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FEDERAL FORM 990

RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

FOR THE YEAR ENDED DECEMBER 31, 2024

PUBLIC DISCLOSURE COPY

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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning **and ending**

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

C Name of organization
HUNTERDON MEDICAL CENTER

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
2100 WESCOTT DRIVE

City or town, state or province, country, and ZIP or foreign postal code
FLEMINGTON, NJ 08822

D Employer identification number
22-1537688

E Telephone number
(908)788-6153

G Gross receipts $
377,752,321.

F Name and address of principal officer: PATRICK J. GAVIN, MPH, MBA
2100 WESCOTT DRIVE, FLEMINGTON, NJ 08822

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number

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

J Website: WWW.HUNTERDONHEALTH.ORG

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

L Year of formation: 1948 **M** State of legal domicile: NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO RESTORE, PRESERVE & ENHANCE THE HEALTH OF THE COMMUNITY BY PROVIDING A FULL RANGE OF PREVENTIVE, DIAGNOSTIC, HOLISTIC & THERAPEUTIC IP & OP HOSPITAL & COMMUNITY HEALTH SERVICES.

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	**5**	2,894
6	Total number of volunteers (estimate if necessary)	**6**	109
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	NONE
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	NONE

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	10,548,249.	5,259,539.
9	Program service revenue (Part VIII, line 2g)	342,624,280.	366,020,175.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,146,082.	4,415,181.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,625,684.	1,110,960.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	355,944,295.	376,805,855.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	NONE	NONE
14	Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	212,029,543.	218,382,970.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
b	Total fundraising expenses (Part IX, column (D), line 25) NONE		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	136,693,256.	149,408,619.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	348,722,799.	367,791,589.
19	Revenue less expenses. Subtract line 18 from line 12	7,221,496.	9,014,266.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	500,670,040.	515,045,752.
21	Total liabilities (Part X, line 26)	225,133,935.	201,110,046.
22	Net assets or fund balances. Subtract line 21 from line 20	275,536,105.	313,935,706.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ 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 — 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** (2024)

JSA
4E1010 2.000

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ 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 $ 296,071,703. including grants of $ NONE) (Revenue $ 366,020,175.)

SEE 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 296,071,703.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	263		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	NONE		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	

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

			Yes	No
2a	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 2a 2,894			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b	X	
4a	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)?	4a		X
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a		
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 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	**Section 501(c)(21) organizations.** 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? If "Yes," complete Form 6069.	17		

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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O.*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . .	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 (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	50.00									
TRUSTEE - PRESIDENT/CEO	NONE	X		X				1,444,093.	NONE	386,274.
(2) VIOLET T. KOCSIS	50.00									
CHIEF HUMAN RESOURCES OFFICER	NONE				X			685,851.	NONE	97,465.
(3) HERBERT WHITE	50.00									
CFO	NONE			X				651,880.	NONE	101,345.
(4) EDMUND SIY	50.00									
CHIEF INFORMATION OFFICER	NONE				X			612,545.	NONE	81,722.
(5) DAVID D. SKILLINGE, M.D.	50.00									
VP, MED. PRACTICE (TERM 4/24)	NONE					X		614,991.	NONE	27,116.
(6) JESSICA CODJOE, M.D.	50.00									
CMO	NONE				X			583,921.	NONE	21,180.
(7) MARY JO LOUGHLIN, RN	50.00									
SVP PATIENT CARE/CNO	NONE				X			453,333.	NONE	77,475.
(8) KRISTY ALFANO, MSN, RN	50.00									
EVP/COO	NONE			X				451,005.	NONE	34,701.
(9) NICOLENE M. KUSHNER	50.00									
COO HMG	NONE				X			423,455.	NONE	32,629.
(10) LAN CAO, M.D.	50.00									
PHYSICIAN	NONE					X		410,336.	NONE	32,496.
(11) JATINDER GAHLA, M.D.	50.00									
PHYSICIAN	NONE					X		413,145.	NONE	21,857.
(12) MUHAMMAD S. YUSUF, M.D.	50.00									
PHYSICIAN	NONE					X		399,098.	NONE	30,877.
(13) NARMADHA PANNEERSELVAM, M.D.	50.00									
PHYSICIAN	NONE					X		401,766.	NONE	21,345.
(14) K.C. RONDELLO, M.D., M.P.H.	1.00									
CHAIR - TRUSTEE	NONE	X		X				NONE	NONE	NONE

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) SUZANNE SCHWANDA	1.00									
VICE CHAIR - TRUSTEE	NONE	X		X				NONE	NONE	NONE
(16) ROSEANN PELUSO NGUYEN	1.00									
SECRETARY - TRUSTEE	NONE	X		X				NONE	NONE	NONE
(17) GREG MISCHKE	1.00									
TREASURER - TRUSTEE	NONE	X		X				NONE	NONE	NONE
(18) CINDY BARTER, M.D.	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(19) TERESIA BOST	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(20) CAROL HARDING	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(21) RAHUL MAHNA	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(22) JACK NAHAMA	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(23) RICK ROSENTHAL	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(24) ANDREW RUDNICK, M.D.	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(25) CHARLES SCAMMELL	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
1b Sub-total ▶								7,545,419.	NONE	966,482.
c Total from continuation sheets to Part VII, Section A ▶								NONE	NONE	NONE
d Total (add lines 1b and 1c) ▶								7,545,419.	NONE	966,482.

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 ▶ 365

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) RUBEN DARIO TABORDA	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(27) ANNA WALZ	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(28) ELLEN F. LOCKER	1.00									
CHAIR - TRUSTEE (TERM 4/24)	NONE	X		X				NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 65

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	1,529,854.			
	e	Government grants (contributions)	1e	3,729,685.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f	1g	$			
	h	**Total.** Add lines 1a-1f		5,259,539.			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	541900	349,308,270.	349,308,270.		
	b	OTHER HEALTHCARE RELATED REVENUE	541900	16,711,905.	16,711,905.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f		366,020,175.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4,582,488.	NONE	NONE	4,582,488.
	4	Income from investment of tax-exempt bond proceeds		NONE			
	5	Royalties		NONE			
			(i) Real	(ii) Personal			
	6a	Gross rents 6a	393,781.				
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c	393,781.	NONE			
	d	Net rental income or (loss)		393,781.			393,781.
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory 7a		779,159.			
	b	Less: cost or other basis and sales expenses 7b	143,466.	803,000.			
	c	Gain or (loss) 7c	-143,466.	-23,841.			
	d	Net gain or (loss)		-167,307.			-167,307.
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a		NONE			
	b	Less: direct expenses 8b		NONE			
	c	Net income or (loss) from fundraising events		NONE			
	9a	Gross income from gaming activities. See Part IV, line 19 9a		NONE			
	b	Less: direct expenses 9b		NONE			
	c	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less returns and allowances 10a		NONE			
	b	Less: cost of goods sold 10b		NONE			
	c	Net income or (loss) from sales of inventory		NONE			
Miscellaneous Revenue			Business Code				
	11a	CAFETERIA	722320	717,179.			717,179.
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d		717,179.			
	12	**Total revenue.** See instructions		376,805,855.	366,020,175.	NONE	5,526,141.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	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	6,138,874.	4,941,794.	1,197,080.	
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	171,373,709.	137,955,836.	33,417,873.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,054,976.	5,679,255.	1,375,721.	
9 Other employee benefits	20,705,798.	16,668,167.	4,037,631.	
10 Payroll taxes	13,109,613.	10,553,238.	2,556,375.	
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	1,467,496.	1,181,334.	286,162.	
c Accounting	57,703.	46,451.	11,252.	
d Lobbying	105,210.	84,168.	21,042.	
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.)	14,334,553.	11,539,315.	2,795,238.	
12 Advertising and promotion	2,258,980.	1,818,479.	440,501.	
13 Office expenses	6,899,092.	5,553,769.	1,345,323.	
14 Information technology	9,430,665.	7,591,685.	1,838,980.	
15 Royalties	NONE			
16 Occupancy	10,321,322.	8,308,664.	2,012,658.	
17 Travel	992,708.	799,130.	193,578.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	33,992.	27,364.	6,628.	
20 Interest	3,446,864.	2,774,726.	672,138.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	14,617,313.	11,766,937.	2,850,376.	
23 Insurance	4,327,541.	3,483,671.	843,870.	
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	47,003,196.	37,837,573.	9,165,623.	NONE
b PHYSICIAN FEES	19,718,506.	15,873,397.	3,845,109.	NONE
c MAINTENANCE/SERVICE CONTRACT	13,598,590.	10,946,865.	2,651,725.	NONE
d OTHER EXPENSES	794,888.	639,885.	155,003.	NONE
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	367,791,589.	296,071,703.	71,719,886.	NONE
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	10,247.	1	19,239.
	2	Savings and temporary cash investments	40,338,557.	2	30,762,262.
	3	Pledges and grants receivable, net	2,635,254.	3	1,551,028.
	4	Accounts receivable, net	34,948,035.	4	40,228,576.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
	7	Notes and loans receivable, net	NONE	7	NONE
	8	Inventories for sale or use	3,731,886.	8	4,474,129.
	9	Prepaid expenses and deferred charges	6,458,245.	9	4,150,351.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 431,299,329.			
	b	Less: accumulated depreciation — 10b: 300,997,654.	137,059,209.	10c	130,301,675.
	11	Investments - publicly traded securities	NONE	11	NONE
	12	Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13	Investments - program-related. See Part IV, line 11	204,494,520.	13	231,600,636.
	14	Intangible assets	7,867,040.	14	7,867,040.
	15	Other assets. See Part IV, line 11	63,127,047.	15	64,090,816.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	500,670,040.	16	515,045,752.
Liabilities	17	Accounts payable and accrued expenses	64,282,264.	17	50,523,282.
	18	Grants payable	NONE	18	NONE
	19	Deferred revenue	3,489,301.	19	1,863,265.
	20	Tax-exempt bond liabilities	104,349,974.	20	104,201,730.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23	Secured mortgages and notes payable to unrelated third parties	10,168,834.	23	14,555,901.
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	42,843,562.	25	29,965,868.
	26	**Total liabilities.** Add lines 17 through 25	225,133,935.	26	201,110,046.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	247,689,193.	27	284,229,126.
	28	Net assets with donor restrictions	27,846,912.	28	29,706,580.
		Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	275,536,105.	32	313,935,706.
	33	Total liabilities and net assets/fund balances	500,670,040.	33	515,045,752.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	376,805,855.
2	Total expenses (must equal Part IX, column (A), line 25)	2	367,791,589.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,014,266.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	275,536,105.
5	Net unrealized gains (losses) on investments	5	13,790,766.
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	15,594,569.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	313,935,706.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization	Employer identification number
HUNTERDON MEDICAL CENTER	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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First 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

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3 % support test - 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☐

b **33 1/3 % support test - 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐

17a **10%-facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ☐

b **10%-facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ☐

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 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

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2024.** 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 - 2023.** 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
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? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *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.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *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.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *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).*	1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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.*	2a		
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? *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.*	2b		
3	Parent of Supported Organizations. ***Answer lines 3a and 3b below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

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

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

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

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

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

7 ☐ 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	**Total annual distributions.** 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 2024 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-2024**	**(iii) Distributable Amount for 2024**
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI.*** See instructions.			
7	**Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

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

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

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

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

Name of organization	Employer identification number (EIN)
HUNTERDON MEDICAL CENTER	22-1537688

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions . . . . . $

3 Volunteer hours for political campaign activities. See instructions . . . . . .

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No

4a Was a correction made? . . . . . ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . $

4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No

5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

IF the amount on line 1e, column (a) or (b), is:	THEN 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.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	**(a)** 2021	**(b)** 2022	**(c)** 2023	**(d)** 2024	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		105,210.
j Total. Add lines 1c through 1i			105,210.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Part IV **Supplemental Information** *(continued)*

SCHEDULE C, PART II-B; LINE 1I

THE ORGANIZATION IS A MEMBER OF THE NEW JERSEY HOSPITAL ASSOCIATION WHICH ENGAGES IN LOBBYING EFFORTS ON BEHALF OF ITS MEMBER HOSPITALS. A PORTION OF THE DUES PAID TO THIS ORGANIZATION HAS BEEN ALLOCATED TO LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE ORGANIZATION. THIS ALLOCATION AMOUNTED TO $9,210 DURING THE YEAR ENDED DECEMBER 31, 2024.

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, 2024.

SCHEDULE D (Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
HUNTERDON MEDICAL CENTER

Employer identification number
22-1537688

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

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

		(a) Donor advised funds	(b) Funds and other accounts
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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

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

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

☐ Preservation of land for public use (for example, recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located _____

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 $ _____

(ii) Assets included in Form 990, Part X $ _____

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

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange program
- e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	27,807,440.	25,365,440.	28,680,440.	26,171,783.	24,750,504.
b Contributions					
c Net investment earnings, gains, and losses	2,270,000.	2,442,000.	-3,315,000.	2,508,657.	1,421,249.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	30,077,440.	27,807,440.	25,365,440.	28,680,440.	26,171,753.

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 98.9300 %
- c Term endowment 1.0700 %

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?	3a(i)		X
(ii) Related organizations?	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,796,849.		6,796,849.
b Buildings		181,377,554.	95,381,401.	85,996,153.
c Leasehold improvements		10,205,202.	6,269,951.	3,935,251.
d Equipment		214,920,501.	191,811,317.	23,109,184.
e Other		17,999,223.	7,534,985.	10,464,238.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				130,301,675.

