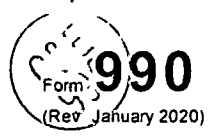


2949321901800



# Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2019 calendar year, or tax year beginning 2019, and ending 20

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

**C** Name of organization: **RWJ BARNABAS HEALTH, INC. - SUBORDINATES**  
Doing business as:  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **95 OLD SHORT HILLS ROAD**  
City or town, state or province, country, and ZIP or foreign postal code: **WEST ORANGE, NJ 07052**

**D** Employer identification number: **85-1296795**

**E** Telephone number: **(973) 322-4032**

**F** Name and address of principal officer: **JOHN J. GANTNER C/O RWJUH**  
**ONE ROBERT WOOD JOHNSON PL, NEW BRUNSWICK, NJ 08901**

**G** Gross receipts \$ **5,234,746,471.**

**H(a)** Is this a group return for subsidiaries? ☒ Yes ☐ No  
**H(b)** Are all subsidiaries included? ☒ Yes ☐ No  
If "No," attach a list. (see instructions) **ATCH 4**

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

**J** Website: **WWW.RWJBH.ORG**

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

**L** Year of formation: **2019**

**M** State of legal domicile: **NJ**

## Part I Summary

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

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

**3** Number of voting members of the governing body (Part VI, line 1a): **3** **23.**

**4** Number of independent voting members of the governing body (Part VI, line 1b): **4** **19.**

**5** Total number of individuals employed in calendar year 2019 (Part V, line 2a): **5** **36,036.**

**6** Total number of volunteers (estimate if necessary): **6** **4,754.**

**7a** Total unrelated business revenue from Part VIII, column (C), line 12: **7a** **3,516,281.**

**7b** Net unrelated business taxable income from Form 990-T, line 39: **7b** **896,763.**

|                                                                                               | Prior Year     | Current Year   |
|-----------------------------------------------------------------------------------------------|----------------|----------------|
| <b>8</b> Contributions and grants (Part VIII, line 1h):                                       | 64,156,506.    | 67,950,260.    |
| <b>9</b> Program service revenue (Part VIII, line 2g):                                        | 43,618,261.    | 5,022,978,615. |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d):                      | 1,863,592.     | 2,730,958.     |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e):           | 25,036,049.    | 30,128,777.    |
| <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12): | 4,934,674,408. | 5,123,788,610. |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3):                   | 686,004.       | 796,409.       |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4):                      | 0.             | 0.             |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10):  | 2,032,624,882. | 2,094,250,210. |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e):                     | 299,805.       | 447,814.       |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25):                           | 447,814.       |                |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e):                       | 2,710,187,819. | 2,879,616,403. |
| <b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25):           | 4,743,798,510. | 4,975,110,836. |
| <b>19</b> Revenue less expenses Subtract line 18 from line 12:                                | 190,875,898.   | 148,677,774.   |

|                                                                      | Beginning of Current Year | End of Year    |
|----------------------------------------------------------------------|---------------------------|----------------|
| <b>20</b> Total assets (Part X, line 16):                            | 6,425,711,275.            | 6,686,658,143. |
| <b>21</b> Total liabilities (Part X, line 26):                       | 2,747,824,511.            | 3,257,248,996. |
| <b>22</b> Net assets or fund balances Subtract line 21 from line 20: | 3,677,886,764.            | 3,429,409,147. |

## 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: **John Doll** Date: **11/3/20**

Type or print name and title: **CHIEF FINANCIAL AND ADMINISTRATIVE OFFICER**

**Paid Preparer Use Only**

Print/Type preparer's name: **SCOTT J MARIANI** Preparer's signature: **Scott J Mariani** Date: **11/3/2020** Check ☐ if self-employed PTIN: **P00642486**

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

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

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2019)

SCANNED FEB 16 2022

45 Received In FEB 01 2021  
Batching Ogden

H 9429

**Part III** Statement of Program Service Accomplishments

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

☒ X

- 1**
- Briefly describe the organization's mission

ATTACHMENT 1

- 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 \$ 4,477,276,360 including grants of \$ 796,409 ) (Revenue \$ 5,022,978,615 )

EXPENSES INCURRED IN PROVIDING INPATIENT, OUTPATIENT, EMERGENCY  
AND VARIOUS OTHER MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL  
INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE,  
COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY AND IN  
FURTHERANCE OF CHARITABLE TAX-EXEMPT PURPOSES. PLEASE REFER TO THE  
COMMUNITY BENEFIT STATEMENT IN SCHEDULE O.

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe on Schedule O )

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

**4e** Total program service expenses ► 4,477,276,360.

**Part IV Checklist of Required Schedules**

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

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

|                                                                                                                                                                      | Yes | No     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .                                                                            | 1a  | 10,600 |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .                                                                          | 1b  | 0.     |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | 1c  | X      |



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

|                                                                                                                                                                                                                                                      | Yes          | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----|
| <b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <b>2a</b> 36,036                                            |              |    |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).         | <b>2b</b> X  |    |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                              | <b>3a</b> X  |    |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O                                                                                                                                 | <b>3b</b> X  |    |
| <b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | <b>4a</b> X  |    |
| <b>b</b> If "Yes," enter the name of the foreign country <b>BERMUDA</b><br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)                                                        |              |    |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                      | <b>5a</b>    | X  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                            | <b>5b</b>    | X  |
| <b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                           | <b>5c</b>    |    |
| <b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    | <b>6a</b>    | X  |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                               | <b>6b</b>    |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                               |              |    |
| <b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                             | <b>7a</b> X  |    |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                             | <b>7b</b> X  |    |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                        | <b>7c</b>    | X  |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year <b>7d</b>                                                                                                                                                                 |              |    |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                             | <b>7e</b>    | X  |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                | <b>7f</b>    | X  |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                            | <b>7g</b>    |    |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                          | <b>7h</b>    |    |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                                                     | <b>8</b>     |    |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                   |              |    |
| <b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                          | <b>9a</b>    |    |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                           | <b>9b</b>    |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter                                                                                                                                                                                                     |              |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>                                                                                                                                                         |              |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>                                                                                                                                      |              |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter                                                                                                                                                                                                    |              |    |
| <b>a</b> Gross income from members or shareholders <b>11a</b>                                                                                                                                                                                        |              |    |
| <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) <b>11b</b>                                                                                                      |              |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                | <b>12a</b>   |    |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>                                                                                                                                            |              |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                           |              |    |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O                                             | <b>13a</b>   |    |
| <b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <b>13b</b>                                                                        |              |    |
| <b>c</b> Enter the amount of reserves on hand <b>13c</b>                                                                                                                                                                                             |              |    |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                | <b>14a</b>   | X  |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O                                                                                                                                   | <b>14b</b> - |    |
| <b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?<br>If "Yes," see instructions and file Form 4720, Schedule N                    | <b>15</b> X  |    |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O                                                                                | <b>16</b>    | X  |

Form **990** (2019)

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

**Section A. Governing Body and Management**

|                                                                                                                                                                                                                                      | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .                                                                                                                              | 23  |    |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O                     |     |    |
| <b>b</b> Enter the number of voting members included on line 1a, above, who are independent . . . . .                                                                                                                                | 19  |    |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .                                             | X   |    |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . . | X   |    |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .                                                                                                  |     | X  |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .                                                                                                        |     | X  |
| <b>6</b> Did the organization have members or stockholders? . . . . .                                                                                                                                                                | X   |    |
| <b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .                                                               | X   |    |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .                                                         | X   |    |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following                                                                                            |     |    |
| <b>a</b> The governing body? . . . . .                                                                                                                                                                                               | X   |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                             | X   |    |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. . . . .       |     | X  |

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 2

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

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

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)<br>Name and title                                              | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                    |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (1) BARRY H. OSTROWSKY<br>TRUSTEE-MMC-RWJBH PRES./CEO              | 60.00<br>0.                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 5,419,623.                                                                | 42,560.                                                                                       |
| (2) THOMAS A. BIGA<br>TRUST-CMMC-RWJBH PRES HOSP DIV               | 60.00<br>0.                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 3,661,111.                                                                | 42,925.                                                                                       |
| (3) AMY B. MANSUE<br>TRUST-CSH-RWJBH EVP/CHIEF EXP                 | 55.00<br>0.                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 2,486,299.                                                                | 28,196.                                                                                       |
| (4) JOHN F. BONAMO, M.D., M.S.<br>FORMER OFFICER - SBMC            | 55.00<br>0.                                                                                |                                                                                                              |                       |         |              |                              | X      | 0.                                                                   | 2,245,134.                                                                | 42,775.                                                                                       |
| (5) JOHN J. GANTNER<br>TRUSTEE - PRES/CEO - RWJHNB                 | 55.00<br>0.                                                                                | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 2,150,672.                                                                | 28,471.                                                                                       |
| (6) JOSEPH F. SCOTT, FACHE<br>FORMER OFFICER - JCMC                | 55.00<br>0.                                                                                |                                                                                                              |                       |         |              |                              | X      | 0.                                                                   | 1,791,836.                                                                | 379,937.                                                                                      |
| (7) ANROY OTTLEY, M.D.<br>PHYSICIAN - JCMC                         | 55.00<br>0.                                                                                |                                                                                                              |                       |         |              | X                            |        | 1,883,523.                                                           | 0.                                                                        | 44,001.                                                                                       |
| (8) CRAIG SAUNDERS, M.D.<br>DIVISION DIRECTOR - NBIMC              | 55.00<br>0.                                                                                |                                                                                                              |                       |         | X            |                              |        | 1,531,492.                                                           | 303,237.                                                                  | 36,684.                                                                                       |
| (9) STEPHEN P. ZIENIEWICZ, FACHE<br>TRUSTEE - PRESIDENT/CEO - SBMC | 55.00<br>0.                                                                                | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 1,444,587.                                                                | 276,741.                                                                                      |
| (10) DAVID A. MEBANE, ESQ.<br>SECRETARY - TRUSTEE - SBMC           | 55.00<br>0.                                                                                | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 1,666,586.                                                                | 52,941.                                                                                       |
| (11) MICHAEL MIMOSO<br>TRUSTEE-CEO-CMC (TERM 1/22/19)              | 55.00<br>0.                                                                                | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 1,519,058.                                                                | 55,691.                                                                                       |
| (12) DARRELL TERRY<br>PRESIDENT/CEO - NBIMC                        | 55.00<br>0.                                                                                |                                                                                                              |                       | X       |              |                              |        | 0.                                                                   | 951,092.                                                                  | 503,163.                                                                                      |
| (13) FRANK J. VOZOS, M.D., FACS<br>CEO - MMCSC                     | 55.00<br>0.                                                                                |                                                                                                              |                       | X       |              |                              |        | 0.                                                                   | 1,161,220.                                                                | 235,276.                                                                                      |
| (14) MARTIN S. EVERHART<br>FORMER KEY EMPLOYEE - RWJH              | 55.00<br>0.                                                                                |                                                                                                              |                       |         |              |                              | X      | 0.                                                                   | 1,267,197.                                                                | 25,491.                                                                                       |

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

| (A)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (15) WILLIAM S. ARNOLD<br>PRES/CEO - MMC/PRES. SO. DIV.        | 55.00<br>0.                                                                                |                                                                                                              |                       | X       |              |                              |        | 0.                                                                   | 1,045,371.                                                                | 233,759.                                                                                      |
| (16) WARREN E. MOORE<br>TRUSTEE - PRESIDENT/CEO - CSH          | 55.00<br>0.                                                                                | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 1,028,282.                                                                | 200,369.                                                                                      |
| (17) RICHARD FREEMAN<br>TRUSTEE - PRESIDENT/CEO - RWJUH        | 55.00<br>0.                                                                                | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 1,014,173.                                                                | 200,531.                                                                                      |
| (18) ROBERT G. IRWIN<br>FORMER KEY EMPLOYEE - RWJUH            | 55.00<br>0.                                                                                |                                                                                                              |                       |         |              |                              | X      | 0.                                                                   | 1,129,669.                                                                | 37,221.                                                                                       |
| (19) THOMAS R. PERCELLO<br>SVP FINANCE/CFO-CMC (TERM 6/19)     | 55.00<br>0.                                                                                |                                                                                                              |                       | X       |              |                              |        | 0.                                                                   | 1,059,795.                                                                | 71,211.                                                                                       |
| (20) JOSHUA BERSHAD, M.D.<br>FORMER KEY EMPLOYEE - RWJUH       | 55.00<br>0.                                                                                |                                                                                                              |                       |         |              |                              | X      | 0.                                                                   | 1,014,896.                                                                | 45,341.                                                                                       |
| (21) KIRK C. TICE<br>TRUSTEE - PRES./CEO - RWJUHR              | 55.00<br>0.                                                                                | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 839,446.                                                                  | 171,672.                                                                                      |
| (22) MARK ZUCKER, M.D.<br>TRUSTEE - NBIMC                      | 55.00<br>0.                                                                                | X                                                                                                            |                       |         |              |                              |        | 954,731.                                                             | 0.                                                                        | 51,383.                                                                                       |
| (23) ANTHONY CAVA<br>PRES./CEO - RWJUH SOMERSET                | 55.00<br>0.                                                                                |                                                                                                              |                       | X       |              |                              |        | 0.                                                                   | 811,764.                                                                  | 168,006.                                                                                      |
| (24) MICHAEL PRILUTSKY<br>TRUSTEE - PRESIDENT/CEO - JCMC       | 55.00<br>0.                                                                                | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 779,068.                                                                  | 198,866.                                                                                      |
| (25) MARY ELLEN CLYNE<br>PRESIDENT/CEO - CMMC                  | 55.00<br>0.                                                                                |                                                                                                              |                       | X       |              |                              |        | 0.                                                                   | 709,539.                                                                  | 254,169.                                                                                      |
| <b>1b Sub-total</b>                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        | 4,369,746.                                                           | 35,499,655.                                                               | 3,427,380.                                                                                    |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                              |                       |         |              |                              |        | 16,868,317.                                                          | 14,562,161.                                                               | 3,521,359.                                                                                    |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                              |                       |         |              |                              |        | 21,238,063.                                                          | 50,061,816.                                                               | 6,948,739.                                                                                    |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4651**

**3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

|          | Yes | No |
|----------|-----|----|
| <b>3</b> | X   |    |
| <b>4</b> | X   |    |
| <b>5</b> |     | X  |

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 3                     |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **294**

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

| (A)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (26) LORI A. COLINERI<br>FORMER KEY EMPLOYEE - RWJUH           | 55.00<br>0.                                                                                |                                                                                                              |                       |         |              |                              | X      | 0.                                                                   | 908,805.                                                                  | 41,869.                                                                                       |
| (27) MATTHEW J. SCHREIBER, M.D.<br>CMO/COO - NBIMC             | 55.00<br>0.                                                                                |                                                                                                              |                       | X       |              |                              |        | 812,539.                                                             | 0.                                                                        | 134,023.                                                                                      |
| (28) PATRICK M. AHEARN<br>COO/CEO - CMC (EFF. 2/1/19)          | 55.00<br>0.                                                                                |                                                                                                              |                       | X       |              |                              |        | 61,695.                                                              | 670,255.                                                                  | 180,181.                                                                                      |
| (29) MUNIR NAZIR, M.D.<br>PHYSICIAN - NBIMC                    | 55.00<br>0.                                                                                |                                                                                                              |                       |         |              | X                            |        | 838,339.                                                             | 0.                                                                        | 39,696.                                                                                       |
| (30) GREGORY ROKOSZ, M.D.<br>SVP - VPMA - SBMC                 | 55.00<br>0.                                                                                |                                                                                                              |                       |         | X            |                              |        | 729,265.                                                             | 0.                                                                        | 140,026.                                                                                      |
| (31) M. MICHELE BLACKWOOD, M.D.<br>PHYSICIAN - SBMC            | 55.00<br>0.                                                                                |                                                                                                              |                       |         |              | X                            |        | 850,302.                                                             | 0.                                                                        | 2,726.                                                                                        |
| (32) RICHARD L. DAVIS<br>TREASURER-TRUSTEE-EVP/CFO-SBMC        | 55.00<br>0.                                                                                | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 679,356.                                                                  | 137,340.                                                                                      |
| (33) MICHAEL SCOPPETUOLO, M.D.<br>DIRECTOR MD - SBMC           | 55.00<br>0.                                                                                |                                                                                                              |                       |         |              | X                            |        | 797,703.                                                             | 0.                                                                        | 18,640.                                                                                       |
| (34) STUART GEFFNER, M.D.<br>TRUSTEE - SBMC                    | 55.00<br>0.                                                                                | X                                                                                                            |                       |         |              |                              |        | 780,479.                                                             | 0.                                                                        | 30,115.                                                                                       |
| (35) BRUNO MOLINO, M.D.<br>PHYSICIAN - JCMC                    | 55.00<br>0.                                                                                |                                                                                                              |                       |         |              | X                            |        | 771,237.                                                             | 0.                                                                        | 37,776.                                                                                       |
| (36) GAIL W. KOSYLA<br>SVP/CFO - RWJUH/REGIONAL CFO            | 55.00<br>0.                                                                                |                                                                                                              |                       | X       |              |                              |        | 0.                                                                   | 703,822.                                                                  | 82,832.                                                                                       |
| <b>1b Sub-total</b>                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        | 5,641,559.                                                           | 2,962,238.                                                                | 845,224.                                                                                      |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4651**

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

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

| (A)<br>Name and title                                          | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| ( 37) MICHAEL KNECHT<br>FORMER KEY EMPLOYEE - RWJUH            | 55.00<br>0.                                                                                                     |                                                                                                                    |                       |         |              |                                 | X      | 0.                                                                                  | 748,131.                                                                              | 32,425.                                                                                                            |
| ( 38) NIKOLAS ALEXIADES<br>EVP/CFO - NBIMC/REGIONAL CFO        | 55.00<br>0.                                                                                                     |                                                                                                                    |                       | X       |              |                                 |        | 0.                                                                                  | 638,734.                                                                              | 134,079.                                                                                                           |
| ( 39) ALISON GRANN, M.D.<br>TRUSTEE - SBMC                     | 55.00<br>0.                                                                                                     | X                                                                                                                  |                       |         |              |                                 |        | 765,616.                                                                            | 0.                                                                                    | 3,376.                                                                                                             |
| ( 40) ERIC W. CARNEY<br>COO - MMC/CEO - MMC                    | 55.00<br>0.                                                                                                     |                                                                                                                    |                       | X       |              |                                 |        | 60,432.                                                                             | 538,273.                                                                              | 167,624.                                                                                                           |
| ( 41) DORY B. ALTMANN, M.D.<br>TRUSTEE - RWJUH                 | 55.00<br>0.                                                                                                     | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 674,630.                                                                              | 46,463.                                                                                                            |
| ( 42) MICHAEL CHEN, M.D.<br>TRUSTEE - RWJUHR                   | 55.00<br>0.                                                                                                     | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 686,585.                                                                              | 19,222.                                                                                                            |
| ( 43) KENNETH GARAY, M.D.<br>CMO - JCMC                        | 55.00<br>0.                                                                                                     |                                                                                                                    |                       |         | X            |                                 |        | 307,505.                                                                            | 329,918.                                                                              | 64,447.                                                                                                            |
| ( 44) THOMAS HELEOTIS, M.D.<br>VPMA - MMC                      | 55.00<br>0.                                                                                                     |                                                                                                                    |                       |         | X            |                                 |        | 578,735.                                                                            | 0.                                                                                    | 122,358.                                                                                                           |
| ( 45) DEANNA SPERLING<br>TRUSTEE-RWJBH BEH. HEALTH CEO         | 55.00<br>0.                                                                                                     | X                                                                                                                  |                       | X       |              |                                 |        | 0.                                                                                  | 536,393.                                                                              | 162,521.                                                                                                           |
| ( 46) DOUGLAS A. ZEHNER<br>COO - NBIMC/REGIONAL CFO            | 55.00<br>0.                                                                                                     |                                                                                                                    |                       | X       |              |                                 |        | 582,550.                                                                            | 0.                                                                                    | 114,669.                                                                                                           |
| ( 47) MARY ELIZABETH DENO<br>FORMER OFFICER - CMC              | 55.00<br>0.                                                                                                     |                                                                                                                    |                       |         |              |                                 | X      | 0.                                                                                  | 632,591.                                                                              | 14,910.                                                                                                            |
| <b>1b Sub-total</b>                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        | 2,294,838.                                                                          | 4,785,255.                                                                            | 882,094.                                                                                                           |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4651**

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

|          | Yes | No |
|----------|-----|----|
| <b>3</b> | X   |    |
| <b>4</b> | X   |    |
| <b>5</b> |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title                                              | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                    |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| (48) JOSEPH J. DOBOSH, JR., MBA<br>VP/CFO - CSH                    | 55.00<br>0.                                                                                                     |                                                                                                                    |                       | X       |              |                                 |        | 0.                                                                                  | 546,265.                                                                              | 91,027.                                                                                                            |
| (49) CHARLES CATHCART, M.D.<br>TRUSTEE - NBIMC                     | 55.00<br>0.                                                                                                     | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 597,961.                                                                              | 14,032.                                                                                                            |
| (50) LINA SHIHABUDDIN, M.D.<br>MEDICAL DIRECTOR/CMO - CMMC         | 55.00<br>0.                                                                                                     |                                                                                                                    |                       |         | X            |                                 |        | 0.                                                                                  | 503,724.                                                                              | 101,386.                                                                                                           |
| (51) FRANK J. MAZZARELLA, M.D.<br>VPMA - CMMC                      | 55.00<br>0.                                                                                                     |                                                                                                                    |                       |         | X            |                                 |        | 501,537.                                                                            | 0.                                                                                    | 93,666.                                                                                                            |
| (52) PATRICK J. HAUGHEY<br>COO - SBMC                              | 55.00<br>0.                                                                                                     |                                                                                                                    |                       | X       |              |                                 |        | 468,918.                                                                            | 0.                                                                                    | 113,504.                                                                                                           |
| (53) PETER P. BIHUNIAK<br>CFO - RWJUHR                             | 55.00<br>0.                                                                                                     |                                                                                                                    |                       | X       |              |                                 |        | 0.                                                                                  | 498,179.                                                                              | 78,721.                                                                                                            |
| (54) SETH D. ROSENBAUM, M.D.<br>SVP/CMO - RWJUHH                   | 55.00<br>0.                                                                                                     |                                                                                                                    |                       |         | X            |                                 |        | 448,910.                                                                            | 0.                                                                                    | 103,958.                                                                                                           |
| (55) YESHAVANTH P. NAYAK, M.D.<br>SVP/CMO - CMC                    | 55.00<br>0.                                                                                                     |                                                                                                                    |                       |         | X            |                                 |        | 541,314.                                                                            | 0.                                                                                    | 7,338.                                                                                                             |
| (56) JOANNA P. ZIMMERMAN<br>CFO - MMC (TERMED 1/26/19)             | 55.00<br>0.                                                                                                     |                                                                                                                    |                       | X       |              |                                 |        | 0.                                                                                  | 507,006.                                                                              | 27,437.                                                                                                            |
| (57) ROBERT VALENTINE<br>CFO - JCMC                                | 55.00<br>0.                                                                                                     |                                                                                                                    |                       | X       |              |                                 |        | 0.                                                                                  | 409,645.                                                                              | 124,472.                                                                                                           |
| (58) TODD EUGENE PHILLIPS, M.D.<br>VP, QUAL/CMO - CMC (TERM 10/30) | 55.00<br>0.                                                                                                     |                                                                                                                    |                       |         | X            |                                 |        | 519,510.                                                                            | 0.                                                                                    | 14,263.                                                                                                            |
| <b>1b Sub-total</b>                                                |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        | 2,480,189.                                                                          | 3,062,780.                                                                            | 769,804.                                                                                                           |
| <b>c Total from continuation sheets to Part VII, Section A</b>     |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>d Total (add lines 1b and 1c)</b>                               |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4651**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

|   | Yes | No |
|---|-----|----|
| 3 | X   |    |
| 4 | X   |    |
| 5 |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title                                           | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                 |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (59) MARK A. OSTRANDER<br>FORMER OFFICER - CMC                  | 55.00<br>0.                                                                                |                                                                                                              |                       |         |              |                              | X      | 0                                                                    | 483,324.                                                                  | 50,253.                                                                                       |
| (60) PHILIP SALERNO, III<br>TRUSTEE - PRES/CDO - CSH FDN.       | 55.00<br>0.                                                                                | X                                                                                                            |                       |         |              |                              |        | 484,595.                                                             | 0.                                                                        | 42,473.                                                                                       |
| (61) JAMES ALEXANDER<br>CFO - RWJHNB                            | 55.00<br>0.                                                                                |                                                                                                              |                       | X       |              |                              |        | 0                                                                    | 423,172.                                                                  | 87,539.                                                                                       |
| (62) MATTHEW B. MCDONALD, M.D.<br>TRUSTEE - VP/CMO - CSH        | 55.00<br>0.                                                                                | X                                                                                                            |                       |         | X            |                              |        | 424,719.                                                             | 0.                                                                        | 47,261.                                                                                       |
| (63) SALVATORE MOFFA, M.D.<br>VPMA - RWJUH                      | 55.00<br>0.                                                                                |                                                                                                              |                       |         | X            |                              |        | 385,063.                                                             | 0.                                                                        | 77,683.                                                                                       |
| (64) CHARLES CHIANESE, MBA<br>EVP/COO - CSH                     | 55.00<br>0.                                                                                |                                                                                                              |                       | X       |              |                              |        | 439,311.                                                             | 0.                                                                        | 19,039.                                                                                       |
| (65) JOSHUA ROSENBLATT, M.D.<br>TRUSTEE, EX-OFFICIO/CAO - NBIMC | 55.00<br>0.                                                                                | X                                                                                                            |                       |         | X            |                              |        | 430,474.                                                             | 0.                                                                        | 27,162.                                                                                       |
| (66) RAJESH MOHAN, M.D.<br>CMO - MMC-SC                         | 55.00<br>0.                                                                                |                                                                                                              |                       |         | X            |                              |        | 441,038.                                                             | 0.                                                                        | 16,041.                                                                                       |
| (67) CAROL ASH, D.O.<br>CMO - RWJUHR                            | 55.00<br>0.                                                                                |                                                                                                              |                       |         | X            |                              |        | 364,579.                                                             | 0.                                                                        | 89,237.                                                                                       |
| (68) RUSSELL C. LANGAN, M.D.<br>TRUSTEE - SBMC                  | 55.00<br>0.                                                                                | X                                                                                                            |                       |         |              |                              |        | 394,837.                                                             | 0.                                                                        | 9,233.                                                                                        |
| (69) KEVIN M. KRAMER, ESQ.<br>FORMER KEY EMPLOYEE - RWJUH       | 55.00<br>0.                                                                                |                                                                                                              |                       |         |              |                              | X      | 0                                                                    | 335,094.                                                                  | 46,438.                                                                                       |
| <b>1b Sub-total</b>                                             |                                                                                            |                                                                                                              |                       |         |              |                              |        | 3,364,616.                                                           | 1,241,590.                                                                | 512,359.                                                                                      |
| <b>c Total from continuation sheets to Part VII, Section A</b>  |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4651**

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|   | Yes | No |
|---|-----|----|
| 3 | X   |    |
| 4 | X   |    |
| 5 |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**



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

| (A)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (70) ARNOLD WILLIAMS, M.D.<br>TRUSTEE - SBBH                   | 55.00<br>0.                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 346,207.                                                                  | 21,385.                                                                                       |
| (71) YASMIR BISAL<br>VP FINANCE - CMMC                         | 55.00<br>0.                                                                                |                                                                                                              |                       | X       |              |                              |        | 0.                                                                   | 296,904.                                                                  | 47,198.                                                                                       |
| (72) JASON VIGLIAROLO<br>COO/CFO - SBBH                        | 55.00<br>0.                                                                                |                                                                                                              |                       | X       |              |                              |        | 0.                                                                   | 277,520.                                                                  | 63,323.                                                                                       |
| (73) JUDY CASTELLANO COLORADO<br>COO/CNO - MMC-SC              | 55.00<br>0.                                                                                |                                                                                                              |                       | X       |              |                              |        | 288,106.                                                             | 0.                                                                        | 41,629.                                                                                       |
| (74) LESTER G. COTTLE<br>FORMER OFFICER - RWJUHH               | 0.<br>0.                                                                                   |                                                                                                              |                       |         |              |                              | X      | 316,168.                                                             | 0.                                                                        | 0.                                                                                            |
| (75) STEVEN K. LIBUTTI, M.D.<br>TRUSTEE - RWJUH                | 55.00<br>0.                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 314,055.                                                                  | 1,899.                                                                                        |
| (76) MICHELE H. SCHWEERS<br>FORMER OFFICER - MMC               | 55.00<br>0.                                                                                |                                                                                                              |                       |         |              |                              | X      | 0.                                                                   | 245,794.                                                                  | 47,607.                                                                                       |
| (77) JOHN DILEO<br>CFO - RWJUH SOMERSET                        | 55.00<br>0.                                                                                |                                                                                                              |                       | X       |              |                              |        | 0.                                                                   | 240,020.                                                                  | 36,456.                                                                                       |
| (78) KATHERINE BENTLEY, M.D.<br>TRUSTEE-DIR OF PAIN PROG-CSH   | 55.00<br>0.                                                                                | X                                                                                                            |                       |         |              |                              |        | 212,259.                                                             | 0.                                                                        | 43,238.                                                                                       |
| (79) CAROL L. SINGER<br>FORMER OFFICER - SBBH                  | 55.00<br>0.                                                                                |                                                                                                              |                       |         |              |                              | X      | 0.                                                                   | 212,539.                                                                  | 34,842.                                                                                       |
| (80) RITA V. SMITH, DNP<br>TRUSTEE-SVP-JCMC (TERM 5/19)        | 55.00<br>0.                                                                                | X                                                                                                            |                       |         | X            |                              |        | 237,173.                                                             | 0.                                                                        | 10,158.                                                                                       |
| <b>1b Sub-total</b>                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        | 1,053,706.                                                           | 1,933,039.                                                                | 347,735.                                                                                      |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4651**

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|   | Yes | No |
|---|-----|----|
| 3 | X   |    |
| 4 | X   |    |
| 5 |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title                                            | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                  |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| ( 81) WILLIAM PHILLIPS<br>CFO - CMMC (TERMED 7/15/19)            | 55.00<br>0.                                                                                |                                                                                                              |                       |         |              |                              | X      | 0.                                                                   | 245,309.                                                                  | 1,892.                                                                                        |
| ( 82) TERESITA C. MEDINA<br>FORMER OFFICER - SBBH                | 55.00<br>0.                                                                                |                                                                                                              |                       |         |              |                              | X      | 190,271.                                                             | 0.                                                                        | 44,315.                                                                                       |
| ( 83) ARNOLD D. MANZO<br>FORMER KEY EMPLOYEE - SBMC              | 0.<br>0.                                                                                   |                                                                                                              |                       |         |              |                              | X      | 150,555.                                                             | 76,242.                                                                   | 0.                                                                                            |
| ( 84) RENEE JULIE CABALEIRO, M.D.<br>TRUSTEE - NBIMC             | 55.00<br>0.                                                                                | X                                                                                                            |                       |         |              |                              |        | 222,138.                                                             | 0.                                                                        | 0.                                                                                            |
| ( 85) FRANK GELORMINI<br>FORMER OFFICER - CMC                    | 55.00<br>0.                                                                                |                                                                                                              |                       |         |              |                              | X      | 0.                                                                   | 186,669.                                                                  | 34,025.                                                                                       |
| ( 86) JEFFREY J. HOLT, MPA<br>COO - CMMC (EFF 7/15/19)           | 55.00<br>0.                                                                                |                                                                                                              |                       | X       |              |                              |        | 171,928.                                                             | 0.                                                                        | 24,982.                                                                                       |
| ( 87) CHRISTOPHER HAINES, DO, FACEP<br>FORMER KEY EMPLOYEE - CSH | 0.<br>0.                                                                                   |                                                                                                              |                       |         |              |                              | X      | 185,951.                                                             | 0.                                                                        | 0.                                                                                            |
| ( 88) SARI B. KAPLON<br>FORMER OFFICER - SBMC                    | 55.00<br>0.                                                                                |                                                                                                              |                       |         |              |                              | X      | 155,950.                                                             | 0.                                                                        | 22,275.                                                                                       |
| ( 89) ALAN LAPA, MD<br>TRUSTEE - MEDICAL DIR. - NBIMC            | 55.00<br>0.                                                                                | X                                                                                                            |                       |         |              |                              |        | 178,000.                                                             | 0.                                                                        | 0.                                                                                            |
| ( 90) RICHARD IMBIMBO<br>FORMER OFFICER - RWJUH                  | 0.<br>0.                                                                                   |                                                                                                              |                       |         |              |                              | X      | 172,894.                                                             | 0.                                                                        | 0.                                                                                            |
| ( 91) MICHAEL A. MARANO, M.D.<br>TRUSTEE - SBMC                  | 55.00<br>0.                                                                                | X                                                                                                            |                       |         |              |                              |        | 151,337.                                                             | 0.                                                                        | 18,345.                                                                                       |
| <b>1b Sub-total</b>                                              |                                                                                            |                                                                                                              |                       |         |              |                              |        | 1,579,024.                                                           | 508,220.                                                                  | 145,834.                                                                                      |
| <b>c Total from continuation sheets to Part VII, Section A</b>   |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                             |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4651**

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

|          | Yes | No |
|----------|-----|----|
| <b>3</b> | X   |    |
| <b>4</b> | X   |    |
| <b>5</b> |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                          |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| ( 92) THIRUVENGADAM ANANDARANGAM, MD<br>TRUSTEE - NBIMC                  | 55.00<br>0.                                                                                | X                                                                                                            |                       |         |              |                              |        | 104,403.                                                             | 0.                                                                        | 0.                                                                                            |
| ( 93) JEFFREY C. LEDERMAN, D.O.<br>TRUSTEE; EX-OFFICIO - MMC             | 25.00<br>0.                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 69,039.                                                                   | 0.                                                                                            |
| ( 94) MEIKA TYLESE NEBLETT, M.D.<br>CMO - CMC (EFF 11/4/19)              | 55.00<br>0.                                                                                |                                                                                                              |                       |         | X            |                              |        | 61,487.                                                              | 0.                                                                        | 0.                                                                                            |
| ( 95) AWANI KUMAR, M.D.<br>TRUSTEE - CMC                                 | 25.00<br>0.                                                                                | X                                                                                                            |                       |         |              |                              |        | 57,111.                                                              | 0.                                                                        | 0.                                                                                            |
| ( 96) MICHAEL PHAM, M.D.<br>TRUSTEE; EX-OFFICIO - JCMC                   | 25.00<br>0.                                                                                | X                                                                                                            |                       |         |              |                              |        | 40,000.                                                              | 0.                                                                        | 0.                                                                                            |
| ( 97) ZAFAR ZAMIR, M.D.<br>TRUSTEE - RWJUHH                              | 25.00<br>0.                                                                                | X                                                                                                            |                       |         |              |                              |        | 36,000.                                                              | 0.                                                                        | 0.                                                                                            |
| ( 98) JOHN KELLY, M.D.<br>TRUST; EX-OFF-VP MD STAFF-CMMC                 | 25.00<br>0.                                                                                | X                                                                                                            |                       |         |              |                              |        | 35,934.                                                              | 0.                                                                        | 0.                                                                                            |
| ( 99) CARLA PARKER HOLLIS<br>COO - JCMC (EFF. 11/11/19)                  | 55.00<br>0.                                                                                |                                                                                                              |                       | X       |              |                              |        | 35,385.                                                              | 0.                                                                        | 0.                                                                                            |
| (100) ANU CHAUDHRY, M.D.<br>TRUSTEE - RWJUHR                             | 25.00<br>0.                                                                                | X                                                                                                            |                       |         |              |                              |        | 35,000.                                                              | 0.                                                                        | 0.                                                                                            |
| (101) VICTOR PARSONNET, MD<br>TRUSTEE - NBIMC                            | 25.00<br>0.                                                                                | X                                                                                                            |                       |         |              |                              |        | 15,719.                                                              | 0.                                                                        | 18,309.                                                                                       |
| (102) MARTHA GARCIA<br>TRUSTEE - FAMILY FACULTY - CSH                    | 25.00<br>0.                                                                                | X                                                                                                            |                       |         |              |                              |        | 23,346.                                                              | 0.                                                                        | 0.                                                                                            |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        | 444,385.                                                             | 69,039.                                                                   | 18,309.                                                                                       |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4651**

**3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .

|          | Yes | No |
|----------|-----|----|
| <b>3</b> | X   |    |

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .

|          | Yes | No |
|----------|-----|----|
| <b>4</b> | X   |    |

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

|          | Yes | No |
|----------|-----|----|
| <b>5</b> |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **4**

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

| (A)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (103) CARLOS REMOLINA, M.D.<br>TRUSTEE-VP MED STAFF-RWJUHR     | 25.00<br>0.                                                                                | X                                                                                                            |                       |         |              |                              |        | 10,000.                                                              | 0.                                                                        | 0.                                                                                            |
| (104) CELESTE ANDRIOT WOOD<br>CHAIR - TRUSTEE - CSH            | 1.00<br>0.                                                                                 | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (105) FRED TEWELL<br>1ST VICE CHAIR - TRUSTEE - CSH            | 1.00<br>0.                                                                                 | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (106) DAVID KOSTINAS<br>2ND VICE CHAIR - TRUSTEE - CSH         | 1.00<br>0.                                                                                 | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (107) CHRISTIANA FOGLIO<br>SECRETARY - TRUSTEE - CSH           | 1.00<br>0.                                                                                 | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (108) LAWRENCE KRAMER<br>TREASURER - TRUSTEE - CSH             | 1.00<br>0.                                                                                 | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (109) JOHN R. BLASI, ESQ.<br>TRUSTEE - CSH                     | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (110) PETER CHEN, JD<br>TRUSTEE - CSH                          | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (111) JOHN CRISAN, ESQ.<br>TRUSTEE - CSH                       | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (112) SANDRA DESAPPIO<br>TRUSTEE - CSH                         | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (113) KIM HANEMANN<br>TRUSTEE - CSH                            | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| <b>1b Sub-total</b>                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        | 10,000.                                                              | 0.                                                                        | 0.                                                                                            |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4651**

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

|   | Yes | No |
|---|-----|----|
| 3 | X   |    |
| 4 | X   |    |
| 5 |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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|  |
|--|

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

| (A)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (114) SUEANNE D. KORN<br>TRUSTEE - CSH                         | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (115) PENELOPE E. LATTIMER, PH.D.<br>TRUSTEE - CSH             | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (116) DANA N. MAURO<br>TRUSTEE - CSH                           | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (117) GLENN MORTIMER<br>TRUSTEE - CSH                          | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (118) GEOFFREY PERSELAY<br>TRUSTEE - CSH                       | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (119) STEVEN M. ROSENBERG, ESQ.<br>TRUSTEE - CSH               | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (120) BARBARA ROTHMAN<br>TRUSTEE - CSH                         | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (121) ROBERT L. SMARTT<br>TRUSTEE - CSH                        | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (122) ROBERT GACCIONE<br>CHAIRMAN - TRUSTEE - CMMC             | 1.00<br>0.                                                                                 | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (123) JOSEPH MELONE<br>VICE CHARIMAN - TRUSTEE - CMMC          | 1.00<br>0.                                                                                 | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (124) BRENT N. RUDNICK<br>SECRETARY - TRUSTEE - CMMC           | 1.00<br>0.                                                                                 | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| <b>1b Sub-total</b>                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4651**

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

|          | Yes | No |
|----------|-----|----|
| <b>3</b> | X   |    |
| <b>4</b> | X   |    |
| <b>5</b> |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title                                                    | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                          |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| (125) BRIAN STERLING<br>TREASURER - TRUSTEE - CMMC                       | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       | X       |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (126) ANDREA BARBIER, D.O.<br>TRUSTEE - CMMC                             | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (127) ROBERT BRAUTIGAN, M.D.<br>TRUSTEE - CMMC                           | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (128) WILFREDO CARABALLO<br>TRUSTEE - CMMC                               | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (129) ROBERT GIANGERUSO<br>TRUSTEE - CMMC                                | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (130) NICHOLAS MINOIA<br>TRUSTEE - CMMC                                  | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (131) PETER NORCIA<br>TRUSTEE - CMMC                                     | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (132) SAID SALEH, M.D.<br>TRUSTEE - CMMC                                 | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (133) ANTHONY SLIMOWICZ, ESQ.<br>TRUSTEE - CMMC                          | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (134) MEI-MEI TUAN<br>TRUSTEE - CMMC                                     | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (135) DONALD JUMP, CPA<br>CHAIRMAN - TRUSTEE - CMC                       | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       | X       |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4651**

**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .

|          | Yes | No |
|----------|-----|----|
| <b>3</b> | X   |    |
| <b>4</b> | X   |    |
| <b>5</b> |     | X  |

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **4**

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

| (A)<br>Name and title                                                    | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                          |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| (136) DAVID ROSEN<br>VICE CHAIRMAN - TRUSTEE - CMC                       | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       | X       |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (137) THEODORE GOODING<br>SECRETARY - TRUSTEE - CMC                      | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       | X       |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (138) GARY V. LOTANO<br>TREASURER - TRUSTEE - CMC                        | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       | X       |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (139) MICHAEL BELCHER<br>TRUSTEE - CMC                                   | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (140) SANJAY BHAGAT, M.D.<br>TRUSTEE - CMC                               | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (141) JERRY P. BOISSEAU<br>TRUSTEE - CMC                                 | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (142) SANDY S. BROUGHTON<br>TRUSTEE - CMC                                | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (143) KARAMBIR DALAL, M.D.<br>TRUSTEE - CMC                              | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (144) PAUL J. DEMARTINO, M.D., FACG<br>TRUSTEE - CMC                     | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (145) JARROD C. GRASSO<br>TRUSTEE - CMC                                  | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (146) ANIL GUPTA, M.D.<br>TRUSTEE - CMC                                  | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 4651

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* . . . . .
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* . . . . .
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* . . . . .

|          | Yes | No |
|----------|-----|----|
| <b>3</b> | X   |    |
| <b>4</b> | X   |    |
| <b>5</b> |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title                                          | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| (147) MAURICE B. HILL, JR., DMD<br>TRUSTEE - CMC               | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (148) THOMAS HOURIGAN<br>TRUSTEE - CMC                         | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (149) FRANCIS KELLY, M.D.<br>TRUSTEE - CMC                     | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (150) BARBARA MILES<br>TRUSTEE - CMC                           | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (151) MARK MONTENERO<br>TRUSTEE - CMC                          | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (152) JUDY SCHMIDT<br>TRUSTEE - CMC                            | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (153) RICHARD STANZIONE, ESQ.<br>TRUSTEE - CMC                 | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (154) WILLIAM STRAZZELLA, D.O.<br>TRUSTEE - CMC                | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (155) PETER J. VAN DYKE, ESQ.<br>TRUSTEE - CMC                 | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (156) DANIEL J. VITALE<br>TRUSTEE - CMC                        | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (157) JEREMY GRUNIN<br>TRUSTEE - CMC (TERMED 5/1/19)           | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| <b>1b Sub-total</b>                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4651**

**3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

|          | Yes | No |
|----------|-----|----|
| <b>3</b> | X   |    |
| <b>4</b> | X   |    |
| <b>5</b> |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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



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

| (A)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (158) ROBERT E. MARGULIES, ESQ<br>CHAIRMAN - TRUSTEE - JCMC    | 1.00<br>0.                                                                                 | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (159) ABEGAIL DOULGAS-JOHNSON<br>VICE CHAIR - TRUSTEE - JCMC   | 1.00<br>0.                                                                                 | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (160) CATHERINE M. CARNEVALE<br>SECRETARY - TRUSTEE - JCMC     | 1.00<br>0.                                                                                 | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (161) MARVIN GLAZERMAN<br>TREASURER - TRUSTEE                  | 1.00<br>0.                                                                                 | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (162) ANSAR BATOOL<br>TRUSTEE - JCMC                           | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (163) JEREMY FARRELL<br>TRUSTEE - JCMC                         | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (164) THOMAS M. GALLAGHER<br>TRUSTEE - JCMC                    | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (165) CARLOS LEJNIEKS<br>TRUSTEE - JCMC                        | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (166) EDGAR MARTINEZ<br>TRUSTEE - JCMC                         | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (167) W. NEVINS MCCANN, ESQ<br>TRUSTEE - JCMC                  | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (168) RICHARD O'NEILL<br>TRUSTEE - JCMC                        | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| <b>1b Sub-total</b>                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4651**

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

|          | Yes | No |
|----------|-----|----|
| <b>3</b> | X   |    |
| <b>4</b> | X   |    |
| <b>5</b> |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title                                            | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                  |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (169) JOSEPH A. PANEPINTO, JR.<br>TRUSTEE - JCMC                 | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (170) VERONICA PARK<br>TRUSTEE - JCMC                            | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (171) MAUREEN A. SKEA<br>TRUSTEE - JCMC                          | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (172) SEENA A. STEIN<br>TRUSTEE - JCMC                           | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (173) KETAIN VYAS<br>TRUSTEE - JCMC                              | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (174) ROBERT P. HERRMANN<br>CHAIRMAN - TRUSTEE - MMC             | 1.00<br>0.                                                                                 | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (175) RAYMOND F. SHEA, JR, ESQ.<br>VICE CHAIRMAN - TRUSTEE - MMC | 1.00<br>0.                                                                                 | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (176) ANN UNTERBERG<br>VICE CHAIR - TRUSTEE - MMC                | 1.00<br>0.                                                                                 | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (177) FRANK CIESLA, ESQ.<br>SECRETARY - TRUSTEE - MMC            | 1.00<br>0.                                                                                 | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (178) ANTHONY P. TERRACCIANO<br>TREASURER - TRUSTEE - MMC        | 1.00<br>0.                                                                                 | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (179) JAMES G. AARON, ESQ.<br>TRUSTEE - MMC                      | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| <b>1b Sub-total</b>                                              |                                                                                            |                                                                                                              |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| <b>c Total from continuation sheets to Part VII, Section A</b>   |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                             |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4651**

**3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

|          | Yes | No |
|----------|-----|----|
| <b>3</b> | X   |    |
| <b>4</b> | X   |    |
| <b>5</b> |     | X  |

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title                                                | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                      |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| (180) ANNE EVANS-ESTABROOK<br>-----<br>TRUSTEE - MMC                 | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (181) VICTOR FERLISE, ESQ.<br>-----<br>TRUSTEE - MMC                 | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (182) SEAN GERTNER<br>-----<br>TRUSTEE - MMC                         | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (183) BENJAMIN R. HARVEY III<br>-----<br>TRUSTEE - MMC               | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (184) JOHN W. HEAVEY<br>-----<br>TRUSTEE - MMC                       | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (185) PATRICIA HOWARD<br>-----<br>TRUSTEE - MMC                      | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (186) CLAIRE M. KNOPF<br>-----<br>TRUSTEE - MMC                      | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (187) HEYWOOD H. KNOPF<br>-----<br>TRUSTEE - MMC                     | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (188) MICHAEL KOKES<br>-----<br>TRUSTEE - MMC                        | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (189) RABBI AARON KOTLER<br>-----<br>TRUSTEE - MMC                   | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (190) BRUCE KRAMER<br>-----<br>TRUSTEE - MMC                         | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| <b>1b Sub-total</b> .....                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>d Total (add lines 1b and 1c)</b> .....                           |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4651**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

|          | Yes | No |
|----------|-----|----|
| <b>3</b> | X   |    |
| <b>4</b> | X   |    |
| <b>5</b> |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title                                                | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                      |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| (191) JOSEPH F. LAGROTTERIA, ESQ.<br>-----<br>TRUSTEE - MMC          | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (192) GEORGE LAUFENBERG<br>-----<br>TRUSTEE - MMC                    | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (193) JUDGE LAWRENCE LAWSON<br>-----<br>TRUSTEE - MMC                | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (194) JAMES R. MAIDA<br>-----<br>TRUSTEE - MMC                       | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (195) GERALD C. MARRONE<br>-----<br>TRUSTEE - MMC                    | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (196) ANDREW J. MELNICK<br>-----<br>TRUSTEE - MMC                    | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (197) VALERIE MONTECALVO<br>-----<br>TRUSTEE - MMC                   | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (198) MARY ANNE NAGY<br>-----<br>TRUSTEE - MMC                       | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (199) VITO R. NARDELLI, ESQ.<br>-----<br>TRUSTEE - MMC               | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (200) ROBERT PATTON<br>-----<br>TRUSTEE - MMC                        | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (201) ADAM PFEFFER ESQ.<br>-----<br>TRUSTEE - MMC                    | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| <b>1b Sub-total</b> .....                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>d Total (add lines 1b and 1c)</b> .....                           |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4651**

**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

|          | Yes | No |
|----------|-----|----|
| <b>3</b> | X   |    |
| <b>4</b> | X   |    |
| <b>5</b> |     | X  |

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title                                                | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                      |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (202) RONALD J. RICCIO, ESQ.<br>-----<br>TRUSTEE - MMC               | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (203) LOUIS A. RODRIGUEZ, P.E.<br>-----<br>TRUSTEE - MMC             | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (204) ANDREW SAFRAN<br>-----<br>TRUSTEE - MMC                        | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (205) PATRICIA SENSI<br>-----<br>TRUSTEE - MMC                       | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (206) DARSIT SHAH, M.D.<br>-----<br>TRUSTEE - MMC                    | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (207) KAREN M. SICILIANO<br>-----<br>TRUSTEE - MMC                   | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (208) DAVID SICKEL<br>-----<br>TRUSTEE - MMC                         | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (209) ROBERT SICKEL<br>-----<br>TRUSTEE - MMC                        | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (210) MARTA SILVERBERG<br>-----<br>TRUSTEE - MMC                     | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (211) ANDREW SUN, M.D.<br>-----<br>TRUSTEE; EX-OFFICIO - MMC         | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (212) BETTE UHRMACHER, ESQ<br>-----<br>TRUSTEE - MMC                 | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| <b>1b Sub-total</b> .....                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> .....                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 4651

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....

|          | Yes | No |
|----------|-----|----|
| <b>3</b> | X   |    |
| <b>4</b> | X   |    |
| <b>5</b> |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (213) GEORGE CONWAY<br>TRUSTEE - MMC (TERMED 6/1/19)           | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (214) ALAN E. DAVIS, ESQ<br>TRUSTEE - MMC (TERMED 5/1/19)      | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (215) FRANCIS J. GIANTOMASI<br>CHAIRMAN - TRUSTEE - NBIMC      | 1.00<br>0.                                                                                 | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (216) VAUGHN CROWE<br>VICE CHAIRMAN-TRUSTEE-NBIMC              | 1.00<br>0.                                                                                 | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (217) PATRICK E. HOBBS<br>TREASURER - TRUSTEE - NBIMC          | 1.00<br>0.                                                                                 | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (218) FLEETA J. BARNES<br>TRUSTEE - NBIMC                      | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (219) MARC E. BERSON<br>TRUSTEE - NBIMC                        | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (220) ERIC BRUNDAGE<br>TRUSTEE - NBIMC                         | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (221) NANCY CANTOR, PH.D.<br>TRUSTEE - NBIMC                   | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (222) REV. WILLIAM CHRISTIAN<br>TRUSTEE - NBIMC                | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (223) LAWRENCE P. GOLDMAN<br>TRUSTEE - NBIMC                   | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| <b>1b Sub-total</b>                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4651**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

|          | Yes | No |
|----------|-----|----|
| <b>3</b> | X   |    |
| <b>4</b> | X   |    |
| <b>5</b> |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (224) WAYNE K. NASH<br>TRUSTEE - NBIMC                         | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (225) DAVID E. ROTHSCHILD<br>TRUSTEE - NBIMC                   | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (226) NORMAN SAMUELS, PH.D.<br>TRUSTEE - NBIMC                 | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (227) JOSEPH S. TAYLOR<br>TRUSTEE - NBIMC                      | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (228) JACK MORRIS<br>CHAIRMAN - TRUSTEE - RWJUH                | 1.00<br>0.                                                                                 | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (229) PAUL V. STAHLIN<br>VICE CHARIMAN-TRUSTEE-RWJUH           | 1.00<br>0.                                                                                 | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (230) DEFOREST B. SOARIES, JR.<br>SECRETARY - TRUSTEE - RWJUH  | 1.00<br>0.                                                                                 | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (231) JOHN A. HOFFMAN<br>TREASURER - TRUSTEE - RWJUH           | 1.00<br>0.                                                                                 | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (232) ROBERT L. BARCHI, MD, PH.D.<br>TRUSTEE - RWJUH           | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (233) LINDA BLOOMFIELD<br>TRUSTEE - RWJUH                      | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (234) ARTHUR JAMES CIFELLI<br>TRUSTEE - RWJUH                  | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| <b>1b Sub-total</b>                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4651**

**3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

|          | Yes | No |
|----------|-----|----|
| <b>3</b> | X   |    |
| <b>4</b> | X   |    |
| <b>5</b> |     | X  |

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title                                                  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                        |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (235) DINA KARMAZIN ELKINS<br>-----<br>TRUSTEE - RWJUH                 | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (236) MICHAEL J. GOWER<br>-----<br>TRUSTEE - RWJUH                     | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (237) PAUL D. HUBERT<br>-----<br>TRUSTEE - RWJUH                       | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (238) ROBERT L. JOHNSON, M.D.<br>-----<br>TRUSTEE - RWJUH              | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (239) JO-ANN MENDLES<br>-----<br>TRUSTEE - RWJUH                       | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (240) JOHANNA MERCIER<br>-----<br>TRUSTEE - RWJUH                      | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (241) LESTER J. OWENS<br>-----<br>TRUSTEE - RWJUH                      | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (242) CHRISTOPHER J. PALADINO<br>-----<br>TRUSTEE - RWJUH              | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (243) JOHN A. PAPA<br>-----<br>TRUSTEE - RWJUH                         | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (244) SUSAN C. REINHARD, PH.D.<br>-----<br>TRUSTEE - RWJUH             | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (245) JAMES C. SALWITZ, M.D.<br>-----<br>TRUSTEE - PRES. MEDICAL STAFF | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| <b>1b Sub-total</b> .....                                              |                                                                                            |                                                                                                              |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| <b>c Total from continuation sheets to Part VII, Section A</b> .....   |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> .....                             |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 4651

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....

|          | Yes | No |
|----------|-----|----|
| <b>3</b> | X   |    |
| <b>4</b> | X   |    |
| <b>5</b> |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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



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

| (A)<br>Name and title                                          | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| (246) BRIAN L. STROM, MD, PH.D.<br>TRUSTEE - RWJUH             | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (247) ROBERT T. ZITO<br>TRUSTEE - RWJUH                        | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (248) WILLIAM J. WALSH JR.<br>CHAIRMAN - TRUSTEE - RWJUHH      | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       | X       |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (249) NINA MELKER<br>VICE CHAIR - TRUSTEE - RWJUHH             | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       | X       |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (250) SHARIQ A. AFRIDI<br>TRUSTEE - RWJUHH                     | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (251) GREGORY BLAIR<br>TRUSTEE - RWJUHH                        | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (252) WESLEY BRIDGES, ESQ.<br>TRUSTEE - RWJUHH                 | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (253) PATRICIA A. COSTANTE<br>TRUSTEE - RWJUHH                 | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (254) HAROLD FINK<br>TRUSTEE - RWJUHH                          | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (255) JAMES M. GRAZIANO<br>TRUSTEE - RWJUHH                    | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (256) RICHARD GREGG, M.D.<br>TRUSTEE - RWJUHH                  | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| <b>1b Sub-total</b>                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4651**

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                          |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (257) CAROL HOLLOWAY<br>-----<br>TRUSTEE - RWJUHH                        | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (258) PETER INVERSO<br>-----<br>TRUSTEE - RWJUHH                         | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (259) SHARON LAMONT<br>-----<br>TRUSTEE - RWJUHH                         | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (260) MARLENE LAO-COLLINS<br>-----<br>TRUSTEE - RWJUHH                   | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (261) RYANE A. MARRONE<br>-----<br>TRUSTEE - RWJUHH                      | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (262) TERRY K. MCEWEN<br>-----<br>TRUSTEE - RWJUHH                       | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (263) ARTHUR G. PACIA, M.D.<br>-----<br>TRUSTEE - RWJUHH                 | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (264) MICHAEL PRATICO JR.<br>-----<br>TRUSTEE - RWJUHH                   | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (265) SHERISE D. RITTER<br>-----<br>TRUSTEE - RWJUHH                     | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (266) WILLIAM M. RUE<br>-----<br>TRUSTEE - RWJUHH                        | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (267) PATRICK RYAN<br>-----<br>TRUSTEE - RWJUHH                          | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4651**

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- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

|          | Yes | No |
|----------|-----|----|
| <b>3</b> | X   |    |
| <b>4</b> | X   |    |
| <b>5</b> |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **4**

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

| (A)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (268) VALERIE SELLERS<br>TRUSTEE - RWJUHH                      | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (269) CYNTHIA E. VONA, DDS, M.D.<br>TRUSTEE - RWJUHH           | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (270) ROBIN A. WALTON<br>TRUSTEE - RWJUHH                      | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (271) PHILLIP S. MILLER<br>TRUSTEE-RWJUHH (TERMED 4/1/19)      | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (272) DONNA I. MUGAVERO<br>CHAIR - TRUSTEE - RWJUHR            | 1.00<br>0.                                                                                 | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (273) MICHAEL O. THIEN<br>VICE CHAIRMAN-TRUSTEE-RWJUHR         | 1.00<br>0.                                                                                 | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (274) BARBARA MARTIN<br>SECRETARY - TRUSTEE - RWJUHR           | 1.00<br>0.                                                                                 | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (275) DANIEL B. LEPRI<br>TREASURER - TRUSTEE - RWJUHR          | 1.00<br>0.                                                                                 | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (276) JUAN C. BAEZ, M.D.<br>TRUSTEE-PRES. MED STAFF-RWJUHR     | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (277) KRYSTAL CANADY<br>TRUSTEE - RWJUHR                       | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (278) MATHEW CHOLANKERIL, M.D.<br>TRUSTEE - RWJUHR             | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| <b>1b Sub-total</b>                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

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|   | Yes | No |
|---|-----|----|
| 3 | X   |    |
| 4 | X   |    |
| 5 |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (279) NICHOLAS F. DELMONACO<br>TRUSTEE - RWJUHR                | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (280) G. ALLEN GEYER<br>TRUSTEE - RWJUHR                       | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (281) JOSEPH D. GIBILSCO<br>TRUSTEE - RWJUHR                   | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (282) ROGER C. GORE<br>TRUSTEE - RWJUHR                        | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (283) CHRISTINE KLINE<br>TRUSTEE; EX-OFFICIO - RWJUHR          | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (284) JOHN KLINE, M.D.<br>TRUSTEE - RWJUHR                     | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (285) RONALD C. KOWALCZYK<br>TRUSTEE - RWJUHR                  | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (286) BRIAN P. LEDDY<br>TRUSTEE - RWJUHR                       | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (287) LAWRENCE J. NALDI<br>TRUSTEE - RWJUHR                    | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (288) MICHAEL NUDO<br>TRUSTEE - RWJUHR                         | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (289) STEPHEN A. TIMONI<br>TRUSTEE - RWJUHR                    | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| <b>1b Sub-total</b>                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

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|          | Yes | No |
|----------|-----|----|
| <b>3</b> | X   |    |
| <b>4</b> | X   |    |
| <b>5</b> |     | X  |

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**Section B. Independent Contractors**

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| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (290) MICHAEL WIDMER<br>TRUSTEE; EX-OFFICIO - RWJUHR           | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (291) THOMAS D. KELAHER, ESQ.<br>CHAIRMAN - TRUSTEE - SBBH     | 1.00<br>0.                                                                                 | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (292) ELAINE DASTI, P.E.<br>TRUSTEE - SBBH                     | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (293) MICHAEL R. STANZIONE, ESQ.<br>TRUSTEE - SBBH             | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (294) DON SUMMA, CPA<br>TRUSTEE - SBBH                         | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (295) TERESA WALSH MSN<br>TRUSTEE - SBBH                       | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (296) SYED TIRMAZI, M.D.<br>TRUSTEE - SBBH (TERMED 3/1/19)     | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (297) BRUCE SCHONBRAUN<br>CHAIRMAN - TRUSTEE - SBMC            | 1.00<br>0.                                                                                 | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (298) JOSEPH BIER<br>TRUSTEE - SBMC                            | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (299) CELIA COLBERT<br>TRUSTEE - SBMC                          | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (300) STEPHEN CRANE, M.D.<br>TRUSTEE - SBMC                    | 1.00<br>0.                                                                                 | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| <b>1b Sub-total</b>                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4651**

**3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

|          | Yes | No |
|----------|-----|----|
| <b>3</b> | X   |    |
| <b>4</b> | X   |    |
| <b>5</b> |     | X  |

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title                                                | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                      |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| (301) ALAN GARTEN, M.D.<br>-----<br>TRUSTEE - SBMC                   | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (302) GREGG GOTTSEGEN<br>-----<br>TRUSTEE - SBMC                     | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (303) JEFFREY KIGNER<br>-----<br>TRUSTEE - SBMC                      | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (304) ROBERT D. MARCUS<br>-----<br>TRUSTEE - SBMC                    | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (305) JOSEPH MAURIELLO<br>-----<br>TRUSTEE - SBMC                    | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (306) ANDREA MELCHIORRE<br>-----<br>TRUSTEE - SBMC                   | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (307) EVAN RATNER<br>-----<br>TRUSTEE - SBMC                         | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (308) MICHAEL REKON<br>-----<br>TRUSTEE - SBMC                       | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (309) RICHARD RITHOLZ<br>-----<br>TRUSTEE - SBMC                     | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (310) JOHN RUSSO, MD<br>-----<br>TRUSTEE; EX-OFFICIO - SBMC          | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (311) ELENA SANTORO<br>-----<br>TRUSTEE; EX-OFFICIO - SBMC           | 1.00<br>0.                                                                                                      | X                                                                                                                  |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| <b>1b Sub-total</b> .....                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>d Total (add lines 1b and 1c)</b> .....                           |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 4651

**3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....

|          | Yes | No |
|----------|-----|----|
| <b>3</b> | X   |    |
| <b>4</b> | X   |    |
| <b>5</b> |     | X  |

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

|                 |                                                                                                                      |
|-----------------|----------------------------------------------------------------------------------------------------------------------|
| <b>Part VII</b> | <b>Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> <i>(continued)</i> |
|-----------------|----------------------------------------------------------------------------------------------------------------------|

[illegible]

|                     |    |    |    |
|---------------------|----|----|----|
| <b>1b Sub-total</b> | 0. | 0. | 0. |
|---------------------|----|----|----|

|                                                         |  |  |  |
|---------------------------------------------------------|--|--|--|
| c Total from continuation sheets to Part VII, Section A |  |  |  |
|---------------------------------------------------------|--|--|--|

|                                                |   |  |  |  |
|------------------------------------------------|---|--|--|--|
| <b>d Total (add lines 1b and 1c)</b> . . . . . | ▶ |  |  |  |
|------------------------------------------------|---|--|--|--|

|   |                                                                                                                                                                 |      |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| 2 | Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization | 4651 |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------|

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. . . . .

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

|   | Yes | No |
|---|-----|----|
| 3 | X   |    |
| 4 | X   |    |
| 5 |     | X  |

## Section B. Independent Contractors

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

**Part VIII Statement of Revenue**

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

|                                                                   |                                                       |                                                                                                                                                 |                | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |
|-------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------|----------------------------------------------|--------------------------------------|---------------------------------------------------------------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | 1a                                                    | Federated campaigns . . . . .                                                                                                                   | 1a             |                      |                                              |                                      |                                                               |
|                                                                   | b                                                     | Membership dues . . . . .                                                                                                                       | 1b             |                      |                                              |                                      |                                                               |
|                                                                   | c                                                     | Fundraising events . . . . .                                                                                                                    | 1c             | 1,349,533            |                                              |                                      |                                                               |
|                                                                   | d                                                     | Related organizations . . . . .                                                                                                                 | 1d             | 13,960,738           |                                              |                                      |                                                               |
|                                                                   | e                                                     | Government grants (contributions) . . . . .                                                                                                     | 1e             | 42,405,727           |                                              |                                      |                                                               |
|                                                                   | f                                                     | All other contributions, gifts, grants,<br>and similar amounts not included above . . . . .                                                     | 1f             | 10,234,261           |                                              |                                      |                                                               |
|                                                                   | g                                                     | Noncash contributions included in<br>lines 1a-1f. . . . .                                                                                       | 1g             | \$ 66,378            |                                              |                                      |                                                               |
|                                                                   | h                                                     | <b>Total.</b> Add lines 1a-1f . . . . .                                                                                                         |                | 67,950,259           |                                              |                                      |                                                               |
|                                                                   | <b>Program Service<br/>Revenue</b>                    | Business Code                                                                                                                                   |                |                      |                                              |                                      |                                                               |
| 2a                                                                |                                                       | NET PATIENT SERVICE REVENUE                                                                                                                     | 541900         | 4,958,311,530        | 4,958,311,530                                |                                      |                                                               |
| b                                                                 |                                                       | OTHER HEALTHCARE RELATED REVENUE                                                                                                                | 541900         | 64,667,085           | 61,150,804                                   | 3,516,281.                           |                                                               |
| c                                                                 |                                                       |                                                                                                                                                 |                |                      |                                              |                                      |                                                               |
| d                                                                 |                                                       |                                                                                                                                                 |                |                      |                                              |                                      |                                                               |
| e                                                                 |                                                       |                                                                                                                                                 |                |                      |                                              |                                      |                                                               |
| g                                                                 |                                                       | <b>Total.</b> Add lines 2a-2f . . . . .                                                                                                         |                | 5,022,978,615        |                                              |                                      |                                                               |
| <b>Other Revenue</b>                                              | 3                                                     | Investment income (including dividends, interest, and<br>other similar amounts). . . . .                                                        |                | 2,274,527            |                                              |                                      | 2,274,527                                                     |
|                                                                   | 4                                                     | Income from investment of tax-exempt bond proceeds . . . . .                                                                                    |                | 0                    |                                              |                                      |                                                               |
|                                                                   | 5                                                     | Royalties . . . . .                                                                                                                             |                | 0                    |                                              |                                      |                                                               |
|                                                                   | 6a                                                    | Gross rents . . . . .                                                                                                                           | (i) Real       | 18,218,353           |                                              |                                      |                                                               |
|                                                                   | b                                                     | Less rental expenses                                                                                                                            | (ii) Personal  | *5,601,273           |                                              |                                      |                                                               |
|                                                                   | c                                                     | Rental income or (loss)                                                                                                                         |                | 12,617,080           |                                              |                                      |                                                               |
|                                                                   | d                                                     | Net rental income or (loss). . . . .                                                                                                            |                | 12,617,080.          |                                              |                                      | 12,617,080                                                    |
|                                                                   | 7a                                                    | Gross amount from<br>sales of assets<br>other than inventory                                                                                    | (i) Securities | 104,610,770          | 457,266                                      |                                      |                                                               |
|                                                                   | b                                                     | Less cost or other basis<br>and sales expenses . . . . .                                                                                        | (ii) Other     | 104,611,605          |                                              |                                      |                                                               |
|                                                                   | c                                                     | Gain or (loss) . . . . .                                                                                                                        |                | -835                 | 457,266                                      |                                      |                                                               |
|                                                                   | d                                                     | Net gain or (loss) . . . . .                                                                                                                    |                | 456,431              |                                              |                                      | 456,431.                                                      |
|                                                                   | 8a                                                    | Gross income from fundraising<br>events (not including \$ 1,349,533<br>of contributions reported on line<br>1c). See Part IV, line 18 . . . . . |                | 718,928.             |                                              |                                      |                                                               |
|                                                                   | b                                                     | Less direct expenses . . . . .                                                                                                                  |                | 718,928.             |                                              |                                      |                                                               |
|                                                                   | c                                                     | Net income or (loss) from fundraising events. . . . .                                                                                           |                | 0.                   |                                              |                                      |                                                               |
|                                                                   | 9a                                                    | Gross income from gaming<br>activities. See Part IV, line 19 . . . . .                                                                          |                | 42,320.              |                                              |                                      |                                                               |
|                                                                   | b                                                     | Less direct expenses . . . . .                                                                                                                  |                | 26,055.              |                                              |                                      |                                                               |
|                                                                   | c                                                     | Net income or (loss) from gaming activities. . . . .                                                                                            |                | 16,265               |                                              |                                      | 16,265.                                                       |
|                                                                   | 10a                                                   | Gross sales of inventory, less<br>returns and allowances . . . . .                                                                              |                | 0.                   |                                              |                                      |                                                               |
|                                                                   | b                                                     | Less cost of goods sold . . . . .                                                                                                               |                | 0.                   |                                              |                                      |                                                               |
| c                                                                 | Net income or (loss) from sales of inventory. . . . . |                                                                                                                                                 | 0              |                      |                                              |                                      |                                                               |
| <b>Miscellaneous<br/>Revenue</b>                                  | Business Code                                         |                                                                                                                                                 |                |                      |                                              |                                      |                                                               |
|                                                                   | 11a                                                   | CAFETERIA                                                                                                                                       | 541900         | 11,794,306           |                                              |                                      | 11,794,306                                                    |
|                                                                   | b                                                     | PARKING                                                                                                                                         | 541900         | 5,701,127.           |                                              |                                      | 5,701,127.                                                    |
|                                                                   | c                                                     |                                                                                                                                                 |                |                      |                                              |                                      |                                                               |
|                                                                   | e                                                     | <b>Total.</b> Add lines 11a-11d . . . . .                                                                                                       |                | 17,495,433           |                                              |                                      |                                                               |
| 12                                                                | <b>Total revenue.</b> See instructions . . . . .      |                                                                                                                                                 |                | 5,123,788,610        | 5,019,462,334                                | 3,516,281                            | 32,859,736                                                    |



**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .                                                                                                                                     | 618,837.              | 618,837.                        |                                        |                             |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .                                                                                                                                                                | 177,572.              | 177,572.                        |                                        |                             |
| 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 . . . . .                                                                                                                                                                | 16,408,939.           | 14,768,045.                     | 1,640,894.                             |                             |
| 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 . . . . .                                                                                                                                                                                                                | 1,744,014,586.        | 1,569,613,127.                  | 174,401,459.                           |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .                                                                                                                                      | 72,660,553.           | 65,394,498.                     | 7,266,055.                             |                             |
| 9 Other employee benefits . . . . .                                                                                                                                                                                                                 | 114,449,935.          | 103,004,942.                    | 11,444,993.                            |                             |
| 10 Payroll taxes . . . . .                                                                                                                                                                                                                          | 146,716,197.          | 132,044,577.                    | 14,671,620.                            |                             |
| 11 Fees for services (nonemployees)                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| a Management . . . . .                                                                                                                                                                                                                              | 513,929,007.          | 462,536,106.                    | 51,392,901.                            |                             |
| b Legal . . . . .                                                                                                                                                                                                                                   | 186,428.              | 167,785.                        | 18,643.                                |                             |
| c Accounting . . . . .                                                                                                                                                                                                                              | 9,982.                | 8,984.                          | 998.                                   |                             |
| d Lobbying . . . . .                                                                                                                                                                                                                                | 247,873.              | 223,086.                        | 24,787.                                |                             |
| e Professional fundraising services See Part IV, line 17.                                                                                                                                                                                           | 447,814.              |                                 |                                        | 447,814.                    |
| 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). . . . .                                                                                                                               | 271,716,628.          | 244,544,965.                    | 27,171,663.                            |                             |
| 12 Advertising and promotion . . . . .                                                                                                                                                                                                              | 3,491,763.            | 3,142,587.                      | 349,176.                               |                             |
| 13 Office expenses . . . . .                                                                                                                                                                                                                        | 110,866,258.          | 99,779,632.                     | 11,086,626.                            |                             |
| 14 Information technology . . . . .                                                                                                                                                                                                                 | 20,402,211.           | 18,361,990.                     | 2,040,221.                             |                             |
| 15 Royalties . . . . .                                                                                                                                                                                                                              | 0.                    |                                 |                                        |                             |
| 16 Occupancy . . . . .                                                                                                                                                                                                                              | 85,442,900.           | 76,898,610.                     | 8,544,290.                             |                             |
| 17 Travel . . . . .                                                                                                                                                                                                                                 | 2,319,863.            | 2,087,877.                      | 231,986.                               |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                                                                         | 0.                    |                                 |                                        |                             |
| 19 Conferences, conventions, and meetings . . . . .                                                                                                                                                                                                 | 815,656.              | 734,090.                        | 81,566.                                |                             |
| 20 Interest . . . . .                                                                                                                                                                                                                               | 76,620,879.           | 68,958,791.                     | 7,662,088.                             |                             |
| 21 Payments to affiliates . . . . .                                                                                                                                                                                                                 | 0.                    |                                 |                                        |                             |
| 22 Depreciation, depletion, and amortization . . . . .                                                                                                                                                                                              | 203,881,782.          | 183,493,604.                    | 20,388,178.                            |                             |
| 23 Insurance . . . . .                                                                                                                                                                                                                              | 44,338,836.           | 39,904,952.                     | 4,433,884.                             |                             |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                                 |                       |                                 |                                        |                             |
| a MEDICAL SUPPLIES                                                                                                                                                                                                                                  | 968,336,780.          | 871,503,102.                    | 96,833,678.                            |                             |
| b PHYSICIAN FEES & SALARIES                                                                                                                                                                                                                         | 439,589,770.          | 395,630,793.                    | 43,958,977.                            |                             |
| c REPAIRS & MAINTENANCE                                                                                                                                                                                                                             | 82,801,005.           | 74,520,904.                     | 8,280,101.                             |                             |
| d OTHER EXPENSES                                                                                                                                                                                                                                    | 54,618,782.           | 49,156,904.                     | 5,461,878.                             |                             |
| e All other expenses                                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| 25 Total functional expenses Add lines 1 through 24e                                                                                                                                                                                                | 4,975,110,836.        | 4,477,276,360.                  | 497,386,662.                           | 447,814.                    |
| 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) . . . . . | 0.                    |                                 |                                        |                             |

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

|                                                                     |                                                                                                                                                                                                                   | (A)<br>Beginning of year |                | (B)<br>End of year |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------|--------------------|
| <b>Assets</b>                                                       | 1 Cash - non-interest-bearing                                                                                                                                                                                     | 117,077.                 | 1              | 105,947.           |
|                                                                     | 2 Savings and temporary cash investments                                                                                                                                                                          | 12,792,581.              | 2              | 9,800,315.         |
|                                                                     | 3 Pledges and grants receivable, net                                                                                                                                                                              | 23,017,080.              | 3              | 14,881,658.        |
|                                                                     | 4 Accounts receivable, net                                                                                                                                                                                        | 478,238,098.             | 4              | 504,680,771.       |
|                                                                     | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 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                                                                                                                                                                                     | 84,987,412.              | 8              | 85,894,235.        |
|                                                                     | 9 Prepaid expenses and deferred charges                                                                                                                                                                           | 38,066,628.              | 9              | 39,314,588.        |
|                                                                     | 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D                                                                                                                            | 10a 5,163,087,097.       |                |                    |
|                                                                     | b Less accumulated depreciation                                                                                                                                                                                   | 10b 3,145,777,338.       | 1,947,163,396. | 10c 2,017,309,759. |
|                                                                     | 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                                                                                                                                                            | 239,579,450.             | 13             | 245,026,006.       |
|                                                                     | 14 Intangible assets                                                                                                                                                                                              | 5,999,658.               | 14             | 6,986,058.         |
|                                                                     | 15 Other assets. See Part IV, line 11                                                                                                                                                                             | 3,595,749,895.           | 15             | 3,762,658,806.     |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) | 6,425,711,275.                                                                                                                                                                                                    | 16                       | 6,686,658,143. |                    |
| <b>Liabilities</b>                                                  | 17 Accounts payable and accrued expenses                                                                                                                                                                          | 397,043,161.             | 17             | 466,118,787.       |
|                                                                     | 18 Grants payable                                                                                                                                                                                                 | 0.                       | 18             | 0.                 |
|                                                                     | 19 Deferred revenue                                                                                                                                                                                               | 23,639,996.              | 19             | 13,959,887.        |
|                                                                     | 20 Tax-exempt bond liabilities                                                                                                                                                                                    | 212,893,711.             | 20             | 163,208,357.       |
|                                                                     | 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                                                                                                                                                 | 28,384,953.              | 23             | 208,769,323.       |
|                                                                     | 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                                          | 2,085,862,690.           | 25             | 2,405,192,642.     |
|                                                                     | 26 <b>Total liabilities.</b> Add lines 17 through 25                                                                                                                                                              | 2,747,824,511.           | 26             | 3,257,248,996.     |
| <b>Net Assets or Fund Balances</b>                                  | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.                                                                                     |                          |                |                    |
|                                                                     | 27 Net assets without donor restrictions                                                                                                                                                                          | 3,510,272,448.           | 27             | 3,261,249,692.     |
|                                                                     | 28 Net assets with donor restrictions                                                                                                                                                                             | 167,614,316.             | 28             | 168,159,455.       |
|                                                                     | 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 <b>Total net assets or fund balances</b>                                                                                                                                                                       | 3,677,886,764.           | 32             | 3,429,409,147.     |
| 33 <b>Total liabilities and net assets/fund balances</b>            | 6,425,711,275.                                                                                                                                                                                                    | 33                       | 6,686,658,143. |                    |

Form **990** (2019)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI. ☒

|           |                                                                                                                         |           |                |
|-----------|-------------------------------------------------------------------------------------------------------------------------|-----------|----------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12) . . . . .                                                     | <b>1</b>  | 5,123,788,610. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25) . . . . .                                                      | <b>2</b>  | 4,975,110,836. |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1 . . . . .                                                             | <b>3</b>  | 148,677,774.   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .                     | <b>4</b>  | 3,677,886,764. |
| <b>5</b>  | Net unrealized gains (losses) on investments . . . . .                                                                  | <b>5</b>  | 723,449.       |
| <b>6</b>  | Donated services and use of facilities . . . . .                                                                        | <b>6</b>  | 0.             |
| <b>7</b>  | Investment expenses . . . . .                                                                                           | <b>7</b>  | 0.             |
| <b>8</b>  | Prior period adjustments . . . . .                                                                                      | <b>8</b>  | 0.             |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O). . . . .                                           | <b>9</b>  | -397,878,840.  |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . . | <b>10</b> | 3,429,409,147. |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. ☒

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

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | X  |
| <b>2b</b> | X   |    |
| <b>2c</b> | X   |    |
| <b>3a</b> | X   |    |
| <b>3b</b> | X   |    |

Form **990** (2019)

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number

85-1296795

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**. b3
- 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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box 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 |                                                   |                                                 |
| (A)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| (B)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| (C)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| (D)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| (E)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| Total                              |          |                                                                               |                                                             |    |                                                   |                                                 |

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

Schedule A (Form 990 or 990-EZ) 2019

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                                  | (a) 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 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 <b>Total.</b> 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 <b>Public support.</b> 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 <b>Total support.</b> Add lines 7 through 10 . . . . .                                                                                                                                                |          |          |          |          |          |                          |
| 12 Gross receipts from related activities, etc. (see instructions) . . . . .                                                                                                                             |          |          |          |          | 12       |                          |
| 13 <b>First five years.</b> 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 <b>stop here</b> . . . . . |          |          |          |          |          | <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 from 2018 Schedule A, Part II, line 14 . . . . .                                                                                                                                                                                                                                                                                                                                          | 15 | %                        |
| 16a <b>33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. . . . .                                                                                                                                                                            |    | <input type="checkbox"/> |
| b <b>33 1/3% support test - 2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .                                                                                                                                                                        |    | <input type="checkbox"/> |
| 17a <b>10%-facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> 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 <b>10%-facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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"/> |

Schedule A (Form 990 or 990-EZ) 2019

**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 <b>Total.</b> 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 <b>Public support.</b> (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 <b>Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .                                                                                                                                                                   |          |          |          |          |          |           |
| 14 <b>First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/> |          |          |          |          |          |           |

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

**Part IV Supporting Organizations** (continued)

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

11a

11b

11c

**Section B. Type I Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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. |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.                                                                                                                                                                                                                                                                             |     |    |

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2

**Section C. Type II Supporting Organizations**

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

1

**Section D. All Type III Supporting Organizations**

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

1

2

3

**Section E. Type III Functionally Integrated Supporting Organizations**

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

2a

2b

3a

3b



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

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

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

| Section B - Minimum Asset Amount                                                                                                 |    | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------------------------------------------------------------------------------------------------------|----|----------------|-----------------------------|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) |    |                |                             |
| a Average monthly value of securities                                                                                            | 1a |                |                             |
| b Average monthly cash balances                                                                                                  | 1b |                |                             |
| c Fair market value of other non-exempt-use assets                                                                               | 1c |                |                             |
| d Total (add lines 1a, 1b, and 1c)                                                                                               | 1d |                |                             |
| e Discount claimed for blockage or other factors (explain in detail in Part VI)                                                  |    |                |                             |
| 2 Acquisition indebtedness applicable to non-exempt-use assets                                                                   | 2  |                |                             |
| 3 Subtract line 2 from line 1d                                                                                                   | 3  |                |                             |
| 4 Cash deemed held for exempt use Enter 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) |   |  |              |

Schedule A (Form 990 or 990-EZ) 2019

**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)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>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 For result greater than zero, explain in Part VI. See instructions |                             |                                        |                                           |
| 6                                                       | Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 For result 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 . . . .                                                                                                                                             |                             |                                        |                                           |

Schedule A (Form 990 or 990-EZ) 2019

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

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

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

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

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

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

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2019

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

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

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

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

**4-Year Averaging Period Under Section 501(h)**

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

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

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in)                      | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
|------------------------------------------------------------------|----------|----------|----------|----------|-----------|
| <b>2a</b> Lobbying nontaxable amount                             |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))   |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                             |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                            |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                        |          |          |          |          |           |

Schedule C (Form 990 or 990-EZ) 2019

**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?                                                                                                                                                                                                                   |     | X  |          |
| b                                                                                                                         | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                                  |     | X  |          |
| c                                                                                                                         | Media advertisements?                                                                                                                                                                                                         |     | X  |          |
| d                                                                                                                         | Mailings to members, legislators, or the public?                                                                                                                                                                              |     | X  |          |
| e                                                                                                                         | Publications, or published or broadcast statements?                                                                                                                                                                           |     | X  |          |
| f                                                                                                                         | Grants to other organizations for lobbying purposes?                                                                                                                                                                          |     | X  |          |
| g                                                                                                                         | Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                   |     | X  |          |
| h                                                                                                                         | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                     | X   |    | 247,873. |
| i                                                                                                                         | Other activities?                                                                                                                                                                                                             |     | X  |          |
| j                                                                                                                         | Total. Add lines 1c through 1i                                                                                                                                                                                                |     |    | 247,873. |
| 2a                                                                                                                        | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?                                                                                                                                 |     | X  |          |
| b                                                                                                                         | If "Yes," enter the amount of any tax incurred under section 4912                                                                                                                                                             |     |    |          |
| c                                                                                                                         | If "Yes," enter the amount of any tax incurred by organization managers under section 4912                                                                                                                                    |     |    |          |
| d                                                                                                                         | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?                                                                                                                                  |     |    |          |

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

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

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

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

SEE PAGE 4

**Part IV** Supplemental Information (continued)

SCHEDULE C, PART II-B; LINE 1H

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

IN ADDITION, THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE MEMBERS OF THE HOSPITAL ALLIANCE OF NEW JERSEY, THE NEW JERSEY HOSPITAL ASSOCIATION, AND THE AMERICAN HOSPITAL ASSOCIATION WHICH ENGAGE IN LOBBYING EFFORTS ON BEHALF OF THEIR MEMBER HOSPITALS. A PORTION OF THE DUES PAID TO THESE ORGANIZATIONS HAS BEEN ALLOCATED TO LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990. THIS ALLOCATION AMOUNTED TO \$247,873 IN 2019.

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number

85-1296795

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

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

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

**Part II Conservation Easements.**

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

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

|                                                                                                     |                                                                             |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                              | <input type="checkbox"/> Preservation of a certified historic structure     |
| <input type="checkbox"/> Preservation of open space                                                 |                                                                             |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule D (Form 990) 2019



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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

- |                                                            | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|------------------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance . . . . .                     | 168,160,316.     | 159,906,574.   | 145,664,147.       | 158,487,390.         | 153,611,512.        |
| b Contributions . . . . .                                  |                  | 1,905,430.     | 3,149,635.         | 17,269,105.          | 372,899.            |
| c Net investment earnings, gains, and losses. . . . .      | 227,000.         | 10,259,836.    | 18,897,925.        | -24,137,241.         | 9,009,664.          |
| d Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs . . . . . | 3,431,000.       | 3,911,524.     | 7,805,133.         | 5,955,107.           | 4,506,685.          |
| f Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| g End of year balance . . . . .                            | 164,956,316.     | 168,160,316.   | 159,906,574.       | 145,664,147.         | 158,487,390.        |
- 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 ▶ 19.5400 %
- c Term endowment ▶ 80.4600 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |                                      | Yes | No |
|--------------------------------------|-----|----|
| (i) Unrelated organizations. . . . . |     | X  |
| (ii) Related organizations . . . . . | X   |    |
- b If "Yes" on line 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 . . . . .                                                                                       |                                      | 90,472,125.                     |                              | 90,472,125.    |
| b Buildings . . . . .                                                                                   |                                      | 2780628428.                     | 1470467460.                  | 1,310,160,968. |
| c Leasehold improvements. . . . .                                                                       |                                      | 67,456,357.                     | 55,710,465.                  | 11,745,892.    |
| d Equipment. . . . .                                                                                    |                                      | 2069413676.                     | 1597121028.                  | 472,292,648.   |
| e Other . . . . .                                                                                       |                                      | 155,116,511.                    | 22,478,385.                  | 132,638,126.   |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c) . . . . . |                                      |                                 |                              | 2,017,309,759. |

Schedule D (Form 990) 2019

**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<br>(including name of security)   | (b) Book value | (c) Method of valuation<br>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<br>Cost or end-of-year market value |
|---------------------------------------------------------------------------|----------------|-------------------------------------------------------------|
| (1) _____                                                                 |                |                                                             |
| (2) _____                                                                 |                |                                                             |
| (3) _____                                                                 |                |                                                             |
| (4) _____                                                                 |                |                                                             |
| (5) _____                                                                 |                |                                                             |
| (6) _____                                                                 |                |                                                             |
| (7) _____                                                                 |                |                                                             |
| (8) _____                                                                 |                |                                                             |
| (9) _____                                                                 |                |                                                             |
| Total (Column (b) must equal Form 990, Part X, col (B) line 13) . . . . . |                |                                                             |

**Part IX Other Assets.**

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

| (a) Description                                                            | (b) Book value |
|----------------------------------------------------------------------------|----------------|
| (1) DUE FROM AFFILIATES, CURRENT                                           | 3,573,022,877. |
| (2) OTHER RECEIVABLES                                                      | 19,215,191.    |
| (3) ESTIMATED AMOUNTS DUE FROM                                             |                |
| (4) THIRD PARTY PAYORS, NET                                                | 14,809,671.    |
| (5) DUE FROM CHILDREN'S                                                    |                |
| (6) SPECIALIZED HOSPITAL FDN                                               | 3,105,654.     |
| (7) SECURITY DEPOSITS                                                      | 997,976.       |
| (8) OTHER ASSETS                                                           | 151,507,437.   |
| (9) _____                                                                  |                |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) . . . . . | 3,762,658,806. |

**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 ATTACHMENT 1                                      |                |
| (2) OTHER LIABILITIES                                                      | 259,633,653.   |
| (3) DUE TO AFFILIATES; CURRENT                                             | 3,604,175.     |
| (4) ESTIMATED AMOUNTS DUE TO THIRD                                         |                |
| (5) PARTY PAYORS, NET; CURRENT                                             | 7,823,767.     |
| (6) DUE TO AFFILIATES; NON-CURRENT                                         | 19,812,981.    |
| (7) RWJBH OBLIGATED GROUPED LIABILITY                                      | 2,025,669,098. |
| (8) ESTIMATED AMOUNTS DUE TO THIRD                                         |                |
| (9) PARTY PAYORS, NET; NON-CURRENT                                         | 48,130,561.    |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) . . . . . | 2,405,192,642. |

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

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART V; QUESTION 4

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

SCHEDULE D, PART X

THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE AFFILIATES WITHIN RWJBARNABAS HEALTH ("RWJBH"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. RWJBH ISSUES AUDITED CONSOLIDATED FINANCIAL STATEMENTS WHICH INCLUDE ALL RELATED ENTITIES; INCLUDING THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990. THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS FOR THE RWJBH HOSPITALS AND CERTAIN OTHER RWJBH AFFILIATES. THE FOOTNOTE BELOW IS FROM RWJBH'S 2019 AUDITED CONSOLIDATED FINANCIAL STATEMENTS AND REPORTS RWJBH'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740):

THE CORPORATION DOES NOT HAVE ANY SIGNIFICANT UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2019 AND 2018.

