVISION OF PARKS &amp; RECREATION - HUNTERDON COUNTY ECONOMIC DEVELOPMENT - HUNTERDON COUNTY FREEHOLDER - HUNTERDON COUNTY MEDICAL ACCESS PARTNERSHIP - HUNTERDON COUNTY MEDICAL RESERVE CORPS - HUNTERDON COUNTY OFFICE OF THE PROSECUTOR - HUNTERDON COUNTY RESIDENTS - HUNTERDON COUNTY SCHOOL NURSES ASSOCIATION - HUNTERDON COUNTY SUPERINTENDENTS ASSOCIATION - HUNTERDON COUNTY VOCATIONAL SCHOOL DISTRICT - HUNTERDON COUNTY YMCA - HUNTERDON DRUG AWARENESS PROGRAM - HUNTERDON HEALTHCARE FOUNDATION - HUNTERDON HEALTHCARE PARTNERS - HUNTERDON HEALTHCARE SYSTEM - HUNTERDON HELPLINE - HUNTERDON MEDICAL CENTER - HUNTERDON PEDIATRIC ASSOCIATES - HUNTERDON PREPARATORY SCHOOL - HUNTERDON REGIONAL COMMUNITY HEALTH - KINGWOOD SCHOOL - LATINO ACCESS COALITION - NEW JERSEY CANCER EDUCATION AND EARLY DETECTION - NEW JERSEY DEPARTMENT OF EDUCATION - NEW JERSEY HEALTH INITIATIVES - NIGHTINGALE NJ, INC - NJ DOH - NJ SNAP-ED - NORWESCAP - ONE VOICE - PHILLIPS BARBER FAMILY HEALTH CENTER - PHYSICAL THERAPY AT ST LUKE'S (CLINTON) - PREVENTION RESOURCES - RARITAN VALLEY COMMUNITY COLLEGE - READINGTON TOWNSHIP BOARD OF HEALTH - RIGHT AT HOME - RUTGERS COOPERATIVE EXTENSION SERVICES - SAFE COMMUNITIES COALITION OF HUNTERDON AND SOMERSET COUNTY - SAFE IN HUNTERDON - SALVATION ARMY - SHOPRITE OF HUNTERDON COUNTY - TEMPLO INTERNATIONAL DEVELOPMENT RESTAURACION - TOWN OF CLINTON - UNITED WAY OF HUNTERDON COUNTY - VALLEY CREST FAMILY - ZUFALL HEALTH IN ADDITION</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUESTIONS 5 AND 6B	, OUR CLINICAL LIAISON, A BS, BSN PREPARED REGISTERED NURSE WHO HAS WORKED IN COMMUNITY HEALTH IMPROVEMENT FOR 10 YEARS FACILITATED OUR FOCUS GROUPS AND STAKEHOLDER MEETING TO DISCUSS TRENDS AFFECTING THE HEALTH OF OUR RESIDENTS OVER THE NEXT THREE TO FIVE YEARS WE UTILIZED OUR POPULATION HEALTH TEAM AND THE HUNTERDON COUNTY HEALTH OFFICER FOR SOME OF THE PROCESS AS WELL AS THE MANY ORGANIZATIONS REPRESENTED IN THE PARTNERSHIP FOR HEALTH

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUESTIONS 7A & 7B	THE ORGANIZATION IS AN AFFILIATE WITHIN HUNTERDON HEALTHCARE SYSTEM, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN PART V, SECTION B, QUESTION 7A, IS THE HOME PAGE FOR THE SYSTEM THE CHNA CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE <a href="http://www.hunterdonhealthcare.org/wp-content/uploads/2016/11/2016-CHNA.pdf">HTTP //WWW HUNTERDONHEALTHCARE ORG/WP-CONTENT/UPLOADS/2016/11/2016-CHNA PD F</a> THE CHNA IS LISTED ON THE HOSPITAL'S WEBSITE IN ADDITION, THE HOSPITAL FACILITY MAKES ITS CHNA REPORT AVAILABLE TO THE PUBLIC VIA THE PARTNERSHIP FOR HEALTH WEBSITE <a href="http://partnershipforhealth.hunterdonhealthcare.org">HTTP //PARTNERSHIPFORHEALTH HUNTERDONHEALTHCARE ORG</a>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUESTION 8	THE FACILITY, WITH LIMITED RESOURCES, PRIORITIZED HEALTH NEEDS IDENTIFIED AND DEVELOPED AN IMPLEMENTATION PLAN TO ADDRESS THESE PRIORITY HEALTH NEED AREAS THE CHNA INFORMS THE FACILITY'S STRATEGIC PLANNING WHICH INCORPORATES ELEMENTS FROM THE CHNA IMPLEMENTATION PLAN IN ITS STRATEGIES TO MEET ITS GOAL OF IMPROVED COMMUNITY HEALTH THE CHNA IMPLEMENTATION PLAN ALSO INCLUDES RESOURCES, ACTIONS AND GOALS (MEASURABLE)

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUESTION 10	THE ORGANIZATION IS AN AFFILIATE WITHIN HUNTERDON HEALTHCARE SYSTEM, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN PART V, SECTION B, QUESTION 10, IS THE HOME PAGE FOR THE SYSTEM THE IMPLEMENTATION STRATEGY CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE <a href="http://www.hunterdonhealthcare.org/wp-content/uploads/2016/11/2016-CNIP.pdf">http //www hunterdonhealthcare org/wp-content/uploads/2016/11/2016-CNIP pd f</a>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, QUESTION 11</p>	<p>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 COLLABORATE FOCUS ON HEALTHY WEIGHT 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 COLLABORATE FOCUS ON HEALTHY WEIGHT GOAL INCREASE THE NUMBER OF HUNTERDON COUNTY RESIDENTS WITHIN A HEALTHY WEIGHT RANGE AS DEFINED BY THE CENTER FOR DISEASE CONTROL AND PREVENTION MEASURE 1 INCREASE THE PERCENTAGE OF PATIENTS, AGES 19 TO 39 IN OUR PRIMARY CARE PRACTICES WITH PRE-DIABETES, WHO RECEIVE THEIR BMI MEASUREMENT AND A PLAN FOR ACHIEVING HEALTHIER WEIGHT, BY 20 PERCENTAGE POINTS FROM 2016 TO 2019 2 INCREASE THE PERCENTAGE OF ADULTS (18 AND OVER) IN OUR PRIMARY CARE PRACTICES, WITH A BMI IN THE HEALTHY WEIGHT RANGE BY 2.5% FROM 2016 TO 2019 DATA SOURCE 1 PERCENTAGE OF ADULTS, AGES 19 TO 39 WITH PRE-DIABETES WHO HAVE A BMI WITHIN THE NORMAL RANGE (BETWEEN 18.5 AND 24.9) IN HUNTERDON HEALTHCARE PRIMARY CARE PHYSICIAN PRACTICES ELECTRONIC HEALTH RECORDS (NEXTGEN) 2 PERCENTAGE OF ADULTS (18 AND OVER) WITH A BMI WITHIN THE NORMAL RANGE (BETWEEN 18.5 AND 24.9) IN HUNTERDON HEALTHCARE PRIMARY CARE PHYSICIAN PRACTICES ELECTRONIC HEALTH RECORDS (NEXTGEN) OUTCOME DATA 1 PERCENTAGE OF PATIENTS AGES 19 TO 39 IN OUR PRIMARY CARE PRACTICES WITH PRE-DIABETES, WHO RECEIVED THEIR BMI AND PLAN FOR ACHIEVING HEALTHIER WEIGHT 2016 - 62.70% AND 2018 - 63.14% 2 PERCENTAGE OF ADULTS AGES 18 AND OVER IN OUR PRIMARY CARE PRACTICES WITH A BMI IN HEALTHY WEIGHT RANGE 2016 - 35.97% AND 2018 - 36.12% ACCORDING TO THE AMERICAN MEDICAL ASSOCIATION THE NATIONAL OBESITY RATE IS REACHING 40% NUMBERS IN NEW JERSEY ARE SLIGHTLY BETTER THAN THE NATIONAL AVERAGE HOWEVER NOT BY MUCH WE KNOW THAT OBESITY RELATED CONDITIONS SUCH AS DIABETES, HEART DISEASE AND CANCER CAN HAVE DEVASTATING EFFECTS ON SOMEONE'S LIFE AND COSTS OUR COUNTRY TRILLIONS OF DOLLARS HUNTERDON HEALTHCARE HAS TAKEN A MULTI-INITIATIVE APPROACH TO HELP OUR PATIENTS OBTAIN AND MAINTAIN A HEALTHY WEIGHT ALTHOUGH SMALL, WE DID SEE A POSITIVE TREND IN THE NUMBER OF PATIENTS IN OUR ELECTRONIC HEALTH RECORD THAT HAD A BMI IN THE HEALTHY WEIGHT RANGE FROM OUR 2016 BASELINE OF 35.97% TO 36.12% IN 2018 INITIATIVES IN OUR PHYSICIAN PRACTICES AND IN OUR COMMUNITY PARTNERSHIPS WILL WORK TO CONTINUE THIS TREND IN 2018 OUR HUNTERDON HEALTHCARE POPULATION HEALTH TEAM CONTINUED TO STRESS THE IMPORTANCE OF EACH PATIENT BEING SCREENED FOR BMI AND PROVIDED A PLAN TO IMPROVE THEIR WEIGHT IF NOT IN THE NORMAL RANGE WE PARTICULARLY FOCUSED ON PATIENTS AGES 19 TO 39 IN OUR PRIMARY CARE PRACTICES WITH PRE-DIABETES THIS METRIC IS CAPTURED IN THE NEXTGEN ELECTRONIC HEALTH RECORD OUR PHYSICIAN PRACTICES</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, QUESTION 11</p>	<p>RECEIVE MONTHLY QUALITY METRIC REPORTS THAT SHOW HOW THEY ARE PERFORMING IN MANY CATEGORIES IN 2016, 62.70% OF PATIENTS, AGES 19 TO 39 IN OUR PRIMARY CARE PRACTICES WITH PRE-DIABETES WERE RECEIVING THEIR BMI AND PLAN. IN 2018, WE WERE ABLE TO INCREASE THAT TO 63.14%. WE CONTINUE TO WORK WITH OUR PHYSICIAN PRACTICES TO IMPROVE THIS METRIC. THE CENTER FOR NUTRITION AND DIABETES MANAGEMENT, PART OF THE HUNTERDON HEALTHCARE SYSTEM, PROVIDES DIABETES AND NUTRITION EDUCATION TO PATIENTS WITH TYPE 1, TYPE 2 AND GESTATIONAL DIABETES. APPROXIMATELY 85-90% OF PEOPLE WITH DIABETES ARE OVERWEIGHT OR OBESE. IN 2018, 711 PATIENTS WITH DIABETES ATTENDED AT LEAST 1 BUT UP TO 5 APPOINTMENTS WITH A DIABETES NURSE EDUCATOR AND/OR A REGISTERED DIETITIAN. OF THESE PATIENTS 79% EITHER LOST WEIGHT (65%) OR MAINTAINED WEIGHT (14%) POST EDUCATION. THE CENTER FOR NUTRITION AND DIABETES ALSO PROVIDES NUTRITION EDUCATION FOR PATIENTS WITH A DIAGNOSIS OF PRE-DIABETES. IN 2018, 56 PEOPLE WITH PREDIABETES WERE EDUCATED ON LIFESTYLE MODIFICATION TO MANAGE WEIGHT AND INCREASE PHYSICAL ACTIVITY. OUR CENTER ALSO PROVIDES NUTRITION EDUCATION FOR WEIGHT MANAGEMENT TO ADULTS AND CHILDREN WITHOUT DIABETES WHO ARE OVERWEIGHT OR OBESE. IN 2018, 95 ADULTS WORKED WITH A REGISTERED DIETITIAN ONE ON ONE AND AN ADDITIONAL 52 ADULTS PARTICIPATED IN LIVING THE LOWER CARB LIFE, OUR GROUP WEIGHT MANAGEMENT PROGRAM. ADDITIONALLY, 31 CHILDREN OF VARIOUS AGES ATTENDED A ONE ON ONE NUTRITION SESSION FOR WEIGHT MANAGEMENT AND 16 ATTENDED OUR WEIGHT TO GO GROUP WEIGHT MANAGEMENT PROGRAM DESIGNED FOR CHILDREN AGES 7-14. BARRIERS TO INCREASING USAGE OF OUR DIABETES AND NUTRITION EXPERTS CONTINUE TO INCLUDE ISSUES WITH INSURANCE COVERAGE INCLUDING NO COVERAGE FROM POLICY FOR EDUCATION, HIGH DEDUCTIBLES AND USE OF INTERNET VERSUS EDUCATORS FOR INFORMATION. OBESITY/OVERWEIGHT CONTINUES TO BE A CHALLENGE IN HUNTERDON COUNTY. MOVING FORWARD IN 2019, WE WILL CONTINUE TO BE INVOLVED IN THE PARTNERSHIP FOR HEALTH INITIATIVES FOR REDUCING OBESITY IN HUNTERDON COUNTY AS PART OF THE LIFESTYLE/BEHAVIOR ACTION TEAM, THE SCHOOL WELLNESS COMMITTEE AND THE HEALTHY HUNTERDON WORKSITE INITIATIVE. THE HUNTERDON HEALTHCARE SYSTEM SUPPORTS THE PARTNERSHIP FOR HEALTH (PFH), A COUNTY-WIDE HEALTH COALITION OF OVER 70 MULTI-SECTOR ORGANIZATIONS INCLUDING SCHOOLS, BUSINESS, FAITH-BASED, NON-PROFIT, HEALTHCARE, LAW ENFORCEMENT, GOVERNMENT AND RESIDENTS OF THE COUNTY. THEY SHARE A COMMON INTEREST IN PROMOTING AND IMPROVING THE HEALTH, WELL-BEING AND QUALITY OF LIFE OF HUNTERDON COUNTY RESIDENTS. IN 2017, THE PFH ORGANIZED FOUR ACTION TEAMS WITH THE OVERARCHING GOAL OF HEALTHY WEIGHT. THIS GOAL WAS BASED ON DATA IDENTIFIED IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT. THE ACTION TEAMS FOCUSED ON SEVERAL AREAS RELATED TO THIS GOAL: MENTAL HEALTH, HEALTHY LIFESTYLES, ACCESS TO CARE, AND COMMUNICATION. THESE CONTINUED THROUGHOUT 2018 AS WELL. THE HEALTHY LIFESTYLE ACTION TEAM CONTINUES TO GROW THEIR "HEALTHY HUNTERDON WORKFORCE INITIATIVE."</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, QUESTION 11</p>	<p>IATIVE", A PARTNERSHIP WITH THE HUNTERDON COUNTY CHAMBER OF COMMERCE TO PROMOTE WORKSITE WELLNESS THIS IS IMPORTANT IN HUNTERDON COUNTY BECAUSE WE HAVE MANY SMALL BUSINESSES WHO DO NOT HAVE THE CAPACITY TO PROVIDE THEIR OWN EMPLOYEE WELLNESS PROGRAMS OUR ORGANIZATION UNDERSTANDS THE VALUE OF A HEALTHY WORKFORCE AND WE ARE PROUD TO CREATE A CULTURE OF HEALTH IN OUR OWN WORKPLACE AS WELL AS HELPING BUSINESSES IN OUR COMMUNITY DO THE SAME THE MENTAL HEALTH ACTION TEAM CONTINUES ITS WORK ON STRESS AS A CONTRIBUTING FACTOR TO EMOTIONAL EATING PEOPLE WHO DEVELOP COPING SKILLS AND KNOW HOW TO MANAGE STRESS WILL BE LESS LIKELY TO TURN TO UNHEALTHY COPING STRATEGIES LIKE DRUGS OR OVEREATING THESE ARE SKILLS THAT WILL BE BENEFICIAL THROUGHOUT THE ENTIRE LIFESPAN THE MENTAL HEALTH GROUP HAS EXPANDED ITS SCHOOLS BASED SUPPORT OF THE USE OF SELF-REGULATORY AND APPROPRIATE COPING MECHANISMS TO REDUCE STRESS AND INCREASE PROACTIVE SOCIAL BEHAVIORS IN CHILDREN IN HUNTERDON COUNTY SCHOOLS A PRESENTATION ABOUT THE MIND UP PROGRAM TO THE HUNTERDON COUNTY SUPERINTENDENT'S MEETING HELPED TO SOLIDIFY SCHOOL DISTRICTS INTEREST IN INVESTMENT IN SOCIAL EMOTIONAL LEARNING PROGRAMS DISTRICTS ARE CHOOSING PROGRAMS WITH EMPHASIS ON THE CONSCIOUS DISCIPLINE OFFERINGS WE CONTINUE TO SUPPORT THE EFFORTS OF THE SCHOOL SOCIAL EMOTIONAL LEARNING GROUP THE GOAL OF INCREASING AWARENESS OF THE BENEFITS OF MINDFULNESS AND HAVING SCHOOL DISTRICTS DEVOTE FUNDING TO THESE TYPES OF PROGRAMS HAS BEEN ACHIEVED THE MENTAL HEALTH ACTION TEAM PROVIDED SEED FUNDING FOR THE DELAWARE TOWNSHIP SCHOOL DISTRICT FOR TRAINING FOR TEACHERS IN THE YOGA CALM FOR CHILDREN PROGRAM TO BE IMPLEMENTED IN THE 2019-2020 SCHOOL YEAR FUNDING WAS OFFERED CONTINGENT ON ADDITIONAL FUNDING SECURED BY THE SCHOOL WHICH WAS PROVIDED BY A GRANT FROM THE DELAWARE TOWNSHIP SCHOOL PARTNERS IN EDUCATION (SCHOOL FOUNDATION) TO SUPPORT THE MINDFUL JOURNEYS ONE BREATH AT A TIME PROGRAM THE MENTAL HEALTH TEAM IS PLEASED TO SEE THAT THEIR GOAL OF HAVING SCHOOLS MAKE A FINANCIAL COMMITMENT TO MINDFULNESS AND STRESS COPING PROGRAMS IS BEING REALIZED PROGRESS HAS ALSO BEEN ACHIEVED ON THE COMMUNICATION RELATED PROJECTS A MONTHLY STRESS RELATED PARAGRAPH CONTINUES TO BE PUBLISHED IN THE CLINTON TOWNSHIP NEWSLETTER THESE ARE ALSO SHARED BY THE PARTNERSHIP FOR HEALTH ON ITS FACEBOOK PAGE AND OFTEN ALSO PICKED UP BY THE HUNTERDON HEALTHCARE SOCIAL MEDIA POSTS AND OUR OTHER PARTNER ORGANIZATIONS THE SEPTEMBER 2018 POSTS FOCUSED ON STRESS REDUCTION THE ACCESS TO CARE AND TRANSPORTATION ACTION TEAM IS WORKING TO INCREASE HEALTHY FOOD DONATIONS TO OUR FOOD PANTRIES HUNTERDON HEALTHCARE DIETICIANS CREATED A LIST OF HEALTHY FOOD DONATION SUGGESTIONS THE LIST INCLUDED LOW-SODIUM, LOW SUGAR, LEAN PROTEIN AND HIGH FIBER FOODS THAT PROMOTE A HEALTHY WELL-BALANCED DIET THIS LIST WAS SHARED WITH MANY ORGANIZATIONS INCLUDING THE BOY SCOUTS WHO HOST FOOD DRIVES THIS TEAM IS ALSO ADDRESSING BARRIERS TO USING THE PANTRIES THE CUR</p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCH H,PART V,SECTB,2,3J,6A,7D,13B,13H,15E,16J,18E,19E,20E,21C,21D,23&24	NOT APPLICABLE

