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**FEDERAL FORM 990**  
**RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX**  
**FOR THE YEAR ENDED DECEMBER 31, 2022**

**PUBLIC DISCLOSURE COPY**

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# Return of Organization Exempt From Income Tax

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

**A For the 2022 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:	<b>C</b> Name of organization HUNTERDON MEDICAL CENTER				<b>D</b> Employer identification number 22-1537688	
<input type="checkbox"/> Address change	Doing business as		Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	<b>E</b> Telephone number (908) 788-6153
<input type="checkbox"/> Name change	2100 WESCOTT DRIVE		City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$ 336,612,538.	
<input type="checkbox"/> Initial return	FLEMINGTON, NJ 08822		<b>F</b> Name and address of principal officer: PATRICK J. GAVIN, MPH, MBA		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Final return/terminated	2100 WESCOTT DRIVE, FLEMINGTON, NJ 08822		2100 WESCOTT DRIVE, FLEMINGTON, NJ 08822		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Amended return	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				If "No," attach a list. See instructions.	
<input type="checkbox"/> Application pending	<b>J</b> Website: WWW.HUNTERDONHEALTH.ORG		<b>L</b> Year of formation: 1948		<b>M</b> State of legal domicile: NJ	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: 1948		<b>M</b> State of legal domicile: NJ		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>TO RESTORE, PRESERVE &amp; ENHANCE THE HEALTH OF THE COMMUNITY BY PROVIDING A FULL RANGE OF PREVENTIVE, DIAGNOSTIC, HOLISTIC &amp; THERAPEUTIC IP &amp; OP HOSPITAL &amp; COMMUNITY HEALTH SERVICES.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	15
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	14
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	2,977
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	165
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	NONE
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	NONE	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	6,194,558.	3,696,963.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	318,867,031.	308,696,532.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,720,770.	22,430,471.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	694,243.	1,067,682.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	347,476,602.	335,891,648.
	<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	NONE
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	193,805,410.	189,813,343.
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
<b>16b</b>		Total fundraising expenses (Part IX, column (D), line 25)	NONE	NONE
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	126,292,977.	135,192,483.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	320,098,387.	325,005,826.	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	27,378,215.	10,885,822.	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	532,567,059.	466,465,776.
	<b>21</b>	Total liabilities (Part X, line 26)	252,271,916.	222,363,715.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	280,295,143.	244,102,061.

**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.

<b>Sign Here</b>	Signature of officer			Date	
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SCOTT J MARIANI				P00642486
	Firm's name	WITHUMSMITH+BROWN, PC		Firm's EIN	22-2027092
	Firm's address	200 JEFFERSON PARK SUITE 400 WHIPPANY, NJ 07981-1070		Phone no.	973-898-9494

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**For Paperwork Reduction Act Notice, see the separate instructions.** Form **990** (2022)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

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

SEE SCHEDULE O

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

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

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

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

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

**4a** (Code: \_\_\_\_\_) (Expenses \$ 261,629,689. including grants of \$ NONE ) (Revenue \$ 335,891,648. )

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 261,629,689.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Yes, No. Rows 1-21 with various questions regarding organizational activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (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. <span style="float:right">2a 2,977</span>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> . . . . .	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)? . .		X
<b>b</b>	If "Yes," enter the name of the foreign country _____ 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? . . . . .		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
<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? . . . . .		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>7</b>	<b>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? . . . . .		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year <span style="float:right">7d</span> . . . . .		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . .		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<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>8</b>	<b>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>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <span style="float:right">10a</span>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . <span style="float:right">10b</span>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . . <span style="float:right">11a</span>		
<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.) . . . . . <span style="float:right">11b</span>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <span style="float:right">12a</span>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float:right">12b</span> . . . . .		
<b>13</b>	<b>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? . . . . . <span style="float:right">13a</span> <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<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 . . . . . <span style="float:right">13b</span>		
<b>c</b>	Enter the amount of reserves on hand . . . . . <span style="float:right">13c</span>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . . <span style="float:right">14a</span>		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> . . . . . <span style="float:right">14b</span>		
<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? . . . . . <span style="float:right">15</span> If "Yes," see the instructions and file Form 4720, Schedule N.	X	
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. <span style="float:right">16</span>		X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . <span style="float:right">17</span> If "Yes," complete Form 6069.		

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (14), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NJ,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records HERBERT WHITE 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822

(908) 788-6100

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

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PATRICK J. GAVIN, MPH, MBA TRUSTEE - PRESIDENT/CEO	50.00 NONE	X		X				1,289,261.	NONE	31,464.
(2) VIOLET T. KOCSIS CHIEF HUMAN RESOURCES OFFICER	50.00 NONE				X			600,676.	NONE	93,044.
(3) HERBERT WHITE CFO	50.00 NONE			X				582,991.	NONE	98,014.
(4) DAVID D. SKILLINGE, M.D. VP, MEDICAL PRACTICES	50.00 NONE					X		544,011.	NONE	77,155.
(5) SHEHZANA ASHRAF, M.D. PHYSICIAN	50.00 NONE					X		530,895.	NONE	37,344.
(6) EDMUND SIY CHIEF INFORMATION OFFICER	50.00 NONE				X			418,307.	NONE	65,875.
(7) ROBERT G. COATES, M.D. CMO (EFF 9/11/22)	50.00 NONE				X			448,262.	NONE	NONE
(8) MUHAMMAD S. YUSUF, M.D. PHYSICIAN	50.00 NONE					X		400,559.	NONE	34,335.
(9) THERESA M. MISKIMEN, M.D. PHYSICIAN	50.00 NONE					X		373,142.	NONE	27,857.
(10) MARY JO LOUGHLIN, RN SVP PATIENT CARE/CNO	50.00 NONE				X			322,358.	NONE	65,748.
(11) NARMADHA PANNEERSELVAM, M.D. PHYSICIAN	50.00 NONE					X		360,488.	NONE	10,649.
(12) MARTIN E. KLEIN, M.D. CMO (TERMED 9/3/22)	50.00 NONE				X			288,441.	NONE	22,185.
(13) LAWRENCE N. GRAND FORMER OFFICER	NONE NONE						X	199,343.	NONE	NONE
(14) JASON VANDIVER CHIEF MARKETING OFF(TERM 4/9)	50.00 NONE				X			155,900.	NONE	10,873.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15 ) PATRICIA STEINGALL, RN FORMER KEY EMPLOYEE	NONE NONE						X	133,817.	NONE	NONE
( 16 ) ELLEN F. LOCKER CHAIR - TRUSTEE	1.00 NONE	X		X				NONE	NONE	NONE
( 17 ) CHARLES KOLLER VICE CHAIR - TRUSTEE	1.00 NONE	X		X				NONE	NONE	NONE
( 18 ) K.C. RONDELLO, M.D., M.P.H. SECRETARY - TRUSTEE	1.00 NONE	X		X				NONE	NONE	NONE
( 19 ) SUZANNE SCHWANDA TREASURER - TRUSTEE	1.00 NONE	X		X				NONE	NONE	NONE
( 20 ) DEIRDRE ANDREWS, M.D. TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 21 ) CAROL HARDING TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 22 ) GREG MISCHKE TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 23 ) JACK NAHAMA TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 24 ) ROSEANN PELUSO NGUYEN TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 25 ) RICK ROSENTHAL TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
<b>1b Sub-total</b> . . . . .								6,648,451.	NONE	574,543.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								NONE	NONE	NONE
<b>d Total (add lines 1b and 1c)</b> . . . . .								6,648,451.	NONE	574,543.

**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 **▶** 295

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

**Section B. Independent Contractors**

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

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

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



**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	506,926.				
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	2,957,140.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	232,897.				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .			3,696,963.			
	<b>Program Service Revenue</b>				<b>Business Code</b>			
<b>2a</b>		NET PATIENT SERVICE REVENUE		541900	292,402,222.	292,402,222.		
<b>b</b>		STATE OF NJ CHARITY SUBSIDY		541900	758,819.	758,819.		
<b>c</b>		HEALTH AND WELLNESS		713940	803,916.	803,916.		
<b>d</b>		OTHER HEALTHCARE RELATED REVENUE		541900	14,731,575.	14,731,575.		
<b>e</b>								
<b>f</b>		All other program service revenue . . . . .						
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .			308,696,532.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .			14,511,256.		NONE 14,511,256.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .			NONE			
	<b>5</b>	Royalties . . . . .			NONE			
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real				
				(ii) Personal				
					398,180.			
	<b>b</b>	Less: rental expenses	<b>6b</b>		409,601.			
	<b>c</b>	Rental income or (loss)	<b>6c</b>		-11,421.	NONE		
	<b>d</b>	Net rental income or (loss) . . . . .			-11,421.		-11,421.	
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
				(ii) Other				
					8,230,504.	NONE		
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>		311,289.			
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>		8,230,504.	-311,289.		
	<b>d</b>	Net gain or (loss) . . . . .			7,919,215.		7,919,215.	
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>		NONE				
			<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>		NONE	
			<b>c</b>	Net income or (loss) from fundraising events . . . . .			NONE	
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>		NONE				
			<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>		NONE	
			<b>c</b>	Net income or (loss) from gaming activities . . . . .			NONE	
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>		NONE				
			<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>		NONE	
			<b>c</b>	Net income or (loss) from sales of inventory . . . . .			NONE	
<b>Miscellaneous Revenue</b>				<b>Business Code</b>				
	<b>11a</b>	CHILD CARE		624410	493,813.		493,813.	
	<b>b</b>	CAFETERIA		722320	556,078.		556,078.	
	<b>c</b>	VENDING MACHINE		722320	29,212.		29,212.	
	<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			1,079,103.				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .				335,891,648.	308,696,532.	NONE 23,498,153.	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	NONE			
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	NONE			
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	4,493,399.	3,617,186.	876,213.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	NONE			
7 Other salaries and wages . . . . .	155,277,530.	124,998,412.	30,279,118.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	5,859,145.	4,716,612.	1,142,533.	
9 Other employee benefits . . . . .	8,432,024.	6,787,779.	1,644,245.	
10 Payroll taxes . . . . .	15,751,245.	12,679,752.	3,071,493.	
11 Fees for services (nonemployees):				
a Management . . . . .	1,057,277.	851,108.	206,169.	
b Legal . . . . .	2,726,573.	2,194,891.	531,682.	
c Accounting . . . . .	NONE			
d Lobbying . . . . .	96,000.	77,280.	18,720.	
e Professional fundraising services. See Part IV, line 17 . . . . .	NONE			
f Investment management fees . . . . .	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	13,853,817.	11,152,323.	2,701,494.	
12 Advertising and promotion . . . . .	1,153,078.	928,228.	224,850.	
13 Office expenses . . . . .	5,940,029.	4,781,723.	1,158,306.	
14 Information technology. . . . .	NONE			
15 Royalties. . . . .	NONE			
16 Occupancy . . . . .	12,778,724.	10,286,873.	2,491,851.	
17 Travel . . . . .	NONE			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	NONE			
19 Conferences, conventions, and meetings . . . . .	603,592.	485,892.	117,700.	
20 Interest . . . . .	3,529,377.	2,841,148.	688,229.	
21 Payments to affiliates. . . . .	NONE			
22 Depreciation, depletion, and amortization . . . . .	16,149,363.	13,000,237.	3,149,126.	
23 Insurance . . . . .	3,685,977.	2,967,211.	718,766.	
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 & OTHER EXP	46,614,947.	37,525,032.	9,089,915.	NONE
b PHYSICIAN FEES	15,587,015.	12,547,547.	3,039,468.	NONE
c MAINTENANCE/SERVICE CONTRACT	11,416,714.	9,190,455.	2,226,259.	NONE
d _____				
e All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	325,005,826.	261,629,689.	63,376,137.	NONE
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	10,499.	<b>1</b>	10,459.
	<b>2</b> Savings and temporary cash investments . . . . .	29,216,277.	<b>2</b>	46,824,829.
	<b>3</b> Pledges and grants receivable, net . . . . .	3,559,811.	<b>3</b>	2,462,640.
	<b>4</b> Accounts receivable, net . . . . .	39,060,582.	<b>4</b>	34,791,503.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>5</b>	NONE
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	NONE	<b>6</b>	NONE
	<b>7</b> Notes and loans receivable, net . . . . .	NONE	<b>7</b>	NONE
	<b>8</b> Inventories for sale or use . . . . .	4,652,429.	<b>8</b>	3,629,511.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	7,840,038.	<b>9</b>	7,127,582.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 405,469,223.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 272,150,937.		
		142,077,434.	<b>10c</b>	133,318,286.
	<b>11</b> Investments - publicly traded securities . . . . .	NONE	<b>11</b>	NONE
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	NONE	<b>12</b>	NONE
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	218,983,866.	<b>13</b>	176,171,787.
	<b>14</b> Intangible assets . . . . .	7,617,040.	<b>14</b>	7,617,040.
<b>15</b> Other assets. See Part IV, line 11 . . . . .	79,549,083.	<b>15</b>	54,512,139.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	532,567,059.	<b>16</b>	466,465,776.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	55,161,224.	<b>17</b>	52,047,567.
	<b>18</b> Grants payable . . . . .	NONE	<b>18</b>	NONE
	<b>19</b> Deferred revenue . . . . .	6,240,702.	<b>19</b>	7,628,252.
	<b>20</b> Tax-exempt bond liabilities . . . . .	108,925,539.	<b>20</b>	106,437,869.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	NONE	<b>21</b>	NONE
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>22</b>	NONE
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	16,866,524.	<b>23</b>	13,343,800.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	NONE	<b>24</b>	NONE
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	65,077,927.	<b>25</b>	42,906,227.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	252,271,916.	<b>26</b>	222,363,715.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input checked="" type="checkbox"/>			
	<b>27</b> Net assets without donor restrictions . . . . .	251,542,635.	<b>27</b>	218,286,322.
	<b>28</b> Net assets with donor restrictions . . . . .	28,752,508.	<b>28</b>	25,815,739.
	<b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <input type="checkbox"/>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	280,295,143.	<b>32</b>	244,102,061.
<b>33</b> Total liabilities and net assets/fund balances . . . . .	532,567,059.	<b>33</b>	466,465,776.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	335,891,648.
2	Total expenses (must equal Part IX, column (A), line 25)	2	325,005,826.
3	Revenue less expenses. Subtract line 2 from line 1	3	10,885,822.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	280,295,143.
5	Net unrealized gains (losses) on investments	5	-34,765,137.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-12,313,767.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	244,102,061.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . .  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . . . .
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

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

Form 990 (2022)

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

HUNTERDON MEDICAL CENTER

Employer identification number

22-1537688

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990) 2022

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2022; 15 Public support percentage from 2021 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2022; 16b 33 1/3% support test - 2021; 17a 10%-facts-and-circumstances test - 2022; 17b 10%-facts-and-circumstances test - 2021; 18 Private foundation.



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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)), . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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 - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . .

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

		Yes	No
<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 on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described on line 11a above?		
<b>c</b>	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

**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.

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017 . . . . .			
b	From 2018 . . . . .			
c	From 2019 . . . . .			
d	From 2020 . . . . .			
e	From 2021 . . . . .			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018 . . . .			
b	Excess from 2019 . . . .			
c	Excess from 2020 . . . .			
d	Excess from 2021 . . . .			
e	Excess from 2022 . . . .			

**SCHEDULE C  
(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

**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 HUNTERDON MEDICAL CENTER	Employer identification number 22-1537688
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

- Enter the amount of any excise tax incurred by the organization under section 4955. . . . . \$ \_\_\_\_\_
- Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . \$ \_\_\_\_\_
- If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- a 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).**

- Enter the amount directly expended by the filing organization for section 527 exempt function activities. . . . . \$ \_\_\_\_\_
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . \$ \_\_\_\_\_
- Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . \$ \_\_\_\_\_
- Did the filing organization file Form 1120-POL for this year? . . . . .  Yes  No
- 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) 2022

**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.

<b>Limits on Lobbying Expenditures</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>	<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>												
<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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%; text-align: left;">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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(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					

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 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).

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

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

Table with 2 main columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 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; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?; 5 Taxable amount of lobbying and political expenditures. See instructions.

Part IV Supplemental Information

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

SEE PAGE 4

Blank lines for supplemental information.



**Part IV** Supplemental Information (continued)

SCHEDULE C, PART II-B; LINE 11

THE ORGANIZATION IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION WHICH ENGAGES IN LOBBYING EFFORTS ON BEHALF OF ITS MEMBER HOSPITALS. A PORTION OF THE DUES PAID TO THIS ORGANIZATION HAS BEEN ALLOCATED TO LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE ORGANIZATION. THIS ALLOCATION AMOUNTED TO \$X,XXX DURING THE YEAR ENDED DECEMBER 31, 2022.

IN ADDITION, THE ORGANIZATION PAID AN OUTSIDE LOBBYING FIRM TO PERFORM LOBBYING EFFORTS ON BEHALF OF THE ORGANIZATION IN THE AMOUNT OF \$96,000 DURING THE YEAR ENDED DECEMBER 31, 2022.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

HUNTERDON MEDICAL CENTER

22-1537688

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 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)?, 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.

Table with 2 columns: Description, Amount. Rows include: 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. 1b 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) 2022

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

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

**Part IV Escrow and Custodial Arrangements.**

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |   | Amount    |
|---|-----------|
| c Beginning balance . . . . .             | <b>1c</b> |
| d Additions during the year . . . . .     | <b>1d</b> |
| e Distributions during the year . . . . . | <b>1e</b> |
| f Ending balance . . . . .                | <b>1f</b> |
- 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 . . . . .	28,680,440.	26,171,783.	24,750,504.	22,463,213.	23,357,000.
b Contributions . . . . .					
c Net investment earnings, gains, and losses . . . . .	-3,315,000.	2,508,657.	1,421,249.	2,287,291.	-893,787.
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .	25,365,440.	28,680,440.	26,171,753.	24,750,504.	22,463,213.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment 98.7300 %
  - c Term endowment 1.2700 %
- 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 . . . . .  | <b>3a(i)</b>  | X  |
| (ii) Related organizations . . . . .   | <b>3a(ii)</b> | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		6,796,849.		6,796,849.
b Buildings . . . . .		165,746,229.	83,289,904.	82,456,325.
c Leasehold improvements . . . . .		9,865,242.	5,324,897.	4,540,345.
d Equipment . . . . .		199,245,910.	176,636,017.	22,609,893.
e Other . . . . .		23,814,993.	6,900,119.	16,914,874.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				<b>133,318,286.</b>

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) SHORT-TERM INVESTMENTS	34,008,707.	FMV
(2) ASSETS WHOSE USE IS LIMITED	19,238.	FMV
(3) BOARD DESIGNATED FUNDS	111,958,904.	FMV
(4) DONOR RESTRICTED ASSETS	17,623,854.	FMV
(5) BENEFICIAL INTEREST IN TRUSTS	2,097,375.	FMV
(6) REAL ESTATE HELD INVESTMENT	213,099.	FMV
(7) BEN INT IN HH FOUNDATION	9,595,220.	FMV
(8) INVESTMENT IN JOINT VENTURES	655,390.	FMV
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . .	176,171,787.	

**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	13,768,704.
(2) OTHER RECEIVABLES	15,948,488.
(3) RIGHT-OF-USE ASSETS	12,950,149.
(4) OTHER ASSETS	11,844,798.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . .	54,512,139.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED INTEREST PAYABLE	486,858.
(3) OTHER LIABILITIES	10,227,062.
(4) EST AMTS DUE TO 3RD PARTY; NC	4,978,532.
(5) MALPRACTICE LIABILITY	544,000.
(6) PENSION BENEFIT LIABILITY	26,669,775.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	42,906,227.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

**Part XIII Supplemental Information.**

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

SEE SUPPLEMENTAL PAGE

**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART V, QUESTION 4

RESTRICTED FUNDS ARE USED TO SUPPORT THE CHARITABLE ACTIVITIES AND PROGRAMS OF THE ORGANIZATION AND ITS AFFILIATES.

SCHEDULE D, PART X

THE ORGANIZATION IS AN AFFILIATE WITHIN HUNTERDON HEALTHCARE SYSTEM, INC. ("SYSTEM"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. THE SYSTEM'S PARENT ENTITY IS HUNTERDON HEALTHCARE SYSTEM, INC. HUNTERDON HEALTHCARE SYSTEM, INC. ISSUES AUDITED CONSOLIDATED FINANCIAL STATEMENTS WHICH INCLUDE ALL RELATED ENTITIES; INCLUDING THIS ORGANIZATION. THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS. THE INDEPENDENT CPA FIRM ISSUED AN UNMODIFIED OPINION WITH RESPECT TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS. THE FOLLOWING FOOTNOTE IS INCLUDED IN THE AUDITED 2022 CONSOLIDATED FINANCIAL STATEMENTS THAT REPORTS THE CONSOLIDATED LIABILITY FOR UNCERTAIN TAX PROVISIONS UNDER FIN 48 (ASC 740).

HHS, THE MEDICAL CENTER, HRCH AND THE FOUNDATION, EXCEPT FOR THE AFFILIATES MENTIONED BELOW, ARE TAX EXEMPT NOT-FOR-PROFIT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE IRC. ACCORDINGLY, THESE ORGANIZATIONS ARE NOT SUBJECT TO INCOME TAXES ON INCOME GENERATING ACTIVITIES THAT ARE SUBSTANTIALLY RELATED TO THEIR TAX-EXEMPT PURPOSES OR THAT ARE STATUTORILY EXCLUDED FROM INCOME TAX FOR ORGANIZATIONS EXEMPT UNDER SECTION 501(C)(3). THEREFORE, NO PROVISION FOR FEDERAL AND STATE INCOME TAXES IS REQUIRED. THE FEDERAL TAX EXEMPT ORGANIZATION BUSINESS INCOME

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

TAX RETURNS ARE NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS) FOR YEARS BEFORE 2018.

THE SYSTEM RECOGNIZES INCOME TAX POSITIONS WHEN IT IS MORE-LIKELY-THAN-NOT THAT THE POSITION WILL BE SUSTAINABLE BASED ON THE MERITS OF THE POSITION. MANAGEMENT HAS CONCLUDED THAT THERE ARE NO MATERIAL TAX LIABILITIES THAT NEED TO BE RECORDED.

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.  
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 <b>HUNTERDON MEDICAL CENTER</b>	Employer identification number <b>22-1537688</b>
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**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 . . . . .	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy? . . . . .	<input checked="" type="checkbox"/>	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
<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: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500.0000</u> %	<input checked="" type="checkbox"/>	
<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"? . . . . .	<input checked="" type="checkbox"/>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .		<input checked="" type="checkbox"/>
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .		
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .		

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

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			6,053,829.	330,348.	5,723,481.	1.76
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			39,690,334.	25,935,387.	13,754,947.	4.23
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs . . . . .			45,744,163.	26,265,735.	19,478,428.	5.99
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			1,220,911.	NONE	1,220,911.	0.38
<b>f</b> Health professions education (from Worksheet 5) . . . . .			3,759,416.	2,592,701.	1,166,715.	0.36
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			18,886,913.	3,221,689.	15,665,224.	4.82
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .						
<b>j Total.</b> Other Benefits . . . . .			23,867,240.	5,814,390.	18,052,850.	5.56
<b>k Total.</b> Add lines 7d and 7j . . . . .			69,611,403.	32,080,125.	37,531,278.	11.55



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

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

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

**Section A. Bad Debt Expense**

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

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) . . . . .	5	63,049,526.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	67,375,505.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	-4,325,979.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

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

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

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

**Part V Facility Information**

**Section A. Hospital Facilities**

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

How many hospital facilities did the organization operate during the tax year? 1

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

1 HUNTERDON MEDICAL CENTER  
 2100 WESCOTT DRIVE  
 FLEMINGTON NJ 08822  
 WWW.HUNTERDONHEALTH.ORG

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
11001			X			X			
X	X		X			X			

**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: HUNTERDON MEDICAL CENTER

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

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

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group: HUNTERDON MEDICAL CENTER

		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>X</b>	
<b>a</b>	<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>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance status		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>X</b>	
<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>X</b>	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	<b>X</b>	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.HUNTERDONHEALTH.ORG</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.HUNTERDONHEALTH.ORG</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.HUNTERDONHEALTHCARE.ORG</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group: HUNTERDON MEDICAL CENTER

		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? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
<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**

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

**Part V Facility Information** (continued)

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

Name of hospital facility or letter of facility reporting group: HUNTERDON MEDICAL CENTER

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

Schedule H (Form 990) 2022

**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 5 AND 6B

THE HUNTERDON COUNTY PARTNERSHIP FOR HEALTH IS A COUNTY-WIDE INITIATIVE THAT INVOLVES MORE THAN 70 COMMUNITY SERVICE PROVIDERS, AGENCIES AND ORGANIZATIONS SHARING A COMMON INTEREST IN PROMOTING AND IMPROVING THE HEALTH, WELL-BEING AND QUALITY OF LIFE OF HUNTERDON COUNTY RESIDENTS. SINCE ITS INCEPTION IN 1995, THIS HEALTHIER COMMUNITY INITIATIVE HAS LED THE COMPLETION OF 4 COUNTY-LEVEL BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) SURVEYS. THEY HAVE GIVEN VITAL INPUT INTO THE 2022 COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP). THE MEMBERS OF THE HUNTERDON COUNTY PARTNERSHIP FOR HEALTH INCLUDE:

- AMERICAN HEART ASSOCIATION
- AMERICA'S GROW A ROW
- ALZHEIMER'S ASSOCIATION
- ANDERSON HOUSE
- CALVARY EPISCOPAL CHURCH
- CATHOLIC DIOCESE OF METUCHEN
- CENTER FOR HEALTHY AGING
- CENTER FOR NUTRITION AND DIABETES MANAGEMENT
- CENTRAL JERSEY FAMILY HEALTH CONSORTIUM
- CERTIFIED FITNESS FOR SPECIAL NEEDS
- CLINTON PUBLIC SCHOOL
- DELAWARE VALLEY FAMILY HEALTH CENTER
- EASTER SEALS- NEW JERSEY
- FAMILY PROMISE
- FISHERMAN'S MARK
- FLEMINGTON JEWISH COMMUNITY CENTER
- FRANCIS DESMARES ELEMENTARY SCHOOL
- FLEMINGTON AREA FOOD PANTRY
- FOOTHILL ACRES
- GO HUNTERDON
- HABITAT FOR HUMANITY
- HAMPTON PUBLIC SCHOOL
- HEALTHY LIFESTYLES ACTION TEAM
- HIGH POINT PARTIAL CARE
- HUNTERDON CARE CENTER
- HUNTERDON CARDIOVASCULAR ASSOCIATES
- HUNTERDON CENTRAL REGIONAL HIGH SCHOOL
- HUNTERDON COUNTY CHAMBER OF COMMERCE
- HUNTERDON COUNTY RESIDENTS
- HUNTERDON COUNTY DEPARTMENT OF HUMAN SERVICES
- HUNTERDON COUNTY DIVISION OF HEALTH
- HUNTERDON COUNTY DIVISION OF SENIOR, DISABILITIES AND VETERANS SERVICES
- HUNTERDON COUNTY ECONOMIC DEVELOPMENT
- HUNTERDON COUNTY MEDICATION ACCESS PARTNERSHIP
- HUNTERDON COUNTY MEDICAL RESERVE CORPS

**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.

- HUNTERDON COUNTY OFFICE OF THE PROSECUTOR
- HUNTERDON COUNTY PARKS AND RECREATION
- HUNTERDON COUNTY PUBLIC HEALTH NURSING AND EDUCATION
- HUNTERDON COUNTY SCHOOL NURSES ASSOCIATION
- HUNTERDON COUNTY SUPERINTENDENT'S ASSOCIATION
- HUNTERDON COUNTY SUPERINTENDENT OFFICE
- HUNTERDON COUNTY VOCATIONAL SCHOOL DISTRICT
- HUNTERDON COUNTY YMCA
- HUNTERDON HELPLINE
- HUNTERDON HEALTH
- HUNTERDON HEALTHCARE PARTNERS
- HOME HEALTH SERVICES
- HUNTERDON BEHAVIORAL HEALTH
- HUNTERDON HEALTH FOUNDATION
- HUNTERDON/MERCER CHRONIC DISEASE COALITION
- HUNTERDON PEDIATRIC ASSOCIATES
- HUNTERDON PREPARATORY SCHOOL
- HUNTERDON PREVENTION RESOURCES
- HUNTERDON REGIONAL CANCER CENTER
- HUNTERDON REGIONAL COMMUNITY HEALTH
- HUNTERDON HOSPICE
- HUNTERDON AND MERCER COUNTY REGIONAL CHRONIC DISEASE COALITION
- HUNTERDON PREVENTION RESOURCES
- KINGWOOD SCHOOL
- LATINO HEALTH COMMITTEE
- MENTAL HEALTH ACTION TEAM
- NIGHTINGALE NJ
- NJ CANCER EDUCATION AND EARLY DETECTION (NJCEED)
- NJ SNAP- ED
- NEW JERSEY DEPARTMENT OF HEALTH
- NEW JERSEY HEALTH INITIATIVES
- NORTH HUNTERDON HIGH SCHOOL
- NORWESCAP
- OCEANS FAMILY SUCCESS CENTER
- ONE VOICE
- OPEN DOOR RECOVERY CENTER
- PHILLIPS BARBER FAMILY HEALTH CENTER
- POLYTECH TECHNICAL HIGH SCHOOL
- RARITAN VALLEY COMMUNITY COLLEGE
- READINGTON TOWNSHIP BOARD OF HEALTH
- RIGHT AT HOME
- RUTGERS COOPERATIVE EXTENSION SERVICES
- SAFE COMMUNITIES COALITION OF HUNTERDON AND SOMERSET COUNTY
- SAFE IN HUNTERDON
- THE SALVATION ARMY OF FLEMINGTON
- SENIOR HEALTH COALITION
- SHARING THE HOPE FAMILY SUPPORT CENTER
- STATE OF NEW JERSEY- DEPARTMENT OF EDUCATION



**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.

- SHOPRITE OF HUNTERDON COUNTY
- TEMPLO INTERNACIONAL DE RESTAURACIÓN
- TOWN OF CLINTON
- UNITED WAY OF HUNTERDON COUNTY
- VALLEY CREST FARM
- VOORHEES HIGH SCHOOL
- WAKEFERN FOOD CORPORATION
- ZUFALL HEALTH

IN ADDITION, OUR CLINICAL LIAISON, A BS, BSN PREPARED REGISTERED NURSE WHO HAS WORKED IN COMMUNITY HEALTH IMPROVEMENT FOR OVER 10 YEARS FACILITATED OUR FOCUS GROUPS AND STAKEHOLDER MEETING TO DISCUSS TRENDS AFFECTING THE HEALTH OF OUR RESIDENTS OVER THE NEXT THREE TO FIVE YEARS. WE UTILIZED OUR POPULATION HEALTH TEAM AND THE HUNTERDON COUNTY HEALTH OFFICER FOR SOME OF THE PROCESS AS WELL AS THE MANY ORGANIZATIONS REPRESENTED IN THE PARTNERSHIP FOR HEALTH.

