

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

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

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

D Employer identification number: 22-1537688

E Telephone number: (908) 788-6153

G Gross receipts \$ 337,095,248

F Name and address of principal officer:
 PATRICK J GAVIN MPH MBA
 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

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO RESTORE, PRESERVE & ENHANCE THE HEALTH OF THE COMMUNITY BY PROVIDING A FULL RANGE OF PREVENTIVE, DIAGNOSTIC, HOLISTIC & THERAPEUTIC IP & OP HOSPITAL & COMMUNITY HEALTH SERVICES.				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14		
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	3,108		
	6 Total number of volunteers (estimate if necessary)	6	458		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	496,488		
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	4,391,438	Current Year	4,285,574
	9 Program service revenue (Part VIII, line 2g)		278,027,461		293,953,567
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		10,389,622		8,516,925
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,490,860		1,551,928
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		294,299,381		308,307,994
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		12,966,482	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			173,042,639		148,207,585
16a Professional fundraising fees (Part IX, column (A), line 11e)			0		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0					
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			95,172,965		118,503,878
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		281,182,086		266,711,463	
19 Revenue less expenses. Subtract line 18 from line 12		13,117,295		41,596,531	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	349,598,871	End of Year	428,541,034
	21 Total liabilities (Part X, line 26)		153,702,747		192,503,270
	22 Net assets or fund balances. Subtract line 21 from line 20		195,896,124		236,037,764

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: 2020-11-10

TOM PERCELLO CORPORATE DIRECTOR
 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 EIN: _____
 Firm's address: 200 Jefferson Park Suite 400
 Phone no. (973) 898-9494
 Whippany, NJ 079811070

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:

TO RESTORE, PRESERVE, AND ENHANCE THE HEALTH OF THE COMMUNITY BY PROVIDING A FULL RANGE OF PREVENTIVE, DIAGNOSTIC, HOLISTIC AND THERAPEUTIC INPATIENT AND OUTPATIENT HOSPITAL AND COMMUNITY HEALTH SERVICES. 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 \$	36,286,965	including grants of \$	0	(Revenue \$	33,157,284)
	See Additional Data						

4b	(Code:)	(Expenses \$	30,698,777	including grants of \$	0	(Revenue \$	40,775,974)
	See Additional Data						

4c	(Code:)	(Expenses \$	23,011,366	including grants of \$	0	(Revenue \$	25,437,557)
	See Additional Data						

4d	Other program services (Describe in Schedule O.)	(Expenses \$	140,612,083	including grants of \$	0	(Revenue \$	195,052,808)
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4e	Total program service expenses ▶		230,609,191				
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Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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 (16), 1b (14), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed (NJ)
18 Section 6104 requires an organization to make its 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.
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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d	1,124,341		
	e Government grants (contributions)	1e	3,069,863		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	91,370		
	g Noncash contributions included in lines 1a - 1f:\$	1g			
	h Total. Add lines 1a-1f		4,285,574		

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a NET PATIENT SERVICE REVENUE		541900	278,638,070	278,638,070		
b STATE OF NJ CHARITY SUBSIDY		541900	665,267	665,267		
c HEALTH AND WELLNESS		713940	3,204,694	3,178,262	26,432	
d OTHER HEALTHCARE RELATED REVENUE		541900	11,445,536	11,445,536		
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			293,953,567			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			4,072,176			4,072,176	
	4 Income from investment of tax-exempt bond proceeds			0				
	5 Royalties			0				
	6a Gross rents	6a	(i) Real	815,639				
			(ii) Personal					
		b Less: rental expenses	6b	620,283				
		c Rental income or (loss)	6c	195,356	0			
	d Net rental income or (loss)				195,356			195,356
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	30,407,720	2,204,000			
			(ii) Other					
		b Less: cost or other basis and sales expenses	7b	28,166,971				
		c Gain or (loss)	7c	2,240,749	2,204,000			
	d Net gain or (loss)				4,444,749			4,444,749
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a			0			
			b Less: direct expenses	8b		0		
			c Net income or (loss) from fundraising events				0	
	9a Gross income from gaming activities. See Part IV, line 19	9a			0			
			b Less: direct expenses	9b		0		
			c Net income or (loss) from gaming activities				0	
	10a Gross sales of inventory, less returns and allowances	10a			0			
b Less: cost of goods sold			10b		0			
c Net income or (loss) from sales of inventory						0		
Miscellaneous Revenue		Business Code						
11a CHILD CARE		624410	729,791		470,056		259,735	
b CAFETERIA		722320	598,287				598,287	
c VENDING MACHINE		722320	28,494				28,494	
d All other revenue								
e Total. Add lines 11a-11d				1,356,572				
12 Total revenue. See instructions				308,307,994	293,927,135	496,488	9,598,797	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	5,802,825	5,396,627	406,198	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	115,442,277	107,361,317	8,080,960	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,609,756	5,217,073	392,683	
9 Other employee benefits	10,504,497	9,769,182	735,315	
10 Payroll taxes	10,848,230	10,088,854	759,376	
11 Fees for services (non-employees):				
a Management	721,437	580,757	140,680	
b Legal	112,286	90,390	21,896	
c Accounting	165,996	133,627	32,369	
d Lobbying	93,945	75,626	18,319	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	18,633,246	14,999,762	3,633,484	0
12 Advertising and promotion	1,620,519	1,304,518	316,001	
13 Office expenses	3,090,892	2,488,168	602,724	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	3,952,347	3,181,639	770,708	
17 Travel	26,527	21,354	5,173	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	337,177	271,427	65,750	
20 Interest	2,660,727	2,660,727		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	20,046,332	11,583,946	8,462,386	
23 Insurance	3,437,266	2,766,999	670,267	
24 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.)				
a MEDICAL SUPPLIES	32,747,753	26,361,942	6,385,811	0
b MAINTENANCE/SERVICE CONTRACT	17,568,243	14,142,436	3,425,807	0
c PHYSICIAN FEES	7,256,539	7,256,539	0	0
d OTHER EXPENSES	6,032,646	4,856,281	1,176,365	0
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	266,711,463	230,609,191	36,102,272	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	10,232	1	10,282
	2 Savings and temporary cash investments	17,711,904	2	35,015,692
	3 Pledges and grants receivable, net	600,607	3	944,166
	4 Accounts receivable, net	30,409,051	4	35,919,404
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	1,451,906	8	3,478,184
	9 Prepaid expenses and deferred charges	3,924,549	9	6,158,873
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	415,820,559		
	b Less: accumulated depreciation	263,809,167		
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	117,641,707	13	120,965,663
	14 Intangible assets	4,850,040	14	4,937,040
	15 Other assets. See Part IV, line 11	17,194,975	15	69,100,338
16 Total assets. Add lines 1 through 15 (must equal line 34)	349,598,871	16	428,541,034	
Liabilities	17 Accounts payable and accrued expenses	30,521,033	17	39,681,600
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	66,143,190	20	63,094,367
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	2,377,983	23	20,980,130
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	54,660,541	25	68,747,173
	26 Total liabilities. Add lines 17 through 25	153,702,747	26	192,503,270
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	166,539,636	27	207,374,514
	28 Net assets with donor restrictions	29,356,488	28	28,663,250
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	195,896,124	32	236,037,764	
33 Total liabilities and net assets/fund balances	349,598,871	33	428,541,034	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	308,307,994
2	Total expenses (must equal Part IX, column (A), line 25)	2	266,711,463
3	Revenue less expenses. Subtract line 2 from line 1	3	41,596,531
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	195,896,124
5	Net unrealized gains (losses) on investments	5	6,395,529
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-7,850,420
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	236,037,764

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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:</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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:</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</p>	2c	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a	Yes	
<p>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.</p>	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 22-1537688

Name: HUNTERDON MEDICAL CENTER

Form 990 (2019)

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.