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

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

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)BOARD DESIGNATED FUNDS	155,554,982.	FMV
(2)SHORT TERM INVESTMENTS	40,982,526.	FMV
(3)BENEFICIAL INTEREST IN TRUSTS	2,735,797.	FMV
(4)BEN INT IN HH FOUNDATION	9,595,220.	FMV
(5)REAL ESTATE HELD INVESTMENT	213,099.	FMV
(6)INVESTMENT IN JOINT VENTURES	439,544.	FMV
(7)ASSETS WHOSE USE IS LIMITED	NONE	FMV
(8)DONOR RESTRICTED ASSETS	22,079,468.	FMV
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 13, col. (B))*	231,600,636.	

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	26,458,929.
(2)OTHER RECEIVABLES	17,376,669.
(3)RIGHT-OF-USE ASSETS	14,045,252.
(4)OTHER ASSETS	6,209,966.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	64,090,816.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)OTHER LIABILITIES	9,930,746.
(3)EST AMTS DUE TO 3RD PARTY; NC	4,550,828.
(4)MALPRACTICE LIABILITY	1,008,000.
(5)PENSION BENEFIT LIABILITY	14,476,294.
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	29,965,868.

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 . X

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

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 2024 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 2020.

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)

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

HUNTERDON MEDICAL CENTER

Employer identification number

22-1537688

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy (FAP) during the tax year? If "No," skip to question 6a	1a	X	
b	If "Yes," was it a written policy?	1b	X	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the FAP to its various hospital facilities during the tax year: [X] Applied uniformly to all hospital facilities [ ] Applied uniformly to most hospital facilities [ ] Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use federal poverty guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: [ ] 100% [ ] 150% [X] 200% [ ] Other _____ %	3a	X	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: [ ] 200% [ ] 250% [ ] 300% [ ] 350% [ ] 400% [X] Other 500.0000 %	3b	X	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's FAP that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a	Did the organization budget amounts for free or discounted care provided under its FAP during the tax year?	5a	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		X
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a		X
b	If "Yes," did the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial assistance at cost (from Worksheet 1)			5,497,579.	288,593.	5,208,986.	1.42
b Medicaid (from Worksheet 3, column a)			41,261,033.	26,589,999.	14,671,034.	3.99
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total.** Financial assistance and means-tested government programs			46,758,612.	26,878,592.	19,880,020.	5.41
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,726,152.		1,726,152.	0.47
f Health professions education (from Worksheet 5)			4,115,706.	2,684,255.	1,431,451.	0.39
g Subsidized health services (from Worksheet 6)			20,170,516.	3,729,685.	16,440,831.	4.47
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other benefits			26,012,374.	6,413,940.	19,598,434.	5.33
k **Total.** Add lines 7d and 7j			72,770,986.	33,292,532.	39,478,454.	10.74

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

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

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	11,664,572.	
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	1,166,457.	
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	67,843,248.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	73,530,708.
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-5,687,460.
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:		

☐ Cost accounting system ☒ Cost to charge ratio ☐ 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):

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 HUNTERDON MEDICAL CENTER 2100 WESCOTT DRIVE FLEMINGTON NJ 08822 WWW.HUNTERDONHEALTH.ORG	11001 X	X		X			X			
2										
3										
4										
5										
6										
7										
8										
9										
10										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group: 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
Community Health Needs Assessment (CHNA)				
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?	1		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	2		X
3	During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	3	X	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The significant health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA			
j	[ ] Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 2022			
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	5	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	6a		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	6b	X	
7	Did the hospital facility make its CHNA report widely available to the public?	7	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	[X] Hospital facility's website (list url): WWW.HUNTERDONHEALTH.ORG			
b	[ ] Other website (list url):			
c	[X] Made a paper copy available for public inspection without charge at the hospital facility			
d	[ ] Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 2022			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a	If "Yes," list url: WWW.HUNTERDONHEALTH.ORG			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
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)?	12a		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
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 FAP that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	X	
a	[X] FPG, with FPG family income limit for eligibility for free care of and FPG family income limit 200.0000 % for eligibility for discounted care of 500.0000 %			
b	[ ] Income level other than FPG (describe in Section C)			
c	[X] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[ ] Residency			
h	[ ] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	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):			
a	[ ] Described the information the hospital facility may require an individual to provide as part of their application			
b	[ ] Described the supporting documentation the hospital facility may require an individual to submit as part of their application			
c	[ ] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): WWW.HUNTERDONHEALTH.ORG			
b	[X] The FAP application form was widely available on a website (list url): WWW.HUNTERDONHEALTH.ORG			
c	[X] A plain language summary of the FAP was widely available on a website (list url): WWW.HUNTERDONHEALTHCARE.ORG			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by limited-English proficiency (LEP) populations			
j	[ ] 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
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written FAP that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	**17**	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ 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	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			
f	☒ None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ 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	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- **a** ☒ Provided a written notice about upcoming extraordinary collection actions (ECAs) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- **b** ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- **c** ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)
- **d** ☒ Made presumptive eligibility determinations (if not, describe in Section C)
- **e** ☐ Other (describe in Section C)
- **f** ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's FAP?	**21**	X	
	If "No," indicate why:			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ 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	☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b	☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c	☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d	☐ The hospital facility used a prospective Medicare or Medicaid method			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	**23**		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.	**24**		X

Part V **Facility Information** *(continued)*

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

SCHEDULE H, PART V, SECTION B, QUESTIONS 5 AND 6B

THE HUNTERDON COUNTY PARTNERSHIP FOR HEALTH, A COUNTY-WIDE INITIATIVE ESTABLISHED IN 1995, UNITES OVER 80 COMMUNITY SERVICE PROVIDERS AND ORGANIZATIONS DEDICATED TO ENHANCING THE HEALTH, WELL-BEING, AND QUALITY OF LIFE OF HUNTERDON COUNTY RESIDENTS. THIS COLLABORATIVE EFFORT HAS SUCCESSFULLY CONDUCTED FOUR COUNTY-LEVEL BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) SURVEYS. THEIR FINDINGS HAVE SIGNIFICANTLY INFORMED THE 2022 COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP), WHICH SPANS FROM 2023 TO 2025. FURTHERMORE, THE PARTNERSHIP WILL PLAY A KEY ROLE IN THE 2025 COMMUNITY HEALTH NEEDS ASSESSMENT AND THE CREATION OF THE 2026-2028 CHIP. MEMBERSHIP IN THE HUNTERDON COUNTY PARTNERSHIP FOR HEALTH COMPRISES:

- AMERICA'S GROW A ROW
- ANITA'S ANGELS
- ALZHEIMER'S ASSOCIATION
- 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
- FAMILY SUCCESS CENTER
- 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 HOSPICE
- HUNTERDON AND MERCER COUNTY REGIONAL CHRONIC DISEASE COALITION
- HUNTERDON PREVENTION RESOURCES
- KINGWOOD SCHOOL
- LATINO HEALTH COALITION
- 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 OF HUNTERDON
- OPEN DOOR RECOVERY CENTER
- PHILLIPS BARBER FAMILY HEALTH CENTER
- POLYTECH TECHNICAL HIGH SCHOOL
- PREVENTION RESOURCES
- RARITAN VALLEY COMMUNITY COLLEGE
- ROBERT HUNTER ELEMENTARY SCHOOL
- 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

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.

- STATE OF NEW JERSEY- DEPARTMENT OF EDUCATION
- 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

WITH OVER 15 YEARS OF EXPERIENCE IN COMMUNITY HEALTH IMPROVEMENT, OUR DIRECTOR OF COMMUNITY RELATIONS, A BS, BSN PREPARED REGISTERED NURSE, CONDUCTED FOCUS GROUPS AND STAKEHOLDER MEETINGS. THESE DISCUSSIONS AIMED TO IDENTIFY HEALTH TRENDS IMPACTING RESIDENTS WITHIN THE NEXT THREE TO FIVE YEARS. OUR POPULATION HEALTH TEAM, THE HUNTERDON COUNTY HEALTH OFFICER, AND NUMEROUS PARTNERSHIP FOR HEALTH ORGANIZATIONS CONTRIBUTED TO THIS PROCESS. SURVEYS WERE ALSO EXTENDED TO SOMERSET, WARREN, AND MERCER COUNTIES, REFLECTING OUR EXPANDED SERVICE AREA.

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/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

SCHEDULE H, PART V, SECTION B, QUESTION 8

WITH CONSTRAINED RESOURCES, THE FACILITY FOCUSED ON CRITICAL HEALTH NEEDS AND CREATED A COMMUNITY HEALTH IMPLEMENTATION PLAN (CHIP) TO TACKLE IDENTIFIED PRIORITY AREAS. THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) GUIDES THE FACILITY'S STRATEGIC PLANNING, EMBEDDING ASPECTS OF THE CHIP INTO ITS STRATEGIES TO ACHIEVE THE OBJECTIVE OF ENHANCING COMMUNITY HEALTH. THE CHIP ALSO ENCOMPASSES RESOURCES, ACTIONS, AND MEASURABLE GOALS.

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/COMMUNITY-HEALTH-IMPROVEMENT-PLAN

SCHEDULE H, PART V, SECTION B, QUESTION 11

FOLLOWING A COMPREHENSIVE ASSESSMENT, NUMEROUS HEALTH NEEDS WERE IDENTIFIED BY THE FACILITY. GIVEN RESOURCE CONSTRAINTS, PRIORITIZATION WAS NECESSARY. THIS PRIORITIZATION CONSIDERED THE FACILITY'S EXISTING SERVICE OFFERINGS AND POTENTIAL FOR COLLABORATION.

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 IN NEXTGEN, AGES 40-60 IN OUR PRIMARY CARE PRACTICES, WHO MOVE FROM NO PHYSICAL ACTIVITY ("NONE") TO A HIGHER LEVEL OF ACTIVITY AND HAVE IT DOCUMENTED IN NEXTGEN, AS LOW, MEDIUM OR HIGH BY 3 PERCENTAGE POINTS FROM 2023 TO 2025. EXCLUDES HOSPICE PATIENTS.
2. INCREASE AWARENESS AND SCREENING FOR "FOOD INSECURITY" DOCUMENTED AT LEAST ONCE IN THE PAST 12 MONTHS IN NEXTGEN, IN THE PRIMARY CARE SETTING, FOR PATIENTS 65 AND ABOVE BY 4 PERCENTAGE POINTS FROM 2023-2025.
3. INCREASE THE PERCENTAGE OF HISPANIC ADULTS IN NEXTGEN, AGES 35-50 IN OUR PRIMARY CARE PRACTICES, WITH A BMI IN THE HEALTHY WEIGHT RANGE WITHIN THE PAST 12 MONTHS BY 2.25 PERCENTAGE POINTS FROM 2023 TO 2025.

DATA SOURCE:
1. PERCENTAGE OF ADULTS, AGES 40-60 WITH ACTIVITY LEVEL REPORTED IN (NEXTGEN).
2. FOOD INSECURITY ASSESSMENT DOCUMENTED IN ELECTRONIC HEALTH RECORD (NEXTGEN), FOR PATIENTS 65 AND ABOVE.
3. PERCENTAGE OF HISPANIC ADULTS (35-50) WITH A BMI WITHIN THE NORMAL RANGE (BETWEEN 18.5 AND 24.9) IN HUNTERDON HEALTHCARE PRIMARY CARE PHYSICIAN PRACTICES ELECTRONIC HEALTH RECORDS (NEXTGEN).

OUTCOME DATA:

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 ADULTS AGE 40-60 IN OUR PRIMARY CARE PRACTICES, WHO MOVE FROM NO PHYSICAL ACTIVITY ("NONE") TO A HIGHER LEVEL OF ACTIVITY. 2022- 40.23%, 2023 65.49%, 2024 74.19%.
2. PERCENTAGE OF ADULTS AGE 65+ IN OUR PRIMARY CARE PRACTICES WITH DOCUMENTED SCREENING FOR FOOD INSECURITY. 2022- 46.85%, 2023 49.42%, 2024 49.56%.
3. PERCENTAGE OF HISPANIC ADULTS AGES 35-50 IN OUR PRIMARY CARE PRACTICES WITH A BMI IN THE HEALTHY WEIGHT RANGE 2022- 19.88%, 2023- 18.05%, 2024 17.28%.

MAINTAINING FOCUS ON IMPROVING HEALTH OUTCOMES, OUR 2023-2025 COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) CONTINUES TO MONITOR HEALTHY WEIGHT AND FOOD INSECURITY. GIVEN THE CDC'S REPORT OF 40.3% OBESITY PREVALENCE IN THE US, IT'S CLEAR THAT OBESITY IS A SIGNIFICANT HEALTH CRISIS, ELEVATING RISKS FOR CHRONIC DISEASES LIKE HEART DISEASE, DIABETES, AND CERTAIN CANCERS. FURTHERMORE, RESEARCH FROM THE NATIONAL COUNCIL ON AGING REVEALS ADULTS WITH EXCESS WEIGHT HAVE A 55% INCREASED RISK OF DEPRESSION. RECOGNIZING THESE WIDESPREAD NEGATIVE HEALTH IMPACTS, WE ARE COMMITTED TO GUIDING OUR PATIENTS TOWARD HEALTHIER LIFESTYLES AND WEIGHTS. DATA TRACKING IS INTEGRAL TO THESE EFFORTS. WE UTILIZE LGBTQ+ AND HISPANIC/LATINO POPULATION HEALTH DASHBOARDS, WHICH INCORPORATE DATA ON FOOD INSECURITY AND HEALTHY WEIGHT, TO INFORM TARGETED PROJECTS ADDRESSING HEALTH DISPARITIES. WHILE ONE OF OUR METRICS IN THIS AREA DECREASED, OUR ENHANCED EHR DATA COLLECTION FOR RACE AND ETHNICITY HAS ALLOWED US TO IDENTIFY A MORE SIGNIFICANT CHALLENGE WITH UNHEALTHY WEIGHT IN THE LATINO COMMUNITY. THIS WILL REMAIN A PRIORITY IN 2025. BY INCREASING RESIDENTS' ACCESS TO PRIMARY CARE, WE CAN BETTER ADDRESS HEALTH BEHAVIORS AND REDUCE THE BURDEN OF CHRONIC DISEASE.