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

THE ORGANIZATION IS AN AFFILIATE WITHIN HUNTERDON HEALTHCARE SYSTEM; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN PART V, SECTION B, QUESTION 7A, IS THE HOME PAGE FOR THE SYSTEM. THE CHNA CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE:

[HTTPS://WWW.HUNTERDONHEALTH.ORG/SITES/DEFAULT/FILES/2022-11/2023-2025%20CHNA%20REPORT%20%281%29.PDF](https://www.hunterdonhealth.org/sites/default/files/2022-11/2023-2025%20CHNA%20REPORT%20%281%29.pdf)

THE CHNA IS LISTED ON THE HOSPITAL'S WEBSITE. IN ADDITION, THE HOSPITAL FACILITY MAKES ITS CHNA REPORT AVAILABLE TO THE PUBLIC VIA THE PARTNERSHIP FOR HEALTH WEBSITE.

[HTTPS://PARTNERSHIPFORHEALTH.HUNTERDONHEALTHCARE.ORG/REPORTS/](https://partnershipforhealth.hunterdonhealthcare.org/reports/)

SCHEDULE H, PART V, SECTION B, QUESTION 8

THE FACILITY, WITH LIMITED RESOURCES, PRIORITIZED HEALTH NEEDS IDENTIFIED AND DEVELOPED A COMMUNITY HEALTH IMPLEMENTATION PLAN (CHIP) TO ADDRESS THESE PRIORITY HEALTH NEED AREAS. THE CHNA INFORMS THE FACILITY'S STRATEGIC PLANNING WHICH INCORPORATES ELEMENTS FROM THE CHIP IN ITS STRATEGIES TO MEET ITS GOAL OF IMPROVED COMMUNITY HEALTH. THE CHIP ALSO INCLUDES RESOURCES, ACTIONS AND GOALS (MEASURABLE).

**Part V Facility Information** (continued)

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

SCHEDULE H, PART V, SECTION B, QUESTION 10

THE ORGANIZATION IS AN AFFILIATE WITHIN HUNTERDON HEALTHCARE SYSTEM; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN PART V, SECTION B, QUESTION 10, IS THE HOME PAGE FOR THE SYSTEM. THE IMPLEMENTATION STRATEGY CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE:

[HTTPS://WWW.HUNTERDONHEALTH.ORG/SITES/DEFAULT/FILES/2022-11/FINAL%202023-2025%20CHIP%20%281%29.PDF](https://www.hunterdonhealth.org/sites/default/files/2022-11/final%202023-2025%20CHIP%20%281%29.pdf)

SCHEDULE H, PART V, SECTION B, QUESTION 11

AS DISCUSSED ABOVE, THE FACILITY CONDUCTED A COMPREHENSIVE ASSESSMENT AND A MYRIAD OF HEALTH NEEDS WERE IDENTIFIED. GIVEN LIMITED RESOURCES, NEEDS WERE PRIORITIZED WITH CONSIDERATION OF SERVICE ARRAY OFFERED BY THE FACILITY AND ABILITY TO COLLABORATE.

FOCUS ON HEALTHY WEIGHT:

GOAL: INCREASE THE NUMBER OF HUNTERDON COUNTY RESIDENTS WITHIN A HEALTHY WEIGHT RANGE AS DEFINED BY THE CENTER FOR DISEASE CONTROL AND PREVENTION.

MEASURE:

1. INCREASE THE PERCENTAGE OF PATIENTS, AGES 30-65 IN OUR PRIMARY CARE PRACTICES WITH PRE-DIABETES, WHO RECEIVE THEIR BMI MEASUREMENT AND A PLAN FOR ACHIEVING HEALTHIER WEIGHT, BY 5 PERCENTAGE POINTS FROM 2019 TO 2022.
2. INCREASE THE PERCENTAGE OF ADULTS (18 AND OVER) IN OUR PRIMARY CARE PRACTICES, WITH A BMI IN THE HEALTHY WEIGHT RANGE BY .5 PERCENTAGE POINTS FROM 2019 TO 2022.
3. INCREASE DOCUMENTATION (AND THEREFORE AWARENESS) OF "FOOD INSECURITY" IN THE ELECTRONIC HEALTH RECORD (NEXTGEN) IN THE PRIMARY CARE SETTING, FOR PATIENTS 65 AND ABOVE BY 5 PERCENTAGE POINTS FROM 2019 TO 2022.

DATA SOURCE:

1. PERCENTAGE OF ADULTS, AGES 30-65 WITH PRE-DIABETES WHO HAVE A BMI WITHIN THE NORMAL RANGE (BETWEEN 18.5 AND 24.9) IN HUNTERDON HEALTHCARE PRIMARY CARE PHYSICIAN PRACTICES ELECTRONIC HEALTH RECORDS (NEXTGEN).
2. PERCENTAGE OF ADULTS (18 AND OVER) WITH A BMI WITHIN THE NORMAL RANGE (BETWEEN 18.5 AND 24.9) IN HUNTERDON HEALTHCARE PRIMARY CARE PHYSICIAN

**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.

PRACTICES ELECTRONIC HEALTH RECORDS (NEXTGEN).

3. FOOD INSECURITY ASSESSMENT DOCUMENTED IN ELECTRONIC HEALTH RECORD (NEXTGEN), FOR PATIENTS 65 AND ABOVE.

OUTCOME DATA:

1. PERCENTAGE OF PATIENTS AGES 30-65 IN OUR PRIMARY CARE PRACTICES WITH PRE-DIABETES, WHO RECEIVED THEIR BMI MEASUREMENT. 2019 - 15.79% AND 2022 - 16.94%.

2. PERCENTAGE OF ADULTS AGES 18 AND OVER IN OUR PRIMARY CARE PRACTICES WITH A BMI IN HEALTHY WEIGHT RANGE. 2019 - 37.22% AND 2022 - 36.81%.

3. PERCENTAGE OF PATIENTS AGE 65 AND ABOVE WHO HAVE DOCUMENTATION (AND THEREFORE AWARENESS) OF "FOOD INSECURITY" IN THE ELECTRONIC HEALTH RECORD (NEXTGEN) IN THE PRIMARY CARE SETTING . 2019 - 58.08% AND 2022 - 45.59%.

THIS COMMUNITY HEALTH IMPROVEMENT PLAN CYCLE WAS UNIQUE IN THAT IT COINCIDED WITH THE COVID-19 PANDEMIC. THE CHALLENGES WE FACED BOTH AS A HEALTHCARE SYSTEM AND A POPULATION ARE REFLECTED IN OUR BASELINE VERSUS 2022 DATA. WE WERE ABLE TO INCREASE THE PERCENTAGE OF PATIENTS AGES 30-65 IN OUR PRIMARY CARE PRACTICES WITH PRE-DIABETES, WHO RECEIVED THEIR BMI MEASUREMENT; HOWEVER, ADULT HEALTHY WEIGHT DIPPED BELOW BASELINE, AS DID CAPTURING FOOD INSECURITY DATA. IN OUR 2023-2025 CHIP WE CONTINUE TO TRACK METRICS RELATED TO HEALTHY WEIGHT AND FOOD INSECURITY AS THESE MEASURES DIRECTLY RELATE TO HEALTH OUTCOMES.

ACCORDING TO THE NATIONAL INSTITUTES OF HEALTH, OBESITY IS A NATIONAL PROBLEM AFFECTING EVERY ONE IN THREE ADULTS AND ONE IN SIX CHILDREN IN THE UNITED STATES. THE REALITY IS THAT OBESITY IS THE GREATEST HEALTH CRISIS IN THIS COUNTRY, INCREASING THE RISK FOR CHRONIC DISEASES SUCH AS HEART DISEASE, DIABETES AND CERTAIN CANCERS. UNFORTUNATELY, THE IMPACT OF OBESITY DOES NOT STOP THERE. ACCORDING TO THE NATIONAL COUNCIL ON AGING, ONE STUDY FOUND THAT ADULTS WITH EXCESS WEIGHT HAD A 55% HIGHER RISK OF DEVELOPING DEPRESSION THAN THOSE NOT STRUGGLING WITH OBESITY. OBESITY NEGATIVELY IMPACTS HEALTH IN SO MANY WAYS. THIS IS THE REASON WE HAVE PUT FORTH MANY EFFORTS TO MOVE OUR PATIENTS TOWARD HEALTHY LIFESTYLE CHOICES AND HEALTHY WEIGHT. TRACKING DATA IS ONE WAY THAT WE DO THIS. THE LGBTQ+ AND HISPANIC/LATINO POPULATION HEALTH DASHBOARDS INCLUDE DATA ON FOOD INSECURITY AND HEALTHY WEIGHT TO HELP INFORM THE IDENTIFICATION OF PROJECTS TO ADDRESS DISPARITIES.

STARTING IN 2022 HUNTERDON MEDICAL GROUP, PART OF HUNTERDON HEALTH, WAS SELECTED TO TAKE PART IN THE CMS INNOVATION PROJECT CALLED PRIMARY CARE FIRST (PCF). PCF IS AN ALTERNATIVE PAYMENT MODEL OFFERING INNOVATIVE PAYMENT STRUCTURES TO SUPPORT THE DELIVERY OF ADVANCED PRIMARY CARE. IT IS INTENDED FOR THOSE READY TO ACCEPT FINANCIAL RISK IN EXCHANGE FOR

**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.

GREATER FLEXIBILITY, INCREASED TRANSPARENCY AND PERFORMANCE BASED PAYMENTS THAT REWARD OUTCOMES. PAYMENTS CAN BE INCREASED OR DECREASED BASED ON PERFORMANCE. IN PRIMARY CARE FIRST, CMS USES A FOCUSED SET OF CLINICAL QUALITY AND PATIENT EXPERIENCE MEASURES TO ASSESS QUALITY OF CARE DELIVERED AT THE PRACTICE. A PCF PRACTICE MUST MEET STANDARDS THAT REFLECT QUALITY CARE IN ORDER TO BE ELIGIBLE FOR A POSITIVE PERFORMANCE-BASED ADJUSTMENT TO THEIR PRIMARY CARE MODEL PAYMENTS. THESE MEASURES WERE SELECTED TO BE ACTIONABLE, CLINICALLY MEANINGFUL, AND ALIGNED WITH CMS'S BROADER QUALITY MEASUREMENT STRATEGY. MEASURES INCLUDE A PATIENT EXPERIENCE OF CARE SURVEY, CONTROLLING HIGH BLOOD PRESSURE, DIABETES HEMOGLOBIN A1C POOR CONTROL, COLORECTAL CANCER SCREENING, AND ADVANCE CARE PLANNING. CMS ASSESSES QUALITY OF CARE BASED ON A SEPARATE, FOCUSED SET OF MEASURES THAT ARE CLINICALLY MEANINGFUL FOR PATIENTS WITH COMPLEX, CHRONIC NEEDS, AND THE SERIOUS ILLNESS POPULATION.

THE CENTER FOR NUTRITION AND DIABETES MANAGEMENT, PART OF HUNTERDON HEALTH, PROVIDES DIABETES AND NUTRITION EDUCATION TO PATIENTS WITH ANY TYPE OF DIABETES (TYPE 1, TYPE 2, LADA, MODY, GESTATIONAL DIABETES). APPROXIMATELY 85-90% OF PEOPLE WITH DIABETES ARE OVERWEIGHT OR OBESE. IN 2022, 855 PATIENTS WITH DIABETES ATTENDED AT LEAST 1 BUT UP TO 5 APPOINTMENTS WITH A DIABETES NURSE EDUCATOR AND/OR A REGISTERED DIETITIAN. OF THESE PATIENTS 75% LOST OR MAINTAINED WEIGHT: LOST (59%), MAINTAINED (16%) POST EDUCATION. THE CENTER FOR NUTRITION AND DIABETES ALSO PROVIDES NUTRITION EDUCATION FOR PATIENTS WITH A DIAGNOSIS OF PRE-DIABETES. IN 2022, 63 PEOPLE WITH PRE-DIABETES WERE EDUCATED ON LIFESTYLE MODIFICATION TO MANAGE WEIGHT AND INCREASE PHYSICAL ACTIVITY. ADDITIONALLY, OUR CENTER PROVIDES NUTRITION EDUCATION FOR WEIGHT MANAGEMENT TO ADULTS AND CHILDREN WITHOUT DIABETES WHO ARE OVERWEIGHT OR OBESE. IN 2022, 104 ADULTS WORKED WITH A REGISTERED DIETITIAN ONE ON ONE FOR WEIGHT MANAGEMENT AND 51 CHILDREN RECEIVED NUTRITION COUNSELING FOR PEDIATRIC WEIGHT MANAGEMENT WITH A REGISTERED DIETITIAN. DUE TO COVID-19, WE WERE AGAIN UNABLE TO HOLD OUR COMMUNITY WEIGHT LOSS GROUPS.

BARRIERS TO INCREASING USAGE OF OUR DIABETES AND NUTRITION EXPERTS CONTINUE, INCLUDING: LACK OF INSURANCE, HIGH DEDUCTIBLES AND THE USE OF THE INTERNET VERSUS EDUCATORS FOR INFORMATION. AS IN 2020 AND 2021, COVID-19 IMPACTED OUR PATIENT VOLUME RESULTING IN LESS TOTAL PATIENT APPOINTMENTS FOR 2022. WE HAVE CONTINUED TO OFFER VIRTUAL VISITS IN 2022. THROUGHOUT 2022 APPROXIMATELY 20-35% OF OUR PATIENTS ARE ELECTING TO USE VIRTUAL VISITS. WE HAVE BEGUN A COLLABORATION WITH HUNTERDON HEALTH AND WELLNESS CENTERS AND CENTER FOR HEALTHY WEIGHT AND WILL BE STARTING AN 8-WEEK PROGRAM FOR HEALTHY LIFESTYLE AND WEIGHT MANAGEMENT. WE WILL ALSO BE RE-STARTING IN-PERSON CLASSES IN 2023.

FOOD INSECURITY IS A SOCIAL DETERMINANT OF HEALTH THAT AFFECTS MANY OF OUR LOW-INCOME RESIDENTS. OUR LOCAL FOOD PANTRIES HAVE SEEN A 30% INCREASE IN THEIR USE SINCE COVID AND IT DOES NOT SEEM TO BE DECLINING. HUNTERDON HEALTH SUPPORTS FOOD EFFORTS IN MANY WAYS. OUR PHYSICIAN

**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.

PRACTICES ASSESS FOR FOOD INSECURITY AS PART OF THE PRE-VISIT PLANNING WORKSHEET. IF A PATIENT TRIGGERS THIS ASSESSMENT THEY ARE GIVEN LOCAL FOOD RESOURCES. DISCHARGE PLANNERS CAN ASSIST IN-NEED PATIENTS THEY ARE DISCHARGING WITH SHOPRITE GIFT CARDS IF THEY FEEL THEY DON'T HAVE ACCESS TO FOOD RESOURCES IMMEDIATELY UPON DISCHARGE. THIS GIVES THEM "REAL-TIME" ACCESS TO FOOD WHILE GETTING ESTABLISHED WITH OUR LOCAL PANTRIES AND SNAP IF APPLICABLE. OUR HUNTERDON HEALTH FOUNDATION HAS SECURED SEVERAL GRANTS THAT HELP FUND HEALTHY FOOD PURCHASES AT OUR AREA PANTRIES. WE ALSO REGULARLY ATTEND THE PANTRIES TO PROVIDE HEALTH INFORMATION, CONNECTION TO PRIMARY CARE AND CANCER SCREENING OPTIONS FOR PEOPLE WITHOUT HEALTH INSURANCE. THE CENTER FOR DIABETES HAS CONTINUED THEIR FOOD PRESCRIPTION PROGRAM IN 2022. THIS PROGRAM PROVIDES PRODUCE, FREE OF CHARGE TO PEOPLE WHO HAVE DIABETES, PRE-DIABETES OR WHO ARE AT RISK OF BECOMING DIABETIC AND WHO ARE ALSO HAVING ECONOMIC HARDSHIPS. THE PROGRAM DISTRIBUTES HEALTH INFORMATION ALONG WITH THE PRODUCE TO ENCOURAGE HEALTHY LIFESTYLE CHOICES. PARTICIPANTS' WEIGHT AND A1C'S ARE MONITORED. THIS PROGRAM HAS BEEN SUCCESSFUL FOR SEVERAL YEARS AND PATIENTS HAVE SEEN REDUCTIONS IN BOTH THEIR WEIGHT AND A1C.

THE PARTNERSHIP FOR HEALTH'S HEALTHY LIFESTYLE ACTION TEAM ALSO WORKS TO REDUCE OBESITY IN OUR SERVICE AREA. OUR FAMILY MEALS PROGRAM FOCUSES ON THE BENEFITS OF REGULARLY SITTING DOWN TO EAT WITH FAMILY OR LOVED ONES. THE POSITIVE IMPACT GOES BEYOND HEALTHY EATING AND INCLUDES MENTAL HEALTH BENEFITS AS WELL. ALTHOUGH THIS MESSAGE IS SHARED ACROSS THE POPULATION, A CONCERTED EFFORT HAS TAKEN PLACE TO REACH THOSE EXPERIENCING FOOD INSECURITY. WE HAVE PARTNERED WITH THE FLEMINGTON AREA FOOD PANTRY, AMERICA'S GROW A ROW AND SHOPRITE OF HUNTERDON COUNTY TO DESIGN A PROGRAM THAT DISTRIBUTES ALL THE INGREDIENTS FOR A HEALTHY FAMILY MEAL IN ONE BAG. WE CURRENTLY HAVE 75 FAMILIES WHO ARE PARTICIPATING IN THIS PROGRAM. CHILDREN ARE ENCOURAGED TO COOK ALONGSIDE THEIR CAREGIVERS AND LEARN HOW TO PREPARE A HEALTHY MEAL. CONVERSATION STARTERS ARE INCLUDED IN THE MEAL KITS TO KEEP THE DINNER SOCIAL AND FUN AND ENCOURAGE COMMUNICATION BETWEEN FAMILY MEMBERS. SURVEYS ARE GIVEN TO THE FAMILIES IN BOTH ENGLISH AND SPANISH SO THAT WE CAN USE THEIR FEEDBACK TO KEEP THE PROGRAM RELEVANT TO THEIR NEEDS. SINCE THIS PROGRAM HAS BEEN SO SUCCESSFUL, LATE IN 2022 WE STARTED PLANS TO INCLUDE IDEAS FOR FAMILY EXERCISE. THIS WILL BE ROLLED OUT IN MARCH 2023.

OUR POPULATION HEALTH TEAM IS WORKING ON PROMOTING HEALTHY LIFESTYLE CHOICES THROUGH INITIATIVES AT OUR PHYSICIAN PRACTICES. PATIENT'S BMI ARE BEING CAPTURED AS PART OF THEIR ANNUAL PHYSICALS SO THAT IF OUT OF RANGE IT CAN BE DISCUSSED WITH THE PROVIDER. DISCUSSION OF A PLAN FOR THOSE WITH A BMI OUTSIDE OF THE NORMAL RANGE WAS NOT AS EFFECTIVE AS WE HAD HOPED. WE DECIDED TO TAKE A DIFFERENT APPROACH. IN 2021, THE POPULATION HEALTH TEAM FORMED AN EXPLORATORY COMMITTEE TO LOOK AT PROMOTION OF HEALTHY MOVEMENT IN THE PATIENT POPULATION AS ANOTHER APPROACH TO HELP PATIENTS ACHIEVE HEALTHIER WEIGHT GOALS. A HEALTHY MOTION WORKGROUP WAS FORMED WITH PHYSICIANS, NURSES, PHYSICAL THERAPY AND OTHER HEALTHCARE

**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.

PROFESSIONALS TO DISCUSS WAYS TO BETTER ASSESS MOVEMENT ACROSS OUR PATIENT POPULATION. THE HEALTHY MOTION WORKGROUP HARMONIZED THE COLLECTION OF PHYSICAL ACTIVITY LEVEL DATA IN THE OUTPATIENT ELECTRONIC HEALTH RECORDS AND RECEIVED THE ENDORSEMENT FOR USE OF THE NEW DEFINITIONS FROM THE PRIMARY CARE TRANSFORMATION TEAM. IN ADDITION, THAT GROUP ALSO ENDORSED PHYSICAL ACTIVITY LEVEL DOCUMENTATION AS AN INTERNAL QUALITY METRIC FOR 2023. THE WORKGROUP IDENTIFIED THE NEED AND DEVELOPED CUSTOM PHYSICAL ACTIVITY LEVEL GUIDANCE FOR COPD, DIABETES, HEART DISEASE AND PARKINSON'S PATIENTS.

IN DECEMBER OF 2022, THE WORKGROUP SPONSORED A GRAND ROUNDS ENTITLED STEP UP FOR HEALTHY MOVEMENT: GUIDING PATIENTS TO MORE MOTION WHICH REVIEWED THE BENEFITS OF MOTION FOR PATIENTS, CORRECT DOCUMENTATION OF ACTIVITY LEVELS AND PROGRAMS THAT SUPPORT LIFELONG MOVEMENT. ONE OF OUR COMMUNITY HEALTH IMPROVEMENT PLAN METRICS FOR 2023-2025 IS BASED AROUND INCREASING PATIENTS' ACTIVITY LEVEL. WE ALSO HAVE SEVERAL WALKS PLANNED FOR EARLY NEXT YEAR TO MOTIVATE OUR PATIENTS TO START MOVING. SOME OF OUR PRACTICES HAVE "WALK WITH A DOC" PROGRAMS WHICH WE HOPE TO EXPAND IN 2023.

SUBSTANCE ABUSE:

GOAL: REDUCE THE PREVALENCE AND INCIDENCE OF SUBSTANCE ABUSE IN HUNTERDON COUNTY

MEASURE:

1. INCREASE THE PERCENTAGE OF PATIENTS, IN THE PRIMARY CARE SETTING WITH CHRONIC OPIOID PRESCRIPTIONS IN WHICH THE PHYSICIAN HAS DOCUMENTED IN THE ELECTRONIC HEALTH RECORD (EHR) USING THE NEW JERSEY RX MONITORING PROGRAM, TO 96% FROM 2019 TO 2022.
2. INCREASE THE PERCENTAGE OF PATIENTS, AGE 18 AND ABOVE IN THE PRIMARY CARE SETTING WITH CHRONIC OPIOID PRESCRIPTIONS (3 OR MORE PRESCRIPTIONS FOR AN OPIOID FOR OVER 20 PILLS EACH WITHIN THE LAST 12 MONTHS) WITH A SIGNED CONTROLLED SUBSTANCE AGREEMENT, TO 92% FROM 2019 TO 2022.
3. INCREASE THE PERCENTAGE OF PATIENTS AGE 13 AND OVER IN THE PRIMARY CARE SETTING BEING SCREENED FOR "VAPING" BY 10 PERCENTAGE POINTS FROM 2019 TO 2022.

DATA SOURCE:

1. PERCENTAGE OF PATIENTS IN THE PRIMARY CARE SETTING WITH CHRONIC OPIOID PRESCRIPTIONS IN WHICH THE PHYSICIAN HAS DOCUMENTED IN THE HUNTERDON HEALTHCARE EHR (NEXTGEN) USING THE NEW JERSEY RX MONITORING PROGRAM.
2. PERCENTAGE OF PATIENTS IN THE PRIMARY CARE SETTING WITH A SIGNED CONTROLLED SUBSTANCE AGREEMENT IN THE EHR (NEXTGEN).

**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.

3. PERCENTAGE OF PATIENTS IN THE PRIMARY CARE SETTING IN WHICH THE PROVIDER SCREENED FOR VAPING IN THE HEALTHCARE PRIMARY CARE PHYSICIAN PRACTICES EHR (NEXTGEN).

OUTCOME DATA:

1. PERCENTAGE OF PATIENTS, IN THE PRIMARY CARE SETTING WITH CHRONIC OPIOID PRESCRIPTIONS IN WHICH THE PHYSICIAN HAS DOCUMENTED IN THE EHR USING THE NJ RX MONITORING PROGRAM. 2019 - 89.26% AND 2022 - 98.34%.

2. PERCENTAGE OF PATIENTS 18 & OVER, IN THE PRIMARY CARE SETTING WITH A SIGNED CONTROLLED SUBSTANCE AGREEMENT. 2019 - 89.52% AND 2022 - 91.88%.

3. PERCENTAGE OF PATIENTS AGE 13 & OVER, IN THE PRIMARY CARE SETTING SCREENED FOR VAPING. 2019 - 23.79% AND 2022 - 69.35%.

ALTHOUGH SUBSTANCE MISUSE CONTINUES IN OUR SERVICE AREA AND IN THE NATION, WE MET 2 OF 3 TARGETS FOR THE THREE YEAR CYCLE AND HAD POSITIVE MOVEMENT IN ALL CATEGORIES. OUR VAPING SCREENING FOR AGES 13 AND OVER, IN PRIMARY CARE INCREASED BY OVER 45% AND WE HAVE HIGH COMPLIANCE WITH DOCUMENTING IN THE NJ RX MONITORING PROGRAM. WE HAVE NOTED AN INCREASE IN ALCOHOL CONSUMPTION DURING THE PANDEMIC AND HAVE ALREADY BEEN WORKING WITH OUR COMMUNITY PARTNERS TO INCREASE AWARENESS CAMPAIGNS AND PROVIDE EDUCATION ABOUT THE DANGERS OF EXCESS DRINKING.

HUNTERDON BEHAVIORAL HEALTH HAS EXPERT CLINICAL STAFF PROVIDING HIGH-QUALITY, COMPREHENSIVE MENTAL HEALTH AND ADDICTION SERVICES. A KNOWLEDGEABLE TEAM OF PSYCHIATRISTS AND OTHER SPECIALISTS DIAGNOSE, TREAT, AND CARE FOR ADOLESCENTS AND ADULTS WITH MENTAL ILLNESSES, EMOTIONAL DIFFICULTIES, OR SUBSTANCE USE DISORDER. HUNTERDON BEHAVIORAL HEALTH OFFERS EVALUATION, MEDICATION MONITORING, AND THERAPY FOR INDIVIDUALS WITH MENTAL HEALTH ISSUES AS WELL AS COUNSELING FOR FAMILIES IN CRISIS TO HELP PROVIDE A STABLE HOME ENVIRONMENT. IN ADDITION, THEY PROVIDE SUPPORT FOR ADOLESCENTS AND ADULTS STRUGGLING WITH ALCOHOL OR DRUG ADDICTION AND EMPLOYEE ASSISTANCE TO WORK WITH EMPLOYERS TO RESOLVE PERSONNEL ISSUES. HUNTERDON BEHAVIORAL HEALTH ALSO INCLUDES A FULL-SPECTRUM OF PSYCHIATRIC, COUNSELING, AND ADDICTIONS SERVICES FOR THE LGBTQIA POPULATION, INCLUDING A DEDICATED LGBTQIA NAVIGATOR TO HELP COORDINATE CARE. HUNTERDON BEHAVIORAL HEALTH STAFF OUTREACH TO THE COMMUNITY IS EXTENSIVE. ASIDE FROM ALL THEIR SCHOOL BASED AND COMMUNITY INITIATIVES THEY ALSO PROVIDED A GRAND ROUND PRESENTATION FOR OUR MEDICAL STAFF ON TOBACCO.