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.

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.

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			
PATRICK J GAVIN MPH TRUSTEE - PRES/CEO(EFF 1/3/19)	50.0 0.0	X		X				842,360	0	77,808
LAWRENCE N GRAND EXECUTIVE VP/COO	50.0 0.0			X				460,436	0	79,363
NEIL HUDES SVP, OPERATIONS	50.0 0.0				X			430,425	0	68,464
ROBERT G COATES MD VPMA	50.0 0.0				X			422,361	0	68,043
VIOLET T KOCSIS CHIEF HUMAN RESOURCES OFFICER	50.0 0.0				X			384,856	0	73,763
PATRICIA STEINGALL RN VP, PATIENT CARE	50.0 0.0				X			393,169	0	64,876
DAVID D SKILLINGE M VP, MEDICAL PRACTICES	50.0 0.0					X		367,516	0	66,998
GEORGE ROKSVAAG MD CHIEF MEDICAL OFFICER	50.0 0.0				X			407,938	0	20,428
DANIEL MORREALE CHIEF INFORMATION OFFICER	50.0 0.0				X			359,487	0	52,123
LAN CAO MD PHYSICIAN	50.0 0.0					X		331,639	0	33,265

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			
DEVI SURAPANANI MD PHYSICIAN	50.0 0.0					X		349,502	0	13,618
WAYNE G FELLMETH MD CHIEF MEDICAL INFO OFFICER	50.0 0.0				X			310,715	0	41,555
CHRISTAL KOZLOSKI VP, MARKETING (TERMED 8/28/19)	50.0 0.0				X			310,917	0	32,647
RICHARD J WEBB CHIEF LEGAL OFF. (TERM 6/8/19)	50.0 0.0				X			323,281	0	15,615
DONALD R PINNER VP, COO-HRCH(RETIRED 11/23/19)	50.0 0.0					X		314,504	0	24,343
ANZA SALEEM MD PHYSICIAN	50.0 0.0					X		318,388	0	10,034
STEPHEN RUSINKO TREAS/INTRM CFO(TERMED 9/7/19)	50.0 0.0			X				270,098	0	15,120
THOMAS PERCELLO DIR CORP FIN/INT CFO(EFF 9/19)	50.0 0.0			X				170,610	0	10,083
ROBERT J CODY MD TRUSTEE-INTRM PRES/CEO(1/3/19)	50.0 0.0	X		X				96,283	0	0
CASEY KOLLER CHAIRMAN - TRUSTEE	1.0 0.0	X		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			
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
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
BARRY GOODMAN ESQ TRUSTEE	1.0 0.0	X						0	0	0
H JAMES GRIFFITH 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 M 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			
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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2019. 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 ▶ <input type="checkbox"/>		
b 33 1/3% support test—2018. 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 ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. 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 ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
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? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	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? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	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
1	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>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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 for instructions and the latest information.

OMB No. 1545-0047
2019
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
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		93,945
j	Total. Add lines 1c through 1i			93,945
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART II-B; LINE 11	THE ORGANIZATION IS A MEMBER OF THE NEW JERSEY HOSPITAL ASSOCIATION WHICH ENGAGES IN LOBBYING EFFORTS ON BEHALF OF ITS MEMBER HOSPITALS. A PORTION OF THE DUES PAID TO THIS ORGANIZATION HAS BEEN ALLOCATED TO LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE ORGANIZATION. THIS ALLOCATION AMOUNTED TO \$9,711 DURING THE YEAR ENDED DECEMBER 31, 2019. A PERCENTAGE OF THE 2019 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 \$84,234 IN 2019.

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

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: 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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor information.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for held at the end of the year (2a-2d), and questions about monitoring and expenses.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

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:
- c** Beginning balance
 - d** Additions during the year
 - e** Distributions during the year
 - f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	22,463,213	23,357,000	19,274,100	19,983,713	20,189,578
b Contributions					
c Net investment earnings, gains, and losses	2,287,291	-893,787	4,082,900	900,244	-178,492
d Grants or scholarships					
e Other expenditures for facilities and programs				1,609,857	27,373
f Administrative expenses					
g End of year balance	24,750,504	22,463,213	23,357,000	19,274,100	19,983,713

- 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 ▶ 98.700 %
 - c** Temporarily restricted endowment ▶ 1.300 %
- 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:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		No
3a(ii)		No
3b		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,796,849		6,796,849
b Buildings		160,657,172	67,299,518	93,357,654
c Leasehold improvements		9,094,937	4,079,521	5,015,416
d Equipment		227,637,800	186,386,579	41,251,221
e Other		11,633,801	6,043,549	5,590,252
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				152,011,392

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) SHORT-TERM INVESTMENTS	38,308,814	F
(2) ASSETS WHOSE USE IS LIMITED	1,021,027	F
(3) BOARD DESIGNATED FUNDS	51,350,032	F
(4) DONOR RESTRICTED ASSETS	16,539,909	F
(5) BENEFICIAL INTEREST IN TRUSTS	2,424,482	F
(6) REAL ESTATE HELD INVESTMENT	213,099	F
(7) BEN INT IN HH FOUNDATION	11,108,300	F
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶	120,965,663	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	34,662,356
(2) OTHER RECEIVABLES	2,250,685
(3) RIGHT-OF-USE ASSETS	15,641,516
(4) OTHER ASSETS	16,545,781
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	69,100,338

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
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	68,747,173

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.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

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

Part XIII Supplemental Information

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

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, 2019 AND DECEMBER 31, 2018; 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, 2019 AND DECEMBER 31, 2018; 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 2019 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 2019 or 2018.</p>