STARTING IN 2022 AND CONTINUING IN 2023 AND 2024, 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 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

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.

SERIOUS ILLNESS POPULATION.

THE CENTER FOR NUTRITION AND DIABETES MANAGEMENT, PART OF THE HUNTERDON HEALTHCARE SYSTEM, 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 TYPE 2 DIABETES ARE OVERWEIGHT OR OBESE. IN 2024, 726 NEW PATIENTS WITH ANY TYPE OF DIABETES ATTENDED AT LEAST 1 BUT UP TO 5 APPOINTMENTS WITH A DIABETES EDUCATOR AND/OR A REGISTERED DIETITIAN. OF THE PATIENTS WHOSE WEIGHT CHANGES WERE CAPTURED, 81% LOST OR MAINTAINED WEIGHT: 57% LOST WEIGHT, 24% MAINTAINED WEIGHT, POST EDUCATION. THE CENTER FOR NUTRITION AND DIABETES ALSO PROVIDES NUTRITION EDUCATION FOR PATIENTS WITH A DIAGNOSIS OF PRE-DIABETES. IN 2024, 85 NEW PATIENTS 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 2024, 127 NEW ADULTS WORKED WITH A REGISTERED DIETITIAN ONE ON ONE FOR WEIGHT MANAGEMENT AND 27 NEW CHILDREN RECEIVED NUTRITION COUNSELING FOR PEDIATRIC WEIGHT MANAGEMENT WITH A REGISTERED DIETITIAN.

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. WE HAVE CONTINUED TO OFFER VIRTUAL VISITS IN 2024 FOR THOSE PATIENTS UNABLE TO COME TO THE OFFICE. WE CONTINUE TO COLLABORATE WITH THE HUNTERDON HEALTH AND WELLNESS CENTERS AND WITH HUNTERDON BEHAVIORAL HEALTH, THROUGH THE MENTAL HEALTH AND WELLNESS PROGRAM. WE CONTINUED IN-PERSON DIABETES CLASSES IN 2024 AND RESUMED OFFERING PRE-DIABETES CLASSES.

A TOTAL OF 502 NEW/INITIAL PATIENTS RECEIVED NUTRITION COUNSELING FOR A VARIETY OF MEDICALLY NUTRITION RELATED REASONS. SOME OF THE PRIMARY DIAGNOSES WERE CARDIAC, GASTROINTESTINAL, EATING DISORDER, BARIATRIC SURGERY, FATTY LIVER, AND KIDNEY DISEASE. THIS 502 ALSO INCLUDES THE NEW PATIENTS WITH OBESITY AND/OR PRE-DIABETES DIAGNOSIS.

FOOD INSECURITY SIGNIFICANTLY IMPACTS THE HEALTH OF LOW-INCOME RESIDENTS, WITH LOCAL FOOD PANTRIES EXPERIENCING A SUSTAINED 30% INCREASE IN USAGE SINCE THE COVID PANDEMIC, A TREND CONTINUING INTO 2024. HUNTERDON HEALTH PRIORITIZES ADDRESSING THIS ISSUE THROUGH SEVERAL INITIATIVES. PHYSICIAN PRACTICES SCREEN PATIENTS FOR FOOD INSECURITY USING A PRE-VISIT PLANNING WORKSHEET AND PROVIDE LOCAL FOOD RESOURCES TO THOSE IDENTIFIED AS NEEDING THEM. UPON DISCHARGE, PATIENTS LACKING IMMEDIATE ACCESS TO FOOD RESOURCES MAY RECEIVE SHOPRITE GIFT CARDS FROM DISCHARGE PLANNERS, OFFERING IMMEDIATE FOOD ACCESS WHILE THEY CONNECT WITH LOCAL PANTRIES AND SNAP. THE HUNTERDON HEALTH FOUNDATION HAS OBTAINED GRANTS TO SUPPORT HEALTHY FOOD PURCHASES AT LOCAL PANTRIES. BILINGUAL COMMUNITY HEALTH WORKERS REGULARLY VISIT THESE PANTRIES TO OFFER HEALTH INFORMATION, PRIMARY CARE CONNECTIONS, AND CANCER SCREENING OPTIONS FOR THE UNINSURED. FURTHERMORE,

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.

THE CENTER FOR DIABETES'S SUCCESSFUL FOOD PRESCRIPTION PROGRAM HAS MOVED UNDER THE LEADERSHIP OF OUR COMMUNITY RELATIONS DIRECTOR. THE PROGRAM IS BEING REBRANDED, HEALTHY HARVEST RX WITH AN EMPHASIS ON IMPROVING HEALTH OUTCOMES THROUGH INCREASED ACCESS TO PRODUCE, MEDICATION EDUCATION AND MANAGEMENT, BIOMETRIC "CHECK-INS" AND HEALTHY LIFESTYLE SUPPORT. PATIENTS EXPERIENCING ECONOMIC HARDSHIP COUPLED WITH PRE-DIABETES, DIABETES OR OTHER FACTORS THAT INCREASE THEIR RISK FOR CHRONIC DISEASE ARE INVITED TO JOIN THE PROGRAM WHICH ULTIMATELY TEACHES THE SKILLS TO LIVE A HEALTHIER LIFE WITH BETTER HEALTH OUTCOMES. EFFORTS TO REDUCE A1C, WEIGHT AND INCREASE PRODUCE CONSUMPTION, PHYSICAL ACTIVITY AND MENTAL WELLNESS ARE CORNERSTONES OF THE PROGRAM

IN 2024, THE PARTNERSHIP FOR HEALTH'S HEALTHY LIFESTYLE ACTION TEAM REMAINED DEDICATED TO ITS GOAL OF PROMOTING HEALTHY LIFESTYLE CHOICES. TACKLING ISSUES LIKE OBESITY AND LOW ACTIVITY LEVELS WITHIN THE COMMUNITY IS AN ONGOING CHALLENGE.

THE FAMILY MEALS PROGRAM, WHICH EMPHASIZES THE IMPORTANCE OF SHARED MEALS, HAS EXPANDED TO INCLUDE OVER 75 FAMILIES, DEMONSTRATING ITS POSITIVE INFLUENCE ON BOTH PHYSICAL AND MENTAL HEALTH. SPECIAL OUTREACH EFFORTS HAVE BEEN MADE TO ASSIST THOSE FACING FOOD INSECURITY. BY COLLABORATING WITH THE FLEMINGTON AREA FOOD PANTRY, AMERICA'S GROW A ROW, AND SHOPRITE OF HUNTERDON COUNTY, A PROGRAM WAS DEVELOPED TO PROVIDE ALL THE NECESSARY INGREDIENTS FOR A HEALTHY FAMILY MEAL IN A SINGLE BAG. THIS INITIATIVE ENCOURAGES CHILDREN TO PARTICIPATE IN MEAL PREPARATION, FOSTERING THEIR CULINARY SKILLS. TO ENHANCE THE SOCIAL ASPECT OF MEALTIMES, THE MEAL KITS ALSO INCLUDE CONVERSATION PROMPTS, PROMOTING COMMUNICATION AND ENJOYMENT AMONG FAMILY MEMBERS. FEEDBACK IS GATHERED THROUGH SURVEYS IN BOTH ENGLISH AND SPANISH TO ENSURE THE PROGRAM REMAINS RESPONSIVE TO THE FAMILIES' NEEDS.

BUILDING ON THE SUCCESS OF THIS PROGRAM, IN 2023 FAMILY EXERCISE IDEAS AND CHALLENGES WERE INTRODUCED TO FURTHER FOSTER CAMARADERIE. THESE INITIATIVES HAVE CONTINUED THROUGHOUT 2024, RECOGNIZING THAT ACTIVE, HEALTHY FAMILIES TEND TO EXPERIENCE BETTER OVERALL HEALTH OUTCOMES.

THE POPULATION HEALTH TEAM IS DEDICATED TO ENCOURAGING HEALTHY LIFESTYLE CHOICES WITHIN OUR PHYSICIAN PRACTICES. WHILE PATIENT BMI IS CURRENTLY DOCUMENTED DURING ANNUAL PHYSICALS TO IDENTIFY POTENTIAL CONCERNS, DISCUSSIONS ABOUT WEIGHT MANAGEMENT PLANS FOR THOSE OUTSIDE THE NORMAL RANGE HAVE NOT YIELDED THE DESIRED RESULTS. THEREFORE, IN 2021, AN EXPLORATORY COMMITTEE WAS FORMED TO INVESTIGATE PROMOTING HEALTHY MOVEMENT AS A COMPLEMENTARY APPROACH TO ACHIEVING HEALTHIER WEIGHT GOALS. CONSEQUENTLY, THE HEALTHY MOTION WORKGROUP, COMPRISING PHYSICIANS, NURSES, PHYSICAL THERAPISTS, AND OTHER HEALTHCARE PROFESSIONALS, WAS ESTABLISHED TO ENHANCE MOVEMENT ASSESSMENT ACROSS OUR PATIENT POPULATION. THIS WORKGROUP SUCCESSFULLY STANDARDIZED THE COLLECTION OF PHYSICAL ACTIVITY LEVEL DATA IN OUTPATIENT ELECTRONIC HEALTH RECORDS AND SECURED

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.

ENDORSEMENT FOR NEW DEFINITIONS FROM THE PRIMARY CARE TRANSFORMATION TEAM. NOTABLY, PHYSICAL ACTIVITY LEVEL DOCUMENTATION WAS ALSO ENDORSED AS AN INTERNAL QUALITY METRIC FOR 2023. FURTHERMORE, THE TEAM LAUNCHED A WALK WITH A DOC PROGRAM IN 2024, WHICH HAS BEEN EXCEPTIONALLY WELL-RECEIVED AND PRAISED BY PATIENTS.

SUBSTANCE MISUSE

GOAL: REDUCE THE PREVALENCE AND INCIDENCE OF SUBSTANCE ABUSE IN OUR SERVICE AREA.

MEASURE:
1. MAINTAIN OR EXCEED THE CURRENT PERCENTAGE OF PATIENTS AGE 13+ BEING SCREENED FOR "VAPING" IN THE PAST 24 MONTHS, IN THE PRIMARY CARE SETTING, DOCUMENTED IN OUR ELECTRONIC HEALTH RECORD (NEXTGEN) AT 68% OR HIGHER FROM 2023 TO 2025.
2. INCREASE THE PERCENTAGE OF PATIENTS, AGE 18 AND ABOVE IN THE PRIMARY CARE SETTING, WITH A PRESCRIPTION FOR STIMULANTS WITH A SIGNED CONTROLLED SUBSTANCE AGREEMENT, IN OUR ELECTRONIC HEALTH RECORD (NEXTGEN) TO 75% FROM 2023 TO 2025.
3. INCREASE THE PERCENTAGE OF PATIENTS AGE 21 AND OVER WITH A PRESCRIPTION (3 OR MORE PRESCRIPTIONS OF AT LEAST 30 PILLS/PRESCRIPTION IN THE PAST 12 MONTHS) FOR A BENZODIAZEPINE SCREENED FOR ALCOHOL, IN OUR PRIMARY CARE PRACTICES, IN OUR ELECTRONIC HEALTH RECORD (NEXTGEN), BY 3 PERCENTAGE POINTS FROM 2023 TO 2025.

DATA SOURCE:
1. PERCENTAGE OF PATIENTS AGE 13+ IN THE PRIMARY CARE SETTING IN WHICH THE PROVIDER SCREENED FOR VAPING IN EHR (NEXTGEN).
2. PERCENTAGE OF PATIENTS AGE 18+ IN THE PRIMARY CARE SETTING WITH A PRESCRIPTION FOR STIMULANTS AND A SIGNED CONTROLLED SUBSTANCE AGREEMENT IN EHR (NEXTGEN).
3. PERCENTAGE OF PATIENTS AGE 21+ WITH A PRESCRIPTION FOR BENZODIAZEPINE WHO ARE SCREENED FOR ALCOHOL IN EHR (NEXTGEN).

OUTCOME:
1. PERCENTAGE OF PATIENTS AGE 13+, IN THE PRIMARY CARE SETTING SCREENED FOR VAPING DOCUMENTED IN THE EHR 2022- 69.97%, 2023- 76.11%, 2024- 79.97%.
2. PERCENTAGE OF PATIENTS 18+, IN THE PRIMARY CARE SETTING WITH A PRESCRIPTION FOR STIMULANTS AND A SIGNED CONTROLLED SUBSTANCE AGREEMENT IN THE EHR 2022- 0% (NEW METRIC), 2023- 63.08%, 2024- 66.24%.
3. PERCENTAGE OF PATIENTS AGE 21+, IN THE PRIMARY CARE SETTING WITH A PRESCRIPTION FOR BENZODIAZEPINE AND SCREENED FOR ALCOHOL IN THE EHR 2022- 44.12%, 2023 45.57%, 2024 48.44%.