THE HUNTERDON HEALTHCARE POPULATION HEALTH TEAM CONTINUES TO WORK WITH THE PHYSICIAN PRACTICES TO PUT MANY MEASURES IN PLACE TO REDUCE THE USE AND MISUSE OF OPIOIDS. PATIENTS WHO ARE CHRONIC OPIOID USERS, DEFINED AS 3 OR MORE PRESCRIPTIONS FOR AN OPIOID FOR OVER 20 PILLS EACH WITHIN THE

**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.

LAST 12 MONTHS, MUST SIGN A CONTROLLED SUBSTANCES AGREEMENT. THE PHYSICIAN REVIEWS THE DANGERS OF OPIOID USE, ALTERNATIVES TO OPIOIDS AND PROPER DISPOSAL AND WE PROMOTE NATIONAL DEA TAKEBACK DAY. THIS DATA IS TRACKED IN THE EHR AND EACH PRACTICE RECEIVES A DASHBOARD WITH METRICS DEFINING THEIR PRESCRIBING PATTERNS AND COMPARES THEM TO OTHER PRACTICES IN OUR HEALTHCARE SYSTEM. METRICS INCLUDE USE OF THE NEW JERSEY PRESCRIPTION MONITORING PROGRAM. A TOOLKIT WAS CREATED AND CONTINUES TO BE A RESOURCE ON ALTERNATIVES TO OPIOIDS FOR PAIN MANAGEMENT. THE RUTGER'S OPIOID ABUSE TOOLKIT INCLUDES NON-PHARMACOLOGIC TREATMENT OPTIONS.

SUBSTANCE USE AND MISUSE CONTINUES TO BE A FOCUS FOR THE PFH DRUG FREE TASK FORCE. MANY OF OUR BEHAVIORAL HEALTH SPECIALISTS ARE MEMBERS OF THE TASK FORCE. THIS MULTISECTOR COALITION WORKS TO PREVENT SUBSTANCE MISUSE AND BRING AWARENESS AND EDUCATION ABOUT SUBSTANCES TO THE COMMUNITY. THEY HAVE WORKED ON MANY CAMPAIGNS INCLUDING: WHAT'S IN YOUR VAPE?, THOSE WHO HOST LOSE THE MOST AND MAKE PROM A NIGHT TO REMEMBER. THIS TEAM HAS BEEN SO SUCCESSFUL THAT THEY WERE RECOGNIZED BY THE COMMUNITY ANTI-DRUG COALITION OF AMERICA (CADCA) AS A BLUE RIBBON COALITION- ONE OF ONLY FIFTEEN COALITIONS RECOGNIZED ACROSS THE COUNTRY THAT YEAR. THEY REPORT ON DRUG AND ALCOHOL ACTIVITY IN THE COUNTY, AND UPDATE THE PFH MEMBERS ON TRENDS IN MISUSE AND PREVENTION STRATEGIES. THEY HAVE HOSTED NARCAN TRAINING THROUGHOUT OUR SERVICE AREA FOR HEALTHCARE WORKERS AND THE COMMUNITY. ONE INITIATIVE ADDED NARCAN TO AED MACHINE STATIONS IN ALL COUNTY BUILDINGS. THE HUNTERDON HEALTHCARE FOUNDATION PROVIDES NARCAN TO LAW ENFORCEMENT AGENCIES THROUGHOUT HUNTERDON. WE ARE CURRENTLY WORKING ON INCREASING ACCESS TO MEDICATIONS FOR OPIOID USE DISORDER IN THE COUNTY AS A COLLABORATIVE EFFORT TO REDUCE DEATHS RELATED TO OPIOIDS AND HELP THOSE SUFFERING WITH ADDICTION.

## MENTAL HEALTH:

GOAL: INCREASE THE NUMBER OF HUNTERDON COUNTY RESIDENTS BEING ASSESSED FOR BEHAVIORAL HEALTH TREATMENT SERVICES.

## MEASURE:

1. INCREASE THE PERCENTAGE OF PATIENTS, AGE 65 AND ABOVE IN THE PRIMARY CARE SETTING WHO HAVE BEEN SCREENED FOR DEPRESSION AND IF POSITIVE HAVE A PLAN TO ADDRESS DEPRESSION WITHIN THE LAST 12 MONTHS, BY 5 PERCENTAGE POINTS FROM 2019 TO 2022.

2. INCREASE THE PERCENTAGE OF ADOLESCENT PATIENTS, AGE 12-19 IN THE PEDIATRIC AND PRIMARY CARE SETTING WITH DEPRESSION SCREEN AND PLAN BY 5 PERCENTAGE POINTS FROM 2019 TO 2022.

## DATA SOURCE:



**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.

1. PERCENTAGE OF PATIENTS AGE 65 AND ABOVE IN THE PRIMARY CARE SETTING WHO HAVE BEEN SCREENED FOR DEPRESSION AND HAVE A PLAN TO ADDRESS DEPRESSION WITHIN THE LAST 12 MONTHS IN HUNTERDON HEALTHCARE PRIMARY CARE PHYSICIAN PRACTICES EHR (NEXTGEN).

2. PERCENTAGE OF PATIENTS AGE 12-19 IN THE PEDIATRIC AND PRIMARY CARE SETTING WHO HAVE BEEN SCREENED FOR DEPRESSION IN HUNTERDON HEALTHCARE PRIMARY CARE PHYSICIAN PRACTICES EHR (NEXTGEN).

## OUTCOME DATA:

1. PERCENTAGE OF PATIENTS AGE 65 AND ABOVE IN THE PRIMARY CARE SETTING WHO HAVE BEEN SCREENED FOR DEPRESSION AND HAVE A PLAN TO ADDRESS DEPRESSION WITHIN THE LAST 12 MONTHS. 2019 - 77.47% AND 2022 - 75.51%.

2. PERCENTAGE OF PATIENTS AGE 12-19 IN THE PRIMARY CARE SETTING WHO HAVE BEEN SCREENED FOR DEPRESSION. 2019 - 67.35% AND 2022 - 66.38%.

PATIENTS WERE SLOW TO RETURN TO PRIMARY CARE FOR THEIR ANNUAL WELLNESS VISITS DUE TO THE PANDEMIC AND THIS IS REFLECTED IN OUR DEPRESSION SCREENING DATA. IN THE 2023-2025 CHIP WE CONTINUE TO MONITOR THESE METRICS. REPORTS OF INCREASED SUICIDE RATES, ANXIETY AND DEPRESSION ARE UNFORTUNATELY ALL TOO COMMON. SUICIDE IS NOW THE LEADING CAUSE OF DEATH AMONG YOUTH ACCORDING TO THE NATIONAL INSTITUTE OF MENTAL HEALTH. THIS ALONG WITH A NATIONAL SHORTAGE OF MENTAL HEALTH PROVIDERS IS ALARMING. MENTAL HEALTH HAS BEEN IDENTIFIED IN THE LAST THREE HUNTERDON HEALTH COMMUNITY HEALTH NEEDS ASSESSMENTS AS AN AREA OF NEED FOR OUR SERVICE AREA. HUNTERDON HEALTH IS DOING A LOT OF WORK IN THIS AREA AND CONTINUES TO RECRUIT MENTAL HEALTH PROFESSIONALS AND OFFER PROGRAMS TO SERVE OUR COMMUNITY'S NEEDS.

IN 2022 THE PLANNING WAS UNDERWAY TO ADD EIGHT MENTAL HEALTH ROOMS TO OUR EMERGENCY DEPARTMENT. THE EMERGENCY DEPARTMENT EXPANSION WILL ADD AN ADDITIONAL 2,900 SQUARE FEET TO THE UNIT AND INCLUDES EIGHT FLEXIBLE USE ROOMS THAT CAN BE USED FOR BOTH LOW ACUITY OR BEHAVIORAL HEALTH PATIENTS. WHEN A ROOM IS NEEDED FOR A BEHAVIORAL HEALTH PATIENT, AN AUTOMATIC WALL CAN BE ACTIVATED TO SAFELY STORE AWAY EQUIPMENT. BY DESIGNING NEW ROOMS THAT CAN BE USED FOR PSYCHIATRIC PATIENTS, WE WILL BE ABLE TO DECREASE WAIT TIMES AND IMPROVE THE PATIENT EXPERIENCE IN THE EMERGENCY DEPARTMENT FOR EVERYONE- ESPECIALLY OUR PATIENTS EXPERIENCING A MENTAL HEALTH CRISIS. IN ADDITION, THE EXPANDED SPACE WILL INCLUDE TWO LARGE NURSES' STATIONS AND A PRIVATE WORKSPACE FOR HUNTERDON BEHAVIORAL HEALTH'S CRISIS STAFF. COMMUNITY OUTREACH STAFF IS SHARING THE NEWS OF THIS ADDITION TO THE COMMUNITY SO THAT PATIENTS EXPERIENCING MENTAL HEALTH ISSUES KNOW HUNTERDON HAS A SAFE SPACE TO MEET THE NEEDS OF SOMEONE DURING A CRISIS. AN OPEN HOUSE IS PLANNED FOR SPRING 2023 TO UNVEIL THE NEW SPACE AND INVITE COMMUNITY STAKEHOLDERS TO TOUR THE ROOMS. IN ADDITION, HUNTERDON BEHAVIORAL HEALTH IS ALSO PLANNING TO UPDATE THEIR TREATMENT SPACES WITH

**Part V Facility Information** (continued)

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NEW FURNITURE AND DECOR TO PROVIDE A WELCOMING AND THERAPEUTIC ENVIRONMENT FOR OUR PATIENTS.

WE CURRENTLY HAVE HUNTERDON BEHAVIORAL HEALTH (HBH) SCHOOL-BASED COUNSELORS IN 9 SCHOOLS. ASIDE FROM PROVIDING COUNSELING SERVICES TO MANY INDIVIDUAL STUDENTS THEY PROVIDE EDUCATIONAL PROGRAMS TO THE ENTIRE STUDENT BODY, PARENTS AND THE COMMUNITY. IN 2022, THEY HOSTED 23 EVENTS AND PRESENTATIONS. SOME OF THE TITLES WERE: FRESHMAN ORIENTATION AND HIGH SCHOOL PREP, KINDNESS, STRESS MANAGEMENT FOR STAFF, POSITIVITY IN THE SCHOOL ENVIRONMENT, MINDFULNESS/GRATITUDE AND RELAXATION, SELF-ESTEEM, GOAL SETTING, SLEEP ROUTINES, HIGH SCHOOL STRESS AND ANXIETY AND SOCIALIZATION AND COMMUNICATION. THROUGH THESE COMMUNITY PROGRAMS, HBH IS TAKING A PROACTIVE APPROACH TO TEACHING COPING SKILLS AND STRATEGIES TO DEAL WITH STRESS AND ALL OF LIFE'S DAILY CHALLENGES. THIS IS IMPERATIVE, ESPECIALLY AS WE SAW AN INCREASE IN ANXIETY AND DEPRESSION IN OUR YOUTH DURING AND POST COVID. AS MEMBERS OF THE PARTNERSHIP FOR HEALTH (PFH), MENTAL HEALTH ACTION TEAM, HBH STAFF LEND THEIR EXPERTISE AND HELP GUIDE THE COALITION TO MAKE A GREATER IMPACT ON OUR COMMUNITY. IN OCTOBER OF 2022, HBH STAFF WORKED WITH THE PFH TEAM TO CREATE A PODCAST ENTITLED, "ANXIETY IN KIDS- HOW CAN PARENTS HELP?" THERE ARE PLANS TO CREATE ADDITIONAL PODCASTS IN 2023. THEY ALSO ATTENDED AN EVENT AT A LOCAL SCHOOL FOR MIDDLE SCHOOL STUDENTS AND THEIR PARENTS. THREE SESSIONS WERE HELD SIMULTANEOUSLY. ONE SESSION WAS COMPLETELY HOSTED IN SPANISH. OVER 150 PEOPLE ATTENDED AND PROVIDED FEEDBACK THAT THEY WOULD LIKE FUTURE PROGRAMS TO INFORM THEM ON WHAT TO LOOK OUT FOR WITH THEIR TEENS RELATED TO SUBSTANCES.

IN OUR PRIMARY CARE FIRST (PCF) AFFILIATED PRACTICES, A TEAM HEADED BY THE PATIENT'S PERSONAL PHYSICIAN DELIVERS CARE. THE PATIENT'S PREFERRED PHYSICIAN TRACKS AND COORDINATES CARE OVER TIME. THE PHYSICIAN AND THE PATIENT CREATE A PARTNERSHIP AND MAKE DECISIONS ABOUT HEALTHCARE TOGETHER. QUALITY AND SAFETY DRIVE THE DECISIONS, USING GUIDELINES BASED ON EVIDENCE RATHER THAN TRADITION. HUNTERDON HEALTH HAS WORKED HARD TO ENSURE THAT EVIDENCE-BASED GUIDELINES ARE USED IN OUR SYSTEM. AS A PART OF PCF, INTEGRATED BEHAVIORAL HEALTH (IBH) WAS RE-INITIATED IN 2022. A CLINICAL THERAPIST IS EMBEDDED WITHIN PRIMARY CARE PRACTICES AND AVAILABLE FOR PATIENTS WHO SCREEN POSITIVE FOR DEPRESSION PROVIDING A COORDINATED EFFORT BETWEEN PRIMARY CARE AND BEHAVIORAL HEALTH SERVICES FOR THE PATIENTS. THE AVAILABILITY OF BEHAVIORAL HEALTH SPECIALISTS IN THE PRIMARY CARE SETTING REDUCES BARRIERS TO CARE AND PROVIDES A FAMILIAR SPACE FOR THE PATIENT TO RECEIVE SERVICES. ALTHOUGH WE DID NOT MEET OUR CHIP METRICS FOR SCREENING FOR DEPRESSION AS NOTED IN THE "OUTCOMES" SECTION ABOVE, WE CONTINUE TO WORK TO GET PATIENTS BACK INTO THEIR PRIMARY CARE OFFICE FOR ANNUAL PHYSICALS AND EVALUATE FOR MENTAL HEALTH CONCERNS. THIS WILL BE AN ONGOING EFFORT AND WILL BE CONTINUED TO BE TRACKED FOR THE NEXT CHIP CYCLE.

MANY COMMUNITY OUTREACH EFFORTS HAVE SUPPORTED CONNECTING PATIENTS TO

**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.

PRIMARY CARE AND MENTAL HEALTH PROFESSIONALS. IN 2022, WE HIRED A BILINGUAL COMMUNITY HEALTH WORKER (CHW) TO ASSIST SPANISH SPEAKING PATIENTS AND OTHERS HAVING DIFFICULTY NAVIGATING OUR HEALTH CARE SYSTEM. RESIDENTS REPORTED IN FOCUS GROUPS DURING THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT THAT THEY VALUED BEING ABOUT TO SPEAK TO OUR EMPLOYEES IN THEIR NATIVE LANGUAGE. OUR LARGEST MINORITY POPULATION IS OUR LATINO POPULATION AND SPANISH IS THE PRIMARY LANGUAGE FOR MANY OF THEM. HUNTERDON HEALTH'S TWO BILINGUAL (SPANISH/ENGLISH) COMMUNITY HEALTH WORKERS (CHW'S) HAVE ALLOWED HH TO SIGNIFICANTLY INCREASE OUR OUTREACH INTO OUR SPANISH SPEAKING COMMUNITIES. OUR CHW'S GO OUT INTO THE COMMUNITY MEETING FOLKS WHERE THEY LIVE, WORK AND RELAX. THEY HAVE BECOME A TRUSTED SOURCE OF INFORMATION AND PATIENTS FEEL COMFORTABLE ASKING FOR HELP WITH APPOINTMENTS, FOLLOW UP AND ASSISTANCE WITH CHARITY CARE APPLICATIONS WHEN NEEDED. THIS PROGRAM HAS REDUCED THE NUMBER OF "NO-SHOWS" AND INCREASED THE NUMBER OF KEPT FOLLOW UP APPOINTMENTS IN THIS POPULATION. IMPROVING ACCESS TO CARE IS SO IMPORTANT FOR BOTH PHYSICAL AND MENTAL HEALTH.

AGING RELATED ISSUES:

GOAL: INCREASE THE NUMBER OF SENIOR (AGE 65+) HUNTERDON COUNTY RESIDENTS RECEIVING AN ANNUAL PHYSICAL AND COGNITIVE ASSESSMENT.

MEASURE:

1. INCREASE THE PERCENTAGE OF PATIENTS, AGE 65 AND ABOVE IN THE PRIMARY CARE SETTING WHO SEEK PREVENTIVE CARE WITHIN THE LAST 12 MONTHS, BY 4 PERCENTAGE POINTS FROM 2019 TO 2022.
2. INCREASE THE PERCENTAGE OF PATIENTS, AGE 65 AND ABOVE IN THE PRIMARY CARE SETTING WHO HAVE HAD A COGNITIVE ASSESSMENT (MINI-COG) AT LEAST ONCE WITHIN THE LAST 12 MONTHS, BY 3 PERCENTAGE POINTS FROM 2019 TO 2022.
3. INCREASE THE PERCENTAGE OF PATIENTS, AGE 65 AND ABOVE IN THE PRIMARY CARE SETTING WITH A FALLS RISK ASSESSMENT BY 3 PERCENTAGE POINTS FROM 2019 TO 2022.

DATA SOURCE:

1. PERCENTAGE OF PATIENTS AGE 65 AND ABOVE IN THE PRIMARY CARE SETTING WHO SEEK PREVENTIVE CARE WITHIN THE LAST 12 MONTHS IN HUNTERDON HEALTHCARE PRIMARY CARE PHYSICIAN PRACTICES EHR (NEXTGEN).
2. PERCENTAGE OF PATIENTS, AGE 65 AND ABOVE IN THE PRIMARY CARE SETTING WHO RECEIVED A COGNITIVE ASSESSMENT (MINI-COG) WITHIN THE LAST 12 MONTHS IN HUNTERDON HEALTHCARE PRIMARY CARE PHYSICIAN PRACTICES EHR (NEXTGEN).
3. PERCENTAGE OF PATIENTS, AGE 65 AND ABOVE IN THE PRIMARY CARE SETTING

**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.

WHO RECEIVED A FALLS RISK ASSESSMENT IN THE LAST 12 MONTHS IN HUNTERDON HEALTHCARE PRIMARY CARE PHYSICIAN PRACTICES EHR (NEXTGEN).

## OUTCOME DATA:

1. PERCENTAGE OF PATIENTS AGE 65 AND ABOVE IN THE PRIMARY CARE SETTING WHO SEEK PREVENTIVE CARE WITHIN THE LAST 12 MONTHS. 2019 - 66.08% AND 2022 - 67.82%.
2. PERCENTAGE OF PATIENTS AGE 65 AND ABOVE WHO RECEIVED A MINI-COG IN THE PRIMARY CARE SETTING IN THE LAST 12 MONTHS. 2019 - 72.41% AND 2022 - 80.74%.
3. PERCENTAGE OF PATIENTS, AGE 65 AND ABOVE IN THE PRIMARY CARE SETTING WHO RECEIVED A FALLS RISK ASSESSMENT IN THE LAST 12 MONTHS. 2019 - 74.68% AND 2022 - 79.73%.

COVID HAS BEEN PARTICULARLY TROUBLESOME FOR MANY OF OUR SENIOR CITIZENS WHO STILL SHOW SOME HESITANCY TO GO BACK TO THEIR DOCTOR. WE HAVE DONE MUCH WORK SURROUNDING MESSAGING AROUND THE SAFE RETURN TO MEDICAL CARE. PATIENTS ARE SLOWLY COMING BACK AND THIS IS ESPECIALLY IMPORTANT FOR OUR AGING PATIENTS. WE DID SEE AN IMPROVEMENT IN THE PERCENTAGE OF PATIENTS 65 AND ABOVE WHO SAW A PRIMARY CARE PHYSICIAN ALTHOUGH NOT AS HIGH AS WE WOULD LIKE IN THE 3 YEAR CYCLE. WE WILL CONTINUE TO TRACK THIS METRIC POST-COVID.

MONTHLY PATIENT OUTREACH LISTS ARE PROVIDED TO PRACTICES DENOTING PATIENTS WHO ARE OVERDUE FOR A WELLNESS VISIT. POPULATION HEALTH PLANNERS ROUTINELY MAKE CALLS TO ENCOURAGE PATIENTS TO TAKE ADVANTAGE OF THEIR WELLNESS VISIT BENEFIT. THEY CAN ALSO SCHEDULE PATIENTS FOR THEIR WELLNESS VISITS IN SOME PRACTICES. MORE PRACTICES NOW HAVE AN EXTENDED SCHEDULING THAT ALLOWS FOR WELLNESS VISITS TO BE SCHEDULED FOR THE NEXT YEAR CREATING AN OPTIMAL WORKFLOW FOR BOTH THE PATIENT AND THE PRACTICE.

PATIENTS WHO ARE 65 AND ABOVE OR WHO HAVE CONDITIONS THAT PUT THEM AT HIGH RISK FOR FALLS ARE EVALUATED. IN ADDITION TO THE PRIMARY CARE EVALUATION, OUR OUT-PATIENT PHYSICAL THERAPY DEPARTMENTS CAN DO A NO-COST BALANCE ASSESSMENT TO SEE WHETHER SOMEONE SHOULD SEEK ADDITIONAL THERAPY OR SEE A PHYSICIAN ABOUT THEIR MOBILITY ISSUES. THESE ASSESSMENTS CAN BE SELF-REFERRED AND ARE AVAILABLE TO ANYONE WHO WANTS TO BE EVALUATED. PATIENTS CAN ALSO BE REFERRED TO COMMUNITY RESOURCES TO INCREASE THEIR PHYSICAL ACTIVITY LEVEL AS CORE STRENGTH AFFECTS BALANCE AND EXERCISE IS ESSENTIAL TO OVERALL HEALTH. WE WORK WITH OUR COMMUNITY PARTNERS TO ENCOURAGE MOVEMENT IN SENIOR FOCUSED AGENCIES ACROSS OUR SERVICE AREA.

## ADDITIONAL OUTREACH

HUNTERDON HEALTH (HH) STAFF HAVE HOSTED MANY EDUCATIONAL PRESENTATIONS

**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.

WITH OUR COMMUNITY PARTNERS OVER THE PAST YEAR. AT THE HARVEST FAMILY SUCCESS CENTER; HUNTERDON HEALTH WAS A GUEST AT A MOM'S GROUP MEETING IN OCTOBER TO PRESENT EDUCATIONAL MATERIALS IN SPANISH FOR BREAST CANCER AWARENESS MONTH. STAFF ATTENDED THE HARVEST FAMILY SUCCESS CENTER'S COMMUNITY BABY SHOWER IN MAY, WHERE HH OUTREACH HELPED CONNECT 10+ NEW MOMS TO MEDICAL CARE, AND ALSO DONATED HANDMADE KNITTED BABY HATS. FOR NORWESCAP HEAD START, HH PRESENTED IN SPANISH AT THE FEBRUARY PARENT'S MEETING FOR 30+ PEOPLE, TO HELP CONNECT THEM TO A MEDICAL HOME. AT THE UNITED WAY OF HUNTERDON COUNTY, WE HOSTED A SKIN CANCER AWARENESS PRESENTATION DURING THE SUMMER AND A BREAST CANCER AWARENESS PRESENTATION IN OCTOBER. BOTH PRESENTATIONS WERE EITHER DONE IN SPANISH, OR TRANSLATED IN REAL TIME, FOR 20+ COMMUNITY MEMBERS. EACH PRESENTATION WAS ATTENDED BY CLINICAL STAFF FROM HUNTERDON HEALTH, INCLUDING A REGISTERED NURSE AND 2 WOMEN'S HEALTH PHYSICIANS. THROUGHOUT 2022, HH STAFF HAVE HOSTED TABLES AT: HUNTERDON COUNTY 4H FAIR (250+ PEOPLE), HARVEST HOPE EVENT, LA POSADAS SPANISH TOWN HALL (70+ PEOPLE), SALVATION ARMY'S ANNUAL COAT DRIVE, AND DINNER & DIALOGUE EVENT AT READING-FLEMINGTON INTERMEDIATE SCHOOL. AT THE START OF THE SCHOOL YEAR, HH STAFF ATTENDED BACK TO SCHOOL NIGHTS AT MANY SCHOOLS TO SHARE SERVICE INFORMATION ABOUT THINGS RELEVANT TO FAMILY HEALTH.

IN NOVEMBER, HH HELD ITS FIRST EVER FREE BREAST SCREENING EVENT AT HUNTERDON WOMEN'S IMAGING CENTER. AT THIS EVENT, HH PROVIDED 15 UNINSURED WOMEN WITH FREE MAMMOGRAMS. ANY AND ALL ABNORMALITIES WERE FOLLOWED UP IMMEDIATELY. HH REGISTERED A UKRAINIAN REFUGEE THAT HAD RECENTLY ARRIVED IN THE U.S. AND HAD NOT HAD THEIR ANNUAL MAMMOGRAM DONE IN A LONG TIME. DURING AN INITIAL REGISTRATION PHONE CALL, ANOTHER PERSON MENTIONED THAT THEY HAD JUST RECENTLY LOST ALL OF THEIR HEALTH INSURANCE WHEN THEY HAD COME ACROSS THE FREE BREAST SCREENING EVENT FLIER. ONCE REGISTERED, THIS PERSON STATED THAT SHE WAS ALMOST BROUGHT TO TEARS AND THAT THE TIMING OF THIS EVENT WAS A "GODSEND". OUR NJCEED PROGRAM EXPANDS ACCESS TO FREE BREAST, CERVICAL, PROSTATE AND COLORECTAL SCREENING FOR THOSE WITHOUT INSURANCE. THE STAFF REGULARLY HOST OUTREACH EVENTS AND PROVIDE EDUCATION ON CANCER AWARENESS AND PREVENTION AS WELL AS LINKAGES TO SCREENINGS.

INITIATIVES CONDUCTED IN 2022 ADDRESSING LUNG CANCER PREVENTION REFLECT A COLLABORATIVE APPROACH VIA THE LUNG CANCER PREVENTION WORKGROUP THAT REPRESENTS A MULTIDISCIPLINARY TEAM WORKING WITH POPULATION HEALTH. LUNG CANCER PREVENTION EFFORTS/PRESENTATIONS TYPICALLY FOCUS ON TOBACCO CESSATION, HOWEVER, THE WORK GROUP'S ATTENTION IS DIRECTED TOWARD PATIENTS WHO ARE "CAREER" SMOKERS AND NOT MOTIVATED TO CURRENTLY EMBRACE A LIFESTYLE WITHOUT TOBACCO USE. LUNG CANCER IS RESPONSIBLE FOR THE MOST CANCER DEATHS IN THE US OF ALL TYPES OF CANCERS. SYMPTOMS USUALLY DO NOT APPEAR UNTIL THE CANCER IS ALREADY AT AN ADVANCED STAGE MAKING IT MORE CHALLENGING TO TREAT AND ACHIEVE OPTIMAL OUTCOMES. DESPITE DECADES OF DECLINE, CIGARETTE SMOKING CAUSES ABOUT 30% OF ALL CANCER DEATHS. IN GENERAL, THE PROGNOSIS FOR PERSONS WITH LUNG CANCER IS POOR SO EDUCATION AND ASSISTANCE WITH CESSATION ARE KEY.