**Part XIII** Supplemental Information (continued)ATTACHMENT 1SCHEDULE D, PART X - OTHER LIABILITIESDESCRIPTIONBOOK VALUE

ACCRUED INTEREST

40,518,407.

TOTALS

2,405,192,642.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number

85-1296795

**Part I. General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

| (a) Region                                 | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|--------------------------------------------|-------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| (1) CENTRAL AMERICA/CARIBBEAN              | 0                                   | 0                                                                          | PROGRAM SERVICES                                                                                                                                   | FINANCIAL VEHICLE                                                                                      |                                                          |
| (2) CENTRAL AMERICA/CARIBBEAN              | 0                                   | 0                                                                          | INVESTMENTS                                                                                                                                        |                                                                                                        | 263,282,910                                              |
| (3)                                        |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (4)                                        |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (5)                                        |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (6)                                        |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (7)                                        |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (8)                                        |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (9)                                        |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (10)                                       |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (11)                                       |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (12)                                       |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (13)                                       |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (14)                                       |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (15)                                       |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (16)                                       |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (17)                                       |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| 3a Subtotal                                |                                     |                                                                            |                                                                                                                                                    |                                                                                                        | 263,282,910                                              |
| b Total from continuation sheets to Part I |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| c Totals (add lines 3a and 3b)             |                                     |                                                                            |                                                                                                                                                    |                                                                                                        | 263,282,910                                              |

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

Schedule F (Form 990) 2019

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

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

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

3 Enter total number of other organizations or entities

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

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

Schedule F (Form 990) 2019



**Part IV Foreign Forms**

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

Schedule F (Form 990) 2019

**Part V Supplemental Information**

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

## SCHEDULE F, PART I

BARNABAS HEALTH, INC., A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3)  
TAX-EXEMPT ORGANIZATION, ACCRUED FOR ACCOUNTING PURPOSES EXPENSES TO  
COMMERCIAL PROFESSIONAL INSURANCE CO., LTD., A FINANCIAL VEHICLE,  
\$30,336,248; ON BEHALF OF AND FOR THE BENEFIT OF THE FOLLOWING RELATED  
ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990.

CHILDREN'S SPECIALIZED HOSPITAL - \$273,443;  
CLARA MAASS MEDICAL CENTER - \$1,881,263;  
COMMUNITY MEDICAL CENTER - \$2,525,732;  
JERSEY CITY MEDICAL CENTER - \$2,830,804;  
MONMOUTH MEDICAL CENTER - \$4,388,843;  
NEWARK BETH ISRAEL MEDICAL CENTER - \$5,966,708;  
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - \$5,402,922;  
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON - \$898,087;  
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY - \$428,127;  
SAINT BARNABAS BEHAVIORAL HEALTH CENTER - \$53,541; AND  
SAINT BARNABAS MEDICAL CENTER - \$5,686,778.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ

▶ Go to [www.irs.gov/Form990](http://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

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number

85-1296795

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17  
Form 990-EZ filers are not required to complete this part

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |                                                                               |                                                                         |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>a</b> <input type="checkbox"/> Mail solicitations                          | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input checked="" type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations                     |                                                                         |

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|-----------------------------------------------------------|---------------|----------------------------------------------------------------|----|-----------------------------------|------------------------------------------------------------------|---------------------------------------------------|
|                                                           |               | Yes                                                            | No |                                   |                                                                  |                                                   |
| <b>1</b><br>ATTACHMENT 1                                  |               |                                                                |    |                                   |                                                                  |                                                   |
| <b>2</b>                                                  |               |                                                                |    |                                   |                                                                  |                                                   |
| <b>3</b>                                                  |               |                                                                |    |                                   |                                                                  |                                                   |
| <b>4</b>                                                  |               |                                                                |    |                                   |                                                                  |                                                   |
| <b>5</b>                                                  |               |                                                                |    |                                   |                                                                  |                                                   |
| <b>6</b>                                                  |               |                                                                |    |                                   |                                                                  |                                                   |
| <b>7</b>                                                  |               |                                                                |    |                                   |                                                                  |                                                   |
| <b>8</b>                                                  |               |                                                                |    |                                   |                                                                  |                                                   |
| <b>9</b>                                                  |               |                                                                |    |                                   |                                                                  |                                                   |
| <b>10</b>                                                 |               |                                                                |    |                                   |                                                                  |                                                   |
| <b>Total</b> .....                                        |               |                                                                |    | 357,506.                          | 447,814.                                                         | 328,793.                                          |

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

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

|                 |                                                                            | (a) Event #1<br>GOLF-SBDF<br>(event type) | (b) Event #2<br>MIRACLE WALK-S<br>(event type) | (c) Other events<br>19.<br>(total number) | (d) Total events<br>(add col (a) through<br>col (c)) |
|-----------------|----------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------|-------------------------------------------|------------------------------------------------------|
|                 |                                                                            |                                           |                                                |                                           |                                                      |
| Revenue         | 1 Gross receipts . . . . .                                                 | 482,100.                                  | 308,520.                                       | 1,277,841.                                | 2,068,461.                                           |
|                 | 2 Less Contributions . . . . .                                             | 320,619.                                  | 267,978.                                       | 760,936.                                  | 1,349,533.                                           |
|                 | 3 Gross income (line 1 minus<br>line 2) . . . . .                          | 161,481.                                  | 40,542.                                        | 516,905.                                  | 718,928.                                             |
| Direct Expenses | 4 Cash prizes . . . . .                                                    |                                           |                                                |                                           |                                                      |
|                 | 5 Noncash prizes . . . . .                                                 |                                           |                                                |                                           |                                                      |
|                 | 6 Rent/facility costs . . . . .                                            | 130,273.                                  | 4,138.                                         | 318,841.                                  | 453,252.                                             |
|                 | 7 Food and beverages . . . . .                                             |                                           |                                                |                                           |                                                      |
|                 | 8 Entertainment . . . . .                                                  |                                           | 3,861.                                         | 6,500.                                    | 10,361.                                              |
|                 | 9 Other direct expenses . . . . .                                          | 31,208.                                   | 32,543.                                        | 191,564.                                  | 255,315.                                             |
|                 | 10 Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶  |                                           |                                                |                                           | 718,928.                                             |
|                 | 11 Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶ |                                           |                                                |                                           |                                                      |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |                                                                                 | (a) Bingo                                                        | (b) Pull tabs/instant<br>bingo/progressive bingo                 | (c) Other gaming                                                                  | (d) Total gaming (add<br>col (a) through col (c)) |
|-----------------|---------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------|
|                 |                                                                                 |                                                                  |                                                                  |                                                                                   |                                                   |
| Revenue         | 1 Gross revenue . . . . .                                                       |                                                                  |                                                                  | 42,320.                                                                           | 42,320.                                           |
|                 | 2 Cash prizes . . . . .                                                         |                                                                  |                                                                  | 26,015.                                                                           | 26,015.                                           |
| Direct Expenses | 3 Noncash prizes . . . . .                                                      |                                                                  |                                                                  |                                                                                   |                                                   |
|                 | 4 Rent/facility costs . . . . .                                                 |                                                                  |                                                                  |                                                                                   |                                                   |
|                 | 5 Other direct expenses . . . . .                                               |                                                                  |                                                                  | 40.                                                                               | 40.                                               |
|                 | 6 Volunteer labor . . . . .                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ % | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ % | <input checked="" type="checkbox"/> Yes 100.0000 %<br><input type="checkbox"/> No |                                                   |
|                 | 7 Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶        |                                                                  |                                                                  |                                                                                   | 26,055.                                           |
|                 | 8 Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶ |                                                                  |                                                                  |                                                                                   | 16,265.                                           |

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

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

b If "No," explain \_\_\_\_\_

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

b If "Yes," explain \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☒ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13 Indicate the percentage of gaming activity conducted in
- |                               |     |            |
|-------------------------------|-----|------------|
| a The organization's facility | 13a | %          |
| b An outside facility         | 13b | 100.0000 % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ DIANE REEVES

Address ▶ 2 CRESCENT PLACE OCEANPORT, NJ 07757

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

## 16 Gaming manager information

Name ▶ KELLY GOSS

Gaming manager compensation ▶ \$ \_\_\_\_\_

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

☐ Director/officer☒ Employee☐ Independent contractor

## 17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions)

**SCHEDULE H**  
**(Form 990)**

**Hospitals**

OMB No 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number

85-1296795

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

|                                                                                                                                                                                                                                                                                                                                                                         | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .                                                                                                                                                                                                                                           | X   |    |
| <b>b</b> If "Yes," was it a written policy? . . . . .                                                                                                                                                                                                                                                                                                                   | X   |    |
| <b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year                                                                                                                                                     |     |    |
| <input type="checkbox"/> Applied uniformly to all hospital facilities <input checked="" type="checkbox"/> Applied uniformly to most hospital facilities                                                                                                                                                                                                                 |     |    |
| <input type="checkbox"/> Generally tailored to individual hospital facilities                                                                                                                                                                                                                                                                                           |     |    |
| <b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year                                                                                                                                                                                              |     |    |
| <b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care                                                                                                                              | X   |    |
| <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %                                                                                                                                                                                                                             |     |    |
| <b>b</b> Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care . . . . .                                                                                                                                         | X   |    |
| <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 500.0000 %                                                                                                                                                              |     |    |
| <b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care |     |    |
| <b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .                                                                                                                                                           | X   |    |
| <b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?                                                                                                                                                                                                                           | X   |    |
| <b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .                                                                                                                                                                                                                                                           | X   |    |
| <b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .                                                                                                                                                                 |     | X  |
| <b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .                                                                                                                                                                                                                                                                        |     | X  |
| <b>b</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 |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .                                           |                                                 |                               | 159,301,298.                        | 24,177,624.                   | 135,123,674.                      | 2.72                         |
| <b>b</b> Medicaid (from Worksheet 3, column a) . . . . .                                                     |                                                 |                               | 1,040,603,510.                      | 778,126,974.                  | 262,476,536.                      | 5.28                         |
| <b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .              |                                                 |                               | 28,390,189.                         |                               | 28,390,189.                       | .57                          |
| <b>d</b> Total Financial Assistance and Means-Tested Government Programs . . . . .                           |                                                 |                               | 1,228,294,997.                      | 802,304,598.                  | 425,990,399.                      | 8.57                         |
| <b>Other Benefits</b>                                                                                        |                                                 |                               |                                     |                               |                                   |                              |
| <b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . . |                                                 |                               | 21,829,856.                         | 616,889.                      | 21,212,967.                       | .43                          |
| <b>f</b> Health professions education (from Worksheet 5) . . . . .                                           |                                                 |                               | 125,928,918.                        | 60,700,902.                   | 65,228,016.                       | 1.31                         |
| <b>g</b> Subsidized health services (from Worksheet 6) . . . . .                                             |                                                 |                               | 114,088,544.                        | 47,635,057.                   | 66,453,487.                       | 1.34                         |
| <b>h</b> Research (from Worksheet 7) . . . . .                                                               |                                                 |                               | 4,185,133.                          |                               | 4,185,133.                        | .08                          |
| <b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .                   |                                                 |                               | 3,524,842.                          |                               | 3,524,842.                        | .07                          |
| <b>j</b> Total Other Benefits . . . . .                                                                      |                                                 |                               | 269,557,293.                        | 108,952,848.                  | 160,604,445.                      | 3.23                         |
| <b>k</b> Total Add lines 7d and 7j . . . . .                                                                 |                                                 |                               | 1,497,852,290.                      | 911,257,446.                  | 586,594,844.                      | 11.80                        |

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

Schedule H (Form 990) 2019

JSA 9E1284 1.000  
9345PW U600

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

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

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

**Section A. Bad Debt Expense**

|                                                                                                                                                                                                                                                                                                                                                 |   | Yes          | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------|----|
| 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15? . . . . .                                                                                                                                                                                                        | 1 |              | X  |
| 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .                                                                                                                                                                                         | 2 | 191,032,593. |    |
| 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 | 19,280,580.  |    |
| 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements                                                                                                                            |   |              |    |

**Section B. Medicare**

|                                                                                                                                                                                                                                                                                                                                                                                                                         |   |                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----------------|
| 5 Enter total revenue received from Medicare (including DSH and IME) . . . . .                                                                                                                                                                                                                                                                                                                                          | 5 | 1,073,144,484. |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .                                                                                                                                                                                                                                                                                                                                       | 6 | 1,255,042,423. |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .                                                                                                                                                                                                                                                                                                                                             | 7 | -181,897,939.  |
| 8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:<br><input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other |   |                |

**Section C. Collection Practices**

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

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

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

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

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

How many hospital facilities did the organization operate during the tax year? 13

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

|                                                                                                                                    | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-Other | Other (describe)                                                | Facility reporting group |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|-----------------------------------------------------------------|--------------------------|
| <b>1</b> PSE&G CHILDREN'S SPECIALIZED HOSPITAL<br>200 SOMERSET STREET<br>NEW BRUNSWICK NJ 08901<br>WWW.RWJBH.ORG<br>22249          | X                 |                            | X                   |                   |                          |                   |             |          |                                                                 | 1                        |
| <b>2</b> CLARA MAASS MEDICAL CENTER<br>ONE CLARA MAASS DRIVE<br>BELLEVILLE NJ 07109<br>WWW.RWJBH.ORG<br>10701                      | X                 | X                          |                     |                   |                          |                   | X           |          |                                                                 | 2                        |
| <b>3</b> COMMUNITY MEDICAL CENTER<br>99 ROUTE 37W<br>TOMS RIVER NJ 08755-6423<br>WWW.RWJBH.ORG<br>11501                            | X                 | X                          |                     |                   |                          |                   | X           |          |                                                                 | 2                        |
| <b>4</b> JERSEY CITY MEDICAL CENTER<br>355 GRAND STRRT<br>JERSEY CITY NJ 07302<br>WWW.RWJBH.ORG<br>10904                           | X                 | X                          | X                   | X                 |                          |                   | X           |          |                                                                 | 2                        |
| <b>5</b> MONMOUTH MEDICAL CENTER<br>300 SECOND AVENUE<br>LONG BRANCH NJ 07740<br>WWW.RWJBH.ORG<br>11304                            | X                 | X                          | X                   | X                 |                          |                   | X           |          |                                                                 | 2                        |
| <b>6</b> MONMOUTH MED CTR - SOUTHERN CAMPUS<br>600 RIVER AVENUE<br>LAKEWOOD NJ 08701<br>WWW.RWJBH.COM<br>11502                     | X                 | X                          |                     |                   |                          |                   | X           |          |                                                                 | 2                        |
| <b>7</b> NEWARK BETH ISRAEL MEDICAL CENTER<br>201 LYONS AVENUE<br>NEWARK NJ 07112<br>WWW.RWJBH.ORG<br>10709                        | X                 | X                          | X                   | X                 |                          | X                 | X           |          | ORGAN TRANS. CENTER,<br>PSYCHIATRIC UNIT,<br>OUTPATIENT CLINICS | 2                        |
| <b>8</b> ROBERT WOOD JOHNSON UNIVERSITY HOSP.<br>ONE ROBERT WOOD JOHNSON PLACE<br>NEW BRUNSWICK NJ 08901<br>WWW.RWJBH.ORG<br>11202 | X                 | X                          | X                   | X                 |                          |                   | X           |          |                                                                 | 2                        |
| <b>9</b> RWJ UNIVERSITY HOSPITAL SOMERSET<br>110 REHILL AVENUE<br>SOMERVILLE NJ 08876<br>WWW.RWJBH.ORG<br>11802                    | X                 | X                          |                     | X                 |                          |                   | X           |          |                                                                 | 2                        |
| <b>10</b> RWJ UNIVERSITY HOSPITAL HAMILTON<br>ONE HAMILTON HEALTH PLACE<br>HAMILTON NJ 08690<br>WWW.RWJBH.ORG<br>11101             | X                 | X                          |                     |                   |                          |                   | X           |          |                                                                 | 2                        |



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

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

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

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

|                                                                                                             | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-Other | Other (describe) | Facility reporting group |
|-------------------------------------------------------------------------------------------------------------|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| 1 RWJ UNIVERSITY HOSPITAL RAHWAY<br>865 STONE STREET<br>RAHWAY NJ 07065<br>WWW.RWJBH.ORG<br>12006           | X                 | X                          |                     |                   |                          |                   | X           |          |                  | 2                        |
| 2 SAINT BARNABAS BEHAVIORAL HEALTH<br>1691 ROUTE 9<br>TOMS RIVER NJ 08754<br>WWW.RWJBH.ORG<br>21501         | X                 |                            |                     |                   |                          |                   |             |          |                  | 2                        |
| 3 SAINT BARNABAS MEDICAL CENTER<br>94 OLD SHORT HILLS ROAD<br>LIVINGSTON NJ 07039<br>WWW.RWJBH.ORG<br>10710 | X                 | X                          |                     | X                 |                          |                   | X           |          |                  | 2                        |
| 4                                                                                                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
| 5                                                                                                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
| 6                                                                                                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
| 7                                                                                                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
| 8                                                                                                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
| 9                                                                                                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
| 10                                                                                                          |                   |                            |                     |                   |                          |                   |             |          |                  |                          |

**Part V Facility Information (continued)**

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

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

PSE&G CSH FACILITY REPORTING GROUP A

=====

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

RWJBH - FACILITY REPORTING GROUP B

=====

THE CHNA REVIEWED SOCIAL DETERMINANTS OF HEALTH, HEALTHCARE UTILIZATION  
TRENDS AS WELL AS A COMPREHENSIVE REVIEW OF SECONDARY DATA SOURCES FROM A  
COUNTY AND SERVICE AREA PERSPECTIVE WHERE AVAILABLE; FACILITY-SPECIFIC  
AND THE FACILITY'S SERVICE AREA-SPECIFIC UTILIZATION (E.G. AVOIDABLE OR  
AMBULATORY CARE SENSITIVE CONDITION ADMISSIONS AND ED VISITS) WERE  
EXAMINED; PRIORITIES AND METHODS WERE DESCRIBED; AND IMPACT WAS EXAMINED  
IN TRENDS OBSERVED FOR HEALTH STATUS INDICATORS. THE CHNA INCLUDED  
RESULTS FROM A QUALITATIVE SURVEY OF AREA RESIDENTS. KEY INFORMANT  
INTERVIEWS AND FOCUS GROUPS PROVIDED FURTHER DEPTH AND UNDERSTANDING OF  
KEY ISSUES.

**Part V Facility Information (continued)**

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

SCHEDULE H, PART V, SECTION B, QUESTION 4

RWJBH - FACILITY REPORTING GROUP B

=====

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL SOMERSET AND ROBERT WOOD JOHNSON  
UNIVERSITY HOSPITAL AT HAMILTON BOTH COMPLETED THEIR SEPARATE CHNA'S AND  
MADE WIDELY AVAILABLE AS OF DECEMBER 31, 2018.

SCHEDULE H, PART V, SECTION B, QUESTION 5

PSE&G CSH FACILITY REPORTING GROUP A

=====

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

RWJBH - FACILITY REPORTING GROUP B

**Part V Facility Information (continued)**

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

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

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

PSE&G CSH FACILITY REPORTING GROUP A

=====

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

RWJBH - FACILITY REPORTING GROUP B

**Part V Facility Information** (continued)

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

=====

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

WHILE COMMUNITY MEDICAL CENTER HAD ITS OWN CHNA, THE HOSPITAL PARTICIPATED IN THE CHNA DEVELOPMENT AND REVIEW OF COMMUNITY NEEDS WITH ITS AFFILIATE, SAINT BARNABAS BEHAVIORAL HEALTH CENTER INC. D/B/A BARNABAS HEALTH BEHAVIORAL HEALTH CENTER, A FREESTANDING PSYCHIATRIC HOSPITAL LOCATED IN THE SAME MUNICIPALITY.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - NEW BRUNSWICK CONDUCTED THE CHNA IN COLLABORATION WITH ST. PETER'S UNIVERSITY HOSPITAL, ALSO LOCATED IN NEW BRUNSWICK. THE HOSPITALS CONDUCTED ITS CHNA WITH A LOCAL OVERSIGHT COMMITTEE TO REVIEW THE HEALTH DATA AND ASSIST IN NEED PRIORITIZATION. COMMITTEE PARTICIPANTS HAD LOCAL STAKEHOLDERS INCLUDING YMCA, RUTGERS MEDICAL SCHOOL, PUERTO RICAN ACTION BOARD, NEW AMERICANS PROGRAM OF NEW JERSEY, OFFICE OF AGING, LOCAL HEALTH CENTERS, LIBRARY, NAMI, HEALTH AND HUMAN SERVICES, COMMUNITY VOLUNTEERS AND OTHERS.

**Part V Facility Information (continued)**

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

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - SOMERSET CONDUCTED THE CHNA IN PARTNERSHIP WITH THE HEALTHIER SOMERSET COALITION, A BROAD REPRESENTATIVE STAKEHOLDER GROUP OF NEARLY 50 ORGANIZATIONS THAT INCLUDED HEALTH DEPARTMENT LEADERS, HOSPITAL REPRESENTATIVES, AND COMMUNITY-BASED ORGANIZATION LEADERS. THE HOSPITAL USED THE COALITION AS ITS CHNA OVERNIGHT COMMITTEE TO REVIEW THE HEALTH DATA AND ASSIST IN NEED PRIORITIZATION. COMMITTEE MEMBERSHIP INCLUDED YMCA, LOCAL MUNICIPAL HEALTH, FEDERALLY QUALIFIED HEALTH CENTERS, LOCAL EDUCATION, LOCAL MENTAL HEALTH, COMMUNITY PROVIDERS AND OTHERS. THE ASSESSMENT WAS FURTHER INFORMED WITH DIRECT INPUT FROM COMMUNITY MEMBERS THROUGH A COMPREHENSIVE SURVEY.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON'S CHNA WAS CONDUCTED WITH THE GREATER MERCER PUBLIC HEALTH PARTNERSHIP (GMPHP) WHICH IS A COLLABORATION OF HOSPITALS, HEALTH DEPARTMENTS, AND OTHER NOT-FOR-PROFIT ORGANIZATIONS. THE GMPHP MISSION IS TO MEASURABLY IMPROVE THE HEALTH OF RESIDENTS OF THE GREATER MERCER COUNTY COMMUNITY. CORE MEMBERS OF THE GMPHP INCLUDE THE HEALTH DEPARTMENTS, THE MERCER COUNTY DEPARTMENT OF HUMAN SERVICES, AND THE HEALTH CARE INSTITUTIONS OF CAPITAL HEALTH, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL HAMILTON, ST. FRANCIS MEDICAL CENTER, AND ST. LAWRENCE REHABILITATION CENTER. THE HOSPITAL USED THE COALITION AS ITS CHNA OVERNIGHT COMMITTEE TO REVIEW THE HEALTH DATA AND ASSIST IN NEED PRIORITIZATION.

**Part V Facility Information** (continued)

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

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

PSE&G CSH FACILITY REPORTING GROUP A

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

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

[HTTPS://WWW.RWJBH.ORG/CHILDRENS-SPECIALIZED-HOSPITAL/COMMUNITY-HEALTH-NEED S-ASSESSMENT/](https://www.rwjbh.org/childrens-specialized-hospital/community-health-need-s-assessment/)

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

RWJBH - FACILITY REPORTING GROUP B

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

**Part V Facility Information** (continued)

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

HTTPS://WWW.RWJBH.ORG/CLARA-MAASS-MEDICAL-CENTER/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/

HTTPS://WWW.RWJBH.ORG/COMMUNITY-MEDICAL-CENTER/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/

HTTPS://WWW.RWJBH.ORG/JERSEY-CITY-MEDICAL-CENTER/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/

HTTPS://WWW.RWJBH.ORG/MONMOUTH-MEDICAL-CENTER/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/

HTTPS://WWW.RWJBH.ORG/MONMOUTH-MEDICAL-CENTER-SOUTHERN-CAMPUS/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/

HTTPS://WWW.RWJBH.ORG/NEWARK-BETH-ISRAEL-MEDICAL-CENTER/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/

HTTPS://WWW.RWJBH.ORG/RWJ-UNIVERSITY-HOSPITAL-NEW-BRUNSWICK/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/

HTTPS://WWW.RWJBH.ORG/RWJ-UNIVERSITY-HOSPITAL-SOMERSET/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/



**Part V Facility Information** (continued)

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

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

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

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

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

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

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

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

[HTTPS://WWW.HEALTHIERSOMERSET.ORG/SOMERSET%20CHNA-FINAL%202018-102518.PDF](https://www.healthiersomerset.org/somerset%20CHNA-FINAL%202018-102518.PDF)

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

**Part V Facility Information** (continued)

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

SCHEDULE H, PART V, SECTION B, QUESTION 8

PSE&G CSH FACILITY REPORTING GROUP A

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

RWJBH - FACILITY REPORTING GROUP B

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

SCHEDULE H, PART V, SECTION B, QUESTION 9

PSE&G CSH FACILITY REPORTING GROUP A

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**Part V Facility Information (continued)**

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

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

RWJBH - FACILITY REPORTING GROUP B

=====

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

AS A RESULT OF ITS MOST RECENT CHNA CONDUCTED IN 2018, BOTH ROBERT WOOD  
JOHNSON UNIVERSITY HOSPITAL - SOMERSET AND ROBERT WOOD JOHNSON UNIVERSITY  
HOSPITAL AT HAMILTON ADOPTED THEIR SEPARATE WRITTEN IMPLEMENTATION PLANS  
BY MAY 15, 2019.

SCHEDULE H, PART V, SECTION B, QUESTION 10

PSE&G CSH FACILITY REPORTING GROUP A

**Part V Facility Information (continued)**

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

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THE ORGANIZATION IS AN AFFILIATE WITHIN RWJBARNABAS HEALTH ("RWJBH"); A  
TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. DUE TO CHARACTER  
LIMITATIONS, THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B,  
QUESTION 10A, IS THE HOME PAGE FOR THE SYSTEM.

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

[HTTPS://WWW.CHILDRENS-SPECIALIZED.ORG/ABOUT-US/WHO-WE-ARE/STRATEGIC-PRIORI](https://www.childrens-specialized.org/about-us/who-we-are/strategic-priorities)  
TIES

RWJBH - FACILITY REPORTING GROUP B

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

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - NEW BRUNSWICK:

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

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - SOMERSET:

**Part V Facility Information** (continued)

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

[HTTPS://WWW.HEALTHIERSOMERSET.ORG/COMMUNITY-HEALTH-IMPROVEMENT-PLAN-B.HTML](https://www.healthiersomerset.org/community-health-improvement-plan-b.html)

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON:

[HTTPS://WWW.HEALTHYMERCER.ORG/IMAGES/DOCUMENTS/GMPHP-CHIP\\_UPDATED\\_DEC0119.](https://www.healthymercercer.org/images/documents/gmphp-chip_updated_dec0119.pdf)

PDF

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

CLARA MAASS MEDICAL CENTER; COMMUNITY MEDICAL CENTER; JERSEY CITY MEDICAL CENTER; MONMOUTH MEDICAL CENTER; MONMOUTH MEDICAL CENTER - SOUTHERN CAMPUS; NEWARK BETH ISRAEL MEDICAL CENTER; ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY; SAINT BARNABAS BEHAVIORAL HEALTH CENTER; AND SAINT BARNABAS MEDICAL CENTER.

SCHEDULE H, PART V, SECTION B, QUESTION 11

PSE&G CSH FACILITY REPORTING GROUP A

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AS DISCUSSED ABOVE, THE FACILITY CONDUCTED A COMPREHENSIVE ASSESSMENT AND A MYRIAD OF HEALTH NEEDS WERE IDENTIFIED. GIVEN LIMITED RESOURCES, NEEDS

**Part V Facility Information (continued)**

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

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

RWJBH - FACILITY REPORTING GROUP B

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

**Part V Facility Information (continued)**

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

SCHEDULE H, PART V, SECTION B, QUESTION 16

PSE&G CSH FACILITY REPORTING GROUP A

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

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

[HTTPS://WWW.CHILDRENS-SPECIALIZED.ORG/FOR-PATIENTS-AND-FAMILIES/BILLING-FINANCIAL-AND-INSURANCE-INFORMATION](https://www.childrens-specialized.org/for-patients-and-families/billing-financial-and-insurance-information)

RWJBH - FACILITY REPORTING GROUP B

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

[HTTPS://WWW.RWJBH.ORG/BILLING/FINANCIAL-RESOURCES/](https://www.rwjbh.org/billing/financial-resources/)

**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 120

| Name and address                                                                                       | Type of Facility (describe)          |
|--------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>1</b> CSH LONG TERM CARE AT MOUNTAINSIDE<br>150 NEW PROVIDENCE ROAD<br>MOUNTAINSIDE NJ 07092        | LONG-TERM CARE AND OUTPATIENT CENTER |
| <b>2</b> CSH LONG TERM CARE AT TOMS RIVER<br>94 STEVENS ROAD<br>TOMS RIVER NJ 08755                    | LONG-TERM CARE AND OUTPATIENT CENTER |
| <b>3</b> CSH OUTPATIENT CENTER AT HAMILTON<br>3575 QUAKERBRIDGE ROAD<br>HAMILTON NJ 08619              | OUTPATIENT CENTER                    |
| <b>4</b> CSH OUTPATIENT CENTER AT TOMS RIVER<br>368 LAKEHURST ROAD<br>TOMS RIVER NJ 08755              | OUTPATIENT CENTER                    |
| <b>5</b> CSH EARLY INTERVENTION TOMS RIVER<br>316 WASHINGTON STREET<br>TOMS RIVER NJ 08755             | EARLY INTERVENTION                   |
| <b>6</b> CSH OUTPATIENT CENTER AT NEWARK<br>182 LYONS AVE<br>NEWARK NJ 07112                           | OUTPATIENT CENTER                    |
| <b>7</b> CSH OUTPATIENT CENTER AT CLIFTON<br>1135 BROAD STREET<br>CLIFTON NJ 07013                     | OUTPATIENT CENTER                    |
| <b>8</b> CSH OUTPATIENT CENTER AT EGG HARBOR<br>6106 BLACK HORSE PIKE<br>EGG HARBOR TOWNSHIP NJ 08234  | OUTPATIENT CENTER                    |
| <b>9</b> CSH OUTPATIENT CENTER AT NEW BRUNSWICK<br>10 PLUM STREET, 6TH FLOOR<br>NEW BRUNSWICK NJ 08901 | OUTPATIENT CENTER                    |
| <b>10</b> CSH OUTPATIENT CENTER AT WARREN<br>266 KING GEORGE ROAD<br>WARREN NJ 07059                   | OUTPATIENT CENTER                    |

Schedule H (Form 990) 2019



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

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

| Name and address                                                                                 | Type of Facility (describe)                              |
|--------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1 CSH OUTPATIENT CENTER AT BAYONNE<br>815 BROADWAY AVENUE<br>BAYONNE NJ 07002                    | OUTPATIENT CENTER                                        |
| 2 CSH OUTPATIENT CENTER AT FANWOOD<br>313 SOUTH AVENUE<br>FANWOOD NJ 07023                       | OUTPATIENT CENTER                                        |
| 3 CSH OUTPATIENT CENTER AT EAST BRUNSWICK<br>629 CRANBURY ROAD<br>EAST BRUNSWICK NJ 08816        | OUTPATIENT CENTER                                        |
| 4 CSH OUTPATIENT CENTER AT JERSEY CITY<br>1825 JOHN F. KENNEDY BOULEVARD<br>JERSEY CITY NJ 07305 | OUTPATIENT CENTER                                        |
| 5 CMMC TRANSITIONAL CARE UNIT<br>ONE CLARA MAASS DRIVE<br>BELLEVILLE NJ 07109                    | LONG TERM CARE SUB-ACUTE FACILITY                        |
| 6 CMC TRANSITIONAL CARE UNIT<br>99 HIGHWAY 37 WEST<br>TOMS RIVER NJ 08755                        | LONG TERM CARE SUB-ACUTE FACILITY                        |
| 7 RWJBARNABAS HEALTH AT BAYONNE<br>319 BROADWAY AT 24TH STREET<br>BAYONNE NJ 07002               | SATELLITE EMERGENCY DEPARTMENT                           |
| 8 JCMC AMBULATORY CARE FACILITY<br>395 GRAND STREET<br>JERSEY CITY NJ 07302                      | OUTPATIENT PSYCH CLINIC AND<br>OUTPATIENT REHABILITATION |
| 9 LIBERTY HEALTH IMAGING CENTER<br>377 SKINNER MEMORIAL DRIVE<br>JERSEY CITY NJ 07302            | IMAGING CENTER                                           |
| 10 JCMC AMBULATORY CARE FACILITY<br>377 JERSEY AVENUE<br>JERSEY CITY NJ 07302                    | AMBULATORY CARE                                          |

Schedule H (Form 990) 2019

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

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

| Name and address                                                                                 | Type of Facility (describe)         |
|--------------------------------------------------------------------------------------------------|-------------------------------------|
| <b>1</b> JCMC AT GREENVILLE<br>1825 KENNEDY BOULEVARD<br>JERSEY CITY NJ 07302                    | OUTPATIENT CLINICS                  |
| <b>2</b> JCMC ANTENATAL TESTING UNIT<br>377 JERSEY AVENUE<br>JERSEY CITY NJ 07302                | AMBULATORY CARE                     |
| <b>3</b> CARDIAC DIAGNOSTIC CENTER AT JERSEY CITY<br>120 FRANKLIN STREET<br>JERSEY CITY NJ 07302 | CARDIAC DIAGNOSTIC                  |
| <b>4</b> JERSEY CITY FAMILY HEALTH CENTER<br>412 SUMMIT AVENUE<br>JERSEY CITY NJ 07306           | AMBULATORY CARE                     |
| <b>5</b> JCMC SPECIALTY CARE CENTER<br>253 MONMOUTH STREET<br>JERSEY CITY NJ 07302               | SPECIALTY CARE                      |
| <b>6</b> JCMC RADIATION ONCOLOGY<br>631 GRAND STREET<br>JERSEY CITY NJ 07303                     | RADIATION ONCOLOGY                  |
| <b>7</b> JERSEY CITY MEDICAL CENTER<br>9 NUNDA AVENUE<br>JERSEY CITY NJ 07302                    | RESIDENTIAL PSYCHIATRIC SERVICES    |
| <b>8</b> MONMOUTH MEDICAL CENTER<br>100 STATE HIGHWAY 36<br>WEST LONG BRANCH NJ 07764            | INFUSION AND LAB BLOOD DRAW         |
| <b>9</b> MONMOUTH MEDICAL CENTER<br>310 ROUTE 34<br>COLTS NECK NJ 07722                          | MAMMOGRAPHY SCREENING               |
| <b>10</b> MONMOUTH MEDICAL CENTER<br>1910 HIGHWAY 35<br>OAKHURST NJ 07755                        | LAB SERVICES AND RADIOLOGY SERVICES |

Schedule H (Form 990) 2019

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

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

| Name and address                                                                                 | Type of Facility (describe)                       |
|--------------------------------------------------------------------------------------------------|---------------------------------------------------|
| <b>1</b> MONMOUTH MEDICAL CENTER<br>3301 HIGHWAY 66, BLDG B, 1ST FLOOR<br>NEPTUNE NJ 07753       | EARLY INTERVENTION SUPPORT SERVICES (PSYCHIATRIC) |
| <b>2</b> MONMOUTH MEDICAL CENTER<br>4013 ROUTE 9 NORTH, SUITE 2A<br>HOWELL NJ 07731              | MAMMOGRAPHY SCREENING                             |
| <b>3</b> MONMOUTH MEDICAL CENTER - POLLAK CLINIC<br>75 NORTH BATH AVENUE<br>LONG BRANCH NJ 07740 | OUTPATIENT PSYCHIATRIC SERVICES                   |
| <b>4</b> NBIMC SPECIALTY SERVICES AT EDISON<br>102 JAMES STREET<br>EDISON NJ 08820               | HOSPITAL BASED OFF-SITE AMBULATORY CARE FACILITY  |
| <b>5</b> NBIMC SPECIALTY PHYS PRACTICE BAYONNE<br>16 EAST 29TH STREET<br>BAYONNE NJ 07002        | HOSPITAL BASED, OFF-SITE AMBULATORY CARE FACILITY |
| <b>6</b> NBIMC JAMES WHITE MANOR<br>516 BERGEN STREET<br>NEWARK NJ 07108                         | HOSPITAL BASED, OFF-SITE AMBULATORY CARE FACILITY |
| <b>7</b> RWJUH - NEW BRUNSWICK<br>195 LITTLE ALBANY STREET<br>NEW BRUNSWICK NJ 08901             | OUTPATIENT ONCOLOGY AND LAB SERVICES              |
| <b>8</b> RWJUH - SOMERSET<br>30 REHILL AVENUE<br>SOMERVILLE NJ 08876                             | ONCOLOGY SERVICES                                 |
| <b>9</b> RWJUH - NEW BRUNSWICK<br>141 FRENCH STREET<br>NEW BRUNSWICK NJ 08901                    | PROTON BEAM & LAB SERVICES                        |
| <b>10</b> RWJUH - SOMERSET<br>743 ALEXANDER ROAD, SUITE 2<br>PRINCETON NJ 08540                  | PHYSICAL THERAPY                                  |

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

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

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

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

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

| Name and address                                                                       | Type of Facility (describe)                    |
|----------------------------------------------------------------------------------------|------------------------------------------------|
| <b>1</b> RWJUH - SOMERSET<br>110 REHILL AVENUE<br>SOMERVILLE NJ 08876                  | OUTPATIENT PHYSICAL THERAPY                    |
| <b>2</b> RWJUH - SOMERSET<br>295 STATE HIGHWAY 31/202<br>FLEMINGTON NJ 08822           | OUTPATIENT PHYSICAL THERAPY                    |
| <b>3</b> RWJUH - SOMERSET<br>110 REHILL AVENUE<br>SOMERVILLE NJ 08876                  | OUTPATIENT CARDIAC REHAB                       |
| <b>4</b> RWJUH - NEW BRUNSWICK<br>111 UNION VALLEY ROAD, SUITE 201A<br>MONROE NJ 08831 | OUTPATIENT CARDIAC REHAB &<br>PHYSICAL THERAPY |
| <b>5</b> RWJUH - NEW BRUNSWICK<br>10 PLUM STREET, 8TH FLOOR<br>NEW BRUNSWICK NJ 08901  | OCCUPATIONAL HEALTH                            |
| <b>6</b> RWJUH - SOMERSET<br>110 REHILL AVENUE<br>SOMERVILLE NJ 08876                  | OUTPATIENT OCCUPATIONAL<br>THERAPY             |
| <b>7</b> RWJUH - SOMERSET<br>110 REHILL AVENUE<br>SOMERVILLE NJ 08876                  | OUTPATIENT SPEECH THERAPY                      |
| <b>8</b> RWJUH - NEW BRUNSWICK<br>4 ETHEL ROAD<br>EDISON NJ 08817                      | OUTPATIENT CARDIAC<br>REHABILITATION           |
| <b>9</b> RWJUH - NEW BRUNSWICK<br>18 CENTRE DRIVE<br>MONROE NJ 08831                   | OUTPATIENT AUDIOLOGY & LAB<br>SERVICES         |
| <b>10</b> RWJUH - NEW BRUNSWICK<br>14 WOODWARD DRIVE, SUITE 1A<br>OLD BRIDGE NJ 08857  | OUTPATIENT AUDIOLOGY                           |

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

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

| Name and address                                                                             | Type of Facility (describe)                     |
|----------------------------------------------------------------------------------------------|-------------------------------------------------|
| <b>1</b> RWJUH - NEW BRUNSWICK<br>475 COUNTY RD 520<br>MARLBORO NJ 07746                     | OUTPATIENT PHYSICAL THERAPY                     |
| <b>2</b> RWJUH - NEW BRUNSWICK<br>10 PLUM STREET, 3RD FLOOR<br>NEW BRUNSWICK NJ 08901        | LAB SERVICES                                    |
| <b>3</b> RWJUH - NEW BRUNSWICK<br>181 SOMERSET STREET<br>NEW BRUNSWICK NJ 08901              | EMPLOYEE HEALTH SERVICES                        |
| <b>4</b> RWJUH - NEW BRUNSWICK<br>12 STULTS ROAD, SUITE 122<br>DAYTON NJ 08810               | LAB SERVICES                                    |
| <b>5</b> RWJUH - NEW BRUNSWICK<br>557 CRANBURY ROAD, SUITE 22B<br>EAST BRUNSWICK NJ 08816    | LAB SERVICES                                    |
| <b>6</b> RWJUH - NEW BRUNSWICK<br>317 GEORGE STREET, SUITE 101<br>NEW BRUNSWICK NJ 08901     | LAB SERVICES                                    |
| <b>7</b> RWJUH - NEW BRUNSWICK<br>125 PATERSON STREET<br>NEW BRUNSWICK NJ 08901              | LAB SERVICES                                    |
| <b>8</b> RWJUH - NEW BRUNSWICK<br>331 ROUTE 206, SUITE 2C<br>HILLSBOROUGH NJ 08844           | LAB SERVICES                                    |
| <b>9</b> RWJUHH CANCER INSTITUTE NEW JERSEY<br>2525 KLOCKNER ROAD<br>HAMILTON NJ 08690       | ONCOLOGY SERVICES                               |
| <b>10</b> RWJUHH CENTER FOR HEALTH & WELLNESS<br>3100 QUAKERBRIDGE ROAD<br>HAMILTON NJ 08619 | REHAB., COMMUNITY EDUCATION &<br>FITNESS CENTER |

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

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

| Name and address                                                                                     | Type of Facility (describe) |
|------------------------------------------------------------------------------------------------------|-----------------------------|
| <b>1</b> RWJUH SLEEP CARE CENTER<br>1 UNION STREET<br>ROBBINSVILLE NJ 08691                          | SLEEP CENTER                |
| <b>2</b> RWJUH OCCUPATIONAL HEALTH<br>2 HAMILTON HEALTH PLACE<br>HAMILTON NJ 08690                   | OCCUPATIONAL FACILITY       |
| <b>3</b> RWJUH DIAGNOSTIC CENTER AT COLUMBUS<br>1 SHEFFIELD DRIVE<br>MANSFIELD TOWNSHIP NJ 08691     | DIAGNOSTIC FACILITY         |
| <b>4</b> RWJUH AT EWING<br>1440 LOWER FERRY ROAD<br>EWING NJ 08618                                   | REHABILITATION FACILITY     |
| <b>5</b> RWJUH REHAB AT LAWRENCEVILLE<br>4152 QUAKERBRIDGE ROAD<br>LAWRENCEVILLE NJ 08648            | REHABILITATION FACILITY     |
| <b>6</b> RWJUH REHAB AT DELAWARE VALLEY PT<br>123 FRANKLIN CORNER ROAD<br>LAWRENCEVILLE NJ 08648     | REHABILITATION FACILITY     |
| <b>7</b> RWJUH BALANCE AND HEARING CENTER<br>2 HAMILTON HEALTH PLACE<br>HAMILTON NJ 08690            | ENT & REHABILITATION        |
| <b>8</b> RWJUH RAHWAY FITNESS & WELLNESS CENTER<br>2120 LAMBERTS MILL ROAD<br>SCOTCH PLAINS NJ 07076 | PHYSICAL THERAPY            |
| <b>9</b> RWJUH RAHWAY FITNESS & WELLNESS CENTER<br>60 COOKE AVENUE<br>CARTERET NJ 07008              | PHYSICAL THERAPY            |
| <b>10</b> ACC - PHYSICAL THERAPY<br>200 SOUTH ORANGE AVE<br>LIVINGSTON NJ 07039                      | PHYSICAL THERAPY            |

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

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

| Name and address                                                                                           | Type of Facility (describe) |
|------------------------------------------------------------------------------------------------------------|-----------------------------|
| <b>1</b> NJ CARDIOLOGY ASSOC. - CARDIAC IMAGING<br>375 MOUNT PLEASANT AVE, STE 201<br>WEST ORANGE NJ 07052 | CARDIAC IMAGING             |
| <b>2</b> CONSULTANTS IN CARDIOLOGY - CARDIAC IMAG<br>741 NORTHFIELD AVENUE<br>WEST ORANGE NJ 07052         | CARDIAC IMAGING             |
| <b>3</b> ACC - VASCULAR LAB<br>200 SOUTH ORANGE AVE<br>LIVINGSTON NJ 07039                                 | VASCULAR LAB                |
| <b>4</b> ACC - PEDIATRIC PHYSICAL THERAPY<br>101 OLD SHORT HILLS ROAD, SUITE 210<br>WEST ORANGE NJ 07052   | PEDIATRIC PHYSICAL THERAPY  |
| <b>5</b> NUCLEAR IMAGING - DR. LENCHUR<br>776 E 3RD AVENUE<br>ROSELLE NJ 07203                             | CARDIAC IMAGING             |
| <b>6</b> OUTREACH PHLEBOTOMY<br>200 SOUTH ORANGE AVENUE<br>LIVINGSTON NJ 07039                             | PHLEBOTOMY STATION          |
| <b>7</b> SPEECH THERAPY<br>101 OLD SHORT HILLS ROAD, SUITE 210<br>WEST ORANGE NJ 07052                     | SPEECH THERAPY              |
| <b>8</b> ACC - HEARING<br>200 SOUTH ORANGE AVE, STE 221<br>LIVINGSTON NJ 07039                             | HEARING                     |
| <b>9</b> SUMMIT CARDIOLOGY IMAGING PRACTICE<br>1 SPRINGFIELD AVENUE<br>SUMMIT NJ 07901                     | CARDIAC IMAGING             |
| <b>10</b> PHYSICAL THERAPY JCC<br>760 NORTHFIELD AVE, STE 210<br>WEST ORANGE NJ 07052                      | PHYSICAL THERAPY            |

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

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

| Name and address                                                                              | Type of Facility (describe) |
|-----------------------------------------------------------------------------------------------|-----------------------------|
| <b>1</b> ACC - ECHOCARDIOGRAPHY<br>200 SOUTH ORANGE AVE<br>LIVINGSTON NJ 07039                | ECHOCARDIOGRAPHY            |
| <b>2</b> NEURO SCIENCE INSTITUTE<br>200 SOUTH ORANGE AVENUE<br>LIVINGSTON NJ 07039            | OP TESTING                  |
| <b>3</b> CENTER FOR DIABETIC EDUCATION<br>200 SOUTH ORANGE AVENUE<br>LIVINGSTON NJ 07039      | OUTPATIENT                  |
| <b>4</b> OUTREACH PATHOLOGY - ATKINS KENT<br>101 OLD SHORT HILLS ROAD<br>WEST ORANGE NJ 07052 | PHLEBOTOMY STATION          |
| <b>5</b> ACC - REFRACTIVE/LASIK VISION<br>200 SOUTH ORANGE AVE<br>LIVINGSTON NJ 07039         | REFRACTIVE/LASIK VISION     |
| <b>6</b> PHYSICAL THERAPY MILBURN<br>120 MILBURN AVE, STE 206<br>MILBURN NJ 07041             | PHYSICAL THERAPY            |
| <b>7</b> OUTREACH PATHOLOGY - NJCA<br>375 MOUNT PLEASANT AVENUE<br>WEST ORANGE NJ 07052       | PHLEBOTOMY STATION          |
| <b>8</b> SLEEP LAB - MILLBURN<br>96 MILLBURN AVENUE<br>MILLBURN NJ 07041                      | SLEEP LAB                   |
| <b>9</b> OUTREACH PATHOLOGY - CALDWELL<br>382 BLOOMFIELD AVENUE<br>CALDWELL NJ 07006          | PHLEBOTOMY STATION          |
| <b>10</b> OUTREACH PATHOLOGY - ROSELAND<br>189 EAGLE ROCK AVENUE<br>ROSELAND NJ 07068         | PHLEBOTOMY STATION          |

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

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

| Name and address                                                                           | Type of Facility (describe) |
|--------------------------------------------------------------------------------------------|-----------------------------|
| 1 OUTREACH PATHOLOGY - SKILLED NURSING<br>68 PASSAIC AVENUE<br>LIVINGSTON NJ 07039         | PHLEBOTOMY STATION          |
| 2 OUTREACH PATHOLOGY - SKILLED NURSING<br>1150 PLEASANT VALLEY WAY<br>WEST ORANGE NJ 07052 | PHLEBOTOMY STATION          |
| 3 OUTREACH PATHOLOGY - SKILLED NURSING<br>200 MAZDABROOK ROAD<br>PARSIPPANY NJ 07054       | PHLEBOTOMY STATION          |
| 4 OUTREACH PATHOLOGY - SKILLED NURSING<br>787 NORTHFIELD AVENUE<br>WEST ORANGE NJ 07052    | PHLEBOTOMY STATION          |
| 5 OUTREACH PATHOLOGY - SKILLED NURSING<br>311 S. LIVINGSTON AVENUE<br>LIVINGSTON NJ 07039  | PHLEBOTOMY STATION          |
| 6 OUTREACH PATHOLOGY - SKILLED NURSING<br>5 BROOK END DRIVE<br>WEST ORANGE NJ 07052        | PHLEBOTOMY STATION          |
| 7 OUTREACH PATHOLOGY - SKILLED NURSING<br>101 WHIPPANY ROAD<br>WHIPPANY NJ 07981           | PHLEBOTOMY STATION          |
| 8 OUTREACH PATHOLOGY - SKILLED NURSING<br>560 BERKELEY AVENUE<br>ORANGE NJ 07050           | PHLEBOTOMY STATION          |
| 9 ACC - CELIAC PROGRAM<br>200 SOUTH ORANGE AVE<br>LIVINGSTON NJ 07039                      | CELIAC PROGRAM              |
| 10 OUTREACH PATHOLOGY - SKILLED NURSING<br>20 SUMMIT STREET<br>WEST ORANGE NJ 07052        | PHLEBOTOMY STATION          |

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

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

| Name and address                                                                              | Type of Facility (describe) |
|-----------------------------------------------------------------------------------------------|-----------------------------|
| 1 OUTREACH PATHOLOGY - SKILLED NURSING<br>35 COTTAGE STREET<br>BERKLEY HEIGHTS NJ 07922       | PHLEBOTOMY STATION          |
| 2 OUTREACH PATHOLOGY - WESTFIELD<br>560 SPRINGFIELD AVENUE, STE 103<br>WESTFIELD NJ 07081     | PHLEBOTOMY STATION          |
| 3 ACC - MORAHAN CENTER/HEALTH & WELLNESS<br>200 SOUTH ORANGE AVE<br>LIVINGSTON NJ 07039       | MORAHAN CENTER              |
| 4 OUTREACH PATHOLOGY - SKILLED NURSING<br>25 FIFTH AVENUE<br>HASKELL NJ 07420                 | PHLEBOTOMY STATION          |
| 5 OUTREACH PATHOLOGY - REHAB CENTER<br>144 GALES DRIVE<br>NEW PROVIDENCE NJ 07974             | PHLEBOTOMY STATION          |
| 6 OUTREACH PATHOLOGY - SKILLED NURSING<br>369 E. MOUNT PLEASANT AVENUE<br>LIVINGSTON NJ 07039 | PHLEBOTOMY STATION          |
| 7 OUTREACH PATHOLOGY - REHAB CENTER<br>51 MADISON AVENUE<br>MADISON NJ 07940                  | PHLEBOTOMY STATION          |
| 8 OUTREACH PATHOLOGY - SURGI CENTER<br>187 MILBURN AVE<br>MILBURN NJ 07041                    | PHLEBOTOMY STATION          |
| 9 OUTREACH PATHOLOGY - SUBACUTE<br>59 BIRCH STREET<br>PATERSON NJ 07522                       | PHLEBOTOMY STATION          |
| 10 CORPORATE CARE<br>101 OLD SHORT HILLS ROAD, SUITE 415<br>WEST ORANGE NJ 07052              | CORPORATE CARE              |

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**Part V Facility Information (continued)****Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group PSE&G CSH (FACILITY REPORT GROUP A)Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1**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? . . . . .
- 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 . . . . .
- 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)
- a ☒ A definition of the community served by the hospital facility
- b ☒ Demographics of the community
- c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community
- d ☒ How data was obtained
- e ☒ The significant health needs of the community
- f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
- g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs
- h ☒ The process for consulting with persons representing the community's interests
- i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)
- j ☒ Other (describe in Section C)
- 4 Indicate the tax year the hospital facility last conducted a CHNA 20 19
- 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 . . . . .
- 6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .
- 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 . . . . .
- 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)
- a ☒ Hospital facility's website (list url) WWW.RWJBH.ORG
- b ☐ Other website (list url) \_\_\_\_\_
- c ☒ Made a paper copy available for public inspection without charge at the hospital facility
- d ☒ 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 . . . . .
- 9 Indicate the tax year the hospital facility last adopted an implementation strategy 2019
- 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .
- a If "Yes," (list url) WWW.RWJBH.ORG
- 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)? . . . . .
- b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .
- c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$

|     | Yes | No |
|-----|-----|----|
| 1   |     | X  |
| 2   |     | X  |
| 3   | X   |    |
| 4   |     |    |
| 5   | X   |    |
| 6a  |     | X  |
| 6b  |     | X  |
| 7   | X   |    |
| 8   | X   |    |
| 9   |     |    |
| 10  | X   |    |
| 10b |     |    |
| 11  |     |    |
| 12a |     | X  |
| 12b |     |    |

**Part V Facility Information (continued)****Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group RWJBH (FACILITY REPORTING GROUP B)Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 213**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? . . . . .
- 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 . . . . .
- 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)
- a ☒ A definition of the community served by the hospital facility
- b ☒ Demographics of the community
- c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community
- d ☒ How data was obtained
- e ☒ The significant health needs of the community
- f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
- g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs
- h ☒ The process for consulting with persons representing the community's interests
- i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)
- j ☒ Other (describe in Section C)
- 4 Indicate the tax year the hospital facility last conducted a CHNA 20 19
- 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 . . . . .
- 6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .
- 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 . . . . .
- 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)
- a ☒ Hospital facility's website (list url) WWW.RWJBH.ORG
- b ☐ Other website (list url) \_\_\_\_\_
- c ☒ Made a paper copy available for public inspection without charge at the hospital facility
- d ☒ 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 . . . . .
- 9 Indicate the tax year the hospital facility last adopted an implementation strategy 2019
- 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .
- a If "Yes," (list url) WWW.RWJBH.ORG
- 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)? . . . . .
- b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .
- c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$

|     | Yes | No |
|-----|-----|----|
| 1   |     | X  |
| 2   |     | X  |
| 3   | X   |    |
| 4   |     |    |
| 5   | X   |    |
| 6a  |     | X  |
| 6b  |     | X  |
| 7   | X   |    |
| 8   | X   |    |
| 10  | X   |    |
| 10b |     |    |
| 12a |     | X  |
| 12b |     |    |

**Part V Facility Information (continued)****Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group PSE&G CSH (FACILITY REPORT GROUP A)

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

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**Part V Facility Information (continued)****Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group RWJBH (FACILITY REPORTING GROUP B)

|                                                                                                                                                                                                                                                                                                                                                       | Yes         | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that                                                                                                                                                                                                                                                |             |    |
| <b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP                                                                                                                                                     | <b>13</b> X |    |
| a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 0000</u> % and FPG family income limit for eligibility for discounted care of <u>500 0000</u> %                                                                                                          |             |    |
| b <input type="checkbox"/> Income level other than FPG (describe in Section C)                                                                                                                                                                                                                                                                        |             |    |
| c <input checked="" type="checkbox"/> Asset level                                                                                                                                                                                                                                                                                                     |             |    |
| d <input checked="" type="checkbox"/> Medical indigency                                                                                                                                                                                                                                                                                               |             |    |
| e <input checked="" type="checkbox"/> Insurance status                                                                                                                                                                                                                                                                                                |             |    |
| f <input checked="" type="checkbox"/> Underinsurance status                                                                                                                                                                                                                                                                                           |             |    |
| g <input checked="" type="checkbox"/> Residency                                                                                                                                                                                                                                                                                                       |             |    |
| h <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                              |             |    |
| <b>14</b> Explained the basis for calculating amounts charged to patients?                                                                                                                                                                                                                                                                            | <b>14</b> X |    |
| <b>15</b> Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)                                                                              | <b>15</b> X |    |
| a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application                                                                                                                                                                                          |             |    |
| b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application                                                                                                                                                                              |             |    |
| c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process                                                                                                                                                            |             |    |
| d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications                                                                                                                                                                                 |             |    |
| e <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                              |             |    |
| <b>16</b> Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)                                                                                                                                                                       | <b>16</b> X |    |
| a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW.RWJBH.ORG</u>                                                                                                                                                                                                                                       |             |    |
| b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW.RWJBH.ORG</u>                                                                                                                                                                                                                      |             |    |
| c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW.RWJBH.ORG</u>                                                                                                                                                                                                           |             |    |
| d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)                                                                                                                                                                                                |             |    |
| e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)                                                                                                                                                                               |             |    |
| f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)                                                                                                                                                                    |             |    |
| g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention |             |    |
| h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP                                                                                                                                                                                             |             |    |
| i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations                                                                                                                                       |             |    |
| j <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                              |             |    |

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**Part V Facility Information (continued)****Billing and Collections****Name of hospital facility or letter of facility reporting group** PSE&G CSH (FACILITY REPORT GROUP A)

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

**Policy Relating to Emergency Medical Care**

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

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**Part V Facility Information** (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group RWJBH (FACILITY REPORTING GROUP B)

|                                                                                                                                                                                                                                                                                       | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . . | X   |    |
| <b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP                                 |     |    |
| 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                                                                                                                                                                                   |     |    |
| <b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .                                                 |     | X  |
| 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)                                                                                                                                                                                                              |     |    |
| <b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)                                                                                          |     |    |
| a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)                                           |     |    |
| b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)                                                                                                                 |     |    |
| c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)                                                                                                                                                              |     |    |
| d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)                                                                                                                                                                     |     |    |
| e <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                              |     |    |
| f <input type="checkbox"/> None of these efforts were made                                                                                                                                                                                                                            |     |    |

**Policy Relating to Emergency Medical Care**

|                                                                                                                                                                                                                                                                                                                                                             | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . | X   |    |
| 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)                                                                                                                                                                                                                                                                                                    |     |    |

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**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group PSE&G CSH (FACILITY REPORT GROUP A)

|                                                                                                                                                                                                                                                                                                                            | Yes       | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>22</b> 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                                                                                                                          |           |    |
| <b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period                                                                                                                                                         |           |    |
| <b>b</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period                                                                                |           |    |
| <b>c</b> <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period                       |           |    |
| <b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method                                                                                                                                                                                                                     |           |    |
| <b>23</b> 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? . . . . .<br>If "Yes," explain in Section C | <b>23</b> | X  |
| <b>24</b> 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? . . . . .<br>If "Yes," explain in Section C                                                                                                   | <b>24</b> | X  |

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**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group RWJBH (FACILITY REPORTING GROUP B)**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d ☐ The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

|           | Yes | No |
|-----------|-----|----|
|           |     |    |
| <b>23</b> |     | X  |
| <b>24</b> |     | X  |

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**Part IV 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

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?

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

| (a)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|-------------------------------------|----------------------------------|------------------------|-------------------------------------------------|
| (1) BARNABAS HEALTH, INC.           | M                                | 470,548,289.           | COST                                            |
| (2) BARNABAS HEALTH, INC.           | R                                | 240,637,333.           | COST                                            |
| (3)                                 |                                  |                        |                                                 |
| (4)                                 |                                  |                        |                                                 |
| (5)                                 |                                  |                        |                                                 |
| (6)                                 |                                  |                        |                                                 |

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**Part VI** Supplemental Information

Provide the following information

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

SCHEDULE H, PART I

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

SCHEDULE H, PART I, LINE 3C

RWJBH - FACILITY REPORTING GROUP B

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THE INCOME BASED CRITERIA USED TO DETERMINE ELIGIBILITY IS PER NEW JERSEY ADMINISTRATIVE CODE 10:52 SUB CHAPTERS 11, 12 AND 13, AND BASED UPON THE 2015 POVERTY GUIDELINES (DEPARTMENT OF HEALTH AND SENIOR SERVICES).

**Part VI Supplemental Information**

Provide the following information

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FEDERAL POVERTY GUIDELINES ARE INCLUDED IN THE CRITERIA FOR DETERMINING  
ELIGIBILITY FOR CHARITY AND DISCOUNTED CARE.

SCHEDULE H, PART I; QUESTION 6A

NOT APPLICABLE.

SCHEDULE H, PART I, QUESTION 7G

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

SCHEDULE H, PART I, QUESTION 7

WORKSHEET 2 WAS USED FOR THE COST TO CHARGE RATIO.

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## SCHEDULE H, PART II

COMMUNITY BUILDING ACTIVITIES UNDERTAKEN BY THE FACILITY IMPROVE THE MEDICAL AND SOCIOECONOMIC WELL-BEING OF THE COMMUNITIES IN OUR CARE. THIS IS ACCOMPLISHED THROUGH A WIDE ARRAY OF ACTIVITIES AND SERVICES, INCLUDING, BUT NOT LIMITED, TO:

- SERVICE ON STATE AND REGIONAL ADVOCACY COMMITTEES AND BOARDS,
- VOLUNTEERISM WITH LOCAL COMMUNITY-BASED NON-PROFIT ADVOCACY GROUPS,
- PARTICIPATION IN CONFERENCES AND OTHER EDUCATIONAL ACTIVITIES TO PROMOTE UNDERSTANDING OF THE CAUSES AND TREATMENT OF HEALTH CONCERNS,
- THE PROVISION OF EDUCATIONAL MATERIALS AND SPONSORING HEALTH EDUCATION SEMINARS AND OUTREACH SESSIONS FOR ITS PATIENTS AND FOR COMMUNITY PROVIDERS [PRESENTATIONS ARE OFTEN PROVIDED BY PHYSICIANS, NURSES AND OTHER HEALTHCARE PROFESSIONALS],
- PARTICIPATION IN COMMUNITY HEALTH FAIRS,
- SERVING ON THE BOARDS OF MANY LOCAL NOT FOR-PROFIT ORGANIZATIONS AND PROVIDE OTHER FORMS OF SUPPORT (FUNDRAISING, ACTIVITY PARTICIPATION),

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AND

- PROFESSIONAL EDUCATION.

PLEASE ALSO REFER TO FORM 990, SCHEDULE O, WHICH CONTAINS THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT AND OUR RESPONSE TO SCHEDULE H, PART VI, QUESTION 6 SUMMARY OF ALL ENTITIES WHICH COMPRISE RWJBARNABAS HEALTH; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM.

SCHEDULE H, PART III, SECTION A; QUESTION 1

HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT NO. 15 ("STATEMENT 15") PROVIDES GUIDELINES FOR DISTINGUISHING CHARITY CARE FROM BAD DEBT EXPENSE. STATEMENT 15 REQUIRES THAT CHARITY CARE IS NOT RECOGNIZED AS RECEIVABLE OR REVENUE IN THE FINANCIAL STATEMENTS. STATEMENT 15 FURTHER EXPLAINS THAT SELF-PAY PATIENTS THAT DO HAVE A REASONABLE LIKELIHOOD OF PAYMENT SHOULD BE REPORTED AS CHARITY CARE AND NOT BAD DEBT EXPENSE. THE HOSPITAL GENERALLY FOLLOWS THE GUIDELINES OUTLINED IN STATEMENT 15. IN ADDITION, THE HOSPITAL FOLLOWS THE STATE OF NEW JERSEY GUIDELINES IN



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DETERMINING CHARITY CARE ELIGIBILITY. IN CERTAIN INSTANCES, IT IS UNLIKELY THAT UNINSURED PATIENTS WILL PAY FOR THE SERVICES RENDERED, BUT THEY DO NOT QUALIFY FOR THE STATE'S CHARITY CARE PROGRAM BECAUSE OF LACK OF PATIENT COOPERATION OR OTHER REASONS. THE HOSPITAL PURSUES COLLECTION OF THESE AMOUNTS AND UNPAID BALANCES ARE REPORTED AS BAD DEBT EXPENSE. UNDER STATEMENT 15, THESE AMOUNTS WOULD BE RECORDED AS CHARITY CARE RATHER THAN BAD DEBT EXPENSE AND THIS IS THE RATIONALE FOR OUR RESPONSE: "NO".

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

BAD DEBT EXPENSE WAS CALCULATED USING THE PROVIDERS' BAD DEBT EXPENSE FROM ITS INTERNAL FINANCIAL STATEMENTS.

RWJBARNABAS HEALTH ("RWJBH") AND ITS AFFILIATES, INCLUDING ITS HOSPITALS AND SUBSIDIARIES, PREPARE AND ISSUE AUDITED CONSOLIDATED FINANCIAL STATEMENTS.

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EFFECTIVE JANUARY 1, 2018, THE SYSTEM ADOPTED ASU 2014-09 USING A FULL RETROSPECTIVE METHOD OF APPLICATION. THE ADOPTION OF ASU 2014-09 RESULTED IN CHANGES TO THE PRESENTATION AND DISCLOSURE OF REVENUE PRIMARILY RELATED TO UNINSURED OR UNDERINSURED PATIENTS. UNDER ASU 2014-09, THE ESTIMATED UNCOLLECTIBLE AMOUNTS DUE FROM THESE PATIENTS ARE GENERALLY CONSIDERED IMPLICIT PRICE CONCESSIONS THAT ARE A DIRECT REDUCTION TO NET PATIENT SERVICE REVENUES.

PLEASE REFER TO THE NET PATIENT SERVICE REVENUE SECTION WITHIN FOOTNOTE 2 (PAGES 9 & 10) OF THE SYSTEM'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS FOR ADDITIONAL INFORMATION ON THIS TOPIC AND THE REPORTING OF THE SYSTEM'S REVENUE RECOGNITION.

SCHEDULE H, PART III, SECTION B; QUESTION 8

MEDICARE COSTS WERE DERIVED FROM THE 2019 MEDICARE COST REPORT.

MEDICARE UNDERPAYMENTS AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED

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

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

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IN THE TAX CODE FOR THE TERM "CHARITABLE" A REGULATION PROMULGATED BY THE DEPARTMENT OF THE TREASURY PROVIDES SOME GUIDANCE AND STATES THAT "[T]HE TERM CHARITABLE IS USED IN §501(C)(3) IN ITS GENERALLY ACCEPTED LEGAL SENSE," AND PROVIDES EXAMPLES OF CHARITABLE PURPOSES, INCLUDING THE RELIEF OF THE POOR OR UNPRIVILEGED; THE PROMOTION OF SOCIAL WELFARE; AND THE ADVANCEMENT OF EDUCATION, RELIGION, AND SCIENCE. NOTE IT DOES NOT EXPLICITLY ADDRESS THE ACTIVITIES OF HOSPITALS. IN THE ABSENCE OF EXPLICIT STATUTORY OR REGULATORY REQUIREMENTS APPLYING THE TERM "CHARITABLE" TO HOSPITALS, IT HAS BEEN LEFT TO THE IRS TO DETERMINE THE CRITERIA HOSPITALS MUST MEET TO QUALIFY AS IRC §501(C)(3) CHARITABLE ORGANIZATIONS. THE ORIGINAL STANDARD WAS KNOWN AS THE CHARITY CARE STANDARD. THIS STANDARD WAS REPLACED BY THE IRS WITH THE COMMUNITY BENEFIT STANDARD WHICH IS THE CURRENT STANDARD.

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

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\$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 "REMOVE[D]" FROM REVENUE RULING 56-185 "THE REQUIREMENTS RELATING TO CARING FOR PATIENTS

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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

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ACTIVITIES DOES NOT INCLUDE ALL MEMBERS OF THE COMMUNITY, SUCH AS

INDIGENT MEMBERS OF THE COMMUNITY, PROVIDED THAT THE CLASS IS NOT SO

SMALL THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUNITY.

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

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

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THE AMERICAN HOSPITAL ASSOCIATION ("AHA") FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. THIS ORGANIZATION AGREES WITH THE AHA POSITION. AS OUTLINED IN THE AHA LETTER TO THE IRS DATED AUGUST 21, 2007 WITH RESPECT TO THE FIRST PUBLISHED DRAFT OF THE NEW FORM 990 AND SCHEDULE H, THE AHA FELT THAT THE IRS SHOULD INCORPORATE THE FULL VALUE OF THE COMMUNITY BENEFIT THAT HOSPITALS PROVIDE BY COUNTING MEDICARE UNDERPAYMENTS (SHORTFALL) AS QUANTIFIABLE COMMUNITY BENEFIT FOR THE FOLLOWING REASONS:

- PROVIDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN ESSENTIAL PART OF THE COMMUNITY BENEFIT STANDARD.
- MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE. RECENTLY, MEDICARE REIMBURSES HOSPITALS ONLY 92 CENTS FOR EVERY DOLLAR THEY SPEND TO TAKE CARE OF MEDICARE PATIENTS. THE MEDICARE PAYMENT ADVISORY COMMISSION ("MEDPAC") IN ITS MARCH 2007 REPORT TO CONGRESS CAUTIONED THAT UNDERPAYMENT WILL GET EVEN WORSE, WITH MARGINS REACHING A 10-YEAR LOW AT



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NEGATIVE 5.4 PERCENT.

- MANY MEDICARE BENEFICIARIES, LIKE THEIR MEDICAID COUNTERPARTS, ARE POOR. MORE THAN 46 PERCENT OF MEDICARE SPENDING IS FOR BENEFICIARIES WHOSE INCOME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL. MANY OF THOSE MEDICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID -- SO CALLED "DUAL ELIGIBLES."

THERE IS EVERY COMPELLING PUBLIC POLICY REASON TO TREAT MEDICARE AND MEDICAID UNDERPAYMENTS SIMILARLY FOR PURPOSES OF A HOSPITAL'S COMMUNITY BENEFIT AND INCLUDE THESE COSTS ON FORM 990, SCHEDULE H, PART I. MEDICARE UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE COMMUNITY'S ELDERLY AND POOR. THESE UNDERPAYMENTS REPRESENT 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

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I. LIKE MEDICARE UNDERPAYMENT (SHORTFALLS), THERE ALSO ARE COMPELLING REASONS THAT PATIENT BAD DEBT SHOULD BE COUNTED AS QUANTIFIABLE COMMUNITY BENEFIT AS FOLLOWS:

- A SIGNIFICANT MAJORITY OF BAD DEBT IS ATTRIBUTABLE TO LOW-INCOME PATIENTS, WHO, FOR MANY REASONS, DECLINE TO COMPLETE THE FORMS REQUIRED TO ESTABLISH ELIGIBILITY FOR HOSPITALS' CHARITY CARE OR FINANCIAL ASSISTANCE PROGRAMS. A 2006 CONGRESSIONAL BUDGET OFFICE ("CBO") REPORT, NONPROFIT HOSPITALS AND THE PROVISION OF COMMUNITY BENEFITS, CITED TWO STUDIES INDICATING THAT "THE GREAT MAJORITY OF BAD DEBT WAS ATTRIBUTABLE TO PATIENTS WITH INCOMES BELOW 200% OF THE FEDERAL POVERTY LINE."

- THE REPORT ALSO NOTED THAT A SUBSTANTIAL PORTION OF BAD DEBT IS PENDING CHARITY CARE. UNLIKE BAD DEBT IN OTHER INDUSTRIES, HOSPITAL BAD DEBT IS COMPLICATED BY THE FACT THAT HOSPITALS FOLLOW THEIR MISSION TO THE COMMUNITY AND TREAT EVERY PATIENT THAT COMES THROUGH THEIR EMERGENCY DEPARTMENT, REGARDLESS OF ABILITY TO PAY. PATIENTS WHO HAVE OUTSTANDING BILLS ARE NOT TURNED AWAY, UNLIKE OTHER INDUSTRIES. BAD DEBT IS FURTHER

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COMPLICATED BY THE AUDITING INDUSTRY'S STANDARDS ON REPORTING CHARITY CARE. MANY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSARY, EXTENSIVE DOCUMENTATION REQUIRED TO BE DEEMED CHARITY CARE BY AUDITORS. AS A RESULT, ROUGHLY 40% OF BAD DEBT IS PENDING CHARITY CARE.

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

AS OUTLINED BY THE AHA, DESPITE THE HOSPITALS' BEST EFFORTS AND DUE DILIGENCE, PATIENT BAD DEBT IS A PART OF THE HOSPITAL'S MISSION AND CHARITABLE PURPOSES. BAD DEBT REPRESENTS PART OF THE BURDEN HOSPITALS SHOULD IN SERVING ALL PATIENTS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. IN ADDITION, THE HOSPITAL INVESTS SIGNIFICANT RESOURCES IN SYSTEMS AND STAFF TRAINING TO ASSIST PATIENTS THAT ARE IN NEED OF FINANCIAL ASSISTANCE.

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

PSE&G CSH FACILITY REPORTING GROUP A

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ACCOUNTS CONSIDERED TO BE CHARITY CARE ARE NOT INCLUDED IN THE BAD DEBT  
EXPENSE, BUT RATHER, ACCOUNTED FOR AS AN ALLOWANCE AGAINST REVENUE.

IT IS THE POLICY OF CHILDREN'S SPECIALIZED HOSPITAL TO TREAT ALL PATIENTS  
EQUALLY REGARDLESS OF INSURANCE AND THEIR ABILITY TO PAY. CHILDREN'S  
SPECIALIZED HOSPITAL WILL EXHAUST ALL OPPORTUNITIES FOR INSURANCE  
PAYMENTS BEFORE BILLING ANY PATIENT ("GUARANTOR") FOR SERVICES PROVIDED  
BY THE HOSPITAL. THE EXCEPTIONS TO THAT POLICY ARE PATIENT RESPONSIBILITY  
AMOUNTS THAT ARE KNOWN AT THE TIME OF SERVICE. PAYMENTS FOR THOSE AMOUNTS  
ARE EXPECTED TO BE PAID BY THE PATIENT AT THE TIME OF SERVICE ASSUMING  
THERE IS NO SECONDARY INSURANCE COVERAGE. IN THE EVENT A PATIENT  
RESPONSIBILITY IS IDENTIFIED BY THE PATIENT'S INSURANCE CARRIER AFTER THE  
SERVICES ARE PROVIDED, THE PATIENT WILL BE BILLED THE AMOUNT IDENTIFIED

**Part VI Supplemental Information**

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AS THE PATIENT'S RESPONSIBILITY BY THE CARRIER. AGAIN, IN SITUATIONS

WHERE SECONDARY OR TERTIARY COVERAGE EXISTS THOSE AMOUNTS WILL BE BILLED

PRIOR TO THE GUARANTOR.

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

PATIENTS WILL NOT BE BILLED ANY BALANCES UNTIL THE POINT AT WHICH ALL INSURANCE OPPORTUNITIES HAVE BEEN EXHAUSTED. THE AMOUNT BILLED TO THE PATIENT (GUARANTOR) SHOULD BE CONSISTENT WITH THE INSURANCE EXPLANATION OF BENEFITS "PATIENT RESPONSIBILITY" AND BE NET OF ANY FINANCIAL ASSISTANCE AWARDED.

BILLING STATEMENTS WILL BE SENT OUT EVERY 21 DAYS FOR NO LESS THAN 120 DAYS FROM THE FIRST SUCH STATEMENT. BILLS THAT REMAIN UNPAID AFTER 120

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

WILL BE PURSUED BUT FURTHER COLLECTION ACTIONS WILL BE SUBJECT TO

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

ANY PATIENT OVERPAYMENTS RECOGNIZED BY THE HOSPITAL RESULTANT FROM

RETROSPECTIVE FINANCIAL ASSISTANCE ELIGIBILITY WILL BE REFUNDED AS SOON

AS REASONABLY POSSIBLE.

RWJBH - FACILITY REPORTING GROUP B

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ACCOUNTS CONSIDERED TO BE CHARITY CARE ARE NOT INCLUDED IN THE BAD DEBT  
EXPENSE, BUT RATHER, ACCOUNTED FOR AS AN ALLOWANCE.

IT IS THE POLICY OF THE RWJBARNABAS HEALTH ("RWJBH") BUSINESS OFFICE, AND  
ALL ITS HOSPITAL AFFILIATES, TO TREAT ALL PATIENTS EQUALLY REGARDLESS OF  
INSURANCE AND THEIR ABILITY TO PAY. FOR ACCOUNTS DETERMINED TO BE  
"SELF-PAY" AND/OR ACCOUNTS WITH BALANCE AFTER PRIMARY INSURANCE PAYMENTS,

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THE COLLECTION POLICY REQUIRES: SENDING THREE STATEMENTS, A MINIMUM OF ONE PRE-COLLECTION LETTER/TELEPHONE CONTACT FOR ANY ACCOUNT OVER \$5,000.00 OR AT THE DISCRETION OF THE ACCOUNT REPRESENTATIVE AND/OR SUPERVISOR.

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

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

- FINANCIAL COUNSELING FOR POSSIBLE ELIGIBILITY FOR MEDICAL ASSISTANCE

INCLUDING MEDICAID AND SSI;

- FINANCIAL COUNSELING FOR POSSIBLE ELIGIBILITY FOR THE NEW JERSEY

HOSPITAL CARE PAYMENT ASSISTANCE PROGRAM; AND,

- FINANCIAL ARRANGEMENTS INCLUDING:

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

2. FLEXIBLE PAYMENT PLANS.

IN ADDITION TO THE ABOVE OPTIONS, THE FACILITY HAS ESTABLISHED A SELF-PAY ASSISTANCE PROGRAM FOR OUR UNINSURED PATIENTS THAT DO NOT QUALIFY FOR MEDICAID OR THE NEW JERSEY HOSPITAL CARE PAYMENT ASSISTANCE PROGRAM. THE SELF-PAY ASSISTANCE PROGRAM RATES ARE REFLECTIVE OF MEDICARE REIMBURSEMENT, AS REQUIRED BY THE STATE OF NEW JERSEY.



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SCHEDULE H, PART VI; QUESTION 2

PSE&G CSH FACILITY REPORTING GROUP A

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

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

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- A REVIEW OF HEALTH STATUS/NEEDS ASSESSMENTS AND STUDIES CONDUCTED BY EXTERNAL PARTIES (HEALTH RESEARCH AND EDUCATION TRUST OF NEW JERSEY, KIDS COUNT, COUNTY HEALTH RANKINGS, NEW JERSEY STATE, SEER CANCER INCIDENCE AND MORTALITY, TO NAME A FEW SOURCES OF SECONDARY DATA).

RWJBARNABAS HEALTH CONDUCTS AN EXTENSIVE SERVICE AREA POPULATION PHYSICIAN NEED STUDY (BY PRIMARY CARE AND PHYSICIAN SPECIALTY) EVERY THREE TO FIVE YEARS. THE 2017 STUDY USED GENERALLY ACCEPTED PHYSICIAN TO POPULATION RATIOS ADJUSTED FOR LOCAL COMMUNITY POPULATION TO IDENTIFY GAPS IN SERVICE. THESE STUDIES INFORM MEDICAL STAFF DEVELOPMENT AND RECRUITMENT NEEDS AT THE HOSPITALS TO ASSURE RESPONSIVENESS TO THE SPECIFIC IDENTIFIED NEEDS OF THE COMMUNITY AND TO ASSURE ACCESS TO PHYSICIAN PROVIDER SERVICES.

CSH REVIEWS PATIENT SURVEYS AND COMMENTS TO UNDERSTAND PATIENT AND FAMILY CONCERNS. FURTHER, CSH PARTICIPATES AND WORKS WITH MANY LOCAL ORGANIZATIONS ON HEALTH ISSUES INCLUDING: DISCUSSING AND PRIORITIZING

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NEEDS, COORDINATING SERVICES, PROVIDING EDUCATION AND SPECIALTY

KNOWLEDGE, AND SUPPORTING LOCAL HEALTH PROMOTIONS. AS PART OF RWJBARNABAS

HEALTH, CSH WORKS WITH AN ARRAY OF SERVICE PROVIDERS TO SUPPORT A FULL

SERVICE CONTINUUM OF CARE FOR ITS COMMUNITIES.

CSH IS ACTIVE IN THEIR RESPECTIVE COMMUNITIES WITH LOCAL MUNICIPALITIES

AND COMMUNITY-BASED ORGANIZATIONS. FOR EXAMPLE, CSH CAMP CHATTERBOX,

WORKS WITH CAMP OAKHURST IN MONMOUTH COUNTY, NEW JERSEY TO SPONSOR A

WEEKLONG OVERNIGHT CAMP FOR CHILDREN AND YOUNG ADULTS, AGES 5-22, WHO USE

SYNTHESIZED AUGMENTATIVE AND ALTERNATIVE COMMUNICATION (AAC) DEVICES.

CHATTERBOX OFFERS TWO UNIQUE PROGRAMS - A FAMILY PROGRAM FOR CHILDREN

AGES 5-14 AND AN INDEPENDENCE AND SELF-ADVOCACY PROGRAM FOR TEENS AND

YOUNG ADULTS AGES 15-22. ALL CAMPERS MUST BE ABLE TO PARTICIPATE IN THE

PROGRAM WITHOUT REQUIRING ONE-ON-ONE BEHAVIORAL SUPPORT. CAMP CHATTERBOX

USES THE FACILITIES OF CAMP OAKHURST IN MONMOUTH COUNTY, NJ. CSH ALSO

PARTNERS WITH THE WILKES-BARRE FAMILY YMCA PARTNER TO PROVIDE A FULLY

MAIN-STREAMED, OVERNIGHT CAMP EXPERIENCE AT CAMP KRESGE IN WHITE HAVEN,

PA NEAR THE POCONO MOUNTAINS. THESE COMMUNITY TOUCH POINTS PROVIDE THE

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HOSPITAL WITH VALUABLE EXTERNAL INSIGHTS REGARDING COMMUNITY NEED.

RWJBH - FACILITY REPORTING GROUP B

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CMMC REVIEWS PATIENT SURVEYS AND COMMENTS TO UNDERSTAND PATIENT AND FAMILY CONCERNS. FURTHER CMMC PARTICIPATES AND WORKS WITH MANY LOCAL ORGANIZATIONS ON HEALTH ISSUES INCLUDING: DISCUSSING AND PRIORITIZING NEEDS, COORDINATING SERVICES, PROVIDING EDUCATION AND SPECIALTY KNOWLEDGE, AND SUPPORTING LOCAL HEALTH PROMOTIONS. CMMC ALSO PARTICIPATES WITH A QUARTERLY REGIONAL COMMUNITY ADVISORY BOARD FOR THE GREATER NEWARK AREA HOSTED BY RWJBARNABAS HEALTH WITH REPRESENTATIVES FROM LOCAL POLITICIANS, LOCAL COMMUNITY HEALTH CENTERS, EMERGENCY HEALTH PROVIDERS AND OTHER COMMUNITY LEADERS. ANOTHER COLLABORATIVE ORGANIZATION IS THE GREATER NEWARK HEALTH CARE COALITION, WHICH INCLUDES EXECUTIVE LEADERSHIP OF HOSPITALS AND HEALTH ORGANIZATIONS IN THE GREATER NEWARK AREA. THIS COALITION MEETS MONTHLY WITH THE MISSION TO REDUCE HEALTH DISPARITIES AND TO IMPROVE HEALTH. CMMC ALSO WORKS WITH ESSEX COUNTY HEALTH DEPARTMENT TO

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PLAN AND IMPLEMENT A LOCAL NEEDS ASSESSMENT/HEALTH STATUS APPROXIMATELY EVERY FIVE YEARS. THESE COMMUNITY TOUCH POINTS PROVIDE THE HOSPITAL WITH VALUABLE EXTERNAL INSIGHTS REGARDING COMMUNITY NEED.

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

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

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NEEDS, COORDINATING SERVICES, PROVIDING EDUCATION AND SPECIALTY  
KNOWLEDGE, AND SUPPORTING LOCAL HEALTH PROMOTIONS. JCMC ALSO WORKS WITH  
HUDSON COUNTY HEALTH DEPARTMENT TO PLAN AND IMPLEMENT A LOCAL NEEDS  
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

MMC-SC REVIEWS PATIENT SURVEYS AND COMMENTS TO UNDERSTAND PATIENT AND FAMILY CONCERNS. FURTHER, MMC-SC PARTICIPATES AND WORKS WITH MANY LOCAL ORGANIZATIONS ON HEALTH ISSUES INCLUDING: DISCUSSING AND PRIORITIZING NEEDS, COORDINATING SERVICES, PROVIDING EDUCATION AND SPECIALTY KNOWLEDGE, AND SUPPORTING LOCAL HEALTH PROMOTIONS. IN ADDITION, MMC-SC PARTICIPATES WITH THE OCEAN COUNTY HEALTH DEPARTMENT'S HEALTH ADVISORY GROUP TO PLAN AND IMPLEMENT A LOCAL NEEDS ASSESSMENT/HEALTH STATUS APPROXIMATELY EVERY FIVE YEARS, WITH ONGOING COMMUNICATION AND COLLABORATION BETWEEN THE FIVE-YEAR UPDATES. THESE COMMUNITY TOUCH POINTS PROVIDE THE HOSPITAL WITH VALUABLE EXTERNAL INSIGHTS REGARDING COMMUNITY NEED.