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 HUNTERDON MEDICAL CENTER

Hospitals

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

Employer identification number
 22-1537688

OMB No. 1545-0047
2019
Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			6,000,100	324,268	5,675,832	2.130 %
b Medicaid (from Worksheet 3, column a)			32,515,783	22,543,477	9,972,306	3.740 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			38,515,883	22,867,745	15,648,138	5.870 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			3,245,140	0	3,245,140	1.220 %
f Health professions education (from Worksheet 5)			3,737,919	2,098,922	1,638,997	0.610 %
g Subsidized health services (from Worksheet 6)			14,377,550	3,839,586	10,537,964	3.950 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			21,360,609	5,938,508	15,422,101	5.780 %
k Total. Add lines 7d and 7j			59,876,492	28,806,253	31,070,239	11.650 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	1		491,677	60,192	431,485	0.160 %
2 Economic development						
3 Community support						
4 Environmental improvements	1		142,924	0	142,924	0.050 %
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total	2		634,601	60,192	574,409	0.210 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2		9,363,203
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		936,320
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	61,544,843
6 Enter Medicare allowable costs of care relating to payments on line 5	6	67,517,679
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-5,972,836
8 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

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

Part IV Management Companies and Joint Ventures

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

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

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

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

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
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	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	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	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>www.hunterdonhealthcare.org</u>		
b	<input checked="" type="checkbox"/> Other website (list url): <u>see schedule h, part v, section c</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>www.hunterdonhealthcare.org</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	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:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a	<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	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.hunterdonhealthcare.org</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.hunterdonhealthcare.org</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.hunterdonhealthcare.org</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<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
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why: a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	21	Yes
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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
23		No
24		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? 50

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 2019 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
<p>SCHEDULE H, PART III, SECTION A; QUESTIONS 2,3 AND 4</p>	<p>BAD DEBT EXPENSE WAS CALCULATED USING THE PROVIDERS' BAD DEBT EXPENSE FROM ITS INTERNAL FINANCIAL STATEMENTS. 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 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. 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 \$4,616,546 AND \$3,485,961 IN 2019 AND 2018, 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 \$317,892 AND \$318,836 IN 2019 AND 2018, RESPECTIVELY, AND ARE INCLUDED IN OTHER REVENUE IN THE ACCOMPANYING CONSOLIDATED STATEMENT OF OPERATIONS.</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, SECTION B; QUESTION 8</p>	<p>MEDICARE COSTS WERE DERIVED FROM THE 2019 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 HOSPITAL 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 MEDICARE SPENDING IS FOR BENEFICIARIES WHOSE INCOME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL. MANY OF THOSE MEDICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID -- SO CALLED 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 in particular. This data was reported in the 2019 CHNA and CHIP and is published on our hospital website. The 2019 CHNA identified five priority health needs to be addressed by Hunterdon Healthcare System in the 2020-2022 CHIP: healthy weight, substance misuse, mental health, economic well-being and age related issues.</p>

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Form and Line Reference	Explanation
SCHEDULE H, PART VI; QUESTION 3	<p>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.</p>

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.

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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 2016 Community Health Needs Assessment process have been addressed in 2019 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 R 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 A ND 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 DEDICATE D, HIGHLY SKILLED TEAM STRIVES TO IMPROVE QUALITY OF LIFE WHILE PROVIDING COMFORT, PRESERV ING DIGNITY, AND HONORING THE UNIQUE WISHES OF EACH PATIENT AND FAMILY. VISITING HEALTH & SUPPORTIVE SERVICES VISITING HEALTH & SUPPORTIVE SERVICES IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AN D AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(1). THE ORGANIZATIO N SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF HUNTERDON MEDICAL CENTER; A R ELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NE CCESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS O F 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 SERVIC E AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATIO N 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 SPECIA LTY CARE, P.C. HUNTERDON SPECIALTY CARE, P.C. IS AN ORGANIZATION RECOGNIZED BY THE INTERNA L REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-P RIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3). THE ORGANIZATION SUPPORTS H UNTERDON 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-DISCRI MINATING 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 T HE 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 OR GANIZATION WHICH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATING MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILTY TO PAY. FOR PROFIT HUNTERDON HEALTHCARE SYSTEM ENTITIES HUNTERDON IMAGING ASSOCIATES, LL C A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTH CARE SYSTEM. HUNT ERDON HEALTHCARE PARTNERS, LLC A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TA X PURPOSES. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND CO ST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTH CARE SYSTEM. HUNTERDON CENTER FOR SURGERY LLC A LIMITED LIABILITY COMPANY TREA TED AS A PARTNERSHIP FOR TAX PURPOSES. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WH ICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTH CARE SYSTEM. MIDJERSEY HEALTH ALLIANCE, LLC A LIMIT ED LIABILITY COMPANY TREATED AS A PARTNE</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**

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		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 2019 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 & EDUCATION - COUNTY DIVISION OF SENIOR, DISABILITIES & VETERANS SERVICES - COUNTY MEDICAL RESERVE CORPS - DELAWARE VALLEY FAMILY HEALTH CENTER - DELAWARE VALLEY REGIONAL HIGH SCHOOL - 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 - HABITAT FOR HUMANITY - HCMAP - HP PARTIAL CARE - HEALTH VILLAGE RETIREMENT COMMUNITY - 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 & 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 - NORTH HUNTERDON REGIONAL HIGH SCHOOL - NORWESCAP - ONE VOICE - PHILLIPS BARBER FAMILY HEALTH CENTER - PHYSICAL THERAPY AT ST. LUKE'S (CLINTON) - POLYTECH VOCATIONAL SCHOOL DISTRICT - PREVENTION RESOURCES - RARITAN VALLEY COMMUNITY COLLEGE - READINGTON TOWNSHIP BOARD OF HEALTH - RIGHT AT HOME - ROLLING HILLS CARE CENTER - RUTGERS COOPERATIVE EXTENSION SERVICES - SAFE COMMUNITIES COALITION OF HUNTERDON AND SOMERSET COUNTY</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	- SAFE IN HUNTERDON - SALVATION ARMY OF HUNTERDON COUNTY - SHOPRITE OF HUNTERDON COUNTY - TEMPLO INTERNACIONAL DE RESTAURACION - TOWN OF CLINTON - UNITED WAY OF HUNTERDON COUNTY - VALLEY CREST FARM - ZUFALL HEALTH IN ADDITION, OUR CLINICAL LIAISON, A BS, BSN PREPARED REGISTERED NURSE WHO HAS WORKED IN COMMUNITY HEALTH IMPROVEMENT FOR OVER 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: https://www.hunterdonhealthcare.org/wp-content/uploads/2020/03/Final-2019-CHNA-3.23.20.pdf 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. HTTP://PARTNERSHIPFORHEALTH.HUNTERDONHEALTHCARE.ORG

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 A COMMUNITY HEALTH IMPLEMENTATION PLAN (CHIP) TO ADDRESS THESE PRIORITY HEALTH NEED AREAS. THE CHNA INFORMS THE FACILITY'S STRATEGIC PLANNING WHICH INCORPORATES ELEMENTS FROM THE CHIP IN ITS STRATEGIES TO MEET ITS GOAL OF IMPROVED COMMUNITY HEALTH. THE CHIP 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: https://www.hunterdonhealthcare.org/wp-content/uploads/2020/01/Final-2019-CHIP.pdf