**Part V Facility Information** (continued)

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HUNTERDON HEALTH PARTICIPATES IN THE GREAT AMERICAN SMOKE OUT (GASO) EVERY YEAR. WE HOSTED A LUNCH AND LEARN FOR STAFF AND PROVIDED AN EMPLOYEE VIDEO ADDRESSING THE DANGERS OF SMOKING AND ENCOURAGING SMOKING CESSATION. A TOTAL OF 345 PARTICIPATED AND FILLED OUT A QUESTIONNAIRE THAT ASSESSED THEIR KNOWLEDGE ABOUT SMOKING AND ITS EFFECTS ON THE BODY. THE POST-SURVEY SHOWED AN INCREASE IN LEARNING AFTER THE PROGRAM. AN INFOGRAPHIC WAS CREATED, "DO YOU SMOKE?" THAT TARGETED CAREER SMOKERS. THE INFOGRAPHIC WAS DEVELOPED AND DISSEMINATED TO ALL PRACTICES AS A TOOL TO PROVIDE INFORMATION ABOUT THE IMPORTANCE AND BENEFITS OF LUNG CANCER SCREENING AMONG THE CAREER SMOKER POPULATION. THE APPROACH IS ACCEPTING OF THEIR CHOICE TO SMOKE WHILE PROVIDING DIRECTION AND ENCOURAGEMENT TO TAKE CARE OF THEMSELVES BY GETTING SCREENED TO BE DIAGNOSED EARLY AND LIVE LONGER. IT INVITES CAREER SMOKERS TO START A CONVERSATION WITH THEIR PCP ABOUT LUNG CANCER SCREENING. LUNG CANCER SCREENING IS RECOMMENDED FOR ADULTS WHO ARE AT HIGH RISK FOR DEVELOPING THE DISEASE BECAUSE OF THEIR SMOKING HISTORY AND AGE, AND WHO DO NOT HAVE A HEALTH PROBLEM THAT SUBSTANTIALLY LIMITS THEIR LIFE EXPECTANCY OR THEIR ABILITY OR WILLINGNESS TO HAVE LUNG SURGERY. IN 2022, THE LUNG CANCER PREVENTION WORKGROUP SPONSORED A GRAND ROUNDS ENTITLED TAKE A DEEP BREATH FOR LUNG HEALTH AND CANCER SCREENING. IT FOCUSED ON LUNG CANCER SCREENING AND REACHING OUR POPULATION OF PATIENTS WHO WILL NOT CONSIDER TOBACCO CESSATION.

HUNTERDON HEALTH CONDUCTS VIRTUAL OUTREACH THROUGH OUR SOCIAL MEDIA ACCOUNTS. THE COMMUNITY OUTREACH TEAM ALONG WITH THE MARKETING DEPARTMENT AT HUNTERDON HEALTH CREATED SOCIAL MEDIA POSTS FOR SEPTEMBER (PROSTATE CANCER AWARENESS MONTH), OCTOBER (BREAST CANCER AWARENESS MONTH), JANUARY (CERVICAL CANCER AWARENESS MONTH) AND MARCH (COLORECTAL CANCER AWARENESS MONTH), WITH THE CAPACITY TO REACH THOUSANDS OF FOLLOWERS. MARKETING PROVIDES CONTINUED SOCIAL MEDIA POSTS AND VIDEOS FOR ONGOING EDUCATION AND AWARENESS. PHYSICIANS ARE RECORDED FOR OUR "MEDICAL MINUTE" CAMPAIGNS THAT EDUCATE IN SHORT SNIPPETS ABOUT DIFFERENT HEALTH TOPICS. THEY ALSO PROVIDE RESOURCES FOR FOLLOW UP IF SOMEONE NEEDS ADDITIONAL INFORMATION.

**SPEAKERS BUREAU**

ONE OF OUR CORE VALUES IS "EMPOWERED". WE PROVIDE EVERY INDIVIDUAL WITH INFORMATION AND TOOLS AND EMPOWER OTHERS TO MAKE DECISIONS AND TAKE ACTIONS THAT CONTINUALLY ENHANCE EXCEPTIONAL PATIENT CARE AND QUALITY OUTCOMES. ONE OF THE WAYS WE DO THIS IS THROUGH OUR SPEAKERS BUREAU. WE WANT MEMBERS OF OUR COMMUNITY TO HAVE EASY ACCESS TO LEARN FROM OUR HEALTHCARE PROFESSIONALS AND ALL OF OUR STAFF. IN 2022 WE BEGAN TO REVAMP OUR SPEAKERS BUREAU. WE CREATED A WEB-BASED FORM TO STREAMLINE ALL REQUESTS FOR SPEAKERS AND OUR ATTENDANCE AT EVENTS. THIS FORM IS HOSTED ON OUR WEBSITE AND AVAILABLE TO THE PUBLIC. NOW WE CAN EASILY TRACK ALL OF OUR COMMUNITY OUTREACH EFFORTS AND GIVE GREATER ACCESS TO PEOPLE WHO REQUEST OUR PARTICIPATION AT EVENTS. WE ARE ALREADY SEEING THE BENEFITS

**Part V Facility Information** (continued)

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OF THIS NEW SYSTEM AND ANTICIPATE AN INCREASE IN THE NUMBER OF PEOPLE WE ARE ABLE TO REACH IN 2023.

**EMPLOYEE WELLNESS**

EMPLOYEE HEALTH AND WELLNESS IS ESSENTIAL TO OUR SUCCESS. OCCUPATIONAL HEALTH HAS DONE A GREAT JOB DOCUMENTING WHETHER OUR EMPLOYEES HAVE A PRIMARY CARE PHYSICIAN AND IN 2022, OVER 99% OF OUR EMPLOYEES HAD A DOCUMENTED PRIMARY DOCTOR. HUNTERDON HEALTH CONTINUALLY ADDS NEW UNIQUE OFFERINGS TO ITS BENEFITS BASED DIRECTLY ON THE FEEDBACK OF ITS EMPLOYEES. EXAMPLES OF THESE OFFERINGS INCLUDE ENHANCED HEARING AID COVERAGE, FAMILY FORMING BENEFITS (IVF, ADOPTION, SURROGACY), AND WEIGHT LOSS MEDICATIONS. AS AN ACUTE CARE HOSPITAL WITH MORE THAN 40 PHYSICIAN PRACTICES AND SATELLITE LOCATIONS INCLUDING THREE WELLNESS CENTERS, HUNTERDON MEDICAL CENTER SERVES THE HEALTH NEEDS OF NOT ONLY ITS PATIENTS, BUT THOSE OF ITS EMPLOYEES AS WELL. FOR EXAMPLE, HUNTERDON OFFERS EMPLOYEES A POINT-BASED WELLNESS REWARD PROGRAM IN WHICH ELIGIBLE EMPLOYEES CAN RECEIVE BETWEEN \$800 AND \$1,200 IN ANNUAL PREMIUM REDUCTIONS DEPENDING ON THEIR LEVEL OF COVERAGE. HUNTERDON REGULARLY PROMOTES HEALTHY EATING CHOICES AT OUR EMPLOYEE CAFETERIA IN ADDITION TO FRIENDLY WELLNESS COMPETITIONS, SUCH AS 'HEALTHY HABITS AT HUNTERDON' TO ENGAGE STAFF IN HEALTHY BEHAVIORS. SIGNIFICANTLY REDUCED RATES AT OUR OWN WELLNESS CENTERS AND AT A FULL-SERVICE GYM NEAR OUR HOSPITAL CAMPUS ARE ALSO AMONG THE BENEFITS OUR EMPLOYEES CAN TAKE ADVANTAGE OF UNDER OUR EMPLOY.

**DIVERSITY, EQUITY AND INCLUSION**

HUNTERDON HEALTH'S MISSION IS TO EMBRACE PEOPLE, ELEVATE CARE AND CULTIVATE HEALTHIER COMMUNITIES. AS A VITAL COMPONENT OF THAT MISSION, HUNTERDON HEALTH IS COMMITTED TO IMPROVING OUR DIVERSITY, EQUITY, AND INCLUSION (DEI) EFFORTS NOT ONLY FOR OUR EMPLOYEES, BUT ALSO TO BETTER SERVE OUR PATIENTS AND THEIR FAMILIES AS IT DIRECTLY AFFECTS PATIENT HEALTH OUTCOMES AND QUALITY OF LIFE IN A PROFOUND WAY. HEALTH EQUITY ENSURES THAT EVERYONE HAS A FAIR AND JUST OPPORTUNITY TO ATTAIN THEIR HIGHEST LEVEL OF HEALTH. WE ATTAIN HEALTH EQUITY BY RECOGNIZING AND ADDRESSING HISTORICAL AND CONTEMPORARY INJUSTICES, HELPING OUR COMMUNITY OVERCOME ECONOMIC, SOCIAL, AND OTHER OBSTACLES TO HEALTH AND HEALTH CARE AND ELIMINATING PREVENTABLE HEALTH DISPARITIES.

HEALTH DISPARITIES ARE PREVENTABLE DIFFERENCES IN THE BURDEN OF DISEASE, INJURY, VIOLENCE, OR OPPORTUNITIES TO ACHIEVE OPTIMAL HEALTH THAT ARE EXPERIENCED BY THOSE THAT HAVE BEEN DISADVANTAGED BY THEIR SOCIAL OR ECONOMIC STATUS, GEOGRAPHIC LOCATION, AND ENVIRONMENT. MANY POPULATIONS THAT EXPERIENCE HEALTH DISPARITIES INCLUDE PEOPLE FROM SOME RACIAL AND ETHNIC MINORITY GROUPS, PEOPLE WITH DISABILITIES, WOMEN, PEOPLE WHO ARE LGBTQI+ (LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, INTERSEX, OR OTHER), PEOPLE WITH LIMITED ENGLISH PROFICIENCY, AND OTHER GROUPS. AT HUNTERDON

**Part V Facility Information** (continued)

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HEALTH, WE CONTINUALLY STRIVE TO RECOGNIZE AND CLOSE HEALTH DISPARITIES AND PROMOTE HEALTH EQUITY AND ADVOCATE FOR HEALTH JUSTICE. PRACTICING DEI WILL ENSURE THE SUCCESS OF OUR MISSION AND GUARANTEE ALL OF OUR COMMUNITY MEMBERS HAVE ACCESS TO SERVICES AND FEEL SAFE, SUPPORTED, AND RESPECTED WHEN SEEKING HEALTHCARE.

HUNTERDON HEALTH HAS RECEIVED THE "LGBTQ+ HEALTHCARE EQUALITY LEADER" DESIGNATION FROM THE HUMAN RIGHTS CAMPAIGN FOUNDATION (HRC). IN ITS 15TH YEAR, THE HEALTHCARE EQUALITY INDEX (HEI) IS THE NATIONAL LGBTQ+ BENCHMARKING TOOL THAT EVALUATES HEALTHCARE FACILITIES' POLICIES AND PRACTICES RELATED TO THE EQUITY AND INCLUSION OF THEIR LGBTQ+ PATIENTS, VISITORS AND EMPLOYEES. THE HEI 2022 EVALUATES MORE THAN 2,200 HEALTHCARE FACILITIES NATIONWIDE. A RECORD 906 HEALTHCARE FACILITIES ACTIVELY PARTICIPATED IN THE HEI 2022 SURVEY. IN THE HEI 2022, 496 HEALTHCARE FACILITIES ACHIEVED THE COVETED TOP SCORE OF 100 AND EARNED THE COVETED "LGBTQ+ HEALTHCARE EQUALITY LEADER" DESIGNATION. WE ARE THRILLED TO ONCE AGAIN OBTAIN THIS DESIGNATION. HUNTERDON HEALTH HAS AN LGBTQIA NURSE NAVIGATOR TO PROVIDE SERVICES FOR THE COMMUNITY AND HAS ALWAYS BEEN DEDICATED TO SUPPORTING INCLUSIVITY AND DIVERSITY IN THE WORKPLACE. OUR LGBTQ+ COMMITTEE MEETS MONTHLY TO CONTINUE TO IMPROVE OUR CARE AND OUTREACH TO THIS COMMUNITY. THE TEAM PARTICIPATED IN PRIDE EVENTS AND THE SYSTEM RECOGNIZES AND CELEBRATES PRIDE MONTH. PRIDE FLAG CLINGS ADORN OUR PRACTICE WINDOWS SO THAT OUR PATIENTS KNOW WE ARE A WELCOMING PLACE TO RECEIVE QUALITY CARE.

TO BETTER SERVE OUR DEAF AND HARD-OF-HEARING PATIENTS AND HELP ELIMINATE ANY BARRIERS THAT MIGHT BE HINDERING PATIENTS FROM RECEIVING EFFECTIVE COMMUNICATION AND QUALITY OF CARE, HUNTERDON HEALTH HAS INSTALLED A HEARING LOOP SYSTEM AT MOST REGISTRATION CHECK-IN POINTS WITHIN HUNTERDON MEDICAL CENTER, HUNTERDON HEALTH PHYSICIAN PRACTICES, OUTPATIENT FACILITIES, AND THE FITNESS STUDIOS AND FRONT DESKS OF THE HUNTERDON HEALTH AND WELLNESS CENTERS IN CLINTON AND WHITEHOUSE STATION.

HEARING LOOPS ARE FOR PATIENTS AND VISITORS WHO HAVE A HEARING AID OR COCHLEAR IMPLANT WITH A TELECOIL. THE HEARING LOOP IS A WIRE THAT TRANSMITS SOUNDS ELECTROMAGNETICALLY. THE ELECTROMAGNETIC SIGNAL IS THEN PICKED UP BY THE TELECOIL (OR T-COIL) IN A HEARING AID. THE T-COIL IS A SMALL COPPER COIL WHICH IS FOUND IN MOST HEARING AIDS AND FUNCTIONS AS A WIRELESS ANTENNA THAT LINKS TO THE SOUND SYSTEM AND DELIVERS CUSTOMIZED SOUND TO THE LISTENER. ONCE THE USER FLIPS THE SWITCH TO T-COIL MODE ON THEIR HEARING AID OR BLUETOOTH STREAMER, THE HEARING LOOP BRIDGES THE SPACE BETWEEN THE LISTENER AND THE SOUNDS SOURCE ELIMINATING BACKGROUND NOISE.

LANGUAGE ASSISTANCE AND INTERPRETERS ARE AVAILABLE UPON REQUEST FOR THOSE WHOSE PRIMARY LANGUAGE IS NOT ENGLISH, FREE OF CHARGE, AND EDUCATIONAL RESOURCES ARE AVAILABLE IN MULTIPLE LANGUAGES. IN ADDITION, OUR BILINGUAL COMMUNITY HEALTH WORKERS (CHW) ARE AVAILABLE TO ASSIST OUR SPANISH



**Part V Facility Information** (continued)

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SPEAKING PATIENTS NAVIGATE THE HEALTHCARE SYSTEM AND CONNECT THEM TO SERVICES. THE CHW'S ALSO CONNECT OUR PATIENTS TO COMMUNITY RESOURCES AND CHARITY CARE IF NEEDED. THEY HELP TO INCREASE ACCESS TO CARE AND REDUCE LANGUAGE AS A BARRIER.

MANY NEW INITIATIVES ARE BEING PLANNED AND WILL BE IMPLEMENTED IN 2023. OUR ELECTRONIC HEALTH RECORD IS BEING UPDATED TO CAPTURE A PATIENT'S DESIRED PRONOUNS AND DATA ON SEXUAL ORIENTATION AND GENDER IDENTITY (SOGI). EDUCATION IS PLANNED FOR FRONT END STAFF AND AFTER THAT THE ENTIRE SYSTEM TO MAKE SURE THAT IN ADDITION TO SOGI DATA, WE ARE CAPTURING RACE AND ETHNICITY DATA FOR ALL PATIENTS. BIENNIAL COMPETENCIES WILL BE REQUIRED OF ALL EMPLOYEES. WE WILL BE EXPANDING OUR SOCIAL DETERMINANTS OF HEALTH (SDOH) ASSESSMENTS WITHIN THE HEALTHCARE SYSTEM AND PLAN TO ADDRESS GAPS IN CARE WHEREVER POSSIBLE.

## FOOD INSECURITY

OUR COMMUNITY DEPENDS ON OUR LOCAL FOOD PANTRIES. THEY ARE AN INTEGRAL PARTNER IN REDUCING SOCIAL DETERMINANTS OF CARE BY PROVIDING ACCESS TO NEEDED FOOD RESOURCES. HUNTERDON HEALTH SUPPORTS OUR PANTRIES IN MANY WAYS. WE HAVE PROVIDED FUNDING TO INCREASE HEALTHY FOOD OPTIONS, PROVIDED HEALTH EDUCATION AND USED OUR WIDE COMMUNICATION NETWORK TO SHARE IMPORTANT INFORMATION TO OUR PATIENTS AND THE COMMUNITY AT LARGE. THIS HAS HELPED TO BRING AWARENESS ABOUT THE IMPORTANCE OF FOOD DRIVES AND SUPPORTING THE WORK OF THE PANTRIES. OUR PRACTICES PROVIDE ALL PATIENTS WHO TRIGGER THE FOOD INSECURITY ASSESSMENT WITH A LIST OF FOOD RESOURCES ACROSS OUR SERVICE AREA.

HUNTERDON HEALTH AIMS TO VISIT A FOOD DISTRIBUTION AT OUR LARGEST PANTRIES AT LEAST EVERY QUARTER. AT THESE FOOD DISTRIBUTIONS, WE PROVIDE INFORMATION ON HUNTERDON HEALTH'S MANY RESOURCES INCLUDING CONNECTING PATRONS TO A PRIMARY CARE PHYSICIAN AND EDUCATING ABOUT CHARITY CARE FOR THOSE WITHOUT HEALTH INSURANCE. WE STRESS THE IMPORTANCE OF CANCER SCREENINGS AND PROVIDE FREE SCREENING RESOURCES. MEMBERS OF THE LGBTQ+ COMMUNITY CAN LEARN ABOUT SPECIFIC RESOURCES TO ASSIST THEM IN THEIR HEALTHCARE JOURNEY. WE CREATE TRUSTING RELATIONSHIPS WITH THE PATRONS SO THEY FEEL COMFORTABLE COMING TO HUNTERDON HEALTH FOR ALL OF THEIR HEALTH CARE NEEDS.

## TRANSPORTATION

HUNTERDON HEALTH IS PROUD TO WORK WITH GOHUNTERDON, A TRANSPORTATION MANAGEMENT ASSOCIATION IN HUNTERDON COUNTY, NJ, TO PROVIDE FREE LYFT AND UBER RIDES TO SENIORS IN OUR COMMUNITY SO THEY ARE ABLE TO GET TO THEIR PREVENTIVE CARE APPOINTMENTS. THROUGH THE HEALTHCARE ACCESS TRANSPORTATION PROGRAM, A TEAM WORKS DIRECTLY WITH HOME MEDICAL CARE COORDINATORS AT HUNTERDON HEALTH TO IDENTIFY PATIENTS 60 YEARS OR OLDER WHO ARE AT RISK OF MISSING NON-EMERGENCY MEDICAL APPOINTMENTS DUE TO 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.

LACK OF TRANSPORTATION. OUR OUTREACH TEAM EDUCATES THE COMMUNITY ON PROGRAMS AVAILABLE TO REDUCE TRANSPORTATION BARRIERS.

## COMMUNITY HEALTH COMMITTEE

THE HUNTERDON HEALTH SYSTEM BOARD DEVELOPED A COMMUNITY HEALTH COMMITTEE IN 2020 THAT CONTINUED THROUGH 2022. THE PURPOSE OF THIS COMMITTEE IS TO ENSURE THE HOSPITAL/SYSTEM EXECUTES ITS MISSION AND PROVIDES BENEFIT TO THE COMMUNITIES IT SERVES BASED ON AN ASSESSMENT OF COMMUNITY HEALTH NEEDS AND TO OVERSEE THAT THE ORGANIZATION'S COMMUNITY BENEFIT IS MET. THE COMMITTEE IS RESPONSIBLE FOR REVIEWING AND RECOMMENDING TO THE HUNTERDON HEALTH SYSTEM BOARD. THE COMMITTEE MEETS QUARTERLY TO REVIEW THE COMMUNITY HEALTH IMPROVEMENT PLAN DASHBOARDS, RECEIVE AN UPDATE ON ALL COMMUNITY BENEFIT ACTIVITIES, AND PROVIDE GUIDANCE AND OVERSIGHT. THE COMMITTEE REVIEWED AND BROUGHT FORWARD THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT THAT WAS ACCEPTED BY THE FULL SYSTEM BOARD IN THE FALL OF 2022. OUR 2023-2025 COMMUNITY HEALTH IMPROVEMENT PLAN WILL BE ROLLED OUT IN JANUARY 2023.

## COVID-19 COMMUNITY RESPONSE &amp; RECOVERY

HUNTERDON HEALTH CONTINUES TO HOST INFORMATION ABOUT COVID-19, TESTING AND VACCINATION WITH LINKS TO THE CDC FOR ADDITIONAL INFORMATION AND RESOURCES. WE HOSTED OUR LAST VACCINE CLINICS IN MARCH 2022. SINCE DECEMBER 2020, HUNTERDON HEALTHCARE HAS ORGANIZED AND STAFFED OVER 50 COVID-19 VACCINATION CLINICS ADMINISTERING OVER 45,000 SHOTS TO INDIVIDUALS AGED 5 YEARS AND OLDER. THIS NUMBER INCLUDES CLINICS FOR HUNTERDON HEALTHCARE EMPLOYEES, REGIONAL HEALTH CARE WORKERS, ADULTS, CHILDREN, ADOLESCENTS, AND SEVERAL SPECIALTY CLINICS DESIGNATED FOR CERTAIN UNDERSERVED GROUPS. COVID-19 VACCINATION CLINICS WERE HELD AT VARIOUS LOCATIONS INCLUDING THE HUNTERDON MEDICAL CENTER DAY HOSPITAL, HUNTERDON MEDICAL GROUP PRIMARY CARE PRACTICES, THE HUNTERDON HEALTH & WELLNESS CENTER AT CLINTON, THE 31 NORTH OFFICE CENTER ON ROUTE 31, HUNTERDON CENTRAL REGIONAL HIGH SCHOOL, AND MOST RECENTLY, 600 CORPORATE DRIVE IN LEBANON. IN APRIL 2021, SEVERAL "MEGA CLINICS" WERE HELD AT HUNTERDON CENTRAL REGIONAL HIGH SCHOOL AND HOSTED OVER 10,000 PEOPLE FROM ACROSS THE REGION. AT THE END OF 2021 AND THE BEGINNING OF 2022 THE HUNTERDON HEALTH VACCINATION CLINIC, LOCATED AT 600 CORPORATE DRIVE IN LEBANON, N.J., HOSTED BETWEEN 600 TO 900 INDIVIDUALS EACH WEDNESDAY. IT TOOK APPROXIMATELY 50 TO 60 HUNTERDON HEALTH EMPLOYEES AND VOLUNTEERS TO STAFF THESE LARGE CLINICS EVERY WEEK. BEHIND THE SCENES, HUNTERDON MEDICAL GROUP, WAS RESPONSIBLE FOR SETTING UP 1ST AND 2ND DOSE APPOINTMENTS, ANSWERING QUESTIONS, EDUCATING CALLERS ON THE VARIOUS VACCINES, CALLING PATIENTS EVERY WEEK FOR APPOINTMENT REMINDERS, AND ON MANY OCCASIONS, HELPING CALLERS FIND VACCINES CLOSER TO THEIR HOME IF UNABLE TO MAKE IT TO ONE OF HUNTERDON HEALTH'S CLINICS. AT THE HEIGHT OF VACCINE DEMAND, THIS GROUP HAD OVER 60 RE-DEPLOYED STAFF MEMBERS ANSWERING PHONES AND SETTING UP APPOINTMENTS. TO DATE, OVER 36,000 CALLS

**Part V Facility Information** (continued)

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HAVE COME THROUGH THE VACCINE SCHEDULING LINE.

SCH H, PART V, SECTB, 2, 3J, 6A, 7D, 13B, 13H, 15E, 16J, 18E, 19E, 20E, 21C, 21D, 23&24

NOT APPLICABLE.

SCHEDULE H, PART V, SECTION B, QUESTION 16A, 16B & 16C

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

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

[HTTPS://WWW.HUNTERDONHEALTH.ORG/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE](https://www.hunterdonhealth.org/patients-and-visitors/financial-assistance)

**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 50

Name and address	Type of facility (describe)
<b>1</b> HUNTERDON FAMILY MEDICINE AT RIVERFIELD 1738 ROUTE 31 NORTH, SUITE 203 CLINTON NJ 08809	FAMILY PRACTICE PHYSICIAN
<b>2</b> HUNTERDON FAMILY PRACTICE & OBSTETRICS 1100 WESCOTT DRIVE, SUITE 101 FLEMINGTON NJ 08822	FAMILY PRACTICE PHYSICIAN
<b>3</b> HUNTERDON INTERNAL MEDICINE ASSOCIATES 6 SAND HILL ROAD, SUITE 201 FLEMINGTON NJ 08822	INTERNAL MEDICINE
<b>4</b> HUNTERDON PEDIATRIC ASSOCIATES 1738 ROUTE 31 NORTH, SUITE 201 CLINTON NJ 08809	PEDIATRICS
<b>5</b> HUNTERDON FAMILY MEDICINE AT CORNERSTONE 9100 WESCOTT DRIVE, SUITE 103 FLEMINGTON NJ 08822	FAMILY PRACTICE
<b>6</b> HUNTERDON PEDIATRIC ASSOCIATES 6 CLUBHOUSE DRIVE, SUITE 202 WASHINGTON NJ 07882	PREDIATRICS
<b>7</b> HUNTERDON ADULT HOSPITALIST SERVICES 2100 WESTCOTT DRIVE FLEMINGTON NJ 08822	PHYSICIAN OFFICE
<b>8</b> HUNTERDON UROLOGICAL ASSOCIATES 1 WESCOTT DRIVE, SUITE 101 FLEMINGTON NJ 08822	UROLOGIST
<b>9</b> HUNTERDON URGENT CARE 63 CHURCH STREET FLEMINGTON NJ 08822	URGENT CARE CENTER
<b>10</b> HUNTERDON FAMILY MEDICINE PHILIPS-BARBER 72 ALEXANDER AVENUE LAMBERTVILLE NJ 08530	FAMILY PRACTICE

Schedule H (Form 990) 2022

**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> HUNTERDON FAMILY MEDICINE AT DEL VALLEY 200 FRENCHTOWN ROAD MILFORD NJ 08848	FAMILY HEALTH CENTER
<b>2</b> CENTER FOR ADVANCED WEIGHT LOSS (CAWL) 1738 ROUTE 31 N, SUITE 214 CLINTON NJ 08809	WEIGHT LOSS
<b>3</b> ADVANCED GASTROENTEROLOGY & NUTRITION 1100 WESCOTT DRIVE, SUITE 304 FLEMINGTON NJ 08822	GASTROENTEROLOGIST
<b>4</b> HAWK POINTE 6 CLUBHOUSE DRIVE, SUITE 102 WASHINGTON NJ 07882	PHYSICAL THERAPY
<b>5</b> CLINTON HEALTH CAMPUS 1738 ROUTE 31 N, SUITE 108 CLINTON NJ 08809	WELLNESS CENTER
<b>6</b> BRIDGEWATER HEALTH CAMPUS 1121 ROUTE 22 W, SUITE 202 BRIDGEWATER NJ 08807	MICU, EMS
<b>7</b> HUNTERDON F & S MEDICINE HOPEWELL VALLEY 84 ROUTE 31, SUITE 103 PENNINGTON NJ 08534	FAMILY PRACTICE
<b>8</b> HUNTERDON BREAST SURGERY CENTER 121 ROUTE 31, SUITE 1200 FLEMINGTON NJ 08822	BREAST SURGERY PRACTICE
<b>9</b> HUNTERDON PEDIATRICS ASSOCIATES 8 READING ROAD FLEMINGTON NJ 08822	PEDIATRICS
<b>10</b> HUNTERDON FAMILY MEDICINE AT HIGHLANDS 61 FRONTAGE ROAD HAMPTON NJ 08827	FAMILY HEALTH CENTER

Schedule H (Form 990) 2022

**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> CENTER FOR ENDOCRINE HEALTH 1738 ROUTE 31 N, SUITE 108 CLINTON NJ 08809	ENDOCRINOLOGIST
<b>2</b> DIABETES & ENDOCRINE ASSOCIATES 9100 WESCOTT DRIVE, SUITE 101 FLEMINGTON NJ 08822	ENDOCRINOLOGIST
<b>3</b> BRIDGEWATER HEALTH CAMPUS 1121 ROUTE 22 WEST, SUITE 204 BRIDGEWATER NJ 08807	PHYSICIAN OFFICE
<b>4</b> BRIDGEWATER HEALTH CAMPUS 1121 ROUTE 22 WEST, SUITE 205 BRIDGEWATER NJ 08807	PHYSICIAN OFFICE
<b>5</b> HUNTERDON FAMILY MEDICINE AT BRIDGEWATER 250 STATE ROUTE 28, SUITE 100 BRIDGEWATER NJ 08807	FAMILY PRACTICE
<b>6</b> HUNTERDON URGENT CARE 45 ROUTE 206 SOUTH, SUITE F RARITAN NJ 08869	URGENT CARE CENTER
<b>7</b> HUNTERDON MEDICAL ASSOC. AT WHITEHOUSE 537 US HWY 22 EAST, THIRD FLOOR WHITEHOUSE STATION NJ 08889	FAMILY PRACTICE
<b>8</b> HUNTERDON FAMILY PRACTICE AT HICKORY RUN 384 COUNTY ROAD, SUITE 513 CALIFON NJ 07830	FAMILY PRACTICE
<b>9</b> HUNTERDON PEDIATRIC ASSOCIATES 286 ROUTE 206 HILLSBOROUGH NJ 08844	PEDIATRICS
<b>10</b> HUNTERDON CENTER FOR DERMATOLOGY 63 CHURCH STREET FLEMINGTON NJ 08822	DERMATOLOGIST