NBIMC REVIEWS PATIENT SURVEYS AND COMMENTS TO UNDERSTAND PATIENT AND FAMILY CONCERNS. FURTHER, NBIMC PARTICIPATES AND WORKS WITH MANY LOCAL ORGANIZATIONS ON HEALTH ISSUES INCLUDING: DISCUSSING AND PRIORITIZING NEEDS, COORDINATING SERVICES, PROVIDING EDUCATION AND SPECIALTY KNOWLEDGE, AND SUPPORTING LOCAL HEALTH PROMOTIONS. NBIMC ALSO PARTICIPATES WITH A QUARTERLY REGIONAL COMMUNITY ADVISORY BOARD FOR THE

**Part VI Supplemental Information**

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GREATER NEWARK AREA HOSTED BY RWJBARNABAS HEALTH WITH REPRESENTATIVES FROM LOCAL POLITICIANS, LOCAL COMMUNITY HEALTH CENTERS, EMERGENCY HEALTH PROVIDERS AND OTHER COMMUNITY LEADERS. ANOTHER COLLABORATIVE ORGANIZATION IS THE GREATER NEWARK HEALTH CARE COALITION, WHICH INCLUDES EXECUTIVE LEADERSHIP OF HOSPITALS AND HEALTH ORGANIZATIONS IN THE GREATER NEWARK AREA. THIS COALITION MEETS MONTHLY WITH THE MISSION TO REDUCE HEALTH DISPARITIES AND TO IMPROVE HEALTH. NBIMC ALSO WORKS WITH ESSEX COUNTY HEALTH DEPARTMENT TO PLAN AND IMPLEMENT A LOCAL NEEDS ASSESSMENT/HEALTH STATUS APPROXIMATELY EVERY FIVE YEARS. THESE COMMUNITY TOUCH POINTS PROVIDE THE HOSPITAL WITH VALUABLE EXTERNAL INSIGHTS REGARDING COMMUNITY NEED.

RWJUH-NEW BRUNSWICK REVIEWS PATIENT SURVEYS AND COMMENTS TO UNDERSTAND PATIENT AND FAMILY CONCERNS. FURTHER, RWJUH - NEW BRUNSWICK PARTICIPATES AND WORKS WITH MANY LOCAL ORGANIZATIONS ON HEALTH ISSUES INCLUDING: DISCUSSING AND PRIORITIZING NEEDS, COORDINATING SERVICES, PROVIDING EDUCATION AND SPECIALTY KNOWLEDGE, AND SUPPORTING LOCAL HEALTH PROMOTIONS. RWJUH - NEW BRUNSWICK ALSO PARTICIPATES WITH COLLABORATIVE



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ORGANIZATIONS FOR COMPREHENSIVE COMMUNITY HEALTH PLANNING EFFORTS.

RWJUH-NEW BRUNSWICK PARTICIPATES WITH THE COMMUNITY HEALTH CONSORTIUM FOR CENTRAL JERSEY (CHCCJ) TO MEASURABLY IMPROVE THE HEALTH OF RESIDENTS WITHIN THEIR CATCHMENT AREA (MIDDLESEX COUNTY AND SELECT AREAS OF SOMERSET COUNTY). THE CHCCJ IS COMPRISED OF A DIVERSE GROUP OF STAKEHOLDERS THAT INCLUDES COMMUNITY-BASED ORGANIZATIONS, HEALTH DEPARTMENT PERSONNEL, ACADEMIC INSTITUTIONS AND HOSPITAL REPRESENTATIVES, WAS RESPONSIBLE FOR GUIDING, PARTICIPATING IN, AND PROVIDING FEEDBACK ON ALL ASPECTS OF THE ASSESSMENT AND PLANNING PROCESS FOR THE CHNA AND THE RESPONSIVE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP). PARTNERS PROVIDED INPUT ON THE COMMUNITY HEALTH NEEDS ASSESSMENT, PARTICIPATED IN PLANNING SESSIONS, AND GAVE CONTINUOUS FEEDBACK ON DRAFT PLAN COMPONENTS.

RWJUH-SOMERSET WAS THE CONVENING ORGANIZATION AND PARTICIPATES WITH THE HEALTHIER SOMERSET COALITION ("HSC"), A BROADLY REPRESENTATIVE STAKEHOLDER GROUP OF NEARLY 50 ORGANIZATIONS THAT INCLUDED HEALTH DEPARTMENT LEADERS, HOSPITAL REPRESENTATIVES, AND COMMUNITY-BASED ORGANIZATION LEADERS. THIS COALITION WAS RESPONSIBLE FOR GUIDING,

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PARTICIPATING IN, AND PROVIDING FEEDBACK ON ALL ASPECTS OF ASSESSMENT AND  
PLANNING FOR THE SOMERSET COUNTY CHIP.

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

RWJUH HAMILTON REVIEWS PATIENT SURVEYS AND COMMENTS TO UNDERSTAND PATIENT  
AND FAMILY CONCERNS. FURTHER, RWJUH HAMILTON PARTICIPATES AND WORKS WITH  
MANY LOCAL ORGANIZATIONS ON HEALTH ISSUES INCLUDING: DISCUSSING AND  
PRIORITIZING NEEDS, COORDINATING SERVICES, PROVIDING EDUCATION AND  
SPECIALTY KNOWLEDGE, AND SUPPORTING LOCAL HEALTH PROMOTIONS. ONE SUCH  
COLLABORATION IS THE GREATER MERCER PUBLIC HEALTH PARTNERSHIP (GMPHP) IS  
A COLLABORATION OF HOSPITALS, HEALTH DEPARTMENTS, THE MERCER COUNTY  
DEPARTMENT OF HEALTH AND HUMAN SERVICES, AND OTHER NOT-FOR-PROFIT  
ORGANIZATIONS WHOSE MISSION IS TO MEASURABLY IMPROVE THE HEALTH OF  
RESIDENTS OF THE GREATER MERCER COUNTY COMMUNITY. THE GMGHP CONSISTS OF

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THREE ACUTE CARE HOSPITALS IN MERCER COUNTY (RWJUH HAMILTON, CAPITAL HEALTH SYSTEM/HOPEWELL AND ST. FRANCIS MEDICAL CENTER, AS WELL AS THE ST. LAWRENCE REHABILITATION CENTER, 9 LOCAL HEALTH DEPARTMENTS, INCLUDING MERCER COUNTY. THIS COALITION REPRESENTS ALL THE HOSPITALS IN MERCER COUNTY AND ALL 12 MUNICIPALITIES.

RWJUH HAMILTON IN COOPERATION WITH THE GREATER MERCER PUBLIC HEALTH PARTNERSHIP (GMGHP) CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT UPDATE IN 2018. THE PROCESS INCLUDED TWO MAJOR COMPONENTS, A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TO IDENTIFY THE HEALTH-RELATED NEEDS AND STRENGTHS OF GREATER MERCER COUNTY, AND A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP). THE CHIP WAS DEVELOPED USING THE KEY FINDINGS FROM THE CHNA WHICH ALLOWED US TO ENGAGE IN INFORMED DISCUSSION AND REVIEW THE APPROPRIATE DATA TO DRIVE CHANGE IN THE PRIORITY HEALTH ISSUES, GOALS AND OBJECTIVES.

RWJUH HAMILTON IS ACTIVE IN ITS RESPECTIVE COMMUNITIES WITH LOCAL MUNICIPALITIES AND COMMUNITY-BASED ORGANIZATIONS. THESE COMMUNITY TOUCH

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POINTS PROVIDE THE HOSPITAL WITH VALUABLE EXTERNAL INSIGHTS REGARDING  
COMMUNITY NEED.

RWJUH RAHWAY REVIEWS PATIENT SURVEYS AND COMMENTS TO UNDERSTAND PATIENT  
AND FAMILY CONCERNS. FURTHER, RWJUH RAHWAY PARTICIPATES AND WORKS WITH  
MANY LOCAL ORGANIZATIONS ON HEALTH ISSUES INCLUDING: DISCUSSING AND  
PRIORITIZING NEEDS, COORDINATING SERVICES, PROVIDING EDUCATION AND  
SPECIALTY KNOWLEDGE, AND SUPPORTING LOCAL HEALTH PROMOTIONS. ONE  
COLLABORATIVE PROCESS WAS THE PARTNER FORUM CONDUCTED TO SOLICIT FEEDBACK  
FROM REPRESENTATIVES OF KEY STAKEHOLDER GROUPS, FACILITATE COLLABORATION  
TO ADDRESS COMMUNITY HEALTH NEEDS, AND ALIGN COMMUNITY HEALTH IMPROVEMENT  
EFFORTS. PARTICIPANTS INCLUDED LOCAL HOSPICE AND LONG TERM CARE  
FACILITIES, LOCAL HEALTH DEPARTMENTS, YMCA AND OTHERS.

RWJUH RAHWAY IS ACTIVE IN ITS RESPECTIVE COMMUNITIES WITH LOCAL  
MUNICIPALITIES AND COMMUNITY-BASED ORGANIZATIONS. THESE COMMUNITY TOUCH  
POINTS PROVIDE THE HOSPITAL WITH VALUABLE EXTERNAL INSIGHTS REGARDING  
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SBBH ALSO PARTICIPATES AND WORKS WITH LOCAL ORGANIZATIONS ON HEALTH ISSUES, DISCUSSING AND PRIORITIZING NEEDS. IN ADDITION, BHBHC STAFF WORKS WITH THE OCEAN COUNTY MENTAL HEALTH BOARD AND OCEAN COUNTY HEALTH DEPARTMENT TO PLAN AND IMPLEMENT A LOCAL NEEDS ASSESSMENT/HEALTH STATUS APPROXIMATELY EVERY THREE TO FIVE YEARS. THESE COMMUNITY TOUCH POINTS PROVIDE THE HOSPITAL WITH VALUABLE EXTERNAL INSIGHTS REGARDING COMMUNITY NEED.

SBBH REVIEWS PATIENT SURVEYS AND COMMENTS TO UNDERSTAND PATIENT AND FAMILY CONCERNS. FURTHER, BHBHC PARTICIPATES AND WORKS WITH MANY LOCAL ORGANIZATIONS ON HEALTH ISSUES INCLUDING: DISCUSSING AND PRIORITIZING NEEDS, COORDINATING SERVICES, PROVIDING EDUCATION AND SPECIALTY KNOWLEDGE, AND SUPPORTING LOCAL HEALTH PROMOTIONS.

SBMC REVIEWS PATIENT SURVEYS AND COMMENTS TO UNDERSTAND PATIENT AND FAMILY CONCERNS. FURTHER, SBMC PARTICIPATES AND WORKS WITH MANY LOCAL ORGANIZATIONS ON HEALTH ISSUES INCLUDING: DISCUSSING AND PRIORITIZING

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NEEDS, COORDINATING SERVICES, PROVIDING EDUCATION AND SPECIALTY KNOWLEDGE, AND SUPPORTING LOCAL HEALTH PROMOTIONS. SBMC ALSO PARTICIPATES WITH A QUARTERLY REGIONAL COMMUNITY ADVISORY BOARD FOR THE GREATER NEWARK AREA HOSTED BY RWJBARNABAS HEALTH WITH REPRESENTATIVES FROM LOCAL POLITICIANS, LOCAL COMMUNITY HEALTH CENTERS, EMERGENCY HEALTH PROVIDERS AND OTHER COMMUNITY LEADERS. SBMC ALSO WORKS WITH ESSEX COUNTY HEALTH DEPARTMENT TO PLAN AND IMPLEMENT A LOCAL NEEDS ASSESSMENT/HEALTH STATUS APPROXIMATELY EVERY FIVE YEARS. THESE COMMUNITY TOUCH POINTS PROVIDE THE HOSPITAL WITH VALUABLE EXTERNAL INSIGHTS REGARDING COMMUNITY NEED.

SCHEDULE H, PART VI; QUESTION 3

PSE&G CSH FACILITY REPORTING GROUP A

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

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IN THE FOLLOWING WAYS:

- THE CHILDREN'S SPECIALIZED HOSPITAL BENEFIT FUND POLICY AND APPLICATION

ARE AVAILABLE ON-LINE AT THE FOLLOWING WEBSITE:

[HTTPS://WWW.CHILDRENS-SPECIALIZED.ORG/FOR-PATIENTS-AND-FAMILIES/BILLING-FINANCIAL-AND-INSURANCE-INFORMATION/HOSPITAL-BENEFIT-FUND-AND-APPLICATION](https://www.childrens-specialized.org/for-patients-and-families/billing-financial-and-insurance-information/hospital-benefit-fund-and-application)

- PAPER COPIES OF THE CHILDREN'S SPECIALIZED HOSPITAL BENEFIT FUND POLICY AND APPLICATION ARE AVAILABLE UPON REQUEST WITHOUT CHARGE BY MAIL AND ARE AVAILABLE AT THE PATIENT ACCESS SERVICES DEPARTMENT WITHIN THE HOSPITAL;  
AND

- SIGNS OR DISPLAYS INFORMING PATIENTS ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE ARE CONSPICUOUSLY POSTED IN PUBLIC LOCATIONS OF THE HOSPITAL.

RWJBH - FACILITY REPORTING GROUP B

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CHARITY CARE SIGNAGE IS POSTED IN ALL PATIENT REGISTRATION AREAS IN ENGLISH AND SPANISH. CHARITY CARE NOTICE OF FINANCIAL ASSISTANCE IS PROVIDED TO PATIENTS WITH THEIR GENERAL CONSENT.

PATIENTS ARE REFERRED TO A FINANCIAL COUNSELOR IF THEY REQUIRE ASSISTANCE. LETTERS ARE MAILED TO SELF-PAY PATIENTS ADVISING THEM OF FINANCIAL ASSISTANCE PROGRAMS.

SCHEDULE H, PART VI; QUESTION 4

PSE&G CSH FACILITY REPORTING GROUP A

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CSH DRAWS PATIENTS ACROSS THE REGION AND OPERATES AT 13 DIFFERENT LOCATIONS IN 9 COUNTIES IN NEW JERSEY. ITS INPATIENT HOSPITAL FOR COMPREHENSIVE REHAB SERVICES IS LOCATED IN NEW BRUNSWICK, NJ. LONG TERM



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CARE SERVICES ARE PROVIDED IN TOMS RIVER, NJ.

NEW BRUNSWICK, THE POPULATION CENTER OF MIDDLESEX COUNTY. ACCORDING TO CENSUS BUREAU ESTIMATES, MIDDLESEX COUNTY IS THE SECOND LARGEST COUNTY IN NEW JERSEY AND IS ESTIMATED TO HAVE HAD THE FIFTH LARGEST GROWTH IN RESIDENTS FROM 2010 TO 2019. NEW BRUNSWICK IS THE LARGEST CITY IN THE COUNTY. NEW BRUNSWICK'S EXTENSIVE HISTORY DATES BACK TO PRE-REVOLUTIONARY TIMES AND IT IS THE HOME OF RUTGERS UNIVERSITY, THE STATE UNIVERSITY OF NEW JERSEY. THE 5-BLOCK DOWNTOWN AREA CONTAINS NEARLY 50 RESTAURANTS AND THREE DISTINCT THEATERS - THE AFRICAN AMERICAN-FOCUSED CROSSROADS THEATRE, GEORGE STREET PLAYHOUSE AND THE STATE THEATER OF NEW JERSEY FOR CONCERTS AND SPECIAL EVENTS - AS WELL AS THE AMERICAN REPERTORY BALLET, THAT ALSO PERFORM AT VARIOUS VENUES THROUGHOUT THE STATE.

DESPITE THE VIBRANCY OF CITY CULTURE, MANY CHALLENGES EXIST FOR RESIDENTS RESIDING IN NEW BRUNSWICK. THERE ARE 12 DESIGNATED COMPREHENSIVE HEALTH CENTERS IN MIDDLESEX COUNTY AND A NUMBER OF CENSUS TRACTS WITH MUA/MUP DESIGNATION. THE GROWING POPULATION IS COMPRISED OF 75% MINORITY AND 34%

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OF RESIDENTS ARE FOREIGN BORN. OVER 55% OF RESIDENTS AGED FIVE AND OLDER  
 SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. OVER 34% OF PERSONS ARE  
 ESTIMATED TO BE IN POVERTY AND OVER 20% OF PERSONS UNDER AGE 65 ARE  
 WITHOUT HEALTH INSURANCE WHILE 33% OF THE POPULATION IS ON PUBLIC  
 INSURANCE. OVER 17% OF HOUSEHOLDS RECEIVE FOOD STAMPS/SNAP ASSISTANCE.

TOMS RIVER IS THE COUNTY SEAT OF OCEAN COUNTY. OCEAN COUNTY IS HOME TO  
 ONE-THIRD OF THE JERSEY SHORE, BORDERING THE ATLANTIC OCEAN IN THE  
 SOUTHERN PART OF NEW JERSEY, A PRIME DESTINATION FOR LARGE BEACH  
 POPULATIONS, FISHERMAN AND BOATERS, WHICH PLACES ADDITIONAL SEASONAL  
 DEMANDS ON THE HOSPITAL'S EMERGENCY DEPARTMENT. TOMS RIVER TOWNSHIP IS  
 RANKED THE 8TH MOST POPULOUS MCD IN THE STATE ACCORDING TO THE 2019  
 CENSUS ESTIMATES. WHILE THERE WAS AN ESTIMATED 3.1% POPULATION GROWTH  
 ESTIMATED BETWEEN THE 2010 AND 2019, THE DAMAGE BROUGHT BY HURRICANE  
 SANDY TO THE AREA LIMITED HOUSING AND POPULATION GROWTH.

THE 2018 CENSUS ESTIMATES TOMS RIVER CDP TO HAVE A 12.7% MINORITY  
 PRESENCE, 8.7% ARE FOREIGN BORN AND 11.6% OF POPULATION AGED 5 YEARS AND

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OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. IT IS ESTIMATED THAT 14.2% OF HOUSEHOLDS ARE COMPRISED OF PERSONS AGED 65 AND OLDER THAT ARE LIVING ALONE. IT IS ESTIMATED THAT 7.3% OF THE TOMS RIVER TOWNSHIP POPULATIONS ARE LIVING BELOW THE POVERTY LEVEL. APPROXIMATELY 31.8% HAVE PUBLIC HEALTH INSURANCE AND AN ESTIMATED 8% OF PEOPLE UNDER AGE 65 DO NOT HAVE HEALTH INSURANCE AND 5.5% OF HOUSEHOLDS RECEIVE FOOD STAMPS/SNAP ASSISTANCE.

THE CONTRAST OF NEW BRUNSWICK AND TOMS RIVER REFLECTS THE DIVERSE COMMUNITIES SERVED BY CSH. CSH IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO ITS COMMUNITIES. ITS PAY MIX WAS COMPRISED OF APPROXIMATELY 60% UNDERINSURED AND UNINSURED PAYER CLASSIFICATIONS IN 2019.

RWJBH - FACILITY REPORTING GROUP B

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

**Part VI Supplemental Information**

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BROAD RANGE OF COMMUNITIES IN URBAN AND SUBURBAN SETTINGS WITH CULTURALLY AND ETHNICALLY DIVERSE POPULATIONS. CMMC'S SERVICE AREA EXTENDS TO NEIGHBORING HUDSON, PASSAIC AND BERGEN COUNTIES. CMMC'S SERVICE AREA INCLUDES BELLEVILLE AND THE NORTH WARD/ IRONBOUND SECTIONS OF NEWARK, WHICH CONTAINS A LARGE MIX OF LATINO AND ITALIAN-AMERICAN POPULATIONS. APPROXIMATELY 30% OF THE BELLEVILLE AND NEWARK POPULATIONS ARE FOREIGN BORN AND A LARGE MAJORITY OF THE FOREIGN BORN POPULATION COMING FROM THE LATIN AMERICAS. IN BELLEVILLE, OVER 53% OF PERSONS AGED 5 AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME, FOR NEWARK RESIDENTS, THIS ESTIMATE IS NEARLY 48%.

ESSEX COUNTY IS THE THIRD LARGEST POPULOUS COUNTY IN NEW JERSEY AND HAS EXPERIENCED SMALL GROWTH AT 1.9% FROM 2010 TO 2019. BELLEVILLE IS THE 63RD LARGEST MCD AND ALSO IS ESTIMATED TO HAVE GROWN 1.6% SINCE THE 2010 CENSUS AND NEIGHBORING NEWARK CITY, THE LARGEST CITY IN NEW JERSEY, IS ESTIMATED TO HAVE INCREASED IN POPULATION BY 1%. NEWARK AND BELLEVILLE ARE ESTIMATED TO BE COMPRISED OF NEARLY 74% AND 30% MINORITY POPULATION, RESPECTIVELY. THE PERCENT OF PERSONS IN POVERTY ARE INCREASING AND ARE

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ESTIMATED AT 28% AND 10.5% FOR NEWARK AND BELLEVILLE, RESPECTIVELY.

PERSONS UNDER AGE 65 WITHOUT HEALTH INSURANCE IS ESTIMATED AT 20.5% FOR  
NEWARK AND 10.9% FOR BELLEVILLE.

AS A HEALTHCARE PROVIDER TO THE BELLEVILLE AND THE GREATER NEWARK  
COMMUNITIES, CMMC SERVED MORE THAN 70% OF ITS PATIENTS FROM MINORITY  
POPULATIONS IN 2019. NEARLY 41% OF ITS PATIENTS ARE OF UNDERINSURED AND  
UNINSURED PAYER CATEGORIES AND MEDICARE REPRESENTS AN ADDITIONAL 36% OF  
PATIENTS. PLACES IN THE SERVICE AREA INCLUDE MUA/MUP DESIGNATIONS AND  
STATE DESIGNATION AS MEDICALLY UNDERINSURED. NEWARK IS ALSO DESIGNATED AN  
URBAN ENTERPRISE ZONE (UEZ) BY THE STATE OF NEW JERSEY.

CMC IS LOCATED IN TOMS RIVER, THE COUNTY SEAT OF OCEAN COUNTY. OCEAN  
COUNTY IS HOME TO ONE-THIRD OF THE JERSEY SHORE, BORDERING THE ATLANTIC  
OCEAN IN THE SOUTHERN PART OF NEW JERSEY, A PRIME DESTINATION FOR LARGE  
BEACH POPULATIONS, FISHERMAN AND BOATERS, WHICH PLACES ADDITIONAL  
SEASONAL DEMANDS ON THE HOSPITAL'S EMERGENCY DEPARTMENT.

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THE CENSUS BUREAU ANNUAL ESTIMATES OF RESIDENT POPULATION FOR COUNTIES ESTIMATES OCEAN COUNTY AS HAVING THE HIGHEST PERCENTAGE INCREASE (5.3%) IN POPULATION NUMBERS FROM 2010 TO 2019, AND IT IS THE SECOND LARGEST NUMBER OF POPULATION INCREASE IN THE STATE. TOMS RIVER TOWNSHIP IS RANKED THE 8TH MOST POPULOUS MCD IN THE STATE ACCORDING TO THE 2019 CENSUS ESTIMATES. WHILE THERE WAS AN ESTIMATED 3.1% POPULATION GROWTH ESTIMATED BETWEEN THE 2010 AND 2019, THE DAMAGE BROUGHT BY HURRICANE SANDY TO THE AREA LIMITED HOUSING AND POPULATION GROWTH.

THE 2018 CENSUS ESTIMATES TOMS RIVER CDP TO HAVE A 12.7% MINORITY PRESENCE, 8.7% ARE FOREIGN BORN AND 11.6% OF POPULATION AGED 5 YEARS AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. IT IS ESTIMATED THAT 14.2% OF HOUSEHOLDS ARE COMPRISED OF PERSONS AGED 65 AND OLDER THAT ARE LIVING ALONE. IT IS ESTIMATED THAT 7.3% OF THE TOMS RIVER TOWNSHIP POPULATIONS ARE LIVING BELOW THE POVERTY LEVEL. APPROXIMATELY 31.8% HAVE PUBLIC HEALTH INSURANCE AND AN ESTIMATED 8% OF PEOPLE UNDER AGE 65 DO NOT HAVE HEALTH INSURANCE AND 5.5% OF HOUSEHOLDS RECEIVE FOOD STAMPS/SNAP ASSISTANCE.

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CMC SERVES BOTH SUBURBAN AND SEMI-RURAL COMMUNITIES INCLUDING THE SHORE COMMUNITIES AND LOWER-INCOME MUNICIPALITIES OF MANCHESTER AND SOUTH TOMS RIVER. CMC SERVES A SIGNIFICANT PROPORTION OF ELDERLY - 2018 CENSUS ESTIMATES THAT 22.9% OF THE COUNTY POPULATION IS AGED 65 AND OLDER AS OPPOSED TO THE 16.0% NATIONAL PERCENTAGE AND 16.0 PERCENT FOR THE STATE. IN 2019, 63% OF CMC'S PATIENT ADMISSIONS WERE COMPRISED OF A MEDICARE PAYER. FURTHER, NEARLY 13% OF CMC'S PAYER MIX WAS COMPRISED OF UNDERINSURED AND UNINSURED PAYER CATEGORIES. MINORITIES COMPRISED OVER 19% OF PATIENTS.

JCMC IS LOCATED IN JERSEY CITY, THE POPULATION CENTER OF HUDSON COUNTY, AND COMPRISES NEARLY 39% OF THE COUNTY'S POPULATION. HUDSON COUNTY IS ESTIMATED TO HAVE THE LARGEST POPULATION GROWTH IN THE STATE SINCE 2010, ADDING OVER 38,000 PEOPLE. JERSEY CITY WAS THE SECOND MOST POPULOUS CITY IN NEW JERSEY IN 2019 (CENSUS BUREAU) AND HAD THE SECOND HIGHEST INCREASE IN POPULATION NUMBERS OF NEW JERSEY'S PLACES AND TOWNS SINCE 2010. FIVE HUDSON COUNTY INCORPORATED PLACES ARE IN THE TOP 10 PLACES OF GROWTH IN

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NEW JERSEY FROM 2010 TO 2019. THE CENSUS BUREAU'S 2018 ACS 5-YEAR ESTIMATES SHOW JERSEY CITY'S POPULATION AS 65% MINORITY AND OVER 41% FOREIGN-BORN. OVER 18% OF PERSONS IN THE CITY ARE ESTIMATED TO BE IN POVERTY CONTRASTED TO THE COUNTY AT 14% AND STATE AT 9.5%. FURTHER, 14% OF PERSONS UNDER 65 IN JERSEY CITY ARE ESTIMATED TO NOT HAVE HEALTH INSURANCE WITH AN ADDITIONAL 32.5% ON PUBLIC INSURANCE.

WITH A LOCATION ACROSS THE RIVER FROM NEW YORK CITY, JERSEY CITY HAS A FAST-EXPANDING SKYLINE AND ITS RAPID REVITALIZATION OF THE CITY IS SUPPORTED BY AN INTEGRATED TRANSPORTATION SYSTEM INCLUDING A PORT OF ENTRY WITH MILES OF WATERFRONT AND SIGNIFICANT RAIL CONNECTIONS. JERSEY CITY'S ECONOMIC SPHERE IS ONE OF THE FASTEST-GROWING AS MORE FORTUNE-500 CORPORATIONS SUCH AS CHASE MANHATTAN BANK, LEHMAN BROTHERS, MERRILL LYNCH, CHARLES SCHWAB, CONTINUE TO BRING THEIR BUSINESSES TO THE AREA. JERSEY CITY INCLUDES MOST OF ELLIS ISLAND AND IT HAS ONE OF THE MOST DIVERSE POPULATIONS IN THE UNITED STATES, AND IS HOST TO AN ARRAY OF ETHNICITIES AND CULTURES INCLUDING COMMUNITIES OF JEWISH, ITALIAN, CUBAN, FILIPINO, POLISH, INDIAN, IRISH, PUERTO RICAN, DOMINICAN, AFRICAN, ARAB,



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AND ASIAN DESCENT. ACCORDING THE CENSUS COMMUNITY SURVEY, OVER 50% OF THE POPULATION AGED 5 AND OLDER IS ESTIMATED TO SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME.

JCMC SERVES AREAS THAT INCLUDE MUA/MUP DESIGNATIONS AND STATE DESIGNATION AS MEDICALLY UNDERINSURED AND IS AN URBAN ENTERPRISE ZONE (UEZ) BY THE STATE OF NEW JERSEY. HUDSON COUNTY HAS AREAS OF HIGH UNEMPLOYMENT AND POVERTY RATIOS COMPARED TO STATE AND LOCAL AVERAGES. HOUSEHOLDS IN THE ECONOMIC CENSUS REFLECT LOWER MEDIAN AND MEAN HOUSEHOLD INCOMES. JCMC IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO ITS INNER CITY COMMUNITIES; SERVING A PATIENT POPULATION COMPRISED OF MORE THAN 68% MINORITY REPRESENTATION AND OVER 44% UNDERINSURED AND UNINSURED PAYER CLASSIFICATIONS IN 2019. MEDICARE REPRESENTS AN ADDITIONAL 23% OF THE INPATIENTS BY PAYER CLASSIFICATION.

MMC IS LOCATED IN LONG BRANCH, MONMOUTH COUNTY. MONMOUTH COUNTY IS THE NORTHERNMOST COUNTY ON THE JERSEY SHORE, AND IS IN CLOSE PROXIMITY TO NEW YORK CITY WITH THE FIFTH LARGEST TOTAL POPULATION IN THE STATE. MONMOUTH

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COUNTY IS HOME TO IMMIGRANT POPULATIONS OF ITALIAN, GERMAN AND POLISH, WITH A LARGE IRISH-AMERICAN POPULATION AND A RAPIDLY GROWING ASIAN PRESENCE. THE LONG BRANCH LOCATION HAS BEEN DESIGNATED AS A MUA/MUP (MEDICALLY UNDERSERVED AREA/POPULATION) BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

LONG BRANCH IS OVER 48% MINORITY PRESENCE WITH OVER 30% OF POPULATIONS FOREIGN BORN. NEARLY 44% OF POPULATIONS AGED 5 OR OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. OVER 19% OF PERSONS ARE ESTIMATED TO BE IN POVERTY WITH NEARLY 25% OF PERSONS UNDER AGE 65 WITHOUT HEALTH INSURANCE. NEARLY 38% HAVE PUBLIC INSURANCE.

BETWEEN THE RESIDENTS AND THE SUMMERTIME SHORE VISITORS, MMC IS COMMITTED TO SERVICE ITS DIVERSE PATIENT POPULATION WITH OVER 32% OF ITS PATIENTS COMPRISED OF MINORITY/RACE ETHNICITY GROUPS AND ABOUT 31% OF PATIENTS IN UNDERINSURED AND UNINSURED PAYER GROUPS IN 2019. MEDICARE REPRESENTS AN ADDITIONAL 33% OF PATIENTS SERVED.

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MMC-SC IS LOCATED IN LAKEWOOD TOWNSHIP, OCEAN COUNTY. LAKEWOOD HAS BEEN IDENTIFIED AS ONE OF THE FASTEST-GROWING TOWN IN NEW JERSEY DURING THE PAST DECADE (WITH 14.5% GROWTH) AND IS RANKED THE 5TH MOST POPULOUS PLACE IN THE STATE ACCORDING TO 2019 ESTIMATES. THE LOCATION OF MMC-SC IS WITHIN A DESIGNATED MEDICALLY UNDERSERVED AREA/POPULATION (MUA/MUP) BY THE HEALTH RESOURCES AND SERVICE ADMINISTRATION (HRSA) BRANCH OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES AND AN URBAN ENTERPRISE ZONE (UEZ) BY THE STATE OF NEW JERSEY. LAKEWOOD TOWNSHIP IS ALSO ONE OF THE HUBS OF ORTHODOX JUDAISM AND IS HOME TO ONE OF THE LARGEST YESHIVAS IN THE WORLD. THE LARGE ORTHODOX POPULATION COMPRISES NEARLY HALF OF THE TOWNSHIP'S POPULATION.

OVER 16% OF LAKEWOOD IS COMPRISED OF MINORITY POPULATIONS. OVER 12.3% OF PERSONS ARE FOREIGN BORN AND 28% OF PERSONS AGED 5 AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. OVER 34% OF LAKEWOOD PERSONS ARE ESTIMATED TO BE IN POVERTY AND 9.7% OF PERSONS UNDER AGED 65 ARE WITHOUT HEALTH INSURANCE WHILE 62.6% OF PERSONS HAVE PUBLIC INSURANCE.

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OCEAN COUNTY IS THE SECOND LARGEST COUNTY IN THE STATE IN TERMS OF GEOGRAPHIC SIZE AND HAS THE SIXTH LARGEST TOTAL POPULATION SIZE IN THE STATE. SENIORS AGED 65 AND OLDER COMPRISE OVER 22% OF THE COUNTY'S POPULATION. THE STATE AND US PERCENTAGE FOR SENIORS IS AROUND 16%.

MMC-SC IS COMMITTED TO ITS SERVICE OF ITS DIVERSE COMMUNITIES IN THE COUNTY, WITH A PROPORTIONALLY HIGHER MIX OF ELDERLY AND UNINSURED/ UNDERINSURED. AS A RESULT, IN 2019, MMC-SC'S PATIENTS WERE COMPRISED OF 23% MINORITY POPULATIONS AND NEARLY 29% OF PATIENTS ARE OF UNDERINSURED/UNINSURED PAYOR CATEGORIES. MEDICARE COMPRISES AN ADDITIONAL 49% OF PATIENTS' PAYER CLASSIFICATION.

NBIMC IS LOCATED IN THE CITY OF NEWARK, THE SEAT OF ESSEX COUNTY. NEWARK IS THE 73RD LARGEST PLACE IN THE UNITED STATES ACCORDING TO 2018 PLACE ESTIMATES AND IT IS NEW JERSEY'S LARGEST AND AMONGST THE STATE'S MOST DIVERSE CITIES. NEWARK IS ESTIMATED TO HAVE HAD THE 5TH HIGHEST INCREASE IN POPULATION NUMBERS, WITH 1.8% GROWTH FROM 2000 TO 2019. IT IS HOME TO

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A MAJOR INTERNATIONAL AIRPORT, CONNECTS TO MAJOR ROADWAYS AND ADJACENT TO MAJOR SHIPPING YARDS. DUE TO THE NATURE OF ITS LOCATION, NBIMC IS A MAJOR REFERRAL TREATMENT CENTER TO VARIOUS DIVERSE COMMUNITIES, WITH THE MAJORITY OF THE RACIAL MAKEUP OF THE CITY BEING PREDOMINANTLY MINORITY. NEWARK IS SURROUNDED BY RESIDENTIAL SUBURBS TO THE WEST, DENSE URBAN AREAS TO BOTH THE SOUTH AND EAST, AND MIDDLE-CLASS RESIDENTIAL SUBURBS AND INDUSTRIAL AREAS TO THE NORTH.

NBIMC SERVES AREAS THAT INCLUDE MUA/MUP DESIGNATIONS AND STATE DESIGNATION AS MEDICALLY UNDERINSURED AND NEWARK IS AN URBAN ENTERPRISE ZONE (UEZ) BY THE STATE OF NEW JERSEY. NEWARK HAS HIGH UNEMPLOYMENT AND POVERTY RATIOS COMPARED TO STATE AND LOCAL AVERAGES. NEARLY 90% OF NEWARK'S POPULATION IS MINORITY AND OVER 30% OF PERSONS ARE FOREIGN BORN. CLOSE TO 48% OF PERSONS AGED 5 AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. PERSONS IN POVERTY ARE ESTIMATED AT 28%. IT IS ESTIMATED THAT 20.5% OF PERSONS UNDER THE AGE OF 65 LACK HEALTH INSURANCE AND 45.8% HAVE PUBLIC INSURANCE. THE POPULATION IN NEWARK IS YOUNGER WITH ONLY 10% OF THE POPULATION AGED 65 OR OLDER, CONTRASTED WITH NEARLY 14% FOR THE

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COUNTY AND 16.6% FOR THE STATE.

NBIMC IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO ITS INNER CITY COMMUNITIES; SERVING A PATIENT POPULATION COMPRISED OF OVER 92% MINORITY REPRESENTATION AND OVER 56% UNDERINSURED AND UNINSURED PAYER CLASSIFICATIONS IN 2019. MEDICARE REPRESENTS AN ADDITIONAL 20% OF THE INPATIENTS BY PAYER CLASSIFICATION.

RWJUH-NEW BRUNSWICK IS LOCATED IN NEW BRUNSWICK, THE POPULATION CENTER OF MIDDLESEX COUNTY. ACCORDING TO CENSUS BUREAU ESTIMATES, MIDDLESEX COUNTY IS THE SECOND LARGEST COUNTY IN NEW JERSEY AND IS ESTIMATED TO HAVE HAD THE FIFTH LARGEST GROWTH IN RESIDENTS FROM 2010 TO 2019. NEW BRUNSWICK IS THE LARGEST CITY IN THE COUNTY. NEW BRUNSWICK'S EXTENSIVE HISTORY DATES BACK TO PRE-REVOLUTIONARY TIMES AND IT IS THE HOME OF RUTGERS UNIVERSITY, THE STATE UNIVERSITY OF NEW JERSEY. THE 5-BLOCK DOWNTOWN AREA CONTAINS NEARLY 50 RESTAURANTS AND THREE DISTINCT THEATERS - THE AFRICAN AMERICAN-FOCUSED CROSSROADS THEATRE, GEORGE STREET PLAYHOUSE AND THE STATE THEATER OF NEW JERSEY FOR CONCERTS AND SPECIAL EVENTS - AS WELL AS

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THE AMERICAN REPERTORY BALLET, THAT ALSO PERFORM AT VARIOUS VENUES  
THROUGHOUT THE STATE.

DESPITE THE VIBRANCY OF CITY CULTURE, MANY CHALLENGES EXIST FOR RESIDENTS  
RESIDING IN NEW BRUNSWICK. THERE ARE 12 DESIGNATED COMPREHENSIVE HEALTH  
CENTERS IN MIDDLESEX COUNTY AND A NUMBER OF CENSUS TRACTS WITH MUA/MUP  
DESIGNATION. THE GROWING POPULATION IS COMPRISED OF 75% MINORITY AND 34%  
OF RESIDENTS ARE FOREIGN BORN. OVER 55% OF RESIDENTS AGED FIVE AND OLDER  
SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. OVER 34% OF PERSONS ARE  
ESTIMATED TO BE IN POVERTY AND OVER 20% OF PERSONS UNDER AGE 65 ARE  
WITHOUT HEALTH INSURANCE WHILE 33% OF THE POPULATION IS ON PUBLIC  
INSURANCE. OVER 17% OF HOUSEHOLDS RECEIVE FOOD STAMPS/SNAP ASSISTANCE.

RWJUH-NEW BRUNSWICK IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE  
CARE TO ITS INNER CITY COMMUNITIES; SERVING A PATIENT POPULATION  
COMPRISED OF MORE THAN 52% MINORITY REPRESENTATION AND OVER 31%  
UNDERINSURED AND UNINSURED PAYER CLASSIFICATIONS IN 2019. MEDICARE  
REPRESENTS AN ADDITIONAL 29% OF THE PATIENTS BY PAYER CLASSIFICATION.

**Part VI Supplemental Information**

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RWJUH-SOMERSET IS LOCATED SOMERVILLE, THE COUNTY SEAT OF SOMERSET COUNTY, NEW JERSEY. SOMERSET COUNTY, THE 13TH LARGEST COUNTY, HAD THE 7TH LARGEST POPULATION GROWTH FROM 2010 TO 2019. SOMERSET COUNTY IS ONE OF AMERICA'S OLDEST COUNTIES, AND WAS FIRST SETTLED IN 1681. MOST OF THE EARLY RESIDENTS WERE DUTCH. IN THE 1960S, TOWNSHIPS THAT WERE ONCE EXCLUSIVELY AGRICULTURAL WERE QUICKLY TRANSFORMED INTO SUBURBAN COMMUNITIES. THE AREA GROWTH WAS AIDED BY THE DEVELOPMENT OF A VERY STRONG PHARMACEUTICAL AND TECHNOLOGY PRESENCE.

SOMERVILLE HAS A LEVEL OF AFFLUENCE YET HAS 6% OF PERSONS ARE ESTIMATED TO BE IN POVERTY. THE POPULATION IS COMPRISED OF 50% MINORITY AND 28% OF RESIDENTS ARE FOREIGN BORN. NEARLY 9% OF PERSONS UNDER AGE 65 ARE ESTIMATED TO NOT HAVE HEALTH INSURANCE AND 23% HAVE PUBLIC INSURANCE. NEARLY 7% RECEIVE FOOD STAMPS/SNAP ASSISTANCE.

RWJUH-SOMERSET IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO ITS COMMUNITIES; SERVING A PATIENT POPULATION COMPRISED OF MORE THAN



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30% MINORITY REPRESENTATION AND NEARLY 16% UNDERINSURED AND UNINSURED

PAYER CLASSIFICATIONS IN 2019. MEDICARE REPRESENTS AN ADDITIONAL 41% OF  
THE INPATIENTS BY PAYER CLASSIFICATION.

RWJUH HAMILTON IS LOCATED IN HAMILTON, MERCER COUNTY, NEW JERSEY. THE  
TOWNSHIP IS LOCATED IMMEDIATELY EAST OF THE HISTORIC CITY OF TRENTON, THE  
STATE'S CAPITAL. MERCER COUNTY HAD THE 9TH LARGEST ESTIMATED GROWTH OF  
COUNTIES IN NEW JERSEY. TRENTON IS NEW JERSEY'S 11TH LARGEST PLACE BY  
POPULATION SIZE, HAMILTON TOWNSHIP IS THE 9TH LARGEST. HAMILTON TOWNSHIP  
HAS OVER 40 SQUARE MILES, MORE THAN 64 PUBLIC PARKS AND PLAYGROUNDS AND  
ACRES OF PRESERVED OPEN SPACE. LOCATED IN CENTRAL NEW JERSEY, HAMILTON  
TOWNSHIP ENJOYS A PRIME LOCATION THAT IS WITHIN AN HOUR'S DRIVE OF NEW  
YORK CITY, PHILADELPHIA, AND THE JERSEY SHORE. THE TOWN IS ALSO IN CLOSE  
PROXIMITY TO DESTINATIONS SUCH AS SIX FLAG GREAT ADVENTURE AND THE QUAIN  
DOWNTOWN PRINCETON.

MAJOR ROADWAYS PROVIDE EASY ACCESS TO HAMILTON, INCLUDING THE NEW JERSEY  
TURNPIKE, INTERSTATE HIGHWAYS 195 AND 295, U.S. HIGHWAYS 130 AND 206 AND

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STATE HIGHWAYS 33 AND 29, WHILE THE HAMILTON TRAIN STATION OFFERS  
CONVENIENT RAIL ACCESS TO NEW YORK CITY ALONG THE NJ TRANSIT'S NORTHEAST  
CORRIDOR LINE.

HAMILTON TOWNSHIP HAS A LEVEL OF AFFLUENCE YET OVER 7% OF THE POPULATION  
IS ESTIMATED TO BE IN POVERTY. NEARLY 36% OF THE POPULATION IS COMPRISED  
OF MINORITIES AND OVER 16% OF THE RESIDENTS WERE FOREIGN BORN AND OVER  
23% OF PERSONS OVER AGE 5 SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME.  
APPROXIMATELY 8.3% OF THE RESIDENTS UNDER 65 YEARS HAD NO HEALTH  
INSURANCE. NEIGHBORING TRENTON IS COMPRISED OF OVER 87% MINORITY AND 23%  
OF THE POPULATION IS ESTIMATED TO BE FOREIGN BORN WITH 37% OF THE  
RESIDENTS AGED FIVE AND OLDER SPEAKING A LANGUAGE OTHER THAN ENGLISH AT  
HOME. OVER 28% ARE ESTIMATED TO BE IN POVERTY AND OVER 20% OF PERSONS  
AGED UNDER 65 ARE LACKING INSURANCE. APPROXIMATELY 48% OF THE TRENTON  
POPULATION IS ESTIMATED TO BE ON PUBLIC INSURANCE.

RWJUH HAMILTON IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE  
TO ITS COMMUNITIES; SERVING A PATIENT POPULATION COMPRISED OF MORE THAN

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34% MINORITY REPRESENTATION AND NEARLY 16% UNDERINSURED AND UNINSURED

PAYER CLASSIFICATIONS IN 2019. MEDICARE REPRESENTS AN ADDITIONAL 51% OF  
THE INPATIENTS BY PAYER CLASSIFICATION.

RWJUH RAHWAY IS LOCATED IN RAHWAY, UNION COUNTY, NEW JERSEY. UNION COUNTY  
IS THE 7TH LARGEST COUNTY IN THE STATE AND IT EXPERIENCED THE FOURTH  
LARGEST POPULATION GROWTH FROM 2010 TO 2019 (4RD LARGEST SIZE GROWTH AND  
3RD LARGEST PERCENT). RAHWAY AND THE SURROUNDING AREA WERE ONCE THE HOME  
OF THE LENNI LENAPE NATIVE AMERICANS AND IT GREW DUE TO ITS LOCATION  
ALONG THE MAJOR STAGECOACH AND RAILROAD LINES BETWEEN NEW YORK CITY AND  
PHILADELPHIA, PENNSYLVANIA. THE NAVIGABLE RAHWAY RIVER, WHICH FLOWS  
THROUGH THE CITY, ALSO AIDED THE CITY'S COMMERCIAL GROWTH.

IMMIGRANTS FROM BRITAIN, IRELAND AND GERMANY STREAMED INTO WHAT WAS THEN  
RAHWAY TOWNSHIP IN THE 1850S AND RAHWAY BECAME INCORPORATED AS A CITY ON  
APRIL 19, 1858. THE CITY BECAME HOME TO DOZENS OF MAJOR MANUFACTURERS,  
INCLUDING THE REGINA MUSIC BOX COMPANY, WHEATENA, MERSHON BROS. AND MERCK  
& CO., AND EXPERIENCED HARDSHIPS WITH THE DECLINE IN INDUSTRY AFTER WORLD

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WAR II.

RAHWAY TOWNSHIP IS THE 77TH LARGEST MCD IN NEW JERSEY WITH A MINORITY PRESENCE OF 66%. AROUND 26% OF THE POPULATION IS FOREIGN BORN AND NEARLY 39% OF RESIDENTS AGE 5 AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. OVER 7% OF RESIDENTS ARE IN POVERTY AND NEARLY 11% OF PERSONS UNDER AGE 65 LACK HEALTH INSURANCE. OVER 28% OF RESIDENTS HAVE PUBLIC HEALTH INSURANCE.

RWJUH RAHWAY IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO ITS COMMUNITIES; SERVING A PATIENT POPULATION COMPRISED OF MORE THAN 48% MINORITY REPRESENTATION AND OVER 17% UNDERINSURED AND UNINSURED PAYER CLASSIFICATIONS IN 2019. MEDICARE REPRESENTS AN ADDITIONAL 47% OF THE PATIENTS BY PAYER CLASSIFICATION.

SBBH IS LOCATED IN TOMS RIVER, THE COUNTY SEAT OF OCEAN COUNTY. OCEAN COUNTY IS HOME TO ONE-THIRD OF THE JERSEY SHORE, BORDERING THE ATLANTIC OCEAN IN THE SOUTHERN PART OF NEW JERSEY, A PRIME DESTINATION FOR LARGE

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BEACH POPULATIONS, FISHERMAN AND BOATERS, WHICH PLACES ADDITIONAL

SEASONAL DEMANDS ON THE HOSPITAL'S EMERGENCY DEPARTMENT.

THE CENSUS BUREAU ANNUAL ESTIMATES OF RESIDENT POPULATION FOR COUNTIES  
ESTIMATES OCEAN COUNTY AS HAVING THE HIGHEST PERCENTAGE INCREASE (5.3%)  
IN POPULATION NUMBERS FROM 2010 TO 2019, AND IT IS THE SECOND LARGEST  
NUMBER OF POPULATION INCREASE IN THE STATE. TOMS RIVER TOWNSHIP IS RANKED  
THE 8TH MOST POPULOUS MCD IN THE STATE ACCORDING TO THE 2019 CENSUS  
ESTIMATES. WHILE THERE WAS AN ESTIMATED 3.1% POPULATION GROWTH ESTIMATED  
BETWEEN THE 2010 AND 2019, THE DAMAGE BROUGHT BY HURRICANE SANDY TO THE  
AREA LIMITED HOUSING AND POPULATION GROWTH.

THE 2018 CENSUS ESTIMATES TOMS RIVER CDP TO HAVE A 12.7% MINORITY  
PRESENCE, 8.7% ARE FOREIGN BORN AND 11.6% OF POPULATION AGED 5 YEARS AND  
OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. IT IS ESTIMATED THAT  
14.2% OF HOUSEHOLDS ARE COMPRISED OF PERSONS AGED 65 AND OLDER THAT ARE  
LIVING ALONE. IT IS ESTIMATED THAT 7.3% OF THE TOMS RIVER TOWNSHIP  
POPULATIONS ARE LIVING BELOW THE POVERTY LEVEL. APPROXIMATELY 31.8% HAVE

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PUBLIC HEALTH INSURANCE AND AN ESTIMATED 8% OF PEOPLE UNDER AGE 65 DO NOT HAVE HEALTH INSURANCE AND 5.5% OF HOUSEHOLDS RECEIVE FOOD STAMPS/SNAP ASSISTANCE.

SBBH SERVES BOTH SUBURBAN AND SEMI-RURAL COMMUNITIES INCLUDING THE SHORE COMMUNITIES AND LOWER-INCOME MUNICIPALITIES OF MANCHESTER AND SOUTH TOMS RIVER. SBBH SERVES A SIGNIFICANT PROPORTION OF ELDERLY - 2018 CENSUS ESTIMATES THAT 22.9% OF THE COUNTY POPULATION IS AGED 65 AND OLDER AS OPPOSED TO THE 16.0% NATIONAL PERCENTAGE AND 16.0 PERCENT FOR THE STATE.

SBBH SERVES BOTH SUBURBAN AND SEMI-RURAL COMMUNITIES INCLUDING THE SHORE COMMUNITIES AND IMPOVERISHED NEIGHBORHOODS LOCATED IN LAKEWOOD. SBBH SERVES A SIGNIFICANT ELDERLY POPULATION. APPROXIMATELY 17% OF INPATIENTS ARE FROM MINORITY CATEGORIES. SBBH SERVES A PAYER MIX OF APPROXIMATELY 40% GOVERNMENT PAYERS (MEDICARE AND MEDICAID, BOTH TRADITIONAL AND MANAGED CARE PLANS).

SBBH OWNS AND OPERATES 40 ACUTE CARE PSYCHIATRIC BEDS AND MANAGES AN

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ADDITIONAL 60 PSYCHIATRIC BEDS FOR ITS SYSTEM AFFILIATE, MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS.

SBMC IS LOCATED IN THE TOWN OF LIVINGSTON, WITHIN ESSEX COUNTY, NEW JERSEY. ESSEX COUNTY IS THE THIRD LARGEST POPULOUS COUNTY IN NEW JERSEY AND HAS EXPERIENCED SMALL GROWTH AT 1.9% FROM 2010 TO 2019. ITS LOCATION ALSO BORDERS WEST ORANGE. WITHIN THE STATE, ESSEX COUNTY IS THE SECOND MOST DENSELY POPULATED AND THE THIRD-MOST POPULOUS COUNTY. THERE ARE 22 MUNICIPALITIES IN ESSEX COUNTY WITH THE WESTERN PARTS ENCOMPASSING MORE AFFLUENT AND SUBURBAN POPULATIONS, WHILE THE EASTERN REGION OF THE COUNTY CONTAINS MORE URBANIZED, IMPOVERISHED INNER CITY COMMUNITIES (FOUR DESIGNATED URBAN ENTERPRISE ZONES - NEWARK, EAST ORANGE, ORANGE AND IRVINGTON). NEWARK IS RANKED AS ONE OF THE POOREST PLACES IN THE COUNTY AND IS LOCATED LESS THAN TEN MILES FROM ESSEX FELS WHICH HAS ONE OF THE HIGHEST PER CAPITA INCOMES IN THE STATE. LIVINGSTON, SOUTH ORANGE AND SHORT HILLS HAVE SOME OF THE HIGHEST PERCENTAGE OF JEWISH POPULATIONS FOR MUNICIPALITIES IN THE U.S., AND BELLEVILLE AND BLOOMFIELD MAINTAIN A STRONG ITALIAN-AMERICAN POPULATION.

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LIVINGSTON IS ESTIMATED TO HAVE INCREASED 3.1% IN ITS POPULATION FROM 2010 TO 2019. IT IS COMPRISED OF 32% MINORITY POPULATION AND 24% OF PERSONS WERE FOREIGN BORN. NEARLY 30% OF ITS POPULATION IS ESTIMATED TO SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. ONLY 2.3% OF PERSONS ARE ESTIMATED TO BE IN POVERTY. WEST ORANGE IS ESTIMATED TO HAVE INCREASED 3% IN ITS POPULATION AND IS COMPRISED OF 57% MINORITY POPULATION AND 30% OF PERSONS WERE FOREIGN BORN. NEARLY 35% OF ITS POPULATION IS ESTIMATED TO SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. PERSONS IN POVERTY ARE ESTIMATED AT 6.4% OF THE POPULATION.

SBMC IS COMMITTED TO SERVICE FOR ITS COMMUNITIES BOTH WITHIN THE INNER CITY AND THE SUBURBAN AREAS, WITH AWARENESS TO THE GROWING ASIAN AND HISPANIC POPULATIONS, AS WELL AS COMMUNITIES OF COLOR WITHIN ITS SERVICE AREA. MINORITIES REPRESENT APPROXIMATELY 49% OF SBMC'S PATIENTS AND MORE THAN 13% OF ITS PATIENTS ARE OF UNDERINSURED AND UNINSURED PAYER CATEGORIES. MEDICARE REPRESENTS AN ADDITIONAL 37% OF PATIENTS PAYER CLASSIFICATIONS IN 2019.



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SCHEDULE H, PART VI; QUESTION 5

COMMUNITY BUILDING ACTIVITIES UNDERTAKEN BY ALL THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 IMPROVE THE MEDICAL AND SOCIOECONOMIC WELL-BEING OF THE COMMUNITIES IN OUR CARE. THIS IS ACCOMPLISHED THROUGH SERVICE ON STATE AND REGIONAL ADVOCACY COMMITTEES AND BOARDS, VOLUNTEERISM WITH LOCAL COMMUNITY-BASED NON-PROFIT ADVOCACY GROUPS, AND PARTICIPATION IN CONFERENCES AND OTHER EDUCATIONAL ACTIVITIES TO PROMOTE UNDERSTANDING OF THE ROOT CAUSES OF HEALTH CONCERNS. BHBHC PROVIDES EDUCATIONAL MATERIALS, CONDUCTS COMMUNITY HEALTH FAIRS AND MENTAL HEALTH SCREENINGS AND HOLDS HEALTH EDUCATION SEMINARS, WELLNESS EVENTS AND OUTREACH SESSIONS FOR ITS PATIENTS AND FOR COMMUNITY PROVIDERS. PRESENTATIONS ARE PROVIDED BY PHYSICIANS, NURSES AND OTHER HEALTHCARE PROFESSIONALS.

THE MAJORITY OF THE BOARD OF TRUSTEES' MEMBERS ARE INDIVIDUALS WITH LOCAL BUSINESSES OR WHO RESIDE IN THE COMMUNITY. HOSPITAL STAFF MEMBERS SERVE ON THE BOARDS OF MANY LOCAL NOT-FOR-PROFIT ORGANIZATIONS OR PROVIDE OTHER

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FORMS OF SUPPORT SUCH AS FUNDRAISING, ACTIVITY PARTICIPATION AND  
PROMOTION OF THE CHARITABLE EVENTS AND MISSION. ALL QUALIFIED PHYSICIANS  
ARE EXTENDED PRIVILEGES. DIVERSITY IS WELCOMED AND ENCOURAGED FOR  
RECRUITMENT OF TRUSTEES, PHYSICIANS AND STAFF.

UNDER THE DIRECTIVE OF THE SYSTEM'S FINANCE OFFICE, SURPLUS FUNDS ARE  
UTILIZED FOR CAPITAL PROJECTS TO IMPROVE SERVICES, TO PURCHASE EQUIPMENT,  
OR TO ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES. ALL OF THESE  
PURPOSES FOR EXPENDITURE OF SURPLUS FUNDS, IN TURN, BENEFIT THE  
COMMUNITY. PLEASE ALSO REFER TO FORM 990, SCHEDULE O, WHICH CONTAINS THE  
ORGANIZATION'S COMMUNITY BENEFIT STATEMENT AND PROVIDES A SUMMARY OF  
ENTITIES COMPRISING RWJBARNABAS HEALTH.

SCHEDULE H, PART VI; QUESTION 6

THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE  
AFFILIATES WITHIN RWJBARNABAS HEALTH ("RWJBH"). ALL AFFILIATES ARE  
COMMITTED TO ENHANCING THE OVERALL HEALTH STATUS OF THE COMMUNITY BY

**Part VI Supplemental Information**

Provide the following information

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- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

PROVIDING THE HIGHEST QUALITY HEALTHCARE AND RELATED SERVICES IN A  
 COST-EFFECTIVE MANNER AND REGARDLESS OF ABILITY TO PAY. RWJBH STRIVES TO  
 EXCEED THE PATIENTS' EXPECTATIONS BY EMPHASIZING COMMITMENT, COMPETENCE,  
 COLLABORATION, COMMUNICATION, AND COMPASSION. RWJBH SETS OVERALL POLICY  
 REGARDING BILLING AND COLLECTIONS AND THE FACILITY RESPONSES PROVIDED FOR  
 PART I, PART II, AND PART III ARE REFLECTIVE OF THAT POLICY.

RWJ BARNABAS HEALTH, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL  
 REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE  
 §501(C)(3) AND AS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE  
 CODE §509(A)(3). RWJ BARNABAS HEALTH, INC. OPERATES AS THE TAX-EXEMPT  
 PARENT ENTITY OF A MULTI-CORPORATE HEALTHCARE SYSTEM. IT WAS CREATED TO  
 COORDINATE, SUPERVISE AND ENSURE THE CONTINUATION AND IMPROVEMENT OF THE  
 QUALITY OF HEALTHCARE SERVICES PROVIDED BY ITS QUALIFYING AFFILIATES TO  
 THE COMMUNITY. RWJ BARNABAS HEALTH, INC. ENSURES THAT ITS SYSTEM PROVIDES  
 MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF  
 RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

**Part VI Supplemental Information**

Provide the following information

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THE SOLE MEMBER OR STOCKHOLDER OF EACH ENTITY WITHIN THE SYSTEM IS EITHER  
RWJ BARNABAS HEALTH, INC. OR ANOTHER RWJBH AFFILIATE CONTROLLED OR OWNED  
BY RWJ BARNABAS HEALTH, INC.

OUTLINED BELOW IS A SUMMARY OF THE ENTITIES WHICH COMPRISE RWJBH. ACTIVE  
HOSPITAL LEGAL ENTITIES INCLUDE CHILDREN'S SPECIALIZED HOSPITAL, CLARA  
MAASS MEDICAL CENTER, COMMUNITY MEDICAL CENTER, JERSEY CITY MEDICAL  
CENTER, MONMOUTH MEDICAL CENTER, NEWARK BETH ISRAEL MEDICAL CENTER,  
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, ROBERT WOOD JOHNSON UNIVERSITY  
HOSPITAL AT HAMILTON, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY,  
SAINT BARNABAS BEHAVIORAL HEALTH CENTER, INC. AND SAINT BARNABAS MEDICAL  
CENTER. EACH OF THESE HOSPITALS OPERATES CONSISTENTLY WITH THE FOLLOWING  
CRITERIA OUTLINED IN IRS REVENUE RULING 69-545:

1. EACH PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL  
INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE,  
SELF-PAY, MEDICARE AND MEDICAID PATIENTS;

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2. EACH ACUTE CARE HOSPITAL OPERATES AN ACTIVE EMERGENCY DEPARTMENT FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR (EXCEPT SAINT BARNABAS BEHAVIORAL HEALTH CENTER, INC.; A BEHAVIORAL HEALTH SPECIALTY HOSPITAL FACILITY AND, ACCORDINGLY, DOES NOT OPERATE AN EMERGENCY ROOM);

3. EACH MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS;

4. CONTROL OF EACH RESTS WITH ITS BOARD OF TRUSTEES AND THE BOARD OF TRUSTEES OF RWJ BARNABAS HEALTH, INC. (BOTH BOARDS ARE COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY); AND

5. SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES.

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AFFILIATED RWJBH ENTITIES ARE AS FOLLOWS:

CHILDREN'S SPECIALIZED HOSPITAL ("CSH") IS A 162-BED LICENSED COMPREHENSIVE PEDIATRIC REHABILITATION HOSPITAL AND PEDIATRIC LONG-TERM CARE FACILITY WITH LOCATIONS IN NEW BRUNSWICK, MOUNTAINSIDE AND TOMS RIVER NEW JERSEY. CSH IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, CSH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, CSH OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

CLARA MAASS MEDICAL CENTER ("CMMC") IS A 469-BED NON-PROFIT ACUTE CARE MEDICAL CENTER LOCATED IN BELLEVILLE, ESSEX COUNTY, NEW JERSEY. CMMC IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, CMMC PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS

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IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, CMMC OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

COMMUNITY MEDICAL CENTER, INC. ("CMC") IS A 592-BED NON-PROFIT HOSPITAL LOCATED IN TOMS RIVER, OCEAN COUNTY, NEW JERSEY. CMC IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, CMC PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, CMC OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

JERSEY CITY MEDICAL CENTER ("JCMC") IS A 316-BED REGIONAL REFERRAL TEACHING HOSPITAL AND A MAJOR TEACHING AFFILIATE OF THE MOUNT SINAI SCHOOL OF MEDICINE, LOCATED IN JERSEY CITY, HUDSON COUNTY, NEW JERSEY. JCMC IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION §501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS

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CHARITABLE PURPOSES, JCMC PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, JCMC OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

MONMOUTH MEDICAL CENTER ("MMC") IS COMPRISED OF THE FOLLOWING HOSPITALS: MONMOUTH MEDICAL CENTER, A 513-BED NON-PROFIT COMMUNITY TEACHING HOSPITAL LOCATED IN LONG BRANCH, MONMOUTH COUNTY, NEW JERSEY AND MONMOUTH MEDICAL CENTER-SOUTHERN CAMPUS, A 330-BED NON-PROFIT MEDICAL CENTER LOCATED IN LAKEWOOD, OCEAN COUNTY, NEW JERSEY. MMC IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, MMC PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, MMC OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.



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NEWARK BETH ISRAEL MEDICAL CENTER ("NBIMC") IS A 665-BED NON-PROFIT, FULLY ACCREDITED REGIONAL CARE TEACHING HOSPITAL LOCATED IN NEWARK, ESSEX COUNTY, NEW JERSEY. NBIMC IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, NBIMC PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, NBIMC OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL ("RWJUH") IS COMPRISED OF THE FOLLOWING HOSPITALS: ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, A 610-BED NON-PROFIT ACADEMIC MEDICAL CENTER LOCATED IN NEW BRUNSWICK, MIDDLESEX COUNTY, NEW JERSEY AND ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL SOMERSET, A 355-BED ACUTE CARE AND TEACHING HOSPITAL LOCATED IN SOMERVILLE, SOMERSET COUNTY, NEW JERSEY. RWJUH IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, RWJUH PROVIDES

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MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A  
NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL  
ORIGIN OR ABILITY TO PAY. MOREOVER, RWJUH OPERATES CONSISTENTLY WITH THE  
CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON ("RWJUHH") IS A  
280-BED NON-PROFIT ACUTE CARE MEDICAL CENTER LOCATED IN HAMILTON, MERCER  
COUNTY, NEW JERSEY. RWJUHH IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE  
AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION.  
PURSUANT TO ITS CHARITABLE PURPOSES, RWJUHH PROVIDES MEDICALLY NECESSARY  
HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER  
REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.  
MOREOVER, RWJUHH OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS  
REVENUE RULING 69-545.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY ("RWJUHR") IS A LICENSED  
251-BED NON-PROFIT ACUTE CARE MEDICAL CENTER LOCATED IN RAHWAY, UNION  
COUNTY, NEW JERSEY. RWJUHR IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE

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AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION.

PURSUANT TO ITS CHARITABLE PURPOSES, RWJUHR PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, RWJUHR OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

SAINT BARNABAS BEHAVIORAL HEALTH CENTER, INC., D/B/A BARNABAS HEALTH BEHAVIORAL HEALTH CENTER, IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3). THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. SAINT BARNABAS BEHAVIORAL HEALTH CENTER (WITH KIMBALL BEHAVIORAL HEALTH SERVICES) CONSTITUTES A FREESTANDING 100-BED ACUTE CARE PSYCHIATRIC FACILITY IN OCEAN COUNTY, NEW JERSEY. THE ORGANIZATION PROVIDES INPATIENT, PARTIAL HOSPITALIZATION, AND INTENSIVE OUTPATIENT PROGRAMS FOR ADULTS DIAGNOSED WITH PSYCHIATRIC AND DUAL DISORDERS. BARNABAS HEALTH

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BEHAVIORAL HEALTH CENTER IS ACCREDITED BY THE JOINT COMMISSION ON  
ACCREDITATION FOR HEALTHCARE ORGANIZATIONS.

SAINT BARNABAS MEDICAL CENTER ("SBMC") IS NEW JERSEY'S OLDEST NON-PROFIT,  
NON-SECTARIAN ACUTE CARE HOSPITAL, LOCATED IN LIVINGSTON, ESSEX COUNTY,  
NEW JERSEY. WITH 645 LICENSED BEDS, SBMC IS RECOGNIZED BY THE INTERNAL  
REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT  
ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, SBMC PROVIDES  
MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A  
NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL  
ORIGIN OR ABILITY TO PAY. MOREOVER, SBMC OPERATES CONSISTENTLY WITH THE  
CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

BARNABAS BAYONNE DEVELOPMENT URBAN RENEWAL CORPORATION F/K/A MEDICAL  
CENTER STAFFING SERVICES, INC. IS AN ORGANIZATION RECOGNIZED BY THE  
INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE  
501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE  
CODE 509(A)(3). THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES,

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PROGRAMS AND SERVICES OF CENTER STATE HEALTH GROUP, INC., A RELATED  
INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION AND SUPPORTS THE  
HEALTH CARE SYSTEM.

BARNABAS HEALTH, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL  
REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE  
§501(C)(3) AND AS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE  
CODE §509(A)(3). THE ORGANIZATION PROVIDES VARIOUS CORPORATE MANAGEMENT  
SERVICES TO ALL AFFILIATES WITHIN THE HEALTH CARE SYSTEM.

BARNABAS HEALTH MEDICAL GROUP, P.C. IS AN ORGANIZATION RECOGNIZED BY THE  
INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE  
§501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE  
CODE §509(A)(2). THE ORGANIZATION SUPPORTS THE HEALTH CARE SYSTEM;  
PRIMARILY ITS TAX-EXEMPT ACUTE CARE HOSPITALS, WHICH PROVIDE MEDICALLY  
NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY  
MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION  
OR ABILITY TO PAY. IN ADDITION, BY PRACTICING MEDICINE, ENGAGING IN

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

MEDICAL EDUCATION AND WORKING TO IMPROVE THE WELFARE OF INDIVIDUALS IN  
NEW JERSEY, THE ORGANIZATION COMPRISES A COMPONENT OF THE CLINICAL  
SERVICE PHYSICIAN PRACTICE PLANS OF THE RWJBARNABAS HEALTH TEACHING  
HOSPITALS AND IS AN INTEGRAL PART OF THESE INSTITUTIONS.

CENTER STATE HEALTH GROUP, INC. IS AN ORGANIZATION RECOGNIZED BY THE  
INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE  
§501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE  
CODE §509(A)(3). THE ORGANIZATION IS A SUPPORTING ORGANIZATION OF RWJ  
BARNABAS HEALTH, INC. AND THE RWJBARNABAS HEALTH SYSTEM HOSPITALS AND  
MEDICAL CENTERS.

CENTRAL JERSEY BEHAVIORAL HEALTH ASSOCIATES, INC., IS AN ORGANIZATION  
RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO  
INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT  
TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION PROVIDES MEDICALLY  
NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY  
MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY

**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

TO PAY AND SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF SAINT BARNABAS BEHAVIORAL HEALTH CENTER, INC., A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT ALSO PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

CLARA MAASS FOUNDATION, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1). THROUGH FUNDRAISING ACTIVITIES, THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF CLARA MAASS MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

COMMUNITY MEDICAL CENTER FOUNDATION, INC. IS AN ORGANIZATION RECOGNIZED

**Part VI Supplemental Information**

Provide the following information

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
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- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1). THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF COMMUNITY MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

LAKEVIEW CHILD CARE CENTER, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(2). THE ORGANIZATION PROVIDES HIGH-QUALITY CARE OPERATING UNDER THE MONTESSORI METHOD AND PHILOSOPHY FOR THE EMPLOYEES OF ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON. IN ADDITION, THE CENTER HAS A DROP OFF PROGRAM AND BABY-SITTING PROGRAM USED BY PARENTS WHO MUST GO TO THE HOSPITAL FOR OUTPATIENT PROCEDURES.



**Part VI Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

THE JERSEY CITY MEDICAL CENTER FOUNDATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(2). THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF JERSEY CITY MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

MONMOUTH MEDICAL CENTER - SOUTHERN CAMPUS FOUNDATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1). THROUGH FUNDRAISING ACTIVITIES, THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF MONMOUTH MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF

**Part VI Supplemental Information**

Provide the following information

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
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- 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

RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

MEGA CARE, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION IS LOCATED IN UNION, UNION COUNTY, NEW JERSEY. THE ORGANIZATION IS ACTING AS A MEMBER OF VNA HEALTH GROUP OF NEW JERSEY, LLC WHICH PROVIDES MEDICALLY NECESSARY HOME HEALTH AND HOSPICE CARE TO ALL INDIVIDUALS.

MONMOUTH MEDICAL CENTER-FACULTY PRACTICE PLAN, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF MONMOUTH MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL

**Part VI Supplemental Information**

Provide the following information

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

ORIGIN OR ABILITY TO PAY. THE ORGANIZATION PROVIDES CLINICAL SERVICES,  
EDUCATION AND TRAINING IN CONJUNCTION WITH MONMOUTH MEDICAL CENTER'S  
MEDICAL RESIDENCY TEACHING PROGRAM.

MONMOUTH MEDICAL CENTER FOUNDATION, INC. IS AN ORGANIZATION RECOGNIZED BY  
THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE  
CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL  
REVENUE CODE §509(A)(1). THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION  
SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF MONMOUTH  
MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT  
ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO  
ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR,  
CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

NEW BRUNSWICK AFFILIATED HOSPITALS, INC. IS AN ORGANIZATION RECOGNIZED BY  
THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE  
CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL  
REVENUE CODE §509(A)(3). THE ORGANIZATION IS A JOINT VENTURE BETWEEN

**Part VI** Supplemental Information

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ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AND SAINT PETER'S UNIVERSITY

HOSPITAL; AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT

ORGANIZATION. THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS

AND SERVICES OF ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, INC.; A RELATED

INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES

MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A

NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL

ORIGIN OR ABILITY TO PAY.

OPPORTUNITY PROJECT, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL

REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE

§501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE

CODE §509(A)(1). THE ORGANIZATION'S GOAL IS TO EMPOWER PEOPLE WITH

ACQUIRED HEAD INJURIES TO ACHIEVE IMPROVED SELF-ESTEEM,

SELF-DETERMINATION, CONTINUED PERSONAL GROWTH, INDEPENDENCE AND

ATTAINMENT OF THEIR FULL POTENTIAL BY ESTABLISHING A PLACE AND DEVELOPING

PROGRAMS THROUGH A COLLABORATIVE PARTNERSHIP AMONGST PEOPLE WITH HEAD

INJURIES, FAMILY MEMBERS, STAFF AND THE COMMUNITY.

**Part VI Supplemental Information**

Provide the following information

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

ROBERT WOOD JOHNSON VISITING NURSES, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(2). THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, INC.; A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

RWJBH MEDICAL GROUP, P.C. CURRENTLY HAS AN APPLICATION PENDING WITH THE INTERNAL REVENUE SERVICE TO BE RECOGNIZED AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION SUPPORTS THE HEALTH CARE SYSTEM; PRIMARILY ITS TAX-EXEMPT ACUTE CARE HOSPITALS, WHICH PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL

**Part VI Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
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ORIGIN, RELIGION OR ABILITY TO PAY. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTH CARE SYSTEM.

ROBERT WOOD JOHNSON HEALTH NETWORK, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION SUPPORTS ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL; A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY, AND OTHER AFFILIATES IN THE HEALTH CARE SYSTEM.

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ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON FOUNDATION, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE

**Part VI Supplemental Information**

Provide the following information

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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1). THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON; A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL FOUNDATION, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1). THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL; A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

**Part VI Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

SAINT BARNABAS HEALTH CARE SYSTEM FOUNDATION, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1). THROUGH FUNDRAISING ACTIVITIES, THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF RWJBARNABAS HEALTH.

SAINT BARNABAS OUTPATIENT CENTERS IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(2). SAINT BARNABAS OUTPATIENT CENTERS IS ONE OF THE NATION'S MOST SOPHISTICATED AMBULATORY HEALTHCARE FACILITIES--PROVIDING THE HIGHEST QUALITY MEDICAL CARE IN AN ENVIRONMENT DESIGNED TO SET A NEW STANDARD FOR PATIENT SATISFACTION. THE ORGANIZATION PROVIDES VARIOUS TYPES OF MEDICALLY NECESSARY OUTPATIENT MEDICAL AND SURGICAL SPECIALTY SERVICES, INCLUDING AMBULATORY SURGERY AND WOMEN'S GYNECOLOGICAL SURGERY, RENAL DIALYSIS SERVICES, IMAGING SERVICES, DIABETES SERVICES AND



**Part VI Supplemental Information**

Provide the following information

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

ENDOCRINOLOGY SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER  
REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO  
PAY.

SAINT BARNABAS REALTY DEVELOPMENT CORPORATION IS AN ORGANIZATION  
RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO  
INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT  
TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION IS A SUPPORTING  
ORGANIZATION OF SAINT BARNABAS MEDICAL CENTER, A RELATED INTERNAL REVENUE  
CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY  
NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY  
MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY  
TO PAY, AND IS PRIMARILY RESPONSIBLE FOR THE MANAGEMENT AND OPERATION OF  
RENTAL SPACE FOR VARIOUS AFFILIATES OF RWJBARNABAS HEALTH.

SANDY HOOK FRIENDS OF SAINT BARNABAS BURN FOUNDATION IS AN ORGANIZATION  
RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO  
INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT

**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

TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF THE SAINT BARNABAS BURN UNIT AT SAINT BARNABAS MEDICAL CENTER; A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

SOMERSET HEALTHCARE FOUNDATION, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1). THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL (SOMERSET CAMPUS); A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY AND OTHER NOT FOR-PROFIT ORGANIZATIONS, CHARITABLE PROGRAMS AND

**Part VI Supplemental Information**

Provide the following information

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
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- 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

ACTIVITIES.

UNITED RESCUE AT JERSEY CITY, INC. IS AN ORGANIZATION RECOGNIZED BY THE  
INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE  
§501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE  
CODE §509(A)(3).

VNA HEALTH GROUP OF NEW JERSEY, LLC IS AN ORGANIZATION RECOGNIZED BY THE  
INTERNAL REVENUE SERVICE AS A TAX-EXEMPT PURSUANT TO INTERNAL REVENUE  
CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL  
REVENUE CODE §509(A)(2).

THE SYSTEM ALSO INCLUDES ADDITIONAL NOT-FOR-PROFIT ENTITIES THAT ARE  
RECOGNIZED AS INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATIONS  
BUT ARE CURRENTLY INACTIVE. THESE ENTITIES INCLUDE THE FOLLOWING:

- GREENVILLE HOSPITAL;
- IRVINGTON HOSPITAL FOUNDATION, INC.;

**Part VI Supplemental Information**

Provide the following information

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- LIBERTY RIVERSIDE HEALTHCARE;
- NEW MARGARET HAGUE CENTER WOMEN'S JERSEY MEDICAL CENTER OB/GYN; AND
- SAINT BARNABAS HOSPICE AND PALLIATIVE CARE CENTER, INC.

OTHER RWJBARNABAS HEALTH LEGAL ENTITIES INCLUDE THE FOLLOWING:

ACUCARE PHYSICIANS, P.C. IS AN ENTITY WHOSE NOMINEE SOLE SHAREHOLDER IS A LICENSED MD HOLDING SHARES FOR THE BENEFIT OF ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL. THIS ENTITY PROVIDES MEDICAL SERVICES.

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

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

**Part VI Supplemental Information**

Provide the following information

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

COMMERCIAL PROFESSIONAL INSURANCE COMPANY, LTD, A CONTROLLED FOREIGN CORPORATION OF SAINT BARNABAS MEDICAL CENTER. THE ORGANIZATION WAS FORMED AND OPERATES SOLELY IN BERMUDA WITH NO U.S ACTIVITIES OR PRESENCE.

CSH VENTURES, INC. IS AN ENTITY WHOSE SOLE MEMBER IS CHILDREN'S SPECIALIZED HOSPITAL. THE ORGANIZATION WAS FORMED TO PROVIDE PEDIATRIC REHABILITATION CONSULTING AND TRAINING SERVICES INTERNATIONALLY.

HAMILTON ENDOSCOPY & SURGERY CENTER, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJ MEDICAL SERVICES ORGANIZATION AT HAMILTON. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES.

HUDSON MD GROUP, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTH CARE SYSTEM.

**Part VI** Supplemental Information

Provide the following information

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

HEALTH CARE FACILITIES MANAGEMENT, INC. IS AN ENTITY WHOSE SOLE SHAREHOLDER IS LIVINGSTON SERVICES CORPORATION. THE ORGANIZATION PROVIDES ENGINEERING, PLANT OPERATIONS AND MATERIALS MANAGEMENT SERVICES PRIMARILY TO RWJBH ENTITIES.

INNOVATIVE PURCHASING CONCEPTS, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBERS ARE THE RWJBH HOSPITALS. THIS ORGANIZATION ENGAGES IN GROUP PURCHASING ACTIVITY.

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

LIBERTY HEALTHCARE CAPITAL IS AN ENTITY WHOSE SOLE SHAREHOLDER IS JERSEY CITY MEDICAL CENTER. THIS ENTITY PROVIDES LEASING AND FINANCING SUPPORT

**Part VI Supplemental Information**

Provide the following information

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
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TO JERSEY CITY MEDICAL CENTER.

LIVINGSTON INFUSION CARE, INC. IS AN ENTITY WHOSE SOLE SHAREHOLDER IS  
LIVINGSTON SERVICES CORPORATION. THE ORGANIZATION PROVIDES HOME INFUSION  
AND DIALYSIS SERVICES TO INDIVIDUALS.

LIVINGSTON SERVICES CORPORATION IS AN ENTITY WHOSE SOLE SHAREHOLDER IS  
BARNABAS HEALTH, INC. THIS ENTITY ENGAGES IN VARIOUS HEALTHCARE BUSINESS  
ACTIVITIES.

LSC PHARMACY SERVICES, INC. IS AN ENTITY WHOSE SOLE SHAREHOLDER IS  
LIVINGSTON SERVICES CORPORATION. THE ORGANIZATION OPERATES A PHARMACY FOR  
THE EMPLOYEES OF RWJBH ENTITIES AND OTHER ACTIVITIES.

MAJOR INVESTIGATIONS, INC. IS AN ENTITY WHOSE SOLE SHAREHOLDER IS  
LIVINGSTON SERVICES CORPORATION. THE ORGANIZATION PROVIDES SECURITY  
SERVICES PRIMARILY TO RWJBH ENTITIES AND OTHERS. THE ORGANIZATION  
CONDUCTS BACKGROUND CHECKS AND OTHER INVESTIGATORY SERVICES.

**Part VI Supplemental Information**

Provide the following information

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MEDEMERGE, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTH CARE SYSTEM.

NEW JERSEY HEALTH CARE SYSTEM, INC. IS AN INACTIVE ENTITY.

NEW JERSEY HEALTHCARE ASSOCIATES, P.C. IS AN INACTIVE ENTITY.

NEW JERSEY IMAGING NETWORK, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS CENTER STATE MANAGEMENT CORPORATION. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTH CARE SYSTEM.



**Part VI** Supplemental Information

Provide the following information

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RWJ HAMILTON PHYSICIAN ENTERPRISE, P.A. IS AN INACTIVE ENTITY.

MEDEMERGE MEDICAL ASSOCIATES, P.A. IS AN INACTIVE ENTITY.

RWJ MEDICAL ASSOCIATES AT HAMILTON IS AN ENTITY WHOSE NOMINEE SOLE SHAREHOLDER IS A LICENSED MD HOLDING SHARES FOR THE BENEFIT OF ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTH CARE SYSTEM.

RWJ MEDICAL SERVICES ORGANIZATION AT HAMILTON IS AN ENTITY WHOSE SOLE SHAREHOLDER IS LIVINGSTON SERVICES CORPORATION.

R.W.J. MEDICAL ASSOCIATES, P.A., IS AN ENTITY WHOSE NOMINEE SOLE SHAREHOLDER IS A LICENSED MD HOLDING SHARES FOR THE BENEFIT OF ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL. THE ORGANIZATION IS LOCATED IN NEW BRUNSWICK, MIDDLESEX COUNTY, NEW JERSEY. THIS ORGANIZATION ENGAGES IN

**Part VI Supplemental Information**

Provide the following information

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

RWJ MULTI-SPECIALTY GROUP, P.A. IS AN INACTIVE ENTITY.

RWJ PHYSICIAN ENTERPRISE, P.A. IS AN ENTITY WHOSE NOMINEE SOLE  
SHAREHOLDER IS A LICENSED MD HOLDING SHARES FOR THE BENEFIT OF ROBERT  
WOOD JOHNSON UNIVERSITY HOSPITAL. THIS ORGANIZATION ENGAGES IN HEALTHCARE  
SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE  
COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTH CARE  
SYSTEM.

RWJ-REGENT, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A  
PARTNERSHIP FOR TAX PURPOSES, FORMED IN THE STATE OF NEW JERSEY AND  
OPERATES AN AMBULATORY SURGERY CENTER. THIS ORGANIZATION ENGAGES IN  
HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE  
BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE

**Part VI Supplemental Information**

Provide the following information

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HEALTH CARE SYSTEM.

RWJ-REGENT II, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES, FORMED IN THE STATE OF NEW JERSEY AND OPERATES AN AMBULATORY SURGERY CENTER. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTH CARE SYSTEM.

RWJ SURGERY CENTER, INC. IS AN ENTITY WHOSE SOLE SHAREHOLDER IS ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL. THIS ENTITY PROVIDES MEDICAL SERVICES TO INDIVIDUALS. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTH CARE SYSTEM.

SBC MANAGEMENT CORPORATION IS AN ENTITY, WHOSE SOLE SHAREHOLDER IS LIVINGSTON SERVICES CORPORATION. THE ENTITY PROVIDES CORPORATE PERSONNEL MANAGERIAL SERVICES TO AND IN SUPPORT OF RWJBH AND AFFILIATES.

**Part VI Supplemental Information**

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

SHREWSBURY DIAGNOSTIC IMAGING, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTH CARE SYSTEM.

SOMERSET CARDIOLOGY GROUP, P.C. IS AN INACTIVE ENTITY.

SOMERSET CARDIOLOGY PARTNERS, P.C. IS AN INACTIVE ENTITY.

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

VISION HEALTHCARE, INC. IS AN ENTITY WHOSE SOLE SHAREHOLDER IS LIVINGSTON

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SERVICES CORPORATION. THIS ENTITY CONDUCTS VARIOUS HEALTHCARE BUSINESS  
ACTIVITIES.

WARREN INTERNAL MEDICINE, P.C. IS AN INACTIVE ENTITY.

SCHEDULE H, PART VI; QUESTION 7

NOT APPLICABLE. THE ENTITY AND RELATED PROVIDER ORGANIZATIONS ARE LOCATED  
IN NEW JERSEY. NO COMMUNITY BENEFIT REPORT IS FILED WITH THE STATE OF NEW  
JERSEY.