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: 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 2019 - 61.99%. 2. PERCENTAGE OF ADULTS AGES 18 AND OVER IN OUR PRIMARY CARE PRACTICES WITH A BMI IN HEALTHY WEIGHT RANGE. 2016 - 35.97% AND 2019 - 36.45%. ACCORDING TO THE CENTERS FOR DISEASE CONTROL IN 2017-2018 THE PREVALENCE OF OBESITY INCREASED FROM 30.5% TO 42.4% AND THE PREVALENCE OF SEVERE OBESITY INCREASED FROM 4.7% TO 9.2%. 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 SOMEONES 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 36.45% IN 2019. INITIATIVES IN OUR PHYSICIAN PRACTICES AND IN OUR COMMUNITY PARTNERSHIPS WILL WORK TO CONTINUE THIS TREND. IN 2019 OUR HUNTERDON HEALTHCARE POPULATION HEALTH TEAM CONTINUED TO STRESS THE IMPORTANCE OF EACH PATIENT BEING SCREENED FOR UNHEALTHY WEIGHT. OUR PHYSICIAN PRACTICES RECEIVE MONTHLY QUALITY METRIC REPORTS THAT SHOW HOW THEY ARE PERFORMING FOR CAPTURING BMI AND PROVIDING A PLAN TO THOSE WHO ARE OUTSIDE OF THE CDC RECOMMENDED HEALTHY WEIGHT RANGES. 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 2019, OUR NUMBERS DIPPED SLIGHTLY TO 61.99%. THE DATA INDICATES THAT PATIENTS IN THIS AGE COHO</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>RT MAY NOT CONSISTENTLY SEEK AN ANNUAL WELLNESS EXAM OR HAVE AN OFFICE VISIT WHERE THEIR B MI IS MEASURED AT LEAST ONCE ANNUALLY. WE CONTINUE TO WORK WITH OUR PHYSICIAN PRACTICES TO IMPROVE THIS METRIC. THE CENTER FOR NUTRITION AND DIABETES MANAGEMENT, PART OF THE HUNTER DON 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 2019, 702 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 80% EITHER LOST WEIGHT (61%) OR MAINTAINED WEIGHT (19%) POST EDUCATION. THE CENTER FOR NUTRITION AND DIABETES ALSO PROVIDES NUTRITION EDUCATION FOR PATIENTS WITH A DIAGNOSIS OF PRE-DIABETES. IN 2019, 57 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 2019, 107 ADULTS WORKED WITH A REGISTERED DIETITIAN ONE ON ONE FOR WEIGHT MANAGEMENT AND AN ADDITIONAL 29 ADULTS PARTICIPATED IN LIVING THE LOWER CARB LIFE OR LOSING WEIGHT THE MEDITERRANEAN WAY, OUR GROUP WEIGHT MANAGEMENT PROGRAMS. IN ADDITION, 19 CHILDREN RECEIVED NUTRITION COUNSELING FOR PEDIATRIC WEIGHT MANAGEMENT WITH A REGISTERED DIETITIAN. BARRIERS TO INCREASING USAGE OF OUR DIABETES AND NUTRITION EXPERTS CONTINUE TO INCLUDE ISSUES WITH INSURANCE COVERAGE INCLUDING NO COVERAGE FROM THE 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 2020, WE WILL CONTINUE TO BE INVOLVED IN THE PARTNERSHIP FOR HEALTHY INITIATIVES FOR REDUCING OBESITY IN HUNTERDON COUNTY AS PART OF THE HEALTHY LIFESTYLE ACTION TEAM, THE SCHOOL WELLNESS COMMITTEE AND THE HEALTHY HUNTERDON WORKFORCE INITIATIVE. THE HUNTERDON HEALTHCARE SYSTEM SUPPORTS THE PARTNERSHIP FOR HEALTH (PFH), A COUNTY-WIDE HEALTH COALITION OF OVER 70 MULTI-SECTOR ORGANIZATIONS INCLUDING: SCHOOLS, PUBLIC HEALTH, 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 2019 AS WELL. THE HEALTHY LIFESTYLE ACTION TEAM CONTINUES TO FOCUS ON INITIATIVES THAT ATTEMPT TO DRIVE OUR RESIDENTS TO MAKE HEALTHY LIFESTYLE CHOICES. OUR "FAMILY MEALS" CAMPAIGN PROMOTES THE MANY BENEFITS OF SITTING DOWN TO A HEALTHY MEAL WITH</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>OUR LOVED ONES. ACCORDING TO THE FAMILY MEAL PROJECT BY HARVARD UNIVERSITY, REGULAR FAMILY MEALS CAN LEAD TO THE KINDS OF BEHAVIORS THAT PARENTS WANT FOR THEIR CHILDREN: HIGHER GRADE-POINT AVERAGES, RESILIENCE, AND SELF-ESTEEM. ADDITIONALLY, FAMILY MEALS ARE LINKED TO LOWER RATES OF SUBSTANCE MISUSE, TEEN PREGNANCY, EATING DISORDERS, AND DEPRESSION. WE CONTINUE TO GROW OUR "HEALTHY HUNTERDON WORKFORCE INITIATIVE", 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 THAT DO NOT HAVE THE CAPACITY TO PROVIDE THEIR OWN EMPLOYEE WELLNESS PROGRAMS. OUR ORGANIZATION UNDERSTANDS THE VALUE OF A HEALTHY WORK FORCE 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 CONTINUED TO FOCUS ON STRESS AS A SIGNIFICANT FACTOR IMPACTING EMOTIONAL WELLNESS. 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. IN JANUARY, THE TEAM COORDINATED WITH THE SOCIAL MEDIA WORK GROUP FROM HUNTERDON HEALTHCARE PARTNERS TO SELECT POSTS ABOUT MINDFUL EATING WHICH WERE POSTED ON THE HOSPITAL SYSTEM AND PARTNERSHIP FOR HEALTH FACEBOOK PAGES. THE MENTAL HEALTH GROUP 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. IN 2019 WE SAW PROGRESS AS THE DELAWARE TOWNSHIP SCHOOL DISTRICT USED ITS SEED FUNDING TO IMPLEMENT THE YOGA CALM FOR CHILDREN PROGRAM IN THE 2019-2020 SCHOOL YEAR. THIS PROGRAM ALSO INCLUDED TRAINING FOR PARENTS WHICH WAS WELL RECEIVED. TRAINING FOR TEACHERS, STUDENTS AND PARENTS WAS COMPLETED IN 2019. THE TEAM CONTINUED TO WORK ON COMMUNICATION PROJECTS. TRAINING ON THE STAR REGISTRY PROGRAM WAS FACILITATED BY TEAM MEMBERS. THIS PROGRAM PROVIDES A SECURE ENVIRONMENT FOR PARENTS/LEGAL GUARDIANS TO SHARE INFORMATION WITH EMERGENCY RESPONDERS ABOUT INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES, AUTISM SPECTRUM DISORDER AND OTHER CONDITIONS. EDUCATION ON THIS REGISTRY WAS PROVIDED TO CARE COORDINATORS AND MEDICAL STAFF IN 2019. OTHER COMMUNICATION PROJECTS ALSO MOVED FORWARD. MONTHLY STRESS REDUCTION TIPS WERE PROVIDED AND PUBLISHED IN THE CLINTON TOWNSHIP NEWSLETTER AND ARE ALSO SHARED ON THE PARTNERSHIP FOR HEALTH'S FACEBOOK PAGE AND THE HUNTERDON HEALTHCARE SYSTEM FACEBOOK PAGE. TEAM MEMBERS DESIGNED TWO STRESS REDUCTION HAND-OUTS WHICH WERE DISTRIBUTED AT THE FLEMINGTON COMMUNITY HEALTH FAIR AND AT THE HUNTERDON COUNTY COMMUNITY DAY. ON JUNE 11TH, TWO TEAM MEMBERS WERE GUESTS ON THE STEPPING STONES RADIO SHOW ON WDVH DEVOTED TO STRESS AND HEALTH. THE TEAM EXPANDED ITS SCHOOLS PROJECT TO TARGET MIDDLE AND HIGH SCHOOL AGED INDIVIDUALS. PLANNING WAS</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: HTTP://WWW.HUNTERDONHEALTHCARE.ORG/FINANCIAL-ASSISTANCE-POLICY/