Schedule H (Form 990) 2022

**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> HUNTERDON INFECTIOUS DISEASE SPECIALISTS 121 HIGHWAY 31 SOUTH, SUITE 300 FLEMINGTON NJ 08822	INFECTIOUS DISEASE PHYSICIAN
<b>2</b> HUNTERDON PODIATRIC MEDICINE 1100 WESCOTT DRIVE, SUITE 303 FLEMINGTON NJ 08822	PODIATRIST
<b>3</b> HAWK POINTE HEALTH CAMPUS 6 CLUBHOUSE DRIVE, SUITE 204 WASHINGTON NJ 07882	PHYSICIAN OFFICE
<b>4</b> BRIDGEWATER HEALTH CAMPUS 1121 ROUTE 22 W, SUITE 206 BRIDGEWATER NJ 08807	PHYSICIAN OFFICE
<b>5</b> HUNTERDON PLASTIC SURGERY 63 CHURCH STREET FLEMINGTON NJ 08822	PLASTIC SURGEON
<b>6</b> HUNTERDON PULMONARY & CRITICAL CARE 6 SAND HILL ROAD, SUITE 202 FLEMINGTON NJ 08822	PULMONOLOGIST
<b>7</b> HUNTERDON UROLOGICAL ASSOCIATES 1121 ROUTE 22 W, SUITE 202 BRIDGETWATER NJ 08807	UROLOGIST
<b>8</b> CENTER FOR HEALTH AGING 121 ROUTE 31, SUITE 1000 FLEMINGTON NJ 08822	INTERNAL MEDICINE
<b>9</b> HUNTERDON PALLIATIVE CARE 121 ROUTE 31, SUITE 1000 FLEMINGTON NJ 08822	PAIN MANAGEMENT PHYSICIAN
<b>10</b> HUNTERDON FAMILY MEDICINE AT BRIDGEWATER 1251 US HIGHWAY 22 BRIDGEWATER NJ 08807	FAMILY PRACTICE

Schedule H (Form 990) 2022

**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> HUNTERDON PEDIATRICS ASSOCIATES 6 SAND HILL ROAD, SUITE 102 FLEMINGTON NJ 08822	PEDIATRICS
<b>2</b> CENTER FOR NUTRITION AND DIABETES 9100 WESCOTT DRIVE, SUITE 102 FLEMINGTON NJ 08822	MANAGEMENT
<b>3</b> HUNTERDON FAMILY MEDICINE AT RIVERFIELD 6 CLUBHOUSE DRIVE, SUITE 102 WASHINGTON NJ 07882	FAMILY PRACTICE PHYSICIAN
<b>4</b> HUNTERDON PEDIATRICS HAWK POINTE 6 CLUBHOUSE DRIVE, SUITE 202 WASHINGTON NJ 07882	PEDIATRICS
<b>5</b> ADVANCED GASTROENTEROLOGY & NUTRITION 1738 ROUTE 31N, SUITE 108 CLINTON NJ 08809-2014	GASTROENTEROLOGIST
<b>6</b> ADVANCED GASTROENTEROLOGY & NUTRITION 1121 ROUTE 22 WEST, SUITE 202 BRIDGEWATER NJ 08807	GASTROENTEROLOGIST
<b>7</b> CENTER FOR ENDOCRINE HEALTH BRIDGEWATER 1121 ROUTE 22 WEST, SUITE 205 BRIDGEWATER NJ 08807	ENDOCRINOLOGIST
<b>8</b> HUNTERDON BREAST SURGERY CENTER 1121 ROUTE 22 WEST, SUITE 204 BRIDGEWATER NJ 08807	BREAST SURGERY PRACTICE
<b>9</b> HUNTERDON PODIATRIC MEDICINE HAWK POINTE 6 CLUBHOUSE DRIVE, SUITE 204 WASHINGTON NJ 07882	PODIATRIST
<b>10</b> HUNTERDON PODIATRIC MEDICINE BRIDGEWATER 1121 ROUTE 22 WEST, SUITE 206 BRIDGEWATER NJ 08807	PODIATRIST

Schedule H (Form 990) 2022



**Part VI Supplemental Information**

Provide the following information.

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

PART I, LINE 3C

THE INCOME BASED CRITERIA USED TO DETERMINE ELIGIBILITY IS PER NEW JERSEY ADMINISTRATIVE CODE 10:52 SUB CHAPTERS 11, 12 AND 13, AND BASED UPON THE 2021 POVERTY GUIDELINES (DEPARTMENT OF HEALTH AND SENIOR SERVICES). FPG ARE INCLUDED IN THE CRITERIA FOR DETERMINING ELIGIBILITY FOR CHARITY AND DISCOUNTED CARE.

SCHEDULE H, PART I; QUESTION 6A

NOT APPLICABLE.

**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.

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.

SCHEDULE H, PART II

THE PRIMARY ACTIVITY IS SUBSIDIZED HOUSING FOR THE MEDICAL RESIDENTS OF HUNTERDON MEDICAL CENTER.

**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.

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

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

THE ORGANIZATION ISSUED AUDITED FINANCIAL STATEMENTS. THE ORGANIZATION'S ALLOWANCE FOR DOUBTFUL ACCOUNTS (BAD DEBT EXPENSE) METHODOLOGY AND CHARITY CARE POLICIES ARE CONSISTENTLY APPLIED. BELOW DESCRIBES IT IN MORE DETAIL:

PATIENT ACCOUNTS RECEIVABLE ARE RECORDED WHEN THERE IS AN UNCONDITIONAL RIGHT TO PAYMENT, SUBJECT ONLY TO THE PASSAGE OF TIME. PATIENT ACCOUNTS RECEIVABLE, INCLUDING BILLED ACCOUNTS AND UNBILLED ACCOUNTS, WHICH HAVE THE UNCONDITIONAL RIGHT TO PAYMENT, AND ESTIMATED AMOUNTS DUE FROM THIRD-PARTY PAYORS FOR RETROACTIVE ADJUSTMENTS, ARE RECORDED AS RECEIVABLES SINCE THE RIGHT TO CONSIDERATION IS UNCONDITIONAL AND ONLY THE PASSAGE OF TIME IS REQUIRED BEFORE PAYMENT OF THAT CONSIDERATION IS DUE. THE ESTIMATED UNCOLLECTIBLE AMOUNTS ARE GENERALLY CONSIDERED

**Part VI Supplemental Information**

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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

IMPLICIT PRICE CONCESSIONS THAT ARE RECORDED AS A DIRECT REDUCTION TO  
 PATIENT ACCOUNTS RECEIVABLE RATHER THAN AN ALLOWANCE FOR DOUBTFUL  
 ACCOUNTS.

CHARITY CARE AND UNCOMPENSATED CARE

IN FURTHERANCE OF ITS CHARITABLE PURPOSE, THE SYSTEM PROVIDES A WIDE  
 VARIETY OF BENEFITS TO THE COMMUNITY, INCLUDING OFFERING VARIOUS  
 COMMUNITY-BASED SOCIAL SERVICE PROGRAMS, SUCH AS HEALTH SCREENINGS,  
 TRAINING FOR EMERGENCY SERVICE PERSONNEL, SOCIAL SERVICE AND SUPPORT  
 COUNSELING FOR PATIENTS AND FAMILIES, PASTORAL CARE AND CRISIS  
 INTERVENTION. ADDITIONALLY, A LARGE NUMBER OF HEALTH-RELATED EDUCATIONAL  
 PROGRAMS ARE PROVIDED FOR THE BENEFIT OF THE COMMUNITY, INCLUDING HEALTH  
 ENHANCEMENTS AND WELLNESS, CLASSES ON SPECIFIC CONDITIONS, TELEPHONE  
 INFORMATION SERVICES AND COSTS RELATED TO PROGRAMS DESIGNED TO IMPROVE  
 THE GENERAL STANDARDS OF THE HEALTH OF THE COMMUNITY.

THE SYSTEM PROVIDES MEDICAL CARE WITHOUT CHARGE OR AT REDUCED COSTS TO

**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.

RESIDENTS OF ITS COMMUNITY WHO MEET THE CRITERIA UNDER THE STATE REGULATION FOR CHARITY CARE. THE DEFINITION OF CHARITY CARE INCLUDES SERVICES PROVIDED AT NO CHARGE OR AT A REDUCED CHARGE TO PATIENTS WHO ARE UNINSURED OR UNDERINSURED. THE SYSTEM MAINTAIN RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE IT PROVIDES. THESE RECORDS SUPPORT THE AMOUNT OF CHARGES FOREGONE FROM SERVICES AND SUPPLIES FURNISHED UNDER ITS CHARITY CARE POLICY. BECAUSE THE SYSTEM DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THEY ARE NOT REPORTED AS REVENUES. AN OVERALL COST TO CHARGE RATIO WAS APPLIED TO ARRIVE AT THE COST OF CHARITY CARE. AS A RESULT, THE COST OF PROVIDING CHARITY CARE WAS \$4,749,000 AND \$4,221,000 FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021, RESPECTIVELY.

THE STATE OF NEW JERSEY PROVIDES CERTAIN SUBSIDY PAYMENTS TO QUALIFIED HOSPITALS TO PARTIALLY FUND UNCOMPENSATED CARE AND CERTAIN OTHER COSTS. SUBSIDY PAYMENTS RECOGNIZED AS REVENUES AMOUNTED TO \$330,000 AND \$371,000 FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021, RESPECTIVELY, AND ARE INCLUDED IN OTHER REVENUE IN THE ACCOMPANYING CONSOLIDATED STATEMENTS OF

**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.

OPERATIONS AND CHANGES IN NET ASSETS.

SCHEDULE H, PART III, SECTION B; QUESTION 8

MEDICARE COSTS WERE DERIVED FROM THE 2022 MEDICARE COST REPORT.

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

THE ORGANIZATION DID NOT INCLUDE MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT IN THE CALCULATION OF THEIR COMMUNITY BENEFIT PERCENTAGE. HOWEVER THE ORGANIZATION FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS SHOULD BE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. AS OUTLINED MORE FULLY BELOW THE ORGANIZATION BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE HEALTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES AND MISSION IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL

**Part VI Supplemental Information**

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

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  
 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

**Part VI Supplemental Information**

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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CRITERIA HOSPITALS MUST MEET TO QUALIFY AS IRC §501(C)(3) CHARITABLE ORGANIZATIONS. THE ORIGINAL STANDARD WAS KNOWN AS THE CHARITY CARE STANDARD. THIS STANDARD WAS REPLACED BY THE IRS WITH THE COMMUNITY BENEFIT STANDARD WHICH IS THE CURRENT STANDARD.

CHARITY CARE STANDARD

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



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

COMMUNITY 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  
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

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CHARITABLE ORGANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUNITY. THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A CHARITABLE PURPOSE ACCORDING TO THE GENERAL LAW OF CHARITY, IT FELL WITHIN THE "GENERALLY ACCEPTED LEGAL SENSE" OF THE TERM "CHARITABLE," AS REQUIRED BY TREAS. REG. §1.501(C)(3)-1(D)(2). THE IRS RULING STATED THAT THE PROMOTION OF HEALTH, LIKE THE RELIEF OF POVERTY AND THE ADVANCEMENT OF EDUCATION AND RELIGION, IS ONE OF THE PURPOSES IN THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE EVEN THOUGH THE CLASS OF BENEFICIARIES ELIGIBLE TO RECEIVE A DIRECT BENEFIT FROM ITS ACTIVITIES DOES NOT INCLUDE ALL MEMBERS OF THE COMMUNITY, SUCH AS INDIGENT MEMBERS OF THE COMMUNITY, PROVIDED THAT THE CLASS IS NOT SO SMALL THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUNITY.

THE IRS CONCLUDED THAT THE HOSPITAL WAS "PROMOTING THE HEALTH OF A CLASS OF PERSONS THAT IS BROAD ENOUGH TO BENEFIT THE COMMUNITY" BECAUSE ITS EMERGENCY ROOM WAS OPEN TO ALL AND IT PROVIDED CARE TO EVERYONE WHO COULD PAY, WHETHER DIRECTLY OR THROUGH THIRD-PARTY REIMBURSEMENT. OTHER CHARACTERISTICS OF THE HOSPITAL THAT THE IRS HIGHLIGHTED INCLUDED THE

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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.

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:

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- 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 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

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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 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

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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 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

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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.

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

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

IT IS THE POLICY OF HUNTERDON MEDICAL CENTER, TO TREAT ALL PATIENTS EQUALLY REGARDLESS OF INSURANCE AND THEIR ABILITY TO PAY. FOR ACCOUNTS DETERMINED TO BE "SELF-PAY" AND/OR ACCOUNTS WITH BALANCE AFTER PRIMARY

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

THE FACILITY ALSO HAS A CHARITY CARE ACCESS POLICY TO ASSURE PATIENTS ARE PROVIDED WITH CHARITY CARE ASSISTANCE DETERMINED BY STATE AND FEDERAL REGULATIONS. IT IS THE POLICY TO INFORM ALL PATIENTS DEEMED SELF-PAY OF THE APPROPRIATE ASSISTANCE PROGRAMS AVAILABLE. PATIENTS APPLYING FOR CHARITY CARE ASSISTANCE WILL BE FINANCIALLY SCREENED BY A RESOURCE ADVISOR TO DETERMINE ELIGIBILITY ACCORDING TO STATE AND FEDERAL GUIDELINES AND WILL BE INFORMED OF DOCUMENTATION NEEDED TO COMPLETE A CHARITY CARE APPLICATION. PATIENTS NOT ELIGIBLE FOR CHARITY CARE WILL BE FINANCIALLY COUNSELED FOR ALL OTHER OPTIONS. QUALIFIED PATIENTS WILL BE REFERRED TO ALL APPROPRIATE AGENCIES OR PROGRAMS TO MEET OTHER FINANCIAL NEEDS.

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



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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;

- FINANCIAL COUNSELING FOR A HOSPITAL INITIATED DISCOUNT PROGRAM FOR

THOSE WITH NO INSURANCE OR WHO ARE UNDERINSURED AND DON'T MEET THE

STATEMENT REQUIREMENTS FOR FREE CARE. THE HOSPITAL-INITIATED DISCOUNT

PROGRAM RATES ARE REFLECTIVE OF 200% OF MEDICAID; AND

-FINANCIAL ARRANGEMENTS INCLUDING:

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

2. FLEXIBLE PAYMENT PLANS.

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SCHEDULE H, PART VI; QUESTION 2

UNDER THE BYLAWS OF HMC, THE HOSPITAL HAS A NEEDS COMMITTEE WHICH ANALYZES THE HEALTHCARE SERVICES THAT ARE CONSIDERED NECESSARY TO MEET THE HEALTHCARE NEEDS OF THE COMMUNITY. THE COMMITTEE IS COMPRISED OF HEALTHCARE ADMINISTRATION, PHYSICIANS AND COMMUNITY MEMBERS. THIS COMMITTEE WORKS TOWARD ENSURING THERE IS AN APPROPRIATE SUPPLY OF PHYSICIANS TO MEET THE NEEDS OF THE POPULATION. HUNTERDON MEDICAL CENTER ALSO CONTINUES TO WORK WITH THE "PARTNERSHIP FOR HEALTH", WHICH IS A GROUP OF OVER 70 ORGANIZATIONS IN THE COUNTY INCLUDING THE HUNTERDON COUNTY DEPARTMENT OF HEALTH, THE UNITED WAY OF HUNTERDON COUNTY AS WELL AS MANY OTHERS. THE EFFORTS OF THIS ORGANIZATION ARE TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY AND FOCUS ON SUCH ISSUES AS CHRONIC DISEASE, MENTAL HEALTH, SUBSTANCE MISUSE, OBESITY AND LATINO HEALTH DISPARITIES.

DATA COLLECTION FOR THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT BEGAN IN 2021 WHEN QUANTITATIVE AND QUALITATIVE DATA WAS COLLECTED. FOCUS GROUPS

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WERE CREATED TO IDENTIFY COMMUNITY THEMES AND STRENGTHS. THE LOCAL PUBLIC HEALTH SYSTEM WAS ASSESSED. A GROUP OF COMMUNITY STAKEHOLDERS INCLUDING SCHOOLS, FAITH LEADERS, BUSINESSES, HEALTHCARE, SOCIAL SERVICES, COUNTY EMPLOYEES, GOVERNMENT, NON-PROFIT ORGANIZATIONS, TEENS, SENIOR CITIZENS AND BOTH ENGLISH AND SPANISH SPEAKING RESIDENTS ASSESSED THE COMMUNITY'S HEALTH AND IDENTIFIED FORCES OF CHANGE OCCURRING IN THE COUNTY THAT WAS IMPACTING THE HEALTH OF THE COMMUNITY MEMBERS. FINALLY STATEWIDE DATA SOURCES WERE USED AS BENCHMARKS TO COMPARE THE RESULTS OF HUNTERDON COUNTY IN PARTICULAR. THIS DATA WAS REPORTED IN THE 2022 CHNA AND CHIP AND IS PUBLISHED ON OUR HOSPITAL WEBSITE. THE 2022 CHNA IDENTIFIED FIVE PRIORITY HEALTH NEEDS TO BE ADDRESSED BY HUNTERDON HEALTHCARE SYSTEM IN THE 2023-2025 CHIP: HEALTHY WEIGHT, SUBSTANCE MISUSE, MENTAL HEALTH, AGE RELATED ISSUES AND ACCESS TO CARE/SOCIAL DETERMINANTS OF HEALTH.

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SCHEDULE H, PART VI; QUESTION 3

THE MEDICAL CENTER PROVIDES FINANCIAL COUNSELING TO ALL PATIENTS REGARDLESS OF INSURANCE STATUS. THEY RECEIVE A WRITTEN NOTICE IN ENGLISH OR SPANISH FORMAT OF THE FINANCIAL ASSISTANCE PROGRAMS AVAILABLE AT THE TIME OF ADMISSION OR DURING THE OUTPATIENT REGISTRATION PROCESS. FINANCIAL COUNSELING SERVICES ARE AVAILABLE TO ALL PATIENTS THROUGH THE PATIENT ACCOUNTS DEPARTMENT DURING OR AFTER THE PROVISION OF SERVICES. ALL PATIENTS DEEMED SELF-PAY ARE SCREENED FOR FINANCIAL ASSISTANCE BY A RESOURCE ADVISOR ACCORDING TO THE FEDERAL POVERTY GUIDELINES AND REFERRED TO APPROPRIATE AGENCIES OR PROGRAMS.

VERBIAGE STATING FINANCIAL ASSISTANCE IS AVAILABLE IS INCLUDED ON EACH PATIENT'S BILLING STATEMENT. THE MESSAGE READS AS FOLLOWS: "IF YOU CANNOT PAY THIS BILL AND REQUIRE FINANCIAL ASSISTANCE OR PAYMENT ARRANGEMENTS, PLEASE CONTACT OUR PATIENT ACCOUNTS DEPARTMENT."

CHARITY CARE SIGNS ARE ALSO POSTED THROUGHOUT THE FACILITY, MAINLY IN

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PATIENT REGISTRATION AREAS. SIGNS ARE POSTED IN BOTH ENGLISH AND SPANISH.

SCHEDULE H, PART VI; QUESTION 4

HUNTERDON MEDICAL CENTER'S PRIMARY SERVICE AREA IS HUNTERDON COUNTY, NEW JERSEY, BUT ALSO SERVES PART OF SOMERSET, WARREN AND MERCER COUNTIES. THE CENSUS FOR HUNTERDON COUNTY AS OF 2010 WAS 128,349, HOWEVER MORE RECENT ESTIMATES ARE 124,714 (2108 CENSUS ESTIMATE). IT IS PART OF THE NY METROPOLITAN AREA AND THE COUNTY SEAT IS FLEMINGTON. THE RACIAL MAKE-UP OF THE COUNTY IS 85.1% WHITE/NON-HISPANIC, 2.9% AFRICAN AMERICAN, 0.2% NATIVE AMERICAN, 4.2% ASIAN AND 6.8% HISPANIC/LATINO, AND .8% OTHER. HUNTERDON COUNTY HAS BEEN RANKED AS HAVING THE 4TH HIGHEST INCOME PER CAPITA IN THE U.S.

**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 VI; QUESTION 5

HUNTERDON MEDICAL CENTER HAS FURTHERED ITS EXEMPT PURPOSE IN SUCH PROGRAMS AS 1) LATINO HEALTH INITIATIVE FOCUSED ON LOW-INCOME IMMIGRANTS HEALTH NEEDS, 2) CREATION OF A MEDICATION ACCESS PROGRAM IN COLLABORATION WITH THE PHARMACEUTICAL INDUSTRY TO DISTRIBUTE FREE PRESCRIPTION DRUGS TO PATIENTS UNABLE TO PAY, AND 3) ANNUAL FREE HEALTH SCREENING PROGRAMS FOR THE ENTIRE COUNTY FOR BREAST CANCER, PROSTATE CANCER, COLON CANCER, HEARING LOSS, ALZHEIMER'S DISEASE, PRE-NATAL AND DIABETES CARE, AMONG OTHERS.

THE FIVE PRIORITY HEALTH ISSUES IDENTIFIED THROUGH THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS HAVE BEEN ADDRESSED IN 2023 THROUGH THE 2025 CHIP ADOPTED BY THE MEDICAL CENTER BOARD AT ITS SEPTEMBER 2022 MEETING. THE GOALS INCLUDED: 1) FOCUS ON HEALTHY WEIGHT AMONG HUNTERDON COUNTY RESIDENTS THROUGH THE INCREASE OF THE NUMBER OF ADULTS PARTICIPATING IN WELLNESS AND WEIGHT AND DIABETES MANAGEMENT PROGRAMS. 2) REDUCE THE PREVALENCE OF SUBSTANCE ABUSE OF HUNTERDON COUNTY RESIDENTS

**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.

THROUGH THE STRENGTHENING OF EXISTING PROGRAMS, THE ENHANCEMENT OF TRAINING AMONG PHYSICIANS TO EFFECTIVELY IDENTIFY THE USE OF SUBSTANCES AMONG THE COMMUNITY'S MEMBERS, AND WITH THE INCREASE IN THE NUMBER OF COMPLETED INPATIENT ADDICTION TREATMENT CONSULTS. 3) INCREASED THE NUMBER OF RESIDENTS IN OUR SERVICE AREA BEING ASSESSED, AND IF NECESSARY, TREATED FOR BEHAVIORAL HEALTH TREATMENT SERVICES. 4) REDUCE BARRIERS AND INCREASE THE NUMBER OF SENIOR (AGE 65+) RESIDENTS IN OUR SERVICE AREA RECEIVING PREVENTIVE CARE. 5) COLLECT DATA TO INFORM STRATEGIES TO REDUCE BARRIERS TO CARE FOR RESIDENTS IN OUR SERVICE AREA.

SCHEDULE H, PART VI; QUESTION 6

THIS ORGANIZATION IS AN AFFILIATE OF THE HUNTERDON HEALTHCARE SYSTEM. ALL AFFILIATES ARE COMMITTED TO ENHANCING THE OVERALL HEALTH STATUS OF THE COMMUNITY BY PROVIDING THE HIGHEST QUALITY HEALTHCARE AND RELATED SERVICES. THE HUNTERDON HEALTHCARE SYSTEM STRIVES TO EXCEED THE PATIENTS' EXPECTATIONS EMPHASIZING COMMITMENT, COMPETENCE, COLLABORATION, COMMUNICATION, AND COMPASSION.

**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.

OUTLINED BELOW IS A SUMMARY OF THE ENTITIES WHICH COMPRISE THE HUNTERDON HEALTHCARE SYSTEM, INC.

NOT FOR PROFIT HUNTERDON HEALTHCARE SYSTEM ENTITIES

HUNTERDON HEALTHCARE SYSTEM, INC.

HUNTERDON HEALTHCARE SYSTEM, INC. ("HHS") IS THE TAX-EXEMPT PARENT OF THE HUNTERDON HEALTHCARE SYSTEM, INC. ("SYSTEM"). THIS INTEGRATED HEALTHCARE DELIVERY SYSTEM CONSISTS OF A GROUP OF AFFILIATED HEALTHCARE ORGANIZATIONS. THE SOLE MEMBER OR STOCKHOLDER OF EACH ENTITY IS EITHER HHS OR ANOTHER SYSTEM AFFILIATE CONTROLLED BY HHS. THE SYSTEM IS AN INTEGRATED NETWORK OF HEALTHCARE PROVIDERS THROUGHOUT THE STATE OF NEW JERSEY.

HUNTERDON HEALTHCARE SYSTEM, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE



**Part VI Supplemental Information**

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§501(C)(3) AND AS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE

CODE §509(A)(3).

HUNTERDON HEALTHCARE SYSTEM, INC. STRIVES TO CONTINUALLY DEVELOP AND OPERATE A HEALTHCARE SYSTEM WHICH PROVIDES SUBSTANTIAL COMMUNITY BENEFIT THROUGH THE PROVISION OF A COMPREHENSIVE SPECTRUM OF HEALTHCARE SERVICES TO THE RESIDENTS OF NEW JERSEY AND SURROUNDING COMMUNITIES. HUNTERDON HEALTHCARE SYSTEM, INC. ENSURES THAT HUNTERDON MEDICAL CENTER PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. NO INDIVIDUALS ARE DENIED NECESSARY MEDICAL CARE, TREATMENT OR SERVICES. HUNTERDON MEDICAL CENTER OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545:

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

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2. THE ORGANIZATION OPERATES AN ACTIVE EMERGENCY ROOM FOR ALL PERSONS;

WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR;

3. THE ORGANIZATION MAINTAINS A CLOSED MEDICAL STAFF, WITH PRIVILEGES

AVAILABLE TO ALL QUALIFIED PHYSICIANS; AND

4. CONTROL OF THE ORGANIZATION RESTS WITH ITS BOARD OF TRUSTEES AND THE

BOARD OF TRUSTEES OF HUNTERDON HEALTHCARE SYSTEM, INC. BOTH BOARDS ARE

COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE

COMMUNITY.

5. SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND

AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE; PROGRAMS AND

ACTIVITIES.

HUNTERDON MEDICAL CENTER

HUNTERDON MEDICAL CENTER ("HMC") IS A 178-BED LICENSED NON-PROFIT

**Part VI Supplemental Information**

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

BRITESIDE ADULT DAY CENTERS, INC.

BRITESIDE ADULT DAY CENTERS, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(2). THE ORGANIZATION PROVIDES ADULT DAY CARE SERVICES TO INDIVIDUALS.

HUNTERDON HEALTHCARE FOUNDATION

**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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HUNTERDON HEALTHCARE FOUNDATION IS AN ORGANIZATION RECOGNIZED BY THE  
INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE  
§501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE  
CODE §509(A)(1).

THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION SUPPORTS THE CHARITABLE  
PURPOSES, PROGRAMS AND SERVICES OF HUNTERDON MEDICAL CENTER; A RELATED  
INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES  
MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A  
NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL  
ORIGIN OR ABILITY TO PAY.

HUNTERDON REGIONAL COMMUNITY HEALTH, INC.

HUNTERDON REGIONAL COMMUNITY HEALTH, INC. IS AN ORGANIZATION RECOGNIZED  
BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL  
REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO  
INTERNAL REVENUE CODE §509(A)(3).

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THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF HUNTERDON MEDICAL CENTER; A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

HUNTERDON HOSPICE

HUNTERDON HOSPICE IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1). THE ORGANIZATION PROVIDES CARE AND SUPPORT FOR TERMINALLY ILL PATIENTS AND THEIR FAMILIES IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

HUNTERDON HOSPICE HAS PROVIDED EXCEPTIONAL PHYSICAL, EMOTIONAL AND SPIRITUAL SUPPORT TO PATIENTS AND THEIR FAMILIES DURING LIFE'S FINAL

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STAGES. WHETHER AT HOME, IN THE HOSPITAL, OR IN A LONG-TERM CARE OR ASSISTED LIVING FACILITY, THEIR DEDICATED, HIGHLY SKILLED TEAM STRIVES TO IMPROVE QUALITY OF LIFE WHILE PROVIDING COMFORT, PRESERVING DIGNITY, AND HONORING THE UNIQUE WISHES OF EACH PATIENT AND FAMILY.