**SCHEDULE I**  
**(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

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

OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number

85-1296795

**Part I General Information on Grants and Assistance**

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

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

| 1 (a) Name and address of organization or government                              | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------------------------------|------------|---------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (1) CRISTO REY NEWARK HIGH SCHOOL<br>239 WOODSIDE AVENUE NEWARK, NJ 07104         | 06-1803490 | 501(C)(3)                       | 13,375                   |                                   |                                                       |                                        | SPONSORSHIP                        |
| (2) NEWARK THREE KINGS CELEBRATION INC<br>P O BOX 22247 NEWARK, NJ 07101          | 42-1605590 | 501(C)(3)                       | 8,000                    |                                   |                                                       |                                        | SPONSORSHIP                        |
| (3) BOYS GIRLS CLUB OF CLIFTON INC<br>181 COLFAX AVENUE CLIFTON, NJ 07013         | 22-1589377 | 501(C)(3)                       | 7,500                    |                                   |                                                       |                                        | SPONSORSHIP                        |
| (4) NUTLEY BELLEVILLE PARADE COMMITTEE<br>822 CLIFTON AVENUE CLIFTON, NJ 07013    | 22-3756527 | 501(C)(3)                       | 6,900                    |                                   |                                                       |                                        | SPONSORSHIP                        |
| (5) FOCUS HISPANIC CTR FOR COMMUNITY DEV<br>441 BROAD STREET NEWARK, NJ 07102     | 22-1834206 | 501(C)(3)                       | 6,500                    |                                   |                                                       |                                        | SPONSORSHIP                        |
| (6) TOWNSHIP OF BELLEVILLE<br>152 WASHINGTON AVENUE BELLEVILLE, NJ 07109          | 22-6001645 | 501(C)(3)                       | 6,500                    |                                   |                                                       |                                        | SPONSORSHIP                        |
| (7) YOUNG MENS CHRISTIAN ASSOC OF MONTCLAIR<br>25 PARK STREET MONTCLAIR, NJ 07042 | 22-1487617 | 501(C)(3)                       | 5,750                    |                                   |                                                       |                                        | SPONSORSHIP                        |
| (8) BLOOMFIELD CENTER ALLIANCE INC<br>55 WASHINGTON STREET BLOOMFIELD, NJ 07003   | 22-3618180 | 501(C)(3)                       | 5,250                    |                                   |                                                       |                                        | SPONSORSHIP                        |
| (9) THE AUXILIARY OF RWJUH<br>ONE RWJ PLACE NEW BRUNSWICK, NJ 08901               | 22-6014339 | 501(C)(3)                       | 12,500                   |                                   |                                                       |                                        | SPONSORSHIP                        |
| (10) NEWPORT CENTRE LLC<br>30 WALL DRIVE WEST JERSEY CITY, NJ 07310               | 74-3016160 | 501(C)(3)                       | 65,391                   |                                   |                                                       |                                        | SPONSORSHIP                        |
| (11) AHAVAS TZEDAKAH, INC<br>816 FOREST AVENUE LAKEWOOD, NJ 08701                 | 22-3719783 | 501(C)(3)                       | 100,000                  |                                   |                                                       |                                        | SPONSORSHIP                        |
| (12) LONG BRANCH COMMUNITY FUND<br>P O BOX 628 LONG BRANCH, NJ 07740              | 46-1259873 | 501(C)(3)                       | 15,000                   |                                   |                                                       |                                        | SPONSORSHIP                        |

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

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

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**SCHEDULE I**  
**(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number

85-1296795

**Part I General Information on Grants and Assistance**

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

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

| 1 (a) Name and address of organization or government                                      | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------------------------------|------------|---------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (1) MONMOUTH COUNTY SPCA<br>260 WALL STREET EATONTOWN, NJ 07724                           | 21-0679893 | 501(C)(3)                       | 10,000                   |                                   |                                                       |                                        | SPONSORSHIP                        |
| (2) CITY OF LONG BRANCH<br>344 BROADWAY LONG BRANCH, NJ 07740                             | 22-3389797 | 501(C)(3)                       | 9,720                    |                                   |                                                       |                                        | SPONSORSHIP                        |
| (3) BIG BROS/BIG SISTER OF MONMOUTH & MIDDLESEX<br>305 BOND STREET ASBURY PARK, NJ 07712  | 22-2115416 | 501(C)(3)                       | 7,500                    |                                   |                                                       |                                        | SPONSORSHIP                        |
| (4) MONMOUTH UNIVERSITY<br>400 CEDAR AVENUE WEST LONG BRANCH, NJ 07764                    | 21-0634584 | 501(C)(3)                       | 7,500                    |                                   |                                                       |                                        | SPONSORSHIP                        |
| (5) SAINT GEORGE GREEK ORTHODOX CHURCH<br>1033 WEST PARK AVENUE OCEAN, NJ 07712           | 21-0643361 | 501(C)(3)                       | 6,500                    |                                   |                                                       |                                        | SPONSORSHIP                        |
| (6) ALLIANCE OF NO AMERICAN CHINESE PHYSICIANS<br>P O BOX 262671 PLANO, TX 75026-2671     | 81-1918362 | 501(C)(3)                       | 6,000                    |                                   |                                                       |                                        | SPONSORSHIP                        |
| (7) THE VALERIE FUND<br>2101 MILBURN AVENUE MAPLEWOOD, NJ 07040                           | 22-2126867 | 501(C)(3)                       | 6,000                    |                                   |                                                       |                                        | SPONSORSHIP                        |
| (8) VISITING NURSE ASSOCIATION HEALTH GROUP<br>23 MAIN STREET HOLMDEL, NJ 07733           | 22-2500029 | 501(C)(3)                       | 5,350                    |                                   |                                                       |                                        | SPONSORSHIP                        |
| (9) MONMOUTH COUNCIL BOY SCOUTS OF AMERICA<br>705 GINESI DRIVE MORGANVILLE, NJ 07751      | 21-0634963 | 501(C)(3)                       | 5,300                    |                                   |                                                       |                                        | SPONSORSHIP                        |
| (10) GREATER LONG BRANCH CHAMBER OF COMMERCE<br>P O BOX 628 LONG BRANCH, NJ 07740         | 21-0502065 | 501(C)(3)                       | 5,250                    |                                   |                                                       |                                        | SPONSORSHIP                        |
| (11) GREATER OCEAN TOWNSHIP CHAMBER OF COMMERCE<br>2002 BELMORE STREET OAKHURST, NJ 07755 | 22-2929297 | 501(C)(3)                       | 5,180                    |                                   |                                                       |                                        | SPONSORSHIP                        |
| (12) RAHWAY FIRST AID EMERGENCY SQUAD, INC<br>905 STONE STREET RAHWAY, NJ 07065           | 23-7107761 | 501(C)(3)                       | 49,500                   |                                   |                                                       |                                        | SPONSORSHIP                        |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 24.

3 Enter total number of other organizations listed in the line 1 table 24.

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

|   | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|
| 1 | COMMUNITY ASSISTANCE            | 77                       | 157,572                  |                                   | FMV                                                   |                                        |
| 2 | SCHOLARSHIPS                    | 3                        | 20,000                   |                                   | FMV                                                   |                                        |
| 3 |                                 |                          |                          |                                   |                                                       |                                        |
| 4 |                                 |                          |                          |                                   |                                                       |                                        |
| 5 |                                 |                          |                          |                                   |                                                       |                                        |
| 6 |                                 |                          |                          |                                   |                                                       |                                        |
| 7 |                                 |                          |                          |                                   |                                                       |                                        |

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

SCHEDULE I, PART I; QUESTION 2

GRANTS ARE MONITORED BY THE ORGANIZATION'S FINANCE PERSONNEL AND HUMAN RESOURCES DEPARTMENT PERSONNEL THROUGH THE UTILIZATION OF COST CENTERS AND OTHER INFORMATION; INCLUDING WRITTEN DOCUMENTATION AND RECEIPTS.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number

85-1296795

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

|    | Yes | No |
|----|-----|----|
| 1a |     |    |
| 1b | X   |    |
| 2  | X   |    |
| 3  |     |    |
| 4a | X   |    |
| 4b | X   |    |
| 4c |     | X  |
| 5a |     | X  |
| 5b |     | X  |
| 6a |     | X  |
| 6b |     | X  |
| 7  | X   |    |
| 8  |     | X  |
| 9  |     |    |

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Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

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

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

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

| (A) Name and Title                                         | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|------------------------------------------------------------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                                                            | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| 1 BARRY H. OSTROWSKY<br>TRUSTEE-MMC-RWJBH PRES /CEO        | (i) 0.<br>(ii) 2,092,350.                          | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| 2 THOMAS A. BIGA<br>TRUST-CMC-RWJBH PRES HOSP DIV          | (i) 0.<br>(ii) 1,410,155.                          | 0.                                  | 0.                                  | 23,246.                                        | 19,314.                 | 5,462,183.                      | 0.                                                                    |
| 3 AMY B. MANSUE<br>TRUST-CSH-RWJBH EVP/CHIEF EXP           | (i) 0.<br>(ii) 802,867.                            | 0.                                  | 0.                                  | 23,800.                                        | 19,125.                 | 3,704,036.                      | 0.                                                                    |
| 4 JOHN F. BONAMO, M.D., M<br>FORMER OFFICER - SBMC         | (i) 0.<br>(ii) 857,963.                            | 0.                                  | 0.                                  | 18,200.                                        | 9,996.                  | 2,514,495.                      | 250,579.                                                              |
| 5 JOHN J. GANTNER<br>TRUSTEE - PRES/CEO - RWJBHNB          | (i) 0.<br>(ii) 314,962.                            | 0.                                  | 0.                                  | 21,000.                                        | 21,775.                 | 2,287,909.                      | 0.                                                                    |
| 6 JOSEPH F. SCOTT, FACHE<br>FORMER OFFICER - JCMC          | (i) 0.<br>(ii) 942,130.                            | 0.                                  | 0.                                  | 10,500.                                        | 17,971.                 | 2,179,143.                      | 0.                                                                    |
| 7 ANROY OTTLEY, M.D.<br>PHYSICIAN - JCMC                   | (i) 0.<br>(ii) 470,634.                            | 0.                                  | 0.                                  | 366,887.                                       | 13,050.                 | 2,171,773.                      | 350,000.                                                              |
| 8 CRAIG SAUNDERS, M.D.<br>DIVISION DIRECTOR - NBIMC        | (i) 0.<br>(ii) 1,493,713.                          | 0.                                  | 0.                                  | 17,718.                                        | 26,283.                 | 1,927,524.                      | 0.                                                                    |
| 9 STEPHEN P. ZIENIEWICZ,<br>TRUSTEE - PRESIDENT/CEO - SBMC | (i) 0.<br>(ii) 758,656.                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| 10 DAVID A. MEBANE, ESQ.<br>SECRETARY - TRUSTEE - SBMC     | (i) 0.<br>(ii) 610,291.                            | 0.                                  | 0.                                  | 23,800.                                        | 29,141.                 | 1,719,527.                      | 0.                                                                    |
| MICHAEL MIMOSO<br>TRUSTEE-CEO-CMC (TERM 1/22/19)           | (i) 0.<br>(ii) 291,758.                            | 0.                                  | 0.                                  | 53,175.                                        | 2,516.                  | 1,574,749.                      | 473,267.                                                              |
| DARRELL TERRY<br>PRESIDENT/CEO - NBIMC                     | (i) 0.<br>(ii) 657,850.                            | 0.                                  | 0.                                  | 476,492.                                       | 26,671.                 | 1,454,255.                      | 0.                                                                    |
| 13 FRANK J. VOZOS, M.D., F<br>CEO - MWCSC                  | (i) 0.<br>(ii) 634,445.                            | 0.                                  | 0.                                  | 216,497.                                       | 18,779.                 | 1,396,496.                      | 179,400.                                                              |
| MARTIN S. EVERHART<br>FORMER KEY EMPLOYEE - RWJBH          | (i) 0.<br>(ii) 538,390.                            | 0.                                  | 0.                                  | 15,400.                                        | 10,091.                 | 1,292,688.                      | 0.                                                                    |
| 15 WILLIAM S. ARNOLD<br>PRES/CEO - MMC/PRES SO DIV         | (i) 0.<br>(ii) 721,519.                            | 0.                                  | 0.                                  | 232,175.                                       | 1,584.                  | 1,279,130.                      | 0.                                                                    |
| 16 WARREN E. MOORE<br>TRUSTEE - PRESIDENT/CEO - CSH        | (i) 0.<br>(ii) 583,845.                            | 0.                                  | 0.                                  | 173,703.                                       | 26,666.                 | 1,228,651.                      | 154,065.                                                              |

Schedule J (Form 990) 2019

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

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

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

| (A) Name and Title                                             | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|----------------------------------------------------------------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                                                                | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| <b>1</b> RICHARD FREEMAN<br>TRUSTEE - PRESIDENT/CEO - RWJUH    | (i) 0.<br>(ii) 590,744.                            | 0.<br>256,039.                      | 0.<br>167,390.                      | 0.<br>180,861.                                 | 0.<br>19,670.           | 0.<br>1,214,704.                | 0.<br>0.                                                              |
| <b>2</b> ROBERT G. IRWIN<br>FORMER KEY EMPLOYEE - RWJUH        | (i) 0.<br>(ii) 561,898.                            | 0.<br>307,218.                      | 0.<br>260,553.                      | 0.<br>18,200.                                  | 0.<br>19,021.           | 0.<br>1,166,890.                | 0.<br>0.                                                              |
| <b>3</b> THOMAS R. PERCELLO<br>SVP FINANCE/CEO-CMC (TERM 6/19) | (i) 0.<br>(ii) 325,040.                            | 0.<br>44,668.                       | 0.<br>690,087.                      | 0.<br>56,805.                                  | 0.<br>14,406.           | 0.<br>1,131,006.                | 0.<br>162,782.                                                        |
| <b>4</b> JOSHUA BERSHAD, M.D.<br>FORMER KEY EMPLOYEE - RWJUH   | (i) 0.<br>(ii) 564,457.                            | 0.<br>277,218.                      | 0.<br>173,221.                      | 0.<br>18,200.                                  | 0.<br>27,141.           | 0.<br>1,060,237.                | 0.<br>0.                                                              |
| <b>5</b> KIRK C. TICE<br>TRUSTEE - PRES./CEO - RWJUH           | (i) 0.<br>(ii) 486,710.                            | 0.<br>203,323.                      | 0.<br>149,413.                      | 0.<br>149,786.                                 | 0.<br>21,886.           | 0.<br>1,011,118.                | 0.<br>0.                                                              |
| <b>6</b> MARK ZUCKER, M.D.<br>TRUSTEE - NBIMC                  | (i) 0.<br>(ii) 901,241.                            | 0.<br>50,000.                       | 0.<br>3,490.                        | 0.<br>23,800.                                  | 0.<br>27,583.           | 0.<br>1,006,114.                | 0.<br>0.                                                              |
| <b>7</b> ANTHONY CAVA<br>PRES /CEO - RWJUH SOMERSET            | (i) 0.<br>(ii) 471,049.                            | 0.<br>187,219.                      | 0.<br>153,496.                      | 0.<br>148,881.                                 | 0.<br>19,125.           | 0.<br>979,770.                  | 0.<br>0.                                                              |
| <b>8</b> MICHAEL PRILUTSKY<br>TRUSTEE - PRESIDENT/CEO - JCMC   | (i) 0.<br>(ii) 575,737.                            | 0.<br>197,716.                      | 0.<br>5,615.                        | 0.<br>197,282.                                 | 0.<br>1,584.            | 0.<br>977,934.                  | 0.<br>0.                                                              |
| <b>9</b> MARY ELLEN CLYNE<br>PRESIDENT/CEO - CMMC              | (i) 0.<br>(ii) 524,533.                            | 0.<br>169,038.                      | 0.<br>15,968.                       | 0.<br>224,528.                                 | 0.<br>29,641.           | 0.<br>963,708.                  | 0.<br>0.                                                              |
| <b>10</b> LORI A. COLINERI<br>FORMER KEY EMPLOYEE - RWJUH      | (i) 0.<br>(ii) 414,456.                            | 0.<br>217,218.                      | 0.<br>277,131.                      | 0.<br>14,876.                                  | 0.<br>26,993.           | 0.<br>950,674.                  | 0.<br>0.                                                              |
| <b>11</b> MATTHEW J. SCHREIBER, M<br>CMO/COO - NBIMC           | (i) 0.<br>(ii) 536,160.                            | 0.<br>254,679.                      | 0.<br>21,700.                       | 0.<br>105,700.                                 | 0.<br>28,323.           | 0.<br>946,562.                  | 0.<br>0.                                                              |
| <b>12</b> PATRICK M. AHEARN<br>COO/CEO - CMC (EFF 2/1/19)      | (i) 0.<br>(ii) 58,932.                             | 0.<br>57,610.                       | 0.<br>2,763.                        | 0.<br>12,086.                                  | 0.<br>2,873.            | 0.<br>76,654.                   | 0.<br>0.                                                              |
| <b>13</b> MUNIR NAZIR, M.D.<br>PHYSICIAN - NBIMC               | (i) 0.<br>(ii) 501,515.                            | 0.<br>89,408.                       | 0.<br>111,130.                      | 0.<br>138,992.                                 | 0.<br>26,230.           | 0.<br>835,477.                  | 0.<br>73,884.                                                         |
| <b>14</b> GREGORY ROKOSZ, M.D.<br>SVP - VPMA - SBMC            | (i) 0.<br>(ii) 809,663.                            | 0.<br>89,408.                       | 0.<br>28,676.                       | 0.<br>21,000.                                  | 0.<br>18,696.           | 0.<br>878,035.                  | 0.<br>0.                                                              |
| <b>15</b> M. MICHELE BLACKWOOD, M<br>PHYSICIAN - SBMC          | (i) 0.<br>(ii) 522,448.                            | 0.<br>89,408.                       | 0.<br>117,409.                      | 0.<br>121,005.                                 | 0.<br>19,021.           | 0.<br>869,291.                  | 0.<br>86,428.                                                         |
| <b>16</b> RICHARD L. DAVIS<br>TREASURER-TRUSTEE-EVP/CEO-SBMC   | (i) 0.<br>(ii) 779,000.                            | 0.<br>50,000.                       | 0.<br>21,302.                       | 0.<br>2,726.                                   | 0.<br>2,726.            | 0.<br>853,028.                  | 0.<br>0.                                                              |
|                                                                | (i) 0.<br>(ii) 492,817.                            | 0.<br>98,816.                       | 0.<br>87,723.                       | 0.<br>105,422.                                 | 0.<br>31,918.           | 0.<br>816,696.                  | 0.<br>82,214.                                                         |

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

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| (A) Name and Title                                  | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|-----------------------------------------------------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                                                     | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| 1 MICHAEL SCOPPETUOLO, M.<br>DIRECTOR MD - SBMC     | 778,642.                                           | 12,500.                             | 6,561.                              | 0.                                             | 18,640.                 | 816,343.                        | 0.                                                                    |
| (ii)                                                | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| 2 STUART GEFFNER, M.D.<br>TRUSTEE - SBMC            | 709,057.                                           | 69,100.                             | 2,322.                              | 0.                                             | 30,115.                 | 810,594.                        | 0.                                                                    |
| (ii)                                                | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| 3 BRUNO MOLINO, M.D.<br>PHYSICIAN - JCMC            | 595,483.                                           | 174,961.                            | 793.                                | 9,532.                                         | 28,244.                 | 809,013.                        | 0.                                                                    |
| (ii)                                                | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| 4 GAIL W. KOSVIA<br>SVP/CFO - RWJUH/REGIONAL CFO    | 525,000.                                           | 172,000.                            | 6,822.                              | 81,400.                                        | 1,432.                  | 786,654.                        | 0.                                                                    |
| (ii)                                                | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| 5 MICHAEL KNECHT<br>FORMER KEY EMPLOYEE - RWJUH     | 431,468.                                           | 306,963.                            | 9,700.                              | 4,200.                                         | 28,225.                 | 780,556.                        | 0.                                                                    |
| (ii)                                                | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| 6 NIKOLAS ALEXIADES<br>EVP/CFO - NBIMC/REGIONAL CFO | 545,601.                                           | 71,625.                             | 21,508.                             | 106,960.                                       | 27,119.                 | 772,813.                        | 0.                                                                    |
| (ii)                                                | 581,517.                                           | 182,857.                            | 1,242.                              | 0.                                             | 3,376.                  | 768,992.                        | 0.                                                                    |
| 7 ALISON GRANN, M.D.<br>TRUSTEE - SBMC              | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (ii)                                                | 52,509.                                            | 0.                                  | 7,923.                              | 13,940.                                        | 3,117.                  | 77,489.                         | 0.                                                                    |
| 8 ERIC W. CARNEY<br>COO - MMC/CEO - MMC             | 433,218.                                           | 99,218.                             | 5,837.                              | 125,460.                                       | 25,107.                 | 688,840.                        | 0.                                                                    |
| (ii)                                                | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| 9 DORY B. ALTMANN, M.D.<br>TRUSTEE - RWJUH          | 504,237.                                           | 47,219.                             | 123,174.                            | 16,800.                                        | 29,663.                 | 721,093.                        | 0.                                                                    |
| (ii)                                                | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| MICHAEL CHEN, M.D.<br>TRUSTEE - RWJUH               | 624,044.                                           | 50,335.                             | 12,206.                             | 0.                                             | 19,222.                 | 705,807.                        | 0.                                                                    |
| (ii)                                                | 245,816.                                           | 55,320.                             | 6,369.                              | 26,330.                                        | 5,667.                  | 339,502.                        | 0.                                                                    |
| 10 KENNETH GARAY, M.D.<br>CMO - JCMC                | 248,395.                                           | 0.                                  | 81,523.                             | 24,304.                                        | 8,146.                  | 362,368.                        | 0.                                                                    |
| (ii)                                                | 413,073.                                           | 73,950.                             | 91,712.                             | 93,202.                                        | 29,156.                 | 701,093.                        | 75,703.                                                               |
| 11 THOMAS HELEOTIS, M.D.<br>VPMA - MMC              | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (ii)                                                | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| 12 DEANNA SPERLING<br>TRUSTEE-RWJUH BEN HEALTH CEO  | 328,750.                                           | 187,218.                            | 20,425.                             | 143,797.                                       | 18,724.                 | 698,914.                        | 0.                                                                    |
| (ii)                                                | 506,937.                                           | 54,000.                             | 21,613.                             | 90,600.                                        | 24,069.                 | 697,219.                        | 0.                                                                    |
| 13 DOUGLAS A. ZEHNER<br>COO - NBIMC/REGIONAL CFO    | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (ii)                                                | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| 14 MARY ELIZABETH DENO<br>FORMER OFFICER - CMC      | 373,316.                                           | 152,900.                            | 106,375.                            | 12,516.                                        | 2,394.                  | 647,501.                        | 0.                                                                    |
| (ii)                                                | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| 15 JOSEPH J. DOBOSH, JR.,<br>VP/CFO - CSH           | 333,504.                                           | 70,021.                             | 142,740.                            | 71,608.                                        | 19,419.                 | 637,292.                        | 60,262.                                                               |
| (ii)                                                |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |

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|---------------------------------------------------------------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                                                               | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| CHARLES CATHCART, M.D.<br>1 TRUSTEE - NBIMC                   | (i) 0.<br>(ii) 377,500.                            | 0.<br>203,948.                      | 0.<br>16,513.                       | 0.<br>12,690.                                  | 0.<br>1,342.            | 0.<br>611,993.                  | 0.<br>0.                                                              |
| LINA SHIHABUDDIN, M.D.<br>2 MEDICAL DIRECTOR/CMO - CMMC       | (i) 0.<br>(ii) 390,886.                            | 0.<br>109,500.                      | 0.<br>3,338.                        | 0.<br>84,348.                                  | 0.<br>17,038.           | 0.<br>605,110.                  | 0.<br>0.                                                              |
| FRANK J. MAZZARELLA, M.<br>3 VPMA - CMMC                      | (i) 377,545.<br>(ii) 0.                            | 38,421.<br>0.                       | 85,571.<br>0.                       | 83,968.<br>0.                                  | 9,698.<br>0.            | 595,203.<br>0.                  | 60,613.<br>0.                                                         |
| PATRICK J. HAUGHEY<br>4 COO - SBMC                            | (i) 384,057.<br>(ii) 0.                            | 81,520.<br>0.                       | 3,341.<br>0.                        | 82,728.<br>0.                                  | 30,776.<br>0.           | 582,422.<br>0.                  | 0.<br>0.                                                              |
| PETER P. BIHUNIAK<br>5 CFO - RWJUHJ                           | (i) 0.<br>(ii) 281,849.                            | 0.<br>41,658.                       | 0.<br>174,672.                      | 0.<br>68,080.                                  | 0.<br>10,641.           | 0.<br>576,900.                  | 0.<br>165,205.                                                        |
| SETH D. ROSENBAUM, M.D.<br>6 SVP/CMO - RWJUHJ                 | (i) 351,206.<br>(ii) 0.                            | 76,641.<br>0.                       | 21,063.<br>0.                       | 71,751.<br>0.                                  | 32,207.<br>0.           | 552,868.<br>0.                  | 0.<br>0.                                                              |
| YESHAVANTH P. NAYAK, M.<br>7 SVP/CMO - CMC                    | (i) 393,293.<br>(ii) 0.                            | 44,880.<br>0.                       | 103,141.<br>0.                      | 0.<br>0.                                       | 7,338.<br>0.            | 548,652.<br>0.                  | 72,237.<br>0.                                                         |
| JOANNA P. ZIMMERMAN<br>8 CFO - MMC (TERMED 1/26/19)           | (i) 0.<br>(ii) 125,024.                            | 0.<br>0.                            | 0.<br>381,982.                      | 0.<br>5,651.                                   | 0.<br>21,786.           | 0.<br>534,443.                  | 0.<br>0.                                                              |
| ROBERT VALENTINE<br>9 CFO - JCMC                              | (i) 0.<br>(ii) 350,000.                            | 0.<br>50,960.                       | 0.<br>8,685.                        | 0.<br>123,185.                                 | 0.<br>1,287.            | 0.<br>534,117.                  | 0.<br>0.                                                              |
| TODD EUGENE PHILLIPS, M<br>10 VP, QUAL/CMO - CMC (TERM 10/30) | (i) 454,940.<br>(ii) 0.                            | 55,850.<br>0.                       | 8,720.<br>0.                        | 14,186.<br>0.                                  | 77.<br>0.               | 533,773.<br>0.                  | 0.<br>0.                                                              |
| MARK A. OSTRANDER<br>11 FORMER OFFICER - CMC                  | (i) 0.<br>(ii) 318,111.                            | 0.<br>99,000.                       | 0.<br>66,213.                       | 0.<br>21,000.                                  | 0.<br>29,253.           | 0.<br>533,577.                  | 0.<br>0.                                                              |
| PHILIP SALERNO, III<br>12 TRUSTEE - PRES/CMO - CSH EDN        | (i) 359,308.<br>(ii) 0.                            | 62,828.<br>0.                       | 62,459.<br>0.                       | 11,200.<br>0.                                  | 31,273.<br>0.           | 527,068.<br>0.                  | 0.<br>0.                                                              |
| JAMES ALEXANDER<br>13 CFO - RWJUHJ                            | (i) 0.<br>(ii) 380,001.                            | 0.<br>37,050.                       | 0.<br>6,121.                        | 0.<br>86,192.                                  | 0.<br>1,347.            | 0.<br>510,711.                  | 0.<br>0.                                                              |
| MATTHEW B. MCDONALD, M.<br>14 TRUSTEE - VP/CMO - CSH          | (i) 341,752.<br>(ii) 0.                            | 76,875.<br>0.                       | 6,092.<br>0.                        | 19,385.<br>0.                                  | 27,876.<br>0.           | 471,980.<br>0.                  | 0.<br>0.                                                              |
| SALVATORE MOFFA, M.D.<br>15 VPMA - RWJUHJ                     | (i) 338,615.<br>(ii) 0.                            | 41,133.<br>0.                       | 5,315.<br>0.                        | 67,495.<br>0.                                  | 10,188.<br>0.           | 462,746.<br>0.                  | 0.<br>0.                                                              |
| CHARLES CHIANESE, MBA<br>16 EVP/COO - CSH                     | (i) 318,080.<br>(ii) 0.                            | 68,477.<br>0.                       | 52,754.<br>0.                       | 18,148.<br>0.                                  | 891.<br>0.              | 458,350.<br>0.                  | 33,230.<br>0.                                                         |

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|---------------------------------------------------------------------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                                                                     | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| <b>1</b> JOSHUA ROSENBLATT, M.D.<br>TRUSTEE, EX-OFFICIO/CAO - NBIMC | (i) 403,616.                                       | 0.                                  | 26,858.                             | 23,800.                                        | 3,362.                  | 457,636.                        | 0.                                                                    |
| (ii)                                                                | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| <b>2</b> RAJESH MOHAN, M.D.<br>CMO - MMC-SC                         | (i) 369,355.                                       | 57,750.                             | 13,933.                             | 14,712.                                        | 1,329.                  | 457,079.                        | 0.                                                                    |
| (ii)                                                                | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| <b>3</b> CAROL ASH, D.O.<br>CMO - RWJUH                             | (i) 311,756.                                       | 48,263.                             | 4,560.                              | 61,030.                                        | 28,207.                 | 453,816.                        | 0.                                                                    |
| (ii)                                                                | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| <b>4</b> RUSSELL C. LANGAN, M.D.<br>TRUSTEE - SBMC                  | (i) 394,351.                                       | 0.                                  | 486.                                | 0.                                             | 9,233.                  | 404,070.                        | 0.                                                                    |
| (ii)                                                                | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| <b>5</b> KEVIN M. KRAMER, ESQ.<br>FORMER KEY EMPLOYEE - RWJUH       | (i) 262,862.                                       | 71,500.                             | 732.                                | 12,760.                                        | 33,678.                 | 381,532.                        | 0.                                                                    |
| (ii)                                                                | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| <b>6</b> ARNOLD WILLIAMS, M.D.<br>TRUSTEE - SBBH                    | (i) 314,612.                                       | 12,000.                             | 19,595.                             | 13,100.                                        | 8,285.                  | 367,592.                        | 0.                                                                    |
| (ii)                                                                | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| <b>7</b> YASMIR BISAL<br>VP FINANCE - CMHC                          | (i) 271,085.                                       | 23,521.                             | 2,298.                              | 20,628.                                        | 26,570.                 | 344,102.                        | 0.                                                                    |
| (ii)                                                                | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| <b>8</b> JASON VIGLIAROLO<br>COO/CFO - SBBH                         | (i) 232,269.                                       | 43,500.                             | 1,751.                              | 62,384.                                        | 939.                    | 340,843.                        | 0.                                                                    |
| (ii)                                                                | 245,111.                                           | 40,002.                             | 2,993.                              | 12,543.                                        | 29,086.                 | 329,735.                        | 0.                                                                    |
| <b>9</b> JUDY CASTELLANO COLORAD<br>COO/CNO - MMC-SC                | (i) 0.                                             | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (ii)                                                                | 101,936.                                           | 0.                                  | 214,232.                            | 0.                                             | 0.                      | 316,168.                        | 0.                                                                    |
| <b>10</b> LESTER G. COTTLE<br>FORMER OFFICER - RWJUH                | (i) 0.                                             | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (ii)                                                                | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| <b>11</b> STEVEN K. LIBUTTI, M.D.<br>TRUSTEE - RWJUH                | (i) 302,424.                                       | 7,517.                              | 4,114.                              | 699.                                           | 1,200.                  | 315,954.                        | 0.                                                                    |
| (ii)                                                                | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| <b>12</b> MICHELE H. SCHWEERS<br>FORMER OFFICER - MMC               | (i) 186,499.                                       | 57,000.                             | 2,295.                              | 18,608.                                        | 28,999.                 | 293,401.                        | 0.                                                                    |
| (ii)                                                                | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| <b>13</b> JOHN DILEO<br>CFO - RWJUH SOMERSET                        | (i) 211,283.                                       | 27,645.                             | 1,092.                              | 10,229.                                        | 26,227.                 | 276,476.                        | 0.                                                                    |
| (ii)                                                                | 201,196.                                           | 10,600.                             | 463.                                | 6,666.                                         | 36,572.                 | 255,497.                        | 0.                                                                    |
| <b>14</b> KATHERINE BENTLEY, M.D.<br>TRUSTEE-DIR OF PAIN PROG-CSH   | (i) 0.                                             | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (ii)                                                                | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| <b>15</b> CAROL L. SINGER<br>FORMER OFFICER - SBBH                  | (i) 161,818.                                       | 48,014.                             | 2,707.                              | 16,732.                                        | 18,110.                 | 247,381.                        | 0.                                                                    |
| (ii)                                                                | 183,167.                                           | 40,152.                             | 13,854.                             | 5,311.                                         | 4,847.                  | 247,331.                        | 0.                                                                    |
| <b>16</b> RITA V. SMITH, DNP<br>TRUSTEE-SVP-JCMC (TERM 5/19)        | (i) 0.                                             | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (ii)                                                                | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |

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|--------------------------------------------------------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                                                        | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| 1 WILLIAM PHILLIPS<br>CFO - CMHC (TERMED 7/15/19)      | (i) 0.<br>(ii) 240,000.                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| 2 TERESITA C. MEDINA<br>FORMER OFFICER - SBBH          | (i) 179,452.<br>(ii) 0.                            | 6,133.                              | 4,686.                              | 15,697.                                        | 28,618.                 | 234,586.                        | 0.                                                                    |
| 3 ARNOLD D. MANZO<br>FORMER KEY EMPLOYEE - SBMC        | (i) 0.<br>(ii) 0.                                  | 0.                                  | 150,555.                            | 0.                                             | 0.                      | 150,555.                        | 0.                                                                    |
| 4 RENEE JULIE CABALEIRO,<br>TRUSTEE - NBIMC            | (i) 222,138.<br>(ii) 0.                            | 0.                                  | 76,242.                             | 0.                                             | 0.                      | 76,242.                         | 0.                                                                    |
| 5 FRANK GELORMINI<br>FORMER OFFICER - CMHC             | (i) 0.<br>(ii) 180,271.                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| 6 JEFFREY J. HOLT, MPA<br>COO - CMHC (EFF 7/15/19)     | (i) 171,540.<br>(ii) 0.                            | 3,500.                              | 2,898.                              | 15,963.                                        | 18,062.                 | 220,694.                        | 0.                                                                    |
| 7 CHRISTOPHER HAINES, DO,<br>FORMER KEY EMPLOYEE - CSH | (i) 0.<br>(ii) 0.                                  | 0.                                  | 388.                                | 21,875.                                        | 3,107.                  | 196,910.                        | 0.                                                                    |
| 8 SARI B. KAPLON<br>FORMER OFFICER - SBMC              | (i) 150,293.<br>(ii) 0.                            | 3,064.                              | 2,593.                              | 13,252.                                        | 9,023.                  | 178,225.                        | 0.                                                                    |
| 9 ALAN LAPA, MD<br>TRUSTEE - MEDICAL DIR - NBIMC       | (i) 178,000.<br>(ii) 0.                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 178,000.                        | 0.                                                                    |
| 10 RICHARD IMBIMBO<br>FORMER OFFICER - RWJUH           | (i) 3,278.<br>(ii) 0.                              | 0.                                  | 169,616.                            | 0.                                             | 0.                      | 172,894.                        | 0.                                                                    |
| 11 MICHAEL A. MARANO, M.D.<br>TRUSTEE - SBMC           | (i) 149,191.<br>(ii) 0.                            | 0.                                  | 2,146.                              | 0.                                             | 18,345.                 | 169,682.                        | 0.                                                                    |
| 12 MEIKA TYLESE NEBLETT, M<br>CMO - CMHC (EFF 11/4/19) | (i) 61,487.<br>(ii) 0.                             | 0.                                  | 0.                                  | 0.                                             | 0.                      | 61,487.                         | 0.                                                                    |
| 13                                                     | (i)<br>(ii)                                        |                                     |                                     |                                                |                         |                                 |                                                                       |
| 14                                                     | (i)<br>(ii)                                        |                                     |                                     |                                                |                         |                                 |                                                                       |
| 15                                                     | (i)<br>(ii)                                        |                                     |                                     |                                                |                         |                                 |                                                                       |
| 16                                                     | (i)<br>(ii)                                        |                                     |                                     |                                                |                         |                                 |                                                                       |

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**Part III Supplemental Information**

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

SCHEDULE J, PART I; QUESTION 1A AND 1B

THE ORGANIZATION PAID FOR HEALTH CLUB DUES FOR CERTAIN EMPLOYEES. THE HEALTH CLUB DUES ARE TREATED AS TAXABLE WAGES AND ARE INCLUDED ON EACH INDIVIDUAL'S RESPECTIVE 2019 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES:

JOSEPH J. DOBOSH, JR., MBA, \$500; MATTHEW B. MCDONALD M.D., \$500 AND CHARLES CHIANESE, MBA, \$500.

MR. TERRY, PRESIDENT/CEO, TRAVELED FIRST CLASS ON A BUSINESS TRIP FOR NEWARK BETH ISRAEL MEDICAL CENTER WORK PURPOSES.

DR. OTTLEY, PHYSICIAN, TRAVELED FIRST CLASS ON A BUSINESS TRIP FOR JERSEY CITY MEDICAL CENTER WORK PURPOSES.

THE ORGANIZATION PROVIDED DR. NEBLETT, CHIEF MEDICAL OFFICER, COMMUNITY MEDICAL CENTER, WITH A HOUSING ALLOWANCE IN THE AMOUNT OF \$3,790 WHICH WAS INCLUDED IN HER 2019 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES.



**Part III Supplemental Information**

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

## SCHEDULE J, PART I; QUESTION 4A

THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENT DURING CALENDAR YEAR 2019 WHICH WAS INCLUDED IN EACH INDIVIDUAL'S 2019 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: MICHAEL MIMOSO, \$354,615; THOMAS R. PERCELLO, \$197,382; JOANNA P. ZIMMERMAN, \$353,846; LESTER G. COTTE, \$177,735; CHRISTOPHER J. HAINES, D.O., FACEP, \$185,951 AND RICHARD IMBIMBO, \$169,616.

## SCHEDULE J, PART I, QUESTION 4B

THE AMOUNT REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUAL INCLUDES AN AMOUNT REPORTED ON A FORM W-2 ISSUED BY FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS CO., THE EMPLOYER'S THIRD PARTY ADMINISTRATOR OF THE ORGANIZATION'S LIFESTYLE DEFERRED PLAN ("LIFESTYLE DEFERRED"). EACH PARTICIPANT IN THE LIFESTYLE DEFERRED MAY AUTHORIZE THE EMPLOYER TO REDUCE HIS/HER FUTURE COMPENSATION BY AN AMOUNT AND TO HAVE A CORRESPONDING AMOUNT CREDITED TO THE PARTICIPANT'S ACCOUNT(S). THE AMOUNT OUTLINED HEREIN WAS REPORTED ON HIS 2019 FIDELITY INVESTMENTS FORM W-2

Schedule J (Form 990) 2019

Page 3

**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

AND INCLUDED IN THE SCHEDULE J, PART II, COLUMN E, TOTAL COMPENSATION COLUMN, WHICH REPRESENTS A DISTRIBUTION FROM HIS LIFESTYLE DEFERRED ACCOUNT MONIES WHICH FUNDS WERE SUBJECT TO THE ORGANIZATION'S GENERAL CREDITORS: DAVID A. MEBANE, ESQ., \$34,676. THIS AMOUNT WAS INCLUDED IN PRIOR YEAR'S FORMS W-2, BOX 5, AS TAXABLE MEDICARE WAGES.

THE AMOUNT REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUAL INCLUDES AN AMOUNT REPORTED ON A FORM W-2 ISSUED BY FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS CO., THE EMPLOYER'S THIRD PARTY ADMINISTRATOR OF THE ORGANIZATION'S SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP"). EACH PARTICIPANT MAY AUTHORIZE THE EMPLOYER TO REDUCE HIS/HER FUTURE COMPENSATION BY AN AMOUNT AND TO HAVE A CORRESPONDING AMOUNT CREDITED TO THE PARTICIPANT'S ACCOUNT(S). THE AMOUNT OUTLINED HEREIN WAS REPORTED ON HIS 2019 FIDELITY INVESTMENTS FORM W-2 AND INCLUDED IN THE SCHEDULE J, PART II, COLUMN E, TOTAL COMPENSATION COLUMN, WHICH REPRESENTS A DISTRIBUTION FROM HIS SERP MONIES WHICH FUNDS WERE SUBJECT TO THE ORGANIZATION'S GENERAL CREDITORS: THOMAS R. PERCELLO, \$161,295. THIS AMOUNT WAS INCLUDED IN PRIOR YEAR'S FORMS W-2, BOX 5, AS TAXABLE MEDICARE

Schedule J (Form 990) 2019

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**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.

**WAGES.**

THE AMOUNT REFLECTED IN COLUMN B (III) FOR THE FOLLOWING INDIVIDUALS INCLUDES AN AMOUNT REPORTED ON A FORM W-2 ISSUED BY FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS CO., THE EMPLOYER'S THIRD PARTY ADMINISTRATOR OF THE ORGANIZATION'S IRC 457(B) DEFERRED COMPENSATION RETIREMENT PLAN ("457(B)"). EACH PARTICIPANT MAY AUTHORIZE THE EMPLOYER TO REDUCE HIS/HER FUTURE COMPENSATION BY AN AMOUNT AND TO HAVE A CORRESPONDING AMOUNT CREDITED TO THE PARTICIPANT'S ACCOUNT(S). THE AMOUNTS OUTLINED HEREIN WERE REPORTED ON EACH INDIVIDUAL'S 2019 FIDELITY INVESTMENTS FORM W-2 AND INCLUDED IN THE SCHEDULE J, PART II, COLUMN E, TOTAL COMPENSATION COLUMN, WHICH REPRESENTS A DISTRIBUTION FROM EACH INDIVIDUAL'S 457(B) ACCOUNT MONIES WHICH FUNDS WERE SUBJECT TO THE ORGANIZATION'S GENERAL CREDITORS: DORY B. ALTMANN, M.D., \$55,713; LESTER G. COTTLE, \$36,497 AND ARNOLD D. MANZO, \$76,242. THESE AMOUNTS WERE INCLUDED IN PRIOR YEAR'S FORMS W-2, BOX 5, AS TAXABLE MEDICARE WAGES.

THE AMOUNT REFLECTED IN COLUMN B (III) FOR THE FOLLOWING INDIVIDUALS

**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.

INCLUDES PARTICIPATION IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN

("SERP") AS THE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH

INDIVIDUAL'S 2019 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: BARRY H.

OSTROWSKY, \$1,067,250; THOMAS A. BIGA, \$1,081,500; AMY B. MANSUE,

\$341,250; JOHN F. BONAMO, M.D., M.S., \$450,003; JOHN J. GANTNER,

\$355,000; DAVID A. MEBANE, ESQ., \$411,403; MARTIN S. EVERHART, \$232,087;

ROBERT G. IRWIN, \$185,003; JOSHUA M. BERSHAD, M.D., \$169,000; LORI A.

COLINERI, \$268,159; MARY ELIZABETH DENO, \$77,475 AND MARK A. OSTRANDER,

\$64,350.

THE AMOUNT REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS

INCLUDES CURRENT YEAR VESTINGS IN AN INTERNAL REVENUE CODE SECTION 457(F)

PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) AS THE AMOUNTS WERE NO

LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THE AMOUNTS

OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2019 FORM W-2, BOX 5,

AS TAXABLE MEDICARE WAGES: AMY B. MANSUE, \$759,110; JOSEPH F. SCOTT,

FACHE, \$350,000; STEPHEN P. ZIENIEWICZ, FACHE, \$216,375; MICHAEL MIMOSO,

**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.

\$712,861; FRANK J. VOZOS, M.D., FACS, \$179,400; WARREN E. MOORE, \$154,065; RICHARD FREEMAN, \$153,037; THOMAS R. PERCELLO, \$326,301; PATRICK M. AHEARN, \$73,834; KIRK C. TICE, \$117,997; ANTHONY CAVA, \$101,100; GREGORY ROKOSZ, M.D., \$86,428; RICHARD L. DAVIS, \$82,214; KENNETH GARAY, M.D., \$77,888; THOMAS HELEOTIS, M.D., \$75,703; JOSEPH J. DOBOSH, JR., MBA, \$131,299; FRANK J. MAZZARELLA, M.D., \$60,613; PETER P. BIHUNIAK, \$165,205; YESHAVANTH P. NAYAK, M.D., \$72,237; CHARLES CHIANESE, MBA, \$33,230 AND ARNOLD D. MANZO, \$150,555.

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, BOX 5, AS TAXABLE MEDICARE WAGES: JOSEPH F. SCOTT, FACHE, \$356,250; STEPHEN P. ZIENIEWICZ, FACHE, \$245,317; MICHAEL MIMOSO, \$46,715; DARRELL TERRY, \$452,640; FRANK J. VOZOS, M.D., FACS, \$192,697; WILLIAM S. ARNOLD,

**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.

\$211,874; WARREN E. MOORE, \$163,203; RICHARD FREEMAN, \$169,815; THOMAS R. PERCELLO, \$37,492; PATRICK M. AHEARN, \$130,078; KIRK C. TICE, \$139,218; ANTHONY CAVA, \$135,997; MICHAEL PRILUTSKY, \$186,700; MARY ELLEN CLYNE, \$203,528; MATTHEW J. SCHREIBER, M.D., \$95,200; ERIC W. CARNEY, \$118,400; GREGORY ROKOSZ, M.D., \$96,666; RICHARD L. DAVIS, \$92,822; GAIL W. KOSYLA, \$71,500; NIKOLAŞ ALEXIADES, \$96,244; KENNETH GARAY, M.D., \$36,967; THOMAS HELEOTIS, M.D., \$74,843; DEANNA SPERLING, \$105,997; DOUGLAS A. ZEHNER, \$80,100; JOSEPH J. DOBOSH, JR., MBA, \$61,108; LINA SHIHABUDDIN, M.D., \$76,425; FRANK J. MAZZARELLA, M.D., \$63,108; PATRICK J. HAUGHEY, \$72,228; PETER P. BIHUNIAK, \$49,749; SETH D. ROSENBAUM, M.D., \$68,951; JOANNA P. ZIMMERMAN, \$2,167; ROBERT VALENTINE, \$112,635; JAMES ALEXANDER, \$62,558; MATTHEW B. McDONALD, M.D., \$10,985; SALVATORE MOFFA, M.D., \$58,670; CHARLES CHIANESE, MBA, \$9,748; CAROL ASH, D.O., \$55,989; JASON VIGLIAROLO, \$42,080 AND JEFFREY J. HOLT, MPA, \$21,875. VIGLIAROLO, \$42,080 AND JEFFREY J. HOLT, MPA, \$21,875.

SCHEDULE J, PART I; QUESTION 7

CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS

Schedule J (Form 990) 2019

**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.

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 AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN F FOR THE FOLLOWING INDIVIDUALS INCLUDES VESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) BECAUSE THE AMOUNT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THOSE 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: AMY B. MANSUE, \$250,579; JOSEPH F. SCOTT, FACHE, \$350,000; STEPHEN P. ZIENIEWICZ, FACHE, \$216,375; MICHAEL MIMOSO, \$473,267; FRANK J. VOZOS, M.D., FACS, \$179,400; WARREN E. MOORE, \$154,065; THOMAS R. PERCELLO, \$162,782; PATRICK M. AHEARN, \$73,884; GREGORY ROKOSZ, M.D., \$86,428; RICHARD L. DAVIS, \$82,214; THOMAS

**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

HELEOTIS, M.D., \$75,703; JOSEPH J. DOBOSH, JR., MBA, \$60,262; FRANK J.

MAZZARELLA, M.D., \$60,613; YESHAVANTH P. NAYAK, M.D., \$72,237; PETER P.

BIHUNIAK, \$165,205 AND CHARLES CHIANESE, MBA, \$33,230.



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

**Transactions With Interested Persons**

OMB No 1545-0047

**2019**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number

85-1296795

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

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

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. . . . . ▶ \$

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

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                               |                                    |                     | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
| (1)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (2)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (3)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (4)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (5)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (6)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (7)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (8)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (9)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (10)                          |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |

Total . . . . . ▶ \$

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

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

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

Schedule L (Form 990 or 990-EZ) 2019

Schedule L (Form 990 or 990-EZ) 2019

Page **2****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<br><br>ATTACHMENT 1 | (b) Relationship between<br>interested person and the<br>organization | (c) Amount of<br>transaction | (d) Description of transaction | (e) Sharing of<br>organization's<br>revenues? |    |
|---------------------------------------------------|-----------------------------------------------------------------------|------------------------------|--------------------------------|-----------------------------------------------|----|
|                                                   |                                                                       |                              |                                | Yes                                           | No |
| (1)                                               |                                                                       |                              |                                |                                               |    |
| (2)                                               |                                                                       |                              |                                |                                               |    |
| (3)                                               |                                                                       |                              |                                |                                               |    |
| (4)                                               |                                                                       |                              |                                |                                               |    |
| (5)                                               |                                                                       |                              |                                |                                               |    |
| (6)                                               |                                                                       |                              |                                |                                               |    |
| (7)                                               |                                                                       |                              |                                |                                               |    |
| (8)                                               |                                                                       |                              |                                |                                               |    |
| (9)                                               |                                                                       |                              |                                |                                               |    |
| (10)                                              |                                                                       |                              |                                |                                               |    |

**Part V Supplemental Information**

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

## SCHEDULE L, PART IV

DAVID SICKEL AND ROBERT SICKEL ARE TRUSTEES OF MONMOUTH MEDICAL CENTER.

MONMOUTH MEDICAL CENTER UTILIZED THE SERVICES OF THEIR COMPANY, PINE  
BELT ENTERPRISES, INC., DURING 2019. TOTAL FEES PAID BY MONMOUTH MEDICAL  
CENTER TO PINE BELT ENTERPRISES, INC. AMOUNTED TO \$110,273 IN 2019.  
SERVICES WERE RENDERED AT FAIR MARKET VALUE RATES PURSUANT TO ARM'S  
LENGTH NEGOTIATIONS.

KAREN M. SICILIANO A TRUSTEE OF MONMOUTH MEDICAL CENTER. MONMOUTH MEDICAL  
CENTER UTILIZED THE SERVICES OF HER COMPANY, SICILIANO LANDSCAPING,  
DURING 2019. TOTAL FEES PAID BY MONMOUTH MEDICAL CENTER TO SICILIANO  
LANDSCAPING AMOUNTED TO \$166,900 IN 2019. SERVICES WERE RENDERED AT FAIR  
MARKET VALUE RATES PURSUANT TO ARM'S LENGTH NEGOTIATIONS.

Schedule L (Form 990 or 990-EZ) 2019

Page **2****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)                           |                                                                 |                           |                                |                                         |    |
| (2)                           |                                                                 |                           |                                |                                         |    |
| (3)                           |                                                                 |                           |                                |                                         |    |
| (4)                           |                                                                 |                           |                                |                                         |    |
| (5)                           |                                                                 |                           |                                |                                         |    |
| (6)                           |                                                                 |                           |                                |                                         |    |
| (7)                           |                                                                 |                           |                                |                                         |    |
| (8)                           |                                                                 |                           |                                |                                         |    |
| (9)                           |                                                                 |                           |                                |                                         |    |
| (10)                          |                                                                 |                           |                                |                                         |    |

**Part V Supplemental Information**

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

ATTACHMENT 1

SCHEDULE L, PART IV

(A) NAME OF INTERESTED PERSON JERALD M MAZZARELLA  
 (B) RELATIONSHIP FAMILY MEMBER OF KEY EMPLOYEE  
 (C) AMOUNT 34,743  
 (D) DESCRIPTION OF TRANSACTION CLARA MAASS MED CTR EMPLOYEE  
 (E) SHARING ORGANIZATION REVENUE? YES X NO

(A) NAME OF INTERESTED PERSON LOURDES BRAUTIGAN  
 (B) RELATIONSHIP FAMILY MEMBER OF TRUSTEE  
 (C) AMOUNT 48,912  
 (D) DESCRIPTION OF TRANSACTION CLARA MAASS MED CTR EMPLOYEE  
 (E) SHARING ORGANIZATION REVENUE? YES X NO

(A) NAME OF INTERESTED PERSON KAREN B TORTORELLI  
 (B) RELATIONSHIP FAMILY MEMBER OF FORMER OFFICER  
 (C) AMOUNT 60,468  
 (D) DESCRIPTION OF TRANSACTION COMMUNITY MEDICAL CTR EMPLOYEE  
 (E) SHARING ORGANIZATION REVENUE? YES X NO

(A) NAME OF INTERESTED PERSON SHERYL LEE MCGINLEY  
 (B) RELATIONSHIP FAMILY MEMBER OF TRUSTEE  
 (C) AMOUNT 87,168.  
 (D) DESCRIPTION OF TRANSACTION COMMUNITY MEDICAL CTR EMPLOYEE  
 (E) SHARING ORGANIZATION REVENUE? YES X NO

(A) NAME OF INTERESTED PERSON SHARON A OTT  
 (B) RELATIONSHIP FAMILY MEMBER OF TRUSTEE  
 (C) AMOUNT 17,113.  
 (D) DESCRIPTION OF TRANSACTION COMMUNITY MEDICAL CTR EMPLOYEE  
 (E) SHARING ORGANIZATION REVENUE? YES X NO

**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)                           |                                                                 |                           |                                |                                         |    |
| (2)                           |                                                                 |                           |                                |                                         |    |
| (3)                           |                                                                 |                           |                                |                                         |    |
| (4)                           |                                                                 |                           |                                |                                         |    |
| (5)                           |                                                                 |                           |                                |                                         |    |
| (6)                           |                                                                 |                           |                                |                                         |    |
| (7)                           |                                                                 |                           |                                |                                         |    |
| (8)                           |                                                                 |                           |                                |                                         |    |
| (9)                           |                                                                 |                           |                                |                                         |    |
| (10)                          |                                                                 |                           |                                |                                         |    |

**Part V Supplemental Information**

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

ATTACHMENT 1 (CONT'D)

SCHEDULE L, PART IV

(A) NAME OF INTERESTED PERSON ERIN CARLY WINKELS  
 (B) RELATIONSHIP FAMILY MEMBER OF KEY EMPLOYEE  
 (C) AMOUNT 88,314  
 (D) DESCRIPTION OF TRANSACTION MONMOUTH MEDICAL CTR EMPLOYEE  
 (E) SHARING ORGANIZATION REVENUE? YES X NO

(A) NAME OF INTERESTED PERSON PINE BELT ENTERPRISES, INC  
 (B) RELATIONSHIP COMPANY TRUSTEES  
 (C) AMOUNT 110,273.  
 (D) DESCRIPTION OF TRANSACTION VEHICLE SERVICES  
 (E) SHARING ORGANIZATION REVENUE? YES X NO

(A) NAME OF INTERESTED PERSON SICILIANO LANDSCAPING  
 (B) RELATIONSHIP COMPANY - TRUSTEE  
 (C) AMOUNT 166,900  
 (D) DESCRIPTION OF TRANSACTION LANDSCAPING SERVICES  
 (E) SHARING ORGANIZATION REVENUE? YES X NO

(A) NAME OF INTERESTED PERSON KENNETH S TERRY  
 (B) RELATIONSHIP FAMILY MEMBER OF OFFICER  
 (C) AMOUNT 60,241.  
 (D) DESCRIPTION OF TRANSACTION NEWARK BETH ISRAEL MC EMPLOYEE  
 (E) SHARING ORGANIZATION REVENUE? YES X NO

(A) NAME OF INTERESTED PERSON AJ TERRY - PURYEAR  
 (B) RELATIONSHIP FAMILY MEMBER OF OFFICER  
 (C) AMOUNT 64,864  
 (D) DESCRIPTION OF TRANSACTION NEWARK BETH ISRAEL MC EMPLOYEE  
 (E) SHARING ORGANIZATION REVENUE? YES X NO

Schedule L (Form 990 or 990-EZ) 2019

Page **2****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)                           |                                                                 |                           |                                |                                         |    |
| (2)                           |                                                                 |                           |                                |                                         |    |
| (3)                           |                                                                 |                           |                                |                                         |    |
| (4)                           |                                                                 |                           |                                |                                         |    |
| (5)                           |                                                                 |                           |                                |                                         |    |
| (6)                           |                                                                 |                           |                                |                                         |    |
| (7)                           |                                                                 |                           |                                |                                         |    |
| (8)                           |                                                                 |                           |                                |                                         |    |
| (9)                           |                                                                 |                           |                                |                                         |    |
| (10)                          |                                                                 |                           |                                |                                         |    |

**Part V Supplemental Information**

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

ATTACHMENT 1 (CONT'D)

SCHEDULE L, PART IV

(A) NAME OF INTERESTED PERSON      GABRIELLE TERRY  
 (B) RELATIONSHIP                      FAMILY MEMBER OF OFFICER  
 (C) AMOUNT                              23,091  
 (D) DESCRIPTION OF TRANSACTION   NEWARK BETH ISRAEL MC EMPLOYEE  
 (E) SHARING ORGANIZATION REVENUE?   YES    X NO

(A) NAME OF INTERESTED PERSON      DONALD STOVEKEN  
 (B) RELATIONSHIP                      FAMILY MEMBER OF TRUSTEE  
 (C) AMOUNT                              32,668.  
 (D) DESCRIPTION OF TRANSACTION   RWJ UNIVERSITY HOSP EMPLOYEE  
 (E) SHARING ORGANIZATION REVENUE?   YES    X NO

(A) NAME OF INTERESTED PERSON      MARYLYN I. CAMPANELLA  
 (B) RELATIONSHIP                      FAMILY MEMBER OF TRUSTEE  
 (C) AMOUNT                              16,707  
 (D) DESCRIPTION OF TRANSACTION   RWJUH HAMILTON EMPLOYEE  
 (E) SHARING ORGANIZATION REVENUE?   YES    X NO

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number

85-1296795

**Part I Types of Property**

|                                                                              | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 1 Art - Works of art . . . . .                                               |                               |                                                        |                                                                                    |                                                              |
| 2 Art - Historical treasures . . . . .                                       |                               |                                                        |                                                                                    |                                                              |
| 3 Art - Fractional interests . . . . .                                       |                               |                                                        |                                                                                    |                                                              |
| 4 Books and publications . . . . .                                           |                               |                                                        |                                                                                    |                                                              |
| 5 Clothing and household<br>goods . . . . .                                  |                               |                                                        |                                                                                    |                                                              |
| 6 Cars and other vehicles. . . . .                                           |                               |                                                        |                                                                                    |                                                              |
| 7 Boats and planes . . . . .                                                 |                               |                                                        |                                                                                    |                                                              |
| 8 Intellectual property . . . . .                                            |                               |                                                        |                                                                                    |                                                              |
| 9 Securities - Publicly traded . . . . .                                     | X                             | 6.                                                     | 66,378.                                                                            | FAIR MARKET VALUE                                            |
| 10 Securities - Closely held stock . . . . .                                 |                               |                                                        |                                                                                    |                                                              |
| 11 Securities - Partnership, LLC,<br>or trust interests . . . . .            |                               |                                                        |                                                                                    |                                                              |
| 12 Securities - Miscellaneous . . . . .                                      |                               |                                                        |                                                                                    |                                                              |
| 13 Qualified conservation<br>contribution - Historic<br>structures . . . . . |                               |                                                        |                                                                                    |                                                              |
| 14 Qualified conservation<br>contribution - Other. . . . .                   |                               |                                                        |                                                                                    |                                                              |
| 15 Real estate - Residential . . . . .                                       |                               |                                                        |                                                                                    |                                                              |
| 16 Real estate - Commercial. . . . .                                         |                               |                                                        |                                                                                    |                                                              |
| 17 Real estate - Other . . . . .                                             |                               |                                                        |                                                                                    |                                                              |
| 18 Collectibles . . . . .                                                    |                               |                                                        |                                                                                    |                                                              |
| 19 Food inventory . . . . .                                                  |                               |                                                        |                                                                                    |                                                              |
| 20 Drugs and medical supplies . . . . .                                      |                               |                                                        |                                                                                    |                                                              |
| 21 Taxidermy. . . . .                                                        |                               |                                                        |                                                                                    |                                                              |
| 22 Historical artifacts. . . . .                                             |                               |                                                        |                                                                                    |                                                              |
| 23 Scientific specimens . . . . .                                            |                               |                                                        |                                                                                    |                                                              |
| 24 Archeological artifacts . . . . .                                         |                               |                                                        |                                                                                    |                                                              |
| 25 Other ▶ ( ) . . . . .                                                     |                               |                                                        |                                                                                    |                                                              |
| 26 Other ▶ ( ) . . . . .                                                     |                               |                                                        |                                                                                    |                                                              |
| 27 Other ▶ ( ) . . . . .                                                     |                               |                                                        |                                                                                    |                                                              |
| 28 Other ▶ ( ) . . . . .                                                     |                               |                                                        |                                                                                    |                                                              |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .

|     | Yes | No |
|-----|-----|----|
| 30a |     | X  |

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .

|    |   |  |
|----|---|--|
| 31 | X |  |
|----|---|--|

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

|     |   |  |
|-----|---|--|
| 32a | X |  |
|-----|---|--|

b If "Yes," describe in Part II

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

|    |  |  |
|----|--|--|
| 33 |  |  |
|----|--|--|

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

Schedule M (Form 990) 2019

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**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I; QUESTION 32A

THE ORGANIZATION HIRES INDEPENDENT THIRD-PARTIES TO SELL NON-CASH CONTRIBUTIONS IT RECEIVES; IF THE ORGANIZATION DECIDES NOT TO RETAIN THE ITEM(S). THE ORGANIZATION PAYS FAIR MARKET VALUE RATES AND COMMISSIONS IN THESE INSTANCES. FOR ANY GIFTS OF STOCK THE ORGANIZATION'S POLICY IS TO SELL IT IMMEDIATELY FOLLOWING RECEIPT.

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number

85-1296795

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

OUTLINED BELOW IS THE PROGRAM SERVICE REVENUE IN THE AMOUNT OF

\$5,022,978,615 REFLECTED ON CORE FORM, PART I, LINE 9, BY ORGANIZATION

INCLUDED IN THIS CONSOLIDATED GROUP FORM 990:

- CHILDREN'S SPECIALIZED HOSPITAL (FEID: 22-1487148)

150 NEW PROVIDENCE ROAD

MOUNTAINSIDE, NJ 07092

PROGRAM SERVICE REVENUE - \$139,088,179

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

ONE CLARA MAASS DRIVE

BELLEVILLE, NJ 07109

PROGRAM SERVICE REVENUE - \$261,777,688

- COMMUNITY MEDICAL CENTER (FEID: 22-3452306)

99 HIGHWAY 37 WEST

TOMS, RIVER, NJ 08755

PROGRAM SERVICE REVENUE - \$392,882,854

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

355 GRAND STREET

JERSEY CITY, NJ 07302



Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

PROGRAM SERVICE REVENUE - \$385,713,080

- MONMOUTH MEDICAL CENTER (FEID: 22-3452412)

(INCLUDES MONMOUTH MEDICAL CENTER - SOUTHERN CAMPUS)

300 SECOND AVENUE

LONG BRANCH, NJ 07740

PROGRAM SERVICE REVENUE - \$547,182,378

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

201 LYONS AVENUE

NEWARK, NJ 07112

PROGRAM SERVICE REVENUE - \$645,736,691

- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL (FEID: 22-1487243)

(INCLUDES ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL SOMERSET)

ONE ROBERT WOOD JOHNSON PLACE

NEW BRUNSWICK, NJ 08901

PROGRAM SERVICE REVENUE - \$1,431,293,739

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

ONE HAMILTON HEALTH PLACE

HAMILTON, NJ 08690

PROGRAM SERVICE REVENUE - \$193,492,602

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

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number

85-1296795

865 STONE STREET

RAHWAY, NJ 07065

PROGRAM SERVICE REVENUE - \$112,943,484

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

1691 ROUTE 9

TOMS RIVER, NJ 08754

PROGRAM SERVICE REVENUE - \$12,742,680

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

94 OLD SHORT HILLS ROAD

LIVINGSTON, NJ 07039

PROGRAM SERVICE REVENUE - \$900,125,240

## CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

RWJ BARNABAS HEALTH, INC. ("RWJ BH") IS A NOT-FOR-PROFIT HEALTHCARE ORGANIZATION WITH CORPORATE OFFICES IN WEST ORANGE, NEW JERSEY. RWJ BH IS THE SOLE CORPORATE MEMBER OF VARIOUS HEALTHCARE-RELATED ORGANIZATIONS, THE MAJORITY OF WHICH ARE TAX-EXEMPT ENTITIES. THE INTERNAL REVENUE SERVICE ("IRS") HAS RECOGNIZED RWJ BH AS BEING A TAX-EXEMPT ORGANIZATION UNDER INTERNAL REVENUE CODE ("IRC") SECTION 501(C)(3).

RWJ BH WAS FORMED WITH THE MERGER OF BARNABAS HEALTH INC. ("BH"), THE PARENT OF THE BARNABAS HEALTH SYSTEM ("BARNABAS HEALTH"), AND ROBERT WOOD JOHNSON HEALTH CARE CORPORATION ("RWJHCC"), THE PARENT OF THE FORMER

Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

ROBERT WOOD JOHNSON HEALTH SYSTEM ("RWJHS"). THE DEFINITIVE AGREEMENT SIGNED ON JULY 14, 2015, OUTLINED THE COMBINATION OF THESE TWO LEADING HEALTH SYSTEMS AND CREATED THE LARGEST AND MOST COMPREHENSIVE HEALTHCARE DELIVERY SYSTEM IN THE STATE OF NEW JERSEY AND ONE OF THE LARGEST IN THE NATION - RWJBARNABAS HEALTH ("RWJBH"). THE TRANSACTION (HEREINAFTER REFERRED TO AS THE "MERGER") SUCCESSFULLY COMPLETED FEDERAL AND STATE REVIEW IN MARCH 2016, AND THE TRANSACTION CLOSED OPERATIONALLY ON APRIL 1, 2016.

THE BACKGROUND OF BH INCLUDES ITS FORMATION IN JUNE 1996, WHEN SIX NEW JERSEY HOSPITALS AND THEIR AFFILIATES JOINED SAINT BARNABAS MEDICAL CENTER AND UNION HOSPITAL ("UNION"), WHICH HAD AFFILIATED IN 1993. THE SIX HOSPITALS INCLUDED: COMMUNITY MEDICAL CENTER, INC. AND KIMBALL MEDICAL CENTER, INC., WHICH HAD AFFILIATED IN 1993 TO FORM THE COMMUNITY/KIMBALL HEALTH CARE SYSTEM; NEWARK BETH ISRAEL MEDICAL CENTER, INC. AND IRVINGTON GENERAL HOSPITAL, INC. ("IRVINGTON"), AFFILIATES OF EACH OTHER SINCE 1991; MONMOUTH MEDICAL CENTER, INC.; AND WAYNE GENERAL HOSPITAL CORP. ("WAYNE"). IN JANUARY 1997, WEST HUDSON HOSPITAL ASSOCIATION, INC. ("WEST HUDSON") JOINED BARNABAS HEALTH, FOLLOWED BY CLARA MAASS MEDICAL CENTER IN DECEMBER 1997. BARNABAS HEALTH SUBSEQUENTLY DIVESTED WAYNE, CLOSED WEST HUDSON, IRVINGTON, AND UNION AND CONSOLIDATED THEIR OPERATIONS INTO OTHER SYSTEM FACILITIES. MOST RECENTLY, JERSEY CITY MEDICAL CENTER JOINED BH IN 2014.

THE BACKGROUND OF RWJHCC INCLUDES ITS 1984 FORMATION TO PROMOTE, SUPPORT

Name of the organization

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RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

AND FURTHER THE CHARITABLE PURPOSES OF THE ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AND OTHER AFFILIATED AND RELATED NON-PROFIT HEALTH CARE ORGANIZATIONS. RWJHS THEN EXPANDED TO INCLUDE ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY, CHILDREN'S SPECIALIZED HOSPITAL, SOMERSET MEDICAL CENTER, AND OTHER HEALTHCARE RELATED VENTURES.

NOW RWJBH IS THE LARGEST MULTI-HOSPITAL SYSTEM IN NEW JERSEY AND CONTINUES TO PROVIDE SUBSTANTIAL COMMUNITY BENEFIT AS WAS PREVIOUSLY PROVIDED BY ITS FORMATIVE HEALTH SYSTEMS, BH AND RWJHCC. RWJBH ENTITIES PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY. MOREOVER, RWJBH ENTITIES PROVIDE HEALTHCARE SERVICES TO PATIENTS WHO MEET CERTAIN CRITERIA DEFINED BY THE NEW JERSEY DEPARTMENT OF HEALTH WITHOUT CHARGE OR AT AMOUNTS LESS THAN ESTABLISHED RATES. RWJBH MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE AMOUNT OF CHARITY CARE IT PROVIDES. THESE RECORDS INCLUDE THE AMOUNT OF CHARGES FOREGONE FOR SERVICES AND SUPPLIES FURNISHED UNDER ITS CHARITY CARE POLICY.

RWJBH IS NEW JERSEY'S SECOND LARGEST PRIVATE EMPLOYER - WITH APPROXIMATELY 35,000 EMPLOYEES, NEARLY 7,300 INDIVIDUAL PHYSICIANS ON THE COMBINED MEDICAL STAFFS (OF WHICH, IN EXCESS OF 1,300 ARE EMPLOYED), AND OVER 1,000 RESIDENTS AND INTERNS. RWJBH ROUTINELY CAPTURES NATIONAL AWARDS FOR OUTSTANDING QUALITY AND SAFETY. THE COMBINED SYSTEM HAS ANNUAL OPERATING REVENUES IN EXCESS OF \$5 BILLION AND TREATS OVER THREE MILLION

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

PATIENTS EACH YEAR WITH OVER 192,500 INPATIENT ADMISSIONS,) OVER TWO MILLION OUTPATIENT VISITS (INCLUDING OVER 619,200 EMERGENCY DEPARTMENT VISITS AND NEARLY 24,000 NEWBORN AND NEONATAL ADMISSIONS. RWJBH'S COMPOSITION INCLUDES 11 ACUTE CARE HOSPITALS, THREE ACUTE CARE CHILDREN'S HOSPITALS, A LEADING PEDIATRIC REHABILITATION HOSPITAL, A FREESTANDING ACUTE BEHAVIORAL HEALTH HOSPITAL, A CLINICALLY INTEGRATED NETWORK OF AMBULATORY CARE CENTERS, TWO TRAUMA CENTERS, A SATELLITE EMERGENCY DEPARTMENT, GERIATRIC CENTERS, THE STATE'S LARGEST BEHAVIORAL HEALTH NETWORK, AMBULATORY SURGERY CENTERS, COMPREHENSIVE HOME CARE AND HOSPICE PROGRAMS, FITNESS AND WELLNESS CENTERS, RETAIL PHARMACY SERVICES, MEDICAL GROUPS, DIAGNOSTIC IMAGING CENTERS, COLLABORATIVE ACCOUNTABLE CARE AND AN ACCOUNTABLE CARE ORGANIZATION.

RWJBH - CREATED WITH A STRONG FOUNDATION OF SHARED CULTURES AND CORE VALUES - PROVIDES OPPORTUNITY TO IMPROVE THE HEALTH AND PROMOTE WELLNESS OF COMMUNITIES THROUGHOUT NEW JERSEY. THE SYSTEM'S GEOGRAPHIC COVERAGE SPANS THE GREATER HUDSON, ESSEX, UNION, MIDDLESEX, MERCER, SOMERSET, MONMOUTH AND OCEAN COUNTIES AND ENCOMPASSES THE POPULATION CENTERS OF THE STATE SERVING IN EXCESS OF FIVE MILLION RESIDENTS. THROUGH SHARING OF RESOURCES, BEST PRACTICES, AS WELL AS ECONOMIES GAINED THROUGH CONSOLIDATION OF SUPPORT SERVICES, RWJBH PROMOTES THE HIGHEST QUALITY HEALTHCARE DELIVERY AND GREATER LEVELS OF EFFICIENCY.

IN 2018, RWJBH ANNOUNCED WITH RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY, THE OFFICIAL LAUNCH OF THEIR PUBLIC-PRIVATE PARTNERSHIP TO

Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

JOINTLY OPERATE A WORLD-CLASS ACADEMIC HEALTH SYSTEM DEDICATED TO LIFE-CHANGING RESEARCH, CLINICAL TRAINING OF TOMORROW'S WORKFORCE, AND HIGH-QUALITY HEALTHCARE FOR ALL. THIS PLANNED COLLABORATION REPRESENTS A SIGNIFICANT STEP FORWARD TO IMPROVE ACCESS TO CARE AND REDUCE THE HEALTH DISPARITIES THAT IMPACT OUR STATE. THE PARTIES HAVE A SHARED BELIEF THAT WHILE BOTH ORGANIZATIONS ARE STRONG LEADERS IN OUR RESPECTIVE FIELDS, TOGETHER THEY ARE BETTER POISED TO TRANSFORM HEALTH CARE IN NEW JERSEY AND DRIVE INNOVATIONS THAT WILL IMPROVE OUTCOMES ACROSS THE COUNTRY. THE COLLABORATION ALSO ALIGNS EDUCATION, RESEARCH, AND CLINICAL ACTIVITIES, INCLUDING THOSE AT THE RUTGERS CANCER INSTITUTE OF NEW JERSEY - THE STATE'S ONLY NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CANCER CENTER - AND RUTGERS UNIVERSITY BEHAVIORAL HEALTH CARE. BY WORKING TOGETHER, THESE TWO HIGHER EDUCATION AND HEALTH CARE INDUSTRY LEADERS WILL ENHANCE RESEARCH, MEDICAL AND HEALTH PROFESSIONAL EDUCATION, IMPROVE ACCESS TO CARE, AND REDUCE HEALTH DISPARITIES IN NEW JERSEY.

RWJBH VISION AND MISSION

=====

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

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

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

RWJBH'S STRATEGIC PRIORITIES INCLUDE: PREPARING FOR POPULATION MANAGEMENT AND TO MAXIMIZE ECONOMIES OF SCALE; EXPANDING OUTPATIENT SERVICES; DEVELOPING A STRONG PHYSICIAN ALIGNMENT; TAKING FINANCIAL RESPONSIBILITY AND CLINICAL ACCOUNTABILITY FOR THE POPULATIONS WE SERVE; AND REENGINEERING OUR FACILITIES AND SERVICES TO DELIVER CARE FOR THE FUTURE.

TOGETHER, AS THE STATE'S MOST COMPREHENSIVE ACADEMIC HEALTH SYSTEM, RWJBH IS A STRONGER ORGANIZATION AND IS BETTER POSITIONED TO ACHIEVE OUR VISION OF IMPROVING THE HEALTH OF THE POPULATIONS WE SERVE THROUGHOUT NEW JERSEY. BY INTEGRATING OUR SYSTEMS, WE HAVE CREATED A STATEWIDE NETWORK SPANNING NEW JERSEY AND COVERING ABOUT 5 MILLION RESIDENTS. THIS MEANS WE WILL HAVE THE TREMENDOUS OPPORTUNITY TO REACH MORE THAN HALF THE STATE'S POPULATION WITH HIGH-QUALITY, CULTURALLY COMPETENT CARE.

AS ONE INTEGRATED HEALTH SYSTEM, RWJBH WILL:

- ADVANCE THE OVERALL HEALTH OF THE POPULATIONS WE SERVE;

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

- CONTINUOUSLY IMPROVE THE QUALITY OF CARE WE PROVIDE;
- COLLABORATE WITH PHYSICIANS FOR A CLOSELY COORDINATED CONTINUUM OF CARE;
- CONTRIBUTE TO THE LOCAL, REGIONAL AND STATE ECONOMIES BY REMAINING A MAJOR EMPLOYER IN OUR COMMUNITIES;
- FOCUS ON THE WELL-BEING OF THE DIVERSE COMMUNITIES WE SERVE WITH A CONTINUED COMMITMENT TO HIGH-QUALITY, CULTURALLY COMPETENT CARE;
- FOSTER AND SUPPORT A MISSION OF ACADEMIC EXCELLENCE, INCLUDING A COMMITMENT TO LEADING-EDGE RESEARCH AND CLINICAL TRIALS AND TEACHING THE NEXT GENERATION OF HEALTH CARE WORKERS; AND
- INNOVATE AND TRANSFORM SERVICES TO EFFICIENTLY AND EFFECTIVELY BEST MEET THE NEEDS OF THE POPULATIONS WE SERVE.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

SOCIAL IMPACT AND COMMUNITY INVESTMENT

-----

RWJBH LAUNCHED IN 2017 A NEW "SOCIAL IMPACT AND COMMUNITY INVESTMENT PRACTICE" OR "SICI" TO HELP SUPPORT THE MORE FRAGILE COMMUNITIES, TO AVERT ILLNESS AND TO MAKE POSITIVE LIFESTYLE CHOICES. WHILE THIS ENDEAVOR TO ELICIT TRUE CHANGE WILL TAKE YEARS TO ACCOMPLISH, RWJBH IS COMMITTED TO PRODUCE A POSITIVE CHANGE FOR THE COMMUNITIES IT SERVES.

THIS ORGANIZATIONAL PILLAR INITIATIVE LEVERAGES THE SYSTEM'S RANGE OF ASSETS TO ADVANCE A CULTURE OF HEALTH AND LIFT THE QUALITY OF LIFE IN NEW



|                                          |                                |
|------------------------------------------|--------------------------------|
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JERSEY COMMUNITIES. WITH A PROGRAMMATIC EMPHASIS ON ENSURING HEALTH EQUITY, THE PRACTICE SPEARHEADS INNOVATIVE, COLLABORATIVE SOCIAL IMPACT AND EXTERNAL AFFAIRS INITIATIVES THAT ADDRESS THE SOCIAL, ECONOMIC, AND ENVIRONMENTAL CONDITIONS THAT HAVE A SIGNIFICANT IMPACT ON HEALTH OUTCOMES.

RWJBH RECOGNIZES THAT COLLABORATION AND PARTNERSHIP ARE THE CORNERSTONE TO SUCCESSFULLY TRANSFORMING TO IMPACT COMMUNITY HEALTH STATUS IN A MEANINGFUL AND SIGNIFICANT WAY. ONE INITIATIVE TO SUPPORT LOCAL HIRING IN BETTER-PAYING JOBS, RWJBH, AND ITS LOCAL HOSPITAL, NEWARK BETH ISRAEL MEDICAL CENTER, PARTNERED WITH THE CITY OF NEWARK TO OFFER CLASSES THAT TEACH LOCAL RESIDENTS "SOFT SKILLS" SUCH AS GAINING THE MATH KNOWLEDGE NEEDED TO PASS REQUIRED TESTS FOR LOCAL UTILITY COMPANY JOBS. OTHER INITIATIVES FOCUS ON SUPPORTING LOCAL BUSINESSES, INCREASING FOOD/HOUSING SECURITY AND ADDRESSING OTHER SOCIAL DETERMINANTS OF HEALTH BARRIERS. THE FIVE INTERVENTION AREAS IDENTIFIED BY SICI ARE:

1. EDUCATION, INCLUDING EARLY CHILDHOOD DEVELOPMENT, FAMILY HEALTH LITERACY AND PARENTING EDUCATION;
2. ECONOMIC STABILITY, INCLUDING FOOD SECURITY AND YOUTH WORKFORCE DEVELOPMENT;
3. NEIGHBORHOOD AND BUILT ENVIRONMENT INCLUDING HOMELESSNESS PREVENTION, VIOLENCE PREVENTION AND SOBER LIVING;
4. GLOBAL HEALTH INCLUDING BOTH INTERNATIONAL AND DOMESTIC OUTREACH; AND
5. EMPLOYEE ENGAGEMENT AND VOLUNTEERISM, INCLUDING SKILLS-BASED

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VOLUNTEERISM AND SERVICE RALLIES.

THE SOCIAL IMPACT AND COMMUNITY INVESTMENT PRACTICE EMPLOYS ACTION RESEARCH TO CONTINUALLY EVALUATE THE EFFECTIVENESS OF OUR WORK AND INITIATIVES. THE RESEARCH FEEDBACK LOOP PROVIDES THE PRACTICE AND THE SYSTEM WITH A CONTINUAL INFORMATION RESOURCE THAT SERVES TO FACILITATE LEARNING AND INTERVENTIONS IMPROVEMENTS. IN THE END, WE ARE LOOKING FOR IMPROVED HEALTH AS WELL AS IMPROVEMENTS IN THE SOCIAL, ECONOMIC, AND ENVIRONMENTAL FACTORS THAT CONTRIBUTE TO HEALTH.

THE HEALTHCARE ANCHOR NETWORK

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RWJBH'S STRATEGIC PILLAR FOCUSED ON SOCIAL IMPACT AND COMMUNITY INVESTMENT LED TO BECOMING A FOUNDING MEMBER OF THE HEALTHCARE ANCHOR NETWORK ALONG WITH ADVOCATE HEALTH CARE, CATHOLIC HEALTH INITIATIVES, DIGNITY HEALTH, HENRY FORD HEALTH SYSTEM, KAISER PERMANENTE, PROMEDICA, PROVIDENCE ST. JOSEPH HEALTH, RUSH UNIVERSITY MEDICAL CENTER, TRINITY HEALTH, AND UMASS MEMORIAL HEALTH CARE. TODAY, MORE THAN 45 HOSPITALS AND HEALTH SYSTEMS ARE NETWORK MEMBERS.

THIS NETWORK WAS FORMED IN DECEMBER 2016, WHEN LEADERS FROM 40 HEALTH SYSTEMS ACROSS THE U.S. GATHERED IN WASHINGTON, DC TO EXPLORE HOW THEIR SYSTEMS COULD MORE FULLY HARNESS THEIR ECONOMIC POWER TO INCLUSIVELY AND SUSTAINABLY BENEFIT THE LONG-TERM HEALTH AND WELL-BEING OF THE

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COMMUNITIES THEY SERVE. THIS CONVENING LED TO THE LAUNCH OF THE  
HEALTHCARE ANCHOR NETWORK IN MAY 2017, REPRESENTING A CRITICAL MILESTONE  
IN MOBILIZING THE HEALTHCARE SECTOR TOWARDS ACTION AND COLLABORATION.

THE HEALTHCARE ANCHOR NETWORK HELPS PARTICIPANTS TO MORE RAPIDLY AND  
EFFECTIVELY ADVANCE AN ANCHOR MISSION APPROACH WITHIN THEIR HEALTH  
INSTITUTIONS, THE COMMUNITIES THEY SERVE, AND ACROSS THE HEALTHCARE  
SECTOR. THE LONG-TERM GOAL OF THE NETWORK IS TO REACH A CRITICAL MASS OF  
HEALTH SYSTEMS ADOPTING AS AN INSTITUTIONAL PRIORITY TO IMPROVE COMMUNITY  
HEALTH AND WELL-BEING BY LEVERAGING ALL THEIR ASSETS, INCLUDING HIRING,  
PURCHASING, AND INVESTMENT FOR EQUITABLE, LOCAL ECONOMIC IMPACT. BY DOING  
SO, WE CAN POWERFULLY IMPACT THE UPSTREAM DETERMINANTS OF HEALTH AND HELP  
BUILD INCLUSIVE AND SUSTAINABLE LOCAL ECONOMIES.

THE ANCHOR NETWORK IS SUPPORTED THROUGH A BACKBONE ORGANIZATION (THE  
DEMOCRACY COLLABORATIVE, WITH SUPPORT FROM CO-CREATIVE CONSULTING). ON  
NOVEMBER 6, 2019 - FOURTEEN HOSPITALS AND HEALTH SYSTEMS, INCLUDING  
RWJBH, ANNOUNCED A COMMITMENT OF OVER \$700 MILLION FOR PLACE-BASED  
INVESTING TO CREATE STRONG AND HEALTHY COMMUNITIES. THESE INSTITUTIONS  
INCLUDE NATIONAL AND REGIONAL HEALTH SYSTEMS AND SOME OF THE LARGEST  
PRIVATE SECTOR EMPLOYERS IN THEIR STATES AND REGIONS.

"AT RWJBARNABAS HEALTH, OUR MISSION IS TO CREATE HEALTHIER COMMUNITIES,"  
SAID BARRY H. OSTROWSKY, PRESIDENT AND CHIEF EXECUTIVE OFFICER FOR RWJBH.  
"AS AN ANCHOR INSTITUTION, WE HAVE A MORAL OBLIGATION TO ADDRESS THE

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SOCIAL AND ECONOMIC INEQUALITIES THAT PLAGUE OUR NEIGHBORS, PARTICULARLY THOSE WHO ARE MOST VULNERABLE. WE HAVE INCORPORATED INTENTIONAL HIRING PRACTICES, PURCHASING AND PLACE-BASED INVESTMENT TO SPUR GROWTH AND STIMULATE LOCAL ECONOMIES. COLLABORATIONS WITH INCREDIBLE ORGANIZATIONS SUCH AS THE HEALTHCARE ANCHOR NETWORK AND ITS NATIONAL PARTNERS ENABLE US TO COLLECTIVELY IMPROVE HEALTH OUTCOMES, PROMOTE HEALTH EQUITY, AND ELIMINATE HEALTHCARE DISPARITIES FOR PEOPLE IN THE COMMUNITIES WE SERVE AND BEYOND."

LEADING MEDICAL AND HEALTH SERVICES

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RWJBH, AS A LEADING HEALTH, EDUCATION, RESEARCH AND WELLNESS PROVIDER, IS ABLE TO EXTEND ACCESS TO THE MANY NATIONALLY AND REGIONALLY RECOGNIZED SERVICES AND FACILITIES TO ITS COMMUNITIES INCLUDING A FEW LISTED IN THE FOLLOWING SECTION.

- NEW JERSEY'S ONLY CERTIFIED BURN TREATMENT FACILITY AND ONE OF THE LARGEST IN THE U.S. THAT TREATS MORE THAN 400 PATIENTS ANNUALLY.
- COMPREHENSIVE CARDIAC SURGERY SERVICES FOR ADULTS AND CHILDREN INCLUDING THE STATE'S OLDEST AND MOST EXPERIENCED HEART TRANSPLANT PROGRAM AT NEWARK BETH ISRAEL MEDICAL CENTER THAT HAS PERFORMED OVER 1080 HEART TRANSPLANTS. THIS HEART CENTER ALONG WITH ITS AFFILIATE PROGRAMS AT SAINT BARNABAS MEDICAL CENTER, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, AND JERSEY CITY MEDICAL CENTER PERFORMED OVER 2,400 OPEN HEART PROCEDURES

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IN 2019.

- LEADING REGIONAL KIDNEY TRANSPLANT CENTERS INCLUDING A CENTER THAT RANKS IN THE TOP 3 OF 240 CENTERS IN THE NATION BY 2019 LIVING DONOR TRANSPLANT VOLUMES AND THE 7TH LARGEST TRANSPLANT CENTER IN THE U.S. -- THE PROGRAM PERFORMED THE FIRST LAPAROSCOPIC KIDNEY RETRIEVAL IN A LIVING DONOR AND THE FIRST ROBOTIC KIDNEY TRANSPLANT SURGERY IN THE WORLD.
- NEW JERSEY'S ONLY LUNG TRANSPLANT PROGRAM.
- LEVEL I AND LEVEL II TRAUMA CENTERS AND THE STATE'S ONLY PEDIATRIC TRAUMA CENTER.
- VALERIE FUND CHILDREN'S CENTERS FOR CANCER AND BLOOD DISORDERS.
- THE INSTITUTE FOR REPRODUCTIVE MEDICINE AND SCIENCE.
- NATIONALLY RECOGNIZED GERIATRIC SERVICES.
- COMPREHENSIVE CANCER SERVICES AND RESEARCH; PROVIDING STATE-OF-THE ART TREATMENT INCLUDING:
  - THE FLAGSHIP HOSPITAL OF RUTGERS CANCER INSTITUTE OF NEW JERSEY ("CINJ"), NEW JERSEY'S ONLY NATIONAL CANCER INSTITUTE ("NCI") DESIGNATED COMPREHENSIVE CANCER CENTER AND ONE OF ONLY 43 NCI DESIGNATED CENTERS IN THE NATION;
  - THE JACQUELINE M. WILENTZ COMPREHENSIVE BREAST CENTER AND A REGIONAL BREAST SURGICAL PROGRAM OF WOMEN PHYSICIANS;
  - COMPREHENSIVE BREAST CENTER AT THE BARNABAS HEALTH AMBULATORY CARE CENTER; HIGHEST NUMBER OF MAMMOGRAMS AND BREAST IMAGING EXAMS ANNUALLY IN THE REGION AND ONE OF THE HIGHEST IN THE U.S; AND
  - ADVANCED RADIATION ONCOLOGY INCLUDING PROTON THERAPY, CYBERKNIFE,

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GAMMAKNIFE, AND TOMOTHERAPY.