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
1 HUNTERDON FAMILY MEDICINE AT RIVERFIELD 1738 ROUTE 31 NORTH SUITE 203 CLINTON, NJ 08809	FAMILY PRACTICE PHYSICIAN
1 HUNTERDON FAMILY PRACTICE & OBSTETRICS 1100 WESCOTT DRIVE SUITE 101 FLEMINGTON, NJ 08822	FAMILY PRACTICE PHYSICIAN
2 HUNTERDON INTERNAL MEDICINE ASSOCIATES 6 SAND HILL ROAD SUITE 201 FLEMINGTON, NJ 08822	INTERNAL MEDICINE
3 HUNTERDON PEDIATRIC ASSOCIATES 1738 ROUTE 31 NORTH SUITE 201 CLINTON, NJ 08809	PEDIATRICS
4 HUNTERDON FAMILY MEDICINE AT CORNERSTONE 9100 WESCOTT DRIVE SUITE 103 FLEMINGTON, NJ 08822	FAMILY PRACTICE
5 HUNTERDON PEDIATRIC ASSOCIATES 6 CLUBHOUSE DRIVE SUITE 202 WASHINGTON, NJ 07882	PEDIATRICS
6 HUNTERDON ADULT HOSPITALIST SERVICES 2100 WESTCOTT DRIVE FLEMINGTON, NJ 08822	PHYSICIAN OFFICE
7 HUNTERDON UROLOGICAL ASSOCIATES 1 WESCOTT DRIVE SUITE 101 FLEMINGTON, NJ 08822	UROLOGIST
8 HUNTERDON URGENT CARE 63 CHURCH STREET FLEMINGTON, NJ 08822	URGENT CARE CENTER
9 HUNTERDON FAMILY MEDICINE PHILIPS-BARBER 72 ALEXANDER AVENUE LAMBERTVILLE, NJ 08530	FAMILY PRACTICE
10 HUNTERDON FAMILY MEDICINE AT DEL VALLEY 200 FRENCHTOWN ROAD MILFORD, NJ 08848	FAMILY HEALTH CENTER
11 CENTER FOR ADVANCED WEIGHT LOSS (CAWL) 1738 ROUTE 31 N SUITE 214 CLINTON, NJ 08809	WEIGHT LOSS
12 ADVANCED GASTROENTEROLOGY & NUTRITION 1100 WESCOTT DRIVE SUITE 304 FLEMINGTON, NJ 08822	GASTROENTEROLOGIST
13 HAWK POINTE 6 CLUBHOUSE DRIVE SUITE 102 WASHINGTON, NJ 07882	PHYSICAL THERAPY
14 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)
16 BRIDGEWATER HEALTH CAMPUS 1121 ROUTE 22 W SUITE 202 BRIDGEWATER, NJ 08807	MICU, EMS
1 HUNTERDON F & S MEDICINE HOPEWELL VALLEY 84 route 31 suite 103 PENNINGTON, NJ 08534	FAMILY PRACTICE
2 HUNTERDON BREAST SURGERY CENTER 121 ROUTE 31 SUITE 1200 FLEMINGTON, NJ 08822	BREAST SURGERY PRACTICE
3 HUNTERDON PEDIATRICS ASSOCIATES 8 READING ROAD FLEMINGTON, NJ 08822	PEDIATRICS
4 HUNTERDON FAMILY MEDICINE AT HIGHLANDS 61 FRONTAGE ROAD HAMPTON, NJ 08827	FAMILY HEALTH CENTER
5 CENTER FOR ENDOCRINE HEALTH 1738 ROUTE 31 N SUITE 108 CLINTON, NJ 08809	ENDOCRINOLOGIST
6 DIABETES & ENDOCRINE ASSOCIATES 9100 WESCOTT DRIVE SUITE 101 FLEMINGTON, NJ 08822	ENDOCRINOLOGIST
7 BRIDGEWATER HEALTH CAMPUS 1121 ROUTE 22 WEST SUITE 204 BRIDGEWATER, NJ 08807	PHYSICIAN OFFICE
8 BRIDGEWATER HEALTH CAMPUS 1121 ROUTE 22 WEST SUITE 205 BRIDGEWATER, NJ 08807	PHYSICIAN OFFICE
9 HUNTERDON FAMILY MEDICINE AT BRIDGEWATER 250 STATE ROUTE 28 SUITE 100 BRIDGEWATER, NJ 08807	FAMILY PRACTICE
10 HUNTERDON URGENT CARE 45 ROUTE 206 SOUTH SUITE F RARITAN, NJ 08869	URGENT CARE CENTER
11 HUNTERDON MEDICAL ASSOC AT WHITEHOUSE 537 US HWY 22 EAST THIRD FLOOR WHITEHOUSE STATION, NJ 08889	FAMILY PRACTICE
12 HUNTERDON FAMILY PRACTICE AT HICKORY RUN 384 COUNTY ROAD SUITE 513 CALIFON, NJ 07830	FAMILY PRACTICE
13 HUNTERDON PEDIATRIC ASSOCIATES 286 ROUTE 206 HILLSBOROUGH, NJ 08844	PEDIATRICS
14 HUNTERDON CENTER FOR DERMATOLOGY 63 CHURCH STREET FLEMINGTON, NJ 08822	DERMATOLOGIST