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUESTION 16A, 16B & 16C	THE ORGANIZATION IS AN AFFILIATE WITHIN HUNTERDON HEALTHCARE SYSTEM, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("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 WHICH IS INCLUDED IN THE SYSTEM'S WEBSITE <a href="http://www.hunterdonhealthcare.org/financial-assistance-policy/">HTTP //WWW HUNTERDONHEALTHCARE ORG/FINANCIAL-ASSISTANCE-POLICY/</a>

**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)
<b>1</b> HUNTERDON FAMILY MEDICINE AT RIVERFIELD 1738 ROUTE 31 NORTH SUITE 203 CLINTON, NJ 08809	FAMILY PRACTICE PHYSICIAN
<b>1</b> HUNTERDON FAMILY PRACTICE & OBSTETRICS 1100 WESCOTT DRIVE SUITE 101 FLEMINGTON, NJ 08822	FAMILY PRACTICE PHYSICIAN
<b>2</b> HUNTERDON INTERNAL MEDICINE ASSOCIATES 6 SAND HILL ROAD SUITE 201 FLEMINGTON, NJ 08822	INTERNAL MEDICINE
<b>3</b> HUNTERDON PEDIATRIC ASSOCIATES 1738 ROUTE 31 NORTH SUITE 201 CLINTON, NJ 08809	PEDIATRICS
<b>4</b> HUNTERDON FAMILY MEDICINE AT CORNERSTONE 9100 WESCOTT DRIVE SUITE 103 FLEMINGTON, NJ 08822	FAMILY PRACTICE
<b>5</b> HUNTERDON PEDIATRIC ASSOCIATES 6 CLUBHOUSE DRIVE SUITE 202 WASHINGTON, NJ 07882	PEDIATRICS
<b>6</b> HUNTERDON ADULT HOSPITALIST SERVICES 2100 WESTCOTT DRIVE FLEMINGTON, NJ 08822	PHYSICIAN OFFICE
<b>7</b> HUNTERDON UROLOGICAL ASSOCIATES 1 WESCOTT DRIVE SUITE 101 FLEMINGTON, NJ 08822	UROLOGIST
<b>8</b> HUNTERDON URGENT CARE 63 CHURCH STREET FLEMINGTON, NJ 08822	URGENT CARE CENTER
<b>9</b> HUNTERDON FAMILY MEDICINE PHILIPS-BARBER 72 ALEXANDER AVENUE LAMBERTVILLE, NJ 08530	FAMILY PRACTICE
<b>10</b> HUNTERDON FAMILY MEDICINE AT DEL VALLEY 200 FRENCHTOWN ROAD MILFORD, NJ 08848	FAMILY HEALTH CENTER
<b>11</b> CENTER FOR ADVANCED WEIGHT LOSS (CAWL) 1738 ROUTE 31 N SUITE 214 CLINTON, NJ 08809	WEIGHT LOSS
<b>12</b> ADVANCED GASTROENTEROLOGY & NUTRITION 1100 WESCOTT DRIVE SUITE 304 FLEMINGTON, NJ 08822	GASTROENTEROLOGIST
<b>13</b> HAWK POINTE 6 CLUBHOUSE DRIVE SUITE 102 WASHINGTON, NJ 07882	PHYSICAL THERAPY
<b>14</b> CLINTON HEALTH CAMPUS 1738 ROUTE 31 N SUITE 108 CLINTON, NJ 08809	WELLNESS CENTER

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**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)
<b>16</b> BRIDGEWATER HEALTH CAMPUS 1121 ROUTE 22 W SUITE 202 BRIDGEWATER, NJ 08807	MICU, EMS
<b>1</b> HUNTERDON F & S MEDICINE HOPEWELL VALLEY 84 route 31 suite 103 PENNINGTON, NJ 08534	FAMILY PRACTICE
<b>2</b> HUNTERDON BREAST SURGERY CENTER 121 ROUTE 31 SUITE 1200 FLEMINGTON, NJ 08822	BREAST SURGERY PRACTICE
<b>3</b> HUNTERDON PEDIATRICS ASSOCIATES 8 READING ROAD FLEMINGTON, NJ 08822	PEDIATRICS
<b>4</b> HUNTERDON FAMILY MEDICINE AT HIGHLANDS 61 FRONTAGE ROAD HAMPTON, NJ 08827	FAMILY HEALTH CENTER
<b>5</b> CENTER FOR ENDOCRINE HEALTH 1738 ROUTE 31 N SUITE 108 CLINTON, NJ 08809	ENDOCRINOLOGIST
<b>6</b> DIABETES & ENDOCRINE ASSOCIATES 9100 WESCOTT DRIVE SUITE 101 FLEMINGTON, NJ 08822	ENDOCRINOLOGIST
<b>7</b> BRIDGEWATER HEALTH CAMPUS 1121 ROUTE 22 WEST SUITE 204 BRIDGEWATER, NJ 08807	PHYSICIAN OFFICE
<b>8</b> BRIDGEWATER HEALTH CAMPUS 1121 ROUTE 22 WEST SUITE 205 BRIDGEWATER, NJ 08807	PHYSICIAN OFFICE
<b>9</b> HUNTERDON FAMILY MEDICINE AT BRIDGEWATER 250 STATE ROUTE 28 SUITE 100 BRIDGEWATER, NJ 08807	FAMILY PRACTICE
<b>10</b> HUNTERDON URGENT CARE 45 ROUTE 206 SOUTH SUITE F RARITAN, NJ 08869	URGENT CARE CENTER
<b>11</b> HUNTERDON MEDICAL ASSOC AT WHITEHOUSE 263 MAIN STREET WHITEHOUSE STATION, NJ 08889	FAMILY PRACTICE
<b>12</b> HUNTERDON FAMILY PRACTICE AT HICKORY RUN 384 COUNTY ROAD SUITE 513 CALIFON, NJ 07830	FAMILY PRACTICE
<b>13</b> HUNTERDON PEDIATRIC ASSOCIATES 286 ROUTE 206 HILLSBOROUGH, NJ 08844	PEDIATRICS
<b>14</b> HUNTERDON CENTER FOR DERMATOLOGY 63 CHURCH STREET FLEMINGTON, NJ 08822	DERMATOLOGIST