- RENOWNED NEUROLOGY AND NEUROSURGERY PROGRAMS INCLUDING A SPECIALIZED EPILEPSY CENTER DESIGNATED LEVEL 4 FOR ADULTS AND CHILDREN; TWO STATE-ACCREDITED COMPREHENSIVE STROKE CENTERS AND NINE STATE-ACCREDITED PRIMARY STROKE CENTERS.

- COMPREHENSIVE WOMEN'S AND CHILDREN'S SERVICES, INCLUDING:

- THE UNTERBERG CHILDREN'S HOSPITAL AT MONMOUTH MEDICAL CENTER, CHILDREN'S HOSPITAL OF NEW JERSEY AT NEWARK BETH ISRAEL MEDICAL CENTER; THE PSE&G CHILDREN'S SPECIALIZED HOSPITAL AND THE BRISTOL-MYERS SQUIBB CHILDREN'S HOSPITAL AT ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL; AND

- FIVE REGIONAL PERINATAL CENTERS WITH THE HIGHEST LEVEL NEONATAL INTENSIVE CARE UNITS AND THREE COMMUNITY PERINATAL CENTERS WITH INTERMEDIATE NEONATAL SERVICES.

- SKILLED NURSING FACILITIES.

- A COMPREHENSIVE AMBULATORY CARE NETWORK OF PHYSICIAN SERVICES, AMBULATORY SURGERY CENTERS, IMAGING CENTERS, FITNESS AND WELLNESS CENTERS, SPORT PERFORMANCE CENTERS, RETAIL PHARMACIES, URGENT CARE CENTER, HOME HEALTH AND HOSPICE SERVICES.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

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THROUGH ENHANCED SYNERGIES, RWJBH IS DEVELOPING ADDITIONAL "CENTERS OF EXCELLENCE" AND SERVICES TO IMPROVE SERVICES, PROMOTE WELLNESS AND ENHANCE PERFORMANCE EXCELLENCE. RWJBH AND RUTGERS UNIVERSITY OPENED A NEW MULTI-SPORT TRAINING FACILITY IN SEPTEMBER 2019. THE RWJBARNABAS HEALTH ATHLETIC PERFORMANCE CENTER IS A 307,000-SQUARE FOOT, FOUR STORY, STATE-OF-THE-ART FACILITY HOUSING A HIGHLY SOPHISTICATED SPORTS MEDICINE TREATMENT AND REHABILITATION CENTER. IT IS THE PROMISE OF THE NEW AND UNIQUE PARTNERSHIP TO BRING WORLD-CLASS SPORTS MEDICINE TO RUTGERS ATHLETES, STUDENTS AND FACULTY, AND THE COMMUNITIES THROUGHOUT NEW JERSEY. THROUGH THIS PARTNERSHIP, RWJBH IS THE EXCLUSIVE HEALTHCARE PROVIDER FOR RUTGERS UNIVERSITY AND RUTGERS ATHLETICS. THE VISION FOR RWJBH IS TO FORMULATE A BEST-IN-CLASS SPORTS MEDICINE AND ORTHOPEDICS PROGRAM WITH THE GOAL OF REPLICATING THIS MODEL AT OTHER SATELLITE LOCATIONS IN NEW JERSEY.

GRADUATE MEDICAL EDUCATION AND OTHER EDUCATION PROGRAMS

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RWJBH RECOGNIZES THE IMPORTANT RESPONSIBILITY IT HAS AND CONTRIBUTION IT CONTINUES TO MAKE TO THE COMMUNITY IN HELPING TO TRAIN TOMORROW'S HEALTHCARE PROVIDERS SO THAT NEW JERSEY CITIZENS CONTINUE TO RECEIVE OUTSTANDING CLINICAL CARE. MULTIDISCIPLINARY EDUCATION IS IMPORTANT IN THE CLINICAL DOMAIN SINCE THE CARE OF PATIENTS DEPENDS ON SO MANY MEMBERS OF THE MULTIDISCIPLINARY TEAM. THE MEDICAL EDUCATION PROGRAMS WITHIN THE SYSTEM INCLUDE UNDERGRADUATE MEDICAL EDUCATION, GRADUATE MEDICAL

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EDUCATION, CONTINUING MEDICAL EDUCATION AND ALLIED HEALTH PROFESSIONS  
EDUCATION. GRADUATE MEDICAL EDUCATION PROGRAMS ARE SPONSORED BY THE FOUR  
TEACHING INSTITUTIONS AND TAKES PLACE AT FIVE INSTITUTIONS AFFILIATED  
WITH THE SYSTEM: JERSEY CITY MEDICAL CENTER, MONMOUTH MEDICAL CENTER,  
NEWARK BETH ISRAEL MEDICAL CENTER, ROBERT WOOD JOHNSON UNIVERSITY  
HOSPITAL AND SAINT BARNABAS MEDICAL CENTER.

AT THE UNDERGRADUATE LEVEL FOR 2019, WE HAD MAJOR AFFILIATIONS WITH TWO  
MEDICAL SCHOOLS. THE SYSTEM IS A MAJOR CLINICAL CAMPUS FOR MEDICAL  
STUDENTS FROM RUTGERS-NEW JERSEY MEDICAL SCHOOL (NEWARK, NJ) AS WELL AS  
RUTGERS ROBERT WOOD JOHNSON MEDICAL SCHOOL. CLINICAL RESEARCH AND PUBLIC  
HEALTH ISSUES ARE AN INTEGRAL PART OF OUR EDUCATION MISSION. THE MEDICAL  
STUDENTS OBTAIN TRAINING FOR BOTH REQUIRED AND ELECTIVE ROTATIONS IN OUR  
FACILITIES.

FOR GRADUATE MEDICAL EDUCATION, OUR FIVE TEACHING HOSPITALS HOST MORE  
THAN 1000 RESIDENTS AND FELLOWS IN SPECIALTY TRAINING. RESIDENCY PROGRAMS  
ARE PROVIDED IN MOST MAJOR SPECIALTIES AND SUBSPECIALTIES INCLUDING  
RESIDENCY PROGRAMS IN INTERNAL MEDICINE, PEDIATRICS, COMBINED INTERNAL  
MEDICINE/PEDIATRICS, OBSTETRICS/GYNECOLOGY, GENERAL SURGERY, ORTHOPEDIC  
SURGERY, NEUROSURGERY, DIAGNOSTIC RADIOLOGY, ANESTHESIOLOGY, PATHOLOGY,  
DENTISTRY, PODIATRIC SURGERY, EMERGENCY MEDICINE AND  
OTORHINOLARYNGOLOGY/FACIAL PLASTIC SURGERY. FELLOWSHIP PROGRAMS ARE  
PROVIDED IN THE FOLLOWING SUBSPECIALTIES OF INTERNAL MEDICINE: FAMILY  
MEDICINE, PRIMARY CARE, SPORTS MEDICINE, NEPHROLOGY, HEMATOLOGY/ONCOLOGY,



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CARDIOLOGY, INTERVENTIONAL CARDIOLOGY, CARDIAC ELECTROPHYSIOLOGY, ADVANCED HEART FAILURE AND TRANSPLANTATION, PULMONARY/CRITICAL CARE MEDICINE, AND INFECTIOUS DISEASES. OTHER FELLOWSHIP PROGRAMS INCLUDE VASCULAR SURGERY, MAMMOGRAPHY, AND PEDIATRIC EMERGENCY MEDICINE. IT SHOULD BE NOTED THAT FELLOWSHIPS ARE SPECIALTY TRAINING PROGRAMS BEYOND THE CORE RESIDENCY PROGRAM.

EACH RESIDENCY PROGRAM IS ACCREDITED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION, THE AMERICAN OSTEOPATHIC ASSOCIATION, THE AMERICAN DENTAL ASSOCIATION OR THE COUNCIL ON PODIATRIC MEDICAL EDUCATION, AS APPROPRIATE. WHILE WE ACKNOWLEDGE OUR OBLIGATION TO THESE YOUNG PROFESSIONALS WHO HAVE CHOSEN RWJBH FOR THIS SEGMENT OF THEIR EDUCATION, WE ALSO RECOGNIZE THEIR IMPORTANT CONTRIBUTION TO PATIENT CARE AND THE OVERSIGHT THAT NEEDS TO BE ASSURED SO THAT PATIENTS RECEIVE APPROPRIATE CARE UNDER THE SUPERVISION OF EXPERIENCED ATTENDING PHYSICIANS.

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

IN ADDITION TO EDUCATION AND TRAINING PROGRAMS FOR PHYSICIANS, WE ALSO PARTNER WITH SCHOOLS TO ADVANCE THE EDUCATION AND TRAINING OF OTHER HEALTH CARE PROFESSIONALS. THERE ARE A LARGE NUMBER OF PROFESSIONAL

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TRAINING AND EDUCATION PROGRAMS FOR OTHER CLINICAL PERSONNEL INCLUDING NURSES, PHYSICIAN ASSISTANTS, PHARMACY, PHYSICAL THERAPISTS, SPEECH THERAPISTS, OCCUPATIONAL THERAPISTS, RADIOLOGY TECHS, RADIATION THERAPY TECHS, DIETICIANS, EMTS AND PARAMEDICS, RESPIRATORY TECHS AND MEDICAL TECHS. RWJBH BELIEVES THAT THE HIGHEST QUALITY CLINICAL EDUCATION RESULTS IN THE HIGHEST QUALITY PATIENT CARE AND ULTIMATELY DELIVERS TO OUR PATIENTS THE MOST CURRENT, COST-EFFECTIVE, AND INTEGRATED MEDICAL CARE POSSIBLE. OUR ADVANCED CLINICAL PROGRAMS (E.G. BURN, TRANSPLANT) ALSO HOST STUDENTS FROM A VARIETY OF CLINICAL DISCIPLINES AS WELL AS PROFESSIONALS ALREADY IN PRACTICE ADVANCING THEIR SKILLS.

AFFILIATION HISTORY RUTGERS-NEW JERSEY MEDICAL SCHOOL

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ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL NEW BRUNSWICK HAS AN AFFILIATION AGREEMENT WITH RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY AND IS THE PRINCIPAL TEACHING HOSPITAL OF RUTGERS ROBERT WOOD JOHNSON MEDICAL SCHOOL. AS A RESULT OF THIS AGREEMENT, THE HOSPITAL IS STRUCTURED AS AN ACADEMIC MEDICAL CENTER AND HAS AN EXPANDED MISSION TO INCLUDE NOT ONLY COMMUNITY SERVICE, BUT ALSO CLINICAL RESEARCH AND THE EDUCATION AND TRAINING OF HEALTHCARE PROVIDERS. IN ADDITION, THE HOSPITAL'S STATUS AS AN ACADEMIC MEDICAL CENTER HAS RESULTED IN A SIGNIFICANT INCREASE IN ITS SERVICE AREA, THE DEVELOPMENT OF TERTIARY AND QUATERNARY PROGRAMS, AND MULTIPLE AFFILIATIONS WITH LOCAL HOSPITALS AND INSTITUTIONS OF HIGHER EDUCATION.

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IN JANUARY 2008, THE BH ENTERED INTO A NEW AGREEMENT WITH THE UNIVERSITY OF MEDICINE AND DENTISTRY IN NEW JERSEY - NEW JERSEY MEDICAL SCHOOL ("UMDNJ-NJMS") IN NEW JERSEY TO FORM A COMPREHENSIVE ACADEMIC AFFILIATION AND STRATEGIC ALLIANCE, THEREBY CREATING AN AFFILIATION INCLUDING TWO OF NEW JERSEY'S ACADEMIC AND PROVIDER SYSTEMS. SAINT BARNABAS MEDICAL CENTER AND NEWARK BETH ISRAEL MEDICAL CENTER BECAME MAJOR TEACHING AFFILIATES OF UMDNJ-NJMS AND MEMBERS OF THE FACULTY AT EACH OF THESE TWO HOSPITALS HAVE PARTICIPATED IN A NUMBER OF UMDNJ-NJMS-SPONSORED CONTINUING MEDICAL EDUCATION PROGRAMS. MEMBERS OF THE FACULTY FROM UMDNJ-NJMS HAVE PARTICIPATED IN BH'S EDUCATIONAL PROGRAMS AS WELL. IN ADDITION, THE TWO SYSTEMS EVALUATE A NUMBER OF JOINT PROGRAM DEVELOPMENT INITIATIVES. THE SYSTEM BELIEVED THAT THE AFFILIATION WITH THE UMDNJ-NJMS AND ITS SUBSTANTIAL PROGRAMS IN CLINICAL RESEARCH AND BASIC SCIENTIFIC INVESTIGATION STRENGTHENED ITS MEDICAL EDUCATION AND RESEARCH ACTIVITIES.

AS A RESULT OF THE NEW JERSEY MEDICAL AND HEALTH SCIENCES EDUCATION RESTRUCTURING ACT, ON JULY 1, 2013, MOST SCHOOLS AND UNITS OF THE UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY (UMDNJ), TRANSFERRED TO RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY, INCLUDING THE NEW JERSEY MEDICAL SCHOOL. BH, NOW RWJBH, CONTINUES ITS MEDICAL EDUCATION RELATIONSHIP WITH RUTGERS-NEW JERSEY MEDICAL SCHOOL. THE UNIVERSITY HOSPITAL ("UH") WAS SPUN OFF AS A FREESTANDING INSTITUTION WITH ITS OWN BOARD OF DIRECTORS. IN 2013, BH ENTERED INTO A CONSULTATIVE SERVICE

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AGREEMENT WITH UH AND WORKED FOR A MORE COLLABORATIVE AND EFFECTIVE  
SYSTEM OF CARE TO SERVE THE GREATER NEWARK COMMUNITIES FOR THREE YEARS.

WITH ITS PRIVATE-PUBLIC PARTNERSHIP WITH RUTGERS UNIVERSITY, RWJBH NOW  
CLOSELY ALIGNS WITH RUTGERS' EDUCATION, RESEARCH, AND CLINICAL  
ACTIVITIES, INCLUDING THOSE AT THE RUTGERS CANCER INSTITUTE OF NEW JERSEY  
AND RUTGERS UNIVERSITY BEHAVIORAL HEALTH CARE. THIS PARTNERSHIP CREATES  
THE STATE'S LARGEST ACADEMIC HEALTHCARE SYSTEM DEDICATED TO PROVIDING  
HIGH-QUALITY PATIENT CARE, LEADING-EDGE RESEARCH, AND WORLD-CLASS HEALTH  
AND MEDICAL EDUCATION, FURTHER ADVANCING OUR MISSION OF PROVIDING  
HIGH-QUALITY HEALTHCARE IN NEW JERSEY.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

RWJBARNABAS HEALTH QUALITY  
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AT RWJBH, WE ARE ON A CONTINUING JOURNEY TO BECOME A HIGH RELIABILITY  
ORGANIZATION (HRO), UNITING OUR HEALTH SYSTEM IN A CULTURE OF SAFETY TO  
ACHIEVE TOP-TIER CLINICAL OUTCOMES AND TO DELIVER THE HIGHEST QUALITY  
CARE AND SAFEST EXPERIENCE FOR OUR PATIENTS, COMMUNITIES AND WORKFORCE.

THIS QUEST, WHICH WE REFER TO AS "SAFETY TOGETHER", IS A COMPREHENSIVE  
PROCESS TO IMPROVE OUR RELIABILITY, BUILDING UPON OUR PAST SUCCESSES IN  
SAFETY AND QUALITY, AND USING NEW TOOLS AND BEHAVIORS TO ENSURE THE  
HEALTH OF OUR PATIENTS AND THE COMMUNITIES WE SERVE. SAFETY AND

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RELIABILITY ARE EVERYONE'S RESPONSIBILITY, NOT JUST THAT OF STAFF WHO ARE DIRECTLY INVOLVED IN PATIENT CARE. EACH INDIVIDUAL IS EXPECTED TO USE OUR STANDARDIZED ERROR PREVENTION TOOLS AND INCORPORATE THEM INTO OUR DAY-TO-DAY TASKS. DELIVERING "SAFETY TOGETHER" WILL NOT ONLY HAVE POSITIVE IMPACTS ON SAFETY, BUT ENHANCES OUR QUALITY; PATIENT, PHYSICIAN AND EMPLOYEE SATISFACTION; AND OVERALL OPERATIONAL PERFORMANCE.

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

"I AM QUALITY" IS OUR PROMISE AND OUR PERSONAL COMMITMENT TO DELIVER THE BEST CARE TO OUR PATIENTS, EACH AND EVERY DAY. NO MATTER WHICH RWJBH FACILITY OUR PATIENTS VISIT, FROM OUR HIGHLY-RANKED ACUTE CARE HOSPITALS TO OUR STATE-OF-THE-ART OUTPATIENT CENTERS AND SPECIALTY CARE FACILITIES, THEY WILL DISCOVER A BRAND OF HEALTHCARE THAT MAKES THEM FEEL GOOD. ALONG WITH LEADING EDGE MEDICAL TREATMENTS, THEY WILL EXPERIENCE A TEAM EFFORT AND A SINCERE COMMITMENT TO GIVING THEM AND THEIR FAMILY THE ATTENTION THEY DESERVE. "I AM QUALITY" MEANS GUARANTEED EXCELLENCE.

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TO HELP EACH STAFF MEMBER DELIVER QUALITY HEALTHCARE, WE EDUCATE AND APPLY THE LATEST AND BEST PRACTICES SO OUR PATIENTS AND THEIR FAMILY CAN BENEFIT FROM THE HIGHEST LEVEL OF CARE-EVEN IN THE SMALLEST DETAILS.

## FOCUS AREAS INCLUDE:

- MEETING AND EXCEEDING INDUSTRY STANDARDS. ASSURING THAT OUR INSTITUTIONAL POLICIES AND PROCEDURES COMPLY WITH, AND OFTEN EXCEED ALL NECESSARY LAWS AND GENERALLY ACCEPTED HEALTHCARE STANDARDS.
- PROVIDING SAFE CARE. MAINTAIN STRINGENT SYSTEMS FOR ENSURING APPROPRIATE CARE AND MEDICAL ACCURACY, AND DRIVE PATIENT SAFETY THROUGH THE USE OF PROTOCOLS.
- CLINICAL EXCELLENCE. ANALYZING AND IMPROVING OUR CARE TO ASSURE THAT WE ARE APPLYING BEST PRACTICES.
- CLINICAL RESOURCE MANAGEMENT. MANAGING RESOURCES TO DELIVER CARE EFFECTIVELY AND EFFICIENTLY.
- RESPECTFUL CARE. RESPECTING AN INDIVIDUAL'S AND FAMILY'S VALUES AND CUSTOMS ALLOWS US TO HONOR THEIR NEEDS AND CHOICES.

EMPLOYEES AND PROVIDERS ARE ENCOURAGED TO FOLLOW THREE GUIDING PRINCIPLES: (1) TO BE COMMITTED, (2) TO BE RESPONSIBLE, AND (3) TO BE QUALITY IN ALL IT MEANS TO OUR PATIENTS. THE SYSTEM PROMOTES BEST PRACTICE AND ENCOURAGES INNOVATIONS THROUGH QUALITY AND PERFORMANCE COUNCILS, TRAINING AND EDUCATION AND HOLDING QUALITY FAIRS THROUGHOUT THE

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ENTERPRISE.

PATIENT SATISFACTION

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

PROFESSIONAL PRACTICE MODELS AND SYSTEM CARE COLLABORATION

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NURSING:

NURSING BELIEVES IT IS ESSENTIAL TO HAVE A STRUCTURED FORUM FOR STAFF NURSES SO THEY CAN PARTICIPATE IN THE DEVELOPMENT OF POLICIES, PROCEDURES

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AND STANDARDS OF CARE. BECAUSE OF THIS, NURSING'S VOICE HAS NEVER BEEN STRONGER THROUGHOUT RWJBH.

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

MANY CARE COLLABORATIVES HAVE BEEN FORMED TO SUPPORT INCLUSIVE TEAMWORK, PROMOTE PERFORMANCE IMPROVEMENT, SHARED "BEST" PRACTICES, BENCHMARKING, EDUCATION AND RESEARCH. SOME OF THESE ACTIVITIES STRETCH OUT IN PARTNERSHIP WITH OTHER SYSTEMS AND PROVIDERS. A FEW OF THE COLLABORATIVE WORKS INCLUDE:

- CHILD LIFE AND CREATIVE ARTS COLLABORATIVE.
- THE MULTI-ORGANIZATIONAL 2019-2020 COHORT OF SERIOUS ILLNESS CARE IMPLEMENTATION COLLABORATIVE OFFERED BY ARIADNE LABS IN PARTNERSHIP WITH



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THE CENTER TO ADVANCE PALLIATIVE CARE AND VITALTALK.

- THE ADVANCING HEALTH EQUITY LEARNING COLLABORATIVE, SUPPORTED BY THE ROBERT WOOD JOHNSON FOUNDATION WILL INVEST \$3.4 MILLION IN A TWO-YEAR INITIATIVE THAT BRINGS TOGETHER PUBLIC AND PRIVATE-SECTOR HEALTHCARE ENTITIES IN PARTNERSHIP WITH THE INSTITUTE FOR MEDICAID INNOVATION AND THE CENTER FOR HEALTH CARE STRATEGIES TO FOCUS ON INTEGRATING PAYMENT AND HEALTH CARE DELIVERY REFORM EFFORTS TO REDUCE RACIAL DISPARITIES IN MATERNAL AND INFANT HEALTHCARE.

- THE SAFER CHILDBIRTH CITIES INITIATIVE SUPPORTED BY MERCK TO FOSTER LOCAL SOLUTIONS THAT HELP CITIES BECOME SAFER PLACES TO GIVE BIRTH, AND IS PART OF ITS GLOBAL INITIATIVE, "MERCK FOR MOTHERS". THIS IS PART OF MERCK'S PROJECTS IN NINE CITIES ACROSS THE COUNTRY, INCLUDING NEWARK, NEW JERSEY, TO HELP END PREVENTABLE MATERNAL DEATHS.

- THE RWJBH PHYSICIAN ADVISOR TEAM, A COLLABORATIVE PARTNERSHIP WITH LOCAL AND CORPORATE ADMINISTRATION, THE MEDICAL STAFF, AND CASE MANAGEMENT DEPARTMENT LEADERSHIP, PROVIDING A COMPREHENSIVE CLINICAL RESOURCE MANAGEMENT PROGRAM THAT INCLUDES UTILIZATION MANAGEMENT, PROGRESSION OF CARE MANAGEMENT, SOCIAL WORK SERVICES, AND COMPLEX DISCHARGE PLANNING.

- THE EMERGENCY AND HOSPITALIST COLLABORATIVE FOCUSED ON EFFECTIVE CARE DELIVERY, IMPROVEMENT AND SHARED BEST PRACTICE IS COMPRISED OF MEDICAL, NURSING AND HOSPITALIST DIRECTORS.

- THE INFECTIOUS DISEASE AND THE PHARMACY INFORMATICS COLLABORATIVES ARE PART OF THE PHARMACY ENTERPRISE. THESE CONTENT EXPERT GROUPS DEVELOP ALL OF THE RECOMMENDATIONS FOR THE BEST PRACTICES FOR THEIR RESPECTIVE

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DISCIPLINES IN ORDER FOR THE PHARMACY COUNCIL STRUCTURE TO ENDORSE AND  
ADOPT.

RWJBARNABAS HEALTH AND SPECIAL CORPORATE PARTNERSHIPS  
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RWJBH, IN ADDITION TO COMMUNITY AND ORGANIZATIONAL COLLABORATION AND  
AFFILIATIONS, HAS FORMED RELATIONSHIPS THROUGH ITS CORPORATE PARTNERSHIP  
PROGRAM TO PROVIDE AN EXPANDED PLATFORM FROM WHICH TO IMPROVE THE HEALTH  
AND WELL-BEING OF NEW JERSEY COMMUNITIES. THESE PARTNERS INCLUDE, BUT ARE  
NOT LIMITED TO:

NEW JERSEY DEVILS AND THE PRUDENTIAL CENTER  
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RWJBH IS THE OFFICIAL HEALTHCARE PROVIDER OF THE NEW JERSEY DEVILS AND  
THE PRUDENTIAL CENTER, THE HOME OF THE NEW JERSEY DEVILS AND HOSTS ALMOST  
200 EVENTS ANNUALLY, CONSISTING OF FAMILY SHOWS, COLLEGE BASKETBALL GAMES  
AND CONCERTS.

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

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RUTGERS UNIVERSITY

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RWJBH IS THE OFFICIAL HEALTHCARE PROVIDER OF RUTGERS ATHLETICS AND A PROUD SUPPORTER OF RUTGERS UNIVERSITY. RWJBH WORKS CLOSELY WITH RUTGERS TO SUPPORT THE ATHLETIC TRAINING AND SPORTS MEDICINE NEEDS OF ALL VARSITY ATHLETES AND PROVIDES THE UNIVERSITY WITH HEALTH AND WELLNESS EDUCATION AND OTHER COMMUNITY BASED SERVICES.

NEW YORK YANKEES RADIO NETWORK

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

SPECIAL OLYMPICS NEW JERSEY

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RWJBH IS A PREMIER PARTNER AND HEALTHY COMMUNITIES PARTNER FOR SPECIAL OLYMPICS NEW JERSEY. SPECIAL OLYMPICS NEW JERSEY IS A NOT-FOR-PROFIT ORGANIZATION THAT OFFERS SPORTS TRAINING AND ATHLETIC COMPETITION TO CHILDREN AND ADULTS WITH INTELLECTUAL DISABILITIES. RWJBH SUPPORTS ALL

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SPECIAL OLYMPICS ATHLETES THROUGH PHYSICIAN SUPPORT, FREE MEDICAL SCREENINGS, ONGOING EDUCATION PROGRAMS AND STAFFING FOR THE MOBILE VEHICLE THAT TRAVELS THE STATE PROVIDING MEDICAL SERVICES TO ATHLETES.

SETON HALL UNIVERSITY

-----

RWJBH IS THE OFFICIAL HEALTHCARE PROVIDER OF SETON HALL ATHLETICS AND A PROUD SUPPORTER OF SETON HALL UNIVERSITY.

RWJBH WORKS CLOSELY WITH SETON HALL TO SUPPORT THE ATHLETIC TRAINING AND SPORTS MEDICINE NEEDS OF ALL VARSITY ATHLETES AND PROVIDES THE UNIVERSITY WITH HEALTH AND WELLNESS EDUCATION AND OTHER COMMUNITY BASED SERVICES.

PRINCETON UNIVERSITY

-----

RWJBH IS THE OFFICIAL HEALTHCARE PROVIDER OF PRINCETON ATHLETICS AND A PROUD SUPPORTER OF PRINCETON UNIVERSITY. RWJBH WORKS CLOSELY WITH PRINCETON TO SUPPORT THE ATHLETIC TRAINING AND SPORTS MEDICINE NEEDS OF ALL VARSITY ATHLETES AND PROVIDES THE UNIVERSITY WITH HEALTH AND WELLNESS EDUCATION AND OTHER COMMUNITY BASED SERVICES.

MONMOUTH UNIVERSITY

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

LAKEWOOD BLUECLAWS

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RWJBH IS A PROUD PARTNER OF THE LAKEWOOD BLUECLAWS, A MINOR LEAGUE AFFILIATE OF THE PHILADELPHIA PHILLIES. THE MONMOUTH MEDICAL CENTER CHAMPIONS CLUB IS A POPULAR DESTINATION FOR GROUPS ATTENDING BLUECLAWS GAMES. RWJBH HOSTS SEVERAL MOVIE NIGHTS ON THE FIELD EACH YEAR DURING THE SUMMER MONTHS

SOMERSET PATRIOTS

-----

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

TRENTON THUNDER

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

ASBURY PARK MUSIC AND FILM FESTIVAL

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

SOMA FILM FESTIVAL

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RWJBH'S SAINT BARNABAS MEDICAL CENTER IS THE PRESENTING PARTNER OF THE SOMA FILM FESTIVAL, WHICH TAKES PLACE IN THE COMMUNITIES OF SOUTH ORANGE

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AND MAPLEWOOD NEW JERSEY. THE SOMA FILM FESTIVAL SHOWCASES NEW,  
ENTERTAINING, AND INNOVATIVE FILMS FROM LOCAL, STUDENT, DOMESTIC, AND  
INTERNATIONAL FILMS.

CENTRAL JERSEY JAZZ FESTIVAL  
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RWJBH'S ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL IS THE PRESENTING PARTNER  
OF THE CENTRAL JERSEY JAZZ FESTIVAL. THIS THREE-DAY, THREE CITY FREE  
MUSIC FESTIVAL, WITH EVENTS IN FLEMINGTON, NEW BRUNSWICK, AND SOMERVILLE,  
IS OPEN TO THE PUBLIC AND DRAWS APPROXIMATELY 12,000 JAZZ LOVERS TO THE  
REGION EVERY YEAR.

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

NEW JERSEY HALL OF FAME  
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RWJBH IS A PROUD PARTNER OF THE NEW JERSEY HALL OF FAME AND SPONSORS THE

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

NJPAC

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

CITIBIKE

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



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NEW JERSEY GOLF FOUNDATION  
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RWJBH IS A PROUD SUPPORTER OF THE NEW JERSEY GOLF FOUNDATION. THE NEW JERSEY GOLF FOUNDATION IS THE CHARITABLE ARM OF THE NEW JERSEY SECTION, PGA OF AMERICA. RWJBH IS A PRESENTING PARTNER OF PGA HOPE (HELPING OUR PATRIOTS EVERYWHERE), A GOLF PROGRAM FOR ALL MILITARY VETERANS DESIGNED TO ENHANCE THEIR REHABILITATION AND ASSIMILATION BACK INTO SOCIETY. RWJBH SUPPORTS THIS PROGRAM AND TEACHES THESE VETERANS NUTRITION AND WELLNESS FACTS TO HELP THEM LEAD A HEALTHY LIFESTYLE.

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

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

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

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

DAVID DIEHL

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RWJBH PARTNERS WITH RETIRED NEW YORK GIANTS OFFENSIVE LINEMAN AND TWO-TIME SUPER BOWL CHAMPION, DAVID DIEHL TO EXTEND HIS MESSAGE OF HEALTH, WELLNESS, AND PREVENTATIVE SCREENINGS THROUGHOUT THE STATE OF NEW JERSEY. DAVID IS A SPOKESPERSON FOR THE MATTHEW J. MORAHAN III HEALTH ASSESSMENT CENTER FOR ATHLETES, WHERE HE HELPS RAISE AWARENESS ABOUT

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CONCUSSIONS AND HEART SCREENINGS. DAVID ALSO HOSTS A GOLF OUTING WITH CLARA MAASS MEDICAL CENTER, WHICH HELPS RAISE FUNDS FOR THE PROGRAMS AND SERVICES AT THE HOSPITAL.

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GEORGE ST. PLAYHOUSE

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RWJBH PARTNERS WITH GEORGE ST. PLAYHOUSE LOCATED IN NEW BRUNSWICK. GEORGE ST. PLAYHOUSE IS A WELL-RESPECTED PERFORMING ARTS CENTER. THEY PUT ON NUMEROUS PRODUCTIONS EACH YEAR THAT ADDRESS TOPICS SUCH AS HEALTH AND WELLNESS, CLIMATE CHANGE AND RESPECT. RWJBH HELPS BY ASSISTING WITH MEDICAL ASSISTANCE FOR ACTORS TO EDUCATING ABOUT HEALTHY LIFE CHOICES AND WELLNESS, WHICH RELATES TO SOME OF THEIR PRODUCTIONS.

PROPELIFY

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

CURE INSURANCE ARENA

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RWJBH PARTNERS WITH THE CURE INSURANCE ARENA, FORMALLY KNOWN AS THE SUN BANK CENTER IN TRENTON. THIS ARENA HOSTS SPORTING EVENTS, SHOWS AND CONCERTS. RWJBH PROVIDES ON-SITE EMS AND EMERGENCY MEDICAL SERVICES FOR ALL OF THEIR EVENTS, SHOWS AND ACTIVITIES, ETC. WE ALSO PROVIDE ADVERTISING AT EVENTS.

BAYONNE SOCCER

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

NJ REPERTORY

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

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NEW JERSEY SOCCER ASSOCIATION

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

SIX FLAGS GREAT ADVENTURE & SAFARI

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

AWARDS, ACCREDITATIONS AND HONORS

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RWJBH HAS RECEIVED SPECIAL RECOGNITION FOR ITS ROLE AS A SYSTEM OF HEALTHCARE PROVIDERS, AS AN EMPLOYER AND AS AN ORGANIZATION COMMITTED TO IMPROVING THE HEALTH OF OUR COMMUNITIES. THESE RECOGNITIONS INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

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- THE LEAPFROG GROUP RECOGNIZED 120 "TOP HOSPITALS" ACROSS THE COUNTRY IN 2019. SAINT BARNABAS MEDICAL CENTER AS A "TOP TEACHING HOSPITAL", ONE OF ONLY 5 IN THE NEW JERSEY FOR 2019. ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL HAMILTON WAS ONE OF TWO NEW JERSEY HOSPITALS TO BE NAMED A TOP GENERAL HOSPITAL. EIGHT (8) RWJBH HOSPITALS RECEIVED THE HIGHEST SCORE OF "A" FOR SAFETY FROM LEAPFROG IN THE FALL OF 2019. WIDELY ACKNOWLEDGED AS ONE OF THE MOST COMPETITIVE HONORS AN AMERICAN HOSPITAL CAN RECEIVE, THE RECOGNITION UNDERSCORES RWJBH'S COMMITMENT TO PATIENT SAFETY AND QUALITY.

- EIGHT RWJBH'S HOSPITAL ARE RECOGNIZED AS "LEADERS IN LGBTQ HEALTHCARE EQUALITY" BY THE HUMAN RIGHTS CAMPAIGN (HRC) FOUNDATION, THE EDUCATIONAL ARM OF THE COUNTRY'S LARGEST LESBIAN, GAY, BISEXUAL AND TRANSGENDER CIVIL RIGHTS ORGANIZATION. THE HONOR IS GIVEN TO FACILITIES THAT MEET LGBTQ-INCLUSIVE BENCHMARKS FROM THE HRC FOUNDATION'S HEI, AN ANNUAL SURVEY THAT ENCOURAGES EQUAL CARE FOR THE LGBTQ COMMUNITY BY EVALUATING INCLUSIVE POLICIES AND PRACTICES RELATED TO PATIENTS, VISITORS AND EMPLOYEES. AS A SYSTEM, RWJBH REMAINS COMMITTED TO CREATING DIVERSITY AND INCLUSION POLICIES AND PRACTICES THAT RESPECT THE RIGHTS OF PATIENTS, EMPLOYEES, PHYSICIANS AND THE COMMUNITIES WE CONTINUE TO SERVE.

- CHIME HEALTHCARE'S MOST WIRED -THE CORPORATION CONTINUES TO BE NAMED AMONG THE MOST WIRED FOR ITS USE OF INFORMATION TECHNOLOGY (IT) TO BETTER PATIENT EXPERIENCE. HOSPITALS AND HEALTH SYSTEMS AT THE FOREFRONT OF

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USING IT TO IMPROVE THE DELIVERY OF CARE HAVE MAXIMIZED THE BENEFITS OF FOUNDATIONAL TECHNOLOGIES AND ARE EMBRACING NEW TECHNOLOGIES THAT SUPPORT POPULATION MANAGEMENT AND VALUE-BASED CARE.

- CEO CANCER GOLD STANDARD EMPLOYER - THE CORPORATION HAS BEEN ACCREDITED AS A CEO CANCER GOLD STANDARD EMPLOYER. THIS PRESTIGIOUS AWARD RECOGNIZES THE CORPORATION FOR ITS DEDICATION AND COMMITMENT TO MAINTAINING A HIGH STANDARD OF EXCELLENCE IN CANCER PREVENTION, EARLY DETECTION AND QUALITY CARE FOR ITS EMPLOYEES AND THEIR FAMILIES.

- TOP PLACES TO WORK IN HEALTHCARE - THE CORPORATION HAS BEEN NAMED ONE OF THE TOP 150 PLACES TO WORK IN HEALTHCARE BY BECKER'S HOSPITAL REVIEW.

- RWJBH HAS BEEN NAMED ONE OF NEW JERSEY'S TOP PLACES TO WORK BY THE STAR-LEDGER AND WWW.NJ.COM, PLACING NUMBER THREE IN THE LARGE COMPANIES CATEGORY.

- 100 GREAT HOSPITALS IN AMERICA - IN 2019, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL WAS NAMED TO THIS LIST DEVELOPED BY BECKER'S HEALTHCARE WHICH RECOGNIZES FACILITIES FOR EXCELLENCE IN CLINICAL CARE, PATIENT OUTCOMES, AND STAFF AND PHYSICIAN SATISFACTION.

- IN 2019, US NEWS & WORLD REPORT RECOGNIZED SAINT BARNABAS MEDICAL CENTER WITH TWO NATIONAL RANKINGS: GYN # 25 AND DIABETES/ENDOCRINOLOGY, # 32. SAINT BARNABAS ALSO IS LISTED AS # 3 IN NEW JERSEY AND TIED FOR # 12

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IN THE NY METRO REGION. NOTED AS HIGH PERFORMING IN GI, GERIATRICS, NEPHROLOGY, AND NEURO/NEUROSURGERY. RWJUH-NEW BRUNSWICK IS LISTED AS # 4 IN NJ, AND TIED FOR 14TH IN THE NY METRO REGION. HIGH PERFORMING IN CANCER, GI, GERIATRICS, NEPHROLOGY, AND ORTHOPEDICS. RWJUH - SOMERSET IS TIED FOR 9TH IN NJ AND TIED FOR 22ND IN THE NY METRO REGION. HIGH PERFORMING IN ORTHOPEDICS.

- U.S. NEWS & WORLD REPORT - THE BRISTOL-MYERS SQUIBB CHILDREN'S HOSPITAL (BMSCH) AT RWJUH NEW BRUNSWICK HAS BEEN NAMED ONE OF AMERICA'S BEST CHILDREN'S HOSPITALS BY U.S. NEWS & WORLD REPORT. BMSCH HAS BEEN RANKED AMONG THE TOP CHILDREN'S HOSPITALS IN UROLOGY. ADDITIONALLY, NUMEROUS FACILITIES WITHIN THE CORPORATION HAVE CONSISTENTLY RANKED AMONG THE TOP PROVIDERS FOR NEW JERSEY AND THE NEW YORK METRO REGION EACH YEAR.

- NEWSWEEK WORLD'S BEST HOSPITALS - NEWARK BETH ISRAEL MEDICAL CENTER WAS NAMED TO THE 2019 LIST.

- IBM WATSON'S HEALTH TOP 100 HOSPITALS - MONMOUTH MEDICAL CENTER IS THE ONLY NEW JERSEY HOSPITAL TO BE NAMED ONE OF THE NATION'S 100 TOP HOSPITALS BY IBM WATSON HEALTH.

- MAGNET DESIGNATION BY THE AMERICAN NURSES CREDENTIALING CENTER - AFFILIATES OF THE CORPORATION HAVE RECEIVED MAGNET DESIGNATION, WHICH RECOGNIZES ORGANIZATIONS FOR CREATING AND SUSTAINING AN ENVIRONMENT OF NURSING EXCELLENCE WHERE COLLABORATIVE WORKING RELATIONSHIPS ARE FOSTERED



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AMONG DIFFERENT DEPARTMENTS AND DISCIPLINES.

- NCI-DESIGNATED COMPREHENSIVE CANCER CENTER - THE RUTGERS CANCER INSTITUTE OF NJ (CINJ) IS THE STATE'S ONLY NCI-DESIGNATED COMPREHENSIVE CANCER CENTER. CINJ IS UNIVERSALLY RECOGNIZED FOR ITS CLINICAL AND SCIENTIFIC RESEARCH LEADERSHIP. NCI-DESIGNATED CANCER CENTERS ARE A GROUP OF 50 CANCER RESEARCH INSTITUTIONS IN THE UNITED STATES SUPPORTED BY THE NATIONAL CANCER INSTITUTE.

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

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

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

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

CHILDREN'S SPECIALIZED HOSPITAL ("CSH")

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CHILDREN'S SPECIALIZED HOSPITAL IS THE NATION'S LEADING PROVIDER OF INPATIENT AND OUTPATIENT CARE FOR CHILDREN AND YOUNG ADULTS FROM BIRTH TO 21 YEARS OF AGE FACING SPECIAL HEALTHCARE CHALLENGES - FROM CHRONIC ILLNESSES AND COMPLEX PHYSICAL DISABILITIES LIKE BRAIN AND SPINAL CORD INJURIES, TO DEVELOPMENTAL AND BEHAVIORAL ISSUES LIKE AUTISM AND MENTAL HEALTH. AT 13 DIFFERENT NEW JERSEY LOCATIONS, OUR PEDIATRIC SPECIALISTS PARTNER WITH FAMILIES TO MAKE OUR MANY INNOVATIVE THERAPIES AND MEDICAL TREATMENTS MORE PERSONALIZED AND EFFECTIVE SO EACH CHILD CAN REACH THEIR FULL POTENTIAL. DURING 2019, CSH HAD OVER 570 ACUTE REHABILITATION ADMISSIONS, CARES FOR APPROXIMATELY 68 LONG TERM CARE CHILDREN AS DAY AND PROVIDED OVER 700,000 UNITS OF EARLY INTERVENTION, PHYSICIAN AND OUTPATIENT SERVICES.

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

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

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- LICENSED BY NEW JERSEY DEPARTMENT OF HUMAN SERVICES FOR OUTPATIENT MENTAL HEALTH SERVICES.
- CERTIFIED BY MEDICAID, MEDICARE, AND SPECIAL CHILD HEALTH SERVICES.
- SPECIAL NEEDS PRIMARY CARE AT CSH WAS THE FIRST SPECIAL NEEDS PEDIATRIC PRACTICE IN NEW JERSEY TO RECEIVE A PATIENT-CENTERED MEDICAL HOME (PCMH) DESIGNATION BY THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA), THE MOST WIDELY ADOPTED MODEL FOR RECOGNIZING PCMH STANDARDS.
- FIRST PEDIATRIC HOSPITAL IN NEW JERSEY TO HAVE A FULL-TIME THERAPY DOG.
- AWARDED A \$600K GRANT FROM SPARK (SIMONS FOUNDATION POWERING AUTISM RESEARCH FOR KNOWLEDGE) WHICH IS A LANDMARK AUTISM RESEARCH INITIATIVE FOCUSED ON ADVANCING THE UNDERSTANDING OF AUTISM TO HELP IMPROVE LIVES. THROUGH THIS GRANT, WE WILL BE RECRUITING, ENGAGING, AND RETAINING A COMMUNITY OF INDIVIDUALS AFFECTED BY AUTISM AND THEIR FAMILIES, ASKING THEM TO SHARE MEDICAL AND GENETIC INFORMATION WITH SCIENTISTS. THIS DATA WILL HELP OUR RESEARCHERS TO ADVANCE THE GENETIC UNDERSTANDING OF AUTISM AND PROVIDE MEANINGFUL INFORMATION AND RESOURCES TO PARTICIPANTS.
- LAUNCHED THE NEW JERSEY AUTISM CENTER OF EXCELLENCE (NJACE) ALONG WITH RUTGERS UNIVERSITY. THIS IS A STATEWIDE INNOVATIVE, COMPREHENSIVE AND COLLABORATIVE NETWORK TO PROMOTE QUALITY RESEARCH, PROFESSIONAL TRAINING AND BUILD PUBLIC AWARENESS AIMED TO IMPROVE THE LIVES OF INDIVIDUALS WITH ASD ACROSS THE LIFESPAN.
- WARREN E. MOORE, WAS RECENTLY RECOGNIZED AS THE RANDY SIEGEL M.D. PEDIATRIC CANCER MEDICAL HUMANITARIAN OF THE YEAR BY THE HUGS FOR BRADY FOUNDATION AND THE HAROLD L. CONOVER LEADERSHIP AWARD FROM HIS ALMA

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MATER, RIDER UNIVERSITY.

- NJBIZ RECOGNIZED DONNA PROVENZANO AS A FINALIST FOR HEALTHCARE  
PROFESSIONAL OF THE YEAR

CLARA MAASS MEDICAL CENTER ("CMMC")

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CMMC IS A 492-LICENSED BED ACUTE COMMUNITY HOSPITAL PROVIDING SERVICES TO  
APPROXIMATELY 15,100 INPATIENTS, OVER 1,600 BIRTHS IN 2019. THE HOSPITAL  
ALSO PROVIDED OVER 120,000 OUTPATIENT VISITS INCLUDING OVER 75,100  
EMERGENCY DEPARTMENT VISITS. CMMC IS LOCATED IN THE TOWN OF BELLEVILLE,  
ESSEX COUNTY. CMMC SERVES A BROAD RANGE OF COMMUNITIES IN URBAN AND  
SUBURBAN SETTINGS WITH CULTURALLY AND ETHNICALLY DIVERSE POPULATIONS.  
CMMC'S SERVICE AREA EXTENDS TO NEIGHBORING HUDSON, PASSAIC AND BERGEN  
COUNTIES. CMMC'S SERVICE AREA INCLUDES BELLEVILLE AND THE NORTH WARD/  
IRONBOUND SECTIONS OF NEWARK, WHICH CONTAINS A LARGE MIX OF LATINO AND  
ITALIAN-AMERICAN POPULATIONS.

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

- DESIGNATED AN AETNA INSTITUTE OF QUALITY BARIATRIC FACILITY FOR 2020.
- HEALTHGRADES PATIENT SAFETY EXCELLENCE AWARD 2020 EARNED HEALTHGRADES  
PATIENT SAFETY EXCELLENCE AWARD (2019-2020).
- EARNED SPECIALTY EXCELLENCE AWARDS IN BARIATRIC SURGERY (2018-2019),

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LABOR AND DELIVERY (2016-2018), AND OBSTETRICS AND GYNECOLOGY (2016-2018)  
FROM HEALTHGRADES.

- NATIONALLY RECOGNIZED BY U.S. NEWS AND WORLD REPORT AS A HIGH PERFORMING HOSPITAL FOR CONGESTIVE HEART FAILURE (2019-2020)
- EARNED GOLD RECOGNITION IN 2016 AND 2017 FROM HEALTH RESOURCES AND SERVICES ADMINISTRATION NATIONAL HOSPITAL ORGAN DONATION CAMPAIGN (HRSA) WORKPLACE PARTNERSHIP FOR LIFE HOSPITAL CAMPAIGN FOR INCREASED ORGAN DONATION EFFORTS.
- LEAPFROG HOSPITAL SAFETY GRADE SPRING 2019. EARNED 12 GRADE "A" SCORES IN HOSPITAL SAFETY AND QUALITY BY THE LEAPFROG GROUP.
- DESIGNATED PRIMARY STROKE CENTER, NEW JERSEY DEPARTMENT OF HEALTH.
- LGBTQ HEALTHCARE EQUALITY - EARNED DESIGNATION IN LGBTQ HEALTHCARE EQUALITY FROM THE HUMAN RIGHTS CAMPAIGN FOUNDATION, (2018-2019)
- RECEIVED 5-STAR RATING IN CLINICAL EXCELLENCE IN 2017 FOR BARIATRIC SURGERY, COLORECTAL SURGERY, GALLBLADDER REMOVAL SURGERY, MATERNITY CARE, HIP FRACTURE TREATMENT, APPENDECTOMY, GYNECOLOGICAL SURGERY AND VAGINAL DELIVERY.
- EARNED THE GOLD SEAL OF APPROVAL FROM THE JOINT COMMISSION WITH DISEASE-SPECIFIC CERTIFICATION IN ACUTE CORONARY SYNDROME, CARDIAC REHABILITATION, HEART FAILURE, JOINT REPLACEMENT (HIP AND KNEE) AND ADVANCED CERTIFICATION IN PALLIATIVE CARE.
- CENTERS FOR MEDICARE AND MEDICAID LOGO -- EARNED AN OVERALL FOUR-STAR RATING FROM THE CENTERS FOR MEDICARE AND MEDICAID SERVICES
- THE TRANSITIONAL CARE UNIT (TCU) AT CMMC EARNED AN OVERALL 5-STAR RATING FROM THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) IN 2018.

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PREVIOUSLY RECOGNIZED BY U.S. NEWS AND WORLD REPORT IN 2017 FOR HIGH PERFORMANCE IN HEART FAILURE AND PREVIOUSLY RANKED AMONG THE "50 BEST REGIONAL HOSPITALS" IN THE NEW YORK METROPOLITAN AREA; ALSO RECOGNIZED FOR TOP PERFORMANCE IN ENDOCRINOLOGY, NEUROLOGY AND NEUROSURGERY.

- EARNED THE 2019 BRONZE STEWARD RECOGNITION AT THE STATEWIDE ANTIMICROBIAL STEWARDSHIP COLLABORATIVE CONFERENCE BY THE NEW JERSEY DEPARTMENT OF HEALTH (NJDOH).
- CHIME - HEALTHCARE'S MOST WIRED 2018 -- NAMED BY THE AMERICAN HOSPITAL ASSOCIATION'S HEALTH FORUM TO THE 18TH ANNUAL HEALTH CARE MOST WIRED HOSPITALS LIST FOR 2016-2018.
- EARNED GOLD RECOGNITION IN 2016 AND 2017 FROM HEALTH RESOURCES AND SERVICES ADMINISTRATION NATIONAL HOSPITAL ORGAN DONATION CAMPAIGN.
- (HRSA) WORKPLACE PARTNERSHIP FOR LIFE HOSPITAL CAMPAIGN FOR INCREASED ORGAN DONATION EFFORTS.
- BARIATRIC SURGERY CENTER OF EXCELLENCE BY THE AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY.
- CMMC IS PROUD TO CARRY THE NICHE (NURSES IMPROVING CARE FOR HEALTH SYSTEM ELDERS) DESIGNATION IN RECOGNITION OF OUR COMMITMENT TO PATIENT CENTERED CARE FOR OLDER ADULT PATIENTS.

COMMUNITY MEDICAL CENTER ("CMC")

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CMC IS A GENERAL ACUTE CARE HOSPITAL LOCATED IN TOMS RIVER, OCEAN COUNTY, NEW JERSEY. ITS SERVICE AREA INCLUDES NEARLY 600,000 RESIDENTS. CMC IS

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COMPRISED OF 617 LICENSED BEDS INCLUDING 25 TRANSITIONAL CARE (SKILLED NURSING) BEDS. CMC SERVES BOTH SUBURBAN AND SEMI-RURAL COMMUNITIES INCLUDING SHORE TOWNS AND THE LOWER-INCOME MUNICIPALITIES OF MANCHESTER AND TOMS RIVER SOUTH. CMC SERVES A SIGNIFICANT PROPORTION OF ELDERLY, 2018 CENSUS ESTIMATES THAT 22.9 % OF THE COUNTY POPULATION IS AGED 65 AND OLDER AS OPPOSED TO THE 16.0% NATIONAL PERCENTAGE AND 16.0 PERCENT FOR THE STATE. DURING 2019, CMC SERVICED OVER 22,400 INPATIENTS, DELIVERED NEARLY 2,000 BABIES, PROVIDED NEARLY 200,000 OUTPATIENT VISITS FOR DIAGNOSTIC AND TREATMENT SERVICES INCLUDING APPROXIMATELY 74,000 EMERGENCY DEPARTMENT VISITS.

CMC HAS JOINT COMMISSION TRIENNIAL RE-ACCREDITATION FOR HOSPITALS AND HAS BEEN RECOGNIZED WITH DISTINGUISHED AWARDS FOR CLINICAL EXCELLENCE. SOME OF THESE ARE LISTED BELOW:

- JOINT COMMISSION GOLD SEAL OF APPROVAL:
- STROKE PROGRAM;
- TOTAL JOINT REPLACEMENT-HIP; AND
- TOTAL JOINT REPLACEMENT-KNEE.
- DESIGNATED LEVEL 3 EPILEPSY CENTER, NATIONAL ASSOCIATION OF EPILEPSY CENTERS.
- DESIGNATED PRIMARY STROKE CENTER, NEW JERSEY DEPARTMENT OF HEALTH.
- THE CANCER CENTER HAS BEEN ACCREDITED BY THE COMMISSION ON CANCER OF

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THE AMERICAN COLLEGE OF SURGEONS SINCE 1986.

- NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS. THE BREAST CENTER IS ACCREDITED BY THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS (NAPBC), A PROGRAM ADMINISTERED BY THE AMERICAN COLLEGE OF SURGEONS, AND IS THE FIRST ACCREDITED PROGRAM IN OCEAN AND ATLANTIC COUNTIES.
- ACR ACCREDITATION FOR BREAST MAGNETIC RESONANCE IMAGING. AMERICAN COLLEGE OF RADIOLOGY (ACR) REACCREDITATION FOR BREAST MRI.
- SRC EXCELLENCE IN ROBOTIC SURGERY ACCREDITED AS A CENTER OF EXCELLENCE IN ROBOTIC SURGERY BY THE SURGICAL REVIEW CORPORATION.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

JERSEY CITY MEDICAL CENTER ("JCMC")

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JCMC IS 348 LICENSED BED GENERAL ACUTE CARE HOSPITAL LOCATED IN JERSEY CITY, THE POPULATION CENTER OF HUDSON COUNTY, AND COMPRISES NEARLY 39% OF THE COUNTY'S POPULATION. HUDSON COUNTY IS ESTIMATED TO HAVE THE LARGEST POPULATION GROWTH IN THE STATE SINCE 2010, ADDING OVER 38,000 PEOPLE. JERSEY CITY WAS THE SECOND MOST POPULOUS CITY IN NEW JERSEY IN 2019 (CENSUS BUREAU) AND HAD THE SECOND HIGHEST INCREASE IN POPULATION NUMBERS OF NEW JERSEY'S PLACES AND TOWNS SINCE 2010. IN 2019, JCMC ADMITTED OVER 15,400 INPATIENTS AND PROVIDED NEARLY 190,000 OUTPATIENT VISITS WITH JUST FEWER THAN 97,000 EMERGENCY DEPARTMENT VISITS. THE HOSPITAL DELIVERED NEARLY 2,000 BABIES.



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JCMC IS A DNV (WHICH STANDS FOR DET NORSKE VERITAS) FULLY ACCREDITED HOSPITAL AND HAS BEEN RECOGNIZED FOR ITS EXCELLENCE IN PROVIDING CARE AND SUPPORT FOR THE HEALTH AND WELLNESS OF OUR COMMUNITY. DNV IS RECOGNIZED BY MEDICARE FOR THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS (NIAHO) HOSPITAL ACCREDITATION PROGRAM. THE FOLLOWING IS A LISTING OF AWARDS AND DESIGNATIONS RECENTLY RECEIVED BY THE JCMC IN RECOGNITION OF ITS SERVICE TO THE COMMUNITY.

- IN 2019, THE LEAPFROG GROUP AWARDED JCMC AN "A" GRADING FOR QUALITY AND PATIENT SAFETY FOR THE FOURTEENTH TIME SINCE 2012.
- IN 2017, THE HOSPITAL RECEIVED THE MAGNET HOSPITAL DESIGNATION FOR A THIRD TIME FOR NURSING EXCELLENCE.
- IN 2018, JCMC WAS NAMED A TOP TEACHING HOSPITAL BY LEAPFROG GROUP.
- LGBTQ 2019-JCMC WAS DESIGNATED AS LGBTQ HEALTHCARE EQUALITY LEADER IN 2014 AND RE-DESIGNATED IN 2019 BY THE HUMAN RIGHTS CAMPAIGN (HRC) FOUNDATION.
- THE HOSPITAL WAS CERTIFIED BY DNV GL - HEALTHCARE AS A PRIMARY STROKE CENTER, AFFIRMING THE HOSPITAL'S READINESS TO HANDLE A FULL RANGE OF STROKE-RELATED MEDICAL PROBLEMS.
- THE ORTHOPEDIC CENTER AT JCMC WAS RECOGNIZED AS A DNV GL HEALTHCARE CERTIFIED HIP & KNEE REPLACEMENT PROGRAM, VALIDATING THE HOSPITAL'S EXCELLENCE ACROSS THE SPECTRUM OF HIP AND KNEE REPLACEMENT CARE, FROM DIAGNOSIS TO TREATMENT, REHABILITATION, EDUCATION AND OUTCOMES.
- RECIPIENT OF THE AMERICAN HEALTH ASSOCIATION (AHA)/AMERICAN STROKE ASSOCIATION'S GET WITH THE GUIDELINES-STROKE GOLD PLUS QUALITY

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ACHIEVEMENT AWARD; ALSO NAMED BY THE AHA AS A GOLD FIT-FRIENDLY COMPANY FOR ITS CORPORATE CULTURE OF PROVIDING HEALTH AND WELLNESS.

- IN 2016, JCMC RECEIVED ISO 9001:2008 CERTIFICATION WHICH DEMONSTRATES AN ORGANIZATION'S ABILITY TO CONSISTENTLY MEET HIGH CUSTOMER AND REGULATORY STANDARDS FOR SERVICE.

- RECIPIENT OF THE VISION OF PERFORMANCE EXCELLENCE (VOPE) AWARD. THIS IS THE HIGHEST QUALITY ACHIEVEMENT AWARD PRESENTED ON THE STATE LEVEL FOLLOWING MALCOLM BALDRIGE CRITERIA FOR ORGANIZATIONAL EXCELLENCE: A COMPREHENSIVE AND SYSTEMATIC APPROACH TO LEADERSHIP; STRATEGIC PLANNING; CUSTOMER AND MARKET FOCUS; MEASUREMENT ANALYSIS AND KNOWLEDGE; WORKFORCE FOCUS; AND OPERATIONS PROCESS MANAGEMENT AND BUSINESS RESULTS.

- THE FIRST EMS SERVICE IN THE U.S. TO EARN TRIPLE ACCREDITATION IN DISPATCH, EDUCATION AND EMERGENCY MEDICAL SERVICE.

MONMOUTH MEDICAL CENTER ("MMC") AND MONMOUTH MEDICAL CENTER-SOUTHERN CAMPUS ("MMC-SC")

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MMC IS A 514-BED TEACHING HOSPITAL LOCATED IN LONG BRANCH, MONMOUTH COUNTY, NEW JERSEY. THE INSTITUTION PROVIDES A BROAD SPECTRUM OF SERVICES, SERVING THE LIFESPAN RANGING FROM HIGH-RISK NEONATOLOGY TO GERIATRIC CARE. ADMISSIONS TOTAL OVER 22,200 ANNUALLY, INCLUDING NEARLY 5,700 BIRTHS, AND APPROXIMATELY NEARLY 180,200 OUTPATIENT VISITS INCLUDING OVER 48,200 EMERGENCY VISITS. MMC SERVES A DIVERSE COMMUNITY WITH AND IS LOCATED IN THE NORTHERNMOST COUNTY ON THE JERSEY SHORE, AND

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IS IN CLOSE PROXIMITY TO NEW YORK CITY WITH THE FIFTH LARGEST TOTAL POPULATION IN THE STATE. MONMOUTH COUNTY IS HOME TO IMMIGRANT POPULATIONS OF ITALIAN, GERMAN AND POLISH, WITH A LARGE IRISH-AMERICAN POPULATION AND A RAPIDLY GROWING ASIAN PRESENCE.

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

- MAGNET RECOGNITION FROM THE AMERICAN NURSES CREDENTIALING CENTER FOR NURSING EXCELLENCE.
- IBM WATSON HEALTH TOP 100 HOSPITALS -- NAMED ONE OF THE NATION'S 100 TOP HOSPITALS BY IBM WATSON HEALTH.
- LEAPFROG GROUP TOP TEACHING HOSPITAL 2018 -- RECOGNIZED AS A TOP TEACHING HOSPITAL IN 2018 BY THE LEAPFROG GROUP. WIDELY ACKNOWLEDGED AS ONE OF THE MOST COMPETITIVE HONORS AN AMERICAN HOSPITAL CAN RECEIVE, THE RECOGNITION UNDERSCORES AN ACADEMIC MEDICAL CENTER'S COMMITMENT TO PATIENT SAFETY AND QUALITY.
- ONE OF THE EIGHT HOSPITALS IN NEW JERSEY TO RECEIVE A 4-STAR RATING-THE HIGHEST RATING IN THE STATE-FROM THE CENTERS FOR MEDICARE AND MEDICAID SERVICES.
- CONSISTENTLY EARNS GRADE "A" SCORE IN HOSPITAL SAFETY BY THE LEAPFROG GROUP.
- LGBTQ HEALTHCARE EQUALITY 2018 LEADER IN LGBTQ HEALTHCARE EQUALITY.
- VOTED BEST OF THE BEST HOSPITALS IN MONMOUTH COUNTY BY THE READERS OF THE ASBURY PARK PRESS.

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- REGION'S ONLY FACILITY DESIGNATED AS AN ACADEMIC COMPREHENSIVE CANCER PROGRAM BY THE AMERICAN COLLEGE OF SURGEONS' COMMISSION ON CANCER.
- EARNED JOINT COMMISSION DISEASE-SPECIFIC CERTIFICATION:
  - ACUTE CORONARY SYNDROME
  - HIP/KNEE REPLACEMENT
  - CARDIAC REHABILITATION
  - SPINE SURGERY
- PRIMARY STROKE (ADVANCED CERTIFICATION).
- LICENSED AS AN OFFICIAL CHILDREN'S HOSPITAL FOR MONMOUTH AND OCEAN COUNTIES AND A MEMBER OF THE NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS.
- DESIGNATED AS A NICHE (NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDERS) HOSPITAL.
- JACQUELINE M. WILENTZ COMPREHENSIVE BREAST CENTER IS THE FIRST IN THE REGION TO BE DESIGNATED A CERTIFIED QUALITY BREAST CENTER OF EXCELLENCE, THE HIGHEST RECOGNITION ATTAINABLE FROM THE NATIONAL QUALITY MEASURES FOR BREAST CENTERS, AND IS A RECIPIENT OF THE WOMEN'S CHOICE AWARD AS ONE OF AMERICA'S BEST BREAST CENTERS FOR FIVE CONSECUTIVE YEARS.
- AMERICAN HEART ASSOCIATION GET WITH THE GUIDELINES HEART FAILURE GOLD PLUS QUALITY ACHIEVEMENT AWARD.
- BARIATRIC SURGERY CENTER OF EXCELLENCE BY THE AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY.
- FIRST CARDIOPULMONARY REHABILITATION IN MONMOUTH COUNTY TO BE CERTIFIED

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FOR BOTH CARDIAC AND PULMONARY REHABILITATION BY THE AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION.

- SLEEP DISORDERS CENTER IS THE FIRST FACILITY IN MONMOUTH COUNTY TO EARN ACCREDITATION FROM THE AMERICAN ACADEMY OF SLEEP MEDICINE.

- MMC IS ONE OF ONLY EIGHT CYSTIC FIBROSIS ("CF") CENTERS IN THE STATE AND HAS EARNED A PRESTIGIOUS DISTINCTION AS A COMPREHENSIVE CF CENTER. IT IS THE OLDEST AND LARGEST OF THE CENTERS IN NEW JERSEY.

- BASED ON ITS OUTSTANDING CARDIAC OUTCOMES, INVITED BY YALE UNIVERSITY/YALE-NEW HAVEN HEALTH SERVICES CORPORATION'S CENTER FOR OUTCOMES RESEARCH AND EVALUATION (CORE) TO PARTICIPATE IN A RESEARCH STUDY TO PROMOTE HOSPITAL-LEVEL QUALITY IMPROVEMENT EFFORTS. CORE CHOSE MMC BASED ON SEVERAL FACTORS, INCLUDING VOLUME OF HEART FAILURE PATIENTS, EXEMPLARY 30-DAY READMISSION AND MORTALITY OUTCOME AND PATIENT CASE MIX.

MMC-SC IS A 241-BED FULLY ACCREDITED ACUTE CARE HOSPITAL LOCATED IN LAKEWOOD, OCEAN COUNTY, NEW JERSEY. MMC-SC SERVES A DIVERSE URBAN POPULATION INCLUDING A PROPORTIONATELY HIGHER MIX OF ELDERLY AND UNINSURED/UNDERINSURED COMMUNITIES. DURING 2019, MMC-SC SERVICED NEARLY 6,000 INPATIENTS, NEARLY OVER 63,400 OUTPATIENT VISITS WITH NEARLY 30,000 EMERGENCY VISITS.

MMC-SC'S LAKEWOOD CAMPUS IS ACCREDITED BY THE JOINT COMMISSION AND HAS ALSO BEEN RECOGNIZED WITH DISTINGUISHED AWARDS FOR CLINICAL EXCELLENCE INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING:

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- EARNED A GRADE "A" SCORE IN HOSPITAL SAFETY BY THE LEAPFROG GROUP.
- EARNED A 4-STAR RATING-THE HIGHEST IN THE STATE-FROM THE CENTERS FOR MEDICARE AND MEDICAID SERVICES.
- RECOGNITION AS A MENTOR HOSPITAL BY THE NEW JERSEY HOSPITAL ENGAGEMENT NETWORK (HEN).
- DESIGNATION AS A NICHE (NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDERS) HOSPITAL.
- JOINT COMMISSION NATIONAL QUALITY APPROVAL SEAL -- AWARDED THE JOINT COMMISSION'S GOLD SEAL OF APPROVAL FOR OUR CHEST PAIN AND HEART FAILURE PROGRAM CERTIFICATIONS IN DISEASE-SPECIFIC MANAGEMENT PROGRAMS FOR DEMONSTRATING CONTINUOUS COMPLIANCE WITH JOINT COMMISSION'S PERFORMANCE STANDARDS.
- AMERICAN COLLEGE OF RADIOLOGY ACCREDITATION -- AWARDED A GOLD SEAL OF ACCREDITATION IN ULTRASOUND BY THE AMERICAN COLLEGE OF RADIOLOGY (ACR).
- MRI AND NUCLEAR MEDICINE ACCREDITATION BY AMERICAN COLLEGE OF RADIOLOGY.
- RE-ACCREDITATION WITH THE COLLEGE OF AMERICAN PATHOLOGY, AMERICAN ASSOCIATION OF BLOOD BANKS, AND INTERSOCIETAL ACCREDITATION COMMISSION IN ECHOCARDIOGRAPHY IN ADULT TRANSTHORACIC AND ADULT TRANSESOPHAGEAL.

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- NJ SHARING NETWORK PLATINUM LEVEL RECOGNITION FOR INCREASING ENROLLMENT IN THE NEW JERSEY STATE DONOR REGISTRY AND SPREADING THE LIFE-SAVING MESSAGE OF ORGAN AND TISSUE DONATION.
- RECOGNITION AS A "MOST WIRED" HOSPITAL BY THE AMERICAN HOSPITAL

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RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

ASSOCIATION.

- PLACED WITHIN THE TOP 10 PERFORMERS IN NEW JERSEY FOR THE 1ST AND 2ND  
QUARTERS OF 2017 IN PATIENT SATISFACTION CATEGORIES OF: CLEANLINESS OF  
HOSPITAL, COMMUNICATION WITH NURSES AND RESPONSIVENESS OF HOSPITAL  
STAFF.

NEWARK BETH ISRAEL MEDICAL CENTER ("NBIMC")  
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NBIMC, A 667-BED TEACHING HOSPITAL ESTABLISHED IN 1901, PROVIDES  
COMPREHENSIVE HEALTHCARE SERVICES TO ITS LOCAL COMMUNITIES AND IS A MAJOR  
REFERRAL AND TREATMENT CENTER FOR PATIENTS THROUGHOUT THE NORTHERN NEW  
JERSEY METROPOLITAN AREA. NBIMC IS LOCATED IN THE CITY OF NEWARK, THE  
SEAT OF ESSEX COUNTY, AND SERVES AREAS THAT INCLUDE MUA/MUP DESIGNATIONS  
AND STATE DESIGNATION AS MEDICALLY UNDERINSURED AND AN URBAN ENTERPRISE  
ZONE (UEZ) BY THE STATE OF NEW JERSEY. NEWARK IS HOME TO A MAJOR  
INTERNATIONAL AIRPORT AND CONNECTS TO MAJOR ROADWAYS AND IS ADJACENT TO  
MAJOR SHIPPING YARDS. DUE TO THE NATURE OF ITS LOCATION, NBIMC SERVES  
DIVERSE COMMUNITIES WITH THE MAJORITY OF THE RACIAL MAKEUP OF THE CITY  
BEING PREDOMINANTLY MINORITY AND SURROUNDED BY RESIDENTIAL SUBURBS TO THE  
WEST, DENSE URBAN AREAS TO BOTH THE SOUTH AND EAST, AND MIDDLE-CLASS  
RESIDENTIAL SUBURBS AND INDUSTRIAL AREAS TO THE NORTH. IN 2019, NBIMC HAD  
OVER 22,000 INPATIENT ADMISSIONS, OVER 2,700 BIRTHS, OVER 268,500  
OUTPATIENT CASES INCLUDING OVER 95,500 EMERGENCY VISITS.

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NBIMC, A JOINT COMMISSION GOLD SEAL OF APPROVAL FOR HOSPITAL ACCREDITATION, IS THE RECIPIENT OF NUMEROUS AWARDS AND HONORS INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING:

- NBIMC HAS BEEN NAMED ONE OF THE 2019 WORLD'S BEST HOSPITALS BY NEWSWEEK MAGAZINE.

- LEAPFROG "A" GRADE FOR SAFETY AND QUALITY FALL 2019 AND A TOP TEACHING HOSPITAL 2018.

- AN LGBTQ HEALTHCARE EQUALITY INDEX DESIGNATION BY THE HUMAN RIGHTS CAMPAIGN (HRC) FOUNDATION

- CERTIFIED BY THE JOINT COMMISSION DISEASE SPECIFIC CARE CERTIFICATION PROGRAM IN:

- ACUTE CORONARY SYNDROME (ACS) 2011-2017

- CONGESTIVE HEART FAILURE (CHF) 2013-2017

- STROKE, 2015-2017

- VENTRICULAR ASSIST DEVICE (VAD) 2013-2017

- NEW JERSEY DESIGNATED PRIMARY STROKE CENTER BY THE NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES.

- NICHE EXEMPLAR HOSPITAL DESIGNATION INDICATES A HOSPITAL'S COMMITMENT TO ELDER CARE EXCELLENCE.

- PLATINUM RECOGNITION PARTNERSHIP FOR LIFE HOSPITAL CAMPAIGN, RECOGNIZED FOR RAISING ORGAN AND TISSUE DONATION AWARENESS 2016, 2017, 2018, 2019. RECOGNITION BY U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' HEALTH



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RESOURCES AND SERVICES ADMINISTRATION (HRSA).

- NICHE (NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDERS) EXEMPLAR HOSPITAL DESIGNATION.

- SILVER LEVEL ACCREDITATION AND THREE-YEAR COMMENDATION FOR THE COHEN CANCER CENTER AT NBIMC BY THE AMERICAN COLLEGE OF SURGEON'S COMMISSION ON CANCER.

- AMERICAN SOCIETY OF CLINICAL ONCOLOGY - QUALITY ONCOLOGY PRACTICE INITIATIVE (QOPI) CERTIFICATION FOR THE COHEN CANCER CENTER AT NBIMC.

- HOSPITALS & HEALTH NETWORKS IN PARTNERSHIP WITH THE AMERICAN HOSPITAL ASSOCIATION'S HEALTH FORUM AND THE COLLEGE OF HEALTHCARE INFORMATION MANAGEMENT EXECUTIVES (CHIME) - MOST WIRED HOSPITAL 2015, 2016, 2017, 2018, AND 2019.

- US NEWS & WORLD REPORT: RATED HIGH PERFORMING FOR TREATMENT OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) AND HEART FAILURE 2016; BEST HOSPITALS IN THE NEW JERSEY AND METRO AREA - CANCER, CARDIOLOGY & HEART SURGERY, DIABETES & ENDOCRINOLOGY, GASTROENTEROLOGY & GI SURGERY, NEPHROLOGY, NEUROLOGY & NEUROSURGERY 2014-2015.

- AMERICAN HEART ASSOCIATION - DISTINGUISHED PHYSICIAN HARVEY E. NUSSBAUM AWARD 2017; MISSION LIFELINE GOLD FOR STEMI-2011 (BRONZE), 2012 (SILVER), 2013 AND 2016 (GOLD); "GET WITH THE GUIDELINES GOLD AWARD" FOR HEART FAILURE, 2011 AND 2013; "GET WITH THE GUIDELINES GOLD AWARD" RESUSCITATION, 2017; AND PERFORMANCE ACHIEVEMENT AWARD FOR CARDIAC CARE-GOLD AWARD 2014; AND SILVER 2017.

- AMERICAN COLLEGE OF RADIOLOGY BREAST IMAGING CENTER OF EXCELLENCE  
AMERICAN COLLEGE OF RADIOLOGY BREAST MRI AMERICAN COLLEGE OF RADIOLOGY

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BREAST ULTRASOUND AMERICAN COLLEGE OF RADIOLOGY MAMMOGRAPHY AMERICAN COLLEGE OF RADIOLOGY STEREOTACTIC BREAST BIOPSY. ACCREDITED FOR CT, MRI, NUCLEAR MEDICINE, PET, ULTRASOUND.

- AMERICAN COLLEGE OF RADIOLOGY COMPUTED TOMOGRAPHY AMERICAN COLLEGE OF RADIOLOGY MAGNETIC RESONANCE IMAGING AMERICAN COLLEGE OF RADIOLOGY NUCLEAR MEDICINE AMERICAN COLLEGE OF RADIOLOGY POSITRON EMISSION TOMOGRAPHY AMERICAN COLLEGE OF RADIOLOGY ULTRASOUND.

- AMERICAN COLLEGE OF RADIOLOGY - DIAGNOSTIC IMAGING CENTER OF EXCELLENCE; DIAGNOSTIC IMAGING CENTER OF EXCELLENCE; DESIGNATED LUNG CANCER SCREENING CENTER; AND DESIGNATED LUNG CANCER SCREENING CENTER.

- NOVA AWARD AS ONE OF THE TOP FIVE OUT OF 5,000 HOSPITALS WITH COMMUNITY PROGRAMS 2012 BY THE AMERICAN HOSPITAL ASSOCIATION.

- INTERSOCIETAL ACCREDITATION COMMISSION - ACCREDITED ECHOCARDIOGRAPHY FACILITY; CARDIAC NON-INVASIVE, ADULT TRANSESOPHAGEAL, ADULT TRANSTHORACIC, ADULT STRESS; ACCREDITED ECHOCARDIOGRAPHY FACILITY; ACCREDITED OF VASCULAR TESTING FACILITY; EXTRACRANIAL CEREBROVASCULAR, PERIPHERAL ARTERY, PERIPHERAL VENOUS, VISCERAL VASCULAR; AND ACCREDITED OF VASCULAR TESTING FACILITY.

- COLLEGE OF AMERICAN PATHOLOGISTS - ACCREDITED LABORATORY AND PATHOLOGY SERVICES; AMERICAN ASSOCIATION OF BLOOD BANK; AMERICAN ASSOCIATION OF BLOOD BANK.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - NEW BRUNSWICK AND SOMERSET (RWJUH-NEW BRUNSWICK AND RWJUH-SOMERSET)

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RWJUH IS A 955-LICENSED BED ACADEMIC MEDICAL CENTER WITH CAMPUSES IN NEW BRUNSWICK AND SOMERVILLE, NJ. THIS ENTITY WAS CREATED THROUGH THE SUCCESSFUL MERGER BETWEEN RWJUH AND SOMERSET MEDICAL CENTER IN THE YEAR 2014.

RWJUH-NEW BRUNSWICK IS LOCATED IN NEW BRUNSWICK, THE POPULATION CENTER OF MIDDLESEX COUNTY. ACCORDING TO CENSUS BUREAU ESTIMATES, MIDDLESEX COUNTY IS THE SECOND LARGEST COUNTY IN NEW JERSEY AND IS ESTIMATED TO HAVE HAD THE FIFTH LARGEST GROWTH IN RESIDENTS FROM 2010 TO 2019. NEW BRUNSWICK IS THE LARGEST CITY IN THE COUNTY. NEW BRUNSWICK'S EXTENSIVE HISTORY DATES BACK TO PRE-REVOLUTIONARY TIMES AND IT IS THE HOME OF RUTGERS UNIVERSITY, THE STATE UNIVERSITY OF NEW JERSEY. DURING 2019, THE HOSPITAL'S NEW BRUNSWICK CAMPUS HAD NEARLY 31,000 INPATIENT ADMISSIONS, OVER 2,500 BIRTHS AND OVER 92,000 HOSPITAL EMERGENCY DEPARTMENT VISITS FOR BOTH ADULT AND PEDIATRIC DEPARTMENTS. TOTAL OUTPATIENT CASES WERE OVER 167,000.

RWJUH-SOMERSET IS LOCATED SOMERVILLE, THE COUNTY SEAT OF SOMERSET COUNTY, NEW JERSEY. SOMERSET COUNTY IS THE STATE'S 13TH LARGEST COUNTY AND EXPERIENCED THE 7TH LARGEST POPULATION GROWTH FROM 2010 TO 2019. SOMERSET COUNTY IS ONE OF AMERICA'S OLDEST COUNTIES, AND WAS FIRST SETTLED IN 1681. MOST OF THE EARLY RESIDENTS WERE DUTCH. IN THE 1960S, TOWNSHIPS THAT WERE ONCE EXCLUSIVELY AGRICULTURAL WERE QUICKLY TRANSFORMED INTO

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SUBURBAN COMMUNITIES. THE AREA GROWTH WAS AIDED BY THE DEVELOPMENT OF A VERY STRONG PHARMACEUTICAL AND TECHNOLOGY PRESENCE. ON THE SOMERSET CAMPUS, THERE WERE OVER NEARLY 14,000 INPATIENT ADMISSIONS, OVER 51,000 EMERGENCY DEPARTMENT VISITS AND OVER 770 BIRTHS. TOTAL OUTPATIENT VISITS EXCEEDED 108,000 DURING 2019.

BOTH THE NEW BRUNSWICK AND SOMERSET CAMPUSES HAVE EARNED SIGNIFICANT NATIONAL RECOGNITION FOR CLINICAL QUALITY AND PATIENT SAFETY, INCLUDING THE PRESTIGIOUS MAGNET AWARD FOR NURSING EXCELLENCE. THE JOINT COMMISSION AND THE NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES HAVE DESIGNATED THE NEW BRUNSWICK CAMPUS AS A COMPREHENSIVE STROKE CENTER AND THE SOMERSET CAMPUS AS A PRIMARY STROKE CENTER.

- THE BRISTOL-MYERS SQUIBB CHILDREN'S HOSPITAL HAS BEEN RANKED AMONG AMERICA'S BEST CHILDREN'S HOSPITALS BY U.S. NEWS & WORLD REPORT MULTIPLE YEARS.
- RANKED AMONG THE REGION'S BEST HOSPITALS BY U.S. NEWS & WORLD REPORT IN ITS 2017-18 RANKING OF THE REGION'S AND NATION'S BEST HOSPITALS AND SELECTED BY THE PUBLICATION AS "HIGH-PERFORMING" IN EIGHT SPECIALTIES.
- RWJUH NEW BRUNSWICK HAS EARNED THE PRESTIGIOUS MAGNET AWARD DESIGNATION FOR NURSING EXCELLENCE FIVE TIMES.
- RECOGNIZED AS A "LEADER IN LGBTQ HEALTHCARE EQUALITY" BY THE HUMAN RIGHTS CAMPAIGN (HRC) FOUNDATION, THE EDUCATIONAL ARM OF THE COUNTRY'S LARGEST LESBIAN, GAY, BISEXUAL AND TRANSGENDER CIVIL RIGHTS ORGANIZATION, FOR FOUR CONSECUTIVE YEARS.

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- ACHIEVED THE "MOST WIRED" DESIGNATION BY HOSPITALS AND HEALTH NETWORKS MAGAZINE.

- THE AMERICAN COLLEGE OF SURGEONS' COMMISSION ON CANCER HAS RATED RWJUH NEW BRUNSWICK AMONG THE NATION'S BEST COMPREHENSIVE CANCER CENTERS.

## CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

- ITS COMPREHENSIVE STROKE CENTER HAS EARNED THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION'S GET WITH THE GUIDELINES-STROKE GOLD PLUS QUALITY ACHIEVEMENT AWARD AND ITS STROKE ELITE PLUS HONOR ROLL AWARD - TWO OF THE HIGHEST HONORS THAT A CENTER CAN RECEIVE FROM THE ORGANIZATION FOR EXCEPTIONAL STROKE CARE.

- TOP DOCTORS -- NUMEROUS RWJUH PHYSICIANS CONSISTENTLY APPEAR IN RANKINGS FOR "BEST DOCTORS" IN PUBLICATIONS INCLUDING NEW YORK MAGAZINE AND NEW JERSEY MONTHLY. IN FACT, RWJUH HAS CONSISTENTLY HAD THE MOST OR CLOSE TO THE HIGHEST NUMBER OF DOCTORS RECOGNIZED ON THE LIST. THE DATA USED TO COMPILE THIS LIST COMES FROM CASTLE CONNOLLY'S ANNUAL "BEST DOCTORS" PUBLICATION, WHICH USES A PEER REVIEW PROCESS TO NOMINATE AND SELECT THE TOP PHYSICIANS IN THE NEW YORK AREA. CRITERIA FOR NOMINATION AND SELECTION INCLUDE NOT ONLY PROFESSIONAL QUALIFICATIONS AND REPUTATION BUT ALSO SKILLS IN DEALING WITH PATIENTS, SUCH AS LISTENING, INSTILLING TRUST, AND SHOWING EMPATHY.

- EXCELLENCE IN PATIENT SATISFACTION - BOTH CAMPUSES OF RWJUH AND BRISTOL-MYERS SQUIBB CHILDREN'S HOSPITAL ("BMSCH") UTILIZE THE SERVICES OF PRESS GANEY, THE NATIONAL CONSULTING FIRM SPECIALIZING IN PATIENT SATISFACTION MEASUREMENT AND PERFORMANCE IMPROVEMENT. PATIENT

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SATISFACTION CONTINUES TO BE ONE OF THE CORNERSTONES UPON WHICH SUCCESS IS MEASURED AT THE HOSPITAL, AND EFFORTS TO ENHANCE LEVELS OF SATISFACTION THROUGH PRESS GANEY AND HCAHPS - THE SYSTEM SPONSORED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS). PRESS GANEY HAS SELECTED BMSCH FOR THE HONOR FOR ACHIEVING HIGH PATIENT SATISFACTION SCORES. BMSCH CONSISTENTLY RANKS AMONG THE LEADING CHILDREN'S HOSPITALS NATIONALLY IN PATIENT SATISFACTION. MOREOVER, THE ADULT HOSPITAL CONTINUALLY RANKS AMONG THE TOP HOSPITALS IN NEW JERSEY FOR KEY HCSHPS MEASURES.

- COLLEGE OF AMERICAN PATHOLOGISTS - BOTH CAMPUSES OF RWJUH'S LABORATORY SERVICES ARE ACCREDITED BY THE COMMISSION ON LABORATORY ACCREDITATION OF THE COLLEGE OF AMERICAN PATHOLOGISTS (CAP), BASED ON THE RESULTS OF ITS ON-SITE INSPECTION. RWJUH IS ONE OF MORE THAN 6,000 CAP-ACCREDITED LABORATORIES NATIONWIDE. THE CAP LABORATORY ACCREDITATION PROGRAM, BEGUN IN THE EARLY 1960S, IS RECOGNIZED BY THE FEDERAL GOVERNMENT AS BEING EQUAL TO OR MORE STRINGENT THAN THE GOVERNMENT'S OWN INSPECTION. RWJUH'S LABORATORY WAS CONGRATULATED FOR "EXCELLENCE OF THE SERVICES BEING PROVIDED."

- LEADERSHIP IN ORGAN DONATION/TRANSPLANTATION - RWJUH WAS HONORED IN 2019 BY THE SHARING NETWORK AND THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' FOR SUPPORTING ORGAN DONATION. RWJUH IS AMONG A SELECT GROUP OF HOSPITALS NATIONWIDE RECOGNIZED FOR PROMOTING ENROLLMENT IN STATE ORGAN DONOR REGISTRIES IN A NATIONAL CAMPAIGN SPONSORED BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA). THE CAMPAIGN HAS ADDED MORE THAN 443,000 DONOR

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ENROLLMENTS TO STATE REGISTRIES NATIONWIDE.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - HAMILTON ("RWJUH HAMILTON")

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RWJUH HAMILTON, A 284 BED GENERAL ACUTE CARE HOSPITAL, IS LOCATED ON A 67-ACRE CAMPUS ADJACENT TO HAMILTON'S VETERANS PARK IN HAMILTON, NEW JERSEY IN MERCER COUNTY. THE TOWNSHIP IS LOCATED IMMEDIATELY EAST OF THE HISTORIC CITY OF TRENTON, THE STATE'S CAPITAL. TRENTON IS NEW JERSEY'S 11TH LARGEST PLACE BY POPULATION SIZE, HAMILTON TOWNSHIP IS THE 9TH LARGEST. LOCATED IN CENTRAL NEW JERSEY, HAMILTON TOWNSHIP ENJOYS A PRIME LOCATION THAT IS WITHIN AN HOUR'S DRIVE OF NEW YORK CITY, PHILADELPHIA, AND THE JERSEY SHORE. IN 2019, THE HOSPITAL HAD OVER 5,100 ADMISSIONS, AROUND 37,000 EMERGENCY ROOM VISITS. TOTAL OUTPATIENT CASES WERE OVER 95,000.

RWJUH HAMILTON IS JOINT COMMISSION ACCREDITED AND IS A PROUD RECIPIENT OF NUMEROUS LOCAL, STATE, AND NATIONAL LEVEL AWARDS AND RECOGNITIONS.

- 9 LEAPFROG SAFETY GRADE "A" - TWICE RECOGNIZED BY THE LEAPFROG GROUP AS A TOP GENERAL HOSPITAL IN THE UNITED STATES.
- THE FIRST OF TWO NEW JERSEY HOSPITALS TO RECEIVE THE MALCOLM BALDRIGE NATIONAL QUALITY AWARD, FOR QUALITY AND PERFORMANCE EXCELLENCE PRESENTED BY THE PRESIDENT OF THE UNITED STATES.
- FULL ACCREDITATION AND OUTSTANDING SURVEY RESULTS FROM THE JOINT

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COMMISSION.

- SPECIALTY CERTIFICATION BY THE JOINT COMMISSION:

- STROKE

- SPINE SURGERY

- HIP/KNEE REPLACEMENT

- BARIATRIC SURGERY CENTER OF EXCELLENCE BY THE SURGICAL REVIEW

CORPORATION.

- STROKE AND HEART FAILURE, GOLD PLUS PERFORMANCE ACHIEVEMENT AWARD FROM  
THE AMERICAN HEART ASSOCIATION.