VISITING HEALTH & SUPPORTIVE SERVICES

VISITING HEALTH & SUPPORTIVE SERVICES IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1).

THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF HUNTERDON MEDICAL CENTER; A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

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HUNTERDON PRIMARY CARE, P.C.

HUNTERDON PRIMARY CARE, P.C. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION SUPPORTS HUNTERDON MEDICAL CENTER; A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION WHICH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATING MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

HUNTERDON SPECIALTY CARE, P.C.

HUNTERDON SPECIALTY CARE, P.C. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION SUPPORTS HUNTERDON MEDICAL CENTER; A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION WHICH

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PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A  
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HUNTERDON URGENT CARE, P.C.

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REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE  
§501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE  
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RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION WHICH  
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OTHER HUNTERDON HEALTHCARE SYSTEM ENTITIES

HUNTERDON IMAGING ASSOCIATES, LLC



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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.

HUNTERDON HEALTHCARE PARTNERS, LLC

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.

HUNTERDON CENTER FOR SURGERY LLC

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

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

CHARITABLE PURPOSES OF THE HEALTH CARE SYSTEM.

MIDJERSEY HEALTH ALLIANCE, LLC

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.

BRIDGEWATER AMBULATORY SURGERY CENTER, LLC

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.

HUNTERDON AMBULATORY SERVICES, LLC

**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.

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.

BRIDGEWATER ADVANCED IMAGING SERVICES, LLC

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.

MIDJERSEY HEALTH CORPORATION

A FOR-PROFIT ENTITY WHOSE SOLE SHAREHOLDER IS HUNTERDON HEALTHCARE SYSTEM, INC. ("HHS"). THIS ENTITY PROVIDES OVERSIGHT TO VARIOUS ENTITIES IN THE HHS.

**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.

HUNTERDON REGIONAL PHARMACY, INC.

A FOR-PROFIT ENTITY WHOSE SOLE SHAREHOLDER IS HRCH. THIS ENTITY OPERATES  
A PHARMACY AT THE HUNTERDON MEDICAL CENTER, FLEMINGTON, HUNTERDON COUNTY,  
NEW JERSEY.

SCHEDULE H, PART VI; QUESTION 7

THE ENTITY AND RELATED PROVIDER ORGANIZATIONS ARE LOCATED IN NEW JERSEY.  
THE STATE OF NEW JERSEY DOES NOT REQUIRE HOSPITALS TO ANNUALLY FILE A  
COMMUNITY BENEFIT REPORT WITH THE STATE OF NEW JERSEY.

**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

**2022**

**Open to Public  
Inspection**

HUNTERDON MEDICAL CENTER

Employer identification number

22-1537688

**Part I Questions Regarding Compensation**

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

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input 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? **4a**  **4a**  **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**  **4b**  **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**  **4c**  **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

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

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

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

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

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

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>	<input checked="" type="checkbox"/>	
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>	<input checked="" type="checkbox"/>	
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PATRICK J. GAVIN, MPH, TRUSTEE - PRESIDENT/CEO	(i)	956,126.	299,087.	34,048.	12,200.	19,264.	1,320,725.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 VIOLET T. KOC SIS CHIEF HUMAN RESOURCES OFFICER	(i)	425,605.	103,803.	71,268.	62,100.	30,944.	693,720.	31,394.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 HERBERT WHITE CFO	(i)	438,400.	112,715.	31,876.	62,170.	35,844.	681,005.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 DAVID D. SKILLINGE, M. VP, MEDICAL PRACTICES	(i)	429,584.	79,491.	34,936.	55,220.	21,935.	621,166.	25,107.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 SHEHZANA ASHRAF, M.D. PHYSICIAN	(i)	458,822.	71,557.	516.	13,725.	23,619.	568,239.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 EDMUND SIY CHIEF INFORMATION OFFICER	(i)	408,354.	125.	9,828.	42,185.	23,690.	484,182.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 ROBERT G. COATES, M.D. CMO (EFF 9/11/22)	(i)	90,106.	125.	358,031.	NONE	NONE	448,262.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 MUHAMMAD S. YUSUF, M.D. PHYSICIAN	(i)	359,000.	41,439.	120.	11,327.	23,008.	434,894.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9 THERESA M. MISKIMEN, M PHYSICIAN	(i)	372,251.	375.	516.	12,200.	15,657.	400,999.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
10 MARY JO LOUGHLIN, RN SVP PATIENT CARE/CNO	(i)	266,241.	46,289.	9,828.	45,099.	20,649.	388,106.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
11 NARMADHA PANNEERSELVAM PHYSICIAN	(i)	259,320.	94,149.	7,019.	10,649.		371,137.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
12 MARTIN E. KLEIN, M.D. CMO (TERMED 9/3/22)	(i)	217,685.	35,270.	35,486.	22,185.	NONE	310,626.	13,573.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
13 LAWRENCE N. GRAND FORMER OFFICER	(i)	4,101.	NONE	195,242.	NONE	NONE	199,343.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
14 JASON VANDIVER CHIEF MARKETING OFF(TERM 4/9)	(i)	101,097.	50,740.	4,063.	4,916.	5,957.	166,773.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
15 PATRICIA STEINGALL, RN FORMER KEY EMPLOYEE	(i)	8,107.	NONE	125,710.	NONE	NONE	133,817.	8,695.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

SCHEDULE J, PART I, QUESTION 4B

THE AMOUNTS REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES PARTICIPATION IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN). THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2022 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: VIOLET T. KOCSIS, \$39,742; DAVID D. SKILLINGE, M.D., \$25,107; ROBERT G. COATES, M.D., \$358,031; MARTIN E. KLEIN, M.D., \$13,573; LAWRENCE N. GRAND, \$195,242 AND PATRICIA STEINGALL, RN, \$125,710.

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 2022 FORM W-2, AS TAXABLE WAGES: VIOLET T. KOCSIS, \$43,800; HERBERT WHITE, \$49,970;

**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.

DAVID D. SKILLINGE, M.D., \$41,495; EDMUND SIY, \$35,443; MARY JO LOUGHLIN, RN, \$26,799; MARTIN E. KLEIN, M.D., \$22,185 AND JASON VANDIVER, \$4,916.

SCHEDULE J, PART I; QUESTION 7

CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2022 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2022 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT.

SCHEDULE J, PART II, COLUMN F

THE AMOUNTS REPORTED IN SCHEDULE J, PART II, COLUMN (F) INCLUDE VESTED BENEFITS IN A DEFERRED COMPENSATION PLAN AS THESE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. THESE AMOUNTS WERE REPORTED AS DEFERRED COMPENSATION ON PRIOR YEARS' FORMS 990 AND ARE NOW BEING REPORTED AGAIN ON THIS YEAR'S FORM 990. THESE HAVE BEEN TREATED AS



**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.

TAXABLE INCOME AND REPORTED ON EACH INDIVIDUAL'S FORM W-2, BOX 5, AS

TAXABLE MEDICARE WAGES.

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

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

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

**2022**

**Open to Public  
Inspection**

Name of the organization

HUNTERDON MEDICAL CENTER

Employer identification number

22-1537688

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084		12/01/2014	42,735,000.	REPAY 2006A BOND SERIES & CONST.		X		X		X
<b>B</b> NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084		12/01/2014	16,260,000.	REPAY 2006A BOND SERIES & CONST.		X		X		X
<b>C</b> NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084		12/01/2014	4,935,000.	REPAY 2006A BOND SERIES & CONST.		X		X		X
<b>D</b>											

**Part II Proceeds**

	A		B		C		D	
<b>1</b> Amount of bonds retired . . . . .								
<b>2</b> Amount of bonds legally defeased . . . . .								
<b>3</b> Total proceeds of issue . . . . .	45,681,704.		16,260,000.		4,751,432.			
<b>4</b> Gross proceeds in reserve funds . . . . .								
<b>5</b> Capitalized interest from proceeds . . . . .								
<b>6</b> Proceeds in refunding escrows . . . . .								
<b>7</b> Issuance costs from proceeds . . . . .	33,306.		6,457.		11,262.			
<b>8</b> Credit enhancement from proceeds . . . . .								
<b>9</b> Working capital expenditures from proceeds . . . . .								
<b>10</b> Capital expenditures from proceeds . . . . .								
<b>11</b> Other spent proceeds . . . . .								
<b>12</b> Other unspent proceeds . . . . .								
<b>13</b> Year of substantial completion . . . . .	2015		2008		2014			
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	X		X		X			
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X		X		X		
<b>16</b> Has the final allocation of proceeds been made? . . . . .		X	X		X			
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X			

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

Schedule K (Form 990) 2022

**Part III Private Business Use**

TAX-EXEMPT BOND LIABILITIES

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X		X		
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X		X		X		
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X		X		
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? . . . . .								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? . . . . .								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .						2.0600	%	%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .							%	%
<b>6</b> Total of lines 4 and 5 . . . . .						2.0600	%	%
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .	X		X		X			
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .							%	%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X		X			

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .	X		X		X			
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? . . . . .								
<b>b</b> Exception to rebate? . . . . .								
<b>c</b> No rebate due? . . . . .								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X		X		X		

**Part IV Arbitrage (continued)**

TAX-EXEMPT BOND LIABILITIES

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .		X		X		X		
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge. . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? . . . . .		X		X		X		
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? . . . . .		X		X		X		
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X		X		X			

**Part V Procedures To Undertake Corrective Action**

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

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

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**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

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

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

**2022**

**Open to Public  
Inspection**

Name of the organization

HUNTERDON MEDICAL CENTER

Employer identification number

22-1537688

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084		12/23/2020	34,097,000.	REPAY 2014A SERIES BONDS		X		X		X
<b>B</b> NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084		12/23/2020	44,460,000.	CAPITAL IMPROVEMENTS & EQUIP.		X		X		X
<b>C</b>											
<b>D</b>											

**Part II Proceeds**

	A		B		C		D	
<b>1</b> Amount of bonds retired . . . . .								
<b>2</b> Amount of bonds legally defeased . . . . .								
<b>3</b> Total proceeds of issue . . . . .	33,880,697.		43,851,483.					
<b>4</b> Gross proceeds in reserve funds . . . . .								
<b>5</b> Capitalized interest from proceeds . . . . .								
<b>6</b> Proceeds in refunding escrows . . . . .								
<b>7</b> Issuance costs from proceeds . . . . .	216,303.		353,784.					
<b>8</b> Credit enhancement from proceeds . . . . .								
<b>9</b> Working capital expenditures from proceeds . . . . .								
<b>10</b> Capital expenditures from proceeds . . . . .								
<b>11</b> Other spent proceeds . . . . .								
<b>12</b> Other unspent proceeds . . . . .								
<b>13</b> Year of substantial completion . . . . .	2015							
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	X			X				
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X		X				
<b>16</b> Has the final allocation of proceeds been made? . . . . .	X		X					
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X					

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

Schedule K (Form 990) 2022

**Part III Private Business Use**

TAX-EXEMPT BOND LIABILITIES

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X				
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X		X				
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X				
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? . . . . .								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X				
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? . . . . .								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .								
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .								
<b>6</b> Total of lines 4 and 5 . . . . .								
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .	X		X					
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X					

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .	X		X					
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? . . . . .								
<b>b</b> Exception to rebate? . . . . .								
<b>c</b> No rebate due? . . . . .								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	X			X				

Part IV Arbitrage (continued)

TAX-EXEMPT BOND LIABILITIES

Table with 9 columns: Question, A-Yes, A-No, B-Yes, B-No, C-Yes, C-No, D-Yes, D-No. Rows include questions about qualified hedge, provider name, term, superintegrated status, terminated status, GIC investment, and regulatory safe harbor.

Part V Procedures To Undertake Corrective Action

Table with 9 columns: Question, A-Yes, A-No, B-Yes, B-No, C-Yes, C-No, D-Yes, D-No. Row includes question about written procedures to ensure timely identification and correction of federal tax requirements.

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

Multiple horizontal lines provided for supplemental information.

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

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**CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

HUNTERDON MEDICAL CENTER ("HMC") IS AN ACUTE CARE TEACHING HOSPITAL. HMC PROVIDES A FULL RANGE OF PREVENTIVE, DIAGNOSTIC, AND THERAPEUTIC INPATIENT AND OUTPATIENT HOSPITAL AND COMMUNITY SERVICES. HMC IS RECOGNIZED BY THE IRS AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, HMC PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, HMC OPERATES CONSISTENTLY WITHIN THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545:

1. HMC PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS;
2. HMC OPERATES AN ACTIVE EMERGENCY ROOM FOR ALL PERSONS; WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR;
3. HMC MAINTAINS A CLOSED MEDICAL STAFF, WITH PRIVILEGES AVAILABLE BASED ON COMMUNITY NEED;
4. CONTROL OF HMC RESTS WITH ITS BOARD OF TRUSTEES AND THE BOARD OF TRUSTEES OF HUNTERDON HEALTHCARE SYSTEM, INC. BOTH BOARDS ARE COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY;

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

THE OPERATIONS OF HMC, AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THE HOSPITAL PROVIDES SUBSTANTIAL COMMUNITY BENEFIT AND THAT THE USE AND CONTROL OF HMC IS FOR THE BENEFIT OF THE PUBLIC AND THAT NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY.

HMC'S SOLE CORPORATE MEMBER IS HUNTERDON HEALTHCARE SYSTEM, INC. ("HHS"). HHS IS THE TAX-EXEMPT PARENT OF HUNTERDON MEDICAL CENTER. THIS TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM CONSISTS OF A GROUP OF AFFILIATED HEALTHCARE ORGANIZATIONS. THE SOLE MEMBER OR STOCKHOLDER OF EACH ENTITY IS EITHER HHS OR ANOTHER SYSTEM AFFILIATE CONTROLLED BY HHS.

MISSION

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EMBRACE PEOPLE, ELEVATE CARE, AND CULTIVATE HEALTHIER COMMUNITIES.

VISION

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TO BE DISTINGUISHED FOR CLINICAL EXCELLENCE AND SEAMLESS, PERSONALIZED  
CARE.

HUNTERDON MEDICAL CENTER  
-----

HUNTERDON MEDICAL CENTER WAS CREATED IN 1953 WITH THE VISION OF AN  
INTEGRATED HEALTHCARE DELIVERY SYSTEM IN MIND: NAMELY, THAT PRIMARY CARE  
WOULD BE DELIVERED BY FAMILY PHYSICIANS IN THE COMMUNITY, THAT  
CONSULTATIVE AND SPECIALTY CARE WOULD BE HOSPITAL-BASED WITH PATIENTS  
RETURNED TO THEIR PERSONAL PHYSICIANS AND FINALLY, THAT THE HOSPITAL  
WOULD BE A TRAINING CENTER FOR FAMILY PHYSICIANS. THIS SYSTEM HAS WORKED  
REMARKABLY WELL WITH HUNTERDON MEDICAL CENTER CURRENTLY ENJOYING ONE OF  
THE BEST QUALITY CARE OUTCOMES IN THE COUNTRY, AS WELL AS HAVING ONE OF  
THE LOWEST PER CAPITA COSTS FOR HOSPITALIZATION IN THE NATION. FAMILY  
MEDICINE IS REAL IN HUNTERDON COUNTY.

THE CENTERPIECE OF THE HUNTERDON HEALTHCARE SYSTEM IS HUNTERDON MEDICAL  
CENTER. THE MEDICAL CENTER HAS 178-BEDS, INCLUDING ADVANCED MEDICAL AND  
SURGICAL UNITS, A 12-BED INTENSIVE CARE UNIT, A 4-BED CORONARY CARE UNIT,  
A 20-BED SAME DAY SURGERY CENTER, A 20-BED MATERNITY AND NEWBORN CARE  
CENTER WHICH WAS ONE OF THE FIRST SINGLE-ROOM MATERNITY CENTERS IN NEW  
JERSEY, A 10-BED PEDIATRIC UNIT AND A 14-BED BEHAVIORAL HEALTH WING.

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HUNTERDON LED THE NATION BY IMPLEMENTING THE FIRST, YEAR-ROUND NIGHT FLOAT SYSTEM FOR FAMILY MEDICINE RESIDENCY PROGRAMS. THIS SYSTEM ALLEVIATES RESIDENT FATIGUE AND ELIMINATES THE EXHAUSTION WHICH CAN BE DETRIMENTAL TO RESIDENTS, THEIR FAMILIES AND PATIENT CARE. THIS HAS BECOME THE NATIONAL NORM FOR RESIDENCY SCHEDULING WITH THE IMPLEMENTATION OF NEW WORK HOUR REGULATIONS. SENIOR RESIDENTS COVER THE HOSPITAL FROM 7:00PM TO 7:00AM IN A DESIGNED NIGHT FLOAT ROTATION. THEY THEN HAVE A 12-HOUR DUTY FREE PERIOD TO REST AND REJUVENATE IN THE COMFORT OF THEIR OWN HOMES. FIRST YEAR RESIDENTS ALSO WORK A 12-HOUR SHIFT FROM 7PM TO 7AM IN A SIMILAR ROTATION. THEY FUNCTION TO HELP WITH ADMISSIONS IN CONJUNCTION WITH THE SENIOR RESIDENTS AND THE NOCTURNIST FROM 7PM TO 10PM THUS ALLOWING THEM TO GET SUPERVISED INSTRUCTION IN THIS IMPORTANT SKILLS SET. FROM 10PM TO 7AM THE FIRST YEAR RESIDENT WORKS IN AN EMERGENCY DEPARTMENT ROTATION UNDER THE SUPERVISION OF A BOARD CERTIFIED EMERGENCY MEDICINE PHYSICIAN WHERE THEY LEARN IMPORTANT TRIAGE AND TREATMENT SKILLS IN THIS SETTING.

FIRST YEAR RESIDENTS ARE IN A TRUE CALL SITUATION ONLY TO COVER WEEKEND SHIFTS WITH SENIOR RESIDENT SUPERVISION. SECOND AND THIRD YEAR RESIDENTS AVERAGE CALL ONE NIGHT IN SIX THIS GUARANTEES AN ADEQUATE VOLUME AND EXPERIENCE TO DEVELOP MASTERY IN COMMON PROBLEM MANAGEMENT. THEY ALSO HAVE A LONGITUDINAL EXPERIENCE IN THE NURSING HOME SETTING WITH FULL TIME GERIATRICIAN FACULTY SUPERVISING THEIR PATIENT CARE. THIRD YEAR RESIDENTS ALSO COVER OUTPATIENT CALL FOR THE FAMILY HEALTH CENTERS ON AVERAGE ONE

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NIGHT IN SIX. THE COMBINATION OF NIGHT FLOAT AND THE APPROPRIATE  
FREQUENCY OF NIGHT CALL COMBINE TO CREATE THE BEST POSSIBLE CALL  
SCHEDULE.

RADIOLOGY AND LAB SERVICES ARE STATE-OF-THE-ART.

MANY MEMBERS OF THE SPECIALTY MEDICAL STAFF HAVE OFFICES IN THE HUNTERDON  
DOCTORS' OFFICE BUILDING ADJACENT TO THE MEDICAL CENTER OR WITHIN CLOSE  
VICINITY TO THE HOSPITAL. MOST OF OUR PHYSICIAN OFFICES ARE IN HUNTERDON  
COUNTY, BUT ALSO IN SOMERSET, WARREN AND MERCER COUNTIES.

HUNTERDON MEDICAL CENTER HAS ACHIEVED WIDESPREAD RECOGNITION FOR ITS ROLE  
AS A PROVIDER OF COMMUNITY HEALTH SERVICES BEYOND THOSE NORMALLY  
ASSOCIATED WITH A HOSPITAL. PATIENT AND COMMUNITY HEALTH EDUCATION  
PROGRAMS, PUBLIC HEALTH SCREENING AND DETECTION SERVICES, A CERTIFIED  
HOME HEALTH AGENCY, INTEGRATED BEHAVIORAL HEALTH SERVICES, INTEGRATED  
NUTRITION AND INTEGRATED PHARMACY SERVICES WITHIN THE PHYSICIAN PRACTICES  
OPERATED BY HUNTERDON HEALTHCARE SYSTEM, AND END OF LIFE SERVICES  
COMPLEMENT THE MEDICAL CENTER'S COMPREHENSIVE IN-HOSPITAL SERVICES.

ON THE GROUNDS OF HUNTERDON MEDICAL CENTER IS A CHILD CARE FACILITY  
AVAILABLE TO CHILDREN OF EMPLOYEES AND STAFF AS WELL AS TO OTHER MEMBERS  
OF THE COMMUNITY.

HUNTERDON MEDICAL CENTER HAS RECEIVED ACCREDITATION AND NATIONAL

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RECOGNITION THAT VERIFIES OUR POSITION AS A LEADING PROVIDER OF QUALITY  
HEALTHCARE.

THE ADMINISTRATION AND STAFF OF HUNTERDON MEDICAL CENTER IS EXTREMELY  
PROUD OF THE MANY AWARDS THE COMMUNITY HOSPITAL HAS EARNED. EACH ONE IS  
RECOGNITION THAT HMC RANKS WITHIN THE TOP 10% OF NATIONAL AND NEW JERSEY  
HOSPITALS IN MANY PERFORMANCE INDICATORS FOR QUALITY HEALTHCARE.

HUNTERDON MEDICAL CENTER HAS ACHIEVED NUMEROUS AWARDS INCLUDING:

MAGNET RE-DESIGNATION - THE MAGNET RECOGNITION PROGRAM RECOGNIZES  
HEALTHCARE ORGANIZATIONS THAT PROVIDE NURSING EXCELLENCE. RECOGNIZING  
QUALITY PATIENT CARE, NURSING EXCELLENCE AND INNOVATIONS IN PROFESSIONAL  
NURSING PRACTICE, THE MAGNET RECOGNITION PROGRAM PROVIDES CONSUMERS WITH  
THE ULTIMATE BENCHMARK TO MEASURE THE QUALITY OF CARE THAT THEY CAN  
EXPECT TO RECEIVE. THE PROGRAM IS ADMINISTERED BY THE AMERICAN NURSES  
CREDENTIALING CENTER. BEING A MAGNET ORGANIZATION HELPS DISTINGUISH  
HUNTERDON MEDICAL CENTER AS AN ORGANIZATION MARKED BY QUALITY INPATIENT  
CARE.

HUNTERDON HAS RANKED EITHER THE HEALTHIEST COUNTY IN NEW JERSEY BASED ON  
A STUDY CONDUCTED BY THE ROBERT WOOD JOHNSON FOUNDATION AND THE  
UNIVERSITY OF WISCONSIN POPULATION HEALTH INSTITUTE.

NICHE DESIGNATION - NURSES IMPROVING CARE TO HEALTH SYSTEM ELDERNS (NICHE)

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IS A NATIONAL GERIATRIC NURSING PROGRAM. THE PROGRAM'S VISION IS FOR ALL PATIENTS 65 AND OVER TO BE GIVEN SENSITIVE AND EXEMPLARY CARE. THE MISSION OF NICHE IS TO RAISE AWARENESS OF PRINCIPLES AND TOOLS THAT CAN ACHIEVE PATIENT-CENTERED CARE FOR OLDER ADULTS.

ACCREDITATION BY THE JOINT COMMISSION FOR THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JCAHO) - THE JCAHO SETS THE STANDARDS BY WHICH HEALTHCARE QUALITY IS MEASURED IN AMERICA AND AROUND THE WORLD. IT IS AN INDEPENDENT, NOT-FOR-PROFIT ORGANIZATION THAT ACCREDITS AND CERTIFIES OVER 17,000 HEALTHCARE ORGANIZATIONS AND PROGRAMS. TO MAINTAIN AND EARN ACCREDITATION, ORGANIZATIONS MUST HAVE AN EXTENSIVE ON-SITE REVIEW BY A TEAM OF JCAHO HEALTHCARE PROFESSIONALS, AT LEAST ONCE EVERY THREE YEARS.

HMC WAS ALSO RECENTLY NAMED A RECIPIENT OF THE WOMEN'S CHOICE AWARD AS ONE OF AMERICA'S BEST BREAST CENTERS, ACKNOWLEDGING ITS DEDICATION TO PROVIDING EXCEPTIONAL PATIENT CARE AND TREATMENT.

HUNTERDON MEDICAL CENTER ATTRACTS SOME OF THE BEST DOCTORS WITH TRAINING AT THE NATION'S FINEST INSTITUTIONS AND HEALTHCARE ORGANIZATIONS. NEW JERSEY MONTHLY, NEW JERSEY BEST AND NJ FAMILY MAGAZINES HAVE RECOGNIZED OUR "TOP DOCS" IN MANY SPECIALTIES YEAR AFTER YEAR.

**CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

HEART AND VASCULAR CARE

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HEART AND VASCULAR CARE AT HMC COMBINES A KNOWLEDGEABLE STAFF OF PHYSICIANS AND SPECIALISTS WITH STATE-OF-THE-ART TECHNOLOGY TO BRING THE PATIENT THE BEST CARDIOVASCULAR CARE IN HUNTERDON AND ITS SURROUNDING COUNTIES. OUR SUPERIOR STAFF AND TECHNOLOGICAL SUPPORT ENABLES US TO DIAGNOSE HEART AND VASCULAR DISEASE AND PERFORM INTERVENTIONAL PROCEDURES ON PATIENTS SUSPECTED OF HEART AND/OR VASCULAR DISEASE. THE EMERGENCY PTCA DOOR TO BALLOON TIME IS UNDER SIXTY MINUTES.

THE SERVICE LINE ALSO INCLUDES:

CARDIOPULMONARY REHABILITATION WHICH IS A MEDICALLY SUPERVISED PROGRAM OF HEALTH EDUCATION AND PHYSICAL ACTIVITY FOR WOMEN AND MEN OF ANY AGE. THEIR MISSION IS TO TREAT THE BODY, MIND, AND SPIRIT OF PEOPLE WITH HEART OR LUNG DISEASE SO THEY MAY LEAD SATISFYING, PRODUCTIVE, AND HEALTHY LIVES. THEIR PROFESSIONAL TEAM INCLUDES PHYSICIANS, RESPIRATORY THERAPISTS, REGISTERED NURSES, AND EXERCISE PHYSIOLOGISTS SPECIALLY TRAINED IN EXERCISE THERAPY AND DISEASE MANAGEMENT. THE DEPARTMENT ALSO RUNS THE ORNISH REVERSAL PROGRAM, A LIFESTYLE MANAGEMENT PROGRAM TO REVERSE HEART DISEASE.

NATIONAL RECOGNITION:

BOTH THE CARDIAC AND PULMONARY REHABILITATION PROGRAM ARE NATIONALLY CERTIFIED BY THE AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION. THIS CERTIFICATION PROCESS IS DESIGNED TO REVIEW AND



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MONITOR ADHERENCE TO THE HIGH STANDARDS AND GUIDELINES DEVELOPED BY THE  
AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION AND  
OTHER PROFESSIONAL SOCIETIES TO BEST SERVE THE PATIENTS.

PROGRAMS INCLUDE:

- PHASE II CARDIAC REHABILITATION.
- PHASE II PULMONARY REHABILITATION.
- PHASE III CARDIOPULMONARY REHABILITATION.

THE CARDIAC CATHETERIZATION LABORATORY OFFERS STATE-OF-THE-ART TECHNOLOGY  
TO BRING YOU THE BEST CARDIOVASCULAR CARE IN HUNTERDON COUNTY AND ITS  
SURROUNDING COUNTIES. SUPERIOR STAFF AND TECHNOLOGICAL SUPPORT ENABLE THE  
DIAGNOSIS OF HEART AND VASCULAR DISEASE. THE LAB PERFORMS INTERVENTIONAL  
PROCEDURES ON PATIENTS SUSPECTED OF HEART OR VASCULAR DISEASE. HUNTERDON  
HEALTHCARE WAS APPROVED IN 2021 TO OFFER ELECTIVE ANGIOPLASTY TO  
PATIENTS. HUNTERDON MEDICAL CENTER HAS BEEN DESIGNATED A PRIMARY STROKE  
CENTER BY THE NEW JERSEY STATE DEPARTMENT OF HEALTH AND SENIOR SERVICES.

CANCER CARE

-----

HUNTERDON REGIONAL CANCER CENTER IS ACCREDITED BY THE AMERICAN COLLEGE OF  
SURGEONS' COMMISSION ON CANCER AS A COMMUNITY HOSPITAL CANCER PROGRAM.  
THE COMMISSION HAS RECOGNIZED THE CANCER PROGRAM AT HUNTERDON MEDICAL

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CENTER AS OFFERING HIGH QUALITY CANCER CARE. THE RECOGNITION OF THIS  
QUALITY AND COMMITMENT ALLOWS THE PATIENT ACCESS TO THE EXPERT MEDICAL  
SPECIALISTS WHO ARE INVOLVED IN DIAGNOSING AND TREATING CANCER.