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**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)
<b>31</b> HUNTERDON INFECTIOUS DISEASE SPECIALISTS 1100 WESCOTT DRIVE SUITE 201 FLEMINGTON, NJ 08822	INFECTIOUS DISEASE PHYSICIAN
<b>1</b> HUNTERDON PODIATRIC MEDICINE 1100 WESCOTT DRIVE SUITE 303 FLEMINGTON, NJ 08822	PODIATRIST
<b>2</b> HAWK POINTE HEALTH CAMPUS 6 CLUBHOUSE DRIVE SUITE 204 WASHINGTON, NJ 07882	PHYSICIAN OFFICE
<b>3</b> BRIDGEWATER HEALTH CAMPUS 1121 ROUTE 22 W SUITE 206 BRIDGEWATER, NJ 08807	PHYSICIAN OFFICE
<b>4</b> HUNTERDON PLASTIC SURGERY 63 CHURCH STREET FLEMINGTON, NJ 08822	PLASTIC SURGEON
<b>5</b> HUNTERDON PLASTIC SURGERY 1121 ROUTE 22 W SUITE 204 BRIDGEWATER, NJ 08807	PLASTIC SURGEON
<b>6</b> HUNTERDON PULMONARY & CRITICAL CARE 6 SAND HILL ROAD SUITE 202 FLEMINGTON, NJ 08822	PULMONOLOGIST
<b>7</b> HUNTERDON UROLOGICAL ASSOCIATES 1121 ROUTE 22 W SUITE 202 BRIDGETWATER, NJ 08807	UROLOGIST
<b>8</b> CENTER FOR HEALTH AGING 1 WESCOTT DRIVE SUITE 102 FLEMINGTON, NJ 08822	INTERNAL MEDICINE
<b>9</b> HUNTERDON PALLIATIVE CARE 1 WESCOTT DRIVE SUITE 102 FLEMINGTON, NJ 08822	PAIN MANAGEMENT PHYSICIAN
<b>10</b> HUNTERDON FAMILY MEDICINE AT BRIDGEWATER 1251 US HIGHWAY 22 BRIDGEWATER, NJ 08807	FAMILY PRACTICE
<b>11</b> HUNTERDON PEDIATRICS ASSOCIATES 6 SAND HILL ROAD SUITE 102 FLEMINGTON, NJ 08822	PEDIATRICS

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**  
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047  
**2018**  
**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
HUNTERDON MEDICAL CENTER

**Employer identification number**  
22-1537688

**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

(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) HUNTERDON PRIMARY CARE PC 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822	47-4931969	501(C)(3)	4,760,085				GENERAL SUPPORT
(2) HUNTERDON SPECIALTY CARE PC 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822	47-4913206	501(C)(3)	8,206,397				GENERAL SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table 0

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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.

Return Reference	Explanation
SCHEDULE I, PART I, QUESTION 2	GRANTS ARE MONITORED BY THE ORGANIZATION'S FINANCE 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

## 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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization  
HUNTERDON MEDICAL CENTER

Employer identification number  
22-1537688

**Part I Questions Regarding Compensation**

		Yes	No		
<p><b>1a</b> 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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input checked="" type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p><b>b</b> If any of the boxes in 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</p>	<b>1b</b>	Yes			
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>	Yes			
<p><b>3</b> Indicate which, if any, of the following the filing 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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input checked="" type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p><b>4</b> 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</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	<b>4a</b>		No		
	<b>4b</b>	Yes			
	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> 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</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	<b>5a</b>		No		
	<b>5b</b>		No		
<p><b>6</b> 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</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	<b>6a</b>		No		
	<b>6b</b>		No		
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	<b>7</b>	Yes			
<p><b>8</b> 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</p>	<b>8</b>		No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>				



**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.

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 1B	THE ORGANIZATION PAID ROTARY CLUB DUES FOR ROBERT P WISE, PRESIDENT/CEO OF THE ORGANIZATION FROM 1/1/2018 TO HIS RETIREMENT ON 7/1/2018. UTILIZATION OF THIS MEMBERSHIP WAS PRIMARILY FOR THE BENEFIT OF HUNTERDON MEDICAL CENTER.

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 4B	<p>THE AMOUNTS REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES PARTICIPATION IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES ROBERT P WISE, \$42,920, GAIL KOSYLA, \$29,748, LAWRENCE N GRAND, \$53,933, DEBORAH L HOSKINS, \$22,239, RICHARD J WEBB, \$29,400, VIOLET T KOCSIS, \$33,195, GEORGE ROKSVAAG, M D , \$32,566, ROBERT G COATES, M D , \$36,434, PATRICIA STEINGALL, RN, \$33,271, DAVID D SKILLINGE, M D , \$21,113 AND DONALD R PINNER, \$25,887 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 2018 FORM W-2, AS TAXABLE WAGES GAIL KOSYLA, \$31,268, LAWRENCE N GRAND, \$43,409, DEBORAH L HOSKINS, \$10,623, RICHARD J WEBB, \$31,409, VIOLET T KOCSIS, \$30,129, DANIEL MORREALE, \$24,448, NEIL HUDES, \$28,918, ROBERT G COATES, M D , \$31,510, PATRICIA STEINGALL, RN, \$37,675, DAVID D SKILLINGE, M D , \$25,592, CHRISTAL KOZLOSKI, \$22,358, AND DONALD R PINNER, \$21,693</p>

<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE J, PART I, QUESTION 7	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2018 WHICH AMOUNTS WERE INCLUDED IN COLUMN B (II) HEREIN AND IN EACH INDIVIDUAL'S 2018 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

<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE J, PART II, COLUMN F	THE AMOUNTS REPORTED IN SCHEDULE J, PART II, COLUMN F FOR THE FOLLOWING INDIVIDUALS INCLUDE VESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) BECAUSE THE AMOUNTS WERE NO LONGER SUBJECT TO A substantial RISK OF COMPLETE FORFEITURE THESE AMOUNTS WERE REPORTED IN SCHEDULE J, PART II, COLUMN C AS RETIREMENT AND OTHER DEFERRED COMPENSATION ON PRIOR YEAR'S FORMS 990 THESE AMOUNTS WERE TREATED AS TAXABLE INCOME AND REPORTED ON EACH INDIVIDUAL'S 2018 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES GAIL KOSYLA, \$29,748, LAWRENCE N GRAND, \$43,301, DEBORAH L HOSKINS, \$21,122, RICHARD J WEBB, \$29,400, VIOLET T KOCSIS, \$31,629, GEORGE ROKSVAAG, M D , \$12,799, ROBERT G COATES, M D , \$31,883, PATRICIA STEINGALL, RN, \$33,271, DAVID D SKILLINGE, M D , \$21,113 AND DONALD R PINNER, \$25,887



**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 22-1537688  
**Name:** HUNTERDON MEDICAL CENTER

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ROBERT J CODY MD TRST-INT PRES/CEO (EFF 7/1/18)	(i)	490,601	0	7,385	0	0	497,986	0
	(ii)	0	0	0	0	0	0	0
ROBERT P WISE TRST-PRES/CEO (RETIRED 7/1/18)	(i)	463,524	286,307	513,462	16,500	10,004	1,289,797	0
	(ii)	0	0	0	0	0	0	0
GAIL KOSYLA TREASURER/CFO(TERMED 12/17/18)	(i)	400,813	112,948	43,738	42,268	16,151	615,918	29,748
	(ii)	0	0	0	0	0	0	0
LAWRENCE N GRAND EXECUTIVE VP/COO	(i)	307,216	87,464	83,674	59,909	11,940	550,203	43,301
	(ii)	0	0	0	0	0	0	0
DEBORAH L HOSKINS VP, FINANCE (RETIRED 7/4/18)	(i)	232,487	45,204	26,403	10,623	14,300	329,017	21,122
	(ii)	0	0	0	0	0	0	0
RICHARD J WEBB CHIEF LEGAL OFFICER	(i)	343,186	98,476	47,578	42,409	0	531,649	29,400
	(ii)	0	0	0	0	0	0	0
VIOLET T KOCSIS CHIEF HUMAN RESOURCES OFFICER	(i)	265,884	75,054	43,965	46,215	31,146	462,264	31,629
	(ii)	0	0	0	0	0	0	0
GEORGE ROKSVAAG MD CHIEF MEDICAL OFFICER	(i)	252,597	53,105	32,742	13,584	3,650	355,678	12,799
	(ii)	0	0	0	0	0	0	0
DANIEL MORREALE CHIEF INFORMATION OFFICER	(i)	277,604	45,032	9,026	35,448	17,614	384,724	0
	(ii)	0	0	0	0	0	0	0
WAYNE G FELLMETH MD CHIEF MEDICAL INFO OFFICER	(i)	287,373	16,969	792	0	0	305,134	0
	(ii)	0	0	0	0	0	0	0
NEIL HUDES VP, PRESIDENT OPERATIONS	(i)	316,388	91,116	29,647	45,418	20,550	503,119	0
	(ii)	0	0	0	0	0	0	0
ROBERT G COATES MD VPMA	(i)	302,288	50,910	67,103	45,260	30,752	496,313	31,883
	(ii)	0	0	0	0	0	0	0
PATRICIA STEINGALL RN VP, PATIENT CARE	(i)	262,225	74,852	63,679	54,175	17,614	472,545	33,271
	(ii)	0	0	0	0	0	0	0
DAVID D SKILLINGE MD VP, MEDICAL PRACTICES	(i)	281,579	47,152	31,608	36,592	30,146	427,077	21,113
	(ii)	0	0	0	0	0	0	0
CHRISTAL KOZLOSKI VP, MARKETING	(i)	223,044	20,000	35,332	22,358	18,733	319,467	0
	(ii)	0	0	0	0	0	0	0
LUANN TRAINER COO MEDICAL PRACTICES	(i)	240,007	10,000	17,930	0	19,168	287,105	0
	(ii)	0	0	0	0	0	0	0
CHRISTINE D BOGARD EXEC DIR MEDICAL PRACTICES	(i)	190,458	28,324	8,124	10,664	23,482	261,052	0
	(ii)	0	0	0	0	0	0	0
LAN CAO MD PHYSICIAN	(i)	251,036	69,975	120	10,357	21,179	352,667	0
	(ii)	0	0	0	0	0	0	0
MIMI MAK MD PHYSICIAN	(i)	246,726	68,130	96	9,849	0	324,801	0
	(ii)	0	0	0	0	0	0	0
DONALD R PINNER VP, COO - HRCH	(i)	193,368	55,410	55,994	34,522	8,745	348,039	25,887
	(ii)	0	0	0	0	0	0	0

<b>Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>								
<b>(A)</b> Name and Title		<b>(B)</b> Breakdown of W-2 and/or 1099-MISC compensation			<b>(C)</b> Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	<b>(E)</b> Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B) reported as deferred on prior Form 990
		<b>(i)</b> Base Compensation	<b>(ii)</b> Bonus & incentive compensation	<b>(iii)</b> Other reportable compensation				
CHRISTINE E SKOTZKO MD PHYSICIAN	(i)	299,955	750	516	11,000	15,069	327,290	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	0	0	0	0	0	0	0
LAWRENCE M FECHTNER MD PHYSICIAN	(i)	236,938	31,813	19,016	13,341	29,817	330,925	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization HUNTERDON MEDICAL CENTER

Employer identification number

22-1537688

Part I Bond Issues

Table with 10 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Deceased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include NJ Health Care Facilities Financing Authority.

Part II Proceeds

Table with 13 rows and 8 columns. Rows 1-12 show amounts for various categories like bonds retired, proceeds of issue, and issuance costs. Row 13 shows years of completion (2015, 2008, 2011, 2014). Rows 14-17 are yes/no questions about bond issuance and record keeping.

Part III Private Business Use

Table with 2 rows and 8 columns. Rows 1 and 2 are yes/no questions about partnership/LLC ownership and lease arrangements for bond-financed property.