- CONSUMER CHOICE AWARD BY THE NATIONAL RESEARCH CORPORATE BASED ON  
QUALITY CARE AND PUBLIC IMAGE (2004 TO PRESENT).

- PUBLIC SERVICE AWARD BY THE NEW JERSEY BUSINESS & INDUSTRY ASSOCIATION  
FOR ADDRESSING CHILDHOOD OBESITY.

- OUTSTANDING EMPLOYER AWARD BY THE NEW JERSEY BUSINESS & INDUSTRY  
ASSOCIATION.

- FIT-FRIENDLY GOLD AWARD FROM THE AMERICAN HEART ASSOCIATION RECOGNIZING  
THE HOSPITAL'S CULTURE OF WELLNESS FOR EMPLOYEES (2007 TO PRESENT).

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY ("RWJUH RAHWAY")

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RWJUH RAHWAY IS LICENSED FOR 251 BEDS AND IS LOCATED IN RAHWAY, UNION  
COUNTY, NEW JERSEY. UNION COUNTY IS THE 7TH LARGEST COUNTY IN THE STATE



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AND IT EXPERIENCED THE FOURTH LARGEST POPULATION GROWTH FROM 2010 TO 2019 (4TH LARGEST SIZE GROWTH AND 3RD LARGEST PERCENT). RAHWAY AND THE SURROUNDING AREA WERE ONCE THE HOME OF THE LENNI LENAPE NATIVE AMERICANS AND IT GREW DUE TO ITS LOCATION ALONG THE MAJOR STAGECOACH AND RAILROAD LINES BETWEEN NEW YORK CITY AND PHILADELPHIA, PENNSYLVANIA. THE NAVIGABLE RAHWAY RIVER, WHICH FLOWS THROUGH THE CITY, ALSO AIDED THE CITY'S COMMERCIAL GROWTH. RAHWAY TOWNSHIP IS THE 77TH LARGEST MCD IN NEW JERSEY WITH A MINORITY PRESENCE OF 66%. IN 2019, RWJUH RAHWAY PROVIDED CARE FOR OVER 5,000 INPATIENTS, ALMOST 37,000 EMERGENCY ROOM VISITS.

RWJUH RAHWAY IS JOINT COMMISSION ACCREDITED AND IS A PROUD RECIPIENT OF NUMEROUS LOCAL, STATE, AND NATIONAL LEVEL AWARDS AND RECOGNITIONS.

- FULLY ACCREDITED BY THE JOINT COMMISSION.
- LEAPFROG SAFETY GRADE "A".
- HOSPITALS & HEALTH NETWORKS IN PARTNERSHIP WITH THE AMERICAN HOSPITAL ASSOCIATION'S HEALTH FORUM AND THE COLLEGE OF HEALTHCARE INFORMATION MANAGEMENT EXECUTIVES (CHIME) - MOST WIRED HOSPITAL.
- DIABETES PROGRAM CERTIFIED BY THE AMERICAN DIABETES ASSOCIATION.
- PRIMARY STROKE CENTER, NEW JERSEY DEPARTMENT OF HEALTH.
- AMERICAN HEART/STROKE ASSOCIATION - GET WITH THE GUIDELINES GOLD AWARD FOR STROKE.
- AMERICAN HEART ASSOCIATION'S MISSION: LIFELINE EMS GOLD AWARD FOR HEART ATTACK TREATMENT AWARDED TO MOBILE INTENSIVE CARE UNIT.

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SAINT BARNABAS BEHAVIORAL HEALTH CENTER ("SBBH")  
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SBBH IS A FREESTANDING 100-BED ACUTE CARE PSYCHIATRIC FACILITY PROVIDING INPATIENT, AND INTENSIVE OUTPATIENT PROGRAMS FOR ADULTS AND OLDER ADULTS DIAGNOSED WITH PSYCHIATRIC AND DUAL DISORDERS. SBBH IS THE LICENSED OPERATOR OF 40 OF THESE BEDS AND MANAGES THE OTHER 60 BEDS FOR ITS AFFILIATE, MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS, FORMERLY KNOWN AS KIMBALL MEDICAL CENTER.

SBBH'S MODERN FACILITY IS LOCATED IN TOMS RIVER, THE COUNTY SEAT OF OCEAN COUNTY, AND IS SET ON 16 LOVELY WOODED ACRES IN TOMS RIVER, OCEAN COUNTY, NEW JERSEY OFFERING A SAFE, PRIVATE AND COMFORTABLE ENVIRONMENT THAT IS AN IDEAL SETTING FOR HEALING. OCEAN COUNTY IS HOME TO ONE-THIRD OF THE JERSEY SHORE, BORDERING THE ATLANTIC OCEAN IN THE SOUTHERN PART OF NEW JERSEY, A PRIME DESTINATION FOR LARGE BEACH POPULATIONS, FISHERMAN AND BOATERS, WHICH PLACES ADDITIONAL SEASONAL DEMANDS ON THE HOSPITAL'S EMERGENCY DEPARTMENT. SBBH SERVES BOTH SUBURBAN AND SEMI-RURAL COMMUNITIES INCLUDING THE SHORE COMMUNITIES AND LOWER-INCOME MUNICIPALITIES OF MANCHESTER AND SOUTH TOMS RIVER. THE CENSUS BUREAU ANNUAL ESTIMATES OF RESIDENT POPULATION FOR COUNTIES ESTIMATES OCEAN COUNTY AS HAVING THE HIGHEST PERCENTAGE INCREASE (5.3%) IN POPULATION NUMBERS FROM 2010 TO 2019, AND IT IS THE SECOND LARGEST NUMBER OF POPULATION INCREASE IN THE STATE. TOMS RIVER TOWNSHIP IS RANKED THE 8TH MOST POPULOUS MCD IN THE STATE ACCORDING TO THE 2019 CENSUS ESTIMATES. IN

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2019, SBBH HAD OVER 1,300 INPATIENTS ADMISSIONS AND OVER 5,300 OUTPATIENT VISITS.

SBBH IS ACCREDITED BY THE JOINT COMMISSION, AN INDEPENDENT ORGANIZATION WHICH ACCREDITS AND CERTIFIES HEALTH ORGANIZATIONS BASED ON QUALITY AND PERFORMANCE STANDARDS. SBBH IS A 2017 NATIONAL WINNER OF THE PRESTIGIOUS PRESS GANEY GUARDIAN OF EXCELLENCE AWARD.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

SBBH, THROUGH THE INSTITUTE FOR PREVENTION AND RECOVERY, LED RWJBH TO ACHIEVE THE CEO CANCER GOLD STANDARD FOR RWJBH AND ITS HOSPITAL FACILITIES. THE CEO CANCER GOLD STANDARD ACCREDITATION IS BASED UPON A SERIES OF CANCER-RELATED RECOMMENDATIONS TO FIGHT CANCER IN WORKPLACES IN THE UNITED STATES. THE GOLD STANDARD IS A COMPREHENSIVE PROGRAM THAT CALLS FOR COMPANIES TO EVALUATE THEIR HEALTH BENEFITS AND CORPORATE CULTURE AND TAKE EXTENSIVE, CONCRETE ACTIONS IN FIVE KEY AREAS OF HEALTH AND WELLNESS:

- PREVENTION;
- SCREENING;
- CANCER CLINICAL TRIALS;
- QUALITY TREATMENT AND SURVIVORSHIP; AND
- HEALTH EDUCATION AND HEALTH PROMOTION.

THE INSTITUTE FOR PREVENTION AND RECOVERY HAS RECEIVED MULTIPLE GRANTS IN

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RECOGNITION OF ITS COMPREHENSIVE WELLNESS SERVICES TO ADDRESS THE SOCIAL AND EMOTIONAL NEEDS OF INDIVIDUALS, CHILDREN, FAMILIES AND PROFESSIONALS. ITS DART PREVENTION COALITION WAS RECOGNIZED AS A 2018 COALITION OF THE YEAR BY CADCA, A NATIONAL AWARD.

SAINT BARNABAS MEDICAL CENTER ("SBMC")

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SBMC IS LOCATED IN THE TOWN OF LIVINGSTON, WITHIN ESSEX COUNTY, NEW JERSEY. ESSEX COUNTY IS THE THIRD LARGEST POPULOUS COUNTY IN NEW JERSEY AND HAS EXPERIENCED SMALL GROWTH AT 1.9% FROM 2010 TO 2019. ITS LOCATION ALSO BORDERS WEST ORANGE. WITHIN THE STATE, ESSEX COUNTY IS THE SECOND MOST DENSELY POPULATED AND THE THIRD-MOST POPULOUS COUNTY. THERE ARE 22 MUNICIPALITIES IN ESSEX COUNTY WITH THE WESTERN PARTS ENCOMPASSING MORE AFFLUENT AND SUBURBAN POPULATIONS, WHILE THE EASTERN REGION OF THE COUNTY CONTAINS MORE URBANIZED, IMPOVERISHED INNER CITY COMMUNITIES (FOUR DESIGNATED URBAN ENTERPRISE ZONES - NEWARK, EAST ORANGE, ORANGE AND IRVINGTON). NEWARK IS RANKED AS ONE OF THE POOREST PLACES IN THE COUNTY AND IS LOCATED LESS THAN TEN MILES FROM ESSEX FELLS WHICH HAS ONE OF THE HIGHEST PER CAPITA INCOMES IN THE STATE. LIVINGSTON, SOUTH ORANGE AND SHORT HILLS HAVE SOME OF THE HIGHEST PERCENTAGE OF JEWISH POPULATIONS FOR MUNICIPALITIES IN THE U.S., AND BELLEVILLE AND BLOOMFIELD MAINTAIN A STRONG ITALIAN-AMERICAN POPULATION.

THE 597-BED TEACHING INSTITUTION CARED FOR NEARLY 33,000 INPATIENTS AND

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CLOSE TO 96,000 EMERGENCY DEPARTMENT ADULT AND PEDIATRIC PATIENTS DURING 2019. THE HOSPITAL DELIVERED OVER 5,800 BABIES FOR MOTHERS COMING FROM NEARLY EVERY COUNTY IN THE STATE. SBMC SERVED APPROXIMATELY 269,000 OUTPATIENT VISITS IN 2019.

SBMC IS ACCREDITED BY THE JOINT COMMISSION AND THE AMERICAN MEDICAL ASSOCIATION ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION. SBMC HAS EARNED MANY CERTIFICATIONS AND ACCREDITATIONS AND HAS BEEN THE RECIPIENT OF NUMEROUS AWARDS AND HONORS INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING:

- 2020 LEADER IN LGBTQ HEALTHCARE EQUALITY.
- U.S. NEWS & WORLD REPORT 2019 - 2020 BEST HOSPITAL FOR GYNECOLOGY AS WELL AS DIABETES AND ENDOCRINOLOGY.
- U.S. NEWS & WORLD REPORT 2019 - 2020 HIGH PERFORMING (IN THE TOP TEN PERCENT OF PROGRAMS IN THE COUNTRY) IN TREATING COLON CANCER, CONGESTIVE HEART FAILURE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, GASTROENTEROLOGY AND GASTROINTESTINAL SURGERY, GERIATRICS, NEPHROLOGY, NEUROLOGY AND NEUROSURGERY.
- MAGNET RECOGNITION FROM THE AMERICAN NURSES CREDENTIALING CENTER FOR NURSING EXCELLENCE.
- 2019 LEAPFROG TOP HOSPITAL-NATIONALLY RECOGNIZED FOR PATIENT SAFETY AND QUALITY, ONE OF ONLY 55 TEACHING HOSPITALS RECOGNIZED IN THE U.S.
- NATIONALLY RECOGNIZED STRAIGHT A'S 2012-2020 LEAPFROG HOSPITAL SAFETY GRADE.

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- 2012- 2020 GRADE "A" FOR PATIENT SAFETY FROM THE LEAPFROG GROUP, 17 CONSECUTIVE SURVEYS; THE ONLY HOSPITAL IN THE TRI-STATE AREA AND ONE OF 32 IN THE U.S. TO HAVE ACHIEVED STRAIGHT A'S SINCE THE SURVEY BEGAN.
- 2019 MOST WIRED HOSPITAL FROM THE AMERICAN HOSPITAL ASSOCIATION.
- ONE OF THE LARGEST KIDNEY TRANSPLANT PROGRAMS IN THE NATION.
- ACADEMIC CENTER OF EXCELLENCE IN WOMEN'S HEALTH (THE FIRST IN NJ).
- THREE-YEAR APPROVAL FOR THE CANCER CENTER FROM THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER.
- COMPREHENSIVE STROKE CENTER DESIGNATION BY THE NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES; THE JOINT COMMISSION CERTIFICATION FOR A PRIMARY STROKE CENTER.
- DESIGNATED LEVEL 4 EPILEPSY CENTER BY THE NATIONAL ASSOCIATION OF EPILEPSY CENTERS.
- 2017 HOSPITAL OF THE YEAR AT THE 11TH NJ BIZ HEALTHCARE HEROES AWARD.
- AMERICAN BURN ASSOCIATION IN CONJUNCTION WITH THE AMERICAN COLLEGE OF SURGEONS BURN CENTER VERIFICATION.
- AWARD-WINNING LEVEL III NEONATAL INTENSIVE CARE UNIT.
- MID-ATLANTIC ALLIANCE FOR PERFORMANCE EXCELLENCE 2017 EXCELLENCE AWARD.
- TOP DOCTORS -- NUMEROUS SBMC ACCREDITATION BY NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS BY THE AMERICAN COLLEGE OF SURGEONS.
- THE QUALITY ONCOLOGY PRACTICE INITIATIVE (QOPI) CERTIFICATION PROGRAM, AN AFFILIATE OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY (ASCO) CERTIFICATION OF THE CANCER CENTER AT SBMC.
- JOINT COMMISSION GOLD SEAL OF APPROVAL FOR ACUTE CORONARY SYNDROME

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(ASC), HEART FAILURE, CARDIAC REHABILITATION, PRIMARY STROKE, TOTAL HIP REPLACEMENT AND TOTAL KNEE REPLACEMENT.

- BREAST CENTER ACCREDITATION FROM THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTER, A QUALITY PROGRAM FROM THE AMERICAN COLLEGE OF SURGEONS.
- ACCREDITED/CERTIFIED CENTER BY THE AMERICAN SOCIETY OF METABOLIC AND BARIATRIC SURGERY.
- QRCR CERTIFIED BY THE AMERICAN ASSOCIATION FOR RESPIRATORY CARE.
- CARDIAC REHABILITATION PROGRAM ACCREDITED/CERTIFIED BY THE AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION.
- NUCLEAR CARDIOLOGY LABORATORY SERVICES AND GENERAL NUCLEAR MEDICINE SERVICES ACCREDITED/CERTIFIED BY THE INTERSOCIETAL COMMISSION FOR THE ACCREDITATION OF NUCLEAR MEDICINE LABORATORIES.
- ADULT TRANSESOPHAGEAL AND ADULT TRANSTHORACIC SERVICES ACCREDITED/CERTIFIED BY THE INTERSOCIETAL COMMISSION FOR THE ACCREDITATION OF ECHOCARDIOGRAPHY LABORATORIES.
- VISCERAL VASCULAR TESTING, EXTRACRANIAL CEREBROVASCULAR TESTING, AND PERIPHERAL ARTERIAL TESTING ACCREDITED/CERTIFIED BY THE INTERSOCIETAL COMMISSION FOR THE ACCREDITATION OF VASCULAR LABORATORIES.
- LABORATORY AND PATHOLOGY SERVICES ACCREDITED/CERTIFIED BY THE COLLEGE OF AMERICAN PATHOLOGISTS.
- LABORATORY TRANSFUSION SERVICES ACCREDITED/CERTIFIED BY THE AMERICAN ASSOCIATION OF BLOOD BANKS.
- RADIATION ONCOLOGY SERVICES ACCREDITED/CERTIFIED BY THE AMERICAN COLLEGE OF RADIOLOGY AND THE AMERICAN COLLEGE OF RADIATION ONCOLOGY.

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RWJBARNABAS HEALTH SERVICES

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RWJBH PROVIDES SUBSTANTIAL COMMUNITY BENEFIT. ITS SYSTEM INCLUDES THE FOLLOWING GENERAL ACUTE CARE HOSPITALS, PSYCHIATRIC HOSPITAL AND CHILDREN'S COMPREHENSIVE REHABILITATION HOSPITAL LOCATED THROUGHOUT THE STATE OF NEW JERSEY.

1. CHILDREN'S SPECIALIZED HOSPITAL
2. CLARA MASS MEDICAL CENTER
3. COMMUNITY MEDICAL CENTER
4. JERSEY CITY MEDICAL CENTER
5. MONMOUTH MEDICAL CENTER
6. MONMOUTH MEDICAL CENTER - SOUTHERN CAMPUS
7. NEWARK BETH ISRAEL MEDICAL CENTER
8. ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL NEW BRUNSWICK
9. ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL SOMERSET
10. ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON
11. ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY
12. SAINT BARNABAS BEHAVIORAL HEALTH CENTER
13. SAINT BARNABAS MEDICAL CENTER

RWJBH HOSPITALS ARE RECOGNIZED BY THE INTERNAL REVENUE SERVICE ("IRS") AS INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATIONS. PURSUANT TO ITS CHARITABLE PURPOSES, THE RWJBH\_HOSPITALS PROVIDE



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MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A  
NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, GENDER  
IDENTITY, SEXUAL ORIENTATION, NATIONAL ORIGIN OR ABILITY TO PAY.  
MOREOVER, THE RWJBH HOSPITALS OPERATE CONSISTENTLY WITH THE FOLLOWING  
CRITERIA OUTLINED IN IRS REVENUE RULING 69-545:

1. PROVIDED MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS  
REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE  
AND MEDICAID PATIENTS;
2. OPERATES AN ACTIVE EMERGENCY DEPARTMENTS FOR ALL PERSONS THAT ARE OPEN  
24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR;
3. MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL  
QUALIFIED PHYSICIANS;
4. CONTROL OF EACH HOSPITAL RESTS WITH ITS BOARD OF TRUSTEES AND THE  
BOARD OF TRUSTEES OF RWJ BH; THE TAX-EXEMPT PARENT ORGANIZATION OF RWJBH.  
BOTH BOARDS ARE COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER  
PROMINENT MEMBERS OF THE REPRESENTED COMMUNITIES; AND
5. SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND  
AND RENOVATE FACILITIES/EQUIPMENT AND ADVANCE AND IMPROVE MEDICAL CARE,  
PROGRAMS AND ACTIVITIES THROUGH PATIENT CARE AND MEDICAL TRAINING,  
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THE OPERATIONS OF EACH HOSPITAL, AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THAT THE USE AND CONTROL OF EACH HOSPITAL IS FOR THE BENEFIT OF THE PUBLIC AND THAT NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATIONS INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL, NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

SELECT "CENTERS OF EXCELLENCE" FOR RWJBARNABAS HEALTH HOSPITALS

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CHILDREN'S SPECIALIZED HOSPITAL

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CSH'S RECOGNIZED MEDICAL SERVICES CENTERS OF EXCELLENCE INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

- INPATIENT PROGRAMS

INPATIENT SERVICES ARE LICENSED FOR 68 COMPREHENSIVE REHABILITATION BEDS AND 72 PEDIATRIC LONG-TERM CARE BEDS THAT ARE IN OPERATION. INPATIENT REHABILITATION CARE PROVIDED INCLUDES MEDICAL AND NURSING CARE, COMPREHENSIVE THERAPY SERVICES, PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL SERVICES, ACADEMICS, SOCIAL SERVICES, AND NUTRITIONAL SERVICES. INCLUDED

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IN THE THERAPY SERVICES ARE PHYSICAL THERAPY, HYDROTHERAPY, REHABILITATION TECHNOLOGY, AUGMENTATIVE COMMUNICATION, OCCUPATIONAL THERAPY, ACTIVITIES OF DAILY LIVING, SPEECH AND AUDIOLOGY, RESPIRATORY THERAPY, RECREATIONAL THERAPY AND CHILD LIFE. THESE CSH SERVICES ARE PROVIDED TO ALLOW THE CHILDREN TO ATTAIN THEIR GREATEST POTENTIAL - MEDICALLY, SOCIALLY, ACADEMICALLY, AND EMOTIONALLY. THEIR FAMILIES ARE PROVIDED WITH SUPPORT AND EDUCATIONAL SERVICES TO ENSURE THEIR CHILD CAN RETURN TO THEIR HOME AND COMMUNITY. OUR LONG-TERM CARE CENTERS, LOCATED IN MOUNTAINSIDE AND TOMS RIVER, NJ ARE SKILLED NURSING FACILITIES PROVIDING 24-HOUR NURSING CARE TO THE MEDICALLY INVOLVED PATIENT. WE HAVE 46 LICENSED BEDS IN MOUNTAINSIDE AND ONE WAIVER BED AND 26 LICENSED BEDS IN TOMS RIVER. OUR LONG-TERM CARE PATIENTS RECEIVE RESPIRATORY AND NUTRITIONAL SERVICES, PHYSICAL AND OCCUPATIONAL THERAPY, AS WELL AS RECREATIONAL AND CHILD LIFE SERVICES. SOME OF THE PATIENTS ATTEND AN ON-SITE SCHOOL WHILE OTHERS ARE TRANSPORTED TO COMMUNITY SCHOOLS.

- BRAIN INJURY

HELPING A CHILD RECOVER FROM A BRAIN INJURY PRESENTS COMPLEX CHALLENGES. WHILE THE CHILD NEEDS HELP IN RECOVERING FROM HIS INJURIES, HE ALSO IS STILL DEVELOPING PHYSICALLY, EMOTIONALLY, AND INTELLECTUALLY. THE BRAIN INJURY PROGRAM AT CSH MEETS THESE CHALLENGES AND THE UNIQUE NEEDS OF CHILDREN BY PROVIDING INNOVATIVE, EXPERT AND LOVING CARE FOR THE PATIENT WITH A BRAIN INJURY ON HIS OR HER ROAD TO INDEPENDENCE. THE BRAIN INJURY PROGRAM, WHICH WAS ESTABLISHED IN 1981, IS DESIGNED TO MEET THE NEEDS OF

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BRAIN-INJURED, AGE APPROPRIATE PATIENTS, AT ALL LEVELS OF COGNITIVE AWARENESS.

THE REHABILITATION PROCESS IS THE FOUNDATION FOR LONG TERM RECOVERY. CHILDREN ARE BEST TREATED BY PEDIATRIC SPECIALISTS IN AN ENVIRONMENT ESPECIALLY GEARED TO THEIR NEEDS. CSH PROVIDES SPECIALIZED CARE FOR EACH CHILD'S UNIQUE NEEDS DURING THEIR RECOVERY IN A COMPREHENSIVE MEDICAL AND REHABILITATION SETTING. A FULL CONTINUUM OF CARE FROM COMA TO RE-ENTRY TO THE COMMUNITY IS PROVIDED FOR EACH CHILD.

THE BRAIN INJURY PROGRAM IS GEARED TOWARD MAXIMAL PROGRESS THROUGH REHABILITATION WHILE EMPHASIZING THE ACHIEVEMENT OF NORMAL PEDIATRIC DEVELOPMENTAL MILESTONES. CSH'S PROFESSIONAL STAFF, WHO ARE EXPERIENCED WITH BRAIN INJURIES AND THE DEVELOPMENTAL NEEDS OF CHILDREN, INCORPORATE EACH CHILD AND FAMILY WITHIN THE REHABILITATION TEAM TO ENCOURAGE OPTIMAL PROGRESS.

EACH CHILD'S INDIVIDUALIZED PROGRAM FOCUSES ON THEIR MEDICAL, PHYSICAL, COGNITIVE, AND PSYCHOSOCIAL NEEDS. IN ADDITION TO INDIVIDUAL THERAPY, GROUP THERAPY PROVIDES COMPREHENSIVE STRUCTURED STIMULATION SESSIONS FOR PATIENTS IN ORDER TO ENHANCE AND ACCELERATE AROUSAL, ALERTNESS, ORIENTATION AND SOCIALIZATION.

THE BRAIN INJURY PROGRAM ADDRESSES:

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- MEDICAL MANAGEMENT;
- SPECIALIZED NURSING CARE;
- PHYSICAL THERAPY;
- OCCUPATIONAL THERAPY;
- SPEECH THERAPY;
- AUDITORY EVALUATION;
- COGNITIVE STATUS;
- NUTRITIONAL STATUS;
- FAMILY SUPPORT;
- CASE MANAGEMENT;
- PSYCHOLOGICAL STATUS;
- CORTICAL FUNCTIONING; AND
- RE-ENTRY TO HOME, SCHOOL, AND COMMUNITY.

ONE OUTPATIENT COMPONENT OF THE BRAIN INJURY PROGRAM IS THE NEURO-REHABILITATION PROGRAM. THE NEURO-REHABILITATION GROUP PROGRAM IS AN INTENSIVE TREATMENT PROGRAM FOR CHILDREN AND ADOLESCENTS WHO HAVE SUSTAINED A TRAUMATIC BRAIN INJURY, OR WHO ARE EXPERIENCING COGNITIVE DYSFUNCTION AS A RESULT OF NEUROLOGICAL OR OTHER CHRONIC ILLNESS. THIS FAMILY-CENTERED PROGRAM PROVIDES THERAPEUTIC INTERVENTIONS DESIGNED TO HELP CHILDREN AND ADOLESCENTS REGAIN COGNITIVE SKILLS AND LEARN COMPENSATORY STRATEGIES THAT ARE NEEDED FOR SCHOOL AND SOCIAL FUNCTIONING. THE PROGRAM ALSO ADDRESSES MOTOR IMPAIRMENTS THAT MAY ACCOMPANY ACQUIRED BRAIN INJURY OR ILLNESS. THE GROUP PROGRAM IS DELIVERED PRIMARILY IN SMALL GROUP SETTINGS. INDIVIDUAL PHYSICAL,

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OCCUPATIONAL, SPEECH THERAPIES AND NEUROPSYCHOLOGY MAY ALSO BE PROVIDED AS INDICATED. INVOLVEMENT IN THE GROUP PROGRAM PREPARES THE YOUNGSTER FOR RETURN TO A LARGER GROUP SETTING, USUALLY SCHOOL, AND PROVIDES HIM OR HER WITH IMPROVED SKILLS FOR PEER INTERACTION AND SOCIALIZATION. CHILDREN MAY ALSO BE SEEN THROUGH THE NEURO-REHABILITATION INDIVIDUAL PROGRAM. CHILDREN IN THE INDIVIDUAL PROGRAM ARE INVOLVED IN SCHOOL AND COMMUNITY ACTIVITIES BUT REQUIRE ADDITIONAL INTERVENTION TO BETTER REGAIN OR DEVELOP COMPENSATORY SKILLS TO IMPROVE OR MAINTAIN AGE APPROPRIATE WAYS OF THINKING AND BEHAVING.

- SPINAL CORD PROGRAM

THE SPINAL CORD PROGRAM PROVIDES INTENSIVE AND COMPREHENSIVE REHABILITATION SERVICES FOR CHILDREN AND ADOLESCENTS WITH ACQUIRED AND CONGENITAL SPINAL CORD PROBLEMS. THE PROGRAM TREATS PATIENTS WITH ALL LEVELS OF PEDIATRIC SPINAL CORD DYSFUNCTION, FROM THE CHILD DEPENDENT ON A VENTILATOR TO THE INDIVIDUAL WITH THE LOWEST LEVEL OF SPINAL CORD INJURY.

PATIENTS ARE PROVIDED WITH AN AGGRESSIVE REHABILITATION TREATMENT PROGRAM COUPLED WITH COMPREHENSIVE MEDICAL AND NURSING CARE. THE PROGRAM'S TEAM APPROACH RESULTS IN A COORDINATED TREATMENT PLAN DESIGNED TO MEET THE COMPLEX NEEDS OF EACH PATIENT AND HIS OR HER FAMILY.

WHILE AN EMPHASIS IS PLACED ON ACHIEVING NORMAL DEVELOPMENTAL MILESTONES,

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THE TREATMENT PLAN TAKES INTO ACCOUNT THE PATIENT'S LEVEL OF INJURY, AGE, AND DEVELOPMENTAL ABILITIES IN CREATING REALISTIC EXPECTATIONS FOR PERFORMING ACTIVITIES.

THE TEAM IS ADEPT AT DEVELOPING TREATMENT PLANS TO ACCOMMODATE PATIENTS WITH HIGH SPINAL CORD INJURIES (TETRAPLEGIA & QUADRIPLEGIA) WHO REQUIRE A TREMENDOUS AMOUNT OF SUPPORT, SPECIAL EQUIPMENT AND VENTILATOR ASSISTANCE, AS WELL AS THOSE PATIENTS WITH LOW LEVEL SPINAL CORD INJURIES (PARAPLEGIA) WHO CAN GAIN VIRTUAL INDEPENDENCE.

INTENSIVE MEDICAL NEEDS CAN BE SAFELY ACCOMMODATED AT CSH BY VIRTUE OF THE EXTENSIVE MEDICAL COVERAGE PROVIDED TO THE PATIENTS. PATIENTS WITH TRACHEOSTOMIES, SPECIAL FEEDING NEEDS, AND INTRAVENOUS AND CENTRAL LINES, FOR EXAMPLE, CAN BE MANAGED WHILE RECEIVING THE NECESSARY REHABILITATION THERAPY.

FAMILIES AND PATIENTS ARE INTEGRALLY INVOLVED IN THE COMPREHENSIVE TREATMENT PLANNING. FAMILIES AND PATIENTS ALSO RECEIVE INSTRUCTION FROM THE STAFF IN OVERALL CARE AND THE USE OF SPECIAL EQUIPMENT. THE TEAM THOROUGHLY EDUCATES THE PATIENT AND HIS OR HER FAMILY REGARDING THE PHYSICAL CONSEQUENCES OF A SPINAL CORD INJURY AND THE REQUIRED CARE AND TREATMENT.

SOME OF THE DIAGNOSTIC AND SPECIAL SERVICES AVAILABLE TO PATIENTS IN THE SPINAL CORD PROGRAM INCLUDE:

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- ELECTRODIAGNOSTIC TESTING;
- VENTILATOR ASSISTANCE PROGRAM;
- A FULL RANGE OF DIAGNOSTIC UROLOGIC TESTING;
- REFERRAL FOR BACLOFEN PUMP PLACEMENT;
- ORTHOTICS AND PROSTHETICS;
- REHABILITATION TECHNOLOGY SERVICES INCLUDING:
- SEATING AND POSITIONING;
- MOBILITY AND ENVIRONMENTAL ACCESS;
- AUGMENTATIVE AND ALTERNATIVE COMMUNICATION; AND
- COMPUTER ACCESS.

CSH ANNOUNCED A PARTNERSHIP WITH OPPORTUNITY PROJECT, INC. IN MAY 2019. OPPORTUNITY PROJECT CLUBHOUSE IS A UNIQUE PROGRAM CREATED BY AND FOR ADULTS WITH BRAIN INJURIES WHO ARE SEEKING THE NEXT STEP IN THEIR JOURNEY OF RECOVERY. OPPORTUNITY PROJECT, A COMMISSION FOR ACCREDITATION OF REHABILITATION FACILITIES (CARF) ACCREDITED ORGANIZATION. HAS SERVED OVER 600 MEMBERS AFFECTED BY BRAIN INJURY AND THEIR FAMILIES, PROVIDING MEMBERS WITH THE OPPORTUNITY TO BUILD COGNITIVE SKILLS, VOCATIONAL SKILLS, SELF-ESTEEM, AND CONFIDENCE IN THEIR ABILITY TO ACCOMPLISH PRODUCTIVE ACTIVITIES. THEY PROVIDE AN ENVIRONMENT OF SUPPORT, CHALLENGE AND CHOICES THAT CREATE INDEPENDENCE AND PRODUCTIVITY IN THEIR MEMBERS. THROUGH THE WORK ENVIRONMENT IN THE CLUBHOUSE, MEMBERS EXPLORE THEIR STRENGTHS, ABILITIES AND INTERESTS SO THAT THEY CAN ESTABLISH AND ATTAIN



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THEIR INDIVIDUAL GOALS. THE ULTIMATE GOAL IS FULL INTEGRATION BACK INTO FAMILY, WORK AND COMMUNITY.

THIS PARTNERSHIP WILL PROVIDE SIGNIFICANT BENEFITS FOR BOTH ORGANIZATIONS, CREATING AN ALIGNED STRUCTURE, LEVERAGING MISSIONS, VISIONS AND STRENGTHS, AND SUPPORTING STRATEGIC DIRECTIONS. IT WILL ALSO ENSURE OPPORTUNITY PROJECT'S CONTINUED EXPANSION AND STREAMLINE THE TRANSITION OF SERVICES OFFERED AT CSH FOR YOUNG ADULTS WITH BRAIN INJURY INTO ADULTHOOD.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

FOR CHILDREN'S SPECIALIZED HOSPITAL, THIS PARTNERSHIP PROVIDES A POINT OF ENTRY INTO THE ADULT SERVICE MARKET FOR PEOPLE WITH SPECIAL HEALTHCARE NEEDS. THERE IS NOW AN OPPORTUNITY TO ADDRESS CHALLENGES ASSOCIATED WITH CHILD-TO-ADULT TRANSITIONS WHEN IT COMES TO PROGRAMS, SERVICES, CARE, AND COMMUNITY INTEGRATION FOR THESE YOUNG ADULTS. TRANSITIONAL NEEDS WERE IDENTIFIED AS A PRIORITY NEED IN CSH'S LAST COMMUNITY HEALTH NEEDS ASSESSMENT.

CLARA MAASS MEDICAL CENTER

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- THE JOINT & SPINE INSTITUTE

THE JOINT & SPINE INSTITUTE IS LOCATED ON A DEDICATED UNIT WITHIN THE

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HOSPITAL. SURGERIES ARE SCHEDULED MONDAY THROUGH FRIDAY AND PATIENTS TYPICALLY RETURN HOME AFTER A THREE-NIGHT STAY. FEATURES OF THE PROGRAM INCLUDE: NURSES, THERAPISTS AND NURSING ASSISTANTS WHO SPECIALIZE IN THE CARE OF JOINT PATIENTS; PRIVATE AND SEMI-PRIVATE ROOMS; EMPHASIS ON GROUP ACTIVITIES AS WELL AS INDIVIDUAL CARE; FAMILY AND FRIENDS EDUCATED TO PARTICIPATE AS "COACHES" IN THE RECOVERY PROCESS; A JOINT TEAM WHO COORDINATES ALL PRE-OPERATIVE CARE AND DISCHARGE PLANNING; A COMPREHENSIVE PATIENT GUIDE TO FOLLOW FROM SIX WEEKS PRE-OP UNTIL THREE MONTHS POST-OP AND BEYOND; COORDINATED AFTER-CARE PROGRAM; REUNION LUNCHEONS FOR FORMER PATIENTS AND COACHES; NEWSLETTERS TO PROVIDE PATIENTS WITH NEW INFORMATION ABOUT ARTHRITIS AND JOINT CARE; AND PUBLIC EDUCATION SEMINARS ABOUT HIP AND KNEE PAIN.

- THE CANCER CENTER

CMMC HAS A STATE-OF-THE-ART CANCER CENTER THAT OFFERS COMPREHENSIVE SERVICES TO CANCER PATIENTS IN ONE CONVENIENT LOCATION INSIDE THE CONTINUING CARE BUILDING. THE CENTER'S MULTIDISCIPLINARY APPROACH TO THE TREATMENT OF CANCER PATIENTS USES THE EXPERTISE OF MEDICAL ONCOLOGISTS, RADIATION ONCOLOGISTS, SURGICAL ONCOLOGISTS, SPECIALIZED NURSES, DIETICIANS, SOCIAL WORKERS AND PATHOLOGISTS. OUR BOARD-CERTIFIED ONCOLOGISTS AND SUB-SPECIALISTS HAVE EXTENSIVE TRAINING AND CREDENTIALS FROM DISTINGUISHED FACILITIES ACROSS THE COUNTRY AND OFFER OUR PATIENTS ACCESS TO THE LATEST DRUGS, RESEARCH AND CLINICAL TRIALS.

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IN THE CANCER CENTER, PATIENT NAVIGATORS MEET WITH PATIENTS AND WALK THEM THROUGH EACH STEP OF THEIR TREATMENT PLAN, FROM MEETING WITH PHYSICIANS TO ATTENDING SUPPORT GROUPS. A VARIETY OF COMPLIMENTARY SERVICES ARE OFFERED TO COMPLEMENT MEDICAL TREATMENT INCLUDING: NUTRITIONAL COUNSELING, PSYCHOLOGICAL COUNSELING, PALLIATIVE CARE, SUPPORT GROUPS, PAIN MANAGEMENT, REIKI, AND A DROP-IN BEREAVEMENT GROUP THAT MEETS WEEKLY.

THE OUTPATIENT INFUSION CENTER, LOCATED IN THE SAME BUILDING AS THE CANCER CENTER, IS STAFFED BY AN EXPERIENCED AND COMPASSIONATE TEAM OF ONCOLOGY NURSES, SOCIAL WORKERS AND SUPPORT STAFF. IN ADDITION, A SPECIALIZED NURSE EDUCATOR IS ON STAFF TO PROVIDE ASSISTANCE TO PATIENTS AND THEIR FAMILIES. THE UNIT HAS AN EDUCATION RESOURCE AREA FOR PATIENTS AND THEIR FAMILIES.

DOWNSTAIRS, THE CMMC RADIATION ONCOLOGY DEPARTMENT OFFERS PATIENTS A FULL ARRAY OF SERVICES INCLUDING INTENSITY MODULATED RADIATION THERAPY ("IMRT") AND IMAGE GUIDED RADIATION THERAPY ("IGRT"), MAMMOSITE BRACHYTHERAPY FOR BREAST CANCER, HIGH DOSE RATE RADIOTHERAPY AND RADIOACTIVE SEED IMPLANTS FOR PROSTATE CANCER. STATE-OF-THE-ART EQUIPMENT ENABLES PHYSICIANS TO MAP OUT PRECISE TREATMENT SITES WITH MILLIMETER ACCURACY, TREATING THE CANCER WHILE SPARING NORMAL TISSUE. THE RADIATION ONCOLOGY DEPARTMENT WAS THE FIRST FACILITY IN NEW JERSEY TO OBTAIN NATIONAL ACCREDITATION BY THE AMERICAN COLLEGE OF RADIATION ONCOLOGY.

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DIAGNOSTIC ONCOLOGY SERVICES INCLUDE CLOSED AND OPEN MRI, CT SCAN, PET/CT, ULTRASONOGRAPHY, EARLY DETECTION SCREENINGS, AND STEREOTACTIC AND CT-GUIDED BIOPSY. OUR GOAL IS TO OFFER AN ARRAY OF SERVICES ON THE PATH TO WELLNESS, IN ONE CONVENIENT LOCATION, TO LESSEN THE STRESS ON OUR CANCER PATIENTS AND THEIR FAMILIES.

- DIAGNOSTIC AND INTERVENTIONAL CARDIAC SERVICES

THE MOST TECHNOLOGICALLY ADVANCED EQUIPMENT IS USED TO ACCURATELY AND QUICKLY DIAGNOSE AND CONFIRM SUSPECTED CORONARY DISEASE. CMMC IS A LICENSED ADULT CARDIAC CATHETERIZATION FACILITY, WHICH ALLOWS CARDIOLOGISTS TO COORDINATE ALL ASPECTS OF TESTING THAT MAY CONTRIBUTE TO DECISIONS REGARDING MEDICAL MANAGEMENT OR CARDIOVASCULAR SURGERY REFERRAL FOR HEART DISEASE. TESTS INCLUDE ROUTINE EKGS, 24-HOUR HOLTER MONITORING, VASCULAR STUDIES, 2D ECHO WITH DOPPLER & COLOR FLOW, STRESS ECHOCARDIOGRAMS, NUCLEAR STRESS TESTING AND TRANSESOPHAGEAL ECHOCARDIOGRAPHY. CMMC IS HOME TO A STATE-OF-THE-ART CARDIOVASCULAR INTERVENTIONAL SUITE WHICH INCLUDES TWO PROCEDURE ROOMS. BOTH EMERGENT AND ELECTIVE ANGIOPLASTY ARE OFFERED (ONE OF 12 HOSPITALS IN THE STATE THAT WAS APPROVED TO PERFORM ELECTIVE ANGIOPLASTY IN THE C-PORT-E STUDY LED BY JOHNS HOPKINS UNIVERSITY).

A SUPERVISED EXERCISE/EDUCATION PROGRAM ASSISTING INDIVIDUALS WHO HAVE OR HAVE HAD A HEART ATTACK, STABLE ANGINA, VALVE SURGERY, CORONARY ARTERY BYPASS, CONGESTIVE HEART FAILURE, PACEMAKER, OR HEART TRANSPLANT IS ALSO

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OFFERED. THE PROGRAM STRIVES TO PROVIDE EACH PARTICIPANT WITH IMPROVEMENT  
IN CARDIOVASCULAR FITNESS, RISK FACTOR REDUCTION, LIFESTYLE MODIFICATION  
AND INCREASED CONFIDENCE TO PARTICIPATE IN SAFE DAILY ACTIVITIES.  
PATIENTS AND FAMILIES ARE PROVIDED WITH EDUCATION REGARDING RECOGNITION,  
PREVENTION AND TREATMENT OF CARDIOVASCULAR DISEASE.

- THE EYE SURGERY CENTER

ALL OPHTHALMOLOGISTS AND SURGEONS AT THE EYE SURGERY CENTER ARE  
BOARD-CERTIFIED AND SPECIALIZE IN THE PREVENTION, DIAGNOSIS AND TREATMENT  
OF EYE PROBLEMS, DISEASES AND INJURIES. CMMC EYE CARE EXPERTS WORK  
TOGETHER TO PROVIDE COMPREHENSIVE OPHTHALMIC CARE IN EVERY AREA OF EYE  
DISORDERS AND TREAT PATIENTS OF ALL AGES-FROM INFANTS TO SENIORS.  
STATE-OF-THE ART EQUIPMENT AND DEDICATED OPHTHALMOLOGY SUITES ENSURE THE  
DELIVERANCE OF THE MOST ADVANCED QUALITY EYE CARE.

CMMC PERFORMS THE MOST HOSPITAL EYE PROCEDURES IN THE STATE OF NEW JERSEY  
AND IS ALSO THE FIRST HOSPITAL IN NEW JERSEY TO OFFER TRABECTOME, A  
LEADING-EDGE TREATMENT FOR GLAUCOMA.

COMMUNITY MEDICAL CENTER

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CMC'S RECOGNIZED MEDICAL SERVICES CENTERS OF EXCELLENCE INCLUDE, BUT ARE  
NOT LIMITED TO, THE FOLLOWING:

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- J. PHILLIP CITTA REGIONAL CANCER CENTER

CMC OFFERS A DEDICATED INPATIENT ONCOLOGY UNIT, RADIATION ONCOLOGY CENTER, INFUSION CENTER AND A FULL RANGE OF SUPPORT GROUPS AND SERVICES FOR PATIENTS AND THEIR FAMILIES. CMC'S DEDICATED STAFF OF PHYSICIANS, NURSES AND ALLIED HEALTH PROFESSIONALS ADDRESS THE NEEDS OF PATIENTS AND FAMILIES FACING A CANCER DIAGNOSIS AND TREATMENT. THE CANCER PROGRAM IS NATIONALLY ACCREDITED BY THE COMMISSION ON CANCER OF THE AMERICAN COLLEGE OF SURGEONS. PROGRAMS AND SERVICES OF THIS CENTER INCLUDE:

- MEDICAL ONCOLOGY: A MULTIDISCIPLINARY TEAM APPROACH ENSURES THE PHYSICAL AND PSYCHOSOCIAL NEEDS OF PATIENTS AND THEIR FAMILIES ARE ADDRESSED. THE TEAM INCLUDES BOARD CERTIFIED PHYSICIANS, ONCOLOGY CERTIFIED NURSES, LICENSED CLINICAL SOCIAL WORKERS, CASE MANAGERS, DIETICIANS AND HOME CARE PROFESSIONALS WORKING TOGETHER TO PROVIDE HIGH QUALITY CARE IN BOTH THE INPATIENT AND OUTPATIENT SETTINGS;

- RADIATION ONCOLOGY: FROM SOPHISTICATED RAPID ARC LINEAR ACCELERATOR TO THE CYBERKNIFE, THE DEPARTMENT OF RADIATION ONCOLOGY OFFERS THE HIGHEST STANDARD OF CARE AND IS ACCREDITED BY THE AMERICAN COLLEGE OF RADIOLOGY. THE RADIATION ONCOLOGY TEAM CONSISTS OF BOARD CERTIFIED RADIATION ONCOLOGISTS AND PHYSICISTS, NURSES WHO SPECIALIZE IN ONCOLOGY, REGISTERED RADIATION THERAPISTS, AND LICENSED CLINICAL SOCIAL WORKERS;

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- THE BREAST CARE PROGRAM IS A UNIQUE PROGRAM PROVIDING WOMEN WHO UNDERGO SURGERY FOR BREAST CANCER WITH EDUCATION, SUPPORT AND REFERRAL INFORMATION. BEFORE SURGERY, A WOMAN MAY MEET WITH A SPECIALLY-TRAINED NURSE CONSULTANT WHO EDUCATES HER ABOUT WHAT SHE CAN EXPECT DURING HER SURGERY, POST-OPERATIVELY, AND THROUGHOUT HER RECOVERY AND TREATMENT. THE NURSE NAVIGATOR WORKS WITH THE SURGEON, NURSE, CASE MANAGER AND SOCIAL WORKER TO PROVIDE THE WOMAN WITH INDIVIDUALIZED CARE;

- THE GYNECOLOGIC ONCOLOGY PROGRAM AT THE J. PHILLIP CITTA REGIONAL CANCER CENTER AT CMC IS DEDICATED TO ADDRESSING THE INDIVIDUAL NEEDS OF EACH PATIENT IN A CARING AND SUPPORTIVE ENVIRONMENT. OUR GYNECOLOGIC ONCOLOGISTS WORK WITH PRIMARY CARE AND OB/GYNS TO ASSURE A CONTINUITY OF CARE DURING A PATIENT'S TREATMENT. CMC OFFERS ROBOTIC SURGERY, AN EFFECTIVE SURGICAL OPTION FOR THE TREATMENT OF MANY FEMALE REPRODUCTIVE CANCERS INCLUDING EARLY-STAGE CANCERS OF THE CERVIX, ENDOMETRIUM, UTERUS AND OVARY. OUR GYNECOLOGIC ONCOLOGISTS ARE AMONG THE MOST EXPERIENCED IN THE REGION IN ROBOTIC HYSTERECTOMY, AN ADVANCED SURGICAL PROCEDURE WITH BENEFITS INCLUDING LESS PAIN AND BLOOD LOSS, FEWER INFECTIONS AND A SIGNIFICANTLY SHORTER RECOVERY TIME. ADDITIONALLY, WE OFFER REMOTE AFTER LOADING HIGH-DOSE RATE (HDR) INTRACAVITARY BRACHYTHERAPY. THIS OUTPATIENT PROCEDURE DRAMATICALLY REDUCES A WOMAN'S HOSPITAL STAY FROM SEVERAL DAYS TO SEVERAL HOURS;

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

- NEURO-ONCOLOGY: CMC OFFERS AN INTENSIVE AND COMPREHENSIVE APPROACH TO

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THE CARE OF PATIENTS WITH TUMORS OF THE CENTRAL NERVOUS SYSTEM. UTILIZING THE LATEST TECHNOLOGIES AND MEDICAL ADVANCES, A FULL SPECTRUM OF NEURO-ONCOLOGIC SERVICES ARE PROVIDED TO TREAT BENIGN AND MALIGNANT TUMORS ORIGINATING IN THE BRAIN AND SPINAL CORD, AS WELL AS NEUROLOGICAL COMPLICATIONS OF CANCER THAT HAS SPREAD TO OTHER REGIONS OF THE BODY;

- SURGICAL ONCOLOGY: THE J. PHILLIP CITTA REGIONAL CANCER CENTER OFFERS THE SPECIALIZED DISCIPLINE OF SURGICAL ONCOLOGY IN VARIOUS FORMS, DEPENDING ON THE EXTENT OF THE CANCER. WHEN THE CANCER HAS NOT YET SPREAD TO OTHER PARTS OF THE BODY, THE SIMPLE REMOVAL OF A SMALL TUMOR OFFERS THE GREATEST CHANCE FOR A CURE;

- OUTPATIENT INFUSION CENTER: DESIGNED FOR PATIENT COMFORT AND CONVENIENCE, THE OUTPATIENT INFUSION CENTER PROVIDES A FULL RANGE OF INTRAVENOUS PROCEDURES FOR CANCER TREATMENT, INCLUDING CHEMOTHERAPY, TRANSFUSIONS OF BLOOD AND BLOOD PRODUCTS, THERAPEUTIC PHLEBOTOMY AND ANTIBIOTIC INFUSIONS. THE CENTER'S STAFF IS COMMITTED TO PROVIDING QUALITY INFUSION CARE AND EXCELLENCE IN SERVICE, KEEPING ABREAST OF CURRENT DEVELOPMENTS AND TRENDS IN THE FIELD OF INFUSION THERAPY;

- ONCOLOGY DATA CENTER: THE ONCOLOGY DATA CENTER/TUMOR REGISTRY PROVIDES ESSENTIAL RESEARCH AND INFORMATION. DATA IS PROVIDED AS MANDATED TO THE NEW JERSEY DEPARTMENT OF HEALTH AS WELL AS THE NATIONAL CANCER DATA BASE. DATA OBTAINED FROM THE REGISTRY IS USED TO ANALYZE VARIOUS TREATMENT PROGRAMS AND FOR USE IN CANCER RESEARCH, MEDICAL EDUCATION, FUNDING



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## APPLICATIONS AND MEDICAL PUBLICATIONS;

- ONCOLOGY RESEARCH: THE J. PHILLIP CITTA CANCER CENTER PROVIDES PATIENTS ACCESS TO NATIONAL AND REGIONAL CLINICAL RESEARCH STUDIES. THE AVAILABILITY OF THESE STUDIES IN THE TREATMENT OF CANCER, CHEMOPREVENTION, AND SUPPORTIVE CARE ALLOW PATIENTS THE OPTION TO PARTICIPATE IN THE LATEST TREATMENT OPTIONS INCLUDING INVESTIGATIONAL DRUGS; RWJBH AND CMC, IN PARTNERSHIP WITH RUTGERS CANCER INSTITUTE OF NEW JERSEY-THE STATE'S ONLY NCI-DESIGNATED COMPREHENSIVE CANCER CENTER PROVIDE CLOSE-TO HOME ACCESS TO THE LATEST TREATMENT AND CLINICAL TRIALS;

- ONCOLOGY PATIENT NAVIGATORS: IN PARTNERSHIP WITH THE AMERICAN CANCER SOCIETY, THE J. PHILLIP CITTA REGIONAL CANCER CENTER OFFERS A PATIENT NAVIGATOR PROGRAM FREE OF CHARGE TO ALL CANCER PATIENTS RECEIVING ONCOLOGY SERVICES AT CMC. SINCE CANCER IS A COMPLEX DISEASE THAT IMPACTS A PERSON'S LIFE IN SO MANY WAYS, THE PROGRAM IS DESIGNED TO GUIDE PATIENTS AND CAREGIVERS AS THEY FACE THE PSYCHOLOGICAL, EMOTIONAL AND FINANCIAL CHALLENGES THAT CANCER BRINGS. PATIENTS ARE PROVIDED WITH INDIVIDUALIZED INFORMATION AND SERVICES TO HELP THEM NAVIGATE THEIR WAY THROUGH THE HEALTHCARE SYSTEM ALONG THEIR CANCER JOURNEY - FROM DIAGNOSIS AND TREATMENT THROUGH TO RECOVERY AND SURVIVORSHIP. CMC "NAVIGATORS" HELP PEOPLE FACING CANCER BY PROVIDING INFORMATION ON CANCER AND TREATMENT OPTIONS, COMMUNITY RESOURCES, AND REFERRALS TO APPROPRIATE AGENCIES AND PERSONS, AMONG A HOST OF OTHER AREAS OF ASSISTANCE. IN ADDITION, BREAST,

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LUNG AND SURVIVORSHIP NAVIGATORS ARE AVAILABLE TO PROVIDE PATIENTS WITH CANCER THE SUPPORT, EDUCATION AND RESOURCES THEY NEED TO FIGHT THEIR DISEASE;

- COMPLEMENTARY SERVICES - CMC PROVIDES SEVERAL COMPLEMENTARY SERVICES INCLUDING MASSAGE THERAPY PROVIDED BY CERTIFIED MASSAGE THERAPISTS, RELAXATION TRAINING, AND GUIDED IMAGERY BY SOCIAL WORKERS, PET THERAPY, ART THERAPY PROGRAMS AND REIKI - THERAPEUTIC TOUCH TO REDUCE STRESS AND PROMOTE RELAXATION - BY CERTIFIED REIKI THERAPISTS; AND

- SUPPORT SERVICES - SUPPORTIVE COUNSELING, PASTORAL CARE SERVICES, EDUCATION, NUTRITION COUNSELING, PAIN MANAGEMENT, REFERRAL SERVICES AND SUPPORT GROUPS ARE ALL AVAILABLE FOR PATIENTS AND FAMILIES. SOCIAL SERVICES SUCH AS FREE TRANSPORTATION (APPROXIMATELY 2,500 ROUND TRIPS ANNUALLY), WIGS AND PROSTHETIC DEVICES, FINANCIAL AND DISABILITY ASSISTANCE, AND HOME CARE ARE ALSO AVAILABLE.

- FIRST MOMENTS MATERNITY SERVICES

THE MATERNITY PROGRAM SPECIALIZES IN A TOTAL CONCEPT OF CARE FOR MOTHERS AND THEIR BABIES, WHERE ADVANCED TECHNOLOGY AND TRAINING ARE ENHANCED BY THE HUMAN TOUCH OF DEDICATED HEALTHCARE PROFESSIONALS. THE UNIT IS STAFFED BY HIGHLY SKILLED PHYSICIANS, MIDWIVES AND NURSES. IN ADDITION, ALL OF CMC'S NURSES ARE CERTIFIED IN NEONATAL RESUSCITATION AND LACTATION RESOURCE TRAINED. THE MODERN STATE-OF-THE-ART UNIT OFFERS MOMS-TO-BE THE

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MOST ADVANCED MATERNAL AND CHILD HEALTH TECHNOLOGY, INCLUDING 24/7  
NEONATAL COVERAGE, IN A COMFORTABLE AND SAFE ENVIRONMENT. THE  
LABOR-DELIVERY RECOVERY AND POSTPARTUM ROOMS COMBINE THE LATEST  
TECHNOLOGY WITH A SOOTHING HOME-LIKE DECOR. THE UNIT ALSO INCLUDES A  
SPECIAL CARE NURSERY STAFFED BY A NEONATOLOGIST AND CERTIFIED NEONATAL  
NURSES TO CARE FOR BABIES WITH SPECIAL NEEDS, AND A FULLY-EQUIPPED  
OPERATING SUITE FOR CESAREAN BIRTHS OR HIGH-RISK VAGINAL DELIVERIES.

- EXTENSIVE CHILDBIRTH PREPARATION AND INFANT CARE CLASSES;
  - COMPREHENSIVE PARENTING SUPPORT AND EDUCATION;
  - COMPREHENSIVE PRE- AND POSTNATAL CARE;
  - SPECIALLY DESIGNED LABOR-DELIVERY-RECOVERY ROOMS WITH JACUZZIS;
  - 24-HOUR ANESTHESIA AND PAIN MANAGEMENT THERAPIES;
  - SUPERIOR LACTATION EDUCATION AND SUPPORT;
  - SPECIAL CARE NURSERY;
  - 24-HOUR NEONATAL COVERAGE;
  - LEVEL II SPECIAL CARE NURSERY FOR PREMATURE NEWBORNS;
  - FAMILY-CENTERED CARE; AND
  - ALL PRIVATE ROOMS AND BATHS WITH SHOWERS.
- THE JAY AND LINDA GRUNIN NEUROSCIENCE INSTITUTE

THE JAY AND LINDA GRUNIN NEUROSCIENCE INSTITUTE AT CMC BRINGS TOGETHER A  
HIGHLY SKILLED INTERDISCIPLINARY GROUP OF SPECIALISTS TO PROVIDE THE  
HIGHEST QUALITY ADVANCED CARE TO PREVENT, DIAGNOSE AND TREAT DISEASES OF

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THE BRAIN, THE SPINAL CORD, AND THE PERIPHERAL NERVOUS SYSTEM 24 HOURS A DAY, 365 DAYS A YEAR. A MULTI-DISCIPLINARY TEAM OF NURSES, THERAPISTS, ORTHOPEDIC AND NEUROSURGEONS WORK TO PROVIDE A COMPREHENSIVE PLANNED COURSE OF TREATMENT WITH ACTIVE INVOLVEMENT OF THE PATIENT IN THEIR TREATMENT AND RECOVERY. THE INSTITUTE COMBINES THE EXTENSIVE MEDICAL EXPERIENCE AND COMPASSION OF OUR SPECIALISTS WITH CMC'S STATE-OF-THE-ART TECHNOLOGY TO TREAT STROKE, EPILEPSY AND OTHER NEUROLOGIC CONDITIONS.

THE JAY AND LINDA GRUNIN NEUROSCIENCE INSTITUTE OFFERS COMPREHENSIVE CARE IN SPECIALIZED AREAS DEDICATED TO THE CARE OF PATIENTS WITH A VARIETY OF NEUROLOGIC CONDITIONS:

- NEURO-INTERVENTIONAL SUITE WITH AN INTEGRATED STATE-OF-THE-ART BIPLANE PROCEDURE ROOM AND PRE-AND POST-PROCEDURAL CARE AREAS;
- NEUROSCIENCE ACUTE CARE INPATIENT UNIT;
- NEURO-INTENSIVE CARE;
- OPERATING SUITES WITH SPECIALIZED TECHNOLOGY;
- RADIATION ONCOLOGY DEPARTMENT WITH A CYBERKNIFE AND HIGHLY SOPHISTICATED RAPID ARC LINEAR ACCELERATOR; AND
- ACCREDITED AS A JOINT COMMISSION AND NJ DEPARTMENT OF HEALTH STROKE CENTER.

THE INSTITUTE COMPLEMENTS THE SPECIALTY SERVICES OFFERED BY THE HOSPITAL INCLUDING:

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- VIDEO-EEG AND NEURO IMAGING SERVICES WITH SPECIALLY TRAINED AND HIGHLY EXPERIENCED SEIZURE DIAGNOSTICS AND EEG INTERPRETATION;
- NEUROIMAGING INCLUDING HIGH-RESOLUTION MRI AND PET WHOLE-BODY IMAGING;
- NEURO-INTERVENTIONAL SUITE WITH AN INTEGRATED STATE-OF-THE-ART BIPLANE PROCEDURE;
- CENTER FOR SLEEP DISORDERS;
- NEUROPHYSIOLOGY;
- REHABILITATION SPECIALISTS;
- PAIN MANAGEMENT;
- EPILEPSY CENTER AND PEDIATRIC/ADOLESCENT CONCUSSION PROGRAM; AND
- NEUROSCIENCE RESEARCH.

JERSEY CITY MEDICAL CENTER

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- THE CRISTIE KERR WOMEN'S HEALTH CENTER

THE CRISTIE KERR WOMEN'S HEALTH CENTER OPENED IN 2010 OFFERING IMAGING AND OTHER DIAGNOSTIC SERVICES TO WOMEN IN OUR COMMUNITY. THE CENTER OFFERS BREAST CANCER SCREENING PROGRAMS INCLUDING MAMMOGRAMS AND EDUCATION TO WOMEN IN THE COMMUNITY REGARDLESS OF ABILITY TO PAY. THE CENTER ALSO OFFERS MRI, ULTRASOUND, BONE SCANS AND X-RAYS.

- FANNIE E. RIPPEL FOUNDATION HEART INSTITUTE ("THE INSTITUTE")

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THE INSTITUTE FEATURES STATE-OF-THE-ART DIAGNOSTIC TECHNOLOGY TO PROVIDE EXEMPLARY OUTPATIENT CARDIAC CARE. THE INSTITUTE PROVIDES THREE HIGH-RISK CARDIAC CATHETERIZATION LABORATORIES, A SINGLE PLANE AND A THREE-DIMENSIONAL BI-PLANE ALONG WITH OTHER CRITICALLY IMPORTANT DIAGNOSTIC TECHNOLOGY. JCMC IS THE REGION'S "HIGH-RISK" DESTINATION FOR PATIENTS WITH THE MOST COMPREHENSIVE CARDIAC CENTER IN HUDSON COUNTY.

JCMC IS HUDSON COUNTY'S ONLY FULL-SERVICE HEART HOSPITAL. CARDIAC SERVICES PROVIDED INCLUDE ANGIOPLASTY, DIAGNOSTIC CARDIAC CATHETERIZATION, INTRAVASCULAR ULTRASOUND, PACEMAKER & IMPLANTABLE CARDIOVERTER DEFIBRILLATOR THERAPY, MINIMALLY INVASIVE VEIN HARVESTING AND CARDIAC ARTERY BYPASS GRAFT, THORACIC AND ABDOMINAL AORTIC ANEURYSM REPAIR, MITRAL AND AORTIC VALVE REPAIR AND REPLACEMENT, ELECTROPHYSIOLOGY, PERIPHERAL VASCULAR PROCEDURES, INCLUDING ENDOVASCULAR PROCEDURES AND CARDIAC ABLATION, AND OTHER ADVANCED DIAGNOSTIC AND INTERVENTIONAL CARDIOVASCULAR SERVICES.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

- PORT AUTHORITY HEROES OF SEPTEMBER 11 TRAUMA CENTER

THIS REGIONAL TRAUMA CENTER IS THE STATE-DESIGNATED LEVEL II TRAUMA CENTER FOR HUDSON COUNTY. IN ADDITION TO SERVING THE GROWING COMMUNITIES OF JERSEY CITY, THE SERVICE AREA INCLUDES HUDSON COUNTY, NEW JERSEY WATERWAYS, NEW JERSEY TURNPIKE, THE HOLLAND AND LINCOLN TUNNELS, AND LIBERTY STATE PARK. THE TRAUMA CENTER PROVIDES 24-HOUR TRAUMA SURGERY FOR

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ADULTS AND CHILDREN. THE CENTER HAS BEEN ACTIVE IN ALL REGIONAL DISASTERS INCLUDING THE 1993 AND 2001 WORLD TRADE CENTER BOMBINGS, THE "MIRACLE ON THE HUDSON" PLANE LANDING, SEVERAL TRAIN DERAILEMENTS, AND VARIOUS HAZMAT INCIDENTS. THE TRAUMA CENTER ACTIVELY PARTICIPATED IN PROJECT HUDSON (HELPING US DEVELOP STRENGTH IN OUR NEIGHBORHOODS); A HOSPITAL BASED VIOLENCE INTERVENTION PROGRAM (HVIP). THE JCMC TEAM MEETS WITH TRAUMA PATIENTS WHO ARE VICTIMS OF INTERPERSONAL VIOLENCE WITH THE GOAL OF REDUCING/ELIMINATING RECIDIVISM BY BREAKING THE CYCLE OF VIOLENCE. VICTIMS ARE PROVIDED WITH RESOURCES UP TO 6 MONTHS AFTER DISCHARGE FROM THE HOSPITAL. JCMC'S PROGRAM HAD 0 RECIDIVISTS IN 2019. IN ADDITION, THE HOSPITAL IS A STATE DESIGNATED PRIMARY STROKE CENTER.

- THE ORTHOPEDIC INSTITUTE AT JERSEY CITY MEDICAL CENTER

THE ORTHOPEDIC INSTITUTE OFFERS AN EXPANSIVE ARRAY OF ORTHOPEDIC SERVICES, FROM TOTAL JOINT REPLACEMENT AND SURGERY, TO SPORTS MEDICINE AND REHABILITATION. THIS UNIQUE PROGRAM BRINGS TOGETHER A MULTI-DISCIPLINARY TEAM OF PHYSICIANS, NURSES, THERAPISTS AND TECHNICIANS WITH THE GOAL OF PROVIDING SEAMLESS COORDINATED CARE. FURTHER, THERE IS A JOINT CARE COORDINATOR WHO WORKS WITH PATIENTS HAVING JOINT REPLACEMENTS AND PROVIDES EDUCATION CLASSES PRIOR TO YOUR SURGERY THAT BETTER PREPARES PATIENTS AND THEIR FAMILIES FOR THE PROCEDURE. JERSEY CITY MEDICAL CENTER HAS BEEN RECOGNIZED AS A DNV GL HEALTHCARE PROGRAM.

- THE NEONATAL INTENSIVE CARE UNIT AT JERSEY CITY MEDICAL CENTER

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JCMC HAS A LEVEL III NICU AND IS THE REGION'S ONLY STATE-DESIGNATED "PERINATAL CENTER", ACCEPTING AND PROVIDING TREATMENT TO INFANTS SUFFERING FROM EXTREME PREMATURITY, SEVERE RESPIRATORY DISTRESS AND FEEDING ISSUES DURING THE FIRST 28 DAYS OF LIFE. IN 2019, JCMC NICU SUCCESSFULLY CARED FOR THE FIRST SET OF QUINTUPLETS EVER DELIVERED IN HUDSON COUNTY (ALSO AT JCMC).

- OUTPATIENT SERVICES

JCMC OPERATES AN AMBULATORY CARE CENTER ADJACENT TO THE HOSPITAL AS WELL AS TWO SATELLITE CLINICS TO ENSURE ACCESS FOR THOSE MOST IN NEED. OUR OUTPATIENT SERVICES OFFERINGS INCLUDE OBSTETRICS AND GYNECOLOGY, OPHTHALMOLOGY, DENTAL, PHYSICAL AND SPEECH THERAPY, AND AUDIOLOGY. WE PROVIDE NEEDED OUTPATIENTS SERVICES TO SPECIAL NEEDS POPULATIONS IN OUR COMMUNITY INCLUDING THE HOMELESS AND ADULTS AND CHILDREN REQUIRING BEHAVIORAL HEALTH SERVICES, HIV/AIDS PATIENTS, AND THOSE IN NEED OF DIALYSIS. JCMC IS THE REGIONAL PSYCHIATRIC REFERRAL CENTER PROVIDING CRISIS INTERVENTION AND EVALUATION, VOLUNTARY AND INVOLUNTARY INPATIENT SERVICES, COMMUNITY PSYCHIATRIC OUTREACH SERVICES, AND A FULL SPECTRUM OF OUTPATIENT PSYCHIATRIC AND ADDICTION SERVICES.

- AMBULATORY SURGERY CENTER

JCMC'S AMBULATORY SURGERY CENTER OPENED IN 2018 AND OFFERS THE HIGHEST



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QUALITY AND SAFETY ELECTIVE SURGICAL AND PROCEDURAL SERVICES OUTSIDE OF THE HOSPITAL SETTING. SURGERY AND PROCEDURE SPECIALTIES OFFERED ARE GASTROENTEROLOGY, GENERAL SURGERY, VASCULAR SURGERY, PAIN MANAGEMENT, GYNECOLOGY, ORTHOPEDICS, OTOLARYNGOLOGY, PLASTIC AND SPORTS MEDICINE.

- BEHAVIORAL HEALTH

JCMC OFFERS COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH SERVICES. IN 2019, JCMC'S CHILD BEHAVIORAL HEALTH STAFF WAS ALL CERTIFIED IN TRAUMA INFORMED CARE THROUGH TRAINING PROVIDED BY RUTGERS UNIVERSITY BEHAVIORAL HEALTH CENTER. THE JCMC FAMILIAR FACES PROGRAM, COLLABORATION BETWEEN MASSH/PATH, SUPPORTIVE HOUSING AND SOCIAL IMPACT DEPARTMENTS, SUCCESSFULLY LINKED 19 HOMELESS INDIVIDUALS TO PERMANENT HOUSING, LEVERAGING VOUCHERS FROM DCA. THE PROGRAM HAS RESULTED IN A 67% REDUCTION IN ED VISITS FOR THE COVERED INDIVIDUALS.

- COMMUNITY INVESTMENT INITIATIVES

JCMC PURSUES A COMMITMENT OF "BUILD LOCAL, BUY LOCAL, HIRE LOCAL." OF NOTE, APPROXIMATELY 40% OF THE EMPLOYEES OF JCMC ARE RESIDENTS OF JERSEY CITY/HUDSON COUNTY. THUS, JCMC HAS DIRECT ECONOMIC IMPACT AS AN ANCHOR INSTITUTION IN THE COUNTY. IN 2019, JCMC HIRED OVER 600 EMPLOYEES. BEYOND THAT, JCMC RECOGNIZES THE IMPACT OF SOCIO-ECONOMIC DETERMINANTS OF HEALTH AND SUPPORTS A NUMBER OF ACTIVE INTERVENTIONS AND COMMUNITY-BUILDING ACTIVITIES THAT AFFECT THE HEALTH AND SOCIOECONOMIC WELL-BEING OF THE

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POPULATION IN OUR CARE, ESPECIALLY CHILDREN. SOME EXAMPLES:

- PROJECT SEARCH

JCMC WORKED WITH THIS NOT-FOR-PROFIT ORGANIZATION, WHICH GIVES DEVELOPMENTALLY DISABLED INDIVIDUALS THE OPPORTUNITY TO ENGAGE IN A WORK-STUDY PROGRAM TO LEARN JOB SKILLS IN ORDER TO BECOME EMPLOYABLE. IN 2018/2019 SCHOOL YEAR, SIX STUDENTS WERE ASSIGNED AT JCMC AND JCMC SUPPORTED THEIR EDUCATION AND JOB LEARNING. JCMC HIRED 100% OF THE STUDENTS FOLLOWING THE GRADUATION. JCMC RECEIVED THE EMPLOYER RECOGNITION AWARD FROM HUDSON COUNTY AT THE GRADUATION CEREMONY.

- JCMC 2019 SUMMER INTERNSHIP PROGRAM

JCMC HOSTED 40 INTERNS SELECTED FROM THE CHILDREN OF EMPLOYEES/PHYSICIANS AND GRANT FUNDED AFFILIATIONS FROM THE COMMUNITY, WITH CITY OF JERSEY CITY'S PROGRAM SPONSORED BY CITY HALL, BOYS & GIRLS CLUB OF JERSEY CITY AND SNYDER HIGH SCHOOL. IN ADDITION TO WORKING FOR 6 WEEKS, EARNING MINIMUM WAGE IN VARIOUS DEPARTMENTS OF THE HOSPITAL, THE STUDENTS ATTENDED WEEKLY HUMAN RESOURCES LED PROFESSIONAL DEVELOPMENT WORKSHOPS.

- TREX

FOCUSED ON COLLEGE STUDENTS INTERESTED IN STEM, THROUGH SAINT PETERS UNIVERSITY & GRANT FUNDED, STUDENTS PARTICIPATE IN A 60-HOUR INTERNSHIP

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COMPLETED WITHIN A COLLEGE SEMESTER.

- PET THERAPY PROGRAM

FIRST 7-WEEK TRAINING COURSE LAUNCHED IN APRIL 2019 WITH 6 TEAMS

(VOLUNTEER + DOG) FOR WEEKLY 2-HOUR SESSIONS FOR TRAINING, FOLLOWED BY  
TRAINED SERVICE DOGS VISITING PATIENTS ON THE INPATIENT UNITS.

- EXPLORERS PROGRAM

AIMED AT INTRODUCING YOUNG ADULTS FROM THE COMMUNITY TO CAREERS IN  
HEALTHCARE THROUGH THE BOY SCOUTS OF AMERICA, LAUNCHED EARLY NOVEMBER  
2019 WITH FIVE STUDENTS ON A SCHOOL YEAR SCHEDULE WITH ROTATIONS  
INCLUDING PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH & NURSING  
MEDICAL/SURGICAL UNIT.

MONMOUTH MEDICAL CENTER AND MONMOUTH MEDICAL CENTER - SOUTHERN CAMPUS

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MMC'S RECOGNIZED MEDICAL SERVICES CENTERS OF EXCELLENCE INCLUDE, BUT ARE  
NOT LIMITED TO, THE FOLLOWING:

- THE UNTERBERG CHILDREN'S HOSPITAL AT MMC ("CHILDREN'S HOSPITAL")

THE CHILDREN'S HOSPITAL OFFERS THE COMMUNITY RENOWNED MEDICAL EXPERTISE

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IN THE CARE OF CHILDREN THAT ONLY A LEADING ACADEMIC MEDICAL CENTER CAN PROVIDE. THE CHILDREN'S HOSPITAL HAS 140 PEDIATRIC SPECIALISTS WHO CONCENTRATE IN 26 FIELDS OF MEDICINE. THE ORGANIZATION PROVIDES SPECIALIZED PEDIATRIC CARE, OFFERING A 54-BED REGIONAL PERINATAL CENTER WITH LEVEL III NEONATAL INTENSIVE CARE UNIT, THE REGION'S ONLY PROGRAM IN CHILDREN'S CRISIS INTERVENTION SERVICES AND SUBSPECIALTY PEDIATRIC CARE IN AREAS SUCH AS CARDIOLOGY, GASTROENTEROLOGY, SURGERY AND ORTHOPEDICS.

IN ADDITION, A HOST OF OUTPATIENT SERVICES FOR CHILDREN ARE OFFERED, INCLUDING: A PEDIATRIC NEUROLOGY PROGRAM, PEDIATRIC MEDICAL DAY STAY UNIT, THE REGIONAL CLEFT PALATE CENTER, AND A PEDIATRIC SUBSPECIALTY CENTER IN OCEAN COUNTY FOR CHILDREN WHO REQUIRE SPECIALTY CARE IN THE AREAS OF GASTROENTEROLOGY, ENDOCRINOLOGY AND PULMONOLOGY.

- PSYCHIATRIC CENTERS/PROGRAM

MMC HAS THE LARGEST PSYCHIATRIC PROGRAM IN MONMOUTH COUNTY, WITH A TOTAL OF 44 BEDS WITHIN VOLUNTARY AND INVOLUNTARY ADULT INPATIENT UNITS AND 19 BEDS IN ITS INPATIENT CHILDREN'S CRISIS INTERVENTION SERVICE, WHERE CHILDREN AND ADOLESCENTS WITH ACUTE EMOTIONAL, BEHAVIORAL OR PSYCHIATRIC PROBLEMS ARE TREATED. IN ADDITION, ITS PSYCHIATRIC EMERGENCY SCREENING SERVICE ("PESS") IS THE STATE-DESIGNATED SERVICE FOR MONMOUTH COUNTY. MMC ALSO OFFERS PARTIAL HOSPITALIZATION, INTENSIVE OUTPATIENT PROGRAMS, TRADITIONAL OUTPATIENT CARE AND AN EARLY INTERVENTION SUPPORT SERVICES PROGRAM ("EISS").

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- THE JACQUELINE M. WILENTZ COMPREHENSIVE BREAST CENTER

COMMITTED TO MEETING THE BREAST HEALTH CARE NEEDS OF ALL WOMEN, THE BREAST CENTER IS THE REGION'S LEADER IN PROVIDING THE MOST ADVANCED ARRAY OF BREAST HEALTH SERVICES THROUGH A MULTIDISCIPLINARY TEAM DEDICATED TO THE BREAST HEALTH NEEDS OF ALL WOMEN. MMC PROVIDES A COMFORTABLE AND SUPPORTIVE SETTING IN WHICH ALL OUTPATIENT BREAST HEALTHCARE SERVICES ARE FOUND IN ONE CONVENIENT LOCATION. MMC TAKES A COORDINATED APPROACH TO BREAST CARE INCLUDING BOTH WELL CARE AND CANCER CARE. MMC IS HERE FOR WOMEN WHO SEEK ANNUAL BREAST EVALUATION AND FOR THOSE WOMEN DIAGNOSED WITH BREAST CANCER OR BENIGN BREAST DISEASE.

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SEVERAL OF MMC'S SERVICES ARE SPECIFICALLY FOR WOMEN DIAGNOSED WITH BREAST CANCER, INCLUDING: AN OUTPATIENT CHEMOTHERAPY SUITE, PSYCHOSOCIAL COUNSELING AND REHABILITATION SERVICES, BREAST CANCER SUPPORT GROUPS, BREAST CONSERVATION SURGERY AND PATIENT NAVIGATORS. THESE QUALIFIED EXPERTS REPRESENT MANY MEDICAL DISCIPLINES, WORKING TOGETHER TO PROVIDE WOMEN WITH DIAGNOSTIC, TREATMENT, SURGICAL, PSYCHOSOCIAL SUPPORT, AND EDUCATION AND REHABILITATION SERVICES.

MMC'S STATE-OF-THE-ART FACILITY OFFERS THE LATEST IN MEDICAL EQUIPMENT, TECHNOLOGY AND SERVICES, INCLUDING:

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~ ANNUAL PHYSICAL BREAST EXAMINATIONS, MAMMOGRAPHY AND DIAGNOSTIC SERVICE, HEADED BY A DEDICATED BREAST RADIOLOGIST WHO OVERSEES A STAFF OF HIGHLY TRAINED TECHNOLOGISTS;

~ CONSULTATIONS AND SECOND OPINIONS (SURGERY, MEDICAL ONCOLOGY, PATHOLOGY, MAMMOGRAPHY, PLASTIC SURGERY AND RADIATION THERAPY), BREAST CANCER HIGH RISK PROGRAM, STEREOTACTIC BIOPSY SYSTEM, TOMOSYNTHESIS, COMPUTER-AIDED DETECTION ("ICAD") MAMMOGRAPHY, BREAST-SPECIFIC GAMMA IMAGING, BREAST MRI, AUTOMATED WHOLE-BREAST ULTRASOUND, HIGH-RESOLUTION BREAST ULTRASOUND, ULTRASOUND-GUIDED FINE-NEEDLE BIOPSY, DEXA SCANNING, CLINICAL RESEARCH AND A BREAST INFORMATION CENTER; AND

~ SATELLITE LOCATIONS IN COLTS NECK, HOWELL AND LAKEWOOD TO OFFER WOMEN CONVENIENT ACCESS TO SCREENING AND DIAGNOSTIC MAMMOGRAPHY, BREAST ULTRASOUND, GENETIC TESTING AND BONE DENSITY TESTING.

~ LEON HESS CANCER CENTER

MMC STANDS AT THE FOREFRONT OF PROVIDING THE MOST EXTENSIVE ARRAY OF HIGHLY ADVANCED CANCER SERVICES, DELIVERED BY A MULTIDISCIPLINARY TEAM OF SPECIALISTS IN A CARING AND SUPPORTIVE ENVIRONMENT. FOR DECADES, MMC'S LEADERSHIP ROLE IN ONCOLOGY SERVICES HAS BEEN BROADENED THROUGH THE ONGOING EXPANSION OF STATE-OF-THE-ART PROGRAMS AND TECHNOLOGIES OFFERED IN ALL AREAS OF CANCER PREVENTION, DETECTION AND TREATMENT. THE LEON HESS CANCER CENTER AT MMC BRINGS TOGETHER A HOST OF SPECIALISTS AND A VAST ARRAY OF SERVICES UNDER ONE ROOF, MAKING CARE MORE CONVENIENT, EFFICIENT AND EFFECTIVE. IT FEATURES COMPREHENSIVE MULTIDISCIPLINARY MEDICAL

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SERVICES THAT ARE LED BY TEAMS OF MAJOR PHYSICIAN SPECIALISTS INCLUDING MEDICAL, SURGICAL AND RADIATION ONCOLOGY.

TOGETHER, THESE CANCER SPECIALISTS, IN CONSULTATION WITH EACH PATIENT'S PRIMARY CARE PHYSICIAN AND IN CONJUNCTION WITH THE HOSPITAL'S CANCER CARE MANAGEMENT TEAM, WORK TO CREATE THE MOST APPROPRIATE AND EFFECTIVE PLAN OF TREATMENT. MMC IS ACCREDITED AT THE HIGHEST DESIGNATION BY THE COMMISSION ON CANCER OF THE AMERICAN COLLEGE OF SURGEONS AS A "TEACHING HOSPITAL AND CANCER CENTER".

- THE CRANMER AMBULATORY SURGERY CENTER

THE CENTER PROVIDES A FULL SPECTRUM OF SAME-DAY SURGICAL SERVICES USING THE MOST MODERN TECHNOLOGY AVAILABLE. THE FACILITY INCLUDES FOUR FULL-SERVICE OPERATING ROOMS, THREE MINOR PROCEDURE ROOMS AND A THREE-TIERED GRADUATED RECOVERY AREA, RESPECTING THE INDIVIDUAL NEEDS OF ADULT AND PEDIATRIC PATIENTS.

THE ONE-STORY, 19,000-SQUARE-FOOT BUILDING IS EQUIPPED TO PERFORM ALL TYPES OF SAME-DAY SURGICAL PROCEDURES, INCLUDING ARTHROSCOPIC, LAPAROSCOPIC AND LASER TECHNIQUES. EVERY ASPECT OF THE CENTER HAS BEEN DESIGNED TO PROVIDE THE ULTIMATE IN EFFICIENCY AND COMFORT FOR PATIENTS AND THEIR FAMILIES, WHILE OFFERING THE HIGHEST QUALITY MEDICAL CARE.

- THE EISENBERG FAMILY CENTER

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MMC DELIVERS NEARLY 5,500 BABIES ANNUALLY - THE MOST IN MONMOUTH AND OCEAN COUNTIES AND HAS BUILT ONE OF THE SAFEST OBSTETRICAL PROGRAMS IN THE NATION, MAINTAINING ONE OF THE LOWEST C-SECTION RATES IN THE NATION. THE VAST MAJORITY OF THE MORE THAN 50 OBSTETRICIAN/GYNECOLOGISTS WHO SERVE AS ATTENDING PHYSICIANS ON MMC'S MEDICAL STAFF ARE BOARD CERTIFIED OR ELIGIBLE IN THE DISCIPLINE. MANY ALSO HOLD CERTIFICATION IN SUCH SPECIALTIES AS MATERNAL-FETAL MEDICINE (PERINATOLOGY), REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY, URO-GYNECOLOGY AND GYNECOLOGIC ONCOLOGY. IN ADDITION, MMC'S SKILLED AND DEDICATED NURSING STAFF IS TRAINED TO ASSIST MOTHERS AND THEIR CHILDBIRTH PARTNERS DURING LABOR AND DELIVERY AND TO INSTRUCT NEW PARENTS AND OTHER FAMILY MEMBERS IN NEWBORN CARE.

- THE VALERIE FUND CHILDREN'S CENTER FOR CANCER AND BLOOD DISORDERS

THE CENTER PROVIDES COMPREHENSIVE MEDICAL SERVICES TO CHILDREN WITH CHILDHOOD CANCERS SUCH AS LEUKEMIA, LYMPHOMAS AND NEUROBLASTOMAS, AND BLOOD DISORDERS SUCH AS SICKLE CELL ANEMIA AND WHITE CELL ABNORMALITIES. CHILDREN AND YOUNG ADULTS (BIRTH TO 21 YEARS OF AGE) WITH LEUKEMIA AND OTHER CANCERS ARE TREATED ACCORDING TO THE MOST ADVANCED THERAPEUTIC PROTOCOLS. PATIENTS RECEIVE TREATMENT ON AN OUTPATIENT BASIS FROM A TEAM OF SPECIALISTS, INCLUDING PEDIATRIC HEMATOLOGISTS/ONCOLOGISTS, SURGEONS, RADIOLOGISTS, NURSES, SOCIAL WORKERS, COUNSELORS AND CHILD LIFE SPECIALISTS. AMONG THE VALERIE FUND'S SERVICES IS RED BLOOD CELL APHERESIS - A SOPHISTICATED EXCHANGE/TRANSFUSION OF RED BLOOD CELLS FOR



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PATIENTS WITH SICKLE CELL DISEASE.

MMC IS ONE OF EIGHT HOSPITALS IN THE TRI-STATE AREA THAT IS PART OF THE VALERIE FUND, ONE OF THE LARGEST AND MOST ADVANCED PEDIATRIC ONCOLOGY/HEMATOLOGY NETWORKS IN THE COUNTRY.

- ROBOTIC SURGERY PROGRAM

MMC CREATED THE REGION'S FIRST ROBOTIC SURGERY PROGRAM WITH THE DA VINCI S SURGICAL SYSTEM. THE SYSTEM COMBINES COMPUTER AND ROBOTIC TECHNOLOGIES WITH THE SKILLS OF MMC'S SURGEONS TO CREATE A NEW CATEGORY OF SURGICAL TREATMENT, MAKING IT POSSIBLE TO PERFORM MORE TECHNICALLY DEMANDING SURGERIES, SUCH AS PROSTATECTOMY, USING A MINIMALLY INVASIVE APPROACH. MMC OFFERS ROBOTIC SURGERY FOR THE REMOVAL OF A VARIETY OF CANCEROUS TUMORS AS WELL AS FOR BENIGN CONDITIONS. THE ROBOTIC SURGERY SYSTEM OFFERS PATIENTS BETTER OUTCOMES, LESS PAIN, LESS SCARRING, LESS BLOOD LOSS, SHORTER HOSPITAL STAYS AND A QUICKER RETURN TO NORMAL ACTIVITIES THAN CONVENTIONAL SURGERY.

FIRST HOSPITAL IN CENTRAL AND SOUTHERN NEW JERSEY TO INTRODUCE MAKO ROBOTIC-ASSISTED TOTAL AND PARTIAL KNEE AND HIP REPLACEMENT SURGERY. MAKO SURGERY IS PERFORMED USING A SURGEON-CONTROLLED ROBOTIC ARM SYSTEM THAT ENABLES ACCURATE ALIGNMENT AND PLACEMENT OF IMPLANTS.

MMC-SC'S RECOGNIZED MEDICAL SERVICES AND CENTERS OF EXCELLENCE INCLUDE,

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BUT ARE NOT LIMITED TO, THE FOLLOWING:

- THE JAMES & SHARON MAIDA GERIATRICS INSTITUTE

MMC-SC HAS LONG BEEN A LEADER IN GERIATRIC MEDICINE, WHICH SPECIFICALLY ADDRESSES THE UNIQUE CARE NEEDS OF OLDER ADULTS. OUR ONE-OF-A-KIND JAMES AND SHARON MAIDA GERIATRICS INSTITUTE PROVIDES INTEGRATED INPATIENT AND OUTPATIENT GERIATRIC SERVICES FOR PATIENTS 65 AND OLDER IN ONE CONVENIENT LOCATION. IN ADDITION, OUR GERIATRICIANS - PHYSICIANS SPECIALIZING IN THE MEDICAL CARE OF THE ELDERLY - HAVE A FULL UNDERSTANDING OF THE WIDE RANGE OF PHYSICAL, MENTAL, MEDICAL, SOCIAL, AND SPIRITUAL ISSUES THAT OLDER ADULTS CAN FACE.