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)
31 HUNTERDON INFECTIOUS DISEASE SPECIALISTS 121 HIGHWAY 31 SOUTH SUITE 300 FLEMINGTON, NJ 08822	INFECTIOUS DISEASE PHYSICIAN
1 HUNTERDON PODIATRIC MEDICINE 1100 WESCOTT DRIVE SUITE 303 FLEMINGTON, NJ 08822	PODIATRIST
2 HAWK POINTE HEALTH CAMPUS 6 CLUBHOUSE DRIVE SUITE 204 WASHINGTON, NJ 07882	PHYSICIAN OFFICE
3 BRIDGEWATER HEALTH CAMPUS 1121 ROUTE 22 W SUITE 206 BRIDGEWATER, NJ 08807	PHYSICIAN OFFICE
4 HUNTERDON PLASTIC SURGERY 63 CHURCH STREET FLEMINGTON, NJ 08822	PLASTIC SURGEON
5 HUNTERDON PULMONARY & CRITICAL CARE 6 SAND HILL ROAD SUITE 202 FLEMINGTON, NJ 08822	PULMONOLOGIST
6 HUNTERDON UROLOGICAL ASSOCIATES 1121 ROUTE 22 W SUITE 202 BRIDGETWATER, NJ 08807	UROLOGIST
7 CENTER FOR HEALTH AGING 121 ROUTE 31 SUITE 1000 FLEMINGTON, NJ 08822	INTERNAL MEDICINE
8 HUNTERDON PALLIATIVE CARE 121 ROUTE 31 SUITE 1000 FLEMINGTON, NJ 08822	PAIN MANAGEMENT PHYSICIAN
9 HUNTERDON FAMILY MEDICINE AT BRIDGEWATER 1251 US HIGHWAY 22 BRIDGEWATER, NJ 08807	FAMILY PRACTICE
10 HUNTERDON PEDIATRICS ASSOCIATES 6 SAND HILL ROAD SUITE 102 FLEMINGTON, NJ 08822	PEDIATRICS
11 CENTER FOR NUTRITION AND DIABETES 9100 WESCOTT DRIVE SUITE 102 FLEMINGTON, NJ 08822	MANAGEMENT
12 HUNTERDON FAMILY MEDICINE AT RIVERFIELD 6 CLUBHOUSE DRIVE SUITE 102 WASHINGTON, NJ 07882	FAMILY PRACTICE PHYSICIAN
13 HUNTERDON PEDIATRICS HAWK POINTE 6 CLUBHOUSE DRIVE SUITE 202 WASHINGTON, NJ 07882	PEDIATRICS
14 ADVANCED GASTROENTEROLOGY & NUTRITION 1738 ROUTE 31N SUITE 108 CLINTON, NJ 088092014	GASTROENTEROLOGIST

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)
46 ADVANCED GASTROENTEROLOGY & NUTRITION 1121 ROUTE 22 WEST SUITE 202 BRIDGEWATER, NJ 08807	GASTROENTEROLOGIST
1 CENTER FOR ENDOCRINE HEALTH BRIDGEWATER 1121 ROUTE 22 WEST SUITE 205 BRIDGEWATER, NJ 08807	ENDOCRINOLOGIST
2 HUNTERDON BREAST SURGERY CENTER 1121 ROUTE 22 WEST SUITE 204 BRIDGEWATER, NJ 08807	BREAST SURGERY PRACTICE
3 HUNTERDON PODIATRIC MEDICINE HAWK POINTE 6 CLUBHOUSE DRIVE SUITE 204 WASHINGTON, NJ 07882	PODIATRIST
4 HUNTERDON PODIATRIC MEDICINE BRIDGEWATER 1121 ROUTE 22 WEST SUITE 206 BRIDGEWATER, NJ 08807	PODIATRIST

Schedule J
(Form 990)

Compensation Information

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

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

OMB No. 1545-0047

2019

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 Questions Regarding Compensation

		Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> First-class or charter travel</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Travel for companions</td> <td style="border: none;"><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td style="border: none;"><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Discretionary spending account</td> <td style="border: none;"><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)	1a		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)										
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b										
<p>2 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 on Line 1a?</p>	2										
<p>3 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%; border: none;"><input checked="" type="checkbox"/> Compensation committee</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Independent compensation consultant</td> <td style="border: none;"><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td style="border: none;"><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee					
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract										
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study										
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee										
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c 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>	4a		No								
	4b	Yes									
	4c		No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No								
	5b		No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No								
	6b		No								
<p>7 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>	7	Yes									
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9										

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 4B	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 2019 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: LAWRENCE N. GRAND, \$43,457; ROBERT G. COATES, M.D., \$29,317; VIOLET T. KOCSIS, \$28,411; PATRICIA STEINGALL, RN, \$34,868; DAVID D. SKILLINGE, M.D., \$25,722; GEORGE ROKSVAAG, M.D., \$36,115; DANIEL MORREALE, \$24,853; RICHARD J. WEBB, \$58,087 AND DONALD R. PINNER, \$21,374. 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 2019 FORM W-2, AS TAXABLE WAGES: PATRICK J. GAVIN, MPH, MBA, \$57,234; LAWRENCE N. GRAND, \$44,628; NEIL HUDES, \$28,259; ROBERT G. COATES, M.D., \$29,288; VIOLET T. KOCSIS, \$27,169; PATRICIA STEINGALL, RN, \$30,604; DAVID D. SKILLINGE, M.D., \$24,808; DANIEL MORREALE, \$24,200; CHRISTAL KOZLOSKI, \$16,412 AND DONALD R. PINNER, \$16,236.
SCHEDULE J, PART I; QUESTION 7	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2019 WHICH AMOUNTS WERE INCLUDED IN COLUMN B (II) HEREIN AND IN EACH INDIVIDUAL'S 2019 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT.
SCHEDULE J, PART II, COLUMN F	THE AMOUNTS REPORTED IN SCHEDULE J, PART II, COLUMN F 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 2019 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES: LAWRENCE N. GRAND, \$43,409; ROBERT G. COATES, M.D., \$29,317; VIOLET T. KOCSIS, \$28,411; PATRICIA STEINGALL, RN, \$34,868; DAVID D. SKILLINGE, M.D., \$25,722; DANIEL MORREALE, \$24,853; RICHARD J. WEBB, \$58,087 AND DONALD R. PINNER, \$21,374.

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

2019

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 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 Bond Issues

Table with columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (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 columns: 1-13 (Amount of bonds retired, Amount of bonds legally defeased, Total proceeds of issue, Gross proceeds in reserve funds, Capitalized interest from proceeds, Proceeds in refunding escrows, Issuance costs from proceeds, Credit enhancement from proceeds, Working capital expenditures from proceeds, Capital expenditures from proceeds, Other spent proceeds, Other unspent proceeds, Year of substantial completion), A, B, C, D. Includes questions 14-17 regarding bond issuance details.

Part III Private Business Use

Table with columns: 1-2 (Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? Are there any lease arrangements that may result in private business use of bond-financed property?), A, B, C, D.