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X		X		X
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		X
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0 %		0 %		0 %		2 060 %	
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .							2 060 %	
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .	X		X		X		X	
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? . . . . .		X		X		X		X
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? . . . . .	X		X		X		X	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .	X		X		X		X	
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .								
<b>b</b> Exception to rebate? . . . . .								
<b>c</b> No rebate due? . . . . .								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X		X		X		X
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
<b>b</b> Name of provider . . . . .	0		0		0		0	
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .	0		0		0		0	
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation

**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 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](http://www.irs.gov/Form990) for the latest information.**

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization HUNTERDON MEDICAL CENTER	Employer identification number 22-1537688
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**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

2 Enter the amount of tax incurred by 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
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

**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) REBECCA L WISE	trustee - family member	25,321	EMPLOYEE		No
(2) JONATHAN A GRAND	OFFICER - FAMILY MEMBER	13,070	EMPLOYEE		No

**Part V Supplemental Information**

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

Return Reference	Explanation

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

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury

Name of the organization  
HUNTERDON MEDICAL CENTER

Employer identification number

22-1537688

**990 Schedule O, Other Information**

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>HUNTERDON MEDICAL CENTER ("HMC") IS A GENERAL ACUTE CARE TEACHING HOSPITAL. HMC PROVIDES A FULL RANGE OF PREVENTIVE, DIAGNOSTIC, AND THERAPEUTIC INPATIENT AND OUTPATIENT HOSPITAL &amp; COMMUNITY SERVICES. HMC IS RECOGNIZED BY THE IRS AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOSES, HMC 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, HMC OPERATES CONSISTENTLY WITHIN THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545:</p> <ol style="list-style-type: none"> <li>1. HMC PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS.</li> <li>2. HMC OPERATES AN ACTIVE EMERGENCY ROOM FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR.</li> <li>3. HMC MAINTAINS A CLOSED MEDICAL STAFF, WITH PRIVILEGES AVAILABLE BASED ON COMMUNITY NEED.</li> <li>4. CONTROL OF HMC RESTS WITH ITS BOARD OF TRUSTEES AND THE BOARD OF TRUSTEES OF HUNTERDON HEALTHCARE SYSTEM, INC. BOTH BOARDS ARE COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY.</li> <li>5. SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE MEDICAL FACILITIES, AND ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES.</li> </ol> <p>THE OPERATIONS OF HMC, AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THE HOSPITAL PROVIDES SUBSTANTIAL COMMUNITY BENEFIT AND THAT THE USE AND CONTROL OF HMC 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. HMC'S SOLE CORPORATE MEMBER IS HUNTERDON HEALTHCARE SYSTEM, INC. ("HHS"). HHS IS THE TAX-EXEMPT PARENT OF HUNTERDON MEDICAL CENTER. THIS TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM CONSISTS OF A GROUP OF AFFILIATED HEALTHCARE ORGANIZATIONS. THE SOLE MEMBER OR STOCKHOLDER OF EACH ENTITY IS EITHER HHS OR ANOTHER SYSTEM AFFILIATE CONTROLLED BY HHS.</p> <p>MISSION = ===== HUNTERDON HEALTHCARE SYSTEM DELIVERS COMPASSIONATE AND EXCEPTIONAL CARE THAT IMPROVES THE HEALTH OF THE COMMUNITY. VISION ===== HUNTERDON HEALTHCARE SYSTEM IS RECOGNIZED AS A NATIONAL MODEL FOR PROVIDING COMMUNITY FOCUSED HEALTHCARE THAT IS PATIENT-CENTERED AND DRIVEN BY A PASSION FOR CLINICAL EXCELLENCE. HUNTERDON MEDICAL CENTER ===== HUNTERDON MEDICAL CENTER WAS CREATED IN 1953 WITH THE VISION OF AN INTEGRATED HEALTHCARE DELIVERY SYSTEM IN MIND. NAMELY, THAT PRIMARY CARE WOULD BE DELIVERED BY FAMILY PHYSICIANS IN THE COMMUNITY, THAT CONSULTATIVE AND SPECIALTY CARE WOULD BE HOSPITAL-BASED WITH PATIENTS RETURNED TO THEIR PERSONAL PHYSICIANS AND FINALLY, THAT THE HOSPITAL WOULD BE A TRAINING CENTER FOR FAMILY PHYSICIANS. THIS SYSTEM HAS WORKED REMARKABLY WELL WITH HUNTERDON MEDICAL CENTER CURRENTLY ENJOYING SUCCESS.</p>

**990 Schedule O, Other Information**

Return Reference	Explanation
<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>YING ONE OF THE BEST QUALITY CARE OUTCOMES IN THE COUNTRY, AS WELL AS HAVING ONE OF THE LOWEST PER CAPITA COSTS FOR HOSPITALIZATION IN THE NATION FAMILY MEDICINE IS REAL IN HUNTERDON COUNTY THE CENTERPIECE OF THE HUNTERDON HEALTHCARE SYSTEM IS HUNTERDON MEDICAL CENTER THE MEDICAL CENTER HAS 178-BEDS, INCLUDING ADVANCED MEDICAL AND SURGICAL UNITS, A 12-BED INTENSIVE CARE UNIT, A 4-BED CORONARY CARE UNIT, A 20-BED SAME DAY SURGERY CENTER, A 20-BED MATERNITY AND NEWBORN CARE CENTER WHICH WAS ONE OF THE FIRST SINGLE-ROOM MATERNITY CENTERS IN NEW JERSEY, A 10-BED PEDIATRIC UNIT AND A 14-BED BEHAVIORAL HEALTH WING HUNTERDON LED THE NATION BY IMPLEMENTING THE FIRST, YEAR-ROUND NIGHT FLOAT SYSTEM FOR FAMILY MEDICINE RESIDENCY PROGRAMS THIS SYSTEM ALLEVIATES RESIDENT FATIGUE AND ELIMINATES THE EXHAUSTION WHICH CAN BE DETRIMENTAL TO RESIDENTS, THEIR FAMILIES AND PATIENT CARE THIS HAS BECOME THE NATIONAL NORM FOR RESIDENCY SCHEDULING WITH THE IMPLEMENTATION OF NEW WORK HOUR REGULATIONS SENIOR RESIDENTS COVER THE HOSPITAL FROM 7 00PM TO 7 00AM IN A DESIGNED NIGHT FLOAT ROTATION THEY THEN HAVE A 12-HOUR DUTY FREE PERIOD TO REST AND REJUVENATE IN THE COMFORT OF THEIR OWN HOMES FIRST YEAR RESIDENTS ALSO WORK A 12-HOUR SHIFT FROM 7PM TO 7AM IN A SIMILAR ROTATION THEY FUNCTION TO HELP WITH ADMISSIONS IN CONJUNCTION WITH THE SENIOR RESIDENTS AND THE NOCTURNIST FROM 7PM TO 10PM THUS ALLOWING THEM TO GET SUPERVISED INSTRUCTION IN THIS IMPORTANT SKILLS SET FROM 10PM TO 7AM THE FIRST YEAR RESIDENT WORKS IN AN EMERGENCY DEPARTMENT ROTATION UNDER THE SUPERVISION OF A BOARD CERTIFIED EMERGENCY MEDICINE PHYSICIAN WHERE THEY LEARN IMPORTANT TRIAGE AND TREATMENT SKILLS IN THIS SETTING FIRST YEAR RESIDENTS ARE IN A TRUE CALL SITUATION ONLY TO COVER WEEKEND SHIFTS WITH SENIOR RESIDENT SUPERVISION SECOND AND THIRD YEAR RESIDENTS AVERAGE CALL ONE NIGHT IN SIX THIS GUARANTEES AN ADEQUATE VOLUME AND EXPERIENCE TO DEVELOP MASTERY IN COMMON PROBLEM MANAGEMENT THEY ALSO HAVE A LONGITUDINAL EXPERIENCE IN THE NURSING HOME SETTING WITH FULL TIME GERIATRICIAN FACULTY SUPERVISING THEIR PATIENT CARE THIRD YEAR RESIDENTS ALSO COVER OUTPATIENT CALL FOR THE FAMILY HEALTH CENTERS ON AVERAGE ONE NIGHT IN SIX THE COMBINATION OF NIGHT FLOAT AND THE APPROPRIATE FREQUENCY OF NIGHT CALL COMBINE TO CREATE THE BEST POSSIBLE CALL SCHEDULE RADIOLOGY AND LAB SERVICES ARE STATE-OF-THE-ART MOST OF THE MEMBERS OF THE SPECIALTY MEDICAL STAFF HAVE OFFICES IN THE HUNTERDON DOCTORS' OFFICE BUILDING ADJACENT TO THE MEDICAL CENTER OR WITHIN CLOSE VICINITY TO THE HOSPITAL MOST OF OUR PHYSICIAN OFFICES ARE IN HUNTERDON COUNTY, BUT ALSO IN SOMERSET, WARREN AND MERCER COUNTIES HUNTERDON MEDICAL CENTER HAS ACHIEVED WIDESPREAD RECOGNITION FOR ITS ROLE AS A PROVIDER OF COMMUNITY HEALTH SERVICES BEYOND THOSE NORMALLY ASSOCIATED WITH A HOSPITAL PATIENT AND COMMUNITY HEALTH EDUCATION PROGRAMS, PUBLIC HEALTH SCREENING AND DETECTION SERVICES, A CERTIFIED HOME HEALTH AGENCY, INTEGRATED BEHAVIORAL HEALTH</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>SERVICES, INTEGRATED NUTRITION AND INTEGRATED PHARMACY SERVICES WITHIN THE PHYSICIAN PRACTICES OPERATED BY HUNTERDON HEALTHCARE SYSTEM, AND END OF LIFE SERVICES COMPLEMENT THE MEDICAL CENTER'S COMPREHENSIVE IN-HOSPITAL SERVICES ON THE GROUNDS OF THE MEDICAL CENTER IS A CHILD CARE FACILITY AVAILABLE TO CHILDREN OF EMPLOYEES AND STAFF AS WELL AS TO OTHER MEMBERS OF THE COMMUNITY GERIATRICS IS ONE OF THE MAJOR INITIATIVES OF THE HUNTERDON MEDICAL CENTER, WITH A FULL TIME DIRECTOR WITH HER DOCTORATE IN NURSING AND COMPREHENSIVE HOSPITAL AND AMBULATORY SERVICES ALL SEVEN OF OUR FACULTY PHYSICIANS HOLD THE CERTIFICATE OF ADDED QUALIFICATIONS IN GERIATRICS, (CAQH), AND ALL HAVE COMPLETED A FELLOWSHIP FOUR OF THESE GERIATRICIANS ARE ALSO CERTIFIED MEDICAL DIRECTORS HUNTERDON MEDICAL CENTER HAS RECEIVED ACCREDITATION AND NATIONAL RECOGNITION THAT VERIFIES OUR POSITION AS A LEADING PROVIDER OF QUALITY HEALTHCARE THE ADMINISTRATION AND STAFF OF HUNTERDON MEDICAL CENTER IS EXTREMELY PROUD OF THE MANY AWARDS THE COMMUNITY HOSPITAL HAS EARNED EACH ONE IS RECOGNITION THAT HMC RANKS WITHIN THE TOP 10% OF NATIONAL AND NEW JERSEY HOSPITALS IN MANY PERFORMANCE INDICATORS FOR QUALITY HEALTHCARE HUNTERDON MEDICAL CENTER HAS ACHIEVED NUMEROUS AWARDS INCLUDING MAGNET RE-DESIGNATION - THE MAGNET RECOGNITION PROGRAM RECOGNIZES HEALTHCARE ORGANIZATIONS THAT PROVIDE NURSING EXCELLENCE RECOGNIZING QUALITY PATIENT CARE, NURSING EXCELLENCE AND INNOVATIONS IN PROFESSIONAL NURSING PRACTICE, THE MAGNET RECOGNITION PROGRAM PROVIDES CONSUMERS WITH THE ULTIMATE BENCHMARK TO MEASURE THE QUALITY OF CARE THAT THEY CAN EXPECT TO RECEIVE THE PROGRAM IS ADMINISTERED BY THE AMERICAN NURSES CREDENTIALING CENTER BEING A MAGNET ORGANIZATION HELPS DISTINGUISH HUNTERDON MEDICAL CENTER AS AN ORGANIZATION MARKED BY QUALITY INPATIENT CARE</p>