WITH OUR MANY INTERLINKED SERVICES, THE EXPERTS AT THE GERIATRICS INSTITUTE PROVIDE INDIVIDUALIZED CARE RECOMMENDATIONS TO ENSURE THAT PATIENTS RECEIVE THE SPECIAL CARE THEY REQUIRE, WITHOUT INTERFERING WITH THEIR INDEPENDENCE. AND OUR GERIATRIC TEAM WORKS CLOSELY WITH YOU OR YOUR LOVED ONE'S PRIMARY CARE PHYSICIAN TO MAKE SURE THAT ALL PATIENT AND FAMILY NEEDS ARE MET. WITH THE EXPERT TREATMENT AVAILABLE AT OUR STATE-OF-THE-ART OUTPATIENT PRACTICE, OLDER ADULTS CAN LIVE THE FULLEST LIFE POSSIBLE.

OUR MULTIDISCIPLINARY TEAM ALSO INCLUDES NURSES, SOCIAL WORKERS, NUTRITIONISTS, PHARMACISTS, HEALTH EDUCATORS, PHYSICAL THERAPISTS, OCCUPATIONAL THERAPISTS, SPEECH THERAPISTS AND AUDIOLOGISTS, ALL WHO

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SPECIALIZE IN THE CARE OF SENIORS AND ARE AVAILABLE TO ACCOMMODATE THE NEEDS OF PATIENTS AS THEY TRANSITION FROM INPATIENT TO OUTPATIENT CARE.

COMPLEMENTING THE GERIATRICS INSTITUTE ARE THE GERIATRIC EMERGENCY MEDICINE (GEM) UNIT, CREATED TO MEET THE MORE COMPLEX NEEDS OF SENIORS IN EMERGENCY CARE, THE ACUTE CARE FOR ELDERLY (ACE) UNIT, AN INPATIENT UNIT UTILIZING AN INTERDISCIPLINARY APPROACH TO COLLABORATIVELY DEVELOP A PATIENT-CENTERED CARE PLAN, AND THE BETTER HEALTH PROGRAM, WHICH OFFERS COURSES AND MORE TO MEN AND WOMEN 55 AND OLDER WHO WANT TO IMPROVE THEIR HEALTH AND WELL-BEING.

- THE EMERGENCY DEPARTMENT AT MMC-SC

THE EMERGENCY DEPARTMENT TREATS APPROXIMATELY 25,000 PATIENTS ANNUALLY, UTILIZING THE LATEST IN CARDIAC MONITORING EQUIPMENT, INCLUDING SPECIAL ROOMS FOR TRAUMA, ORTHOPEDICS, EAR/NOSE/THROAT, OBSTETRICS/GYNECOLOGY, PEDIATRICS, SUTURING AND PSYCHIATRIC EMERGENCIES. THE MAIN EMERGENCY DEPARTMENT INCLUDES 30 TREATMENT BAYS AND HAS REVOLUTIONIZED HOW PATIENTS ARE TREATED IN MODERN HEALTHCARE SETTINGS BY EXPEDITING THE PROCESS WHICH PATIENTS MUST UNDERGO PRIOR TO RECEIVING MEDICAL TREATMENT. THE STAFF IS FOCUSED ON RESPECTING THE INDIVIDUAL NEEDS OF ALL ADULT AND PEDIATRIC PATIENTS. MMC-SC IS A STATE-DESIGNATED PRIMARY STROKE CENTER AND JOINT COMMISSION CERTIFIED CHEST PAIN CENTER AND HAS OCEAN COUNTY'S ONLY PSYCHIATRIC EMERGENCY SCREENING PROGRAM.

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MMC-SC'S PEDIATRIC EMERGENCY SERVICES PROGRAM IS STAFFED FULL TIME BY HIGHLY EXPERIENCED, BOARD-CERTIFIED EMERGENCY MEDICINE PHYSICIANS WITH ACCESS TO PEDIATRIC CONSULTATIONS 24 HOURS A DAY WITH ON-SITE DOUBLE BOARD CERTIFIED NEONATOLOGISTS/PEDIATRICIANS AND AN ON-CALL BOARD CERTIFIED PEDIATRICIAN. WHEN NECESSARY, CONSULTATIONS WITH PEDIATRIC SUBSPECIALISTS ARE COORDINATED WITH THE MEDICAL STAFF AT THE UNTERBERG CHILDREN'S HOSPITAL AT MMC. ADDITIONALLY, INFANTS AND CHILDREN REQUIRING MORE SPECIALIZED CARE ARE TRANSPORTED TO THE CHILDREN'S HOSPITAL, IF AND WHEN NECESSARY. MMC-SC'S CHILD-FRIENDLY PEDIATRIC-DESIGNATED TREATMENT AREA IN THE EMERGENCY DEPARTMENT OFFERS A PEDIATRIC PLAYROOM WITH GAMES, TOYS AND BOOKS AND COLORFULLY DECORATED TREATMENT ROOMS EQUIPPED WITH TV AND DVD PLAYER.

EVERY ASPECT OF MMC-SC'S EMERGENCY DEPARTMENT HAS BEEN DESIGNED TO PROVIDE THE ULTIMATE IN EFFICIENCY AND COMFORT FOR PATIENTS AND THEIR FAMILIES, WHILE OFFERING THE HIGHEST QUALITY MEDICAL CARE. THIS HAS LED TO NUMEROUS RECOGNITIONS AND AWARDS FOR PATIENT SATISFACTION AND QUALITY MEDICAL CARE, INCLUDING EXCEPTIONAL TURNAROUND TIME.

- THE CENTER FOR WOUND HEALING

THE WOUND CARE CENTER AT MMC-SC PROVIDES DIAGNOSIS, TREATMENT AND HEALING OF CHRONIC AND HARD-TO-HEAL WOUNDS CAUSED BY A VARIETY OF MEDICAL CONDITIONS INCLUDING DIABETES, TRAUMA, POOR CIRCULATION, BEDRIDDEN, SURGICAL COMPLICATIONS, VASCULAR DISEASES, ETC. THE CENTER FOR WOUND

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HEALING AND HYPERBARIC MEDICINE APPLIES PROVEN WOUND CARE PRACTICES AND ADVANCED CLINICAL APPROACHES INCLUDING HYPERBARIC OXYGEN THERAPY TO HELP HEAL PATIENTS SUFFERING FROM CHRONIC WOUNDS. ADDITIONALLY, OUR CENTER FREQUENTLY PARTICIPATES IN CLINICAL TRIALS UTILIZING THE LATEST WOUND CARE PRODUCTS AVAILABLE.

- PSYCHIATRIC CENTERS/PROGRAM

MMC-SC HAS THE LARGEST PSYCHIATRIC PROGRAM IN OCEAN COUNTY, WITH A TOTAL OF 60 BEDS WITHIN VOLUNTARY AND INVOLUNTARY ADULT INPATIENT UNITS LOCATED IN A FREE-STANDING FACILITY IN TOMS RIVER, NJ. IN ADDITION, ITS PSYCHIATRIC EMERGENCY SCREENING SERVICE ("PESS") IS THE STATE-DESIGNATED SERVICE FOR OCEAN COUNTY. MMC-SC ALSO OFFERS INTENSIVE OUTPATIENT PROGRAMS AND TRADITIONAL OUTPATIENT CARE.

NEWARK BETH ISRAEL MEDICAL CENTER

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NBIMC'S RECOGNIZED MEDICAL SERVICES CENTERS OF EXCELLENCE INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

- HEART TRANSPLANT PROGRAM & HEART FAILURE TREATMENT

THE RENOWNED HEART TRANSPLANT CENTER HAS PERFORMED OVER 1,080 HEART TRANSPLANTS. THE PROGRAM PROVIDES THE MOST ADVANCED TREATMENT OPTIONS

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AVAILABLE ANYWHERE IN NEW JERSEY FOR PEOPLE WITH CONGESTIVE HEART FAILURE OR END STAGE CARDIAC DISEASE INCLUDING THE ULTIMATE TREATMENT; ORGAN TRANSPLANTATION. NBIMC'S SHORT AND LONG-TERM SURVIVAL RATES HAVE CONTINUALLY SURPASSED BOTH REGIONAL AND NATIONAL AVERAGES. THE EXPERIENCED MULTIDISCIPLINARY TEAM HAS WORKED CLOSELY TOGETHER AT THE HOSPITAL AND WITH ITS AFFILIATES. NBIMC IS A DESIGNATED VENTRICULAR ASSIST DEVICE ("VAD") CENTER AND WAS ONE OF THE FIRST IN NJ TO EMPLOY EXTRACORPOREAL MEMBRANE OXYGENATION ("ECMO").

- RWJBH HEART CENTER AT NBIMC

THE PREMIER CARDIAC SERVICES PROVIDE IMMEDIATE ACCESS TO HIGHLY SOPHISTICATED HEART SURGERY. MEMBERS OF THE SURGICAL TEAM ARE RECOGNIZED AS NATIONAL LEADERS IN THE FIELD OF CARDIOTHORACIC SURGERY AND ARE ADVANCING THE LATEST MINIMALLY INVASIVE TECHNIQUES THAT OFFER PATIENTS FASTER RECOVERY AND FEWER COMPLICATIONS. THE CENTER'S REPUTATION FOR EXCELLENCE HAS MADE THEM EDUCATIONAL RESOURCES FOR CARDIAC SURGEONS THROUGHOUT THE NORTHEAST. SERVICES INCLUDE MINIMALLY INVASIVE CARDIAC SURGERY/ROBOTIC SURGERY, BEATING HEART SURGERY, TRANSCATHETER AORTIC VALVE REPLACEMENT ("TAVR") AND INTEGRATIVE CARDIAC WELLNESS. TO ENSURE EVERYONE WITH HEART DISEASE HAS ACCESS TO THE SPECIALIZED SERVICES, OUR CARDIAC TEAM SEES PATIENTS AT SATELLITE OFFICES THROUGHOUT THE STATE. IN CONJUNCTION WITH ITS AFFILIATES, SAINT BARNABAS MEDICAL CENTER, JERSEY CITY MEDICAL CENTER AND ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, THE HEART CENTERS PERFORMED NEARLY 2,400 OPEN HEART PROCEDURES IN 2019.

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- LUNG TRANSPLANT AND THE CENTER FOR ADVANCED LUNG DISEASE

NEW JERSEY'S ONLY LUNG TRANSPLANT PROGRAM, THE RWJBH ADVANCED LUNG DISEASE AND TRANSPLANT PROGRAM AT NBIMC, OFFERS INCREASED ACCESS TO SINGLE AND DOUBLE LUNG TRANSPLANT AND COMPREHENSIVE TREATMENT AND MANAGEMENT OF CHRONIC AND COMPLEX LUNG DISEASE. TO-DATE, THE CENTER HAS ALREADY PERFORMED OVER 100 TRANSPLANTS. THE PROGRAM BRINGS SPECIALTY SERVICES TO THE STATE IMPROVING THE LIVES OF PEOPLE WITH ADVANCED LUNG CONDITIONS INCLUDING CHRONIC OBSTRUCTIVE PULMONARY DISEASE ("COPD"), CYSTIC FIBROSIS, PULMONARY FIBROSIS AND PULMONARY HYPERTENSION.

WHILE A PRIMARY GOAL OF THE PROGRAM IS TO IDENTIFY SUITABLE CANDIDATES FOR A TRANSPLANT, THE COMPREHENSIVE MULTIDISCIPLINARY EVALUATION CAN ALSO BENEFIT PATIENTS WHO ARE NOT TRANSPLANT CANDIDATES. THE PROGRAM OFFERS COMPLETE EVALUATION AND TREATMENT PLANS FOR PATIENTS WITH LUNG DISEASES SUCH AS: ASTHMA, CYSTIC FIBROSIS INTERSTITIAL LUNG DISEASES, ALPHA 1 ANTITRYPSIN DEFICIENCY, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, PULMONARY FIBROSIS, SARCOIDOSIS, LYMPHANGIOLEIOMYOMATOSIS (LAM), SCLERODERMA, PULMONARY ALVEOLAR PROTEINOSIS AND PULMONARY HYPERTENSION. STATE-OF-THE-ART DIAGNOSTIC SERVICES INCLUDE: CT-GUIDED BIOPSY, NAVIGATIONAL BRONCHOSCOPY AND ENDOBRONCHIAL ULTRASOUND, BRONCHIAL THERMOPLASTY, ENDOBRONCHIAL RESECTION OF TUMORS, ENDOBRONCHIAL STENTS, AND PLEURAX CATHETER PLACEMENT FOR MALIGNANT PLEURAL EFFUSIONS AND WHOLE LUNG LAVAGE.

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THE CENTER HAS VARIOUS ONGOING CUTTING-EDGE RESEARCH TRIALS HELPING PATIENTS WITH END-STAGE LUNG DISEASE.

- CHILDREN'S HOSPITAL OF NEW JERSEY ("CHONJ")

CHONJ PROVIDES COMPREHENSIVE HEALTHCARE PROGRAMS AND SERVICES TO CHILDREN OF ALL AGES. THE HOSPITAL WITHIN A HOSPITAL COMBINES THE MOST ADVANCED FACILITIES AND TECHNOLOGY DEDICATED EXCLUSIVELY TO PEDIATRIC PATIENTS WITH THE PHILOSOPHY OF FAMILY CENTERED CARE. PEDIATRIC AND NEONATAL SERVICES OF CHONJ RANGE FROM PRIMARY/PREVENTIVE CARE SERVICES TO CRITICAL INTENSIVE AND INTERMEDIATE ACUTE CARE FOR CHILDREN AND NEWBORNS.

NBIMC HAS THE LARGEST PEDIATRIC INTENSIVE CARE UNIT IN THE STATE. SPECIALTY SERVICES INCLUDE THE CHILDREN'S HEART CENTER PROVIDING THE MOST COMPREHENSIVE PEDIATRIC CARDIAC AND CARDIAC SURGERY SERVICES IN THE STATE, NEONATAL INTENSIVE AND INTERMEDIATE CARE, PEDIATRIC EMERGENCY SERVICES, PULMONARY SERVICES, THE STATE'S ONLY PEDIATRIC ECMO PROVIDER, PEDIATRIC VIDEO MONITORING UNIT, VALERIE FUND CANCER CENTER, HEMOPHILIA TREATMENT CENTER, MODERATE SEDATION, ROBOTIC SURGERY AND THE PRIMARY AND PHYSICIAN SUBSPECIALTY SERVICES OF THE FAMILY HEALTH CENTER.

FAMILIES EXPERIENCE A WARM, COMFORTING ENVIRONMENT IN WHICH PHYSICIANS, NURSES AND CLINICAL STAFF UNDERSTAND THE UNIQUE NEEDS OF CHILDREN AND THE VITAL ROLE OF PARENTS IN THE HEALING PROCESS.



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- COMPREHENSIVE HEMOPHILIA TREATMENT CENTER

ONE OF ONLY SIX STATE-DESIGNATED CENTERS IN NEW JERSEY, THE COMPREHENSIVE HEMOPHILIA TREATMENT CENTER PROVIDES CARE TO BOTH PEDIATRIC AND ADULT PATIENTS WITH INHERITED BLEEDING AND CLOTTING DISORDERS. THE CENTER OFFERS COMPLETE EVALUATIONS BY A TEAM OF EXPERTS INCLUDING HEMATOLOGISTS, NURSES, PSYCHOSOCIAL PROFESSIONALS AND PHYSICAL THERAPISTS. CONSULTATION BY INFECTIOUS DISEASE SPECIALISTS, DENTISTS, NUTRITIONISTS, GASTROENTEROLOGISTS, ORTHOPEDISTS AND OTHER SPECIALISTS IS PROVIDED AS NEEDED.

OUR CENTER'S GOAL IS TO PROVIDE THE LATEST ADVANCES IN TREATMENT FOR PEOPLE WITH HEMOPHILIA, ASSIST IN THE CARE OF THE COMPLICATIONS OF HEMOPHILIA, AND CONTINUE TO PROVIDE SUPPORT TO PERSONS WITH HEMOPHILIA AND THEIR FAMILIES WITH THE GOAL OF ACHIEVING A NORMAL LIFESTYLE.

THE CENTER PROVIDES CARE FOR CHILDREN AND ADULTS WITH VON WILLEBRAND DISEASE AND OTHER BLEEDING DISORDERS. PATIENTS WITH THROMBOSIS (CLOTTING DISORDER) RECEIVE COMPREHENSIVE TREATMENT AT THE CENTER. WE ALSO COORDINATE A HOME CARE PROGRAM WHICH ENABLES PERSONS WITH HEMOPHILIA TO LEAD NORMAL, PRODUCTIVE LIVES. THE HOME CARE PROGRAM ALLOWS FOR IMMEDIATE TREATMENT, THUS AVOIDING THE DELAY, STRESS AND COST OF EMERGENCY DEPARTMENT CARE. ADULT AND PEDIATRIC INFECTIOUS DISEASE AND GASTROINTESTINAL SPECIALISTS PROVIDE COMPREHENSIVE CARE FOR HEMOPHILIA

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PATIENTS WITH AIDS AND/OR HEPATITIS AND THEIR PARTNERS.

- ROBOTIC SURGERY

ROBOTIC SURGERY IS OFFERED IN MANY SPECIALTIES INCLUDING CARDIAC, UROLOGY, PEDIATRIC SURGERY, GYNECOLOGY, URO-GYNECOLOGY AND GENERAL SURGERY. PERFORMING MINIMALLY INVASIVE PROCEDURES CAN BE LESS TRAUMATIC TO PATIENTS AND ALLOW FOR QUICKER RECOVERY TIMES. NBIMC ALSO OFFERS BLOODLESS SURGERY AND CELEBRATED 10 YEARS OF SERVICE IN 2014. THE ROBOTIC SURGERY PROGRAM AT NBIMC WAS ONE OF THE COUNTRY'S FIRST. HUNDREDS OF PHYSICIANS IN NEW JERSEY AND AROUND THE WORLD HAVE RECEIVED TRAINING FROM ROBOTIC SURGEONS AT NBIMC. IN ADDITION, PHYSICIANS AT NBIMC WERE SOME OF THE FIRST TRAINED IN SINGLE SITE SURGERY.

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ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - NEW BRUNSWICK AND SOMERSET

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RWJUH'S CENTERS OF EXCELLENCE INCLUDE CARDIOVASCULAR CARE FROM MINIMALLY INVASIVE HEART SURGERY TO TRANSPLANTATION, CANCER CARE, STROKE CARE, NEUROSCIENCE, JOINT REPLACEMENT, AND WOMEN'S AND CHILDREN'S CARE INCLUDING THE BRISTOL-MYERS SQUIBB CHILDREN'S HOSPITAL AT ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL.

AS THE FLAGSHIP CANCER HOSPITAL OF RUTGERS CANCER INSTITUTE OF NEW JERSEY

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AND THE PRINCIPAL TEACHING HOSPITAL OF RUTGERS ROBERT WOOD JOHNSON MEDICAL SCHOOL IN NEW BRUNSWICK, RWJUH IS AN INNOVATIVE LEADER IN ADVANCING STATE-OF-THE-ART CARE. A LEVEL 1 TRAUMA CENTER AND THE FIRST PEDIATRIC TRAUMA CENTER IN THE STATE, RWJUH'S NEW BRUNSWICK CAMPUS SERVES AS A NATIONAL RESOURCE IN ITS GROUND-BREAKING APPROACHES TO EMERGENCY PREPAREDNESS.

~ RWJUH NEW BRUNSWICK AND SOMERSET HAVE BEEN DESIGNATED AS CENTERS OF EXCELLENCE IN METABOLIC AND BARIATRIC SURGERY.

~ RWJUH SOMERSET WAS THE FIRST IN NEW JERSEY TO OFFER SPECIALIZED PRIMARY MEDICAL CARE SERVICES FOR THE LGBTQIA COMMUNITY, OPENING ITS PROUD FAMILY HEALTH IN 2017.

~ RWJUH SOMERSET IS ONE OF ONLY TWO HOSPITALS IN NEW JERSEY TO OFFER AN INPATIENT EATING DISORDERS PROGRAM IN ADDITION TO OFFERING PARTIAL HOSPITALIZATION AND INTENSIVE OUTPATIENT SERVICES.

~ RWJUH NEW BRUNSWICK EARNED THE JOINT COMMISSION'S GOLD SEAL OF APPROVAL FOR ITS BARIATRIC SURGERY AND HIP AND KNEE JOINT REPLACEMENT PROGRAMS BY DEMONSTRATING COMPLIANCE WITH THE JOINT COMMISSION'S NATIONAL STANDARDS FOR HEALTH CARE QUALITY AND SAFETY IN DISEASE-SPECIFIC CARE.

~ CARDIOVASCULAR CARE

BOTH THE NEW BRUNSWICK AND SOMERSET CAMPUSES OF RWJUH HAVE A LONG HISTORY OF PROVIDING COMPREHENSIVE CARDIAC CARE TO THE COMMUNITY. THE CARDIOVASCULAR CENTER OF EXCELLENCE AT RWJUH CAN BE DIVIDED INTO THREE

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COMPONENTS: CARDIAC SERVICES INCLUSIVE OF MEDICAL MANAGEMENT AND TREATMENT; THE LATEST IN CARDIAC SURGICAL INNOVATIONS; AND, PROVISION OF COMPREHENSIVE VASCULAR SERVICES. THE GOAL OF THIS CENTER OF EXCELLENCE IS TO PROVIDE HIGH QUALITY, CUTTING EDGE SERVICES IN A PROMPT AND EFFICIENT MANNER.

CARDIAC SERVICES RUN THE GAMUT FROM ELECTROCARDIOGRAM (EKG) UP TO AND INCLUDING HEART TRANSPLANTATION INCLUSIVE OF THE ABIOCOR TOTAL ARTIFICIAL HEART. THE FOLLOWING DESCRIBES THE CARDIAC SERVICE LINE BASED ON MEDICAL CARDIOLOGY INCLUSIVE OF NON-INVASIVE AND INVASIVE TECHNOLOGIES.

THE NON-INVASIVE TECHNOLOGIES AT ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL ON BOTH CAMPUSES INCLUDE EKG, STRESS TESTING, BOTH NUCLEAR AND REGULAR, ECHOCARDIOGRAPHY, BOTH STRESS AND NON-STRESS TESTING. THESE NON-INVASIVE TECHNIQUES PROVIDE INFORMATION NECESSARY FOR THE DIAGNOSIS AND TREATMENT OF HEART DISEASE.

MEDICALLY INVASIVE CARDIAC PROCEDURES ARE PERFORMED IN THE CARDIAC CATHETERIZATION LABORATORIES. THE HOSPITAL HAS NINE LABORATORIES ACROSS THE TWO CAMPUSES, INCLUSIVE OF TWO ELECTROPHYSIOLOGY (EP) LABORATORIES IN NEW BRUNSWICK. WITHIN THE CARDIAC CATHETERIZATION LABORATORIES, DIAGNOSTIC CARDIAC CATHETERIZATIONS ARE PERFORMED AS WELL AS PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTIES (PTCA). IN ADDITION, IN THE ELECTROPHYSIOLOGY LABS, TREATMENTS FOR ARRHYTHMIAS ARE PERFORMED. THESE PROCEDURES ARE DONE THROUGH THE USE OF CATHETERS WHICH ARE POSITIONED

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WITHIN THE HEART TO MEASURE ITS APPROPRIATE ELECTRICAL ACTIVITY AND VULNERABILITY OF THE HEART TO ABNORMAL RHYTHMS AND RAPID OR SLOW HEARTBEATS. THE RWJUH ROBOTIC MAGNETIC NAVIGATION SYSTEM FOR CARDIAC ABLATIONS IN NEW BRUNSWICK HAS GROWN TO BECOME ONE OF THE MOST ACTIVE LABS IN THE COUNTRY. THESE RHYTHM DISORDERS ARE TREATED IN A VARIETY OF WAYS INCLUSIVE OF THE IMPLANTATION OF PACEMAKER DEVICES. THE OTHER PROCEDURES DONE IN THE CARDIAC CATHETERIZATION LABORATORIES ARE THOSE FOR ENDOVASCULAR PROCEDURES TO TREAT PERIPHERAL ARTERY DISEASE. THE CARDIAC CATHETERIZATION LABORATORIES PERFORM OVER 9,000 PROCEDURES PER YEAR AND ARE THE LARGEST AND MOST ACTIVE IN THE STATE OF NEW JERSEY. DURING 2015, WORK WAS COMPLETED ON THE SOMERSET CAMPUS TO ELEVATE AND INTEGRATE THOSE CATH LABS ONTO THE SAME TECHNICAL PLATFORM AS THOSE IN NEW BRUNSWICK.

FROM A CARDIAC SURGICAL PERSPECTIVE, THE HOSPITAL IN NEW BRUNSWICK PERFORMS OVER 900 OPEN HEART PROCEDURES, INCLUSIVE OF CORONARY ARTERY BYPASS, GRAFTING, MINIMALLY INVASIVE SURGERY FOR REPAIR AND REPLACEMENT OF VALVES, REPAIR OF CONGENITAL ABNORMALITIES IN ADULTS AND SURGICAL TREATMENT OF ATRIAL FIBRILLATION. THE CARDIAC SURGERY DIVISION SIMILARLY PERFORMS HEART TRANSPLANTATION. TO SUPPORT HEART TRANSPLANTATION, THE HOSPITAL ALSO PROVIDES VENTRICULAR ASSIST DEVICES (VAD) WHICH ARE USED AS A BRIDGE TO TRANSPLANTATION. THE VAD PROGRAM AT RWJUH IS ONE OF A HANDFUL OF PROGRAMS NATIONALLY TO BE ACCREDITED BY THE JOINT COMMISSION AS A DESTINATION THERAPY FOR END-STAGE CARDIAC PATIENTS. SINCE ITS 2012 APPROVAL AS A SITE TO OFFER TRANSCATHETER AORTIC VALVE REPLACEMENT, DESIGNED FOR PATIENTS TOO ILL TO QUALIFY FOR TRADITIONAL VALVE

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REPLACEMENT SURGERY, RWJUH HAS INCREASED THE NUMBER OF TAVR CASES PERFORMED AMONG THE MOST ACUTELY ILL CARDIAC PATIENTS.

THE HOSPITAL HAS AN ACTIVE HEART FAILURE AND TRANSPLANT SERVICE. THROUGH THIS TEAM-ORIENTED APPROACH OF MEDICAL CARDIOLOGISTS AND CARDIAC SURGEONS, THE MOST UP-TO-DATE TECHNIQUES ARE DONE AT ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL INCLUSIVE OF HEART TRANSPLANTS. THE HOSPITAL HAS PERFORMED OVER 110 HEART TRANSPLANTS SINCE 2010.

THE HOSPITAL ALSO OFFERS A COMPREHENSIVE CARDIAC REHABILITATION PROGRAM AS A MEANS FOR REHABILITATION FOR PATIENTS WHO HAVE UNDERGONE CERTAIN PROCEDURES OR TREATMENT. THE PROGRAM IS APPROVED BY MEDICARE AND PRIVATE INSURANCE COMPANIES AND IS A BENEFICIAL SERVICE WHERE THE PATIENTS ARE ASSISTED BY THE NURSES AND EXERCISE PHYSIOLOGISTS TO RESUME THEIR ACTIVITIES OF DAILY LIVING.

THE OTHER COMPONENT OF THE CARDIOVASCULAR SERVICE LINE IS VASCULAR SERVICES WHICH ARE PRIMARILY PROVIDED THROUGH THE VASCULAR SURGEONS AND INTERVENTIONAL RADIOLOGISTS. THE TYPES OF PROCEDURES PERFORMED BY THE VASCULAR SURGEONS INCLUDE CAROTID ARTERY SURGERY FOR STROKE PREVENTION, ABDOMINAL AORTIC ANEURYSM (AAA) REPAIRS, THORACIC AORTIC ANEURYSM REPAIRS, RENAL ARTERY REPAIRS, AND ARTERIAL RECONSTRUCTION FOR LOWER EXTREMITIES. THE VASCULAR SURGEONS ARE ALSO PROVIDING ENDOVASCULAR THERAPIES. IN ADDITION TO THE SERVICES PROVIDED BY THE VASCULAR SURGEONS, THE INTERVENTIONAL RADIOLOGISTS PROVIDE MODERN AND COMPLETE

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DIAGNOSTIC VASCULAR EXAMINATIONS AS WELL AS ENDOVASCULAR THERAPY. THE VASCULAR TEAM HAS COLLABORATED WITH THE HOSPITAL'S TRAUMA AND EMERGENCY MEDICINE DEPARTMENTS TO LAUNCH A NEW CLINICAL PROTOCOL FOR THE MANAGEMENT OF EMERGENCY AAA CASES.

NON-INVASIVE VASCULAR TESTING IS PROVIDED THROUGH THE VASCULAR LABORATORY. PROCEDURES INCLUDE BUT ARE NOT LIMITED TO CAROTID ARTERY, TRANSCRANIAL DOPPLER, AND UPPER AND LOWER EXTREMITY ARTERIAL SCANS. IN 2018, THE VASCULAR LAB PERFORMED OVER 11,500 TESTS AND THE ECHO LAB PERFORMED OVER 13,500 TESTS.

- CANCER CARE

PROVIDING COMPASSIONATE, HIGH QUALITY CARE FOR CANCER PATIENTS HAS LONG BEEN A PRIMARY FOCUS OF BOTH THE NEW BRUNSWICK AND SOMERSET CAMPUSES OF RWJUH.

THE CANCER HOSPITAL AT RWJUH IN NEW BRUNSWICK OFFERS A COMPREHENSIVE CANCER CARE PROGRAM WITH A 103-BED CANCER HOSPITAL THAT PROVIDES SAME-DAY CHEMOTHERAPY, MEDICAL ONCOLOGY, HEMATOLOGY/ONCOLOGY, SURGICAL ONCOLOGY, BONE MARROW AND RADIATION THERAPY - ALL IN ONE LOCATION. THE COLLABORATION OF RWJUH SPECIALISTS, PHYSICIANS AND RESEARCHERS ALLOWS PATIENTS TO RECEIVE THE BENEFITS OF ALL THE LATEST ADVANCES IN CANCER CARE. TECHNOLOGICAL HIGHLIGHTS OF THE PROGRAM INCLUDE TUMOR MOTION TRACKING, WHICH ALLOWS FOR GREATER PRECISION IN TREATING TUMORS WITH

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RADIATION, AND THE DA VINCI SURGICAL ROBOT, WHICH OFFERS MINIMALLY INVASIVE SURGICAL OPTIONS, OFTEN RESULTING IN QUICKER RECOVERY TIME FOR PATIENTS. RWJUH IS THE FLAGSHIP HOSPITAL OF THE CANCER INSTITUTE OF NEW JERSEY, ONE OF ONLY 47 NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CANCER CENTERS - SINGLED OUT FOR THEIR LEADERSHIP IN INTEGRATING CANCER TREATMENT, RESEARCH AND EDUCATION.

LOCATED ON THE CAMPUS OF ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL SOMERSET, THE STEEPLECHASE CANCER CENTER PROVIDES COMPREHENSIVE CANCER SERVICES WITHIN A CALM, COMPASSIONATE, PATIENT-FOCUSED ENVIRONMENT. THE CANCER CENTER HAS BEEN NATIONALLY RECOGNIZED WITH THE PRESTIGIOUS OUTSTANDING ACHIEVEMENT AWARD FROM THE COMMISSION ON CANCER OF THE AMERICAN COLLEGE OF SURGEONS. THE SANOFI US BREAST CARE PROGRAM IS ONE OF ONLY A SELECT FEW BREAST CARE PROGRAMS IN NEW JERSEY TO ACHIEVE FULL ACCREDITATION BY THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS. IT HAS ALSO BEEN NAMED A BREAST IMAGING CENTER OF EXCELLENCE BY THE AMERICAN COLLEGE OF RADIOLOGY. THE STEEPLECHASE CANCER CENTER IS A CLINICAL RESEARCH AFFILIATE OF THE RUTGERS CANCER INSTITUTE OF NEW JERSEY.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

UNIQUE PROGRAM HIGHLIGHTS INCLUDE:

IN THE SPRING OF 2015, WORK WAS COMPLETED ON THE CREATION OF THE LAURIE PROTON THERAPY CENTER AT RWJ, ALSO ON THE ROBERT WOOD JOHNSON CAMPUS.



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PROTON BEAM THERAPY IS REVOLUTIONARY IN THE TREATMENT OF CERTAIN TYPES OF CANCER, AND IS PARTICULARLY EFFECTIVE IN THE TREATMENT OF SELECTED PEDIATRIC CANCERS - SUCH AS THOSE IN THE SPINE AND BRAIN - WHERE THE USE OF TRADITIONAL RADIOTHERAPY MIGHT CAUSE DAMAGE TO FORMING NERVOUS SYSTEM TISSUE. THE ESTABLISHMENT OF THE LAURIE PROTON THERAPY CENTER HAS CREATED ANOTHER DESTINATION THERAPY FOR THE PEOPLE OF OUR REGION.

- RWJUH'S RADIATION ONCOLOGY DEPARTMENT PROVIDES THE LATEST ADVANCES IN RADIOTHERAPY INCLUDING INTENSITY-MODULATED RADIATION THERAPY (IMRT), STEREOTACTIC BODY RADIO THERAPY, TOTAL SKIN ELECTRON BEAM THERAPY, HIGH DOSE RATE AND LOW DOSE RATE BRACHYTHERAPY AND IMAGE-GUIDED RADIATION THERAPY.

- THE GAMMA KNIFE CENTER AT RWJUH LOCATED ON THE HOSPITAL CAMPUS TREATS COMPLEX CANCERS WITH STEREOTACTIC RADIO SURGERY OF THE BRAIN AND SPINE IN WAYS THAT TRADITIONAL SURGERY CANNOT. THE GAMMA KNIFE TECHNOLOGY IS ALSO BEING SUCCESSFULLY USED IN TREATING CONDITIONS OF THE FACIAL NERVOUS SYSTEM AND FOR MALFORMATIONS OF BLOOD VESSELS IN THE BRAIN. THE RWJUH GAMMA KNIFE CENTER PROVIDES THE LATEST TECHNOLOGY IN THE BATTLE AGAINST CANCER.

- RWJUH OFFERS THE STATE'S ONLY ACCREDITED RESIDENCY PROGRAM IN RADIATION ONCOLOGY. THE RESIDENCY PROGRAM SUPPORTS THE PRODUCTION OF ADVANCED CLINICAL AND BASIC SCIENCE RESEARCH THAT SUPPORTS AND ENSURES THE APPROPRIATE APPLICATION OF HIGH END TECHNOLOGY.

- RWJUH PROVIDES BOTH ADULT AND PEDIATRIC OUTPATIENT CHEMOTHERAPY AND INFUSION SERVICES AND IS ONE OF ONLY 2 BONE MARROW TRANSPLANT CENTERS IN

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THE STATE AND HAS A BONE MARROW UNIT HOUSED WITHIN THE CANCER HOSPITAL.

- RWJUH PROVIDES ACCESS TO THE EXPERTISE OF THE REGION'S BEST PLASTIC AND RECONSTRUCTIVE SURGEONS.

- THE CANCER HOSPITAL OF NEW JERSEY AT RWJUH FOCUSES ON ADDITIONAL PATIENT NEEDS INCLUDING EDUCATION, PSYCHOLOGICAL, EMOTIONAL AND SPIRITUAL SUPPORT.

- THE BRISTOL-MYERS SQUIBB CHILDREN'S HOSPITAL AT RWJUH HOUSES A 10-BED PEDIATRIC HEMATOLOGY/ONCOLOGY UNIT FOR CHILDREN WITH CANCER.

- PATIENTS HAVE ACCESS TO A DEDICATED ONCOLOGY SOCIAL WORKER, AN ONCOLOGY NUTRITIONIST, CHAPLAIN AND NUMEROUS OTHER SUPPORT GROUPS.

- IN THE CANCER HOSPITAL, ALL ROOMS ARE PRIVATE WITH HOTEL-STYLE AMENITIES SUCH AS A TV, REFRIGERATOR AND IN-SERVICE DINING, AS WELL AS SLEEPING ACCOMMODATIONS FOR FAMILY MEMBERS.

- WOMEN'S AND CHILDREN'S SERVICES

BOTH THE NEW BRUNSWICK AND SOMERSET CAMPUSES OF RWJUH HAVE A LONG HISTORY OF PROVIDING COMPREHENSIVE CARE TO WOMEN AND CHILDREN IN OUR DIVERSE COMMUNITIES. THE REGIONAL PERINATAL CENTER AT ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL OFFERS THE HIGHEST LEVEL OF OBSTETRIC AND NEONATAL SERVICES IN NEW JERSEY. A FULL RANGE OF SPECIALIZED CARE IS OFFERED, INCLUDING: PRE-CONCEPTION COUNSELING FOR WOMEN DIAGNOSED WITH A CHRONIC CONDITION BEFORE PREGNANCY; COUNSELING FOR COUPLES WITH HIGH RISK FACTORS FOR GENETIC PROBLEMS; MEETING THE ADVANCED CARE NEEDS OF WOMEN WITH MEDICAL PROBLEMS SUCH AS EPILEPSY, RENAL TRANSPLANT, HIV POSITIVE OR

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CARDIOVASCULAR DISEASE; CARE FOR PREGNANT WOMEN WITH MULTIPLES OR A PREVIOUS PRETERM INFANT; AND, EVEN PROVIDING SECOND OPINIONS FOR PREGNANT WOMEN SEEKING THIS OPTION.

RWJUH'S LABOR AND DELIVERY UNIT OFFERS PATIENTS WELL-APPOINTED ROOMS THAT ARE LARGER AND REDESIGNED TO CREATE A WARM, PATIENT-FOCUSED ENVIRONMENT. THE HOSPITAL RENOVATED AND ADDED BOTH ANTE-PARTUM AND POST-PARTUM ROOMS AND BEDS, WHICH NOW GIVES US 31 ANTE- AND POST-PARTUM BEDS, AS WELL AS 12 LABOR AND DELIVERY ROOMS. ADDITIONALLY, THERE IS EASIER ACCESS FROM THE LABOR AND DELIVERY AREA TO THE NEONATAL INTENSIVE CARE UNIT IF NEWBORNS REQUIRE HIGHLY SPECIALIZED CRITICAL CARE.

DURING 2019, MORE THAN 2,500 BIRTHS WERE RECORDED AT THE REGIONAL PERINATAL CENTER IN NEW BRUNSWICK AND AN ADDITIONAL 770 BIRTHS WERE NOTED ON THE SOMERSET CAMPUS.

PROGRAM HIGHLIGHTS INCLUDE:

- THE STATE'S MOST ADVANCED PROGRAM FOR EVALUATING AND PREVENTING PRE-TERM BIRTHS AND PREGNANCY LOSS.
- A COMPREHENSIVE OBSTETRICAL UNIT IN NEW BRUNSWICK, WHICH INCLUDES STATE-OF-THE-ART, LABOR AND DELIVERY ROOMS, AN ANTE-PARTUM LOFT FOR OBSTETRIC EMERGENCIES, A FOUR BED RECOVERY UNIT AND THREE OPERATING ROOMS.
- A TOTAL OF 32 PRIVATE ANTE-PARTUM AND POST-PARTUM ROOMS FOR MATERNITY

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CARE WITH HOTEL-LIKE AMENITIES.

- STATE-OF-THE-ART CENTRAL FETAL SURVEILLANCE MONITORS WITH REMOTE ACCESS, AND AN EXPANDED NURSES' STATION WITH A PHYSICIAN DICTATION AREA.
- REMOTE ACCESS FOR FETAL SURVEILLANCE AVAILABLE TO SMART PHONE, OFFICE AND HOME.
- MATERNAL-FETAL MEDICINE SPECIALISTS AVAILABLE 24/7 WITH A FULL-TEAM COMPRISED OF FELLOWS, NURSES, SOCIAL WORKERS, NUTRITIONISTS AND GENETIC COUNSELORS.
- STRONG RELATIONSHIPS WITH THE ADULT MEDICAL INTENSIVE CARE UNIT (MICU) WHICH IS WIRED FOR CENTRAL FETAL MONITORING.
- THE FIRST HOSPITAL IN NEW JERSEY WITH THE COOL-CAP DEVICE FOR NEONATES BORN WITH MODERATE TO SEVERE HYPOXIC-ISCHEMIC ENCEPHALOPATHY (HIE), WHICH CAN CAUSE PERMANENT NEUROLOGIC SEQUELAE.
- TWO NURSERIES EQUIPPED WITH STATE-OF-THE-ART TECHNOLOGY AND A HIGHLY SKILLED STAFF WITH EXPERIENCE IN PHOTOTHERAPY AND IV ANTIBIOTICS.
- A DEDICATED OB ANESTHESIOLOGIST, LACTATION CONSULTANTS ON STAFF SEVEN DAYS A WEEK AND A CERTIFIED CHILD SAFETY PASSENGER TECHNICIAN.

RWJUH SOMERSET RENOVATED ITS MATERNITY UNIT IN 2016 TO ENHANCE THE COMFORT AND QUALITY OF CARE FOR PATIENTS AND THEIR FAMILIES. RENOVATIONS INCLUDED UPDATES TO LABOR AND DELIVERY ROOMS AND POST-PARTUM ROOMS, INCLUDING NEW FURNITURE, FLOORING, PAINT AND DÉCOR, AS WELL AS ENHANCED SECURITY SYSTEMS. ALL PATIENT ROOMS FEATURE THE GETWELLNETWORK, AN INTERACTIVE PATIENT EDUCATION TELEVISION SYSTEM PROVIDING ACCESS TO THE INTERNET, EMAIL AND VIDEOS ABOUT HEALTH-RELATED TOPICS DURING A PATIENT'S

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STAY IN THE HOSPITAL.

RWJUH SOMERSET ALSO PROVIDES A WIDE-RANGE OF SERVICES FOR EXPECTANT MOTHERS, NEWBORNS AND THEIR FAMILIES, INCLUDING A LEVEL II INTERMEDIATE CARE NURSERY STAFFED 24/7 BY A BOARD-CERTIFIED NEONATOLOGIST AND SPECIALLY TRAINED NURSES. A BOARD-CERTIFIED OBSTETRICIAN/GYNECOLOGIST AND ANESTHESIOLOGY COVERAGE DEDICATED TO OBSTETRICS IS AVAILABLE 24/7. COUNSELING WITH MATERNAL-FETAL MEDICINE STAFF AND A PERINATOLOGIST IS AVAILABLE AS IS A COMPREHENSIVE DIABETES CENTER THAT OFFERS PREGNANCY AND POST-PARTUM COUNSELING. A FAMILY PRACTICE CENTER PROVIDES PRENATAL AND POST-PARTUM CARE. SERVICES ALSO INCLUDE A LACTATION CONSULTANT FOR INPATIENT AND OUTPATIENT VISITS; POST-PARTUM AND INFANT CARE CLASSES OFFERED DURING A PATIENT'S STAY SO THAT THEY ARE READY FOR DISCHARGE; AND CHILDBIRTH EDUCATION FEATURING A WIDE RANGE OF TOPICS FOR PARENTS, SIBLINGS AND GRANDPARENTS.

- THE BRISTOL-MYERS SQUIBB CHILDREN'S HOSPITAL (BMSCH) AT ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL

THE BRISTOL-MYERS SQUIBB CHILDREN'S HOSPITAL AT ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL IS AT THE EPICENTER OF A GROWING PEDIATRIC ACADEMIC HEALTH CAMPUS THAT PROVIDES THE MOST COMPREHENSIVE CARE FOR CHILDREN IN NEW JERSEY. BMSCH FEATURES SUB-SPECIALISTS IN A FULL RANGE OF PEDIATRICS FROM PEDIATRIC SURGERY, UROLOGY AND CARDIOLOGY TO ONCOLOGY, ORTHOPEDICS, HEMATOLOGY AND PULMONOLOGY, ALL IN A FAMILY-CENTERED ENVIRONMENT. WITH

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THE MERGER IN 2014, PEDIATRIC PATIENTS OF SOMERSET COUNTY NOW HAVE HEIGHTENED ACCESS TO BMSCH AND THE MANY CLINICAL SPECIALISTS ON THE ACADEMIC CAMPUS. UNIVERSITY HOSPITAL IS AT THE EPICENTER OF A GROWING PEDIATRIC ACADEMIC HEALTH CAMPUS THAT PROVIDES THE MOST COMPREHENSIVE CARE FOR CHILDREN IN NEW JERSEY. BMSCH FEATURES SUB-SPECIALISTS IN A FULL RANGE OF PEDIATRICS FROM PEDIATRIC SURGERY, UROLOGY AND CARDIOLOGY TO ONCOLOGY, ORTHOPEDICS, HEMATOLOGY AND PULMONOLOGY, ALL IN A FAMILY-CENTERED ENVIRONMENT. WITH THE MERGER ACHIEVED EARLIER THIS YEAR, PEDIATRIC PATIENTS OF SOMERSET COUNTY NOW HAVE HEIGHTENED ACCESS TO BMSCH AND THE MANY CLINICAL SPECIALISTS ON THE ACADEMIC CAMPUS.

## PROGRAM HIGHLIGHTS INCLUDE:

- THE CENTER FOR ADVANCED PEDIATRIC SURGERY (CAPS), LOCATED ON THE SEVENTH FLOOR OF BMSCH, IS DESIGNED AS A DISTINCT PEDIATRIC OPERATING ROOM SUITE. CAPS PROVIDES THE LATEST IN TECHNOLOGY FOR GENERAL PEDIATRIC SURGEONS AND PEDIATRIC SUB-SPECIALISTS.
- THE STATE'S ONLY DESIGNATED PEDIATRIC TRAUMA CENTER: FOR THE MOST SERIOUSLY INJURED CHILDREN, BMSCH IS A CERTIFIED LEVEL II TRAUMA CENTER, AND PEDIATRIC SURGEONS ARE AVAILABLE TO PERFORM SURGERY AT A MOMENT'S NOTICE. THIS PEDIATRIC TRAUMA CENTER WORKS IN CONCERT WITH THE RWJUH LEVEL 1 TRAUMA CENTER.
- PEDIATRIC EMERGENCY DEPARTMENT: OUR UNIQUE STANDALONE PEDIATRIC EMERGENCY DEPARTMENT, COMPLETELY SEPARATE FROM OUR ADULT EMERGENCY DEPARTMENT, IS SPECIALLY DESIGNED TO MEET THE NEEDS OF CHILDREN AND THEIR

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FAMILIES WITH SPECIALLY TRAINED ED NURSES, TECHNICIANS AND  
BOARD-CERTIFIED DOCTORS.

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- THE PEDIATRIC INTENSIVE CARE UNIT (PICU): THE PICU PROVIDES CARE FOR CRITICALLY ILL AND INJURED CHILDREN, INCLUDING ALL OF THE MOST ADVANCED TREATMENT MODALITIES AND ALL ASPECTS OF INVASIVE AND NON-INVASIVE MONITORING, ALONG WITH 24-HOUR-A-DAY CARE FROM PEDIATRIC CRITICAL CARE SPECIALISTS.
- ROBOTIC SURGERY: BMSCH OFFERS THE LATEST IN MINIMALLY INVASIVE PEDIATRIC ROBOTIC SURGERY FOR THE TREATMENT OF SEVERAL UROLOGIC CONDITIONS INCLUDING PYELOPLASTY AND PARTIAL NEPHRECTOMY.
- THE PEDIATRIC HEMATOLOGY/ONCOLOGY PROGRAM: BMSCH, IN CONJUNCTION WITH THE CANCER INSTITUTE OF NEW JERSEY (CINJ), OFFERS CHILDREN WITH CANCER AND BLOOD DISORDERS THE MOST ADVANCED CARE IN THE STATE. IT INCLUDES A PEDIATRIC BRAIN TUMOR PROGRAM AND A LEUKEMIA/LYMPHOMA PROGRAM.
- THE PEDIATRIC ORTHOPEDIC PROGRAM: THIS PROGRAM PROVIDES COMPLETE PEDIATRIC CARE FOR A WIDE RANGE OF DEVELOPMENTAL, CONGENITAL, POST-TRAUMATIC AND NEUROMUSCULAR CONDITIONS OF THE MUSCULOSKELETAL SYSTEM USING BOTH SURGICAL AND NON-SURGICAL APPROACHES, INCLUDING MINIMALLY INVASIVE TECHNIQUES.
- THE PEDIATRIC PULMONARY PROGRAM: THIS PROGRAM PROVIDES CARE FOR CHILDREN SUFFERING FROM A NUMBER OF RESPIRATORY PROBLEMS INCLUDING CYSTIC FIBROSIS, ASTHMA, TECHNOLOGY DEPENDENCE AND SLEEP DISORDERS.
- NEONATAL INTENSIVE CARE UNIT (NICU): BMSCH IS HOME TO ONE OF THE

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LARGEST NEONATAL INTENSIVE CARE UNITS (NICU) IN THE STATE AND FEATURES THE MOST UP-TO-DATE TECHNOLOGY DESIGNED TO TREAT THE MOST CRITICALLY ILL NEWBORNS.

- METABOLISM, INFECTIOUS DISEASES AND RHEUMATOLOGY: THESE CENTERS PROVIDE PATIENTS WITH THE MOST EXPANDED SERVICES AVAILABLE.

- CHILD LIFE PROGRAM: THIS PROGRAM ASSISTS FAMILIES WITH THE ADJUSTMENT TO HOSPITALIZATION, ILLNESS OR INJURY AND TREATMENT.

THE NEARBY CHILD HEALTH INSTITUTE OF NEW JERSEY AT RUTGERS RWJMS IS A CENTER FOR BIOMEDICAL RESEARCH AND PEDIATRIC CARE, FEATURING AN AMBULATORY CARE CENTER, RESEARCH LABORATORIES AND OFFICES FOR FACULTY. HERE, SCIENTISTS, RESEARCHERS AND CLINICIANS CONVERGE TO STUDY AND TREAT DISEASES THAT THREATEN CHILDREN. ATTACHED TO BMSCH IS THE PSE&G CHILDREN'S SPECIALIZED HOSPITAL - ANOTHER VALUED MEMBER OF THE RWJBH HEALTH SYSTEM - THE NATION'S LARGEST PROVIDER OF PEDIATRIC REHABILITATION SERVICES FOR CHILDREN. SIMILARLY, ADJACENT TO THE BMSCH AND RWJUH CAMPUS ARE TWO IMPORTANT NOT-FOR-PROFIT PARTNERS IN PEDIATRIC HEALTHCARE: THE RONALD MCDONALD HOUSE, WHERE FAMILIES OF SICK CHILDREN CAN LIVE DURING THE CHILD'S HOSPITAL STAY, AND ALSO THE EMBRACE KIDS FOUNDATION, WHICH SUPPORTS FAMILIES OF CHILDREN UNDERGOING CANCER AND OTHER BLOOD DISORDERS.

- LEVEL I TRAUMA CENTER

THE LEVEL I TRAUMA CENTER AT RWJUH IS A REGIONAL LEVEL ONE TRAUMA CENTER.



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RWJUH IS ONE OF ONLY THREE LEVEL ONE TRAUMA CENTERS DESIGNATED BY THE NEW JERSEY DEPARTMENT OF HEALTH. A LEVEL ONE CENTER IS THE HIGHEST DESIGNATION A HOSPITAL CAN RECEIVE. THE CENTER SEES APPROXIMATELY 2,800 TRAUMA CASES ANNUALLY.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON

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RWJUH HAMILTON'S RECOGNIZED MEDICAL SERVICES CENTERS OF EXCELLENCE INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

- CENTER OF EXCELLENCE IN METABOLIC AND BARIATRIC SURGERY

THE BARIATRIC SURGERY PROGRAM AT RWJUH HAMILTON OFFERS PATIENTS ADVANCED CLINICAL TREATMENT FOR WEIGHT LOSS, ENABLING THEM TO OVERCOME THE MOST DAMAGING HEALTH EFFECTS OF BEING OVERWEIGHT. THROUGH A TEAM APPROACH, CANDIDATES ARE EVALUATED, AND PRE-EXISTING CONDITIONS ARE TAKEN INTO CONSIDERATION. PATIENTS RECEIVE EDUCATION ON PROCEDURE OPTIONS, RISKS, OUTCOMES, POTENTIAL SIDE EFFECTS, AND LIFESTYLE MODIFICATIONS. PROGRESS IS MONITORED AND STRICT DIETARY AND EXERCISE REGIMENS ARE INSTITUTED. PATIENTS ARE PAIRED WITH CLINICAL PROFESSIONALS, EXERCISE SPECIALISTS, NUTRITIONISTS AND SUPPORT STAFF TO PROVIDE A FULL CONTINUUM OF SERVICES AND COUNSELING. THE PROGRAM IS RECOGNIZED AS A BARIATRIC SURGERY CENTER OF EXCELLENCE WITH A DEMONSTRATED TRACK RECORD OF FAVORABLE OUTCOMES IN BARIATRIC SURGERY BY THE SURGICAL REVIEW CORPORATION.

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- RUTGERS CANCER INSTITUTE OF NEW JERSEY HAMILTON

THE ONCOLOGY PROGRAM INTEGRATES A MEDICAL AND RADIATION ONCOLOGY PRACTICE WITH LEADING ONCOLOGY SPECIALISTS, OUTPATIENT TREATMENT, AND SUPPORT SERVICES. AS AN AFFILIATE OF THE RUTGERS CANCER INSTITUTE OF NEW JERSEY IN NEW BRUNSWICK-THE ONLY NATIONAL CANCER INSTITUTE-DESIGNATED CANCER CENTER IN NEW JERSEY-WE PROVIDE ACCESS TO CANCER RESEARCH AND SCIENTIFIC ADVANCES FOR THE TREATMENT OF ALL TYPES OF MALIGNANCIES AND BLOOD DISORDERS. THE PROGRAM IS ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS' COMMISSION ON CANCER AND NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS.

LOCATED ON THE HOSPITAL CAMPUS, THE CANCER CENTER PROVIDES ADDED CONVENIENCE AND COMFORT TO OUR PATIENTS IN A MODERN 18,500-SQUARE-FOOT BUILDING INTEGRATING ALL OF THE SERVICES NEEDED TO CARE FOR SOMEONE WITH CANCER:

- DEDICATED SUPPORT SERVICES AND SOCIAL WORKER;
- GENETIC TESTING AND COUNSELING;
- INFUSION AND RADIATION TREATMENT AREAS;
- LABORATORY SERVICES;
- ON-SITE MEDICAL SERVICES;
- ONCOLOGY MEDICAL PRACTICE;
- RESEARCH PROGRAM/CLINICAL TRIALS;

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- DEDICATED BREAST CANCER AND LUNG CANCER NAVIGATORS TO HELP OUR PATIENTS NAVIGATE APPROPRIATELY THROUGH THE COMPLEX TREATMENT; AND
- THROUGH A PARTNERSHIP WITH THE AMERICAN CANCER SOCIETY, A "LOOK GOOD, FEEL BETTER" IMAGE SALON IS OFFERED TO OUR CANCER PATIENTS.
- DIABETES AND ENDOCRINOLOGY CARE CENTERS

DIABETES AND ENDOCRINOLOGY CARE: OUR DIABETES SELF-MANAGEMENT PROGRAM OFFERS ONE-ON-ONE EDUCATION TO OUR PATIENTS ABOUT THE IMPORTANCE OF SELF-MANAGEMENT AND HOW TO APPLY THE BASIC PRINCIPLES TO THEIR EVERYDAY LIVES. TO DO THIS, WE COMMUNICATE WITH PATIENTS THROUGH INPATIENT CARE, ON AN OUTPATIENT LEVEL AND THROUGH SUPPORT AND CONTINUED EDUCATION. OUR DIABETES SUPPORT GROUP IS A FREE SERVICE FOR THOSE LIVING WITH DIABETES AND THEIR LOVED ONES. WE ALSO OFFER COMMUNITY EDUCATION PROGRAMS HELD AT THE RWJ FITNESS & WELLNESS CENTER. A DIABETES NURSE PRACTITIONER IS ASSIGNED TO MANAGE THE INPATIENT AND OUTPATIENT CARE OF OUR PATIENTS. OUR OUTPATIENT DIABETES PROGRAM IS CERTIFIED BY THE AMERICAN DIABETES ASSOCIATION AS A CENTER OF EXCELLENCE SINCE 2002 AND ALSO RECOGNIZED BY THE JOINT COMMISSION.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY

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- PRIMARY STROKE CENTER

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RWJUH RAHWAY IS A STATE-DESIGNATED PRIMARY STROKE CENTER WITH  
TELEMEDICINE CAPABILITY FOR 24/7 COVERAGE. THIS SERVICE IS SUPPORTED AND  
CONNECTED BY CO-LOCATED CONTINUUM OF CARE SERVICES, INCLUDING CARE  
CONNECTION, A 24-BED LICENSED SUBACUTE REHAB UNIT OWNED BY ALARIS HEALTH,  
AND KINDRED HOSPITAL, A 34-BED LONG TERM ACUTE CARE HOSPITAL FOR  
MEDICALLY COMPLEX PATIENTS WHO NEED INTENSE SPECIALIZED TREATMENT FOR AN  
EXTENDED PERIOD OF TIME.

- THE JOINT REPLACEMENT CENTER

THE JOINT REPLACEMENT CENTER AT RWJUH RAHWAY PROVIDES AN EXPERIENCED TEAM  
TO PROVIDE PRE-SURGERY AND POST-SURGERY EDUCATION, CLINICAL EXPERTISE,  
THERAPY AND THE INDIVIDUAL SUPPORT. PHYSICAL AND AQUATIC THERAPY CENTERS  
ARE LOCATED IN ITS FITNESS CENTERS IN SCOTCH PLAINS AND CARTERET. ALL  
SURGEONS ARE BOARD CERTIFIED AND HAVE EXTENSIVE EXPERIENCE IN JOINT  
REPLACEMENT AND MINIMALLY INVASIVE TECHNIQUES. THE EXPERIENCED STAFF  
CONSISTS OF A JOINT CARE COORDINATOR, SPECIALIZED NURSING CARE, LICENSED  
OCCUPATIONAL AND PHYSICAL THERAPISTS, AND CASE MANAGERS TO HELP EACH  
PATIENT MAKE THE TRANSITION FROM THE HOSPITAL TO A PAIN FREE, ACTIVE  
LIFE.

- THE CENTER FOR WOUND HEALING AND HYPERBARIC MEDICINE

RWJUH RAHWAY PARTNERS WITH RESTORIX HEALTH TO PROVIDE HYPERBARIC  
MEDICINE. THE CENTER PROVIDES PATIENTS WITH TREATMENT FOR CHRONIC,

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NON-HEALING WOUNDS ASSOCIATED WITH INADEQUATE CIRCULATION, POORLY  
FUNCTIONING VEINS AND IMMOBILITY. NON-HEALING WOUNDS OCCUR MOST  
FREQUENTLY IN PEOPLE WITH DIABETES AND POOR CIRCULATION.

THE CENTER OFFERS:

- COMPRESSION THERAPY;
- DIABETIC FOOT MANAGEMENT;
- BIOLOGIC SKIN SUBSTITUTES;
- EDEMA MANAGEMENT;
- LABS, IMAGING AND SCANS;
- COORDINATION OF DIETARY;
- DIABETES EDUCATION SERVICES;
- WOUND CARE EDUCATION;
- HYPERBARIC OXYGEN THERAPY;
- OFF-LOADING (TAKING PRESSURE OFF THE WOUND);
- SHARP DEBRIDEMENT (REMOVAL OF DEAD TISSUE);
- SPECIALTY DRESSINGS THAT PROMOTE HEALING;
- AND LIMIT THE POTENTIAL FOR INFECTION;
- TOPICAL PRESCRIPTION MEDICATIONS; AND
- VASCULAR STUDIES.
  
- CARDIAC HEALTH SERVICES

CARDIAC HEALTH SERVICES AT RWJUH RAHWAY INCLUDE A FULLY CERTIFIED MOBILE

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INTENSIVE CARE UNIT, A 24/7 EMERGENCY DEPARTMENT WITH BOARD CERTIFIED SPECIALISTS, A STATE-OF-THE-ART CARDIAC CATHETERIZATION LAB AND AN AVERAGE DOOR-TO-BALLOON TIME UNDER 60 MINUTES FOR LIFESAVING ANGIOPLASTY. IT HAS THE FULL RANGE OF CARDIAC DIAGNOSTIC EQUIPMENT. IN ADDITION, THE NICHOLAS QUADREL HEALTHY HEART CENTER OFFERS A COMPREHENSIVE CARDIAC REHAB PROGRAM, WITH MEDICALLY SUPERVISED EXERCISE, NUTRITIONAL COUNSELING AND SUPPORT. CARDIAC REHAB HAS BEEN SHOWN TO REDUCE THE CHANCE OF A SECOND CARDIAC EVENT AND IMPROVES STAMINA AND STRENGTH.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

SAINT BARNABAS BEHAVIORAL HEALTH CENTER

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AT SBBH, OUR MULTIDISCIPLINARY STAFF INCLUDES EXPERIENCED PROFESSIONALS IN NEARLY EVERY FACET OF BEHAVIORAL HEALTHCARE. THIS ALLOWS US TO PROVIDE TRULY CUSTOMIZED AND HIGHLY SPECIALIZED TREATMENT TRACKS FOR ADULTS AND GERIATRIC PATIENTS, AS WELL AS PROGRAMS FOR THE DUALY DIAGNOSED. IN ALL PROGRAMS, TREATMENT TEAMS ARE CREATED TO MATCH EACH PATIENT'S SPECIFIC NEEDS AND INCLUDE PROFESSIONALS WHO ARE CERTIFIED IN THEIR AREA OF EXPERTISE. OUR CLINICALLY INTENSIVE PROGRAMS ARE DESIGNED TO BRING ABOUT POSITIVE, LASTING CHANGE AND A RAPID RETURN TO HEALTH.

- STEPPING STONES - INTENSIVE OUTPATIENT PROGRAM

THE STEPPING STONES INTENSIVE OUTPATIENT PROGRAM IS DESIGNED FOR

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INDIVIDUALS WHO REQUIRE TREATMENT THREE TO FIVE DAYS PER WEEK, DEPENDING ON THEIR NEEDS. THREE AND A HALF HOUR SESSIONS ARE OFFERED MONDAY THROUGH FRIDAY WITH BOTH MORNING AND AFTERNOON SESSIONS AVAILABLE FOR THE PATIENT'S CONVENIENCE. SESSIONS CONSIST OF GROUP THERAPY AND WEEKLY INDIVIDUAL SESSIONS WITH A PSYCHIATRIST, ADVANCED PRACTICE NURSE AND AN INDIVIDUAL THERAPIST.

- GERIATRIC BEHAVIORAL HEALTH

THE GERIATRIC TREATMENT PROGRAM OFFERS A COMPLETE RANGE OF INPATIENT AND OUTPATIENT MENTAL HEALTH SERVICES FOR GERIATRIC PATIENTS. TREATMENTS VARY BASED ON THE SEVERITY OF PROBLEMS, BUT INCLUDE PSYCHOTHERAPY, MEDICATIONS, HOME HEALTHCARE, OUTPATIENT PROGRAMS STRUCTURED FOR MAINTAINING A HIGH LEVEL OF INDEPENDENCE AND HOSPITALIZATION PROVIDING A STRUCTURED THERAPEUTIC APPROACH IN AN APPROPRIATE ENVIRONMENT. PROGRAMS TAKE PLACE IN A SEPARATE UNIT DESIGNED FOR OLDER ADULTS. A GERIATRIC PSYCHIATRIST LEADS ALL TREATMENT TEAMS AND MONITORS THE NUTRITIONAL, PHARMACOLOGICAL AND MEDICAL NEEDS OF EACH PATIENT. THE GERIATRIC PSYCHIATRIST IS IDEALLY SUITED TO ADDRESS THE MENTAL HEALTH NEEDS OF OLDER ADULTS BY TAKING INTO ACCOUNT CO-EXISTING MEDICAL ILLNESSES AND MEDICATIONS, DIETARY NEEDS, FAMILY ISSUES AND SOCIAL CONCERNS AND INTEGRATES THEM INTO A HOLISTIC APPROACH TO TREATMENT.

- INPATIENT ADULT PSYCHIATRIC SERVICES

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RWJBH BEHAVIORAL HEALTH NETWORK OFFERS BOTH VOLUNTARY AND INVOLUNTARY INPATIENT UNITS AND INTENSIVE SHORT-TERM CARE FACILITIES WHICH TREAT THE MOST SEVERELY ILL PATIENTS. THERE ARE SPECIALIZED TREATMENT TRACKS IN PLACE THROUGHOUT THE NETWORK FOR MICA PATIENTS AS WELL AS OTHER DUALY DIAGNOSED PATIENTS. SBBH PATIENTS MAY ACCESS INPATIENT SERVICES THROUGH EMERGENCY SERVICES AT NUMEROUS NETWORK SITES, THROUGH RWJBH BEHAVIORAL HEALTH NETWORK 24-HOUR ACCESS CENTER STAFFED BY CLINICIANS TRAINED IN EMERGENCY RESPONSE, OR THROUGH PROFESSIONAL REFERRAL.

SAINT BARNABAS MEDICAL CENTER  
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SBMC'S RECOGNIZED MEDICAL SERVICES AND CENTERS OF EXCELLENCE INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

- THE CANCER CENTER

TOP TIER CANCER CARE IS CHARACTERIZED BY PATIENT CENTRIC, MULTIDISCIPLINARY, SPECIALIZED CARE, DELIVERED IN A COMPASSIONATE MANNER. THE CANCER CENTER AT SAINT BARNABAS MEDICAL CENTER STRIVES TO OFFER HOPE WHERE OTHERS MIGHT FIND IT LOST. WE HARNESS THE POWERS OF NOVEL CANCER THERAPIES COUPLED WITH DEDICATED PHYSICIANS WHO SPECIALIZE IN SPECIFIC TYPES OF CANCER. WITH ADVANCES IN UNDERSTANDING THE GENETIC MAKEUP OF CANCER WE ARE ABLE TO OFFER PATIENTS PERSONALIZED TREATMENT PLANS. WE CURRENTLY HAVE 13 DISEASE SITE SPECIFIC TUMOR BOARDS WHERE NEW AND



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COMPLEX CASES ARE PRESENTED TO TEAMS OF SPECIALISTS INCLUDING MEDICAL ONCOLOGISTS, SURGICAL ONCOLOGISTS, RADIATION ONCOLOGISTS, GASTROENTEROLOGISTS, INTERVENTIONAL RADIOLOGISTS, PATHOLOGISTS, NURSES, GENETIC COUNSELORS, NUTRITIONISTS AND SOCIAL WORKERS. FOLLOWING A THOROUGH REVIEW OF EACH PATIENT'S CASE, INDIVIDUALIZED CANCER TREATMENT PLANS ARE CREATED TO ENSURE OUR PATIENTS ARE RECEIVING THE MOST ADVANCED AND EFFECTIVE CARE.

RWJBH AND SAINT BARNABAS MEDICAL CENTER IN PARTNERSHIP WITH THE RUTGERS CANCER INSTITUTE OF NEW JERSEY - THE STATE'S ONLY NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CANCER CENTER - BRINGS A WORLD CLASS TEAM OF RESEARCHERS AND SPECIALISTS RIGHT ALONGSIDE YOU, PROVIDING CLOSE-TO-HOME ACCESS TO THE LATEST TREATMENTS AND CLINICAL TRIALS. THE BEST CANCER CARE IS NOT DELIVERED IN A SILO; THEREFORE, WE STRESS COLLABORATION AND AN INTEGRATED CANCER PROGRAM. WE ARE WELL EQUIPPED TO INDIVIDUALIZE A PATIENT'S CARE AND OFFER THEM ACCESS TO CLINICAL TRIALS THROUGH OUR INSTITUTION, THE RUTGERS CANCER INSTITUTE OF NEW JERSEY, THE BIG TEN CANCER RESEARCH CONSORTIUM, THE UCLA TRIO NETWORK AND OTHER NATIONAL COOPERATIVE GROUPS.

THE LUNG CANCER INSTITUTE AT SBMC PARTNERS WITH OUR COMMUNITY TO OFFER EDUCATION, SCREENING AND DIAGNOSTIC TOOLS TO DETECT AND TREAT LUNG CANCER. EACH YEAR, MORE PEOPLE DIE OF LUNG CANCER THAN COLON, BREAST AND PROSTATE CANCER COMBINED. AS THE LEADING CAUSE OF CANCER DEATH IN US, LUNG CANCER IS MOST CURABLE WHEN DIAGNOSED AT AN EARLY STAGE. IN HIGH

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RISK PEOPLE, LUNG CANCER DEATHS DROP BY 20 PERCENT WHEN CANCER IS IDENTIFIED EARLY USING A LOW-DOSE SPIRAL CT COMPARED WITH INDIVIDUALS RECEIVING A CHEST X-RAY. THE LUNG CANCER INSTITUTE JOINED THE INTERNATIONAL EARLY LUNG CANCER ACTION PROGRAM TO PROVIDE A FREE LOW-DOSE CT SCREENING PROGRAM FOR INDIVIDUALS WHO ARE AT HIGH RISK FOR DEVELOPING LUNG CANCER TO IDENTIFY ABNORMALITIES EARLIER. IN 2018, THE LUNG CANCER INSTITUTE SERVED 496 INDIVIDUALS, 165 WERE INITIAL SCREENS, 140 1-YEAR FOLLOW-UPS AND 191 2-YEAR FOLLOW-UPS. THERE WERE 6 LUNG CANCERS IDENTIFIED; 3 STG I, 1 STG II, 1 STG III AND 1 STG IV. NEARLY 90 INDIVIDUALS WERE COUNSELED FOR SMOKING CESSATION. OUR MEDICAL STAFF IS COMMITTED TO OFFERING THE MOST UP-TO-DATE TREATMENTS AVAILABLE; AS SUCH, SBMC IS ACTIVE IN CLINICAL RESEARCH PROGRAMS, INCLUDING NATIONAL CANCER INSTITUTE AND PHARMACEUTICAL-SPONSORED PROTOCOLS.

SBMC HAS BUILT AN INFRASTRUCTURE AROUND PATIENT CENTRIC CARE AND HAS DEVELOPED A ROBUST PATIENT NAVIGATION NETWORK. TO ENHANCE OUR PATIENT'S EXPERIENCE, OUR PATIENT NAVIGATORS SERVE AS A SINGLE POINT OF CONTACT TO HELP PATIENTS FROM THEIR INITIAL DIAGNOSIS THROUGHOUT THEIR TREATMENT AND INTO SURVIVORSHIP. OUR NAVIGATORS GUIDE PATIENTS THROUGH THEIR JOURNEYS TO ENSURE THEY RECEIVE THE BEST CARE THAT EXCEEDS THEIR EXPECTATIONS. ALL OF OUR CANCER PATIENTS ARE PROVIDED WITH A PATIENT NAVIGATOR TO ENSURE THAT ALL CANCER CARE IS COORDINATED AND TO PREVENT AVOIDABLE DELAYS.

OUR ONCOLOGY CARE TEAM IS COMMITTED TO YOUR OVERALL WELL-BEING INCLUDING MEDICAL, EMOTIONAL AND EDUCATIONAL NEEDS. WHAT IS MOST UNIQUE ABOUT

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SEEKING TREATMENT AT SAINT BARNABAS MEDICAL CENTER IS THE COMBINATION OF  
ADVANCED EXPERT CARE WITH UNPARALLELED SUPPORT, COMMITMENT AND  
UNSURPASSED COMPASSION.

AMONG THE SERVICES OFFERED ARE:

- ~ DEDICATED ONCOLOGY NAVIGATOR PROVIDE SUPPORT AND HELP ONCOLOGY PATIENTS  
"NAVIGATE" THE MEDICAL CENTER.
- ~ EXTENSIVE FREE PSYCHOLOGICAL AND PSYCHOSOCIAL SUPPORT SERVICES ARE  
AVAILABLE OFFERING INDIVIDUAL COUNSELING, SUPPORT GROUPS, ART THERAPY,  
WORKSHOPS ON COPING WITH CANCER, FINANCIAL COUNSELING AND NUTRITIONAL  
GUIDANCE;
- ~ CANCER GENETICS COUNSELING SERVICES;
- ~ PET THERAPY;
- ~ COMFORT CART THROUGH COMFORT PROJECTS 360;
- ~ A STATE-OF-THE-ART OUTPATIENT CHEMOTHERAPY TREATMENT FACILITY WITH  
PRIVATE TREATMENT ROOMS, A SATELLITE PHARMACY AND PRIVATE CONSULTATION  
ROOMS AND NUMEROUS OTHER AMENITIES; AND
- ~ THE RENAL AND PANCREAS TRANSPLANT DIVISION.

THE RWJBH RENAL AND PANCREAS DIVISION, LOCATED AT SBMC IS ONE OF THE  
LARGEST PROGRAMS IN THE UNITED STATES, WITH 289 KIDNEY TRANSPLANTS  
PERFORMED IN 2018. SBMC IS ONE OF THE LARGEST ADULT KIDNEY TRANSPLANT  
VOLUME OF CENTERS IN THE NATION, AND HAS ONE OF THE HIGHEST LIVING DONOR  
TRANSPLANT VOLUME IN THE COUNTRY. THE PROGRAMS PROVIDE DECEASED AS WELL

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AS LIVING DONOR TRANSPLANTATION INCLUDING LIVING RELATED DONORS OR EMOTIONALLY RELATED DONORS AND ALTRUISTIC LIVING DONATION WHEN FAMILY MEMBERS ARE UNABLE TO DONATE. IN 2019, SBMC PERFORMED THE 3RD HIGHEST NUMBER OF LIVING DONOR TRANSPLANTS THAN ANY OTHER PROGRAM IN THE US.

IN 1995, BARNABAS HEALTH BEGAN ITS SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT PROGRAM AND IN 1996 OPENED A PEDIATRIC NEPHROLOGY PROGRAM. SINCE 1968, THE RENAL TRANSPLANT DIVISION HAS PERFORMED MEDICAL FIRST KIDNEY TRANSPLANTATION, INCLUDING TRANSPLANT IN THE YOUNGEST KIDNEY TRANSPLANT RECIPIENT IN NEW JERSEY AND THE FIRST LAPAROSCOPIC KIDNEY RETRIEVAL IN A LIVING DONOR AND THE FIRST ROBOTIC KIDNEY TRANSPLANT SURGERY IN THE WORLD.

THE PEDIATRIC NEPHROLOGY AND TRANSPLANTATION PROGRAM MANAGES CHILDREN AND ADOLESCENTS WITH ACUTE AND CHRONIC DISEASES AT ALL STAGES OF SEVERITY, INCLUDING NEPHRITIC SYNDROME AND HYPERTENSION UP TO AND INCLUDING END STAGE RENAL DISEASE. THE PEDIATRIC NEPHROLOGISTS WORK CLOSELY WITH PEDIATRIC UROLOGISTS TO PROVIDE TOTAL CARE FOR PATIENTS WITH UROLOGICAL AND NEPHROLOGICAL PROBLEMS.

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- THE SBMC NEUROLOGY AND NEUROSURGERY INSTITUTE

THE SBMC NEUROLOGY AND NEUROSURGERY INSTITUTE IS DEDICATED TO DIAGNOSING AND TREATING DISORDERS OF THE BRAIN AND NERVOUS SYSTEM FOR ADULTS AND

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CHILDREN. AN UNPRECEDENTED TEAM OF EXPERTS LEADS THE PROGRAMS OF THE INSTITUTE AND OFFER THE MOST COMPREHENSIVE PROGRAM IN NEW JERSEY DEDICATED TO THE MEDICAL, SURGICAL AND PSYCHOLOGICAL TREATMENT OF NEUROLOGIC DISORDERS. SPECIALIZED CARE IS OFFERED FOR INDIVIDUALS WITH EPILEPSY, MEMORY DISORDERS, MOVEMENT DISORDERS AND OTHER NEUROLOGIC DISORDERS RESULTING FROM AN INJURY OR ACCIDENT. COMPREHENSIVE CARE IS ALSO PROVIDED FOR CHILDREN WITH ATTENTION DEFICIT DISORDER-HYPERACTIVITY AND LEARNING DISABILITIES, AS WELL AS FOR ADULTS WITH ATTENTION DEFICIT DISORDERS.

THE INSTITUTE'S COMPREHENSIVE EPILEPSY CENTERS FOR CHILDREN AND ADULTS USE SOPHISTICATED DIAGNOSTIC TECHNIQUES TO PROVIDE COMPLETE AND ACCURATE DIAGNOSIS CRITICAL TO IMPLEMENTING EFFECTIVE TREATMENT. INNOVATIVE SURGICAL AND DRUG THERAPIES ARE OFFERED TO HELP INDIVIDUALS WITH EPILEPSY ACHIEVE THE BEST POSSIBLE SEIZURE CONTROL. THIS INCLUDES THE PARTICIPATION IN CLINICAL TRIALS TO IDENTIFY CUTTING EDGE THERAPIES THAT CAN IMPROVE THE LIVES OF OUR PATIENTS.

THE COMPREHENSIVE EPILEPSY CENTERS HAVE BEEN NAMED A LEVEL 4 SPECIALIZED EPILEPSY CENTER BY THE NATIONAL ASSOCIATION OF EPILEPSY CENTERS ("NAEC"), THE LEVEL 4 DESIGNATION IS THE HIGHEST GIVEN BY THE NAEC AND IDENTIFIES THOSE CENTERS THAT OFFER THE BROADEST RANGE OF COMPLEX MEDICAL AND SURGICAL TREATMENTS FOR EPILEPSY.

SBMC IS A STATE DESIGNATED COMPREHENSIVE STROKE CENTER AND JOINT

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COMMISSION CERTIFIED FOR PRIMARY STROKE. THE STROKE CENTER OFFERS THE LATEST TREATMENT FOR STROKE INCLUDING COMPLEX NEURO INTERVENTIONS. THE CENTER, AS PART OF ITS MISSION, PROVIDES STROKE AND PREVENTION EDUCATION TO THE COMMUNITY AND TO OTHER HEALTHCARE.

THE STROKE PROGRAM STAFF CONDUCT OUTREACH AND EDUCATION ACTIVITIES AND FOCUS ON POPULATIONS AT HIGHER-RISK OF STROKE. EDUCATION PROGRAMS REVIEW AND REINFORCE STROKE WARNING SIGNS AND THE IMPORTANCE OF CALLING FOR IMMEDIATE MEDICAL HELP AT THE FIRST SIGN OF STROKE. THE TEAM CONDUCTS A STROKE RISK AWARENESS PROGRAMS INCLUDING ON-SITE BLOOD PRESSURE AND CHOLESTEROL SCREENING. REFERRALS FOR CARE ARE FACILITATED FOR THOSE WHOSE RISK AWARENESS SURVEY AND BLOOD PRESSURE/CHOLESTEROL READINGS SUGGEST HIGHER-THAN-AVERAGE CHANCE OF STROKE.

- RWJBH HEART CENTERS AT SBMC

SBMC IS A REGIONAL CARDIAC SURGERY CENTER AND PART OF RWJBH HEART CENTERS, LOCATED ACROSS NEW JERSEY, WHICH HAVE INTEGRATED DIAGNOSTIC, MEDICAL AND SURGICAL SERVICES INTO ONE COMPREHENSIVE PROGRAM THAT OFFERS A FULL RANGE OF ADVANCED CARDIAC SERVICES FOR ADULTS AND CHILDREN INCLUDING DIAGNOSIS, IMAGING, INTERVENTIONAL CARDIOLOGY, ELECTROPHYSIOLOGY AND THE MANAGEMENT OF HEART FAILURE.

AN EXPERIENCED TEAM IS PIONEERING NEW THERAPIES AND THE CLINICAL USE OF THE LATEST MECHANICAL ASSIST DEVICES THAT IMPROVE THE QUALITY OF LIFE FOR

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PEOPLE WITH CONGENITAL HEART DEFECTS AND HEART DISEASE. THEY PARTICIPATE IN CARDIAC RESEARCH TRIALS THAT OFFER PATIENTS ACCESS TO BREAKTHROUGH THERAPIES. THE RWJBH HEART CENTERS CONTINUE TO LEAD THE WAY IN OFFERING MINIMALLY INVASIVE PROCEDURES AND CATHETER-BASED ALTERNATIVES TO OPEN HEART SURGERY INCLUDING TRANSCATHETER AORTIC VALVE REPLACEMENT ("TAVR") PROCEDURES, ALL FORMS OF ANGIOPLASTY/STENT PROCEDURES. ADVANCED ELECTROPHYSIOLOGY STUDIES OFFER SOPHISTICATED DIAGNOSIS AND TREATMENT OF HEART RHYTHM DISTURBANCES IN ADULTS AND CHILDREN.

- REGIONAL PERINATAL CENTER

EACH YEAR SBMC DELIVERS CLOSE TO 6,000 BABIES AND IS RECOGNIZED AS A TOP HOSPITAL FOR HIGH-RISK PREGNANCIES. SBMC'S LEVEL III REGIONAL PERINATAL CENTER, THE HIGHEST DESIGNATION IN THE STATE, OFFERS THE MOST ADVANCED INTENSIVE CARE FOR PREMATURE AND ILL NEWBORNS. OUR 56-BED NEONATAL INTENSIVE/INTERMEDIATE CARE UNIT ("NICU") IS ONE OF ONLY A FEW IN THE NATION WITH THE LOWEST RATE OF CHRONIC LUNG DISEASE, A COMMON COMPLICATION FOR EXTREMELY LOW BIRTH-WEIGHT INFANTS. THE NICU OFFERS THE LATEST TREATMENTS AND MODALITIES IN THE FIELD TO PROVIDE THE MOST ADVANCED CARE FOR MORE THAN 1,200 PREMATURE AND ILL NEWBORNS EACH YEAR. THE SBMC NICU HAS ONE OF THE BEST INFANT SURVIVAL RATES AMONG NEONATAL INTENSIVE CARE UNITS IN THE NATION.

SBMC ALSO OFFERS EXTENSIVE CHILDBIRTH AND FAMILY PREPARATION CLASSES. THE MEMBERS OF THE DIVISION OF MATERNAL FETAL MEDICINE ASSIST OBSTETRICIANS

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IN THE TRI-STATE AREA IN THE CARE OF HIGH-RISK PATIENTS AND RECEIVE HIGH RISK TRANSFERS FROM OTHER COMMUNITY HOSPITALS. THEY ALSO EDUCATE THE MEDICAL CENTER'S MANY OBSTETRICAL RESIDENTS.

OPENED IN 2011, THE REGIONAL SIMULATION CENTER AT SBMC PROVIDES VALUABLE CLINICAL TRAINING AND EDUCATION FOR PHYSICIANS, NURSES, RESIDENTS, MEDICAL STUDENTS AND COURSES ARE OPEN TO PRACTITIONERS THROUGHOUT THE TRI-STATE AREA REGARDLESS OF AFFILIATION.

THE GOAL OF THE CENTER IS TO ELEVATE PATIENT CARE, IMPROVE CLINICAL PERFORMANCE AND ENHANCE MATERNAL/CHILD HEALTH OUTCOMES IN THE REGION BY PROVIDING ACCESS TO STATE OF THE ART EDUCATION. SIMULATION ENHANCES THE CURRENT EDUCATIONAL OFFERINGS AT SBMC BY PROVIDING AN EXPERIENTIAL LEARNING ENVIRONMENT WHERE CLINICIANS CAN PRACTICE AND LEARN A VARIETY OF TECHNICAL AND BEHAVIORAL SKILLS.

- THE JOINT AND SPINE INSTITUTE

THE JOINT AND SPINE INSTITUTE OFFERS DEDICATED BEDS WITHIN THE HOSPITAL. SURGERIES ARE SCHEDULED MONDAY THROUGH FRIDAY AND PATIENTS TYPICALLY RETURN HOME AFTER A THREE-NIGHT STAY.