SUBSTANCE MISUSE REMAINS A CONCERN IN OUR SERVICE AREA AND NATIONALLY, YET WE SUCCESSFULLY ACHIEVED ALL THREE OF OUR ESTABLISHED TARGETS.

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.

NOTABLY, OUR VAPING SCREENINGS FOR INDIVIDUALS AGED 13 AND OVER IN PRIMARY CARE SIGNIFICANTLY SURPASSED EXPECTATIONS. DESPITE THIS SUCCESS, ANECDOTAL REPORTS OF TEENS VAPING IN SCHOOL BATHROOMS AND USING NICOTINE POUCHES SUGGEST ONGOING CHALLENGES. WE WILL CLOSELY MONITOR THE EMERGING TREND OF NICOTINE POUCHES. IN ADDITION, WE IMPLEMENTED A NEW METRIC TO TRACK STIMULANT USE AND RELATED CONTROLLED SUBSTANCE AGREEMENTS. PATIENTS RECEIVE EXPLICIT WARNINGS REGARDING THE DANGERS OF MIXING ALCOHOL WITH STIMULANTS. RECOGNIZING HUNTERDON COUNTY'S CONSISTENTLY HIGH BINGE DRINKING RATES, THE HIGHEST IN THE STATE, OUR POPULATION HEALTH TEAM INITIATED A DEDICATED BINGE DRINKING WORKGROUP. WE ARE ACTIVELY COLLABORATING WITH LOCAL PREVENTION AGENCIES, ONE VOICE AND PREVENTION RESOURCES, TO DEVELOP EDUCATIONAL AND OUTREACH CAMPAIGNS AIMED AT RAISING AWARENESS ABOUT BOTH UNDERAGE AND EXCESSIVE ADULT DRINKING.

HUNTERDON BEHAVIORAL HEALTH (HBH) BOASTS A HIGHLY QUALIFIED CLINICAL TEAM SPECIALIZING IN COMPREHENSIVE MENTAL HEALTH AND ADDICTION SERVICES. THEIR EXPERT PSYCHIATRISTS AND SPECIALISTS PROVIDE DIAGNOSIS, TREATMENT, AND COMPASSIONATE CARE FOR ADOLESCENTS AND ADULTS FACING MENTAL ILLNESS, EMOTIONAL CHALLENGES, OR SUBSTANCE USE DISORDERS. HBH OFFERS EVALUATION, MEDICATION MANAGEMENT, AND THERAPY FOR INDIVIDUALS, ALONGSIDE CRISIS COUNSELING TO STABILIZE FAMILY ENVIRONMENTS. THEY ALSO PROVIDE SUPPORT FOR THOSE STRUGGLING WITH ALCOHOL OR DRUG ADDICTION AND OFFER EMPLOYEE ASSISTANCE PROGRAMS TO AID EMPLOYERS IN RESOLVING WORKPLACE ISSUES. RECOGNIZING THE UNIQUE NEEDS OF THE LGBTQIA COMMUNITY, HBH DELIVERS A FULL SPECTRUM OF PSYCHIATRIC, COUNSELING, AND ADDICTION SERVICES, INCLUDING A DEDICATED LGBTQIA NAVIGATOR. HBH'S COMMITMENT TO COMMUNITY OUTREACH IS SIGNIFICANT, ENCOMPASSING SCHOOL-BASED AND COMMUNITY INITIATIVES AS WELL AS GRAND ROUND PRESENTATIONS, SUCH AS ONE ON BINGE DRINKING FOR MEDICAL STAFF. HBH STAFF ACTIVELY ENGAGES WITH COMMUNITY ORGANIZATIONS, PROVIDING EXPERT GUIDANCE AND ENHANCING THEIR CAPACITY FOR PREVENTION PROGRAMMING.

IN 2024, THE HUNTERDON HEALTHCARE POPULATION HEALTH TEAM FOCUSED ON REDUCING OPIOID MISUSE BY COLLABORATING WITH PHYSICIAN PRACTICES. CHRONIC OPIOID USERS, DEFINED AS THOSE RECEIVING THREE OR MORE OPIOID PRESCRIPTIONS (OVER 20 PILLS EACH) WITHIN THE PAST YEAR, ARE REQUIRED TO SIGN A CONTROLLED SUBSTANCES AGREEMENT. PHYSICIANS DISCUSS OPIOID RISKS, ALTERNATIVE TREATMENTS, AND SAFE DISPOSAL, WHILE PROMOTING NATIONAL DEA TAKEBACK DAY, WHICH COLLECTED SUBSTANTIAL AMOUNTS OF UNUSED MEDICATIONS. PRESCRIBING DATA IS TRACKED IN THE EHR, AND PRACTICES RECEIVE DASHBOARDS COMPARING THEIR METRICS TO OTHERS WITHIN THE SYSTEM, INCLUDING USE OF THE NEW JERSEY PRESCRIPTION MONITORING PROGRAM. A TOOLKIT PROVIDING OPIOID PAIN MANAGEMENT ALTERNATIVES REMAINS AVAILABLE. PARTNERSHIPS WITH COMMUNITY GROUPS SUPPORT "LOCK IT UP" CAMPAIGNS AND EDUCATION ON PREVENTING CHILDREN'S ACCESS TO PILLS, ALCOHOL, AND MARIJUANA.

THE PARTNERSHIP FOR HEALTH (PFH) DRUG FREE TASK FORCE REMAINS STRONGLY COMMITTED TO ADDRESSING SUBSTANCE USE AND MISUSE, HOLDING ITS BLUE RIBBON

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.

COALITION DESIGNATION THROUGHOUT 2024. REFLECTING HUNTERDON HEALTH'S LEADERSHIP ENGAGEMENT ON THESE CRUCIAL ISSUES, THE NEWLY APPOINTED AVP OF HUNTERDON BEHAVIORAL HEALTH ACTIVELY PARTICIPATES IN THE TASK FORCE, WHICH ALREADY BENEFITS FROM THE INVOLVEMENT OF NUMEROUS BEHAVIORAL HEALTH SPECIALISTS. THIS DIVERSE COALITION AIMS TO PREVENT SUBSTANCE MISUSE WHILE ENHANCING COMMUNITY AWARENESS AND EDUCATION. THEIR CAMPAIGNS HAVE TACKLED ISSUES LIKE VAPING'S CONTENTS, THE RISKS OF HOSTING UNDERAGE DRINKING ("THOSE WHO HOST LOSE THE MOST"), AND ENSURING SAFE PROM NIGHTS ("MAKE PROM A NIGHT TO REMEMBER"). WITH THE LEGALIZATION OF MARIJUANA, NEW CAMPAIGNS FOCUSING ON CANNABIS DANGERS HAVE BEEN LAUNCHED. REGULARLY REPORTING ON COUNTY DRUG AND ALCOHOL TRENDS, THEY ADVISE PFH MEMBERS ON CURRENT MISUSE PATTERNS AND PREVENTION STRATEGIES. NARCAN TRAINING SESSIONS HAVE BEEN CONDUCTED FOR HEALTHCARE WORKERS AND THE BROADER COMMUNITY ACROSS THE SERVICE AREA. AN IMPACTFUL INITIATIVE SAW NARCAN ADDED TO AED MACHINE STATIONS IN ALL COUNTY BUILDINGS, WITH CURRENT EFFORTS REACHING OUT TO CANNABIS DISPENSARIES. RECOGNIZING THAT CANNABIS ABSTINENCE IS NOT UNIVERSALLY ADOPTED, THEIR "LOCK IT UP" CAMPAIGN PROMOTES SAFE STORAGE. TO IMPROVE TREATMENT ACCESSIBILITY, PARTICULARLY ADDRESSING TRANSPORTATION CHALLENGES IN HUNTERDON COUNTY, MEDICATION FOR OPIOID USE DISORDER (MOUD) IMPLEMENTATION IN THE EMERGENCY DEPARTMENT, BEGUN IN 2023, CONTINUES INTO 2024. ONGOING COLLABORATIVE INITIATIVES AIM TO EXPAND ACCESS TO OPIOID USE DISORDER MEDICATIONS WITHIN THE COUNTY, REDUCING OPIOID-RELATED DEATHS AND AIDING THOSE WITH ADDICTION.

WE EFFECTIVELY UTILIZE OUR EXTENSIVE COMMUNICATION CHANNELS, INCLUDING NEWSLETTERS, SOCIAL MEDIA, IN-OFFICE VIDEO DISPLAYS, AND THE PATIENT PORTAL, TO AMPLIFY OUR PARTNERS' MESSAGES ON PREVENTION AND MISUSE, THANKS TO OUR MARKETING DEPARTMENT'S GENEROUS COLLABORATION. ADDITIONALLY, OUR HIGHLY SUCCESSFUL SPEAKERS BUREAU, COMPRISED OF HEALTHCARE PROFESSIONALS WHO VOLUNTEER THEIR TIME, IS INSTRUMENTAL IN DELIVERING VALUABLE COMMUNITY HEALTH EDUCATION AND SERVES AS ANOTHER AVENUE FOR PROVIDING COMMUNITY BENEFITS.

MENTAL HEALTH

GOAL: INCREASE THE NUMBER OF RESIDENTS IN OUR SERVICES AREA BEING ASSESSED, AND IF NECESSARY, TREATED FOR BEHAVIORAL HEALTH TREATMENT SERVICES.

MEASURE:
1. INCREASE THE PERCENTAGE OF PATIENTS, AGE 65 AND ABOVE IN THE PRIMARY CARE SETTING, IN OUR ELECTRONIC HEALTH RECORD (NEXTGEN), WHO HAVE BEEN SCREENED FOR DEPRESSION AND IF POSITIVE HAVE A PLAN TO ADDRESS DEPRESSION WITHIN THE LAST 12 MONTHS, BY 3 PERCENTAGE POINTS FROM 2023 TO 2025.
2. INCREASE THE PERCENTAGE OF ADOLESCENT PATIENTS, IN OUR ELECTRONIC HEALTH RECORD (NEXTGEN), AGE 12-19 IN THE PEDIATRIC AND PRIMARY CARE SETTING WITH DEPRESSION SCREEN AND PLAN BY 3 PERCENTAGE POINTS FROM 2023 TO 2025.

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. INCREASE THE PERCENTAGE OF PTS 65+ ON MEDICARE, IN OUR ELECTRONIC HEALTH RECORD (NEXTGEN), IN THE PRIMARY CARE SETTING WHO ANSWER "HARDLY EVER" TO THE QUESTION ON THE AWV QUESTIONNAIRE, "HOW OFTEN DO YOU FEEL ISOLATED FROM OTHERS?" BY 4 PERCENTAGE POINTS. (METRIC CHANGED TO % SCREENED.)

DATA SOURCE:
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 EHR (NEXTGEN).
3. PERCENTAGE OF PATIENTS 65+ IN THE PRIMARY CARE SETTING WHO ARE SCREENED FOR SOCIAL ISOLATION IN EHR (NEXTGEN).

OUTCOME:
1. PERCENTAGE OF PATIENTS 65+, IN THE PRIMARY CARE SETTING SCREENED FOR DEPRESSION AND HAVE A PLAN TO ADDRESS IT 2022- 75.64%, 2023- 75.55%, 2024- 76.89% (NOTE: 78.53% SCREENED. PLAN TO ADDRESS WAS NOT ALWAYS CAPTURED AS THE PATIENT WAS GIVEN IMMEDIATE ACCESS AS PART OF OUR INTEGRATED BEHAVIORAL HEALTH MODEL.)
2. PERCENTAGE OF PATIENTS AGE 12-19 IN THE PEDIATRIC AND PRIMARY CARE PRACTICES SCREENED FOR DEPRESSION IN EHR (NEXTGEN) 2022- 66.37%, 2023- 69.25%, 2024- 69.93%.
3. PERCENTAGE OF PATIENTS AGE 65+, IN THE PRIMARY CARE SETTING WHO ARE SCREENED FOR SOCIAL ISOLATION 2022- 69.93%, 2023- 95.25%, 2024- 94.69%.

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. IN THE 2023-2025 CHIP WE CONTINUE TO MONITOR THESE METRICS AND WE HAVE ALSO INCLUDED A MEASURE ON SOCIAL ISOLATION. SIGNIFICANT TRANSPORTATION CHALLENGES PERSIST WITHIN HUNTERDON AND NEIGHBORING AREAS, IMPACTING THE AGING POPULATION AND LEADING TO ISOLATION DUE TO LIMITED RELIABLE TRANSPORTATION OPTIONS. IN RESPONSE, THE SENIOR HEALTH COALITION INITIATED A PROJECT IN 2023, EXTENDING INTO 2024, TO INVESTIGATE THE CAUSES OF SOCIAL ISOLATION. A COLLECTION OF SOLUTIONS TO ADDRESS SOCIAL ISOLATION HAS BEEN DEVELOPED AND PLANS ARE UNDERWAY TO COLLABORATE WITH COMMUNITY PARTNERS TO DISTRIBUTE THESE RESOURCES TO SENIORS. CONSIDERATION HAS BEEN GIVEN TO HOMEBOUND INDIVIDUALS NEEDING VIRTUAL OPTIONS, AS WELL AS ACKNOWLEDGING THAT NOT ALL SENIORS ARE COMPUTER USERS, NECESSITATING THE INCLUSION OF LOW-TECH OPTIONS ON THE RESOURCE LIST.