**990 Schedule O, Other Information**

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>FOR THE EIGHT YEARS IN A ROW, HUNTERDON WAS RANKED EITHER THE HEALTHIEST COUNTY IN NEW JERSEY OR IN THE TOP TWO HEALTHIEST COUNTIES IN NEW JERSEY BASED ON A STUDY CONDUCTED BY THE ROBERT WOOD JOHNSON FOUNDATION AND THE UNIVERSITY OF WISCONSIN POPULATION HEALTH INSTITUTE NICHE DESIGNATION - NURSES IMPROVING CARE TO HEALTH SYSTEM ELDERLS (NICHE) IS A NATIONAL GERIATRIC NURSING PROGRAM THE PROGRAM'S VISION IS FOR ALL PATIENTS 65 AND OVER TO BE GIVE N SENSITIVE AND EXEMPLARY CARE THE MISSION OF NICHE IS TO RAISE AWARENESS OF PRINCIPLES A ND TOOLS THAT CAN ACHIEVE PATIENT-CENTERED CARE FOR OLDER ADULTS ACCREDITATION BY THE JOI NT COMMISSION FOR THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JCAHO) - THE JCAHO SETS T HE STANDARDS BY WHICH HEALTHCARE QUALITY IS MEASURED IN AMERICA AND AROUND THE WORLD IT I S AN INDEPENDENT, NOT-FOR-PROFIT ORGANIZATION THAT ACCREDITS AND CERTIFIES OVER 17,000 HEA LTHCARE ORGANIZATIONS AND PROGRAMS TO MAINTAIN AND EARN ACCREDITATION, ORGANIZATIONS MUST HAVE AN EXTENSIVE ON-SITE REVIEW BY A TEAM OF JCAHO HEALTHCARE PROFESSIONALS, AT LEAST ON CE EVERY THREE YEARS HMC WAS ALSO RECENTLY NAMED A RECIPIENT OF THE WOMEN'S CHOICE AWARD AS ONE OF AMERICA'S BEST BREAST CENTERS, ACKNOWLEDGING ITS DEDICATION TO PROVIDING EXCEPTI ONAL PATIENT CARE AND TREATMENT IN ADDITION, HUNTERDON MEDICAL CENTER RECEIVED THE WOMENS CHOICE AWARD FOR BEST CANCER CARE AND BEST HEART CARE HMC RECEIVED THREE-YEAR FULL ACCRE DITATION BY THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS (NAPBC) HUNTERDON MEDIC AL CENTER ATTRACTS SOME OF THE BEST DOCTORS WITH TRAINING AT THE NATIONS FINEST INSTITUTI ONS AND HEALTHCARE ORGANIZATIONS NEW JERSEY MONTHLY, INSIDE JERSEY AND NJ FAMILY MAGAZINES HAVE RECOGNIZED OUR "TOP DOCS" IN MANY SPECIALTIES YEAR AFTER YEAR THE NEW JERSEY SMART WORKPLACES PROGRAM (NJSW) IS A STATEWIDE RECOGNITION PROGRAM THAT LAUDS EMPLOYERS WHO DEMO NSTRATE LEADERSHIP BY PROVIDING QUALITY COMMUTER BENEFITS TO THEIR EMPLOYEES EMPLOYERS AR E RECOGNIZED AT ONE OF FOUR LEVELS OF ACHIEVEMENT BRONZE, SILVER, GOLD, OR PLATINUM, BASE D UPON THE LEVEL OF ACTIVITY AT THE WORKSITE HUNTERDON MEDICAL CENTER WAS AWARDED THE PLA TINUM AWARD FOR "OUTSTANDING ACHIEVEMENT" IN CREATING PROGRAMS THAT PROVIDE AND PROMOTE CO MMUTING OPTIONS FOR EMPLOYEES THE HUNTERDON WOUND HEALING CENTER WAS AWARDED THE ROBERT A WARRINER III, M D , CENTER OF EXCELLENCE AWARD AND THE CENTER OF DISTINCTION AWARD WHICH RECOGNIZES A CENTER THAT MEETS THE HIGHEST QUALITY STANDARDS THIS CENTER RECEIVED THESE AWARDS BECAUSE IT HAS ACHIEVED PATIENT SATISFACTION RATES OVER 92% AND A HEALING RATE OF G REATER THAN OR EQUAL TO 91% IN LESS THAN 30 MEDIAN DAYS, AMONG OTHER QUALITY STANDARDS CL INICAL SERVICE LINES ===== HEART AND VASCULAR CARE ----- HEART AND VASCULAR CARE AT HMC COMBINES A KNOWLEDGEABLE STAFF OF PHYSICIANS AND SPECIALI STS WITH STATE-OF-THE-ART TECHNOLOGY TO BRING THE PATIENT THE BEST CARDIOVASCULAR CARE IN HUNTERDON AND ITS SURROUNDING</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>COUNTIES OUR SUPERIOR STAFF AND TECHNOLOGICAL SUPPORT ENABLES US TO DIAGNOSE HEART AND VASCULAR DISEASE AND PERFORM INTERVENTIONAL PROCEDURES ON PATIENTS SUSPECTED OF HEART AND/OR VASCULAR DISEASE THE EMERGENCY PTCA DOOR TO BALLOON TIME IS UNDER SIXTY MINUTES THE SERVICE LINE ALSO INCLUDES CARDIOPULMONARY REHABILITATION WHICH IS A MEDICALLY SUPERVISED PROGRAM OF HEALTH EDUCATION AND PHYSICAL ACTIVITY FOR WOMEN AND MEN OF ANY AGE THEIR MISSION IS TO TREAT THE BODY, MIND, AND SPIRIT OF PEOPLE WITH HEART OR LUNG DISEASE SO THEY MAY LEAD SATISFYING, PRODUCTIVE, AND HEALTHY LIVES THEIR PROFESSIONAL TEAM INCLUDES PHYSICIANS, RESPIRATORY THERAPISTS, REGISTERED NURSES, AND EXERCISE PHYSIOLOGISTS SPECIALLY TRAINED IN EXERCISE THERAPY AND DISEASE MANAGEMENT THE DEPARTMENT ALSO RUNS THE ORNISH REVERSAL PROGRAM, A LIFESTYLE MANAGEMENT PROGRAM TO REVERSE HEART DISEASE NATIONAL RECOGNITION BOTH THE CARDIAC AND PULMONARY REHABILITATION PROGRAM ARE NATIONALLY CERTIFIED BY THE AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION THIS CERTIFICATION PROCESS IS DESIGNED TO REVIEW AND MONITOR ADHERENCE TO THE HIGH STANDARDS AND GUIDELINES DEVELOPED BY THE AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION AND OTHER PROFESSIONAL SOCIETIES TO BEST SERVE THE PATIENTS PROGRAMS INCLUDE - PHASE II CARDIAC REHABILITATION - PHASE II PULMONARY REHABILITATION - PHASE III CARDIOPULMONARY REHABILITATION THE CARDIAC CATHETERIZATION LABORATORY OFFERS STATE-OF-THE-ART TECHNOLOGY TO BRING YOU THE BEST CARDIOVASCULAR CARE IN HUNTERDON COUNTY AND ITS SURROUNDING COUNTIES SUPERIOR STAFF AND TECHNOLOGICAL SUPPORT ENABLE THE DIAGNOSIS OF HEART AND VASCULAR DISEASE THE LABORATORY INTERVENTIONAL PROCEDURES ON PATIENTS SUSPECTED OF HEART OR VASCULAR DISEASE HUNTERDON MEDICAL CENTER HAS BEEN DESIGNATED A PRIMARY STROKE CENTER BY THE NEW JERSEY STATE DEPARTMENT OF HEALTH AND SENIOR SERVICES CANCER CARE ----- HUNTERDON REGIONAL CANCER CENTER IS ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS' COMMISSION ON CANCER AS A COMMUNITY HOSPITAL CANCER PROGRAM THE COMMISSION HAS RECOGNIZED THE CANCER PROGRAM AT HUNTERDON MEDICAL CENTER AS OFFERING HIGH QUALITY CANCER CARE ONLY ONE IN FOUR HOSPITALS THAT TREAT CANCER RECEIVES THIS SPECIAL APPROVAL THE RECOGNITION OF THIS QUALITY AND COMMITMENT ALLOWS THE PATIENT ACCESS TO THE EXPERT MEDICAL SPECIALISTS WHO ARE INVOLVED IN DIAGNOSING AND TREATING CANCER APPROVAL BY THE COMMISSION IS GIVEN ONLY TO THOSE FACILITIES THAT HAVE VOLUNTARILY COMMITTED TO PROVIDE THE BEST IN DIAGNOSIS AND TREATMENT OF CANCER TO MEET THE STANDARDS NECESSARY FOR COMMISSION APPROVAL, EACH CANCER PROGRAM, AND THE ORGANIZATION THAT CONTROLS IT, MUST UNDERGO A RIGOROUS EVALUATION PROCESS AND A REVIEW OF ITS PERFORMANCE IN ORDER TO MAINTAIN APPROVAL, FACILITIES WITH APPROVED CANCER PROGRAMS MUST UNDERGO AN ON-SITE REVIEW EVERY THREE YEARS RECEIVING CARE AT AN APPROVED CANCER PROGRAM ENSURES THAT THE PATIENT WILL RECEIVE</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>- QUALITY CARE CLOSE TO HOME - COMPREHENSIVE CARE OFFERING A RANGE OF STATE-OF-THE ART SERVICES AND EQUIPMENT - A MULTIDISCIPLINARY TEAM APPROACH TO COORDINATE THE BEST TREATMENT OPTIONS AVAILABLE - ACCESS TO CANCER-RELATED INFORMATION, EDUCATION, AND SUPPORT - A CANCER REGISTRY THAT COLLECTS DATA ON TYPE AND STAGE OF CANCERS AND TREATMENT RESULTS, AND OFFERS LIFELONG PATIENT FOLLOW-UP - ONGOING MONITORING AND IMPROVEMENT OF CARE - INFORMATION ABOUT ONGOING CANCER CLINICAL RESEARCH STUDIES AND NEW TREATMENT OPTIONS ORTHOPEDICS ----- THE CENTER FOR BONE AND JOINT HEALTH OFFERS A COMPREHENSIVE APPROACH THAT REVOLVES AROUND HEALTH AND WELLNESS THE CENTER OFFERS PREVENTIVE THERAPIES, NUTRITION COUNSELING AND A FULL SPECTRUM OF NON-INVASIVE TREATMENTS THAT MAY COMPLETELY ELIMINATE THE NEED FOR SURGICAL OPTIONS BUT IF SURGERY IS ULTIMATELY NEEDED, THE CENTER'S WELLNESS APPROACH GETS YOU BACK TO A NORMAL QUALITY OF LIFE WEEKS SOONER THAN WITH TRADITIONAL OPTIONS THE CIRCLE OF CARE REFERS TO THE COORDINATED, COMPREHENSIVE SERVICES THAT THE CENTER FOR BONE AND JOINT HEALTH OFFERS TO PATIENTS THE PROGRAM COORDINATOR CAN GUIDE PATIENTS THROUGH ALL OF THEIR OPTIONS AND HELP COORDINATE THESE SERVICES BEHAVIORAL HEALTH ----- HUNTERDON BEHAVIORAL HEALTH ("HBH") PROVIDES HIGH-QUALITY, COMPREHENSIVE MENTAL HEALTH AND ADDICTION SERVICES HBH DIAGNOSES, TREATS AND CARES FOR ADOLESCENTS AND ADULTS WITH MENTAL ILLNESS, EMOTIONAL DIFFICULTIES OR ADDICTION EXPERT CLINICAL STAFF IS HIGHLY TRAINED IN TREATING INDIVIDUALS IN NEED OF PSYCHIATRIC AND PSYCHOLOGICAL SUPPORT OR ADDICTION TREATMENT HUNTERDON BEHAVIORAL HEALTH OFFERS - EVALUATION, MEDICATION MONITORING AND THERAPY FOR INDIVIDUALS WITH MENTAL HEALTH ISSUES - COUNSELING FOR FAMILIES IN CRISIS TO HELP PROVIDE A STABLE HOME ENVIRONMENT - SUPPORT FOR ADOLESCENTS AND ADULTS STRUGGLING WITH ALCOHOL OR DRUG ADDICTION - EMPLOYEE ASSISTANCE TO WORK WITH EMPLOYERS TO RESOLVE PERSONAL ISSUES HUNTERDON BEHAVIORAL HEALTH PROVIDES TREATMENT FOR CHILDREN, ADOLESCENTS AND ADULTS WHO EXPERIENCE - MENTAL ILLNESS - DRUG OR ALCOHOL ADDICTION - FAMILY CRISES - DIFFICULTIES IN THEIR WORK OR SCHOOL ENVIRONMENT - DEPRESSION - ANXIETY DISORDERS - ATTENTION DISORDERS - SLEEP DISORDERS - EATING DISORDERS - EMOTIONAL AND BEHAVIORAL ISSUES - PEER PRESSURE</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>OBSTETRICS &amp; GYNECOLOGY ----- HUNTERDON HEALTHCARE'S WOMEN'S CIRCLE OF CARE IS A COMPREHENSIVE APPROACH TO WOMEN'S NEEDS WE OFFER RESOURCES RELATED TO A WOMAN'S REPRODUCTIVE, GYNECOLOGICAL AND OVERALL HEALTH, SUPPORT FOR GROWING FAMILIES, PREVENTION AND TREATMENT FOR DISEASES AND CONDITIONS, EMOTIONAL SUPPORT, AND RESOURCES FOR MENOPAUSE AND HEALTHY AGING AS PRIMARY CAREGIVERS, WOMEN OFTEN ASSUME RESPONSIBILITY FOR MAKING HEALTHCARE DECISIONS FOR THEMSELVES AND THEIR FAMILIES HUNTERDON HEALTHCARE OFFERS A FULL RANGE OF HEALTHCARE SERVICES AND EDUCATIONAL PROGRAMS TO SUPPORT WOMEN IN THIS CRITICAL ROLE OUR MATERNITY AND NEWBORN CARE CENTER'S EXPERIENCED STAFF PROVIDES EXPERT CARE FOR MOMS AND BABIES ALIKE WE OFFER TECHNICALLY ADVANCED BIRTHING SUITES THAT ARE PRIVATE, SPACIOUS AND COMFORTABLE OUR EXPERIENCED PHYSICIANS AND NURSES DELIVER NEARLY 900 BABIES ANNUALLY HIGHLIGHTS OF THE HUNTERDON MEDICAL CENTER MATERNITY AND NEWBORN CARE CENTER - 20 PRIVATE PATIENT ROOMS PATIENTS DELIVER IN ONE SUITE AND RECEIVE POST-PARTUM CARE IN ANOTHER SUITE - A LEVEL II SPECIAL CARE NURSERY, AVAILABLE FOR EARLY DELIVERIES, EMERGENCY SITUATIONS, OR FOR NEWBORNS WITH A MEDICAL PROBLEM - A WIDE RANGE OF CHILDBIRTH EDUCATION CLASSES AND ATTENTIVE STAFF WHO WELCOME YOUR QUESTIONS AND CONCERNS - A STAFF OF BOARD CERTIFIED LACTATION CONSULTANTS ARE ON HAND TO TEACH AND ASSIST YOU LEARN HOW TO BREASTFEED YOUR BABY THEY ARE ALSO AVAILABLE PRIOR TO YOUR BABY'S ARRIVAL, AND AFTER YOU GO HOME INSURANCE OFTEN COVERS OUTPATIENT LACTATION VISITS - AFTER-BABY SUPPORT, INCLUDING A COURTESY FOLLOW-UP PHONE CALL TO ALL NEW MOMS AFTER DISCHARGE, AS WELL AS NUMEROUS SUPPORTIVE GROUPS AND ONGOING TELEPHONE SUPPORT PRIMARY CARE -----</p> <p>--- AT THE HEART OF THE PRIMARY CARE SERVICE LINE IS THE PATIENT CENTERED MEDICAL HOME WHICH AIMS TO GIVE THE RIGHT CARE IN THE RIGHT PLACE THE FIRST TIME MEDICAL HOME CERTIFICATION IS GRANTED TO PRACTICES THAT GO THROUGH A VOLUNTARY RECOGNITION PROCESS BY A NON-GOVERNMENTAL ENTITY TO DEMONSTRATE THAT THEY HAVE THE CAPABILITIES TO PROVIDE PATIENT CENTERED SERVICES CONSISTENT WITH THE MEDICAL HOME MODEL THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) HAS GRANTED PATIENT CENTERED MEDICAL HOME CERTIFICATION AT THE HIGHEST LEVEL TO 24 HUNTERDON HEALTHCARE AFFILIATED PHYSICIAN PRACTICES IN A PATIENT CENTERED MEDICAL HOME CERTIFIED PRACTICE, A TEAM HEADED BY THE PATIENT'S PERSONAL PHYSICIAN DELIVERS CARE THE PERSONAL PHYSICIAN TRACKS AND COORDINATES THE PATIENT'S CARE OVER TIME THE PHYSICIAN AND THE PATIENT CREATE A PARTNERSHIP AND MAKE DECISIONS ABOUT HEALTHCARE TOGETHER QUALITY AND SAFETY DRIVE THE DECISIONS, USING GUIDE LINES BASED ON EVIDENCE RATHER THAN TRADITION OF COURSE, THIS MAY MEAN THAT MORE CARE IS NOT ALWAYS BETTER CARE HUNTERDON HEALTHCARE PARTNERS HAS WORKED HARD TO ENSURE THAT EVIDENCE-BASED GUIDELINES ARE USED IN OUR SYSTEM HUNTERDON HEALTHCARE IS COMMITTED TO CARE THAT IS COORDINATED AND INTEGRATE</p>