FEATURES OF THE PROGRAM INCLUDE:

- NURSES, THERAPISTS AND NURSING ASSISTANTS WHO SPECIALIZE IN THE CARE OF



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JOINT PATIENTS;

- PRIVATE AND SEMI-PRIVATE ROOMS;
- EMPHASIS ON GROUP ACTIVITIES AS WELL AS INDIVIDUAL CARE;
- FAMILY AND FRIENDS EDUCATED TO PARTICIPATE AS "COACHES" IN THE RECOVERY PROCESS;
- GROUP LUNCHESES WITH PATIENTS, THEIR COACHES AND OTHERS IN THE PROGRAM;
- A JOINT TEAM THAT COORDINATES ALL PRE-OPERATIVE CARE AND DISCHARGE PLANNING;
- A COMPREHENSIVE PATIENT GUIDE FOR PATIENTS TO FOLLOW FROM SIX WEEKS PRE-OP UNTIL THREE MONTHS POST-OP AND BEYOND;
- COORDINATED AFTER-CARE PROGRAM;
- NEWSLETTERS TO UPDATE PATIENTS WITH NEW INFORMATION ABOUT ARTHRITIS AND JOINT CARE; AND
- PUBLIC EDUCATION SEMINARS ABOUT HIP AND KNEE PAIN.
- THE BURN CENTER OF NEW JERSEY

THE BURN CENTER IS THE ONLY STATE-CERTIFIED BURN TREATMENT FACILITY IN NEW JERSEY AND ONE OF THE LARGEST IN NORTH AMERICA WITH 12 INTENSIVE CARE BEDS AND AN 18-BED STEP-DOWN UNIT FOR LESS CRITICALLY INJURED AND IMPROVED STATUS PATIENTS. THE BURN CENTER PROVIDES EXPERT CARE FOR PATIENTS OF ALL AGES. THE BURN CENTER ALSO MEETS THE VERIFICATION CRITERIA OF THE AMERICAN ASSOCIATION AND THE AMERICAN COLLEGE OF SURGEONS TO PROVIDE OPTIMAL CARE FOR BURN PATIENTS. THE BURN CENTER IS EQUIPPED TO TREAT PEDIATRIC THROUGH GERIATRIC BURN PATIENTS WITH A FULL RANGE OF

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SPECIALIZED SERVICES, INCLUDING A DEDICATED OUTPATIENT DEPARTMENT WHERE INDIVIDUALS WITH SMALL OR MINOR BURNS RECEIVE TREATMENT AND DISCHARGED PATIENTS RETURN FOR FOLLOW-UP CARE. APPROXIMATELY 400 PATIENTS ARE TREATED AS INPATIENTS ANNUALLY.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

RWJBH OTHER MEDICAL SERVICES

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RWJBH PROVIDES AN EXTENSIVE ARRAY OF ADDITIONAL MEDICAL SERVICES THROUGH ITS SYSTEM WHICH INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

- ~ AMBULATORY SURGERY CENTER;
- ~ ANESTHESIOLOGY;
- ~ BARIATRIC SURGERY;
- ~ BEHAVIORAL HEALTH NETWORK;
- ~ BLOODLESS MEDICINE AND SURGERY PROGRAM;
- ~ BONE MARROW TRANSPLANT;
- ~ BURN CENTER;
- ~ CANCER PROGRAMS AND SERVICES;
- ~ CARDIAC SERVICES AND HEART TRANSPLANT;
- ~ CELIAC DISEASE PROGRAM;
- ~ CENTER FOR HEALTH AND WELLNESS;
- ~ COLON WELLNESS CENTER;
- ~ COMMUNITY HEALTH;

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- COMPREHENSIVE REHABILITATION CENTER;
- CORPORATE CARE;
- CRANIOFACIAL CENTER;
- CYSTIC FIBROSIS;
- DIABETES CARE;
- DIALYSIS, RENAL;
- EMERGENCY SERVICES;
- EPILEPSY CENTER, ADULT AND PEDIATRIC COMPREHENSIVE;
- FITNESS AND WELLNESS CENTERS;
- GREENHOUSE AND MOBILE GREENHOUSE
- HEALTH ASSESSMENT CENTER FOR ATHLETES;
- HEMOPHILIA AND BLOOD DISORDERS;
- HEMODIALYSIS;
- HOME HEALTH SERVICES;
- HOSPICE AND PALLIATIVE CARE SERVICES;
- IMAGING CENTERS;
- INTERNAL MEDICINE FACULTY PRACTICE;
- INTEGRATIVE MEDICINE CENTER;
- JOINT INSTITUTES;
- JOINT AND SPINE INSTITUTE;
- LASIK REFRACTIVE SURGERY;
- LUNG CENTER - LUNG TRANSPLANT;
- MEDICAL EDUCATION AND CLINICAL RESEARCH;
- MEDICINE SUBSPECIALTIES;
- CENTER FOR MENOPAUSE AND REPRODUCTIVE ENDOCRINE SERVICES;

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- MULTIPLE SCLEROSIS COMPREHENSIVE CARE PROGRAM;
- NEONATAL INTENSIVE CARE UNIT;
- INSTITUTE FOR NEUROLOGY AND NEUROSURGERY;
- NUTRITIONAL COUNSELING SERVICES;
- OBESITY AND WEIGHT MANAGEMENT CENTER;
- OBSTETRICS/GYNECOLOGY;
- OCCUPATIONAL MEDICINE;
- OSTEOPOROSIS AND METABOLIC BONE DISEASE CENTER;
- PAIN MANAGEMENT;
- PATHOLOGY SERVICES;
- PEDIATRIC CARDIAC SURGERY;
- PEDIATRICS - GENERAL AND SUBSPECIALTY;
- PEDIATRIC INTENSIVE CARE UNIT;
- PEDIATRIC NEPHROLOGY AND TRANSPLANTATION;
- PEDIATRIC ONCOLOGY;
- PEDIATRIC SPECIALTY CENTER (INCLUDES DEVELOPMENTAL, GENETICS, DIABETES, ENDOCRINOLOGY, GASTROENTEROLOGY, GENERAL SURGERY, INFECTIOUS DISEASE AND IMMUNOLOGY, LYME DISEASE AND RHEUMATOLOGY, NEUROLOGY, PULMONOLOGY);
- PERITONEAL DIALYSIS;
- PHYSICAL MEDICINE AND REHABILITATION;
- PHYSICAL AND OCCUPATIONAL THERAPY;
- PLASTIC AND RECONSTRUCTIVE SURGERY;
- PRE-ADMISSION TESTING;
- POST-ACUTE REHABILITATION;
- OUTPATIENT PULMONARY REHABILITATION;

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- RADIATION ONCOLOGY;
- RADIOLOGY;
- REFRACTIVE SURGERY CENTER;
- REGIONAL CRANIOFACIAL CENTER;
- RENAL TRANSPLANT CENTERS;
- RETAIL PHARMACIES;
- COMPREHENSIVE REHABILITATION CENTER;
- RECOVERY AND PREVENTION SERVICES;
- RESPIRATORY CARE;
- ROBOTIC SURGERY AND MINIMALLY INVASIVE SURGERY;
- SENIOR HEALTH;
- SLEEP DISORDERS CENTER;
- SMOKING CESSATION;
- SPEECH AND HEARING CENTER;
- SPORTS MEDICINE INSTITUTE;
- STROKE, COMPREHENSIVE AND PRIMARY CENTERS;
- SURGERY DEPARTMENT;
- TOBACCO TREATMENT PROGRAM;
- TRANSITIONAL CARE UNITS;
- TRAVEL MEDICINE;
- UROGYNECOLOGY;
- VALERIE FUND CHILDREN'S CENTERS;
- WEIGHT LOSS INSTITUTE;
- WOMEN'S CARDIAC RISK ASSESSMENT;
- WOMEN'S/PARENT HEALTH EDUCATION;

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- WOMEN'S CENTER FOR GYNECOLOGICAL SURGERY;
- WOUND CARE CENTERS AND HYPERBARIC MEDICINE; AND
- VASCULAR CENTER.

## SUPPORT GROUPS

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RWJBH IS DEDICATED TO PROVIDING THE HIGHEST QUALITY OF SERVICES TO MEET ALL THE HEALTHCARE NEEDS OF ITS COMMUNITY. IN ADDITION TO THE DIRECT PATIENT CARE PROVIDED BY ITS STAFF, RWJBH MAKES AVAILABLE THE FOLLOWING HEALTHCARE EDUCATION PROGRAMS AND CLASSES, PATIENT SUPPORT GROUPS AND COMMUNITY SERVICES TO PATIENTS AND THEIR FAMILIES. SOME OF THESE PROGRAMS ARE:

- AIDS/HIV POSITIVE SUPPORT GROUP;
- BEREAVEMENT SUPPORT GROUP;
- BREASTFEEDING SUPPORT GROUP;
- BREAST HEALTH EDUCATION;
- BURN PEER SUPPORT GROUP;
- CANCER SUPPORT GROUPS AND PROGRAMS;
- CARDIAC REHABILITATION SUPPORT GROUP;
- CHILDREN OF AGING PARENTS SUPPORT GROUP;
- COPING LOW VISION;
- CRANIOFACIAL PARENT EDUCATION AND SUPPORT;
- EPILEPSY PARENT SUPPORT GROUP;

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- IMPOTENCE ANONYMOUS;
- INFERTILITY SUPPORT GROUP;
- LYMPHEDEMA EDUCATION AND SUPPORT GROUP;
- NICU SUPPORT GROUP;
- OSTEOPOROSIS EDUCATION;
- PARENTING INSIGHTS;
- PARKINSON'S DISEASE SUPPORT GROUP;
- PEDIATRIC OUTREACH EDUCATION;
- PERINATAL BEREAVEMENT SUPPORT GROUP;
- REFRACTIVE SURGERY SEMINAR;
- RENAL TRANSPLANT AND DIALYSIS SUPPORT GROUPS AND PROGRAMS;
- RESOLVE;
- THE WELLNESS CONNECTION; AND
- WOMEN'S HEALTH/PARENT EDUCATION.

## INSTRUCTIONAL CLASSES AND PROGRAMS

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RWJBH OFFERS A VARIETY OF LIFESTYLE AND INSTRUCTIONAL CLASSES TO IMPROVE AN INDIVIDUAL'S OVERALL WELL-BEING. THERE IS A FEE ASSOCIATED WITH SOME OF THESE PROGRAMS. THESE INCLUDE, BUT ARE NOT LIMITED, TO:

- AQUACIZE CLASS;
- CPR: CARDIOPULMONARY RESUSCITATION CLASS;
- FIRST AID PROGRAMS AND FIRST RESPONDERS;

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- HEALTHY LIVING AND EATING;
- HIPPO THERAPY: THERAPY FOR CHILDREN ON HORSEBACK;
- INTEGRATIVE MEDICINE PROGRAMS;
- KARATE FOR CHILDREN WITH SPECIAL NEEDS;
- LEARN PROGRAM FOR WEIGHT CONTROL, KID'S FIT;
- MOMS IN MOTION: PRENATAL AND POSTPARTUM EXERCISE;
- SPORTS MEDICINE PROGRAMS;
- STAY FIT; AND
- YOGA CLASS.

#### CHILDBIRTH PREPARATION AND PARENTING CLASSES

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RWJBH OFFERS AN EXTENSIVE ARRAY OF PRENATAL CHILDBIRTH PREPARATION AND PARENTING CLASSES AND SERVICES. IN ADDITION, THE WOMEN'S HEALTH SERVICE DEPARTMENT OFFERS SEMINARS ON WOMEN'S HEALTH ISSUES. THE FOLLOWING COURSES AND SERVICES ARE CURRENTLY OFFERED INCLUDE, BUT ARE NOT LIMITED, TO:

- ADOPTIVE PARENTS BABY CARE CONSULTATIONS;
- BREASTFEEDING CLASS;
- BREAST PUMP RENTAL SERVICE;
- DADDY BEEPER RENTAL SERVICE;
- GRANDPARENTING;
- INFANT AND CHILD CPR;



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- LAMAZE REFRESHER SERIES;
- MARVELOUS MULTIPLES PROGRAM;
- MOMS IN MOTION: PRENATAL AND POSTPARTUM EXERCISE;
- PARENTING INSIGHTS;
- PETS AND BABIES SEMINAR;
- PREPARED CHILDBIRTH SERIES;
- PREPARED CHILDBIRTH/LAMAZE SERIES;
- SIBLING CLASS; AND
- WOMEN'S HEALTH SEMINARS.

CORE FORM, PART I; SUMMARY

THE TOTAL VOTING AND INDEPENDENT VOTING MEMBERS DISCLOSED ON PAGE 1 OF THIS FORM 990 IS FOR ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL; THE LARGEST SUBORDINATE ORGANIZATION INCLUDED IN THE GROUP EXEMPTION RULING AND IN THIS CONSOLIDATED GROUP FORM 990. OUTLINED BELOW IS THE VOTING AND INDEPENDENT VOTING DISCLOSURE INFORMATION FOR ALL OTHER ORGANIZATIONS INCLUDED IN THE GROUP EXEMPTION:

- CHILDREN'S SPECIALIZED HOSPITAL; 24 VOTING, 17 INDEPENDENT;
- CLARA MAASS MEDICAL CENTER; 15 VOTING, 12 INDEPENDENT;
- COMMUNITY MEDICAL CENTER; 23 VOTING, 21 INDEPENDENT;
- JERSEY CITY MEDICAL CENTER; 19 VOTING, 16 INDEPENDENT;

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- MONMOUTH MEDICAL CENTER; 41 VOTING, 36 INDEPENDENT;
- NEWARK BETH ISRAEL MEDICAL CENTER; 20 VOTING, 11 INDEPENDENT;
- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON; 26 VOTING, 22 INDEPENDENT;
- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY; 23 VOTING, 19 INDEPENDENT;
- SAINT BARNABAS BEHAVIORAL HEALTH CENTER; 9 VOTING, 6 INDEPENDENT; AND
- SAINT BARNABAS MEDICAL CENTER; 24 VOTING, 17 INDEPENDENT.

## CORE FORM, PART VI, SECTION A; QUESTION 2

- DAVID SICKEL AND RAYMOND F. SHEA, JR. ESQ. - BUSINESS RELATIONSHIP.
- DAVID SICKEL AND ROBERT SICKEL - BUSINESS RELATIONSHIP AND FAMILY RELATIONSHIP.
- CLAIRE M. KNOPF AND HEYWOOD H. KNOPF - FAMILY RELATIONSHIP.
- ADAM PFEFFER, ESQ. AND RAYMOND F. SHEA, JR. ESQ. - BUSINESS RELATIONSHIP.

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- CHRISTINE KLINE AND JOHN A KLINE, M.D. - FAMILY RELATIONSHIP.

CORE FORM, PART VI, SECTION A; QUESTION 3

ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ENGAGE SODEXO INCORPORATED AND AFFILIATES ("SODEXO") TO BE AN AGENT OF THE ORGANIZATION AND DELEGATES CONTROL TO SODEXO IN THE MANAGEMENT OF DAILY OPERATIONS OF ITS FOOD & NUTRITION DEPARTMENT. THE SODEXO MANAGEMENT EMPLOYEE FUNCTIONS AND IS RECOGNIZED AS A DEPARTMENT MANAGER WHO PERFORMS IN ACCORDANCE WITH THE ORGANIZATION'S DEPARTMENT MANAGEMENT PRACTICES AND IN ACCORDANCE WITH ITS WRITTEN POLICIES AND PROCEDURES. THE POSITION REPORTS TO AN OFFICER/KEY EMPLOYEE OF THE ORGANIZATION.

CORE FORM, PART VI, SECTION A; QUESTIONS 6 & 7

RWJ BARNABAS HEALTH, INC. ("RWJ BH") IS THE SOLE MEMBER OF THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990. RWJ BH HAS THE RIGHT TO ELECT THE MEMBERS OF THESE ORGANIZATION'S BOARD OF TRUSTEES AND HAS CERTAIN RESERVED POWERS AS DEFINED IN THESE ORGANIZATION'S BYLAWS.

CORE FORM, PART VI, SECTION B; QUESTION 11B

THE HOSPITALS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE AFFILIATES WITHIN RWJBARNABAS HEALTH; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY

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SYSTEM ("SYSTEM"). RWJ BARNABAS HEALTH, INC. IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM. THIS FEDERAL FORM 990 WAS MADE AVAILABLE TO EACH VOTING MEMBER OF EACH HOSPITAL'S BOARD OF TRUSTEES PRIOR TO FILING THE FORM 990 WITH THE INTERNAL REVENUE SERVICE ("IRS"). IN ADDITION, THE RWJ BARNABAS HEALTH, INC. AUDIT COMMITTEE ASSUMED THE RESPONSIBILITY TO OVERSEE AND COORDINATE THE FEDERAL FORM 990 PREPARATION, REVIEW AND FILING PROCESS FOR ALL TAX EXEMPT AFFILIATES WITHIN THE SYSTEM.

AS PART OF THE ORGANIZATION'S FEDERAL FORM 990 TAX RETURN PREPARATION PROCESS, THE SYSTEM HIRED A PROFESSIONAL CERTIFIED PUBLIC ACCOUNTING ("CPA") FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990. THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE HOSPITAL'S FINANCE PERSONNEL AND SYSTEM INDIVIDUALS INCLUDING EXECUTIVE VICE PRESIDENT OF FINANCE, EXECUTIVE VICE PRESIDENT/CHIEF FINANCIAL OFFICER, SENIOR VICE PRESIDENT OF SYSTEM INTERNAL AUDIT AND VARIOUS OTHER INDIVIDUALS ("INTERNAL WORKING GROUP") TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S INTERNAL WORKING GROUP FOR REVIEW. THE ORGANIZATION'S INTERNAL WORKING GROUP REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM. REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S INTERNAL WORKING GROUP FOR FINAL

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REVIEW AND APPROVAL. THIS FORM 990 WAS ALSO REVIEWED BY THE AUDIT COMMITTEE DURING A PRESENTATION BY THE CPA FIRM AND AT SPECIAL MEETINGS OF EACH HOSPITAL WHERE AT LEAST ONE HOSPITAL OFFICER, ONE BOARD OR COMMITTEE MEMBER, A REPRESENTATIVE FROM SYSTEM CORPORATE FINANCE AND A REPRESENTATIVE FROM THE CPA FIRM WERE IN ATTENDANCE. FOLLOWING THESE REVIEWS, THE FINAL FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF EACH HOSPITAL'S BOARD OF TRUSTEES PRIOR TO FILING WITH THE IRS.

CORE FORM, PART VI, SECTION B; QUESTION 12

RWJBARNABAS HEALTH HAS A WRITTEN CONFLICT OF INTEREST POLICY WITH WHICH IT REGULARLY MONITORS AND ENFORCES COMPLIANCE. THIS CONFLICT OF INTEREST POLICY REQUIRES THAT A CONFLICT OF INTEREST FORM CONSISTENT WITH BEST GOVERNANCE PRACTICES AND INTERNAL REVENUE SERVICE GUIDELINES BE CIRCULATED TO OFFICERS, TRUSTEES AND KEY EMPLOYEES ANNUALLY. IN A SITUATION IN WHICH A TRUSTEE DISCLOSES AN INTEREST THAT COULD GIVE RISE TO A CONFLICT, THE TRUSTEE'S POTENTIAL CONFLICT IS REFERRED TO THE SYSTEM'S CORPORATE NOMINATING AND GOVERNANCE COMMITTEE WHICH EVALUATES THE CONFLICT AND ITS POTENTIAL IMPACT ON THE TRUSTEE'S PARTICIPATION ON THE BOARD OR ON CERTAIN ISSUES WHICH MAY COME BEFORE THE BOARD. AS APPROPRIATE THE COMMITTEE WILL TAKE ACTION TO ADDRESS THE CONFLICT.

CORE FORM, PART VI, SECTION B; QUESTION 15

THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE AFFILIATES WITHIN RWJBARNABAS HEALTH; A TAX-EXEMPT INTEGRATED HEALTHCARE

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DELIVERY SYSTEM WHICH INCLUDES RWJ BARNABAS HEALTH, INC. ("RWJ BH"); A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. RWJ BH'S BOARD OF TRUSTEES MAINTAINS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE"). THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF RWJ BH'S SENIOR MANAGEMENT. THE COMMITTEE ALSO REVIEWS THE COMPENSATION AND BENEFITS OF OTHER OFFICERS AND KEY EMPLOYEES OF RWJBARNABAS HEALTH; INCLUDING, WITHOUT LIMITATION, THE CHIEF EXECUTIVE OFFICERS OF THE RWJBARNABAS HEALTH HOSPITALS AND MEDICAL CENTERS. THE COMMITTEE, WHICH IS REQUIRED BY THE CORPORATION'S BYLAWS TO BE COMPRISED SOLELY OF INDEPENDENT TRUSTEES, SEEKS GUIDANCE AND SUBSTANTIATION FROM A NATIONALLY RECOGNIZED COMPENSATION CONSULTANT. THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED. THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE.

THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM. THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING:

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1. THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT;

2. THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION; AND

3. THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION.

THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF TRUSTEES EACH OF WHO ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST.

THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA; SPECIFICALLY THE COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE REVIEW OF HOSPITAL AND HEALTHCARE SYSTEM EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES. THIS STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING, BUT NOT LIMITED TO, SIMILARLY SIZED HEALTHCARE SYSTEMS AND HOSPITALS, # OF LICENSED BEDS AND NET PATIENT SERVICE REVENUE.

THE COMMITTEE ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION COMMITTEE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS

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WAS REVIEWED AND SUBSEQUENTLY APPROVED.

THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS APPLIES TO CERTAIN RWJ BH SENIOR MANAGEMENT PERSONNEL. THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990, WHERE APPLICABLE, ARE REVIEWED ANNUALLY BY THE RWJBARNABAS HEALTH PRESIDENT/CHIEF EXECUTIVE OFFICER WITH ASSISTANCE FROM RWJBARNABAS HEALTH'S HUMAN RESOURCES DEPARTMENT IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION. OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS.

CORE FORM, PART VI, SECTION B; QUESTION 16B

RWJBARNABAS HEALTH MAINTAINS A WRITTEN POLICY TO ENSURE THAT ANY JOINT VENTURE ENTERED INTO BY A RWJBARNABAS HEALTH TAX-EXEMPT ENTITY WITH A FOR-PROFIT PARTICIPANT IS REVIEWED AND FOLLOWED SO AS TO EVALUATE ITS PARTICIPATION UNDER APPLICABLE FEDERAL TAX LAW, AND TO ENSURE THAT THE ORGANIZATION TAKES STEPS TO SAFEGUARD THE ORGANIZATION'S EXEMPT STATUS WITH RESPECT TO SUCH ARRANGEMENTS.

CORE FORM, PART VI, SECTION C; QUESTION 19



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THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990, FILED  
CERTIFICATES OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND  
REVIEWED THROUGH THE STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY.

CORE FORM, PART VII

CORE FORM, PART VII INCLUDES, AS OF DECEMBER 31, 2019, THE MEMBERS OF THE  
BOARD OF TRUSTEES, OFFICERS, AND KEY EMPLOYEES OF EACH OF THE  
ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990.

PLEASE NOTE THAT THOMAS A. BIGA IS ALSO A MEMBER OF JERSEY CITY MEDICAL  
CENTER'S BOARD OF TRUSTEES BUT IS ONLY DISCLOSED ONCE ON CORE FORM, PART  
VII OF THIS CONSOLIDATED GROUP FORM 990 AS A BOARD MEMBER OF CLARA MAASS  
MEDICAL CENTER.

PLEASE NOTE THAT AMY B. MANSUE IS ALSO A MEMBER OF ROBERT WOOD JOHNSON  
UNIVERSITY HOSPITAL AT HAMILTON'S BOARD OF TRUSTEES BUT IS ONLY DISCLOSED  
ONCE ON CORE FORM, PART VII OF THIS CONSOLIDATED GROUP FORM 990 AS A  
BOARD MEMBER OF CHILDREN'S SPECIALIZED HOSPITAL.

PLEASE NOTE THAT PETER J. VAN DYKE, ESQ. IS ALSO A MEMBER OF SAINT  
BARNABAS BEHAVIORAL HEALTH CENTER'S BOARD OF TRUSTEES BUT IS ONLY  
DISCLOSED ONCE ON CORE FORM, PART VII OF THIS CONSOLIDATED GROUP FORM 990  
AS A BOARD MEMBER OF COMMUNITY MEDICAL CENTER.

PLEASE NOTE THAT DAVID SICKEL IS ALSO A MEMBER OF SAINT BARNABAS

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BEHAVIORAL HEALTH CENTER'S BOARD OF TRUSTEES BUT IS ONLY DISCLOSED ONCE ON CORE FORM, PART VII OF THIS CONSOLIDATED GROUP FORM 990 AS A BOARD MEMBER OF MONMOUTH MEDICAL CENTER.

CORE FORM, PART VII AND SCHEDULE J

THE FOLLOWING INDIVIDUALS ARE ALL EMPLOYED IN A SYSTEM CORPORATE ROLE FOR RWJ BARNABAS HEALTH, INC. THEIR COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP IS WITH SBC MANAGEMENT CORPORATION (EIN: 22-3414332). SBC MANAGEMENT CORPORATION FILED A 2019 FORM 4720 AND REMITTED THE EXCISE TAX BASED ON COMPENSATION IN EXCESS OF \$1M FOR MSSRS. OSTROWSKY, BIGA, MANSUE AND BONAMO. OTHER INDIVIDUALS REPORTED IN THIS FORM 990 ALSO HAVE A COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP WITH SBC MANAGEMENT CORPORATION INCLUDING MSSRS. SCOTT, MEBANE, EVERHART, IRWIN, BERSHAD, COLINERI, KNECHT AND OSTRANDER. THESE INDIVIDUALS ARE INCLUDED IN THIS FORM 990 SOLELY BECAUSE THEY ARE A TRUSTEE OR FORMER KEY EMPLOYEE OF ONE OF THE SUBORDINATES INCLUDED IN THIS GROUP FORM 990.

VARIOUS HOSPITALS INCLUDED IN THIS GROUP FORM 990 FILED SEPARATE FORMS 4720 FOR THEIR RESPECTIVE RWJBARNABAS HEALTH TAX-EXEMPT HOSPITALS AND MEDICAL CENTER PRESIDENT/CEO'S. UNDER THE COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP THE FOLLOWING COMPLETED A 2019 FORM 4720 AND REMITTED TAX ON EXCESS EXECUTIVE COMPENSATION FOR THE FOLLOWING INDIVIDUALS ALTHOUGH THESE INDIVIDUALS RECEIVED A 2019 FORM W-2 FROM BARNABAS HEALTH, INC. (FEID: 22-2405279); A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION OR SBC MANAGEMENT CORPORATION (FEID:

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22-3414332).

~ WARREN E. MOORE - PRESIDENT AND CHIEF EXECUTIVE OFFICER, CHILDREN'S SPECIALIZED HOSPITAL (FEID: 22-1487148);

~ MICHAEL MIMOSO - FORMER CHIEF EXECUTIVE OFFICER, COMMUNITY MEDICAL CENTER (FEID: 22-3452306);

~ FRANK J. VOZOS, M.D., FACS - CHIEF EXECUTIVE OFFICER, MONMOUTH MEDICAL CENTER - SOUTHERN CAMPUS (FEID: 22-3452412);

~ WILLIAM S. ARNOLD - PRESIDENT/CHIEF EXECUTIVE OFFICER, MONMOUTH MEDICAL CENTER (FEID: 22-3452412);

~ JOHN J. GANTER - PRESIDENT/CHIEF EXECUTIVE OFFICER, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL (FEID: 22-1487243); AND

~ STEPHEN P. ZIENIEWICZ, FACHE - PRESIDENT/CHIEF EXECUTIVE OFFICER, SAINT BARNABAS MEDICAL CENTER (FEID: 22-1494440).

JOSEPH F. SCOTT, FACHE COMPENSATION AND BENEFITS ARE REPORTED ON THIS FORM 990. HOWEVER, JOSEPH F. SCOTT, FACHE IS NOT INVOLVED IN ANY RWJBARNABAS HEALTH HOSPITALS CAPACITY. HE PROVIDES NO SERVICES TO OR FOR THE HOSPITALS AND IS NOT INVOLVED IN THE MANAGEMENT. JOSEPH F. SCOTT, FACHE WORKED FULL TIME IN A CORPORATE SYSTEM ROLE FOR RWJBARNABAS HEALTH AS THE SYSTEM'S EXECUTIVE VICE PRESIDENT, HEALTH TRANSFORMATION. ACCORDINGLY, HIS COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP IS WITH SBC MANAGEMENT CORPORATION (FEID: 22-3414332).

CORE FORM, PART VII AND SCHEDULE J REFLECT CERTAIN BOARD MEMBERS AND

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OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM THIS ORGANIZATION OR A RELATED ORGANIZATION. PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OF THE ORGANIZATION OR A RELATED ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER OR OFFICER OF THIS ORGANIZATION'S BOARD OF TRUSTEES.

CORE FORM, PART VII AND SCHEDULE J

MARY ELIZABETH DENO IS STILL EMPLOYED WITHIN RWJBARNABAS HEALTH AS A CHIEF HUMAN RESOURCES OFFICER AND VICE PRESIDENT OF BARNABAS HEALTH, INC.; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION.

FRANK GELORMINI IS STILL EMPLOYED WITHIN RWJBARNABAS HEALTH AS A DIRECTOR OF BARNABAS HEALTH, INC.; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION.

MICHELE H. SCHWEERS IS STILL EMPLOYED WITHIN RWJBARNABAS HEALTH AS THE VICE PRESIDENT/CHIEF HUMAN RESOURCES OFFICER FOR BARNABAS HEALTH, INC.; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION.

KEVIN M. KRAMER, ESQ. IS STILL EMPLOYED WITHIN RWJBARNABAS HEALTH AS SENIOR COUNSEL OF BARNABAS HEALTH, INC.; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION.

TERESITA C. MEDINA IS STILL EMPLOYED WITHIN RWJBARNABAS HEALTH AS A

Name of the organization

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RWJ BARNABAS HEALTH, INC. - SUBORDINATES

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DIRECTOR FOR CLARA MAASS MEDICAL CENTER; A RELATED INTERNAL REVENUE CODE  
SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION.

CAROL L. SINGER IS STILL EMPLOYED WITHIN RWJBARNABAS HEALTH AS A VICE  
PRESIDENT OF BARNABAS HEALTH MEDICAL GROUP, P.C.; A RELATED INTERNAL  
REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION.

SARI B. KAPLON IS STILL EMPLOYED WITHIN RWJBARNABAS HEALTH AS A DIRECTOR  
OF CARDIAC SERVICES OF NEWARK BETH ISRAEL MEDICAL CENTER; A RELATED  
INTERNAL REVENUE CODE SECTION 501(C)(3) TAX EXEMPT ORGANIZATION.

THE FOLLOWING INDIVIDUALS ARE EMPLOYED BY SBC MANAGEMENT CORPORATION,  
WORKING IN A CORPORATE ROLE FOR RWJBARNABAS HEALTH AND AFFILIATES:

- JOHN F. BONAMO, M.D., M.S.;
- JOSHUA M. BERSHAD, M.D.;
- LORI A. COLINERI;
- MICHAEL KNECHT;
- MARK A. OSTRANDER;
- MARTIN S. EVERHART; AND
- ROBERT G. IRWIN.

CORE FORM, PART VII, SECTION A, COLUMN B

THIS ORGANIZATION IS AN AFFILIATE WITHIN RWJBARNABAS HEALTH; A TAX-EXEMPT  
INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THE SYSTEM INCLUDES

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

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BOTH FOR-PROFIT AND NOT FOR-PROFIT ORGANIZATIONS. CERTAIN BOARD OF TRUSTEE MEMBERS, OFFICERS AND/OR DIRECTORS LISTED ON CORE FORM, PART VII AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH BOTH THIS ORGANIZATION AND OTHER AFFILIATES WITHIN THE SYSTEM. THE HOURS SHOWN ON THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE NO COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, REPRESENT THE ESTIMATED HOURS DEVOTED PER WEEK FOR THIS ORGANIZATION. TO THE EXTENT THESE INDIVIDUALS SERVE AS A MEMBER OF THE BOARD OF TRUSTEES OF OTHER RELATED ORGANIZATIONS IN THE SYSTEM, THEIR RESPECTIVE HOURS PER WEEK PER ORGANIZATION ARE APPROXIMATELY THE SAME AS REFLECTED IN CORE FORM, PART VII OF THIS FORM 990. THE HOURS REFLECTED ON PART VII OF THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, PAID OFFICERS AND KEY EMPLOYEES, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF RWJBARNABAS HEALTH; NOT SOLELY THIS ORGANIZATION.

CORE FORM, PART X; LINE 25

THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE MEMBERS OF RWJ BARNABAS HEALTH; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THE SYSTEM HAS A NUMBER OF OUTSTANDING LONG-TERM OBLIGATED GROUP DEBT LIABILITIES, INCLUDING THE FOLLOWING BOND ISSUANCES:

- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY REVENUE AND REFUNDING BONDS SERIES 2019A;
- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY REVENUE AND

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REFUNDING BONDS SERIES 2019B-1;

- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY REVENUE AND

REFUNDING BONDS SERIES 2019B 2;

- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY REVENUE AND

REFUNDING BONDS SERIES 2019B-3;

- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY REVENUE AND

REFUNDING BONDS SERIES 2017A;

- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY REVENUE AND

REFUNDING BONDS SERIES 2016A;

- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY REVENUE AND

REFUNDING BONDS SERIES 2014A;

- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY REVENUE AND

REFUNDING BONDS SERIES 2012A;

- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY SERIAL BONDS

SERIES 2019;

- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY TAXABLE REVENUE

BONDS SERIES 2016; AND

- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY TAXABLE REVENUE

BONDS SERIES 2012.

THE BONDS OUTLINED ABOVE AND VARIOUS OTHER LONG-TERM BORROWINGS ARE ALLOCATED BY RWJ BARNABAS HEALTH, INC. AND BARNABAS HEALTH, INC. TO THE FOLLOWING SYSTEM MEMBER HOSPITALS AND CERTAIN OTHER AFFILIATES. THE BALANCE SHEET OF THESE RESPECTIVE MEMBER HOSPITALS AND CERTAIN OTHER AFFILIATES REFLECTS A DUE TO RELATED PARTY LIABILITY AND ARE REFLECTED ON

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THE BALANCE SHEETS OF THE FOLLOWING SUBSIDIARY ORGANIZATIONS:

- CHILDREN'S SPECIALIZED HOSPITAL, EIN: 22-1487140
- CLARA MAASS MEDICAL CENTER, EIN: 22-1500556
- COMMUNITY MEDICAL CENTER, EIN: 22-3452306
- JERSEY CITY MEDICAL CENTER, EIN: 22-2783298
- MONMOUTH MEDICAL CENTER, EIN: 22-3452412
- NEWARK BETH ISRAEL MEDICAL CENTER, EIN: 22-3452311
- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, EIN: 22-1487243
- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON,  
EIN: 21-0634572
- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY,  
EIN: 22-1487305
- SAINT BARNABAS BEHAVIORAL HEALTH CENTER, EIN: 22-2977312
- SAINT BARNABAS MEDICAL CENTER, EIN: 22-1494440
- SAINT BARNABAS REALTY DEVELOPMENT CORPORATION, EIN: 22-2940008

SCHEDULE K WAS PREPARED ON A CONSOLIDATED BASIS AND IS INCLUDED IN THE  
FORM 990 OF BARNABAS HEALTH, INC., EIN: 22-2405279.

THE ORGANIZATIONS OUTLINED ABOVE WITH THE EXCEPTION OF SAINT BARNABAS  
REALTY DEVELOPMENT CORPORATION, FILE A CONSOLIDATED GROUP FORM 990.

CORE FORM, PART XI; QUESTION 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCE INCLUDE:



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- INCREASE IN INVESTMENT OF SHREWSBURY DIAGNOSTIC IMAGING, LLC; A LIMITED LIABILITY COMPANY CONTROLLED BY THIS ORGANIZATION - \$77,059;
- CAPITAL CONTRIBUTION TO SHREWSBURY DIAGNOSTIC IMAGING, LLC; A LIMITED LIABILITY COMPANY CONTROLLED BY THIS ORGANIZATION - (\$436,916);
- DIVIDEND DISTRIBUTION FROM COMMERCIAL PROFESSIONAL INSURANCE COMPANY, LTD.; A 100% CONTROLLED FOREIGN CORPORATION - \$4,000,000;
- PENSION ADMINISTRATION COSTS - (\$8,266,273);
- LOSS ON EARLY EXTINGUISHMENT OF DEBT, NET - (\$190,001);
- NET ASSETS RELEASED FROM RESTRICTION FOR PURCHASES OF PROPERTY AND EQUIPMENT - \$16,059,321;
- EQUITY TRANSFER FROM RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT FOUNDATIONS - \$4,573,484;
- OTHER CHANGES IN UNRESTRICTED NET ASSETS - (\$1,164,921);
- CAPITAL ASSET TRANSFER TO RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT AFFILIATES - (\$397,797,436);
- CHANGE IN INTEREST IN PERPETUAL TRUST - (\$891,898);
- DONATED EQUIPMENT - (\$2,710,189);
- NET ASSETS RELEASED FROM ASSETS WITH DONOR RESTRICTIONS - (\$12,206,330);
- OTHER REVENUE DERIVED FROM NET ASSETS WITH DONOR RESTRICTIONS - \$597,969;
- NET CHANGE IN NET ASSETS WITH DONOR RESTRICTIONS - \$467,596; AND
- OTHER INCREASES IN NET ASSETS WITH DONOR RESTRICTIONS - \$9,695.

CORE FORM, PART XII; QUESTION 2

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RWJ BARNABAS HEALTH, INC. - SUBORDINATES

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THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE AFFILIATES WITHIN RWJBARNABAS HEALTH, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THE SYSTEM'S TAX-EXEMPT PARENT ENTITY IS RWJ BARNABAS HEALTH, INC. AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF RWJ BARNABAS HEALTH, INC. AND ALL AFFILIATES WITHIN THE SYSTEM FOR THE YEARS ENDED DECEMBER 31, 2019 AND DECEMBER 31, 2018; RESPECTIVELY. THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS FOR THE RWJBARNABAS HEALTH HOSPITALS AND CERTAIN OTHER AFFILIATES. THE INDEPENDENT CPA FIRM ISSUED AN UNMODIFIED OPINION WITH RESPECT TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS. THE RWJ BARNABAS HEALTH, INC. AUDIT COMMITTEE HAS ASSUMED RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR.

CORE FORM, PART XII; QUESTION 3

THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE AFFILIATES WITHIN RWJBARNABAS HEALTH; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THE SYSTEM ENGAGED AN INDEPENDENT ACCOUNTING FIRM TO PREPARE AND ISSUE A SYSTEM WIDE CONSOLIDATED AUDIT UNDER THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133 AUDIT. THIS ORGANIZATION WAS INCLUDED IN THE SYSTEM WIDE A-133 AUDIT.

SCHEDULE B

THE GIFTS, GRANTS AND CONTRIBUTIONS REFLECTED ON SCHEDULE B ARE AMOUNTS

Name of the organization

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RWJ BARNABAS HEALTH, INC. - SUBORDINATES

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RECEIVED BY ALL ENTITIES INCLUDED IN THIS CONSOLIDATED GROUP FORM 990.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY CHILDREN'S SPECIALIZED  
HOSPITAL ARE REFLECTED IN NUMBERS 1 THROUGH 5.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY CLARA MAASS MEDICAL CENTER  
ARE REFLECTED IN NUMBERS 6 THROUGH 9.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY COMMUNITY MEDICAL CENTER ARE  
REFLECTED IN NUMBERS 10 THROUGH 16.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY JERSEY CITY MEDICAL CENTER  
ARE REFLECTED IN NUMBERS 17 THROUGH 39.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY MONMOUTH MEDICAL CENTER ARE  
REFLECTED IN NUMBERS 40 THROUGH 52.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY NEWARK BETH ISRAEL MEDICAL  
CENTER ARE REFLECTED IN NUMBERS 53 THROUGH 143.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY ROBERT WOOD JOHNSON  
UNIVERSITY HOSPITAL ARE REFLECTED IN NUMBERS 144 THROUGH 151.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY ROBERT WOOD JOHNSON  
UNIVERSITY HOSPITAL AT HAMILTON ARE REFLECTED IN NUMBER 152.

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GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY ROBERT WOOD JOHNSON  
UNIVERSITY HOSPITAL RAHWAY ARE REFLECTED IN NUMBERS 153 THROUGH 174.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY SAINT BARNABAS MEDICAL CENTER  
ARE REFLECTED IN NUMBERS 175 THROUGH 320.

SCHEDULE H, PART V; SECTION D

SCHEDULE H, PART V; SECTION D - OTHER HEALTHCARE FACILITIES THAT ARE NOT  
LICENSED, REGISTERED, OR SIMILARLY RECOGNIZED AS A HOSPITAL FACILITY FOR  
THE ENTITIES INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE LISTED BY  
THE HOSPITAL FACILITY WHICH CONTROLS THE ORGANIZATION AND IN ORDER OF  
SIZE FROM LARGEST TO SMALLEST.

CHILDREN'S SPECIALIZED HOSPITAL'S OTHER HEALTHCARE FACILITIES ARE  
REFLECTED IN ENTITIES 1-14.

CLARA MAASS MEDICAL CENTER'S OTHER HEALTHCARE FACILITIES ARE REFLECTED IN  
ENTITY 15.

COMMUNITY MEDICAL CENTER'S OTHER HEALTHCARE FACILITIES ARE REFLECTED IN  
ENTITY 16

JERSEY CITY MEDICAL CENTER'S OTHER HEALTHCARE FACILITIES ARE REFLECTED IN  
ENTITIES 17-27.

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MONMOUTH MEDICAL CENTER'S OTHER HEALTHCARE FACILITIES ARE REFLECTED IN ENTITIES 28-33.

NEWARK BETH ISRAEL MEDICAL CENTER'S OTHER HEALTHCARE FACILITIES ARE REFLECTED IN ENTITIES 34-36.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL'S OTHER HEALTHCARE FACILITIES ARE REFLECTED IN ENTITIES 37-68.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON'S OTHER HEALTHCARE FACILITIES ARE REFLECTED IN ENTITIES 69-77.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY'S OTHER HEALTHCARE FACILITIES ARE REFLECTED IN ENTITIES 78-79.

SAINT BARNABAS MEDICAL CENTER'S OTHER HEALTHCARE FACILITIES ARE REFLECTED IN ENTITIES 80-120.

#### DEPARTMENTAL EIN LISTING

THE ORGANIZATION'S FEDERAL FORM 990 INCLUDES CERTAIN REVENUE RECEIVED AND EXPENSES INCURRED BY VARIOUS CLARA MAASS MEDICAL CENTER HEALTHCARE RELATED PROGRAMS, DEPARTMENTS, ACTIVITIES AND CLARA MAASS MEDICAL CENTER EMPLOYEES. REVENUE EARNED FROM THESE PROGRAMS AND ACTIVITIES WAS RECEIVED BY CLARA MAASS MEDICAL CENTER UTILIZING FEDERAL IDENTIFICATION NUMBERS

Name of the organization

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RWJ BARNABAS HEALTH, INC. - SUBORDINATES

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OTHER THAN 22-1500556.

BELOW IS A LIST OUTLINING THE VARIOUS CLARA MAASS MEDICAL CENTER PROGRAMS, DIVISIONS, DEPARTMENTS AND PHYSICIAN EMPLOYEES AND THEIR RESPECTIVE FEDERAL IDENTIFICATION NUMBERS.

CLARA MAASS MEDICAL CENTER HOUSE 33-1056363

CMMC PROVIDER SERVICES 81-4812623

#### DEPARTMENTAL EIN LISTING

THE ORGANIZATION'S FEDERAL FORM 990 INCLUDES CERTAIN REVENUE RECEIVED AND EXPENSES INCURRED BY VARIOUS JERSEY CITY MEDICAL CENTER HEALTHCARE RELATED PROGRAMS, DEPARTMENTS, ACTIVITIES AND JERSEY CITY MEDICAL CENTER EMPLOYEES. REVENUE EARNED FROM THESE PROGRAMS AND ACTIVITIES WAS RECEIVED BY JERSEY CITY MEDICAL CENTER UTILIZING FEDERAL IDENTIFICATION NUMBERS OTHER THAN 22-2783298.

PLEASE NOTE THAT THERE ARE VARIOUS EMPLOYED PHYSICIANS THAT REMIT BILLINGS UNDER THEIR SEPARATE EIN'S DIRECTLY TO JERSEY CITY MEDICAL CENTER. SUCH PHYSICIAN'S RESPECTIVE NAME AND EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER IS NOT OUTLINED ABOVE BUT MAY BE OBTAINED UPON REQUEST.

#### DEPARTMENTAL EIN LISTING

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THE ORGANIZATION'S FEDERAL FORM 990 INCLUDES CERTAIN REVENUE RECEIVED AND EXPENSES INCURRED BY VARIOUS MONMOUTH MEDICAL CENTER HEALTHCARE RELATED PROGRAMS, DEPARTMENTS, ACTIVITIES AND MONMOUTH MEDICAL CENTER EMPLOYEES. REVENUE EARNED FROM THESE PROGRAMS AND ACTIVITIES WAS RECEIVED BY MONMOUTH MEDICAL CENTER UTILIZING FEDERAL IDENTIFICATION NUMBERS OTHER THAN 22-3452412.

BELOW IS A LIST OUTLINING THE VARIOUS MONMOUTH MEDICAL CENTER PROGRAMS, DIVISIONS, DEPARTMENTS AND PHYSICIAN EMPLOYEES AND THEIR RESPECTIVE FEDERAL IDENTIFICATION NUMBERS.

MMC PROVIDER SERVICES

81-4837197

IN ADDITION, THIS FORM 990 INCLUDES THE CURRENT YEAR REVENUE AND EXPENSE ACTIVITY AND YEAR END ASSETS AND LIABILITIES OF BOTH THE MEDICAL STAFFS OF MONMOUTH MEDICAL CENTER AND MONMOUTH MEDICAL CENTER - SOUTHERN CAMPUS.

#### DEPARTMENTAL EIN LISTING

THE ORGANIZATION'S FEDERAL FORM 990 INCLUDES CERTAIN REVENUE RECEIVED AND EXPENSES INCURRED BY VARIOUS NEWARK BETH ISRAEL MEDICAL CENTER HEALTHCARE RELATED PROGRAMS, DEPARTMENTS, ACTIVITIES AND NEWARK BETH ISRAEL MEDICAL CENTER EMPLOYEES. REVENUE EARNED FROM THESE PROGRAMS AND ACTIVITIES WAS RECEIVED BY NEWARK BETH ISRAEL MEDICAL CENTER UTILIZING FEDERAL IDENTIFICATION NUMBERS OTHER THAN 22-3452311.

Name of the organization

Employer identification number

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THE FOLLOWING IS A LIST OUTLINING THE VARIOUS NEWARK BETH ISRAEL MEDICAL CENTER PROGRAMS, DIVISIONS, DEPARTMENTS AND THEIR RESPECTIVE FEDERAL IDENTIFICATION NUMBERS.

|                                             |            |
|---------------------------------------------|------------|
| NBIMC DEPARTMENT OF NON-INVASIVE CARDIOLOGY | 22-3680276 |
| NBIMC DEPARTMENT OF ONCOLOGY                | 22-3680355 |
| NBIMC DEPARTMENT OF PATHOLOGY               | 22-3680343 |
| NBIMC DEPARTMENT OF CARDIOTHORACIC SURGERY  | 22-3680349 |
| NBIMC DEPARTMENT OF INTERNAL MEDICINE       | 22-3680346 |
| NBIMC DEPARTMENT OF GERIATRICS              | 22-3680200 |
| NBIMC DEPARTMENT OF OB/GYN                  | 22-3680351 |
| NBIMC DEPARTMENT OF HEART TRANSPLANT        | 16-1707383 |
| NBIMC DEPARTMENT OF SURGERY                 | 16-1711394 |
| NBIMC INTERVENTIONAL CARDIOLOGY             | 01-0828308 |
| NBIMC/TRINITAS PEDIATRIC MEDICAL GROUP      | 84-1671694 |
| NBIMC ADULT GASTROENTEROLOGY                | 06-1748860 |
| NEWARK BETH ISRAEL EMERGENCY DEPARTMENT     | 22-3719160 |
| NBIMC DEPARTMENT OF RADIOLOGY               | 06-1793948 |
| NBIMC CHONJ PHYSICIAN GROUP                 | 26-2203038 |
| NBI CHILDRENS HOSPITAL                      | 22-3357053 |
| NBIMC PROVIDER SERVICES                     | 81-4857719 |

PLEASE NOTE THAT THERE ARE VARIOUS EMPLOYED PHYSICIANS THAT REMIT BILLINGS UNDER THEIR SEPARATE EIN'S DIRECTLY TO NEWARK BETH ISRAEL MEDICAL CENTER. SUCH PHYSICIAN'S RESPECTIVE NAME AND EMPLOYER



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IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER IS NOT OUTLINED ABOVE BUT  
MAY BE OBTAINED UPON REQUEST.

IN ADDITION, MONMOUTH MEDICAL CENTER - FACULTY PRACTICE PLAN; A RELATED  
INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, UTILIZES  
THE IDENTIFICATION NUMBER FOR NBI CHILDRENS HOSPITAL AS ITS PRINCIPLE  
IDENTIFICATION NUMBER.

## DEPARTMENTAL EIN LISTING

THE ORGANIZATION'S FEDERAL FORM 990 INCLUDES CERTAIN REVENUE RECEIVED AND  
EXPENSES INCURRED BY VARIOUS SAINT BARNABAS MEDICAL CENTER HEALTHCARE  
RELATED PROGRAMS, DEPARTMENTS, ACTIVITIES AND SAINT BARNABAS MEDICAL  
CENTER EMPLOYEES. REVENUE EARNED FROM THESE PROGRAMS AND ACTIVITIES WAS  
RECEIVED BY SAINT BARNABAS MEDICAL CENTER UTILIZING FEDERAL  
IDENTIFICATION NUMBERS OTHER THAN 22-1494440.

BELOW IS A LIST OUTLINING THE VARIOUS SAINT BARNABAS MEDICAL CENTER  
PROGRAMS, DIVISIONS, DEPARTMENTS AND PHYSICIAN EMPLOYEES AND THEIR  
RESPECTIVE FEDERAL IDENTIFICATION NUMBERS.

|                                                      |            |
|------------------------------------------------------|------------|
| NICU ASSOCIATES AT SAINT BARNABAS                    | 22-3181029 |
| PEDIATRIC CRITICAL CARE ASSOCIATES AT SAINT BARNABAS | 22-3258938 |
| SAINT BARNABAS MULTI SPECIALTY GROUP                 | 22-3551005 |
| MEDICAL ONCOLOGY ASSOCIATES AT SAINT BARNABAS        | 22-3403774 |
| SBMC DEPARTMENT OF CRITICAL CARE MEDICINE            | 03-0498041 |

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|                                              |            |
|----------------------------------------------|------------|
| CANCER SURGERY SERVICES OF SAINT BARNABAS    | 20-1716316 |
| ASSOCIATES IN TRANSPLANT AND GENERAL SURGERY | 20-3128758 |
| SBMC STRESS TEST PANEL                       | 76-0828820 |
| RADIATION ONCOLOGY GROUP AT SBMC             | 81-2497757 |
| SBMC PROVIDER SERVICES                       | 81-4786011 |

ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

RWJBARNABAS HEALTH- AS THE LEADING ACADEMIC HEALTH SYSTEM IN NEW JERSEY - IS ADVANCING INNOVATIVE STRATEGIES IN HIGH QUALITY PATIENT CARE, EDUCATION AND RESEARCH TO ADDRESS BOTH THE CLINICAL AND SOCIAL DETERMINANTS OF HEALTH. THE ENTITIES WORK TOGETHER TO PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. PLEASE REFER TO THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT INCLUDED IN SCHEDULE O.

ATTACHMENT 2FORM 990, PART VI, LINE 17 - STATES

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

ATTACHMENT 3

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

ATTACHMENT 3 (CONT'D)990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u>                                                            | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|------------------------------------------------------------------------------------|--------------------------------|---------------------|
| BARNABAS HEALTH, INC.<br>95 OLD SHORT HILLS ROAD<br>WEST ORANGE, NJ 07052          | MANAGEMENT                     | 470,548,289.        |
| RUTGERS UNIVERSITY<br>LIBERTY PLAZA<br>NEW BRUNSWICK, NJ 08901                     | MEDICAL                        | 131,917,642.        |
| WM BLANCHARD COMPANY<br>199 MOUNTAIN AVENUE, P.O. BOX 298<br>SPRINGFIELD, NJ 07081 | CONSTRUCTION                   | 48,716,653.         |
| SBC MANAGEMENT CORPORATION<br>95 OLD SHORT HILLS ROAD<br>WEST ORANGE, NJ 07052     | MANAGEMENT                     | 43,380,718.         |
| SODEXO INCORPORATED AND AFFILIATES<br>P.O. BOX 360170<br>PITTSBURGH, PA 15251-6170 | FOOD/MANAGEMENT                | 32,778,330.         |

**SCHEDULE R**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2019**Open to Public  
Inspection

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number

85-1296795

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity                                       | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|-----------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (1) CENTER FOR DISC, INNOV & DEVELOPMENT LLC 84-2897309<br>150 NEW PROVIDENCE ROAD MOUNTAINSIDE, NJ 07092 | HEALTH SVCS.            | NJ                                               | 0.                  | 0.                        | CSH                              |
| (2) JCMC CARE NETWORK, LLC 46-4935475<br>355 GRAND STREET JERSEY CITY, NJ 07302                           | HEALTH SVCS.            | NJ                                               | 0.                  | 0.                        | JCMC                             |
| (3) LIBERTY HEALTHCARE VENTURES, LLC 27-2045146<br>355 GRAND STREET JERSEY CITY, NJ 07302                 | HEALTH SVCS.            | NJ                                               | 0.                  | 0.                        | JCMC                             |
| (4) RWJUH-PLUM STREET, LLC 26-2282746<br>579A CRANBURY ROAD EAST BRUNSWICK, NJ 08816                      | REAL ESTATE             | NJ                                               | 0.                  | 0.                        | RWJUH                            |
| (5) RWJ INTEGRATED HEALTHCARE, LLC 81-1271129<br>ONE ROBERT WOOD JOHNSON PLACE NEW BRUNSWICK, NJ 08901    | HEALTH SVCS.            | NJ                                               | 0.                  | 0.                        | RWJUH                            |
| (6) SAINT BARNABAS MANAGEMENT SERVICES, LLC 22-3661568<br>1691 ROUTE 9 TOMS RIVER, NJ 08754               | HEALTH SVCS.            | NJ                                               | 207,681.            | 91,523.                   | SBBH                             |

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN of related organization                                                   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |
|---------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|
| (1) AUXILIARY OF THE RWJUH 22-6014339<br>ONE ROBERT WOOD JOHNSON PLACE NEW BRUNSWICK, NJ 08901          | SUPPORT                 | NJ                                               | 501(C) (3)                 | 509 (A) (2)                                         | RWJUH                            | X                                            |
| (2) BARNABAS BAYONNE DEV URBAN RENEWAL CORP 35-2219655<br>95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 | STAFFING SVCS           | NJ                                               | 501(C) (3)                 | 509 (A) (3)                                         | SBRDC                            | X                                            |
| (3) BARNABAS HEALTH MEDICAL GROUP, P C 22-3316007<br>95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052      | HEALTH SVCS.            | NJ                                               | 501(C) (3)                 | 509 (A) (2)                                         | RWJ BH                           | X                                            |
| (4) BARNABAS HEALTH, INC 22-2405279<br>95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052                    | HEALTH SVCS.            | NJ                                               | 501(C) (3)                 | 509 (A) (3)                                         | RWJ BH                           | X                                            |
| (5) CENTER STATE HEALTH GROUP, INC 22-2939956<br>2 CRESCENT PLACE OCEANPORT, NJ 07757                   | HEALTH SVCS.            | NJ                                               | 501(C) (3)                 | 509 (A) (3)                                         | RWJ BH                           | X                                            |
| (6) CENTRAL JERSEY BEHAVIORAL HEALTH ASSOC 22-3343959<br>1691 ROUTE 9 TOMS RIVER, NJ 08754              | HEALTH SVCS.            | NJ                                               | 501(C) (3)                 | 509 (A) (3)                                         | SBBH                             | X                                            |
| (7) CHILDRENS SPECIALIZED HOSPITAL FDN 13-6844298<br>150 NEW PROVIDENCE ROAD MOUNTAINSIDE, NJ 07092     | FUNDRAISING             | NJ                                               | 501(C) (3)                 | 509 (A) (1)                                         | CSH                              | X                                            |

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Schedule R (Form 990) 2019

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**SCHEDULE R**  
**(Form 990)****Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.Department of the Treasury  
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number

85-1296795

OMB No. 1545-0047

**2019**Open to Public  
Inspection**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

|     | (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|-----|---------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (1) |                                                                     |                         |                                                  |                     |                           |                                  |
| (2) |                                                                     |                         |                                                  |                     |                           |                                  |
| (3) |                                                                     |                         |                                                  |                     |                           |                                  |
| (4) |                                                                     |                         |                                                  |                     |                           |                                  |
| (5) |                                                                     |                         |                                                  |                     |                           |                                  |
| (6) |                                                                     |                         |                                                  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

|     | (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|-----|------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|----|
|     |                                                                                    |                         |                                                  |                            |                                                     |                                  | Yes                                          | No |
| (1) | CLARA MAASS FOUNDATION<br>ONE CLARA MAASS DRIVE<br>BELLEVILLE, NJ 07109            | FUNDRAISING             | NJ                                               | 501(C)(3)                  | 509(A)(1)                                           | RWJ BH                           |                                              | X  |
| (2) | COMMUNITY MEDICAL CENTER AUXILIARY<br>99 HIGHWAY 37 WEST<br>TOMS RIVER, NJ 08755   | SUPPORT                 | NJ                                               | 501(C)(3)                  | 509(A)(3)                                           | CMC                              | X                                            |    |
| (3) | COMMUNITY MEDICAL CENTER FOUNDATION<br>99 HIGHWAY 37 WEST<br>TOMS RIVER, NJ 08755  | FUNDRAISING             | NJ                                               | 501(C)(3)                  | 509(A)(1)                                           | RWJ BH                           |                                              | X  |
| (4) | GREENVILLE HOSPITAL<br>355 GRAND STREET<br>JERSEY CITY, NJ 07302                   | INACTIVE                | NJ                                               | 501(C)(3)                  | HOSPITAL                                            | RWJ BH                           |                                              | X  |
| (5) | IRVINGTON HOSPITAL FOUNDATION<br>95 OLD SHORT HILLS ROAD<br>WEST ORANGE, NJ 07052  | INACTIVE                | NJ                                               | 501(C)(3)                  | 509(A)(3)                                           | RWJ BH                           |                                              | X  |
| (6) | LAKEVIEW CHILD CARE CENTER, INC<br>ONE HAMILTON HEALTH PLACE<br>HAMILTON, NJ 08690 | CHILD CARE              | NJ                                               | 501(C)(3)                  | 509(A)(2)                                           | RWJ BH                           |                                              | X  |
| (7) | LIBERTY RIVERSIDE HEALTHCARE<br>355 GRAND STREET<br>JERSEY CITY, NJ 07302          | INACTIVE                | NJ                                               | 501(C)(3)                  | HOSPITAL                                            | RWJ BH                           |                                              | X  |

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Schedule R (Form 990) 2019

**SCHEDULE R**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

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OMB No 1545-0047

**2019**Open to Public  
Inspection

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number

85-1296795

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (1) | (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|-----|---------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (1) |                                                                     |                         |                                                  |                     |                           |                                  |
| (2) |                                                                     |                         |                                                  |                     |                           |                                  |
| (3) |                                                                     |                         |                                                  |                     |                           |                                  |
| (4) |                                                                     |                         |                                                  |                     |                           |                                  |
| (5) |                                                                     |                         |                                                  |                     |                           |                                  |
| (6) |                                                                     |                         |                                                  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (1) | (a)<br>Name, address, and EIN of related organization                                               | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |
|-----|-----------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|
|     |                                                                                                     |                         |                                                  |                            |                                                     |                                  | Yes No                                       |
| (1) | MEGA CARE, INC<br>2 CRESCENT PLACE<br>OCEANPORT, NJ 07757                                           | HEALTH SVCS.            | NJ                                               | 501(C)(3)                  | 509(A)(3)                                           | CSHG                             | X                                            |
| (2) | MONMOUTH MED CNTR - SOUTHERN CAMPUS FDN<br>600 RIVER AVE, ANNEX BLDG. E<br>LAKESWOOD, NJ 08701      | FUNDRAISING             | NJ                                               | 501(C)(3)                  | 509(A)(1)                                           | RWJ EH                           | X                                            |
| (3) | MONMOUTH MEDICAL CENTER - FACULTY PRACT<br>100 STATE HIGHWAY 36<br>WEST LONG BRANCH, NJ 07764       | HEALTH SVCS.            | NJ                                               | 501(C)(3)                  | 509(A)(3)                                           | MMC                              | X                                            |
| (4) | MONMOUTH MEDICAL CENTER FOUNDATION<br>300 SECOND AVENUE<br>LONG BRANCH, NJ 07740                    | FUNDRAISING             | NJ                                               | 501(C)(3)                  | 509(A)(1)                                           | RWJ EH                           | X                                            |
| (5) | NEW BRUNSWICK AFFILIATED HOSPITALS, INC<br>ONE ROBERT WOOD JOHNSON PLACE<br>NEW BRUNSWICK, NJ 08901 | HEALTH SVCS.            | NJ                                               | 501(C)(3)                  | 509(A)(3)                                           | RWJ EH                           | X                                            |
| (6) | NEW MARGARET HAGUE CTR WOMENS JCM OB/GYN<br>355 GRAND STREET<br>JERSEY CITY, NJ 07302               | HEALTH SVCS.            | NJ                                               | 501(C)(3)                  | 509(A)(3)                                           | JCMC                             | X                                            |
| (7) | OPPORTUNITY PROJECT, INC<br>60 E WILLOW STREET<br>MILLBURN, NJ 07041                                | HEALTH SVCS.            | NJ                                               | 501(C)(3)                  | 509(A)(1)                                           | CSH                              | X                                            |

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Schedule R (Form 990) 2019

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**SCHEDULE R**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

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OMB No. 1545-0047

**2019**Open to Public  
Inspection

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number

85-1296795

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

|     | (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|-----|---------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (1) |                                                                     |                         |                                                  |                     |                           |                                  |
| (2) |                                                                     |                         |                                                  |                     |                           |                                  |
| (3) |                                                                     |                         |                                                  |                     |                           |                                  |
| (4) |                                                                     |                         |                                                  |                     |                           |                                  |
| (5) |                                                                     |                         |                                                  |                     |                           |                                  |
| (6) |                                                                     |                         |                                                  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year

|     | (a)<br>Name, address, and EIN of related organization                                          | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |
|-----|------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|
|     |                                                                                                |                         |                                                  |                            |                                                     |                                  | Yes No                                       |
| (1) | ROBERT WOOD JOHNSON VISITING NURSES, INC<br>972 SHOPPES BOULEVARD<br>NORTH BRUNSWICK, NJ 08902 | HEALTH SVCS.            | NJ                                               | 501(C)(3)                  | 509(A)(2)                                           | N/A                              | X                                            |
| (2) | RWJBH MEDICAL GROUP, P C<br>95 OLD SHORT HILLS ROAD<br>WEST ORANGE, NJ 07052                   | HEALTH SVCS.            | NJ                                               | 501(C)(3)                  | 509(A)(3)                                           | RWJ BH                           | X                                            |
| (3) | RWJ BARNABAS HEALTH, INC.<br>95 OLD SHORT HILLS ROAD<br>WEST ORANGE, NJ 07052                  | INACTIVE                | NJ                                               | 501(C)(3)                  | 509(A)(3)                                           | N/A                              | X                                            |
| (4) | RWJ HEALTH NETWORK, INC<br>ONE ROBERT WOOD JOHNSON PLACE<br>NEW BRUNSWICK, NJ 08901            | HEALTH SVCS.            | NJ                                               | 501(C)(3)                  | 509(A)(3)                                           | RWJ BH                           | X                                            |
| (5) | RWJ UNIV HOSP AT HAMILTON FDN, INC<br>ONE HAMILTON HEALTH PLACE<br>HAMILTON, NJ 08690          | FUNDRAISING             | NJ                                               | 501(C)(3)                  | 509(A)(1)                                           | RWJ BH                           | X                                            |
| (6) | RWJ UNIV HOSPITAL FOUNDATION, INC<br>10 PLUM STREET, NO 910<br>NEW BRUNSWICK, NJ 08901         | FUNDRAISING             | NJ                                               | 501(C)(3)                  | 509(A)(1)                                           | RWJ BH                           | X                                            |
| (7) | RWJ UNIV HOSPITAL RAILWAY AUXILIARY<br>865 STONE STREET<br>RAHWAY, NJ 07065                    | SUPPORT                 | NJ                                               | 501(C)(3)                  | 509(A)(2)                                           | RWJUHR                           | X                                            |

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Schedule R (Form 990) 2019

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**SCHEDULE R**  
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Employer identification number

85-1296795

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| (1) | (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|-----|---------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (1) |                                                                     |                         |                                                  |                     |                           |                                  |
| (2) |                                                                     |                         |                                                  |                     |                           |                                  |
| (3) |                                                                     |                         |                                                  |                     |                           |                                  |
| (4) |                                                                     |                         |                                                  |                     |                           |                                  |
| (5) |                                                                     |                         |                                                  |                     |                           |                                  |
| (6) |                                                                     |                         |                                                  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (1) | (a)<br>Name, address, and EIN of related organization                                       | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |
|-----|---------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|
|     |                                                                                             |                         |                                                  |                            |                                                     |                                  | Yes No                                       |
| (1) | SAINT BARNABAS HEALTH CARE SYSTEM FDN<br>95 OLD SHORT HILLS ROAD<br>WEST ORANGE, NJ 07052   | FUNDRAISING             | NJ                                               | 501 (C) (3)                | 509 (A) (1)                                         | RWJ BH                           | X                                            |
| (2) | SAINT BARNABAS HOSPICE AND PALLIATIVE<br>95 OLD SHORT HILLS ROAD<br>WEST ORANGE, NJ 07052   | HEALTH SVCS.            | NJ                                               | 501 (C) (3)                | 509 (A) (1)                                         | RWJ BH                           | X                                            |
| (3) | SAINT BARNABAS OUTPATIENT CENTERS<br>200 SOUTH ORANGE AVENUE<br>LIVINGSTON, NJ 07039        | HEALTH SVCS.            | NJ                                               | 501 (C) (3)                | 509 (A) (2)                                         | RWJ BH                           | X                                            |
| (4) | SAINT BARNABAS REALTY DEVELOPMENT CORP<br>94 OLD SHORT HILLS ROAD<br>LIVINGSTON, NJ 07039   | TITLE HLDNG.            | NJ                                               | 501 (C) (3)                | 509 (A) (3)                                         | RWJ BH                           | X                                            |
| (5) | SANDY HOOK FRNDS OF ST BARNABAS BURN FDN<br>94 OLD SHORT HILLS ROAD<br>LIVINGSTON, NJ 07039 | FUNDRAISING             | NJ                                               | 501 (C) (3)                | 509 (A) (3)                                         | RWJ BH                           | X                                            |
| (6) | SOMERSET HEALTH CARE FOUNDATION, INC<br>110 REHILL AVENUE<br>SOMERVILLE, NJ 08876           | FUNDRAISING             | NJ                                               | 501 (C) (3)                | 509 (A) (1)                                         | RWJ BH                           | X                                            |
| (7) | THE JERSEY CITY MEDICAL CENTER FDN<br>355 GRAND STREET<br>JERSEY CITY, NJ 07302             | FUNDRAISING             | NJ                                               | 501 (C) (3)                | 509 (A) (2)                                         | RWJ BH                           | X                                            |

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Schedule R (Form 990) 2019

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**SCHEDULE R**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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OMB No. 1545-0047

**2019**Open to Public  
Inspection

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number

85-1296795

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33

|     | (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|-----|---------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (1) |                                                                     |                         |                                                  |                     |                           |                                  |
| (2) |                                                                     |                         |                                                  |                     |                           |                                  |
| (3) |                                                                     |                         |                                                  |                     |                           |                                  |
| (4) |                                                                     |                         |                                                  |                     |                           |                                  |
| (5) |                                                                     |                         |                                                  |                     |                           |                                  |
| (6) |                                                                     |                         |                                                  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

|     | (a)<br>Name, address, and EIN of related organization                                               | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |
|-----|-----------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|
|     |                                                                                                     |                         |                                                  |                            |                                                     |                                  | Yes No                                       |
| (1) | UNITED RESCUE AT JERSEY CITY, INC<br>95 OLD SHORT HILLS ROAD<br>WEST ORANGE, NJ 07052<br>22-2458481 | HEALTH SVCS.            | NJ                                               | 501 (C) (3)                | 509 (A) (2)                                         | JCMC                             | X                                            |
| (2) | VNA HEALTH GROUP OF NEW JERSEY, LLC<br>176 RIVERSIDE AVENUE<br>RED BANK, NJ 07701<br>47-4841103     | HEALTH SVCS.            | NJ                                               | 501 (C) (3)                | 509 (A) (2)                                         | MEGA CARE                        | X                                            |
| (3) |                                                                                                     |                         |                                                  |                            |                                                     |                                  |                                              |
| (4) |                                                                                                     |                         |                                                  |                            |                                                     |                                  |                                              |
| (5) |                                                                                                     |                         |                                                  |                            |                                                     |                                  |                                              |
| (6) |                                                                                                     |                         |                                                  |                            |                                                     |                                  |                                              |
| (7) |                                                                                                     |                         |                                                  |                            |                                                     |                                  |                                              |

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

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**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)<br>Name, address, and EIN of<br>related organization             | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant<br>income (related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512 - 514) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V - UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|----------------------------------------------------------------------|-------------------------|--------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|-----------------------------------------|----|---------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                                      |                         |                                                              |                                     |                                                                                                           |                                 |                                        | Yes                                     | No |                                                                           | Yes                                       | No |                                |
| (1) CENTRAL JERSEY ACO, LLC 45-546<br>95 OLD SHORT HILLS ROAD WEST O | HEALTH SVCS             | NJ                                                           | N/A                                 |                                                                                                           |                                 |                                        |                                         |    |                                                                           |                                           |    |                                |
| (2) HAMILTON ENDO & SURG, LLC 22-3<br>1235 WHITEHORSE-MERCERVILLE RD | HEALTH SVCS             | NJ                                                           | N/A                                 |                                                                                                           |                                 |                                        |                                         |    |                                                                           |                                           |    |                                |
| (3) HUDSON MD GROUP, LLC 00-000000<br>443 NORTHFIELD AVE WEST ORANG  | HEALTH SVCS             | NJ                                                           | N/A                                 |                                                                                                           |                                 |                                        |                                         |    |                                                                           |                                           |    |                                |
| (4) MEDEMERGE, LLC 03-0382501<br>1005 WASHINGTON AVE GREEN BRO       | HEALTH SVCS             | NJ                                                           | N/A                                 |                                                                                                           |                                 |                                        |                                         |    |                                                                           |                                           |    |                                |
| (5) INNOVATIVE PURCHASING CONCEPTS<br>95 OLD SHORT HILLS ROAD WEST O | INACTIVE                | NJ                                                           | RWJ BH-SUBS                         | RELATED                                                                                                   | 94,563                          | 98,627                                 |                                         | X  | 0                                                                         | X                                         |    | 100 0000                       |
| (6) JERSEY ASC VENTURES, LLC 47-33<br>1A BURTON HILLS BLVD NASHVILLE | MEDICAL                 | TN                                                           | N/A                                 |                                                                                                           |                                 |                                        |                                         |    |                                                                           |                                           |    |                                |
| (7) LIBERTY/USP SURGERY CENTERS, L<br>15305 DALLAS PKWY SUITE 1600 L | HEALTH SVCS             | TX                                                           | N/A                                 |                                                                                                           |                                 |                                        |                                         |    |                                                                           |                                           |    |                                |

**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)<br>Name, address, and EIN of related organization                             | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp, or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|-----------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------|-------------------------------------|-----------------------------------------------------|---------------------------------|---------------------------------------|--------------------------------|-------------------------------------------------------|----|
|                                                                                   |                         |                                                        |                                     |                                                     |                                 |                                       |                                | Yes                                                   | No |
| (1) ACUCARE PHYSICIANS, P C<br>110 REHILL AVENUE SOMERVILLE, NJ 08876             | HEALTH SVCS             | NJ                                                     | N/A                                 | C CORP                                              |                                 |                                       |                                |                                                       | X  |
| (2) CENTER STATE MANAGEMENT CORP<br>300 SECOND AVENUE LONG BRANCH, NJ 07740       | MGMT SVCS               | NJ                                                     | N/A                                 | C CORP                                              |                                 |                                       |                                |                                                       | X  |
| (3) CSH VENTURES, INC<br>200 SOMERSET STREET NEW BRUNSWICK, NJ 08901              | MED CONSULTING          | NJ                                                     | CSH                                 | C CORP                                              | 62,500                          | 65,202                                | 100 0000                       | X                                                     |    |
| (4) HEALTH CARE FACILITIES MGT<br>95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052   | MAINT SVCS              | NJ                                                     | N/A                                 | C CORP                                              |                                 |                                       |                                |                                                       | X  |
| (5) LIBERTY HEALTHCARE CAPITAL<br>355 GRAND STREET JERSEY CITY, NJ 07302          | LEASE/FINANCE           | NJ                                                     | JCMC                                | C CORP                                              | 0                               | 0                                     | 100 0000                       | X                                                     |    |
| (6) LIVINGSTON INFUSION CARE INC<br>95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 | HEALTH SVCS             | NJ                                                     | N/A                                 | C CORP                                              |                                 |                                       |                                |                                                       | X  |
| (7) LIVINGSTON SERVICES CORP<br>95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052     | HEALTH SVCS             | NJ                                                     | N/A                                 | C CORP                                              |                                 |                                       |                                |                                                       | X  |

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**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)<br>Name, address, and EIN of<br>related organization              | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant<br>income (related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512 - 514) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V - UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|-----------------------------------------------------------------------|-------------------------|--------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|-----------------------------------------|----|---------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                                       |                         |                                                              |                                     |                                                                                                           |                                 |                                        | Yes                                     | No |                                                                           | Yes                                       | No |                                |
| (1) NEW JERSEY IMAGING NTKW, LLC 46<br>95 OLD SHORT HILLS ROAD WEST O | HEALTH SVCS             | NJ                                                           | N/A                                 |                                                                                                           |                                 |                                        |                                         |    |                                                                           |                                           |    |                                |
| (2) RWJ-RECENT II, LLC 80-0878969<br>ONE ROBERT WOOD JOHNSON PLACE    | HEALTH SVCS             | NJ                                                           | RWJUH                               | RELATED                                                                                                   | 1,101,305                       | 1,367,237                              |                                         | X  | 0                                                                         |                                           | X  | 78 4310                        |
| (3) RWJ-RECENT, LLC 45-3853994<br>10 PLUM STREET, 4TH FLOOR NEW       | HEALTH SVCS             | NJ                                                           | RWJUH                               | RELATED                                                                                                   | 692,108                         | 308,965                                |                                         | X  | 0                                                                         |                                           | X  | 80 0000                        |
| (4) SHREWSBURY DIAGNOSTIC IMAGING,<br>1131 BROAD STREET, SUITE 110 S  | HEALTH SVCS             | NJ                                                           | MMC                                 | RELATED                                                                                                   | 460,683                         | 57,160                                 |                                         | X  | 0                                                                         | X                                         |    | 51 0000                        |
| (5)                                                                   |                         |                                                              |                                     |                                                                                                           |                                 |                                        |                                         |    |                                                                           |                                           |    |                                |
| (6)                                                                   |                         |                                                              |                                     |                                                                                                           |                                 |                                        |                                         |    |                                                                           |                                           |    |                                |
| (7)                                                                   |                         |                                                              |                                     |                                                                                                           |                                 |                                        |                                         |    |                                                                           |                                           |    |                                |

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

| (a)<br>Name, address, and EIN of related organization                                         | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp, or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|-----------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------|-------------------------------------|-----------------------------------------------------|---------------------------------|---------------------------------------|--------------------------------|-------------------------------------------------------|----|
|                                                                                               |                         |                                                        |                                     |                                                     |                                 |                                       |                                | Yes                                                   | No |
| (1) LSC PHARMACY SERVICES, INC<br>95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052               | PHARMACY SVCS           | NJ                                                     | N/A                                 | C CORP                                              |                                 |                                       |                                |                                                       | X  |
| (2) MAJOR INVESTIGATIONS, INC<br>95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052                | SECURITY SVCS           | NJ                                                     | N/A                                 | C CORP                                              |                                 |                                       |                                |                                                       | X  |
| (3) MEDMERGE MEDICAL ASSOCIATES, P A<br>ONE ROBERT WOOD JOHNSON PLACE NEW BRUNSWICK, NJ 08901 | HEALTH SVCS             | NJ                                                     | N/A                                 | C CORP                                              |                                 |                                       |                                |                                                       | X  |
| (4) NEW JERSEY HEALTHCARE ASSOC , P C<br>110 REHILL AVENUE SOMERVILLE, NJ 08876               | INACTIVE                | NJ                                                     | N/A                                 | C CORP                                              |                                 |                                       |                                |                                                       | X  |
| (5) NJ HEALTH CARE SYSTEM, INC.<br>94 OLD SHORT HILLS ROAD LIVINGSTON, NJ 07039               | INACTIVE                | NJ                                                     | N/A                                 | C CORP                                              |                                 |                                       |                                |                                                       | X  |
| (6) RWJ HAMILTON PHYSICIAN ENTERPRISE, P A<br>ONE HAMILTON HEALTH PLACE HAMILTON, NJ 08690    | HEALTH SVCS             | NJ                                                     | N/A                                 | C CORP                                              |                                 |                                       |                                |                                                       | X  |
| (7) RWJ MED ASSOC AT HAMILTON<br>ONE HAMILTON HEALTH PLACE HAMILTON, NJ 08690                 | PROF SVCS               | NJ                                                     | RWJUH                               | C CORP                                              | 0                               | 0                                     | 100 0000                       | X                                                     |    |

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**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)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant<br>income (related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512 - 514) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V - UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|----------------------------------------------------------|-------------------------|--------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|-----------------------------------------|----|---------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                          |                         |                                                              |                                     |                                                                                                           |                                 |                                        | Yes                                     | No |                                                                           | Yes                                       | No |                                |
| (1)                                                      |                         |                                                              |                                     |                                                                                                           |                                 |                                        |                                         |    |                                                                           |                                           |    |                                |
| (2)                                                      |                         |                                                              |                                     |                                                                                                           |                                 |                                        |                                         |    |                                                                           |                                           |    |                                |
| (3)                                                      |                         |                                                              |                                     |                                                                                                           |                                 |                                        |                                         |    |                                                                           |                                           |    |                                |
| (4)                                                      |                         |                                                              |                                     |                                                                                                           |                                 |                                        |                                         |    |                                                                           |                                           |    |                                |
| (5)                                                      |                         |                                                              |                                     |                                                                                                           |                                 |                                        |                                         |    |                                                                           |                                           |    |                                |
| (6)                                                      |                         |                                                              |                                     |                                                                                                           |                                 |                                        |                                         |    |                                                                           |                                           |    |                                |
| (7)                                                      |                         |                                                              |                                     |                                                                                                           |                                 |                                        |                                         |    |                                                                           |                                           |    |                                |

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

| (a)<br>Name, address, and EIN of related organization                                                     | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp, or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|-----------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------|-------------------------------------|-----------------------------------------------------|---------------------------------|---------------------------------------|--------------------------------|-------------------------------------------------------|----|
|                                                                                                           |                         |                                                        |                                     |                                                     |                                 |                                       |                                | Yes                                                   | No |
| (1) RWJ MED SVCS ORG AT HAMILTON<br>ONE HAMILTON HEALTH PLACE HAMILTON, NJ 08690<br>22-3454270            | HEALTH SVCS             | NJ                                                     | N/A                                 | C CORP                                              |                                 |                                       |                                |                                                       | X  |
| (2) RWJ MEDICAL ASSOCIATES, P A<br>ONE ROBERT WOOD JOHNSON PLACE NEW BRUNSWICK, NJ 08901<br>22-3586872    | HEALTH SVCS             | NJ                                                     | N/A                                 | C CORP                                              |                                 |                                       |                                |                                                       | X  |
| (3) RWJ MULTI-SPECIALTY GROUP, P A<br>ONE ROBERT WOOD JOHNSON PLACE NEW BRUNSWICK, NJ 08901<br>03-0382492 | HEALTH SVCS             | NJ                                                     | N/A                                 | C CORP                                              |                                 |                                       |                                |                                                       | X  |
| (4) RWJ PHYSICIAN ENTERPRISE, P A<br>3 EXECUTIVE DRIVE, SUITE 400 SOMERSET, NJ 08873<br>45-3967414        | HEALTH SVCS             | NJ                                                     | N/A                                 | C CORP                                              |                                 |                                       |                                |                                                       | X  |
| (5) RWJ SURGERY CENTER, INC<br>ONE ROBERT WOOD JOHNSON PLACE NEW BRUNSWICK, NJ 08901<br>22-3698431        | HEALTH SVCS             | NJ                                                     | N/A                                 | C CORP                                              |                                 |                                       |                                |                                                       | X  |
| (6) SBC MANAGEMENT CORPORATION<br>95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052<br>22-3414332             | MGMT SVCS               | NJ                                                     | N/A                                 | C CORP                                              |                                 |                                       |                                |                                                       | X  |
| (7) SHC ENTERPRISES, INC<br>110 REHILL AVENUE SOMERVILLE, NJ 08876<br>22-2665595                          | MGMT SVCS               | NJ                                                     | N/A                                 | C CORP                                              |                                 |                                       |                                |                                                       | X  |

Schedule R (Form 990) 2019

**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)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant<br>income (related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512 - 514) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V - UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1365) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|----------------------------------------------------------|-------------------------|--------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|-----------------------------------------|----|---------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                          |                         |                                                              |                                     |                                                                                                           |                                 |                                        | Yes                                     | No |                                                                           | Yes                                       | No |                                |
| (1)                                                      |                         |                                                              |                                     |                                                                                                           |                                 |                                        |                                         |    |                                                                           |                                           |    |                                |
| (2)                                                      |                         |                                                              |                                     |                                                                                                           |                                 |                                        |                                         |    |                                                                           |                                           |    |                                |
| (3)                                                      |                         |                                                              |                                     |                                                                                                           |                                 |                                        |                                         |    |                                                                           |                                           |    |                                |
| (4)                                                      |                         |                                                              |                                     |                                                                                                           |                                 |                                        |                                         |    |                                                                           |                                           |    |                                |
| (5)                                                      |                         |                                                              |                                     |                                                                                                           |                                 |                                        |                                         |    |                                                                           |                                           |    |                                |
| (6)                                                      |                         |                                                              |                                     |                                                                                                           |                                 |                                        |                                         |    |                                                                           |                                           |    |                                |
| (7)                                                      |                         |                                                              |                                     |                                                                                                           |                                 |                                        |                                         |    |                                                                           |                                           |    |                                |

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

| (a)<br>Name, address, and EIN of related organization                                         | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp, or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|-----------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------|-------------------------------------|-----------------------------------------------------|---------------------------------|---------------------------------------|--------------------------------|-------------------------------------------------------|----|
|                                                                                               |                         |                                                        |                                     |                                                     |                                 |                                       |                                | Yes                                                   | No |
| (1) SOMERSET CARDIOLOGY GROUP, P C<br>110 REHILL AVENUE SOMERVILLE, NJ 08876<br>37-1640531    | INACTIVE                | NJ                                                     | N/A                                 | C CORP                                              |                                 |                                       |                                |                                                       | X  |
| (2) SOMERSET CARDIOLOGY PARTNERS, P C<br>110 REHILL AVENUE SOMERVILLE, NJ 08876<br>90-0668649 | INACTIVE                | NJ                                                     | N/A                                 | C CORP                                              |                                 |                                       |                                |                                                       | X  |
| (3) SOMERSET REALTY GROUP, INC<br>110 REHILL AVENUE SOMERVILLE, NJ 08876<br>22-3269525        | REAL ESTATE             | NJ                                                     | N/A                                 | C CORP                                              |                                 |                                       |                                |                                                       | X  |
| (4) VISION HEALTHCARE, INC<br>865 STONE STREET RAHWAY, NJ 07065<br>20-4285005                 | INVESTMENT              | NJ                                                     | N/A                                 | C CORP                                              |                                 |                                       |                                |                                                       | X  |
| (5) WARREN INTERNAL MEDICINE P C<br>110 REHILL AVENUE SOMERVILLE, NJ 08876<br>35-2366107      | INACTIVE                | NJ                                                     | N/A                                 | C CORP                                              |                                 |                                       |                                |                                                       | X  |
| (6) CPIC<br>44 CHURCH STREET , HAMILTON BD HM11                                               | FINANCIAL VEHICLE       | BD                                                     | SMMC                                | FOREIGN CORP                                        | 42,040,340                      | 263,282,910                           | 100 0000                       | X                                                     |    |
| (7)                                                                                           |                         |                                                        |                                     |                                                     |                                 |                                       |                                |                                                       |    |

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**Part VI** Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Predominant<br>income (related,<br>unrelated, excluded<br>from tax under<br>sections 512-514) | (e)<br>Are all partners<br>section<br>501(c)(3)<br>organizations? |    | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V - UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>owners' tip |
|-----------------------------------------|-------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----|---------------------------------|------------------------------------------|-----------------------------------------|----|---------------------------------------------------------------------------|-------------------------------------------|----|----------------------------------|
|                                         |                         |                                                        |                                                                                                      | Yes                                                               | No |                                 |                                          | Yes                                     | No |                                                                           | Yes                                       | No |                                  |
| (1)                                     |                         |                                                        |                                                                                                      |                                                                   |    |                                 |                                          |                                         |    |                                                                           |                                           |    |                                  |
| (2)                                     |                         |                                                        |                                                                                                      |                                                                   |    |                                 |                                          |                                         |    |                                                                           |                                           |    |                                  |
| (3)                                     |                         |                                                        |                                                                                                      |                                                                   |    |                                 |                                          |                                         |    |                                                                           |                                           |    |                                  |
| (4)                                     |                         |                                                        |                                                                                                      |                                                                   |    |                                 |                                          |                                         |    |                                                                           |                                           |    |                                  |
| (5)                                     |                         |                                                        |                                                                                                      |                                                                   |    |                                 |                                          |                                         |    |                                                                           |                                           |    |                                  |
| (6)                                     |                         |                                                        |                                                                                                      |                                                                   |    |                                 |                                          |                                         |    |                                                                           |                                           |    |                                  |
| (7)                                     |                         |                                                        |                                                                                                      |                                                                   |    |                                 |                                          |                                         |    |                                                                           |                                           |    |                                  |
| (8)                                     |                         |                                                        |                                                                                                      |                                                                   |    |                                 |                                          |                                         |    |                                                                           |                                           |    |                                  |
| (9)                                     |                         |                                                        |                                                                                                      |                                                                   |    |                                 |                                          |                                         |    |                                                                           |                                           |    |                                  |
| (10)                                    |                         |                                                        |                                                                                                      |                                                                   |    |                                 |                                          |                                         |    |                                                                           |                                           |    |                                  |
| (11)                                    |                         |                                                        |                                                                                                      |                                                                   |    |                                 |                                          |                                         |    |                                                                           |                                           |    |                                  |
| (12)                                    |                         |                                                        |                                                                                                      |                                                                   |    |                                 |                                          |                                         |    |                                                                           |                                           |    |                                  |
| (13)                                    |                         |                                                        |                                                                                                      |                                                                   |    |                                 |                                          |                                         |    |                                                                           |                                           |    |                                  |
| (14)                                    |                         |                                                        |                                                                                                      |                                                                   |    |                                 |                                          |                                         |    |                                                                           |                                           |    |                                  |
| (15)                                    |                         |                                                        |                                                                                                      |                                                                   |    |                                 |                                          |                                         |    |                                                                           |                                           |    |                                  |
| (16)                                    |                         |                                                        |                                                                                                      |                                                                   |    |                                 |                                          |                                         |    |                                                                           |                                           |    |                                  |

Schedule R (Form 990) 2019

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

## SCHEDULE R, PART V

THE ORGANIZATIONS INCLUDED IN THIS GROUP FORM 990 ARE MEMBERS OF  
RWJBARNABAS HEALTH; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM.  
FUNDS ARE ROUTINELY TRANSFERRED BETWEEN AFFILIATES AND BUSINESS  
ACTIVITIES ARE COMMON ON BEHALF OF THE SYSTEM'S AFFILIATES, INCLUDING  
THESE ORGANIZATIONS. THESE TRANSACTIONS MAY BE RECORDED ON THE  
REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THESE ORGANIZATIONS AND  
OTHER AFFILIATES. THE RWJBARNABAS HEALTH ENTITIES WORK TOGETHER TO  
DELIVER HIGH QUALITY COST EFFECTIVE HEALTHCARE AND WELLNESS SERVICES TO  
THEIR COMMUNITIES REGARDLESS OF ABILITY TO PAY AND IN FURTHERANCE OF  
CHARITABLE TAX-EXEMPT PURPOSES.