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.

OUR EMERGENCY DEPARTMENT EXPANDED BY 2,900 SQUARE FEET TO INCLUDE EIGHT NEW FLEXIBLE-USE ROOMS, NOW ACTIVELY SERVING PATIENTS. ESTABLISHED IN 2023, THESE ROOMS ARE SUITABLE FOR BOTH LOW-ACUITY AND BEHAVIORAL HEALTH PATIENTS. AN AUTOMATED WALL SYSTEM ENSURES SECURE EQUIPMENT STORAGE WHEN A ROOM IS DESIGNATED FOR BEHAVIORAL HEALTH, HELPING TO REDUCE STIGMA AND PROMOTE TREATMENT. THE DEPARTMENT HAS INCREASED COMMUNITY ENGAGEMENT TO HIGHLIGHT THESE NEW SPACES AND THE SUPPORTIVE HEALING ENVIRONMENT THEY PROVIDE.

HUNTERDON BEHAVIORAL HEALTH (HBH) SCHOOL BASED THERAPISTS WERE ACTIVE IN NINE SCHOOLS DURING 2024, PROVIDING INDIVIDUAL COUNSELING AND A VARIETY OF EDUCATIONAL AND RECREATIONAL PROGRAMS FOR STUDENTS, PARENTS, AND THE WIDER COMMUNITY. THROUGHOUT THE YEAR, HBH HOSTED NUMEROUS EVENTS, INCLUDING FRESHMAN ORIENTATIONS, A SCHOOL BASED YOUTH SERVICES OPEN HOUSE, BACK TO SCHOOL NIGHTS, COMMUNITY EVENTS, A WELLNESS FAIR, STRESS AND RESILIENCY CLASS PRESENTATIONS, AND SKILLS FOR SUCCESS WORKSHOPS. RECREATIONAL ACTIVITIES LIKE THERAPY DOG VISITS AND HOLIDAY SOCIALS WERE ALSO OFFERED. FURTHERMORE, HBH SCHOOL BASED THERAPISTS CONTRIBUTED TO A MENTAL HEALTH PODCAST AND PARTICIPATED IN THE 2024 NJAMHAA SPRING CONFERENCE.

THESE COMMUNITY INITIATIVES ALLOWED HBH TO PROACTIVELY TEACH COPING SKILLS AND STRATEGIES FOR MANAGING STRESS AND LIFE'S CHALLENGES, WHICH IS ESPECIALLY VITAL GIVEN THE RISE IN ANXIETY AND DEPRESSION AMONG YOUTH DURING AND AFTER THE COVID-19 PANDEMIC. AS MEMBERS OF THE PARTNERSHIP FOR HEALTH (PFH) MENTAL HEALTH ACTION TEAM, HBH STAFF LEND THEIR EXPERTISE TO GUIDE THE COALITION, ENHANCING ITS POSITIVE IMPACT ON THE COMMUNITY.

AT OUR PRIMARY CARE FIRST (PCF) PRACTICES, PATIENT CARE IS DELIVERED BY A TEAM LED BY THEIR PERSONAL PHYSICIAN. THIS PHYSICIAN COORDINATES CARE OVER TIME, FOSTERING A COLLABORATIVE PARTNERSHIP WITH THE PATIENT IN HEALTHCARE DECISION-MAKING. THESE DECISIONS ARE GROUNDED IN EVIDENCE-BASED GUIDELINES, PRIORITIZING QUALITY AND SAFETY. HUNTERDON HEALTH IS COMMITTED TO IMPLEMENTING SUCH GUIDELINES.

AS PART OF THE PCF INITIATIVE, INTEGRATED BEHAVIORAL HEALTH (IBH) WAS RE-ESTABLISHED IN 2022 AND MAINTAINED THROUGH 2023 AND 2024. A CLINICAL THERAPIST IS INTEGRATED WITHIN PRIMARY CARE PRACTICES TO SERVE PATIENTS WHO SCREEN POSITIVE FOR DEPRESSION, ENSURING A SEAMLESS CONNECTION BETWEEN PRIMARY CARE AND BEHAVIORAL HEALTH SERVICES. THIS IN-PRACTICE ACCESS TO BEHAVIORAL HEALTH SPECIALISTS MINIMIZES BARRIERS TO CARE AND OFFERS PATIENTS A COMFORTABLE ENVIRONMENT FOR RECEIVING SERVICES.

HUNTERDON HEALTH SIGNIFICANTLY IMPROVES ENGAGEMENT WITH SPANISH-SPEAKING COMMUNITIES THROUGH ITS TWO BILINGUAL (SPANISH/ENGLISH) COMMUNITY HEALTH WORKERS (CHWS). THESE CHWS BUILD TRUST BY MEETING INDIVIDUALS IN THEIR OWN ENVIRONMENTS, OFFERING A DEPENDABLE SOURCE OF INFORMATION. THIS PROACTIVE APPROACH HELPS PATIENTS FEEL AT EASE SEEKING ASSISTANCE WITH

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.

APPOINTMENTS, FOLLOW-UPS, AND CHARITY CARE APPLICATIONS. AS A RESULT, THE PROGRAM HAS EFFECTIVELY REDUCED "NO-SHOWS" AND INCREASED THE COMPLETION OF FOLLOW-UP APPOINTMENTS AMONG THIS POPULATION.

A KEY FOCUS OF OUR COMMUNITY OUTREACH IS TO CONNECT PATIENTS WITH PRIMARY CARE AND MENTAL HEALTH PROFESSIONALS. RECOGNIZING THAT OUR LATINO POPULATION IS THE LARGEST MINORITY, WITH MANY PRIMARILY SPEAKING SPANISH, OUR BILINGUAL CHWS ARE SPECIFICALLY TRAINED TO ASSIST SPANISH-SPEAKING PATIENTS AND OTHERS WHO STRUGGLE TO NAVIGATE THE HEALTHCARE SYSTEM. ENHANCING ACCESS TO CARE IS VITAL FOR BOTH PHYSICAL AND MENTAL WELL-BEING. A NOTABLE SUCCESS INCLUDES A SIGNIFICANT INCREASE IN CANCER SCREENINGS WITHIN TWO MAJOR PRACTICES THAT SERVE SPANISH-SPEAKING PATIENTS.

AGING RELATED ISSUES:

GOAL: REDUCE BARRIERS AND INCREASE THE NUMBER OF SENIOR (AGE 65+) RESIDENTS IN OUR SERVICE AREA RECEIVING PREVENTIVE CARE.

MEASURE:
1. INCREASE THE PERCENTAGE OF PATIENTS, AGE 65 AND ABOVE IN THE PRIMARY CARE SETTING, IN OUR ELECTRONIC HEALTH RECORD (NEXTGEN), WITH A FALLS RISK ASSESSMENT BY 2 PERCENTAGE POINTS FROM 2023 TO 2025.
2. INCREASE THE PERCENTAGE OF PATIENTS, AGE 65 AND ABOVE IN THE PRIMARY CARE SETTING, IN OUR ELECTRONIC HEALTH RECORD (NEXTGEN), WHO SEEK PREVENTIVE CARE WITHIN THE LAST 12 MONTHS, BY 3 PERCENTAGE POINTS FROM 2023 TO 2025.

DATA SOURCE:
1. PERCENTAGE OF PATIENTS, AGE 65 AND ABOVE IN THE PRIMARY CARE SETTING WHO RECEIVED A FALLS RISK ASSESSMENT IN 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 SEEK PREVENTIVE CARE WITHIN THE LAST 12 MONTHS IN HUNTERDON HEALTHCARE PRIMARY CARE PHYSICIAN PRACTICES EHR (NEXTGEN).

OUTCOME:
1. PERCENTAGE OF PATIENTS, AGE 65+ IN THE PRIMARY CARE SETTING WHO RECEIVED A FALLS RISK ASSESSMENT IN THE LAST 12 MONTHS IN EHR (NEXTGEN) 2022- 77.97%, 2023- 83.93%, 2024- 83.42%.
2. PERCENTAGE OF PATIENTS, AGE 65+ IN THE PRIMARY CARE SETTING WHO SEEK PREVENTIVE CARE IN THE LAST 12 MONTHS IN EHR (NEXTGEN) 2022- 66.47%, 2023- 69.89%, 2024- 71.91%.

WE OBSERVED AN ENCOURAGING IMPROVEMENT IN THE PERCENTAGE OF PATIENTS AGED 65 AND ABOVE WHO CONSULTED A PRIMARY CARE PHYSICIAN, HIGHLIGHTING THE SIGNIFICANT IMPACT OF PRIMARY CARE. TO FACILITATE THIS, MONTHLY PATIENT OUTREACH LISTS ARE DISTRIBUTED TO PRACTICES, INDICATING PATIENTS WHO ARE

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.

OVERDUE FOR A WELLNESS VISIT. POPULATION HEALTH PLANNERS ROUTINELY CONTACT PATIENTS TO ENCOURAGE THEM TO UTILIZE THEIR WELLNESS VISIT BENEFITS AND, IN SOME PRACTICES, CAN ALSO SCHEDULE THESE APPOINTMENTS. AN INCREASING NUMBER OF PRACTICES NOW OFFER EXTENDED SCHEDULING, ALLOWING WELLNESS VISITS TO BE BOOKED FOR THE FOLLOWING YEAR. THIS OPTIMIZES THE WORKFLOW FOR BOTH PATIENTS AND PRACTICES.

TO MITIGATE DETRIMENTAL HEALTH RISKS ASSOCIATED WITH FALLS, WE CONTINUE TO MONITOR FALLS RISK WITHIN THIS COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP). PATIENTS AGED 65 AND OVER, OR THOSE WITH CONDITIONS PREDISPOSING THEM TO A HIGH INCIDENCE OF FALLS, ARE EVALUATED. THEY CAN BE CONNECTED TO OUR OUTPATIENT PHYSICAL THERAPY DEPARTMENTS FOR A NO-COST BALANCE ASSESSMENT, WHICH HELPS DETERMINE IF FURTHER THERAPY OR A PHYSICIAN CONSULTATION REGARDING MOBILITY ISSUES IS WARRANTED. THESE ASSESSMENTS ARE SELF-REFERRABLE AND ACCESSIBLE TO ANYONE SEEKING EVALUATION.

ADDITIONALLY, PATIENTS CAN BE REFERRED TO COMMUNITY RESOURCES TO ENHANCE THEIR PHYSICAL ACTIVITY, AS CORE STRENGTH SIGNIFICANTLY IMPACTS BALANCE AND EXERCISE IS CRUCIAL FOR OVERALL HEALTH. WE COLLABORATE WITH COMMUNITY PARTNERS TO PROMOTE MOVEMENT IN SENIOR-FOCUSED AGENCIES THROUGHOUT OUR SERVICE AREA. IN 2024, WE SUCCESSFULLY LAUNCHED THE "WALK WITH A DOC" PROGRAM. PARTICIPANTS BENEFIT FROM PRESENTATIONS ON VARIOUS TOPICS, INCLUDING CARDIAC HEALTH, PODIATRY, PAIN MANAGEMENT, AND PHYSICAL THERAPY. THIS PROGRAM OFFERS ONE-ON-ONE TIME FOR QUESTIONS BEFORE PARTICIPANTS ENGAGE IN A WALK.

STRATEGIC PLANNING & COMMUNITY ENGAGEMENT

WE EXIST TO BE ADVOCATES OF MAKING BETTER HEALTHCARE A REALITY FOR OUR PATIENTS, THEIR FAMILIES, AND OUR COMMUNITY, INSPIRING A HEALTHY WAY OF LIVING FOR ALL. HUNTERDON HEALTH IS A STRONG, IDENTIFIABLE NAME WITHIN THE COMMUNITIES WE SERVE. HOWEVER, THE PAST FEW YEARS HAVE SHIFTED HOW HEALTHCARE IS ACCESSED, PROVIDED AND PERCEIVED. RESEARCH TELLS US THAT OUR COMMUNITY - OUR PATIENTS - THINK ABOUT HEALTH AND WELLNESS IN A MORE PERSONAL WAY AND WANT TO PLAY A MORE ACTIVE ROLE IN THEIR CARE. HUNTERDON HEALTH - AND ITS FLAGSHIP HOSPITAL, HUNTERDON MEDICAL CENTER - OFFERS A FULL RANGE OF PREVENTIVE, DIAGNOSTIC AND THERAPEUTIC INPATIENT AND OUTPATIENT PRIMARY AND SPECIALTY CARE SERVICES. IT HAS A GROWING NETWORK OF MORE THAN 30 MEDICAL PRACTICES THROUGHOUT HUNTERDON, SOMERSET, MERCER AND WARREN COUNTIES. THE HUNTERDON MEDICAL CENTER FAMILY PRACTICE RESIDENCY PROGRAM IS ONE OF THE MOST ESTABLISHED FAMILY PRACTICE RESIDENCY TRAINING PROGRAMS IN THE COUNTRY AND CONTINUES TO ATTRACT GRADUATES FROM THE FINEST MEDICAL SCHOOLS WORLDWIDE.

HUNTERDON HEALTH HAS DEEP ROOTS, PROUD CULTURE OF CARING, AND A SINGLE-MINDED FOCUS ON SUPPORTING FAMILIES THROUGHOUT THEIR HEALTH JOURNEY. IT IS THIS FOCUS THAT DROVE OUR ENGAGEMENT WITH THE COMMUNITY THROUGHOUT THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT AND WHAT CONTINUES

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.