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
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?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d 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?								
4 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 %		2.060 %			
5 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 ▶								
6 Total of lines 4 and 5					2.060 %			
7 Does the bond issue meet the private security or payment test?	X		X		X			
8a 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		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		
9 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			

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

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

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

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

Table with 5 columns: (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 the organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

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

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

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

Table with 5 columns: (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) JONATHAN A GRAND	OFFICER - FAMILY MEMBER	21,815	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)

Department of the Treasury

Internal Revenue Service
Name of the organization
HUNTERDON MEDICAL CENTER

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 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

22-1537688

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<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 & 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: 1. HMC provides medically necessary healthcare services to all individuals regardless of ability to pay, including charity care, self-pay, Medicare and Medicaid patients; 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; 3. HMC maintains a closed medical staff, with privileges available based on community need; 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; 5. Surplus funds are used to improve the quality of patient care, expand and renovate facilities, and advance medical care, programs and activities. The operations of 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. 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 enjoy</p>

990 Schedule O, Supplemental 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 lo west per capita costs for hospitalization in the nation. Family medicine is real in Hunter don 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-b ed maternity and newborn care center which was one of the first single-room maternity cent ers 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 medicin e residency programs. This system alleviates resident fatigue and eliminates the exhaustio n 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 regula tions. 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 s imilar rotation. They function to help with admissions in conjunction with the senior resi dents 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 emerge ncy department rotation under the supervision of a board certified emergency medicine phys ician where they learn important triage and treatment skills in this setting. First year r esidents are in a true call situation only to cover weekend shifts with senior resident su pervision. Second and third year residents average call one night in six this guarantees a n adequate volume and experience to develop mastery in common problem management. They als o have a longitudinal experience in the nursing home setting with full time geriatrician f aculty 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 me dical 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 Hun terdon 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 service s 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. 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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>NICHE designation - nurses improving care to health system elders (NICHE) is a national geriatric nursing program. The program's vision is for all patients 65 and over to be given sensitive and exemplary care. The mission of niche is to raise awareness of principles and tools that can achieve patient-centered care for older adults. Accreditation by the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) - the JCAHO sets the standards by which healthcare quality is measured in America and around the world. It is an independent, not-for-profit organization that accredits and certifies over 17,000 healthcare 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 once 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 exceptional 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 accreditation by The National Accreditation Program for Breast Centers (NAPBC). Hunterdon Medical Center attracts some of the best doctors with training at the nations finest institutions 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 Workplace Program (NJSW) is a statewide recognition program that lauds employers who demonstrate leadership by providing quality commuter benefits to their employees. Employers are recognized at one of four levels of achievement: bronze, silver, gold, or platinum, based upon the level of activity at the worksite. Hunterdon Medical Center was awarded the Platinum Award for "Outstanding Achievement" in creating programs that provide and promote commuting 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 greater than or equal to 91% in less than 30 median days, among other quality standards. Clinical service lines ===== Heart and Vascular Care ----- Heart and Vascular Care at HMC combines a knowledgeable staff of physicians and specialists with state-of-the-art technology to bring the patient the best cardiovascular care in Hunterdon and its surrounding 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 servi</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>ce line also includes: Cardiopulmonary rehabilitation which is a medically supervised prog ram 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 le ad satisfying, productive, and healthy lives. Their professional team includes physicians, respiratory therapists, registered nurses, and exercise physiologists specially trained i n exercise therapy and disease management. The department also runs the Ornish Reversal Pr ogram, 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 b y the American association of cardiovascular and pulmonary rehabilitation and other profes sional societies to best serve the patients. Programs include: - phase ii cardiac rehabili tation. - phase ii pulmonary rehabilitation. - phase iii cardiopulmonary rehabilitation. T he 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 lab perf orms interventional procedures on patients suspected of heart or vascular disease. Hunterd on Medical Center has been designated a primary stroke center by the New Jersey state depa rtment of health and senior services. Cancer care ----- Hunterdon Regional Cancer Ce nter is accredited by the American College of Surgeons' Commission on Cancer as a communit y hospital cancer program. The Commission has recognized the cancer program at Hunterdon M edical 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 allo ws 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 v oluntarily 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 th at 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 tha t the patient will receive: - quality care close to home. - comprehensive care offering a range of state-of-the art services and equipment. - a multidisciplinary team approach to c oordinate the best treatment options available. - access to cancer-related information, ed ucation, and support. - a canc</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>er 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
<p>CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>Obstetrics & 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 ----- 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, Supplemental Information

Return Reference	Explanation
<p>CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<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. 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 professional staff work as a team with the physician to indiv</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>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 & curettage (d&c). - gallbladder surgery. - hernia surgery. - hysterectomy. - laminectomy. - neurosurgery. - plastic surgery. - spine surgery. - total joint replacement surgery. - vascular surgery. - urologic surgery. Sleep disorders ----- 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.</p>

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Return Reference	Explanation
<p>CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>Hospital owned physician specialty services ===== - Endocrinology. - Gastroenterology. - Infectious disease. - Dermatology. - Psychiatry. - Po diatry. - Center for Healthy Aging. - Pulmonary & Critical Care. - Cardiology. - Urology. - Breast Surgery. - Neonatology. Community care services ===== The Hunte rdon 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 Health care staff for guidance in attaining their optimal health. The Hunterdon Health and Welln ess Centers also operates a smaller facility in Lambertville. Access to health education s taff and wellness classrooms for programs which focus on a variety of topics designed to i mprove lifestyle is also a community benefit. Bright Tomorrows Child Care Center ----- The center provides care and early childhood education for child ren ages 6 weeks to 6 years. Multi-sensory disciplines are utilized to facilitate growth i n 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. - Enri chment programs. - Parental education. - An annual back to school night and other family e vents. A preventative approach to discipline teaches positive behaviors, rather than punis hing for misbehaviors. The goal is to provide children with motivation and an opportunity to make positive choices. Learning social skills through gentle encouragement, the childre n learn to respect the needs of others, adapt to routines and simple rules, and become res ponsible. 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. Paren ts are always welcome to participate in educational opportunities and special events. Brig ht Tomorrows strives to maintain competent staff by providing competitive wages and ensuri ng each staff member is actively engaged in ongoing professional development. All staff ma intain 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 Fa mily Medicine Residency ===== The primary mission of the Hun terdon 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 p hysicians 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 p atients' families and the comm</p>

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Return Reference	Explanation
<p>CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>unities 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 t's understanding of the full impact of family practice in this country. Our mission allow s 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 t 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 =====</p> <ul style="list-style-type: none"> - Alcoholics Anonymous meetings. - Alzheimers support group. - Bereavement support group. - Brain injury support group. - Breastfeeding support group. - Caregiver support groups. - 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. - Baby Step , 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.