990 Schedule O, Operational Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>D ACROSS ALL ELEMENTS OF THE COMPLEX HEALTHCARE SYSTEM (SUBSPECIALTY CARE, HOSPITALS, HOME HEALTH AGENCIES, NURSING HOMES) AND THE PATIENT'S COMMUNITY (FAMILY, PUBLIC AND PRIVATE COMMUNITY-BASED SERVICES) HUNTERDON HEALTHCARE'S COLLABORATION GUIDELINE AND AGREEMENT AMONG PRIMARY CARE AND SPECIALTY CARE PHYSICIANS IS INTEGRAL TO THIS, RECOGNIZING THE IMPORTANCE OF TRANSITIONS OF CARE IN THE OUTPATIENT SETTING, THE EMERGENCY DEPARTMENT, AND DURING HOSPITALIZATION HUNTERDON HEALTHCARE'S MEDICAL HOME PRACTICES PROVIDE DISTINCTLY DIFFERENT OPTIONS FOR THEIR PATIENTS TO SUPPORT THEIR PERSONAL HEALTH GOALS WE EMPHASIZE SELF-MANAGEMENT SUPPORT THE PATIENT, WITH SUPPORT FROM A TEAM OF PHYSICIAN, NURSES, SOCIAL WORKERS, CARE MANAGERS, DIETITIANS, PHARMACISTS, PHYSICAL AND OCCUPATIONAL THERAPISTS, AND OTHER HEALTHCARE PROFESSIONALS, BECOMES ENGAGED IN THEIR HEALTHCARE FROM 2013 THROUGH 2016, 12 HUNTERDON HEALTHCARE AFFILIATED PRACTICES PARTICIPATED IN THE NATIONAL COMPREHENSIVE PRIMARY CARE INITIATIVE ("CPCI") INNOVATION PROJECT AS PART OF THIS PROJECT PRACTICES FOCUSED ON RISK STRATIFICATION, CARE MANAGEMENT OF HIGH RISK PATIENTS, EVALUATION AND IMPROVEMENT OF THE PATIENT EXPERIENCE, CARE COORDINATION ACROSS THE MEDICAL NEIGHBORHOOD AND ENHANCED SHARED DECISION MAKING CARE PLANS WERE DEVELOPED AND A NEW INTEGRATED BEHAVIORAL HEALTH PROGRAM WAS INTRODUCED AS PART OF THE CPC INITIATIVE HOME HEALTH SERVICES ----- HOME HEALTH SERVICES IS A NON-PROFIT HOME HEALTH AGENCY CERTIFIED BY THE FEDERAL GOVERNMENT, LICENSED BY THE NEW JERSEY DEPARTMENT OF HEALTH, AND ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS AT HOME HEALTH SERVICES, EACH PATIENT'S PROGRAM IS CAREFULLY GUIDED AND PLANNED SO THAT ALL CARE IS INTEGRATED FOR MAXIMUM BENEFIT THE TEAM INCLUDES - HOME CARE NURSES - PHYSICAL THERAPISTS - OCCUPATIONAL THERAPISTS - SPEECH PATHOLOGISTS - MEDICAL SOCIAL WORKER - HOME HEALTH AIDES PHYSICIAN PATIENT EDUCATOR IN ORDER TO BE ELIGIBLE FOR ADMISSION TO HOME HEALTH SERVICES, PATIENTS - MUST BE HOMEBOUND (UNABLE TO LEAVE HOME WITHOUT ASSISTANCE) - HAVE ONGOING MEDICAL SUPERVISION AND ORDERS FROM A PHYSICIAN - REQUIRE PERIODIC VISITS FROM AT LEAST ONE OF FOUR PRIMARY SERVICES 1 SKILLED NURSING 2 PHYSICAL THERAPY 3 OCCUPATIONAL THERAPY 4 SPEECH LANGUAGE THERAPY IF HOME HEALTH SERVICES ARE NOT INDICATED, A REFERRAL MAY BE MADE TO ANOTHER COMMUNITY AGENCY OR SERVICE THROUGH HUNTERDON REGIONAL COMMUNITY HEALTH (HRCH), A WHOLLY OWNED SUBSIDIARY OF HUNTERDON HEALTHCARE THEY CAN PROVIDE THE FOLLOWING SERVICES TO THE COMMUNITY - HOME HEALTH AIDES - HOME INFUSION - HOSPICE - RESPITE CARE - COMPANION SERVICE - LIFELINE PERSONAL EMERGENCY RESPONSE SERVICE OTHER SERVICES ===== SURGICAL SERVICES ----- HUNTERDON MEDICAL CENTER PROVIDES THE PATIENT ACCESS TO THE MOST ADVANCED TECHNOLOGY, EXPERT SURGEONS AND PERSONALIZED PATIENT CARE IN A COMFORTING ENVIRONMENT SKILLED PROFESSIONALS</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>TAFF WORK AS A TEAM WITH THE PHYSICIAN TO INDIVIDUALIZE PATIENT CARE AND RECOVERY WITH THE GOAL TO IMPROVE BODILY FUNCTION AND RETURN THE PATIENT TO DAILY ACTIVITIES AS SAFELY AND QUICKLY AS POSSIBLE HUNTERDON MEDICAL CENTER'S SURGERY DEPARTMENT PERFORMS SLIGHTLY MORE THAN 5,000 SURGERIES PER YEAR TYPES OF SURGERY INCLUDE, AMONG OTHERS - ABDOMINAL SURGERY - APPENDECTOMY - ARTHROSCOPY - BARIATRIC SURGERY - BREAST SURGERY - CATARACT SURGERY - DILATION &amp; CUTELLAGE (D&amp;C) - GALLBLADDER SURGERY - HERNIA SURGERY - HYSTERECTOMY - LAMINECTOMY - NEUROSURGERY - PLASTIC SURGERY - SPINE SURGERY - TOTAL JOINT REPLACEMENT SURGERY - VASCULAR SURGERY - UROLOGIC SURGERY SLEEP DISORDERS -----</p> <p>---- SLEEP DISORDERS ARE ASSOCIATED WITH A LONG LIST OF MEDICAL PROBLEMS, INCLUDING - HEART ATTACK - STROKE - IRREGULAR HEARTBEAT - HIGH BLOOD PRESSURE - HEART FAILURE - OBESITY - DIABETES THE SLEEP DISORDERS CENTER AT HUNTERDON MEDICAL CENTER TREATS MANY TYPES OF SLEEP DISORDERS, INCLUDING - SLEEP APNEA WHICH IS A MEDICAL DISORDER IN WHICH A PERSON, USUALLY A LOUD SNORER, EXPERIENCES AN OBSTRUCTION IN THE THROAT DURING SLEEP LACK OF SUFFICIENT AIR CAUSES THE INDIVIDUAL TO AWAKEN, USUALLY WITH A COUGH OR A GASP THAT OPENS THE AIRWAY AIRFLOW IS RE-ESTABLISHED AND BREATHING RESUMES DURING THE NEXT EPISODE PEOPLE WITH SLEEP APNEA HAVE TO WAKE UP BRIEFLY TO BREATHE, SOMETIMES HUNDREDS OF TIMES DURING THE NIGHT, ALTHOUGH THERE IS NO MEMORY OF THESE BRIEF AWAKENINGS - PERIODIC LIMB MOVEMENT SYNDROME MAY COEXIST WITH OBSTRUCTIVE SLEEP APNEA MULTIPLE JERKING MOVEMENTS, TYPICALLY OF THE LEGS, AWAKEN THOSE WITH THE DISORDER REPEATEDLY THROUGH THE NIGHT - RESTLESS LEGS SYNDROME IS A CONDITION INVOLVING SENSATIONS IN THE LEGS, AND SOMETIMES ARMS, WHILE THE INDIVIDUAL IS AWAKE THE SENSATIONS USUALLY OCCUR WHEN THE INDIVIDUAL IS LYING DOWN AND THE ONLY RELIEF IS TO MOVE THE LIMBS, KEEPING THE INDIVIDUAL AWAKE - NARCOLEPSY IS A NEUROLOGICAL DISORDER CHARACTERIZED BY EXCESSIVE DAYTIME SLEEPINESS INDIVIDUALS WITH NARCOLEPSY FALL ASLEEP AT INAPPROPRIATE, AND OCCASIONALLY, DANGEROUS TIMES - INSOMNIA REFERS TO A CHRONIC INABILITY TO INITIATE OR SUSTAIN SLEEP, RESULTING IN SLEEP DEPRIVATION AND DAYTIME FATIGUE THERE ARE NUMEROUS CAUSES FOR INSOMNIA, INCLUDING STRESS, ANXIETY, DEPRESSION, CHRONIC ILLNESS, MEDICATIONS, POOR SLEEP HABITS AND CIRCADIAN RHYTHM DISORDERS OCCASIONALLY, A SLEEP STUDY MAY BE PART OF THE EVALUATION, ESPECIALLY IF OBSTRUCTIVE SLEEP APNEA IS CONTRIBUTING HOSPITAL OWNED PHYSICIAN SPECIALTY SERVICES -----</p> <p>----- - ENDOCRINOLOGY - GASTROENTEROLOGY - INFECTIOUS DISEASE - DERMATOLOGY - PSYCHIATRY - PODIATRY - CENTER FOR HEALTH AGING - PULMONARY &amp; CRITICAL CARE - CARDIOLOGY - UROLOGY - BREAST SURGERY - NEONATOLOGY</p>