TO MOTIVATE US IN THE IMPLEMENTATION OF OUR 2023-2025 COMMUNITY HEALTH IMPROVEMENT PLAN. IN THE COURSE OF CONDUCTING OUR CHNA FOCUS GROUPS WE RESIDENTS EXPRESSED THAT THEY WANTED PEOPLE WHO SPOKE THEIR LANGUAGE TO ASSIST THEM IN ACCESSING CARE. WE EMPLOY TWO BILINGUAL COMMUNITY HEALTH WORKERS TO ASSIST OUR SPANISH SPEAKING PATIENTS NAVIGATE THE HEALTHCARE SYSTEM. THESE CHW'S REPORT TO A REGISTERED NURSE WHO CAN INTERVENE IF THE CLIENTS NEED ADDITIONAL SUPPORT. WE HAVE SEEN AN INCREASE IN THE NUMBER OF SPANISH SPEAKING PATIENTS KEEPING THEIR APPOINTMENTS SINCE THIS PROGRAM STARTED AND WE HAVE BEEN ABLE TO CONNECT MORE PEOPLE TO PRIMARY CARE. THE CHW'S AND OUR ENTIRE OUTREACH TEAM ARE OUR BOOTS ON THE GROUND CONNECTING PEOPLE TO PRIMARY CARE, CANCER SCREENINGS, COMMUNITY RESOURCES AND ANY NEEDED HEALTH SERVICES.

COMMUNITY HEALTH IMPROVEMENT PLAN TRACKING

NUMEROUS FACTORS, AS IDENTIFIED BY THE WORLD HEALTH ORGANIZATION, COLLECTIVELY INFLUENCE THE HEALTH OF INDIVIDUALS AND COMMUNITIES. OUR PERSONAL CIRCUMSTANCES AND ENVIRONMENT ARE SIGNIFICANT DETERMINANTS OF OUR HEALTH STATUS. KEY FACTORS SUCH AS OUR GEOGRAPHIC LOCATION, ENVIRONMENTAL CONDITIONS, GENETICS, INCOME, EDUCATIONAL ATTAINMENT, AND SOCIAL CONNECTIONS WITH FRIENDS AND FAMILY ALL SUBSTANTIALLY IMPACT HEALTH.

WHEN DEVELOPING AN EFFECTIVE HEALTH DELIVERY SYSTEM, IT IS CRUCIAL TO CONSIDER THE SOCIAL DETERMINANTS OF HEALTH, AS CLINICAL CARE ACCOUNTS FOR ONLY A MINOR PORTION (APPROXIMATELY 20%) OF OVERALL HEALTH OUTCOMES. AT HUNTERDON HEALTH, WE PROACTIVELY SCREEN PATIENTS FOR ISSUES SUCH AS FOOD INSECURITY, TRANSPORTATION CHALLENGES, AND SOCIAL ISOLATION. WE COLLABORATE CLOSELY WITH OUR COMMUNITY PARTNERS TO CONNECT PATIENTS WITH ESSENTIAL RESOURCES INCLUDING FOOD ASSISTANCE, HOUSING SUPPORT, SOCIAL NETWORKS AND SUPPORT GROUPS, VARIOUS TRANSPORTATION OPTIONS, AND SPECIALIZED AID FOR OUR SPANISH-SPEAKING RESIDENTS.

THE EMPLOYEES AND ADMINISTRATION AT HUNTERDON HEALTH RECOGNIZE THE CRITICAL ROLE OF COLLABORATION IN FOSTERING A HEALTHY COMMUNITY. BY PARTNERING WITH OTHER AGENCIES, THE COMMUNITY CAN ADDRESS COMPLEX ISSUES MORE EFFICIENTLY, EFFECTIVELY, AND WITH BROADER IMPACT. THE HUNTERDON COUNTY PARTNERSHIP FOR HEALTH (PFH) IS A LOCAL HEALTH COALITION THAT RECEIVES SUPPORT FROM HUNTERDON HEALTH AND COMPRISES OVER 80 DIVERSE ORGANIZATIONS. THIS GROUP IS DEDICATED TO THE HEALTH AND WELLNESS OF OUR RESIDENTS, AND WE VALUE THEIR SHARED COMMITMENT TO THE COMMUNITY'S WELL-BEING. THE SUPPORT AND PARTICIPATION FROM OUR COMMUNITY PARTNERS HAVE BEEN INDISPENSABLE THROUGHOUT THIS PROCESS, AND WE ARE GRATEFUL FOR THEIR ONGOING DEDICATION TO FUTURE COMMUNITY HEALTH NEEDS ASSESSMENTS AND THE CURRENT 2023-2025 COMMUNITY HEALTH IMPROVEMENT PLAN.

REVIEW AND ANALYSIS OF ALL DATA HELPED THE MEMBERS OF PARTNERSHIP FOR HEALTH TO IDENTIFY THE FOLLOWING HEALTH PRIORITIES: MENTAL HEALTH (STRESS

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.

AND ANXIETY), SUBSTANCE MISUSE (DRUGS AND ALCOHOL), OBESITY AND HEART DISEASE, ELDER CARE, AND ACCESS TO HEALTHCARE (INCLUDING COST, LANGUAGE BARRIERS AND TRANSPORTATION). THESE ISSUES WERE NO SURPRISE TO PFH MEMBERS AS THEY WERE ALSO IDENTIFIED IN THE 2019 CHNA. COVID-19 HAD AN ENORMOUS IMPACT ON OUR COMMUNITY AND THE INITIATIVES AND GOALS WE SET IN OUR LAST COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP). THE GROUP UNANIMOUSLY VOTED BASED ON THE DATA TO CONTINUE OUR WORK IN THESE KEY NEEDS AREAS. THE CURRENT ACTION TEAMS: HEALTHY LIFESTYLES, MENTAL HEALTH, SENIOR HEALTH COALITION, DRUG-FREE TASKFORCE AND LATINO COALITION WILL REMAIN. EQUITY AND ACCESS TO CARE WILL BE OVERARCHING PRIORITIES IN ALL OF THE TEAMS. ACTION TEAM MEMBERS ARE TASKED TO REEVALUATE CURRENT TEAM GOALS AND OBJECTIVES, MAKE NECESSARY CHANGES, AND DEVELOP CLEAR STRATEGIES TO ADDRESS THESE HEALTH ISSUES. IN ADDITION, HUNTERDON HEALTH HAS SET METRICS OUTLINED IN THIS COMMUNITY HEALTH IMPROVEMENT PLAN THAT WILL BE TRACKED FROM 2023 THROUGH 2025. THESE METRICS WILL BE MONITORED MONTHLY AND REPORTED YEARLY IN THE 990 IRS REPORT. THE COMPLETE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT IS LOCATED ON OUR WEBSITE: HUNTERDONHEALTH.ORG.

ADDITIONAL OUTREACH

OVER THE PAST YEAR, HUNTERDON HEALTH (HH) STAFF HAS BEEN ACTIVELY INVOLVED IN NUMEROUS EDUCATIONAL PRESENTATIONS WITH COMMUNITY PARTNERS, COORDINATING OVER 100 EVENTS AND MORE THAN 80 SPEAKING ENGAGEMENTS IN 2024. OUR SPEAKERS BUREAU REMAINS HIGHLY ACTIVE, AND COMMUNITY PARTNERS APPRECIATE THE NEW, USER-FRIENDLY ONLINE REQUEST SYSTEM FOR SPEAKERS OR EVENT PARTICIPATION, AVAILABLE ON THE HUNTERDON HEALTH WEBSITE.

IN 2024, WE CONTINUED TO OFFER A VARIETY OF PROGRAMS IN SPANISH, LEVERAGING THE EXPERTISE OF OUR CHARITY CARE OFFICE EMPLOYEES AND BILINGUAL COMMUNITY HEALTH WORKERS TO ASSIST INDIVIDUALS IN NAVIGATING HEALTHCARE, REGARDLESS OF INSURANCE STATUS. OUR COMMUNITY DOULA PROGRAM SUCCESSFULLY CONNECTED PREGNANT WOMEN WITH DOULAS, PROVIDING SUPPORT BOTH DURING AND AFTER DELIVERY.

CONSISTENT WITH PREVIOUS YEARS, WE HOSTED A FREE BREAST CANCER SCREENING EVERY OCTOBER FOR UNINSURED WOMEN. ON-SITE RADIOLOGISTS READ MAMMOGRAMS AND PERFORMED REAL-TIME ULTRASOUNDS WHEN NECESSARY. WOMEN REQUIRING FOLLOW-UP RECEIVED ASSISTANCE WITH CHARITY CARE APPLICATIONS AND SCHEDULING SUBSEQUENT APPOINTMENTS. BOTH ENGLISH AND SPANISH-SPEAKING STAFF WERE AVAILABLE TO WELCOME OUR GUESTS.

IN 2024, WE MAINTAINED ACTIVE ENGAGEMENT WITH COUNTY SCHOOL NURSES THROUGH OUR SCHOOL HEALTH ADVISORY PROGRAM, HOLDING QUARTERLY MEETINGS. THESE SESSIONS AIMED TO SUPPORT NURSES IN STUDENT CARE AND ENHANCE COMMUNICATION BETWEEN OUR PRACTICES AND SCHOOLS. WE ORGANIZED EDUCATIONAL PRESENTATIONS BY HEALTHCARE PROFESSIONALS ON A VARIETY OF TOPICS. NURSES SELECTED THE MOST RELEVANT TOPICS, AND WE COORDINATED THE SPEAKERS. WE ALSO PROVIDED REFRESHMENTS AND NETWORKING OPPORTUNITIES, WHICH ARE HIGHLY

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.

VALUED BY SCHOOL NURSES, MANY OF WHOM ARE THE SOLE NURSE AT THEIR RESPECTIVE SCHOOLS. THE NURSES GREATLY APPRECIATE THIS PROGRAM AND THEIR ACCESS TO OUR PRACTITIONERS.

SPEAKERS BUREAU

ONE OF OUR CORE VALUES IS "EMPOWERED". WE EQUIP INDIVIDUALS WITH THE KNOWLEDGE AND RESOURCES NECESSARY TO MAKE INFORMED DECISIONS AND TAKE ACTIONS THAT CONSISTENTLY IMPROVE PATIENT CARE AND OUTCOMES. OUR SPEAKERS BUREAU IS A KEY INITIATIVE IN THIS EFFORT, PROVIDING THE COMMUNITY WITH DIRECT ACCESS TO OUR HEALTHCARE PROFESSIONALS AND STAFF. TO STREAMLINE SPEAKER REQUESTS AND EVENT PARTICIPATION, WE DEVELOPED A PUBLIC, WEB-BASED FORM ON OUR WEBSITE. THIS SYSTEM ALLOWS US TO EASILY TRACK OUR COMMUNITY OUTREACH AND INCREASE ACCESSIBILITY FOR THOSE SEEKING OUR INVOLVEMENT IN EVENTS.

EMPLOYEE WELLNESS

HUNTERDON HEALTH PRIORITIZES EMPLOYEE WELL-BEING, RECOGNIZING ITS CRUCIAL ROLE IN ORGANIZATIONAL SUCCESS. OUR OCCUPATIONAL HEALTH EFFORTS ENSURED OVER 99% OF EMPLOYEES HAVE A DOCUMENTED PRIMARY CARE PHYSICIAN. WE CONTINUOUSLY ENHANCE OUR BENEFITS BASED ON DIRECT EMPLOYEE FEEDBACK, INTRODUCING UNIQUE OFFERINGS LIKE IMPROVED HEARING AID COVERAGE, FAMILY FORMING BENEFITS (INCLUDING IVF, ADOPTION, AND SURROGACY), AND WEIGHT LOSS MEDICATIONS (SUCH AS GL1S).

AS AN ACUTE CARE HOSPITAL WITH OVER 40 PHYSICIAN PRACTICES AND SATELLITE LOCATIONS, INCLUDING TWO WELLNESS CENTERS, HUNTERDON MEDICAL CENTER SERVES THE HEALTH NEEDS OF BOTH PATIENTS AND EMPLOYEES. OUR EMPLOYEE BENEFITS INCLUDE A POINT-BASED WELLNESS REWARD PROGRAM, OFFERING ELIGIBLE EMPLOYEES ANNUAL PREMIUM REDUCTIONS OF $800 TO $1,200, DEPENDING ON THEIR COVERAGE LEVEL. OUR EMPLOYEES ENJOY HEALTH OPTIONS IN OUR ON-CAMPUS CAFETERIA AND REDUCED RATES AT OUR WELLNESS CENTERS. MANY EMPLOYEES HAVE SIT/STAND DESKS AND WALKING MEETINGS ARE ENCOURAGED WHEN POSSIBLE.

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.

HEALTH DISPARITIES ARE PREVENTABLE DIFFERENCES IN THE BURDEN OF DISEASE, INJURY, VIOLENCE, OR OPPORTUNITIES TO ACHIEVE OPTIMAL HEALTH THAT ARE

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.

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 HEALTH, WE CONTINUALLY STRIVE TO RECOGNIZE AND CLOSE HEALTH DISPARITIES AND PROMOTE HEALTH EQUITY AND ADVOCATE FOR HEALTH JUSTICE.