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Return Reference	Explanation
CORE FORM, PART III; QUESTION 2	IN 2016, HUNTERDON AMBULATORY SERVICES, LLC WAS CREATED AS A SOLE MEMBER LIMITED LIABILITY COMPANY WITH HUNTERDON MEDICAL CENTER BEING THE SOLE MEMBER. IT INCLUDES AMBULATORY NON-PROVIDER BASED DIAGNOSTIC AND THERAPEUTIC SERVICES. ON DECEMBER 1, 2019, HUNTERDON MEDICAL CENTER CONTRIBUTED APPROXIMATELY \$2.1 MILLION OF ASSETS OF HUNTERDON AMBULATORY SERVICES, LLC TO A NEWLY FORMED JOINT VENTURE WITH ATLANTIC HEALTH SYSTEM; AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION AND RECOGNIZED A GAIN ON SALE OF ASSETS OF APPROXIMATELY \$2.2 MILLION. HUNTERDON MEDICAL CENTER HAS A 50 PERCENT INVESTMENT IN THE NEWLY CREATED JOINT VENTURE.

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Return Reference	Explanation
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

Return Reference	Explanation
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

Return Reference	Explanation
CORE FORM, PART VI, SECTION B; QUESTION 11B	<p>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 FINANCE AND INVESTMENT 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 FINANCE AND INVESTMENT COMMITTEE FOR REVIEW AND THEREAFTER PROVIDED TO EACH VOTING MEMBER OF THIS ORGANIZATION'S GOVERNING BODY PRIOR TO FILING WITH THE IRS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

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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 2019, 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>

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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 HEALT 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.

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Return Reference	Explanation
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

Return Reference	Explanation
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. ROBERT J. CODY, M.D., SERVED AS THE INTERIM PRESIDENT/CHIEF EXECUTIVE OFFICER OF HUNTERDON MEDICAL CENTER FROM 7/1/2018 THROUGH 1/3/2019 AND CONTINUED TO SERVE AS A TRUSTEE OF THE ORGANIZATION'S BOARD OF TRUSTEES FOR THE REMAINDER OF 2019.

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Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	THE FOLLOWING INDIVIDUALS WERE REPORTED AS KEY EMPLOYEES ON THE 2018 FORM 990, PART VII: - DAVID D. SKILLINGE, M.D.; - LUANN TRAINER; AND - CHRISTINE D. BOGARD. UPON A REVIEW OF THEIR RESPECTIVE DUTIES, ROLES AND RESPONSIBILITIES IT WAS DETERMINED THAT THESE INDIVIDUALS DO NOT SATISFY THE CRITERIA TO BE A KEY EMPLOYEE UNDER FORM 990 RULES, REGULATIONS AND INSTRUCTIONS. ACCORDINGLY, THESE INDIVIDUALS HAVE NOT BEEN INCLUDED ON THIS 2019 FORM 990 AS EITHER A KEY EMPLOYEE OR A FORMER KEY EMPLOYEE NOR SHOULD HAVE BEEN REPORTED ON PREVIOUS YEARS FORMS 990. HOWEVER, IT WAS DETERMINED THAT DAVID D. SKILLINGE, M.D. SATISFIED THE CRITERIA TO BE CLASSIFIED AS A HIGHEST COMPENSATED EMPLOYEE FOR FORM 990 REPORTING PURPOSES. ACCORDINGLY, DAVID D. SKILLINGE, M.D. HAS BEEN INCLUDED ON THIS 2019 FORM 990 AS A HIGHEST COMPENSATED EMPLOYEE. PLEASE NOTE THAT THE ORGANIZATION DID NOT AMEND ITS 2018 FORM 990 WITH RESPECT TO THE RECLASSIFICATIONS OUTLINED ABOVE. THE REPORTABLE COMPENSATION, RETIREMENT/OTHER DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS OF THE ABOVE INDIVIDUALS ARE REPORTED WITHIN CORE FORM, PART VII AND SCHEDULE J OF THE FOLLOWING RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) ORGANIZATIONS FEDERAL FORMS 990: - HUNTERDON PRIMARY CARE, P.C. (EIN: 47-4931969); - HUNTERDON SPECIALTY CARE, P.C. (EIN: 47-4913206); AND - HUNTERDON URGENT CARE, P.C. (EIN: 47-4901532).

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Return Reference	Explanation
CORE FORM, PART VII, SECTION A, COLUMN B	<p>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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XI; LINE 9	OTHER CHANGES IN FUND BALANCE INCLUDE: - PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST - (\$6,495,493); - CHANGE IN NET ASSETS WITH DONOR RESTRICTIONS - (\$693,238); AND - NET TRANSFERS TO AFFILIATES - (\$661,689).

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XII; QUESTION 2	<p>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, 2019 AND DECEMBER 31, 2018; 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, 2019 AND DECEMBER 31, 2018; 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.</p>

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Return Reference	Explanation
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

2019

**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 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

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	
(1) HUNT IMAGING ASSOC 2100 WESCOTT DR FLEMINGTON, NJ 08822 22-3126699	HEALTHCARE	NJ	NA									
(2) HUNT HEALTHCARE LLC 2100 WESCOTT DR FLEMINGTON, NJ 08822 22-3642089	HEALTHCARE	NJ	NA									
(3) HC FOR SURGERY LLC 2100 WESCOTT DR FLEMINGTON, NJ 08822 22-3401213	HEALTHCARE	NJ	NA									
(4) MIDJERSEY HLTH ALLI 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822 81-5198825	HEALTHCARE	NJ	NA									
(5) BRIDGEWATER AM SURG 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822 82-0860675	HEALTHCARE	NJ	NA									
(6) HUNTERDON AMB SVCS 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822 81-2462115	HEALTHCARE	NJ	HMC	RELATED	-69,360	2,224,838		No	0	No	50.000 %	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) MIDJERSEY HEALTH CORPORATION 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822 22-2713664	HEALTHCARE	NJ	NA	C CORP.					No
(2) 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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)	Yes	
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		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).

Return Reference	Explanation
SCHEDULE R, PART V	THIS ORGANIZATION IS A MEMBER OF HUNTERDON HEALTHCARE SYSTEM, INC.; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. FUNDS ARE ROUTINELY TRANSFERRED BETWEEN AFFILIATES AND BUSINESS ACTIVITIES ARE COMMON ON BEHALF OF THE SYSTEM'S AFFILIATES, INCLUDING THIS ORGANIZATION. THESE TRANSACTIONS MAY BE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND OTHER AFFILIATES. THE HUNTERDON HEALTHCARE SYSTEM, INC. ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY COST EFFECTIVE HEALTHCARE AND WELLNESS SERVICES TO THEIR COMMUNITIES REGARDLESS OF ABILITY TO PAY AND IN FURTHERANCE OF CHARITABLE TAX-EXEMPT PURPOSES.

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
HUNTERDON HEALTHCARE SYSTEM INC	O	3,430,392	cost
HUNTERDON HEALTHCARE SYSTEM INC	E	309,258	COST
HUNTERDON PRIMARY CARE PC	D	1,762,980	COST
HUNTERDON PRIMARY CARE PC	Q	21,157,161	COST
HUNTERDON SPECIALTY CARE PC	D	11,805,683	COST
HUNTERDON SPECIALTY CARE PC	Q	14,399,613	COST
HUNTERDON URGENT CARE PC	Q	2,795,795	COST