**990 Schedule O, Other Information**

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>COMMUNITY CARE SERVICES ===== THE HUNTERDON HEALTH AND WELLNESS CENTER - ----- THE HUNTERDON HEALTH AND WELLNESS CENTER HAS TWO PREMIER FITNESS FACILITIES LOCATED IN WHITEHOUSE STATION AND CLINTON, NEW JERSEY IN HUNTERDON COUNTY MEMBERS BENEFIT FROM ACCESS TO HUNTERDON HEALTHCARE STAFF FOR GUIDANCE IN ATTAINING THEIR OPTIMAL HEALTH THE HUNTERDON HEALTH AND WELLNESS CENTERS ALSO HAVE A SMALLER FACILITY IN LAMBERTVILLE ACCESS TO HEALTH EDUCATION STAFF AND WELLNESS CLASSROOMS FOR PROGRAMS WHICH FOCUS ON A VARIETY OF TOPICS DESIGNED TO IMPROVE LIFESTYLE IS ALSO A COMMUNITY BENEFIT BRIGHT TOMORROWS CHILD CARE CENTER ----- THE CENTER PROVIDES CARE AND EARLY CHILDHOOD EDUCATION FOR CHILDREN AGES 6 WEEKS TO 6 YEARS MULTISENSORY DISCIPLINES ARE UTILIZED TO FACILITATE GROWTH IN THE AREAS OF SOCIAL, EMOTIONAL, PHYSICAL AND COGNITIVE DEVELOPMENT PROGRAMMING INCLUDES - AGE APPROPRIATE THEMATIC CURRICULUM - DAILY NUTRITIOUS LUNCH AND SNACKS - DIAPERS AND WIPES FOR INFANTS AND TODDLERS - MONTHLY THEMES, CLASS TRIPS AND SPECIAL GUESTS - ENRICHMENT PROGRAMS - PARENTAL EDUCATION - AN ANNUAL BACK TO SCHOOL NIGHT AND OTHER FAMILY EVENTS A PREVENTATIVE APPROACH TO DISCIPLINE TEACHES POSITIVE BEHAVIORS, RATHER THAN PUNISHING FOR MISBEHAVIORS THE GOAL IS TO PROVIDE CHILDREN WITH MOTIVATION AND AN OPPORTUNITY TO MAKE POSITIVE CHOICES LEARNING SOCIAL SKILLS THROUGH GENTLE ENCOURAGEMENT, THE CHILDREN LEARN TO RESPECT THE NEEDS OF OTHERS, ADAPT TO ROUTINES AND SIMPLE RULES, AND BECOME RESPONSIBLE PARENT AND FAMILY INVOLVEMENT IS AN INTEGRAL PART OF THE PROGRAM AN "OPEN DOOR" POLICY IS MAINTAINED TO ALLOW PARENTS TO VISIT AND OBSERVE THEIR CHILD AT ANY TIME PARENTS ARE ALWAYS WELCOME TO PARTICIPATE IN EDUCATIONAL OPPORTUNITIES AND SPECIAL EVENTS BRIGHT TOMORROWS STRIVES TO MAINTAIN COMPETENT STAFF BY PROVIDING COMPETITIVE WAGES AND ENSURING EACH STAFF MEMBER IS ACTIVELY ENGAGED IN ONGOING PROFESSIONAL DEVELOPMENT ALL STAFF MAINTAIN ADULT AND PEDIATRIC CPR AND FIRST AID CERTIFICATION AND ALL RECEIVE A CHILD ABUSE RECORD OF INCIDENT AND CRIMINAL HISTORY RECORD OF INCIDENT BACKGROUND CHECKS HUNTERDON FAMILY MEDICINE RESIDENCY =====</p> <p>===== THE PRIMARY MISSION OF THE HUNTERDON MEDICAL CENTER FAMILY MEDICINE RESIDENCY PROGRAM IS TO EDUCATE RESIDENTS UTILIZING THE VALUES AND PRECEPTS WHICH ARE FUNDAMENTAL TO THE WAY MEDICINE IS PRACTICED BY FAMILY PHYSICIANS IN HUNTERDON COUNTY, NEW JERSEY, SO THAT THEY THEMSELVES MAY GRADUATE AS FAMILY PHYSICIANS WHO CAN PROVIDE THIS MODEL OF EXEMPLARY PRIMARY CARE TO THEIR PATIENTS, THEIR PATIENTS' FAMILIES AND THE COMMUNITIES WHICH THEY SERVE BECAUSE OF THE RESPECT THAT FAMILY MEDICINE ENJOYS IN HUNTERDON COUNTY, RESIDENTS HAVE A UNIQUE OPPORTUNITY TO SEE HOW EFFECTIVE A FAMILY PHYSICIAN CAN BE EVERY FACET OF HUNTERDON'S INTEGRATED DELIVERY SYSTEM IS UTILIZED TO ENHANCE THE RESIDENT'S UNDERSTANDING OF THE FULL IMPACT OF</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>F FAMILY PRACTICE IN THIS COUNTRY OUR MISSION ALLOWS US TO MOVE TOWARD OUR ULTIMATE VISION IN FAMILY MEDICINE EDUCATION THIS VISION IS TO CREATE A HUMANISTIC AND COMPASSIONATE FORM OF EDUCATION WHICH MODELS COMPLETELY THE HUMANISM AND COMPASSION THAT WE TEACH IN THE DOCTOR-PATIENT RELATIONSHIP OUR COMPETENCY-BASED CURRICULUM IS CENTRAL TO BOTH OUR MISSION AND OUR VISION IT IS RECOGNIZED THAT EVERY RESIDENT HAS UNIQUE EDUCATIONAL STYLES AND NEEDS OUR EDUCATIONAL SYSTEM IS DESIGNED TO CREATE A "CORE" CURRICULUM FOR EVERY RESIDENT AND A UNIQUE EDUCATIONAL EXPERIENCE BASED ON THEIR PASSIONS AND INTERESTS RESIDENTS CAN DEVELOP AN AREA OF CONCENTRATION AND FOCUS DURING THEIR THIRD YEAR WITH A RANGE OF OPPORTUNITIES INCLUDING SPORTS MEDICINE, GLOBAL HEALTH, GERIATRICS, PALLIATIVE CARE, AND OTHERS UNIVERSITY AFFILIATION ----- HUNTERDON MEDICAL CENTER HAS ENJOYED A MAJOR TEACHING AFFILIATION WITH THE ROBERT WOOD JOHNSON MEDICAL SCHOOL SINCE 1972 AND HAS BEEN INVOLVED WITH THE TEACHING OF MEDICAL STUDENTS IN PHYSICAL DIAGNOSIS, OFFICE PRECEPTORSHIPS, THIRD-YEAR CLINICAL ROTATIONS AND FOURTH-YEAR ELECTIVES AND SUB-INTERNSHIPS THIS AFFILIATION ALLOWS EXTENDED LEARNING BEYOND HUNTERDON, INCLUDING A VARIETY OF EXCEPTIONAL PROGRAMS SUCH AS ADVANCED LIFESAVING IN OBSTETRICS, CONFERENCES ON PROFESSIONALISM, CAREER DEVELOPMENT, MEDICAL-LEGAL ISSUES, CONTRACTING AND NEGOTIATIONS, RESEARCH AND OTHER SCHOLARLY ACTIVITIES COMMUNITY SUPPORT AND EDUCATION ===== - ALCOHOLICS ANONYMOUS MEETINGS - ALZHEIMERS SUPPORT GROUP - ARTHRITIS &amp; OSTEOPOROSIS SUPPORT GROUP - BEREAVEMENT SUPPORT GROUP - BRAIN INJURY SUPPORT GROUP - BREASTFEEDING SUPPORT GROUP - CAREGIVER SUPPORT GROUPS - CELIAC DISEASE SUPPORT GROUP - CHILDREN OF DIVORCE - DEPRESSION SUPPORT GROUP - DIABETES SUPPORT GROUP - FAMILY CANCER RISK ASSESSMENT PROGRAM - FAMILY SUPPORT GROUP - MENTAL ILLNESS FAMILY SUPPORT GROUPS - NARCOTICS ANONYMOUS MEETINGS - OVEREATERS ANONYMOUS - "SMART" RECOVERY DISCUSSION GROUP - BABY STEPS, FAMILY SUPPORT GROUP - TODDLER STEPS, FOR FAMILIES OF TODDLERS - ANGER MANAGEMENT GROUP - ANGER MANAGEMENT GROUP FOR ADOLESCENTS - MULTIFAMILY SUPPORT GROUP, ADDICTIONS TREATMENT - NEW BEGINNINGS SUPPORT GROUP FOR POST BARIATRIC SURGERY PATIENTS - BARIATRIC SURGERY SUPPORT GROUP FOR POTENTIAL CLIENTS CONSIDERING BARIATRIC SURGERY - WEIGH TO GO, WEIGHT MANAGEMENT PROGRAM FOR KIDS - MONTHLY HEALTH EDUCATION SERIES AT THE HUNTERDON HEALTH AND WELLNESS CENTERS - LIVING WITH A MEDICAL CONDITION FOR ADOLESCENTS - HOSPICE ART BEREAVEMENT PROGRAM - ADULT BEREAVEMENT PROGRAM THROUGH HUNTERDON HOSPICE</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
CORE FORM, PART III, QUESTION 4D	EXPENSES INCURRED IN PROVIDING VARIOUS OTHER 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 PLEASE REFER TO THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT INCLUDED IN SCHEDULE O

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
CORE FORM, PART VI, SECTION A, QUESTIONS 6 & 7	HUNTERDON HEALTHCARE SYSTEM, INC ("HHS") IS THE SOLE MEMBER OF THIS ORGANIZATION HHS HAS THE RIGHT TO ELECT THE MEMBERS OF THIS ORGANIZATION'S BOARD OF TRUSTEES AND HAS CERTAIN RESERVED POWERS AS DEFINED IN THIS ORGANIZATION'S BYLAWS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
CORE FORM, PART VI, SECTION B, QUESTION 11B	THE ORGANIZATION IS AN AFFILIATE WITHIN HUNTERDON HEALTHCARE SYSTEM, INC ("SYSTEM"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM HUNTERDON HEALTHCARE SYSTEM, INC IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM THE ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY (ITS BOARD OF TRUSTEES) PRIOR TO THE FILING OF THE FEDERAL FORM 990 WITH THE INTERNAL REVENUE SERVICE ("IRS") AND AFTER PRESENTATION AND REVIEW BY HUNTERDON HEALTHCARE SYSTEM, INC 'S AUDIT COMMITTEE AS PART OF THE TAX RETURN PREPARATION PROCESS THE ORGANIZATION 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 ORGANIZATION'S FINANCE PERSONNEL AND INTERNAL WORKING GROUP OF THE ORGANIZATION TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S FINANCE PERSONNEL AND INTERNAL WORKING GROUP FOR THEIR REVIEW THE ORGANIZATION'S FINANCE PERSONNEL AND 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 FINANCE PERSONNEL AND INTERNAL WORKING GROUP FOR FINAL REVIEW AND APPROVAL FOLLOWING THIS REVIEW, THE FINAL FORM 990 WAS PRESENTED TO THE MEMBERS OF HUNTERDON HEALTHCARE SYSTEM, INC 'S AUDIT COMMITTEE FOR REVIEW AND THEREAFTER PROVIDED TO EACH VOTING MEMBER OF THIS ORGANIZATION'S GOVERNING BODY PRIOR TO FILING WITH THE IRS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
CORE FORM, PART VI, SECTION B, QUESTION 12	A CONFLICT OF INTEREST DISCLOSURE STATEMENT IS OBTAINED ANNUALLY FROM ALL TRUSTEES, SENIOR STAFF, AND OTHER KEY EMPLOYEES WHO ARE CURRENTLY SERVING THE ORGANIZATION IT IS THE ORGANIZATION'S POLICY THAT IN THE EVENT OF A CONFLICT THEY DO THE FOLLOWING IF THERE IS A CONFLICT RELEVANT TO A MATTER REQUIRING ACTION BY THE BOARD OF TRUSTEES, THE INTERESTED PERSON SHALL CALL IT TO THE ATTENTION OF THE BOARD OF TRUSTEES, AND THE TRUSTEE CONCERNED SHALL NOT VOTE ON THE MATTER MOREOVER, THE PERSON HAVING A CONFLICT SHALL RETIRE FROM THE ROOM IN WHICH THE BOARD IS MEETING AND SHALL NOT PARTICIPATE IN THE DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION WHEN THERE IS DOUBT AS TO WHETHER A CONFLICT OF INTEREST EXISTS, THE MATTER SHALL BE RESOLVED BY VOTE OF THE BOARD OF TRUSTEES OR A COMMITTEE THEREOF, EXCLUDING FROM THE ROOM AND THE VOTE OF THE PERSON WHOSE SITUATION WILL BE DISCUSSED WHEN A CONFLICT OF INTEREST ARISES FOR ANY STAFF MEMBER EXCEPT THE PRESIDENT, THAT STAFF MEMBER SHALL REPORT IT TO THE PRESIDENT IN WRITING A CONFLICT OF INTEREST RELATING TO THE PRESIDENT SHALL BE REPORTED IN WRITING TO THE CHAIRMAN OF THE BOARD