HUNTERDON HEALTH HAS RECEIVED THE "LGBTQ+ HEALTHCARE EQUALITY HIGH PERFORMER" DESIGNATION FROM THE HUMAN RIGHTS CAMPAIGN FOUNDATION (HRC). IN ITS 17TH EDITION, 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 LGBTQ+ PATIENTS, VISITORS AND EMPLOYEES. THE HEI 2024 EVALUATES MORE THAN 2,400 HEALTHCARE FACILITIES NATIONWIDE. A RECORD 1,065 HEALTHCARE FACILITIES ACTIVELY PARTICIPATED IN THE HEI 2024 SURVEY AND 462 HEALTHCARE FACILITIES ACHIEVED THE "LGBTQ+ HEALTHCARE EQUALITY HIGH PERFORMER" 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.

TO BETTER SERVE OUR DEAF AND HARD-OF-HEARING PATIENTS AND ELIMINATE COMMUNICATION BARRIERS, HUNTERDON HEALTH HAS INSTALLED HEARING LOOP SYSTEMS. THESE SYSTEMS ARE AVAILABLE 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 DESIGNED FOR PATIENTS AND VISITORS WHO HAVE A HEARING AID OR COCHLEAR IMPLANT EQUIPPED WITH A TELECOIL (T-COIL). A HEARING LOOP IS A WIRE THAT ELECTROMAGNETICALLY TRANSMITS SOUNDS. THE T-COIL, A SMALL COPPER COIL FOUND IN MOST HEARING AIDS, FUNCTIONS AS A WIRELESS ANTENNA, PICKING UP THE ELECTROMAGNETIC SIGNAL AND LINKING TO THE SOUND SYSTEM TO DELIVER CUSTOMIZED SOUND TO THE LISTENER. WHEN A USER SWITCHES THEIR HEARING AID OR BLUETOOTH STREAMER TO T-COIL MODE, THE HEARING LOOP EFFECTIVELY BRIDGES THE SPACE BETWEEN THE LISTENER AND THE SOUND SOURCE, ELIMINATING BACKGROUND NOISE.

WE OFFER FREE LANGUAGE ASSISTANCE AND INTERPRETERS FOR NON-ENGLISH SPEAKERS, WITH EDUCATIONAL RESOURCES AVAILABLE IN MULTIPLE LANGUAGES. OUR BILINGUAL COMMUNITY HEALTH WORKERS (CHW) SPECIFICALLY AID SPANISH-SPEAKING PATIENTS IN NAVIGATING THE HEALTHCARE SYSTEM, CONNECTING THEM TO ESSENTIAL SERVICES, COMMUNITY RESOURCES, AND CHARITY CARE WHEN NECESSARY. THESE EFFORTS ENHANCE ACCESS TO CARE AND MITIGATE LANGUAGE BARRIERS.

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.

FOOD INSECURITY

SINCE COVID-19, OUR COMMUNITY FOOD PANTRIES HAVE EXPERIENCED A SIGNIFICANT INCREASE IN USAGE, RISING BY 30% OR MORE. THESE LOCAL FOOD PANTRIES ARE VITAL TO OUR COMMUNITY, SERVING AS ESSENTIAL PARTNERS IN MITIGATING SOCIAL DETERMINANTS OF HEALTH BY ENSURING ACCESS TO NECESSARY FOOD RESOURCES.

HUNTERDON HEALTH ACTIVELY SUPPORTS THESE PANTRIES THROUGH VARIOUS INITIATIVES. WE HAVE PROVIDED FUNDING TO EXPAND HEALTHY FOOD OPTIONS, OFFERED HEALTH EDUCATION, AND UTILIZED OUR EXTENSIVE COMMUNICATION NETWORK TO DISSEMINATE CRUCIAL INFORMATION TO BOTH OUR PATIENTS AND THE BROADER COMMUNITY. THIS HAS RAISED AWARENESS ABOUT THE IMPORTANCE OF FOOD DRIVES AND THE VALUABLE WORK CARRIED OUT BY THE PANTRIES. FURTHERMORE, OUR PRACTICES FURNISH ALL PATIENTS IDENTIFIED AS FOOD INSECURE THROUGH OUR ASSESSMENT WITH A COMPREHENSIVE LIST OF FOOD RESOURCES AVAILABLE THROUGHOUT OUR SERVICE AREA.

IN 2024, HUNTERDON HEALTH MAINTAINED REGULAR QUARTERLY VISITS TO OUR LARGEST FOOD PANTRIES. DURING THESE FOOD DISTRIBUTIONS, WE OFFERED INFORMATION ON HUNTERDON HEALTH'S DIVERSE RESOURCES, FACILITATING CONNECTIONS TO PRIMARY CARE PHYSICIANS AND EDUCATING UNINSURED PATRONS ABOUT CHARITY CARE. WE EMPHASIZED THE IMPORTANCE OF CANCER SCREENINGS AND PROVIDED ACCESS TO FREE SCREENING RESOURCES. BY BUILDING TRUSTING RELATIONSHIPS WITH PATRONS, WE AIMED TO ENSURE THEIR COMFORT IN SEEKING ALL THEIR HEALTHCARE NEEDS FROM HUNTERDON HEALTH.

TRANSPORTATION

HUNTERDON HEALTH, IN COLLABORATION WITH GOHUNTERDON, A TRANSPORTATION MANAGEMENT ASSOCIATION IN HUNTERDON COUNTY, NJ, OFFERS FREE LYFT AND UBER RIDES TO SENIORS IN OUR COMMUNITY. THIS HEALTHCARE ACCESS TRANSPORTATION PROGRAM DIRECTLY SUPPORTS PREVENTIVE CARE, ENSURING PATIENTS AGED 60 AND OLDER AT RISK OF MISSING NON-EMERGENCY MEDICAL APPOINTMENTS DUE TO LACK OF TRANSPORTATION CAN ATTEND THEM. OUR OUTREACH TEAM ALSO WORKS TO EDUCATE THE COMMUNITY ON AVAILABLE PROGRAMS THAT REDUCE TRANSPORTATION BARRIERS. ADDITIONALLY, WE HAVE SECURED FUNDING TO PROVIDE TRANSPORTATION FOR CANCER SCREENINGS, SIGNIFICANTLY REDUCING BARRIERS TO ESSENTIAL MEDICAL CARE AND SCREENINGS. WE ARE COMMITTED TO CONTINUING THIS VITAL PROGRAM FOR THE FORESEEABLE FUTURE.

COMMUNITY HEALTH COMMITTEE

ACTIVE FROM 2020 TO 2024, THE HUNTERDON HEALTH SYSTEM BOARD'S COMMUNITY HEALTH COMMITTEE WAS ESTABLISHED TO ENSURE THE HOSPITAL SYSTEM FULFILLS ITS MISSION AND DELIVERS COMMUNITY BENEFITS. THIS IS ACHIEVED THROUGH ASSESSING COMMUNITY HEALTH NEEDS AND OVERSEEING THE ORGANIZATION'S COMMUNITY BENEFIT INITIATIVES. THE COMMITTEE MEETS SEVERAL TIMES A YEAR

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.

TO REVIEW COMMUNITY HEALTH IMPROVEMENT PLAN DASHBOARDS, RECEIVE UPDATES ON COMMUNITY BENEFIT ACTIVITIES, AND OFFER GUIDANCE AND OVERSIGHT. ITS RESPONSIBILITIES INCLUDE REVIEWING AND MAKING RECOMMENDATIONS TO THE HUNTERDON HEALTH SYSTEM BOARD.

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

Part V Facility Information *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year? 50

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

Part V Facility Information *(continued)*

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

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

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

Part V Facility Information *(continued)*

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

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

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

Part V **Facility Information** *(continued)*

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

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

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

Part V **Facility Information** *(continued)*

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

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

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

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.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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

SCHEDULE H, PART 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.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

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

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

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

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

IMPLICIT PRICE CONCESSIONS THAT ARE RECORDED AS A DIRECT REDUCTION TO

PATIENT ACCOUNTS RECEIVABLE.

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

RESIDENTS OF ITS COMMUNITY WHO MEET THE CRITERIA UNDER THE STATE

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

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

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 $4,206,000 AND $3,758,000 FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023, 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 $289,000 AND $560,000 FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023, RESPECTIVELY, AND ARE INCLUDED IN OTHER REVENUE IN THE ACCOMPANYING CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS.

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

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

SCHEDULE H, PART III, SECTION B; QUESTION 8

MEDICARE COSTS WERE DERIVED FROM THE 2024 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 INDIVIDUAL'S IN A NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY AND

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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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.

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

CRITERIA HOSPITALS MUST MEET TO QUALIFY AS IRC §501(C)(3) CHARITABLE

ORGANIZATIONS. THE ORIGINAL STANDARD WAS KNOWN AS THE CHARITY CARE

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

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

STANDARD. THIS STANDARD WAS REPLACED BY THE IRS WITH THE COMMUNITY

BENEFIT STANDARD WHICH IS THE CURRENT STANDARD.

CHARITY CARE STANDARD

IN 1956, THE IRS ISSUED REVENUE RULING 56-185, WHICH ADDRESSED THE

REQUIREMENTS HOSPITALS NEEDED TO MEET IN ORDER TO QUALIFY FOR IRC

§501(C)(3) STATUS. ONE OF THESE REQUIREMENTS IS KNOWN AS THE "CHARITY

CARE STANDARD." UNDER THE STANDARD, A HOSPITAL HAD TO PROVIDE, TO THE

EXTENT OF ITS FINANCIAL ABILITY, FREE OR REDUCED-COST CARE TO PATIENTS

UNABLE TO PAY FOR IT. A HOSPITAL THAT EXPECTED FULL PAYMENT DID NOT,

ACCORDING TO THE RULING, PROVIDE CHARITY CARE BASED ON THE FACT THAT SOME

PATIENTS ULTIMATELY FAILED TO PAY. THE RULING EMPHASIZED THAT A LOW LEVEL

OF CHARITY CARE DID NOT NECESSARILY MEAN THAT A HOSPITAL HAD FAILED TO

MEET THE REQUIREMENT SINCE THAT LEVEL COULD REFLECT ITS FINANCIAL ABILITY

TO PROVIDE SUCH CARE. THE RULING ALSO NOTED THAT PUBLICLY SUPPORTED

COMMUNITY HOSPITALS WOULD NORMALLY QUALIFY AS CHARITABLE ORGANIZATIONS

BECAUSE THEY SERVE THE ENTIRE COMMUNITY, AND A LOW LEVEL OF CHARITY CARE

Part VI Supplemental Information

Provide the following information.

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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

CHARITABLE ORGANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS

COMMUNITY. THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A

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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 FOLLOWING: ITS SURPLUS FUNDS WERE USED TO IMPROVE PATIENT CARE, EXPAND HOSPITAL FACILITIES, AND ADVANCE MEDICAL TRAINING, EDUCATION, AND

Part VI Supplemental Information

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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.

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:

- PROVIDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN

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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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 MEDICAID UNDERPAYMENTS SIMILARLY FOR PURPOSES OF A HOSPITAL'S COMMUNITY BENEFIT AND INCLUDE THESE COSTS ON FORM 990, SCHEDULE H, PART I. MEDICARE

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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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 STUDIES INDICATING THAT "THE GREAT MAJORITY OF BAD DEBT WAS ATTRIBUTABLE TO PATIENTS WITH INCOMES BELOW 200% OF THE FEDERAL POVERTY LINE."

Part VI Supplemental Information

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1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

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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.

- 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 GENERALIZABLE.

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.

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 SHOULDER 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 INSURANCE PAYMENTS, THE COLLECTION POLICY REQUIRES: SENDING THREE STATEMENTS, A MINIMUM OF ONE PRE-COLLECTION LETTER, TELEPHONE CONTACT FOR

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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

ANY ACCOUNT OVER $5,000.00 OR AT THE DISCRETION OF THE ACCOUNT

REPRESENTATIVE AND/OR SUPERVISOR.

THE FACILITY ALSO HAS A CHARITY CARE ACCESS POLICY TO ASSURE PATIENTS ARE

PROVIDED WITH CHARITY CARE ASSISTANCE DETERMINED BY STATE AND FEDERAL

REGULATIONS. IT IS THE POLICY TO INFORM ALL PATIENTS DEEMED SELF-PAY OF

THE APPROPRIATE ASSISTANCE PROGRAMS AVAILABLE. PATIENTS APPLYING FOR

CHARITY CARE ASSISTANCE WILL BE FINANCIALLY SCREENED BY A RESOURCE

ADVISOR TO DETERMINE ELIGIBILITY ACCORDING TO STATE AND FEDERAL

GUIDELINES AND WILL BE INFORMED OF DOCUMENTATION NEEDED TO COMPLETE A

CHARITY CARE APPLICATION. PATIENTS NOT ELIGIBLE FOR CHARITY CARE WILL BE

FINANCIALLY COUNSELED FOR ALL OTHER OPTIONS. QUALIFIED PATIENTS WILL BE

REFERRED TO ALL APPROPRIATE AGENCIES OR PROGRAMS TO MEET OTHER FINANCIAL

NEEDS.

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

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

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

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

- 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.

Part VI Supplemental Information

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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

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.

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.

Part VI Supplemental Information

Provide the following information.

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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.

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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

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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.

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.

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

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

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

§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;

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

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

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

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

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

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.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

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

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).

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

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

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

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

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

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.

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.

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

Part VI Supplemental Information

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PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A

NON-DISCRIMINATING MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL

ORIGIN OR ABILITY TO PAY.

HUNTERDON URGENT CARE, P.C.