APPROVAL BY THE COMMISSION IS GIVEN ONLY TO THOSE FACILITIES THAT HAVE  
VOLUNTARILY COMMITTED TO PROVIDE THE BEST IN DIAGNOSIS AND TREATMENT OF  
CANCER. TO MEET THE STANDARDS NECESSARY FOR COMMISSION APPROVAL, EACH  
CANCER PROGRAM, AND THE ORGANIZATION THAT CONTROLS IT, MUST UNDERGO A  
RIGOROUS EVALUATION PROCESS AND A REVIEW OF ITS PERFORMANCE. IN ORDER TO  
MAINTAIN APPROVAL, FACILITIES WITH APPROVED CANCER PROGRAMS MUST UNDERGO  
AN ON-SITE REVIEW EVERY THREE YEARS.

RECEIVING CARE AT AN APPROVED CANCER PROGRAM ENSURES THAT THE PATIENT  
WILL RECEIVE:

- QUALITY CARE CLOSE TO HOME.
- COMPREHENSIVE CARE OFFERING A RANGE OF STATE-OF-THE ART SERVICES AND  
EQUIPMENT.
- A MULTIDISCIPLINARY TEAM APPROACH TO COORDINATE THE BEST TREATMENT  
OPTIONS AVAILABLE.
- ACCESS TO CANCER-RELATED INFORMATION, EDUCATION, AND SUPPORT.
- A CANCER REGISTRY THAT COLLECTS DATA ON TYPE AND STAGE OF CANCERS AND  
TREATMENT RESULTS, AND OFFERS LIFELONG PATIENT FOLLOW-UP.
- ONGOING MONITORING AND IMPROVEMENT OF CARE.
- INFORMATION ABOUT ONGOING CANCER CLINICAL RESEARCH STUDIES AND NEW

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TREATMENT OPTIONS.

ORTHOPEDICS

-----

THE CENTER FOR BONE AND JOINT HEALTH OFFERS A COMPREHENSIVE APPROACH THAT  
REVOLVES AROUND HEALTH AND WELLNESS. THE CENTER OFFERS PREVENTIVE  
THERAPIES, NUTRITION COUNSELING AND A FULL SPECTRUM OF NON-INVASIVE  
TREATMENTS THAT MAY COMPLETELY ELIMINATE THE NEED FOR SURGICAL OPTIONS.  
BUT IF SURGERY IS ULTIMATELY NEEDED, THE CENTER'S WELLNESS APPROACH GETS  
YOU BACK TO A NORMAL QUALITY OF LIFE WEEKS SOONER THAN WITH TRADITIONAL  
OPTIONS.

THE COORDINATED, COMPREHENSIVE SERVICES THAT THE CENTER FOR BONE AND  
JOINT HEALTH OFFERS TO PATIENTS. THE PROGRAM COORDINATOR CAN GUIDE  
PATIENTS THROUGH ALL OF THEIR OPTIONS AND HELP COORDINATE THESE SERVICES.

BEHAVIORAL HEALTH

-----

HUNTERDON BEHAVIORAL HEALTH ("HBH") PROVIDES HIGH-QUALITY, COMPREHENSIVE  
MENTAL HEALTH AND ADDICTION SERVICES. HBH DIAGNOSES, TREATS AND CARES FOR  
ADOLESCENTS AND ADULTS WITH MENTAL ILLNESS, EMOTIONAL DIFFICULTIES OR  
ADDICTION.

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EXPERT CLINICAL STAFF IS HIGHLY TRAINED IN TREATING INDIVIDUALS IN NEED  
OF PSYCHIATRIC AND PSYCHOLOGICAL SUPPORT OR ADDICTION TREATMENT.

HUNTERDON BEHAVIORAL HEALTH OFFERS:

- EVALUATION, MEDICATION MONITORING AND THERAPY FOR INDIVIDUALS WITH  
MENTAL HEALTH ISSUES.

- COUNSELING FOR FAMILIES IN CRISIS TO HELP PROVIDE A STABLE HOME  
ENVIRONMENT.

- SUPPORT FOR ADOLESCENTS AND ADULTS STRUGGLING WITH ALCOHOL OR DRUG  
ADDICTION.

- EMPLOYEE ASSISTANCE TO WORK WITH EMPLOYERS TO RESOLVE PERSONAL ISSUES.

HUNTERDON BEHAVIORAL HEALTH PROVIDES TREATMENT FOR CHILDREN, ADOLESCENTS  
AND ADULTS WHO EXPERIENCE:

- MENTAL ILLNESS.

- DRUG OR ALCOHOL ADDICTION.

- FAMILY CRISES.

- DIFFICULTIES IN THEIR WORK OR SCHOOL ENVIRONMENT.

- DEPRESSION.

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- ANXIETY DISORDERS.
- ATTENTION DISORDERS.
- SLEEP DISORDERS.
- EATING DISORDERS.
- EMOTIONAL AND BEHAVIORAL ISSUES.
- PEER PRESSURE.

OBSTETRICS & GYNECOLOGY

-----

HUNTERDON HEALTH OFFERS RESOURCES RELATED TO A WOMAN'S REPRODUCTIVE ,  
GYNECOLOGICAL AND OVERALL HEALTH; SUPPORT FOR GROWING FAMILIES ,  
PREVENTION AND TREATMENT FOR DISEASES AND CONDITIONS; EMOTIONAL SUPPORT;  
AND RESOURCES FOR MENOPAUSE AND HEALTHY AGING. AS PRIMARY CAREGIVERS ,  
WOMEN OFTEN ASSUME RESPONSIBILITY FOR MAKING HEALTHCARE DECISIONS FOR  
THEMSELVES AND THEIR FAMILIES. HUNTERDON HEALTH OFFERS A FULL RANGE OF  
HEALTHCARE SERVICES AND EDUCATIONAL PROGRAMS TO SUPPORT WOMEN IN THIS  
CRITICAL ROLE.

OUR MATERNITY AND NEWBORN CARE CENTER'S EXPERIENCED STAFF PROVIDES EXPERT  
CARE FOR MOMS AND BABIES ALIKE. WE OFFER TECHNICALLY ADVANCED BIRTHING  
SUITES THAT ARE PRIVATE , SPACIOUS AND COMFORTABLE. OUR EXPERIENCED  
PHYSICIANS AND NURSES DELIVER NEARLY 900 BABIES ANNUALLY.

HIGHLIGHTS OF THE HUNTERDON MEDICAL CENTER MATERNITY AND NEWBORN CARE

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CENTER :

- 20 PRIVATE PATIENT ROOMS. PATIENTS DELIVER IN ONE SUITE AND RECEIVE POST-PARTUM CARE IN ANOTHER SUITE.
- A LEVEL II SPECIAL CARE NURSERY, AVAILABLE FOR EARLY DELIVERIES, EMERGENCY SITUATIONS, OR FOR NEWBORNS WITH A MEDICAL PROBLEM.
- A WIDE RANGE OF CHILDBIRTH EDUCATION CLASSES AND ATTENTIVE STAFF WHO WELCOME YOUR QUESTIONS AND CONCERNS.
- A STAFF OF BOARD-CERTIFIED LACTATION CONSULTANTS ARE ON HAND TO TEACH AND ASSIST YOU LEARN HOW TO BREASTFEED YOUR BABY. THEY ARE ALSO AVAILABLE PRIOR TO YOUR BABY'S ARRIVAL, AND AFTER YOU GO HOME. INSURANCE OFTEN COVERS OUTPATIENT LACTATION VISITS.
- AFTER-BABY SUPPORT, INCLUDING A COURTESY FOLLOW-UP PHONE CALL TO ALL NEW MOMS AFTER DISCHARGE, AS WELL AS NUMEROUS SUPPORTIVE GROUPS AND ONGOING TELEPHONE SUPPORT.

PRIMARY CARE

-----

AT THE HEART OF THE PRIMARY CARE SERVICE LINE IS THE PATIENT CENTERED MEDICAL HOME WHICH AIMS TO GIVE THE RIGHT CARE IN THE RIGHT PLACE THE FIRST TIME.

MEDICAL HOME CERTIFICATION IS GRANTED TO PRACTICES THAT GO THROUGH A VOLUNTARY RECOGNITION PROCESS BY A NON-GOVERNMENTAL ENTITY TO DEMONSTRATE

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THAT THEY HAVE THE CAPABILITIES TO PROVIDE PATIENT CENTERED SERVICES  
CONSISTENT WITH THE MEDICAL HOME MODEL. THE NATIONAL COMMITTEE FOR  
QUALITY ASSURANCE (NCQA) HAS GRANTED PATIENT CENTERED MEDICAL HOME  
CERTIFICATION AT THE HIGHEST LEVEL TO 24 HUNTERDON HEALTH'S AFFILIATED  
PHYSICIAN PRACTICES.

IN A PATIENT CENTERED MEDICAL HOME CERTIFIED PRACTICE, A TEAM HEADED BY  
THE PATIENT'S PERSONAL PHYSICIAN DELIVERS CARE. THE PERSONAL PHYSICIAN  
TRACKS AND COORDINATES THE PATIENT'S CARE OVER TIME. THE PHYSICIAN AND  
THE PATIENT CREATE A PARTNERSHIP AND MAKE DECISIONS ABOUT HEALTHCARE  
TOGETHER. QUALITY AND SAFETY DRIVE THE DECISIONS, USING GUIDELINES BASED  
ON EVIDENCE RATHER THAN TRADITION. OF COURSE, THIS MAY MEAN THAT MORE  
CARE IS NOT ALWAYS BETTER CARE. HUNTERDON HEALTHCARE PARTNERS HAS WORKED  
HARD TO ENSURE THAT EVIDENCE-BASED GUIDELINES ARE USED IN OUR SYSTEM.

**CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

HUNTERDON HEALTH IS COMMITTED TO CARE THAT IS COORDINATED AND INTEGRATED  
ACROSS ALL ELEMENTS OF THE COMPLEX HEALTHCARE SYSTEM (SUBSPECIALTY CARE,  
HOSPITALS, HOME HEALTH AGENCIES, NURSING HOMES) AND THE PATIENT'S  
COMMUNITY (FAMILY, PUBLIC AND PRIVATE COMMUNITY-BASED SERVICES).

HUNTERDON HEALTH'S COLLABORATION GUIDELINE AND AGREEMENT AMONG PRIMARY  
CARE AND SPECIALTY CARE PHYSICIANS IS INTEGRAL TO THIS, RECOGNIZING THE  
IMPORTANCE OF TRANSITIONS OF CARE IN THE OUTPATIENT SETTING, THE  
EMERGENCY DEPARTMENT, AND DURING HOSPITALIZATION.

HUNTERDON HEALTH'S MEDICAL HOME PRACTICES PROVIDE DISTINCTLY DIFFERENT

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OPTIONS FOR THEIR PATIENTS TO SUPPORT THEIR PERSONAL HEALTH GOALS. WE EMPHASIZE SELF-MANAGEMENT SUPPORT. THE PATIENT, WITH SUPPORT FROM A TEAM OF PHYSICIAN, NURSES, SOCIAL WORKERS, CARE MANAGERS, DIETITIANS, PHARMACISTS, PHYSICAL AND OCCUPATIONAL THERAPISTS, AND OTHER HEALTHCARE PROFESSIONALS, BECOMES ENGAGED IN THEIR HEALTHCARE.

HOME HEALTH SERVICES

-----

HOME HEALTH SERVICES IS A NON-PROFIT HOME HEALTH AGENCY CERTIFIED BY THE FEDERAL GOVERNMENT, LICENSED BY THE NEW JERSEY DEPARTMENT OF HEALTH, AND ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS.

AT HOME HEALTH SERVICES, EACH PATIENT'S PROGRAM IS CAREFULLY GUIDED AND PLANNED SO THAT ALL CARE IS INTEGRATED FOR MAXIMUM BENEFIT. THE TEAM INCLUDES:

- HOME CARE NURSES.
- PHYSICAL THERAPISTS.
- OCCUPATIONAL THERAPISTS.
- SPEECH PATHOLOGISTS.
- MEDICAL SOCIAL WORKER.
- HOME HEALTH AIDES PHYSICIAN PATIENT EDUCATOR.



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IN ORDER TO BE ELIGIBLE FOR ADMISSION TO HOME HEALTH SERVICES, PATIENTS:

- MUST BE HOMEBOUND (UNABLE TO LEAVE HOME WITHOUT ASSISTANCE).
- HAVE ONGOING MEDICAL SUPERVISION AND ORDERS FROM A PHYSICIAN.
- REQUIRE PERIODIC VISITS FROM AT LEAST ONE OF FOUR PRIMARY SERVICES.

1. SKILLED NURSING
2. PHYSICAL THERAPY
3. OCCUPATIONAL THERAPY
4. SPEECH LANGUAGE THERAPY

IF HOME HEALTH SERVICES ARE NOT INDICATED, A REFERRAL MAY BE MADE TO ANOTHER COMMUNITY AGENCY OR SERVICE THROUGH HOME HEALTH. THEY CAN PROVIDE THE FOLLOWING SERVICES TO THE COMMUNITY:

- HOME INFUSION.
- HOSPICE.
- RESPITE CARE.

OTHER SERVICES

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SURGICAL SERVICES

-----

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HUNTERDON MEDICAL CENTER PROVIDES THE PATIENT ACCESS TO THE MOST ADVANCED TECHNOLOGY, EXPERT SURGEONS AND PERSONALIZED PATIENT CARE IN A COMFORTING ENVIRONMENT.

SKILLED PROFESSIONAL STAFF WORK AS A TEAM WITH THE PHYSICIAN TO INDIVIDUALIZE PATIENT CARE AND RECOVERY WITH THE GOAL TO IMPROVE BODILY FUNCTION AND RETURN THE PATIENT TO DAILY ACTIVITIES AS SAFELY AND QUICKLY AS POSSIBLE.

HUNTERDON MEDICAL CENTER'S SURGERY DEPARTMENT PERFORMS SLIGHTLY MORE THAN 5,000 SURGERIES PER YEAR.

TYPES OF SURGERY INCLUDE, AMONG OTHERS:

- ABDOMINAL SURGERY.
- APPENDECTOMY.
- ARTHROSCOPY.
- BARIATRIC SURGERY.
- BREAST SURGERY.
- CATARACT SURGERY.
- DILATION & CUTELLAGE (D&C).
- GALLBLADDER SURGERY.
- HERNIA SURGERY.
- HYSTERECTOMY.
- LAMINECTOMY.

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- NEUROSURGERY.
- PLASTIC SURGERY.
- SPINE SURGERY.
- PODIATRIC SURGERY.
- TOTAL JOINT REPLACEMENT SURGERY.
- VASCULAR SURGERY.
- UROLOGIC SURGERY.

SLEEP DISORDERS

-----

SLEEP DISORDERS ARE ASSOCIATED WITH A LONG LIST OF MEDICAL PROBLEMS,  
INCLUDING:

- HEART ATTACK.
- STROKE.
- IRREGULAR HEARTBEAT.
- HIGH BLOOD PRESSURE.
- HEART FAILURE.
- OBESITY.
- DIABETES.

THE SLEEP DISORDERS CENTER AT HUNTERDON MEDICAL CENTER TREATS MANY TYPES  
OF SLEEP DISORDERS, INCLUDING:

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- SLEEP APNEA WHICH IS A MEDICAL DISORDER IN WHICH A PERSON, USUALLY A LOUD SNORER, EXPERIENCES AN OBSTRUCTION IN THE THROAT DURING SLEEP. LACK OF SUFFICIENT AIR CAUSES THE INDIVIDUAL TO AWAKEN, USUALLY WITH A COUGH OR A GASP THAT OPENS THE AIRWAY. AIRFLOW IS RE-ESTABLISHED AND BREATHING RESUMES DURING THE NEXT EPISODE. PEOPLE WITH SLEEP APNEA HAVE TO WAKE UP BRIEFLY TO BREATHE, SOMETIMES HUNDREDS OF TIMES DURING THE NIGHT, ALTHOUGH THERE IS NO MEMORY OF THESE BRIEF AWAKENINGS.

- PERIODIC LIMB MOVEMENT SYNDROME MAY COEXIST WITH OBSTRUCTIVE SLEEP APNEA. MULTIPLE JERKING MOVEMENTS, TYPICALLY OF THE LEGS, AWAKEN THOSE WITH THE DISORDER REPEATEDLY THROUGH THE NIGHT.

- RESTLESS LEGS SYNDROME IS A CONDITION INVOLVING SENSATIONS IN THE LEGS, AND SOMETIMES ARMS, WHILE THE INDIVIDUAL IS AWAKE. THE SENSATIONS USUALLY OCCUR WHEN THE INDIVIDUAL IS LYING DOWN AND THE ONLY RELIEF IS TO MOVE THE LIMBS, KEEPING THE INDIVIDUAL AWAKE.

- NARCOLEPSY IS A NEUROLOGICAL DISORDER CHARACTERIZED BY EXCESSIVE DAYTIME SLEEPINESS. INDIVIDUALS WITH NARCOLEPSY FALL ASLEEP AT INAPPROPRIATE, AND OCCASIONALLY, DANGEROUS TIMES.

- INSOMNIA REFERS TO A CHRONIC INABILITY TO INITIATE OR SUSTAIN SLEEP, RESULTING IN SLEEP DEPRIVATION AND DAYTIME FATIGUE. THERE ARE NUMEROUS CAUSES FOR INSOMNIA, INCLUDING STRESS, ANXIETY, DEPRESSION, CHRONIC ILLNESS, MEDICATIONS, POOR SLEEP HABITS AND CIRCADIAN RHYTHM DISORDERS.

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OCCASIONALLY, A SLEEP STUDY MAY BE PART OF THE EVALUATION, ESPECIALLY IF  
OBSTRUCTIVE SLEEP APNEA IS CONTRIBUTING.

HOSPITAL OWNED PHYSICIAN SPECIALTY SERVICES

-----

- ENDOCRINOLOGY.
- GASTROENTEROLOGY.
- INFECTIOUS DISEASE.
- DERMATOLOGY.
- PSYCHIATRY.
- PODIATRY.
- CENTER FOR HEALTHY AGING.
- PULMONARY & CRITICAL CARE.
- UROLOGY.
- BREAST SURGERY.
- NEONATOLOGY.
- NEUROLOGY.

COMMUNITY CARE SERVICES

-----

THE HUNTERDON HEALTH AND WELLNESS CENTER

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THE HUNTERDON HEALTH AND WELLNESS CENTER HAS TWO PREMIER FITNESS FACILITIES LOCATED IN WHITEHOUSE STATION AND CLINTON, NEW JERSEY IN HUNTERDON COUNTY. MEMBERS BENEFIT FROM ACCESS TO HUNTERDON HEALTHCARE STAFF FOR GUIDANCE IN ATTAINING THEIR OPTIMAL HEALTH. THE HUNTERDON HEALTH AND WELLNESS CENTERS ALSO OPERATES A SMALLER FACILITY IN LAMBERTVILLE.

ACCESS TO HEALTH EDUCATION STAFF AND WELLNESS CLASSROOMS FOR PROGRAMS WHICH FOCUS ON A VARIETY OF TOPICS DESIGNED TO IMPROVE LIFESTYLE IS ALSO A COMMUNITY BENEFIT.

BRIGHT TOMORROWS CHILD CARE CENTER  
-----

THE CENTER PROVIDES CARE AND EARLY CHILDHOOD EDUCATION FOR CHILDREN AGES 6 WEEKS TO 6 YEARS. MULTI-SENSORY DISCIPLINES ARE UTILIZED TO FACILITATE GROWTH IN THE AREAS OF SOCIAL, EMOTIONAL, PHYSICAL AND COGNITIVE DEVELOPMENT.

PROGRAMMING INCLUDES:

- AGE APPROPRIATE THEMATIC CURRICULUM.
- DAILY NUTRITIOUS LUNCH AND SNACKS.
- DIAPERS AND WIPES FOR INFANTS AND TODDLERS.
- MONTHLY THEMES, CLASS TRIPS AND SPECIAL GUESTS.

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- ENRICHMENT PROGRAMS.
- PARENTAL EDUCATION.
- AN ANNUAL BACK TO SCHOOL NIGHT AND OTHER FAMILY EVENTS.

A PREVENTATIVE APPROACH TO DISCIPLINE TEACHES POSITIVE BEHAVIORS, RATHER THAN PUNISHING FOR MISBEHAVIORS. THE GOAL IS TO PROVIDE CHILDREN WITH MOTIVATION AND AN OPPORTUNITY TO MAKE POSITIVE CHOICES. LEARNING SOCIAL SKILLS THROUGH GENTLE ENCOURAGEMENT, THE CHILDREN LEARN TO RESPECT THE NEEDS OF OTHERS, ADAPT TO ROUTINES AND SIMPLE RULES, AND BECOME RESPONSIBLE. PARENT AND FAMILY INVOLVEMENT IS AN INTEGRAL PART OF THE PROGRAM. AN "OPEN DOOR" POLICY IS MAINTAINED TO ALLOW PARENTS TO VISIT AND OBSERVE THEIR CHILD AT ANY TIME. PARENTS ARE ALWAYS WELCOME TO PARTICIPATE IN EDUCATIONAL OPPORTUNITIES AND SPECIAL EVENTS.

BRIGHT TOMORROWS STRIVES TO MAINTAIN COMPETENT STAFF BY PROVIDING COMPETITIVE WAGES AND ENSURING EACH STAFF MEMBER IS ACTIVELY ENGAGED IN ONGOING PROFESSIONAL DEVELOPMENT. ALL STAFF MAINTAIN ADULT AND PEDIATRIC CPR AND FIRST AID CERTIFICATION AND ALL RECEIVE A CHILD ABUSE RECORD OF INCIDENT AND CRIMINAL HISTORY RECORD OF INCIDENT BACKGROUND CHECKS.

**CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

HUNTERDON FAMILY MEDICINE RESIDENCY

-----

THE PRIMARY MISSION OF THE HUNTERDON MEDICAL CENTER FAMILY MEDICINE RESIDENCY PROGRAM IS TO EDUCATE RESIDENTS UTILIZING THE VALUES AND

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PRECEPTS WHICH ARE FUNDAMENTAL TO THE WAY MEDICINE IS PRACTICED BY FAMILY PHYSICIANS IN HUNTERDON COUNTY, NEW JERSEY, SO THAT THEY THEMSELVES MAY GRADUATE AS FAMILY PHYSICIANS WHO CAN PROVIDE THIS MODEL OF EXEMPLARY PRIMARY CARE TO THEIR PATIENTS, THEIR PATIENTS' FAMILIES AND THE COMMUNITIES WHICH THEY SERVE.

BECAUSE OF THE RESPECT THAT FAMILY MEDICINE ENJOYS IN HUNTERDON COUNTY, RESIDENTS HAVE A UNIQUE OPPORTUNITY TO SEE HOW EFFECTIVE A FAMILY PHYSICIAN CAN BE. EVERY FACET OF HUNTERDON'S INTEGRATED DELIVERY SYSTEM IS UTILIZED TO ENHANCE THE RESIDENT'S UNDERSTANDING OF THE FULL IMPACT OF FAMILY PRACTICE IN THIS COUNTRY. OUR MISSION ALLOWS US TO MOVE TOWARD OUR ULTIMATE VISION IN FAMILY MEDICINE EDUCATION. THIS VISION IS TO CREATE A HUMANISTIC AND COMPASSIONATE FORM OF EDUCATION WHICH MODELS COMPLETELY THE HUMANISM AND COMPASSION THAT WE TEACH IN THE DOCTOR-PATIENT RELATIONSHIP. OUR COMPETENCY-BASED CURRICULUM IS CENTRAL TO BOTH OUR MISSION AND OUR VISION.

IT IS RECOGNIZED THAT EVERY RESIDENT HAS UNIQUE EDUCATIONAL STYLES AND NEEDS. OUR EDUCATIONAL SYSTEM IS DESIGNED TO CREATE A "CORE" CURRICULUM FOR EVERY RESIDENT AND A UNIQUE EDUCATIONAL EXPERIENCE BASED ON THEIR PASSIONS AND INTERESTS. RESIDENTS CAN DEVELOP AN AREA OF CONCENTRATION AND FOCUS DURING THEIR THIRD YEAR WITH A RANGE OF OPPORTUNITIES INCLUDING SPORTS MEDICINE, GLOBAL HEALTH, GERIATRICS, PALLIATIVE CARE, AND OTHERS.

UNIVERSITY AFFILIATION



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Name of the organization

HUNTERDON MEDICAL CENTER

Employer identification number

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HUNTERDON MEDICAL CENTER HAS ENJOYED A MAJOR TEACHING AFFILIATION WITH THE ROBERT WOOD JOHNSON MEDICAL SCHOOL SINCE 1972 AND HAS BEEN INVOLVED WITH THE TEACHING OF MEDICAL STUDENTS IN PHYSICAL DIAGNOSIS, OFFICE PRECEPTORSHIPS, THIRD-YEAR CLINICAL ROTATIONS AND FOURTH-YEAR ELECTIVES AND SUB-INTERNSHIPS.

THIS AFFILIATION ALLOWS EXTENDED LEARNING BEYOND HUNTERDON, INCLUDING A VARIETY OF EXCEPTIONAL PROGRAMS SUCH AS ADVANCED LIFESAVING IN OBSTETRICS, CONFERENCES ON PROFESSIONALISM, CAREER DEVELOPMENT, MEDICAL-LEGAL ISSUES, CONTRACTING AND NEGOTIATIONS, RESEARCH AND OTHER SCHOLARLY ACTIVITIES.

COMMUNITY SUPPORT AND EDUCATION

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- ALZHEIMER'S SUPPORT GROUP.
- BEREAVEMENT SUPPORT GROUP.
- BREASTFEEDING SUPPORT GROUP.
- CAREGIVER SUPPORT GROUPS.
- DEPRESSION SUPPORT GROUP.
- FAMILY CANCER RISK ASSESSMENT PROGRAM.
- FAMILY SUPPORT GROUP.
- MENTAL ILLNESS FAMILY SUPPORT GROUPS.

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- BABY STEP, FAMILY SUPPORT GROUP.
- TODDLER STEPS, FOR FAMILIES OF TODDLERS.
- ANGER MANAGEMENT GROUP.
- ANGER MANAGEMENT GROUP FOR ADOLESCENTS.
- MULTIFAMILY SUPPORT GROUP, ADDICTIONS TREATMENT.
- HEALTH EDUCATION SERIES AT THE HUNTERDON HEALTH AND WELLNESS CENTERS.
- HOSPICE ART BEREAVEMENT PROGRAM.
- ADULT BEREAVEMENT PROGRAM THROUGH HUNTERDON HOSPICE.

**CORE FORM, PART V; QUESTION 1A & CORE FORM, PART VII; SECTION B**

THE ORGANIZATION IS AN AFFILIATE WITHIN HUNTERDON HEALTHCARE SYSTEM, INC.; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THIS ORGANIZATION PAYS ALL OUTSTANDING ACCOUNTS PAYABLE INVOICES ON BEHALF OF MOST OTHER AFFILIATES WITHIN THE SYSTEM. IN CONJUNCTION WITH THIS SERVICE, THIS ORGANIZATION ALSO PREPARES AND ISSUES FORMS 1099 TO THESE VENDORS RECEIVING PAYMENTS WHERE APPLICABLE AND FILES THESE FORMS 1099 WITH THE INTERNAL REVENUE SERVICE. THIS ORGANIZATION ALLOCATES THESE PAYMENTS TO THE APPROPRIATE AFFILIATES WITHIN THE SYSTEM VIA AN INTERCOMPANY ACCOUNT.

**CORE FORM, PART V; QUESTION 15**

PATRICK J. GAVIN, MPH, MBA IS AN OFFICER OF THIS ORGANIZATION AND INVOLVED IN THE LEADERSHIP AND MANAGEMENT OF HUNTERDON MEDICAL CENTER ON A FULL TIME BASIS. MR. GAVIN IS EMPLOYED BY THIS ORGANIZATION AND RECEIVES A FEDERAL FORM W-2. ACCORDINGLY, HIS COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP IS WITH HUNTERDON MEDICAL CENTER (EIN: 22-1537688). HUNTERDON MEDICAL CENTER FILED A 2022 FORM 4720 WHICH

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INCLUDED A REMITTANCE OF EXCISE TAX RELATED TO MR. GAVIN'S COMPENSATION  
IN EXCESS OF \$1M.