## 990 Schedule O, Organizational Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 15	<p>THE ORGANIZATION'S BOARD OF TRUSTEES HAS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE") THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND EXECUTIVE VICE PRESIDENT/CHIEF OPERATING OFFICER THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE IN 2018, THE EXECUTIVE COMPENSATION COMMITTEE REPORTED TO THE FULL BOARD FOR RATIFICATION 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, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND EXECUTIVE VICE PRESIDENT/CHIEF OPERATING OFFICER THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING 1 THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT, 2 THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION, AND 3 THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF TRUSTEES EACH OF WHO ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA, SPECIFICALLY THE COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE REVIEWING 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 IN ADDITION, THE COMMITTEE REVIEWS AND APPROVES EXECUTIVE COMPENSATION ADJUSTMENTS BASED ON MARKET SURVEYS DEVELOPED BY INDEPENDENT CONSULTANTS, INDUSTRY AVERAGE COMPARISON, YEARS OF SERVICE AND OTHER EXEMPT ORGANIZATIONS IN THE GEOGRAPHIC AREA AFTER A REVIEW OF THE INDIVIDUAL'S PERFORMANCE FOR THE YEAR AND RELYING ON COMPARABLE INFORMATION AND OTHER OBJECTIVE DATA, THE EXECUTIVE COMMITTEE WILL RECOMMEND AN ADJUSTMENT TO THE INDIVIDUAL'S COMPENSATION ANY DETERMINATIONS ARE DOCUMENTED CONTEMPORANEOUSLY IN THE EXECUTIVE COMMITTEE MINUTES THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 15	R 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 SENIOR MANAGEMENT PERSONNEL, INCLUDING, BUT NOT LIMITED TO, THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND EXECUTIVE VICE PRESIDENT/CHIEF OPERATING OFFICER THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE REVIEWED ANNUALLY BY THE HUNTERDON HEALTH HCARE SYSTEM, INC 'S PRESIDENT/CHIEF EXECUTIVE OFFICER WITH ASSISTANCE FROM THE ORGANIZATION'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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
CORE FORM, PART VI, SECTION C, QUESTION 19	THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND IS AVAILABLE ONLINE AT WWW DACBOND COM THE ORGANIZATION HAS ISSUED TAX-EXEMPT BONDS TO FINANCE VARIOUS CAPITAL IMPROVEMENT PROJECTS, RENOVATIONS AND EQUIPMENT THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
CORE FORM, PART VII AND SCHEDULE J	CORE FORM, PART VII AND SCHEDULE J REFLECT CERTAIN BOARD MEMBERS AND OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM THIS ORGANIZATION PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OF HUNTERDON HEALTHCARE SYSTEM, INC AND AFFILIATES, INCLUDING HUNTERDON MEDICAL CENTER, AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER OF THE BOARD OF TRUSTEES OF THIS ORGANIZATION

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
CORE FORM, PART VII, SECTION A, COLUMN B	THIS ORGANIZATION IS AN AFFILIATE WITHIN THE HUNTERDON HEALTHCARE SYSTEM, INC ("SYSTEM"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM THE SYSTEM INCLUDES BOTH FOR-PROFIT AND NOT FOR-PROFIT ORGANIZATIONS CERTAIN BOARD OF TRUSTEE MEMBERS, OFFICERS AND KEY EMPLOYEES 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 CORE FORM, 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 HUNTERDON HEALTHCARE SYSTEM, INC AND ALL AFFILIATES AND NOT TOTAL HOURS WORKED PER WEEK ON BEHALF OF ONLY HUNTERDON MEDICAL CENTER

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
CORE FORM, PART X, LINES 27-29	IN AUGUST 2016, THE FASB ISSUED ASU NO 2016-14, NOT-FOR-PROFIT ENTITIES (TOPIC 958) PRESENTATION OF FINANCIAL STATEMENTS OF NOT-FOR-PROFIT ENTITIES THE NEW GUIDANCE IS INTENDED TO IMPROVE AND SIMPLIFY THE CURRENT NET ASSET CLASSIFICATION REQUIREMENTS AND INFORMATION PRESENTED IN CONSOLIDATED FINANCIAL STATEMENTS AND NOTES THAT IS USEFUL IN ASSESSING A NOT-FOR-PROFIT'S LIQUIDITY, FINANCIAL PERFORMANCE AND CASH FLOWS THE SYSTEM HAS APPLIED THE CHANGES RETROSPECTIVELY TO ALL PERIODS PRESENTED EXCEPT FOR THE DISCLOSURES RELATED TO LIQUIDITY AND AVAILABILITY OF RESOURCES AND FUNCTIONAL EXPENSES

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
CORE FORM, PART XI, LINE 9	OTHER CHANGES IN FUND BALANCE INCLUDE - PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST, (\$10,979,727), AND - CHANGE IN NET ASSETS WITH DONOR RESTRICTIONS (\$208,107)

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART XII, QUESTION 2	THE ORGANIZATION IS AN AFFILIATE WITHIN HUNTERDON HEALTHCARE SYSTEM, INC ("SYSTEM"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM HUNTERDON HEALTHCARE SYSTEM, INC IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF HUNTERDON HEALTHCARE SYSTEM, INC AND ALL ENTITIES WITHIN THE SYSTEM FOR THE YEARS ENDED DECEMBER 31, 2018 AND DECEMBER 31, 2017, RESPECTIVELY THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS THE INDEPENDENT CPA FIRM ISSUED AN UNMODIFIED OPINION WITH RESPECT TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS IN ADDITION, AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF HUNTERDON MEDICAL CENTER AND AFFILIATES FOR THE YEARS ENDED DECEMBER 31, 2018 AND DECEMBER 31, 2017, RESPECTIVELY THE INDEPENDENT CPA FIRM ISSUED AN UNMODIFIED OPINION WITH RESPECT TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS THE HUNTERDON MEDICAL CENTER'S AUDIT COMMITTEE HAS ASSUMED RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS, WHICH INCLUDES THIS ORGANIZATION, AND THE SELECTION OF AN INDEPENDENT AUDITOR

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
CORE FORM, PART XII, QUESTION 3	THE ORGANIZATION IS AN AFFILIATE WITHIN HUNTERDON HEALTHCARE SYSTEM, INC ("SYSTEM"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM THE SYSTEM ENGAGED AN INDEPENDENT ACCOUNTING FIRM TO PREPARE AND ISSUE A SYSTEM WIDE CONSOLIDATED AUDIT UNDER THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133 AUDIT THIS ORGANIZATION WAS INCLUDED IN THE SYSTEM WIDE A-133 AUDIT

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
HUNTERDON MEDICAL CENTER

**Employer identification number**

22-1537688

**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
<b>(1)</b> hunterdon ambulatory services llc 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822 81-2462115	HEALTHCARE	NJ	304,683	81,348	HMC

**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.

See Additional Data Table

(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

**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	
<b>(1)</b> HUNT IMAGING ASSOC 2100 WESCOTT DR FLEMINGTON, NJ 08822 22-3126699	HEALTHCARE	NJ	NA									
<b>(2)</b> DELVALLEY OFF ASSOC 2100 WESCOTT DR FLEMINGTON, NJ 08822 22-2878037	PROPERTY MGMT	NJ	NA									
<b>(3)</b> HUNT HEALTHCARE LLC 2100 WESCOTT DR FLEMINGTON, NJ 08822 22-3642089	HEALTHCARE	NJ	NA									
<b>(4)</b> HC FOR SURGERY LLC 2100 WESCOTT DR FLEMINGTON, NJ 08822 22-3401213	HEALTHCARE	NJ	NA									
<b>(5)</b> MIDJERSEY HLTH ALLI 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822 81-5198825	HEALTHCARE	NJ	NA									

**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
<b>(1)</b> MIDJERSEY HEALTH CORPORATION 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822 22-2713664	HEALTHCARE	NJ	NA	C CORP					No
<b>(2)</b> HUNTERDON COMMUNITY CARE INC 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822 22-3453281	HEALTHCARE	NJ	NA	C CORP					No
<b>(3)</b> HUNTERDON REGIONAL PHARMACY INC 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822 74-3055633	HEALTHCARE	NJ	NA	C CORP					No

**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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b> Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b> Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b> Yes	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b> Yes	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b> Yes	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b> Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b> Yes	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b> Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b> Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	No

**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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved



**Part VII** **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE R, PART V	HUNTERDON MEDICAL CENTER ROUTINELY PAYS EXPENSES FOR ITS AFFILIATES IN THE ORDINARY COURSE OF BUSINESS THESE RELATED PARTY TRANSACTIONS ARE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND ITS AFFILIATES THESE ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY HEALTHCARE AND WELLNESS SERVICES TO THE COMMUNITIES IN WHICH THEY ARE SITUATED

Schedule Form 9020

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 22-1537688  
**Name:** HUNTERDON MEDICAL CENTER

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2100 WESCOTT DRIVE FLEMINGTON, NJ 08822 22-2537411	HEALTHCARE	NJ	501(C)(3)	509(A)(3)	NA		No
2100 WESCOTT DRIVE FLEMINGTON, NJ 08822 22-2276083	HEALTHCARE	NJ	501(C)(3)	509(A)(1)	HRCH		No
2100 WESCOTT DRIVE FLEMINGTON, NJ 08822 22-1636709	HEALTHCARE	NJ	501(C)(3)	509(A)(1)	HRCH		No
2100 WESCOTT DRIVE FLEMINGTON, NJ 08822 22-2526895	FUNDRAISING	NJ	501(C)(3)	509(A)(1)	HHS		No
2100 WESCOTT DRIVE FLEMINGTON, NJ 08822 22-3453318	HEALTHCARE	NJ	501(C)(3)	509(A)(3)	HHS		No
2100 WESCOTT DRIVE FLEMINGTON, NJ 08822 22-2113056	ADLT DAY CARE	NJ	501(C)(3)	509(A)(2)	HRCH		No
2100 WESCOTT DRIVE FLEMINGTON, NJ 08822 47-4931969	HEALTHCARE	NJ	501(C)(3)	509(A)(3)	HMC	Yes	
2100 WESCOTT DRIVE FLEMINGTON, NJ 08822 47-4913206	HEALTHCARE	NJ	501(C)(3)	509(A)(3)	HMC	Yes	
2100 WESCOTT DRIVE FLEMINGTON, NJ 08822 47-4901532	HEALTHCARE	NJ	501(C)(3)	509(A)(3)	HMC	Yes	

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b> HUNTERDON HEALTHCARE SYSTEM INC	O	4,793,517	cost
<b>(1)</b> HUNTERDON HEALTHCARE SYSTEM INC	D	919,422	COST
<b>(2)</b> HUNTERDON PRIMARY CARE PC	B	4,760,085	COST
<b>(3)</b> HUNTERDON PRIMARY CARE PC	D	2,401,180	COST
<b>(4)</b> HUNTERDON PRIMARY CARE PC	Q	16,076,241	COST
<b>(5)</b> HUNTERDON SPECIALTY CARE PC	B	8,206,397	COST
<b>(6)</b> HUNTERDON SPECIALTY CARE PC	D	982,031	COST
<b>(7)</b> HUNTERDON SPECIALTY CARE PC	Q	10,201,719	COST
<b>(8)</b> HUNTERDON URGENT CARE PC	Q	2,151,738	COST