**CORE FORM, PART VI, SECTION A; QUESTIONS 6 & 7**

HUNTERDON HEALTHCARE SYSTEM, INC. ("HHS") IS THE SOLE MEMBER OF THIS  
ORGANIZATION. HHS HAS THE RIGHT TO ELECT THE MEMBERS OF THIS  
ORGANIZATION'S BOARD OF TRUSTEES AND HAS CERTAIN RESERVED POWERS AS  
DEFINED IN THIS ORGANIZATION'S BYLAWS.

**CORE FORM, PART VI, SECTION B; QUESTION 11B**

THE ORGANIZATION IS AN AFFILIATE WITHIN HUNTERDON HEALTHCARE SYSTEM, INC.  
("SYSTEM"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. HUNTERDON  
HEALTHCARE SYSTEM, INC. IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM.  
THE ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF  
THE ORGANIZATION'S GOVERNING BODY (ITS BOARD OF TRUSTEES) PRIOR TO THE  
FILING OF THE FEDERAL FORM 990 WITH THE INTERNAL REVENUE SERVICE ("IRS")  
AND AFTER PRESENTATION AND REVIEW BY HUNTERDON HEALTHCARE SYSTEM, INC.'S  
FINANCE AND INVESTMENT COMMITTEE.

AS PART OF THE TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A  
PROFESSIONAL CERTIFIED PUBLIC ACCOUNTING ("CPA") FIRM WITH EXPERIENCE AND  
EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO  
PREPARE THE FEDERAL FORM 990. THE CPA FIRM'S TAX PROFESSIONALS WORKED  
CLOSELY WITH THE ORGANIZATION'S FINANCE PERSONNEL AND INTERNAL WORKING  
GROUP OF THE ORGANIZATION TO OBTAIN THE INFORMATION NEEDED IN ORDER TO  
PREPARE A COMPLETE AND ACCURATE TAX RETURN.

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THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S FINANCE PERSONNEL AND INTERNAL WORKING GROUP FOR THEIR REVIEW. THE ORGANIZATION'S FINANCE PERSONNEL AND INTERNAL WORKING GROUP REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM. REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S FINANCE PERSONNEL AND INTERNAL WORKING GROUP FOR FINAL REVIEW AND APPROVAL. FOLLOWING THIS REVIEW, THE FINAL FORM 990 WAS PRESENTED TO THE MEMBERS OF HUNTERDON HEALTHCARE SYSTEM, INC.'S FINANCE AND INVESTMENT COMMITTEE FOR REVIEW AND THEREAFTER PROVIDED TO EACH VOTING MEMBER OF THIS ORGANIZATION'S GOVERNING BODY PRIOR TO FILING WITH THE IRS.

**CORE FORM, PART VI, SECTION B; QUESTION 12**

A CONFLICT OF INTEREST DISCLOSURE STATEMENT IS OBTAINED ANNUALLY FROM ALL TRUSTEES, SENIOR STAFF, AND OTHER KEY EMPLOYEES WHO ARE CURRENTLY SERVING THE ORGANIZATION. IT IS THE ORGANIZATION'S POLICY THAT IN THE EVENT OF A CONFLICT THEY DO THE FOLLOWING: IF THERE IS A CONFLICT RELEVANT TO A MATTER REQUIRING ACTION BY THE BOARD OF TRUSTEES, THE INTERESTED PERSON SHALL CALL IT TO THE ATTENTION OF THE BOARD OF TRUSTEES, AND THE TRUSTEE CONCERNED SHALL NOT VOTE ON THE MATTER. MOREOVER, THE PERSON HAVING A CONFLICT SHALL RETIRE FROM THE ROOM IN WHICH THE BOARD IS MEETING AND SHALL NOT PARTICIPATE IN THE DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION. WHEN THERE IS DOUBT AS TO WHETHER A CONFLICT OF INTEREST EXISTS, THE MATTER SHALL BE RESOLVED BY VOTE OF THE BOARD OF TRUSTEES OR A COMMITTEE THEREOF, EXCLUDING FROM THE ROOM AND THE VOTE OF

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THE PERSON WHOSE SITUATION WILL BE DISCUSSED. WHEN A CONFLICT OF INTEREST  
ARISES FOR ANY STAFF MEMBER EXCEPT THE PRESIDENT, THAT STAFF MEMBER SHALL  
REPORT IT TO THE PRESIDENT IN WRITING. A CONFLICT OF INTEREST RELATING TO  
THE PRESIDENT SHALL BE REPORTED IN WRITING TO THE CHAIRMAN OF THE BOARD.

**CORE FORM, PART VI, SECTION B; QUESTION 15**

THE ORGANIZATION'S BOARD OF TRUSTEES HAS AN EXECUTIVE COMPENSATION  
COMMITTEE ("COMMITTEE"). THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE  
COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS THE COMPENSATION  
AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT, INCLUDING THE  
PRESIDENT/CHIEF EXECUTIVE OFFICER. THE COMMITTEE REVIEWS THE "TOTAL  
COMPENSATION" OF THE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH  
CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH  
QUALIFIED AND NON-QUALIFIED. THE COMMITTEE'S REVIEW IS DONE ON AT LEAST  
AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR  
MANAGEMENT OF THE ORGANIZATION IS REASONABLE. IN 2022, THE EXECUTIVE  
COMPENSATION COMMITTEE REPORTED TO THE FULL BOARD FOR RATIFICATION.

THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE THE  
REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE  
CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN  
MEMBERS OF THE SENIOR MANAGEMENT TEAM, INCLUDING THE PRESIDENT/CHIEF  
EXECUTIVE OFFICER. THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO  
RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING:

1. THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN

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"AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS  
COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST"  
WITH RESPECT TO THE COMPENSATION ARRANGEMENT;

2. THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS  
TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION; AND

3. THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS  
DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION.

THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF TRUSTEES EACH OF  
WHO ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST.

THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA; SPECIFICALLY THE  
COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM  
WHICH SPECIALIZES IN THE REVIEWING OF HOSPITAL AND HEALTHCARE SYSTEM  
EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES. THIS  
STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING  
BUT NOT LIMITED TO SIMILARLY SIZED HEALTHCARE SYSTEMS AND HOSPITALS, # OF  
LICENSED BEDS AND NET PATIENT SERVICE REVENUE. IN ADDITION, THE COMMITTEE  
REVIEWS AND APPROVES EXECUTIVE COMPENSATION ADJUSTMENTS BASED ON MARKET  
SURVEYS DEVELOPED BY INDEPENDENT CONSULTANTS, INDUSTRY AVERAGE  
COMPARISON, YEARS OF SERVICE AND OTHER EXEMPT ORGANIZATIONS IN THE  
GEOGRAPHIC AREA. AFTER A REVIEW OF THE INDIVIDUAL'S PERFORMANCE FOR THE  
YEAR AND RELYING ON COMPARABLE INFORMATION AND OTHER OBJECTIVE DATA, THE

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EXECUTIVE COMMITTEE WILL RECOMMEND AN ADJUSTMENT TO THE INDIVIDUAL'S  
COMPENSATION. ANY DETERMINATIONS ARE DOCUMENTED CONTEMPORANEOUSLY IN THE  
EXECUTIVE COMMITTEE MINUTES.

THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION  
THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION  
COMMITTEE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS  
WAS REVIEWED AND SUBSEQUENTLY APPROVED.

THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE  
ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS APPLIES TO  
CERTAIN SENIOR MANAGEMENT PERSONNEL, INCLUDING, BUT NOT LIMITED TO, THE  
PRESIDENT/CHIEF EXECUTIVE OFFICER. THE COMPENSATION AND BENEFITS OF  
CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE REVIEWED  
ANNUALLY BY THE HUNTERDON HEALTHCARE SYSTEM, INC.'S PRESIDENT/CHIEF  
EXECUTIVE OFFICER WITH ASSISTANCE FROM THE ORGANIZATION'S HUMAN RESOURCES  
DEPARTMENT IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING  
THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE  
THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE  
ORGANIZATION. OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR  
COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS,  
EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS.

**CORE FORM, PART VI, SECTION C; QUESTION 18**

PURSUANT TO STATE OF NEW JERSEY P.L. 2019, CHAPTER 513, (WHICH WAS  
EFFECTIVE ON JULY 21, 2020), AND AMENDED P.L. 2008, CHAPTER 58 (C.26:

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2H-5.1B), THIS ORGANIZATION HAS POSTED ON ITS INTERNET WEBSITE A COPY OF THIS INTERNAL REVENUE SERVICE (IRS) FORM 990 AND ALL SCHEDULES AND SUPPORTING DOCUMENTATION REQUIRED TO BE SUBMITTED TO THE IRS IN CONJUNCTION WITH THE FORM 990 WITH THE EXCEPTION OF THOSE SCHEDULES NOT OPEN FOR PUBLIC INSPECTION. SAID FORM 990 WAS POSTED BY THE ORGANIZATION AFTER FILING ITS FORM 990 WITH THE IRS.

**CORE FORM, PART VI, SECTION C; QUESTION 19**

THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND IS AVAILABLE ONLINE AT WWW.DACBOND.COM. THE ORGANIZATION HAS ISSUED TAX-EXEMPT BONDS TO FINANCE VARIOUS CAPITAL IMPROVEMENT PROJECTS, RENOVATIONS AND EQUIPMENT. THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY.

**CORE FORM, PART VII AND SCHEDULE J**

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

**CORE FORM, PART VII, SECTION A, COLUMN B**

THIS ORGANIZATION IS AN AFFILIATE WITHIN THE HUNTERDON HEALTHCARE SYSTEM, INC. ("SYSTEM"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. THE SYSTEM INCLUDES BOTH FOR-PROFIT AND NOT FOR-PROFIT ORGANIZATIONS. CERTAIN BOARD OF TRUSTEE MEMBERS, OFFICERS AND KEY EMPLOYEES LISTED ON CORE FORM,



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PART VII AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH BOTH THIS ORGANIZATION AND OTHER AFFILIATES WITHIN THE SYSTEM. THE HOURS SHOWN ON THIS FORM 990 FOR BOARD MEMBERS WHO RECEIVE NO COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, REPRESENT THE ESTIMATED HOURS DEVOTED PER WEEK FOR THIS ORGANIZATION. TO THE EXTENT THESE INDIVIDUALS SERVE AS A MEMBER OF THE BOARD OF TRUSTEES OF OTHER RELATED ORGANIZATIONS IN THE SYSTEM, THEIR RESPECTIVE HOURS PER WEEK PER ORGANIZATION ARE APPROXIMATELY THE SAME AS REFLECTED IN CORE FORM, PART VII OF THIS FORM 990. THE HOURS REFLECTED ON CORE FORM, PART VII OF THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, PAID OFFICERS AND KEY EMPLOYEES, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF HUNTERDON HEALTHCARE SYSTEM, INC. AND ALL AFFILIATES AND NOT TOTAL HOURS WORKED PER WEEK ON BEHALF OF ONLY HUNTERDON MEDICAL CENTER.

**CORE FORM, PART XI; LINE 9**

OTHER CHANGES IN FUND BALANCE INCLUDE:

- PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST - (\$2,948,000);
- NET TRANSFERS TO RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATIONS - (\$12,606,000);
- CHANGE IN NET ASSETS WITH DONOR RESTRICTIONS - (\$2,935,767); AND
- OTHER CHANGES IN NET ASSETS WITHOUT DONOR RESTRICTIONS - \$6,176,000.

**CORE FORM, PART XII; QUESTION 2**

THE ORGANIZATION IS AN AFFILIATE WITHIN HUNTERDON HEALTHCARE SYSTEM, INC.

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("SYSTEM"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. HUNTERDON HEALTHCARE SYSTEM, INC. IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM. AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF HUNTERDON HEALTHCARE SYSTEM, INC. AND ALL ENTITIES WITHIN THE SYSTEM FOR THE YEARS ENDED DECEMBER 31, 2022 AND DECEMBER 31, 2021; RESPECTIVELY. THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS. THE INDEPENDENT CPA FIRM ISSUED AN UNMODIFIED OPINION WITH RESPECT TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS.

**CORE FORM, PART XII; QUESTION 3**

THE ORGANIZATION IS AN AFFILIATE WITHIN HUNTERDON HEALTHCARE SYSTEM, INC. ("SYSTEM"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. THE SYSTEM ENGAGED AN INDEPENDENT ACCOUNTING FIRM TO PREPARE AND ISSUE A SYSTEM WIDE CONSOLIDATED AUDIT UNDER THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133 AUDIT. THIS ORGANIZATION WAS INCLUDED IN THE SYSTEM WIDE A-133 AUDIT.

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FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION  
=====

TO RESTORE, PRESERVE, AND ENHANCE THE HEALTH OF THE COMMUNITY BY  
PROVIDING A FULL RANGE OF PREVENTIVE, DIAGNOSTIC, HOLISTIC AND  
THERAPEUTIC INPATIENT AND OUTPATIENT HOSPITAL AND COMMUNITY HEALTH  
SERVICES. PLEASE REFER TO SCHEDULE O FOR A DETAILED MISSION AND  
COMMUNITY BENEFIT STATEMENT.

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## FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
HUNTERDON CARDIOVASCULAR ASSOCIATES 1100 WESCOTT DRIVE, SUITE G3 FLEMINGTON, NJ 08822	MEDICAL	8,941,442.
SYMMETRY WORKFORCE SOLUTIONS LLC 5930 CORNERSTONE COURT W #300 SAN DIEGO, CA 92121	STAFFING	7,055,461.
HURON CONSULTING SERVICES LLC 3005 MOMENTUM PLACE CHICAGO, IL 60689-5330	CONSULTING	3,086,139.
HUNTERDON HEALTHCARE LLC 114 BROAD STREET FLEMINGTON, NJ 08822	MEDICAL	2,667,131.
OA PETERSON CONSTRUCTION CO., INC. 78 N WILLOW ST MONTCLAIR, NJ 07042	CONSTRUCTION	2,517,801.

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**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

**2022**

**Open to Public  
Inspection**

Employer identification number

22-1537688

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
SEE SUPPLEMENTAL PAGE							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2022

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SEE SUPPLEMENTAL PAGE												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) MIDJERSEY HEALTH CORPORATION 22-2713664 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822	HEALTHCARE	NJ	N/A	C CORP.					X
(2) HUNTERDON REGIONAL PHARMACY, INC. 74-3055633 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822	HEALTHCARE	NJ	N/A	C CORP.					X
(3)									
(4)									
(5)									
(6)									
(7)									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) HUNTERDON PRIMARY CARE, P.C.	L	25,260,757.	COST
(2) HUNTERDON SPECIALTY CARE, P.C.	L	17,238,799.	COST
(3) HUNTERDON URGENT CARE, P.C.	L	3,861,658.	COST
(4) HUNTERDON URGENT CARE, P.C.	0	1,424,812.	COST
(5)			
(6)			

**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

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## SCHEDULE R, PART V

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

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

## PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512	
						YES	NO
HUNTERDON HEALTHCARE SYSTEM, INC. 2100 WESCOTT DRIVE	22-2537411 FLEMINGTON, NJ 08822 HEALTHCARE	NJ	501(C)(3)	12A	N/A		X
HUNTERDON HOSPICE 2100 WESCOTT DRIVE	22-2276083 FLEMINGTON, NJ 08822 HEALTHCARE	NJ	501(C)(3)	7	HRCH		X
VISITING HEALTH & SUPPORTIVE SERVICES 2100 WESCOTT DRIVE	22-1636709 FLEMINGTON, NJ 08822 HEALTHCARE	NJ	501(C)(3)	7	HRCH		X
HUNTERDON HEALTHCARE FOUNDATION 2100 WESCOTT DRIVE	22-2526895 FLEMINGTON, NJ 08822 FUNDRAISING	NJ	501(C)(3)	7	HHS		X
HUNTERDON REGIONAL COMMUNITY HEALTH, INC 2100 WESCOTT DRIVE	22-3453318 FLEMINGTON, NJ 08822 HEALTHCARE	NJ	501(C)(3)	12A	HHS		X
BRITESIDE ADULT DAY CENTERS, INC. 2100 WESCOTT DRIVE	22-2113056 FLEMINGTON, NJ 08822 ADLT DAY CARE	NJ	501(C)(3)	10	HRCH		X
HUNTERDON PRIMARY CARE, P.C. 2100 WESCOTT DRIVE	47-4931969 FLEMINGTON, NJ 08822 HEALTHCARE	NJ	501(C)(3)	12A	HMC		X
HUNTERDON SPECIALTY CARE, P.C. 2100 WESCOTT DRIVE	47-4913206 FLEMINGTON, NJ 08822 HEALTHCARE	NJ	501(C)(3)	12A	HMC		X
HUNTERDON URGENT CARE, P.C. 2100 WESCOTT DRIVE	47-4901532 FLEMINGTON, NJ 08822 HEALTHCARE	NJ	501(C)(3)	12A	HMC		X

HUNTERDON MEDICAL CENTER

22-1537688

990 SCH R, PART III-IDENTIFICATION OF REL. ORG. TAXABLE AS PARTNERSHIP

(A) NAME/ADDRESS/EIN	B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) PREDOMINANT INCOME	(F) SHARE OF TOT INCOME	(G) SHARE EOY	(H) DISPROPORTIONATE		(I) CODE V-UBI	(J) PARTNER		(K) % OWNERSHIP
							YES	NO		YES	NO	
HUNT IMAGING ASSOC 22-3126699 2100 WESCOTT DR FLEMINGTON, NJ	HEALTHCARE	NJ	N/A									
HUNT HEALTHCARE LLC 22-3642089 2100 WESCOTT DR FLEMINGTON, NJ	HEALTHCARE	NJ	N/A									
HC FOR SURGERY LLC 22-3401213 2100 WESCOTT DR FLEMINGTON, NJ	HEALTHCARE	NJ	N/A									
MIDJERSEY HLTH ALLI 81-5198825 2100 WESCOTT DRIVE FLEMINGTON,	HEALTHCARE	NJ	N/A									
BRIDGEWATER AM SURG 82-0860675 2100 WESCOTT DRIVE FLEMINGTON,	HEALTHCARE	NJ	N/A									
HUNTERDON AMB SVCS 81-2462115 2100 WESCOTT DRIVE FLEMINGTON,	HEALTHCARE	NJ	HMC	RELATED	-224,539.	1,029,886.		X	NONE	X	50.0000	
BRIDGEWATER ADV IMG 85-4242128 2100 WESCOTT DRIVE FLEMINGTON,	HEALTHCARE	NJ	HMC	RELATED	NONE	NONE		X	NONE	X	50.0000	
RARITAN FAM HEALTH 22-3741339 901 US HIGHWAY 202 RARITAN, NJ	HEALTHCARE	NJ	N/A									

# RENT AND ROYALTY INCOME

<b>Taxpayer's Name</b> HUNTERDON MEDICAL CENTER	<b>Identifying Number</b> 22-1537688
--	---

**DESCRIPTION OF PROPERTY**

VARIOUS PROPERTIES

	Yes	No	Did you actively participate in the operation of the activity during the tax year?
--	-----	----	--

**TYPE OF PROPERTY:**

REAL RENTAL INCOME

**OTHER INCOME:**

RENTAL INCOME - VARIOUS

398,180.

**TOTAL GROSS INCOME** 398,180.

**OTHER EXPENSES:**

CLEANING

88,544.

SUPPLIES

1,934.

TAXES

9,417.

UTILITIES

86,175.

OTHER EXPENSES

53,640.

**DEPRECIATION (SHOWN BELOW)** 169,891.

LESS: Beneficiary's Portion

**AMORTIZATION**

LESS: Beneficiary's Portion

**DEPLETION**

LESS: Beneficiary's Portion

**TOTAL EXPENSES** 409,601.

**TOTAL RENT OR ROYALTY INCOME (LOSS)** -11,421.

**Less Amount to**

Rent or Royalty

Depreciation

Depletion

Investment Interest Expense

Other Expenses

Net Income (Loss) to Others

**Net Rent or Royalty Income (Loss)** -11,421.

**Deductible Rental Loss (if Applicable)**

**SCHEDULE FOR DEPRECIATION CLAIMED**

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des.	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
SEE STATEMENT									
<b>Totals</b>									169,891.

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE  
=====

OTHER INCOME

RENTAL INCOME - VARIOUS	398,180.
	-----
	398,180.
	=====

OTHER DEDUCTIONS

DIRECT RENTAL EXPENSES	53,640.
	-----
	53,640.
	=====

RENT AND ROYALTY SUMMARY  
 =====

PROPERTY -----	TOTAL INCOME -----	DEPLETION/ DEPRECIATION -----	OTHER EXPENSES -----	ALLOWABLE NET INCOME -----
VARIOUS PROPERTIES	398,180.	169,891.	239,710.	-11,421.
TOTALS	----- 398,180. =====	----- 169,891. =====	----- 239,710. =====	----- -11,421. =====

**SCHEDULE D  
(Form 1041)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

Attach to Form 1041, Form 5227, or Form 990-T.  
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.  
Go to [www.irs.gov/F1041](http://www.irs.gov/F1041) for instructions and the latest information.

OMB No. 1545-0092

**2022**

Name of estate or trust <b>HUNTERDON MEDICAL CENTER</b>	Employer identification number <b>22-1537688</b>
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Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Note:** Form 5227 filers need to complete **only** Parts I and II.

**Part I Short-Term Capital Gains and Losses - Generally Assets Held 1 Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked.				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked.				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked.				
<b>4</b> Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2021 Capital Loss Carryover Worksheet				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). Enter here and on Part III, line 17, column (3).				<b>7</b>

**Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than 1 Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked.	8,230,504.			8,230,504.
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked.				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.				
<b>11</b> Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts.				<b>12</b>
<b>13</b> Capital gain distributions.				<b>13</b>
<b>14</b> Gain from Form 4797, Part I.				<b>14</b>
<b>15</b> Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2021 Capital Loss Carryover Worksheet				<b>15</b> ( )
<b>16</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 15 in column (h). Enter here and on Part III, line 18a, column (3).				<b>16</b> 8,230,504.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2022

<b>Part III Summary of Parts I and II</b>		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
<b>Caution:</b> Read the instructions before completing this part.				
<b>17</b>	<b>Net short-term gain or (loss)</b> . . . . .	<b>17</b>		
<b>18</b>	<b>Net long-term gain or (loss):</b>			
a	Total for year . . . . .	<b>18a</b>		8,230,504.
b	Unrecaptured section 1250 gain (see line 18 of the worksheet) . . . . .	<b>18b</b>		
c	28% rate gain . . . . .	<b>18c</b>		
<b>19</b>	<b>Total net gain or (loss).</b> Combine lines 17 and 18a. . . . .	<b>19</b>		8,230,504.

**Note:** If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and **don't** complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

<b>Part IV Capital Loss Limitation</b>		20
<b>20</b>	Enter here and enter as a (loss) on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4c, if a trust), the <b>smaller</b> of: a The loss on line 19, column (3) or b \$3,000 . . . . .	( )

**Note:** If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 23 (or Form 990-T, Part I, line 11), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

**Part V Tax Computation Using Maximum Capital Gains Rates**

**Form 1041 filers.** Complete this part **only** if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 23, is more than zero.

**Caution:** Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if:

- Either line 18b, col. (2), or line 18c, col. (2), is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero, or
- There are amounts on lines 4e and 4g of Form 4952.

**Form 990-T trusts.** Complete this part **only** if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, Part I, line 11, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 18b, col. (2), or line 18c, col. (2), is more than zero.

<b>21</b>	Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line 11)	<b>21</b>		
<b>22</b>	Enter the <b>smaller</b> of line 18a or 19 in column (2) but not less than zero. . . . .	<b>22</b>		
<b>23</b>	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) . . . . .	<b>23</b>		
<b>24</b>	Add lines 22 and 23 . . . . .	<b>24</b>		
<b>25</b>	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- . . . . .	<b>25</b>		
<b>26</b>	Subtract line 25 from line 24. If zero or less, enter -0- . . . . .	<b>26</b>		
<b>27</b>	Subtract line 26 from line 21. If zero or less, enter -0- . . . . .	<b>27</b>		
<b>28</b>	Enter the <b>smaller</b> of the amount on line 21 or \$2,800 . . . . .	<b>28</b>		
<b>29</b>	Enter the <b>smaller</b> of the amount on line 27 or line 28 . . . . .	<b>29</b>		
<b>30</b>	Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0% . . . . .	<b>30</b>		
<b>31</b>	Enter the <b>smaller</b> of line 21 or line 26 . . . . .	<b>31</b>		
<b>32</b>	Subtract line 30 from line 26 . . . . .	<b>32</b>		
<b>33</b>	Enter the <b>smaller</b> of line 21 or \$13,700 . . . . .	<b>33</b>		
<b>34</b>	Add lines 27 and 30 . . . . .	<b>34</b>		
<b>35</b>	Subtract line 34 from line 33. If zero or less, enter -0- . . . . .	<b>35</b>		
<b>36</b>	Enter the <b>smaller</b> of line 32 or line 35 . . . . .	<b>36</b>		
<b>37</b>	Multiply line 36 by 15% (0.15) . . . . .	<b>37</b>		
<b>38</b>	Enter the amount from line 31 . . . . .	<b>38</b>		
<b>39</b>	Add lines 30 and 36 . . . . .	<b>39</b>		
<b>40</b>	Subtract line 39 from line 38. If zero or less, enter -0- . . . . .	<b>40</b>		
<b>41</b>	Multiply line 40 by 20% (0.20) . . . . .	<b>41</b>		
<b>42</b>	Figure the tax on the amount on line 27. Use the 2022 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the Instructions for Form 1041) . . . . .	<b>42</b>		
<b>43</b>	Add lines 37, 41, and 42 . . . . .	<b>43</b>		
<b>44</b>	Figure the tax on the amount on line 21. Use the 2022 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the Instructions for Form 1041) . . . . .	<b>44</b>		
<b>45</b>	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 43 or line 44 here and on Form 1041, Schedule G, Part I, line 1a (or Form 990-T, Part II, line 2) . . . . .	<b>45</b>		



Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

**Social security number or taxpayer identification number**

HUNTERDON MEDICAL CENTER

22-1537688

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss)</b> Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	VARIOUS SECURITIES	VARIOUS	VARIOUS	8,230,504.00				8,230,504.00
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) . . .				8,230,504.				8,230,504.

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

Attachment
Sequence No. 27

Name(s) shown on return: HUNTERDON MEDICAL CENTER
Identifying number: 22-1537688
1a Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions.
1b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets.
1c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets.

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed or allowable since acquisition, (f) Cost or other basis, plus improvements and expense of sale, (g) Gain or (loss). Rows include lines 2 through 9 with calculations for gain and loss.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):
11 Loss, if any, from line 7.
12 Gain, if any, from line 7 or amount from line 8, if applicable.
13 Gain, if any, from line 31.
14 Net gain or (loss) from Form 4684, lines 31 and 38a.
15 Ordinary gain from installment sales from Form 6252, line 25 or 36.
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824.
17 Combine lines 10 through 16.
18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.
a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions.
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4.

For Paperwork Reduction Act Notice, see separate instructions.

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255**  
(see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.		Property A	Property B
20	Gross sales price (Note: See line 1 before completing.)	20	
21	Cost or other basis plus expense of sale . . . . .	21	
22	Depreciation (or depletion) allowed or allowable . . . . .	22	
23	Adjusted basis. Subtract line 22 from line 21 . . . . .	23	
24	Total gain. Subtract line 23 from line 20. . . . .	24	
<b>25 If section 1245 property:</b>			
a	Depreciation allowed or allowable from line 22 . . . . .	25a	
b	Enter the smaller of line 24 or 25a. . . . .	25b	
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a	Additional depreciation after 1975. See instructions . . . . .	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions . . . . .	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e . . . . .	26c	
d	Additional depreciation after 1969 and before 1976 . . . . .	26d	
e	Enter the smaller of line 26c or 26d . . . . .	26e	
f	Section 291 amount (corporations only) . . . . .	26f	
g	Add lines 26b, 26e, and 26f . . . . .	26g	
<b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a	Soil, water, and land clearing expenses . . . . .	27a	
b	Line 27a multiplied by applicable percentage. See instructions . . . . .	27b	
c	Enter the smaller of line 24 or 27b . . . . .	27c	
<b>28 If section 1254 property:</b>			
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions . . . . .	28a	
b	Enter the smaller of line 24 or 28a . . . . .	28b	
<b>29 If section 1255 property:</b>			
a	Applicable percentage of payments excluded from income under section 126. See instructions . . . . .	29a	
b	Enter the smaller of line 24 or 29a. See instructions . . . . .	29b	

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24 . . . . .	30
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 . . . . .	31
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 . . . . .	32

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less**  
(see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years . . . . .	33	
34	Recomputed depreciation. See instructions . . . . .	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report . . . . .	35	