HUNTERDON URGENT CARE, P.C. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL

REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE

§501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE

CODE §509(A)(3). THE ORGANIZATION SUPPORTS HUNTERDON MEDICAL CENTER; A

RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION WHICH

PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A

NON-DISCRIMINATING MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL

ORIGIN OR ABILITY TO PAY.

OTHER HUNTERDON HEALTHCARE SYSTEM ENTITIES

HUNTERDON IMAGING ASSOCIATES, LLC

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.

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

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.

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.

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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.

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.

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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.

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)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: HUNTERDON MEDICAL CENTER

Employer identification number: 22-1537688

Part I Questions Regarding Compensation

			Yes	No
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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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	**1b**		
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?	**2**		
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.			
	☒ Compensation committee	☐ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ 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**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**	X	
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	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**		X
b	Any related organization?	**5b**		X
	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**		X
b	Any related organization?	**6b**		X
	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**	X	
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**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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				
PATRICK J. GAVIN, MPH,	(i)	1,016,506.	390,466.	37,121.	363,200.	23,074.	1,830,367.	NONE
1 TRUSTEE - PRESIDENT/CEO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
VIOLET T. KOCSIS	(i)	509,035.	142,440.	34,376.	61,944.	35,521.	783,316.	NONE
2 CHIEF HUMAN RESOURCES OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
HERBERT WHITE	(i)	468,329.	149,175.	34,376.	70,530.	30,815.	753,225.	NONE
3 CFO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
EDMUND SIY	(i)	480,397.	122,320.	9,828.	53,266.	28,456.	694,267.	NONE
4 CHIEF INFORMATION OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DAVID D. SKILLINGE, M.	(i)	490,764.	120,797.	3,430.	14,850.	12,266.	642,107.	NONE
5 VP, MED. PRACTICE (TERM 4/24)	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JESSICA CODJOE, M.D.	(i)	526,277.	34,125.	23,519.	NONE	21,180.	605,101.	NONE
6 CMO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARY JO LOUGHLIN, RN	(i)	350,144.	92,641.	10,548.	47,859.	29,616.	530,808.	NONE
7 SVP PATIENT CARE/CNO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KRISTY ALFANO, MSN, RN	(i)	351,823.	89,642.	9,540.	13,200.	21,501.	485,706.	NONE
8 EVP/COO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
NICOLENE M. KUSHNER	(i)	341,369.	78,656.	3,430.	19,075.	13,554.	456,084.	NONE
9 COO HMG	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LAN CAO, M.D.	(i)	275,775.	113,867.	20,694.	13,894.	18,602.	442,832.	NONE
10 PHYSICIAN	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JATINDER GAHLA, M.D.	(i)	313,997.	98,968.	180.	5,884.	15,973.	435,002.	NONE
11 PHYSICIAN	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MUHAMMAD S. YUSUF, M.D	(i)	283,184.	115,794.	120.	10,896.	19,981.	429,975.	NONE
12 PHYSICIAN	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
NARMADHA PANNEERSELVAM	(i)	307,009.	86,557.	8,200.	10,863.	10,482.	423,111.	NONE
13 PHYSICIAN	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(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 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 2024 FORM W-2, AS TAXABLE WAGES: PATRICK J. GAVIN, MPH, MBA, $350,000; VIOLET T. KOCSIS, $42,144; HERBERT WHITE, $57,330; EDMUND SIY, $40,066; MARY JO LOUGHLIN, RN, $28,059 AND NICOLENE M. KUSHNER, $12,360.

SCHEDULE J, PART I; QUESTION 7

CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2024 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2024 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS

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.

INFORMATION BY PERSON BY AMOUNT.

SCHEDULE K (Form 990)
(Rev. December 2024)

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* for instructions and the latest information.

OMB No. 1545-0047

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
A	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084		12/01/2014	42,735,000.	REPAY 2006A BOND SERIES & CONST.		X		X		X
B	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084		12/01/2014	16,260,000.	REPAY 2006A BOND SERIES & CONST.		X		X		X
C	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084		12/01/2014	4,935,000.	REPAY 2006A BOND SERIES & CONST.		X		X		X
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	45,681,704.	16,260,000.	4,751,432.	
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	33,306.	6,457.	11,262.	
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2015	2008	2014	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	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			
15	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		
16	Has the final allocation of proceeds been made?		X	X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

TAX-EXEMPT BOND LIABILITIES

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

Part IV Arbitrage

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

Part IV **Arbitrage** *(continued)*

TAX-EXEMPT BOND LIABILITIES

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

Part V **Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation 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.

SCHEDULE K (Form 990)
(Rev. December 2024)

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* for instructions and the latest information.

OMB No. 1545-0047

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
A	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084		12/23/2020	34,097,000.	REPAY 2014A SERIES BONDS		X		X		X
B	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084		12/23/2020	44,460,000.	CAPITAL IMPROVEMENTS & EQUIP.		X		X		X
C												
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	33,880,697.	43,851,483.		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	216,303.	353,784.		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2015			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	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				
15	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				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

TAX-EXEMPT BOND LIABILITIES

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

Part IV Arbitrage

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

Part IV **Arbitrage** *(continued)*

TAX-EXEMPT BOND LIABILITIES

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

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

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

Name of the organization
HUNTERDON MEDICAL CENTER

Employer identification number
22-1537688

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;

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

EMBRACE PEOPLE, ELEVATE CARE, AND CULTIVATE HEALTHIER COMMUNITIES.

VISION

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.

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

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

ALSO COVER OUTPATIENT CALL FOR THE FAMILY HEALTH CENTERS ON AVERAGE ONE NIGHT IN SIX. THE COMBINATION OF NIGHT FLOAT AND THE APPROPRIATE FREQUENCY OF NIGHT CALL COMBINE TO CREATE THE BEST POSSIBLE CALL SCHEDULE.

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

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

THE ADMINISTRATION AND STAFF OF HUNTERDON MEDICAL CENTER ARE 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 BEEN RANKED ONE OF 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 ELDERS (NICHE) IS A NATIONAL GERIATRIC NURSING PROGRAM. THE PROGRAM'S VISION IS FOR ALL PATIENTS 65 AND OVER TO BE GIVEN SENSITIVE AND EXEMPLARY CARE. THE MISSION OF NICHE IS TO RAISE AWARENESS OF PRINCIPLES AND TOOLS THAT CAN ACHIEVE PATIENT-CENTERED CARE FOR OLDER ADULTS.

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

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

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

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 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 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 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.

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

HUNTERDON BEHAVIORAL HEALTH OFFERS:

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

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

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

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

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

- MENTAL ILLNESS.
- DRUG OR ALCOHOL ADDICTION.
- FAMILY CRISES.

- DIFFICULTIES IN THEIR WORK OR SCHOOL ENVIRONMENT.

- DEPRESSION.

- ANXIETY DISORDERS.

- ATTENTION DISORDERS.

- SLEEP DISORDERS.

- EATING DISORDERS.

- EMOTIONAL AND BEHAVIORAL ISSUES.

- PEER PRESSURE.

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 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.

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.

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 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.

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

HOME HEALTH SERVICES

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

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

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

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

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

1. SKILLED NURSING

2. PHYSICAL THERAPY

3. OCCUPATIONAL THERAPY

4. SPEECH LANGUAGE THERAPY

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

- HOME INFUSION.
- HOSPICE.
- RESPITE CARE.

OTHER SERVICES

SURGICAL SERVICES

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

SKILLED PROFESSIONAL STAFF WORK AS A TEAM WITH THE PHYSICIAN TO

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.
- 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:

- SLEEP APNEA WHICH IS A MEDICAL DISORDER IN WHICH A PERSON, USUALLY A LOUD SNORER, EXPERIENCES AN OBSTRUCTION IN THE THROAT DURING SLEEP. LACK OF SUFFICIENT AIR CAUSES THE INDIVIDUAL TO AWAKEN, USUALLY WITH A COUGH OR A GASP THAT OPENS THE AIRWAY. AIRFLOW IS RE-ESTABLISHED AND BREATHING RESUMES DURING THE NEXT EPISODE. PEOPLE WITH SLEEP APNEA HAVE TO WAKE UP

BRIEFLY TO BREATHE, SOMETIMES HUNDREDS OF TIMES DURING THE NIGHT, ALTHOUGH THERE IS NO MEMORY OF THESE BRIEF AWAKENINGS.

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

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

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

- INSOMNIA REFERS TO A CHRONIC INABILITY TO INITIATE OR SUSTAIN SLEEP, RESULTING IN SLEEP DEPRIVATION AND DAYTIME FATIGUE. THERE ARE NUMEROUS CAUSES FOR INSOMNIA, INCLUDING STRESS, ANXIETY, DEPRESSION, CHRONIC ILLNESS, MEDICATIONS, POOR SLEEP HABITS AND CIRCADIAN RHYTHM DISORDERS. OCCASIONALLY, A SLEEP STUDY MAY BE PART OF THE EVALUATION, ESPECIALLY IF OBSTRUCTIVE SLEEP APNEA IS CONTRIBUTING.

HOSPITAL OWNED PHYSICIAN SPECIALTY SERVICES

- 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

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.

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

A PREVENTATIVE APPROACH TO DISCIPLINE TEACHES POSITIVE BEHAVIORS, RATHER THAN PUNISHING FOR MISBEHAVIORS. THE GOAL IS TO PROVIDE CHILDREN WITH MOTIVATION AND AN OPPORTUNITY TO MAKE POSITIVE CHOICES. LEARNING SOCIAL

SKILLS THROUGH GENTLE ENCOURAGEMENT, THE CHILDREN LEARN TO RESPECT THE NEEDS OF OTHERS, ADAPT TO ROUTINES AND SIMPLE RULES, AND BECOME RESPONSIBLE. PARENT AND FAMILY INVOLVEMENT IS AN INTEGRAL PART OF THE PROGRAM. AN "OPEN DOOR" POLICY IS MAINTAINED TO ALLOW PARENTS TO VISIT AND OBSERVE THEIR CHILD AT ANY TIME. PARENTS ARE ALWAYS WELCOME TO PARTICIPATE IN EDUCATIONAL OPPORTUNITIES AND SPECIAL EVENTS.

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

HUNTERDON FAMILY MEDICINE RESIDENCY

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

BECAUSE OF THE RESPECT THAT FAMILY MEDICINE ENJOYS IN HUNTERDON COUNTY,

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

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

UNIVERSITY AFFILIATION

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

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

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

COMMUNITY SUPPORT AND EDUCATION

- 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.
- 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 2024 FORM 4720 WHICH 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.

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 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 2024, 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 "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT;

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

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

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

THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA; SPECIFICALLY THE COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE REVIEWING OF HOSPITAL AND HEALTHCARE SYSTEM EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES. THIS STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING

BUT NOT LIMITED TO SIMILARLY SIZED HEALTHCARE SYSTEMS AND HOSPITALS, # OF LICENSED BEDS AND NET PATIENT SERVICE REVENUE. IN ADDITION, THE COMMITTEE REVIEWS AND APPROVES EXECUTIVE COMPENSATION ADJUSTMENTS BASED ON MARKET SURVEYS DEVELOPED BY INDEPENDENT CONSULTANTS, INDUSTRY AVERAGE COMPARISON, YEARS OF SERVICE AND OTHER EXEMPT ORGANIZATIONS IN THE GEOGRAPHIC AREA. AFTER A REVIEW OF THE INDIVIDUAL'S PERFORMANCE FOR THE YEAR AND RELYING ON COMPARABLE INFORMATION AND OTHER OBJECTIVE DATA, THE EXECUTIVE COMMITTEE WILL RECOMMEND AN ADJUSTMENT TO THE INDIVIDUAL'S COMPENSATION. ANY DETERMINATIONS ARE DOCUMENTED CONTEMPORANEOUSLY IN THE EXECUTIVE COMMITTEE MINUTES.

THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR 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: 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, 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:

- OTHER CHANGES IN ACCRUED RETIREMENT BENEFITS - $13,725,911;
- OTHER CHANGES IN NET ASSETS WITHOUT DONOR RESTRICTIONS - $8,989
- OTHER CHANGES IN NET ASSETS WITH DONOR RESTRICTIONS - $1,859,669.

CORE FORM, PART XII; QUESTION 2

THE ORGANIZATION IS AN AFFILIATE WITHIN HUNTERDON HEALTHCARE SYSTEM, INC. ("SYSTEM"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. HUNTERDON HEALTHCARE SYSTEM, INC. IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM. AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF HUNTERDON HEALTHCARE SYSTEM, INC. AND ALL ENTITIES WITHIN THE SYSTEM FOR THE YEARS ENDED DECEMBER 31, 2024 AND DECEMBER 31, 2023; 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.

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*	2024 Open to Public Inspection

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

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.

Name of the organization: HUNTERDON MEDICAL CENTER

Employer identification number: 22-1537688

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.

Name of the organization: HUNTERDON MEDICAL CENTER

Employer identification number: 22-1537688

FORM 990, PART III - PROGRAM SERVICE
==========

LINE 4A, PROGRAM SERVICE

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.

Name of the organization: HUNTERDON MEDICAL CENTER

Employer identification number: 22-1537688

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	8,868,522.
FIRST HEALTH ADVISORY 6501 E. GREENWAY PARKWAY, SUITE 103-479 SCOTTSDALE, AZ 85254	SECURITY	1,567,828.
CLEANEST MANAGEMENT SERVICES, LLC 475 WALL STREET PRINCETON, NJ 08540	CLEANING	1,560,132.
FLEMINGTON RADIOLOGY ASSOCIATES, LLC 579A CRANBURY ROAD EAST BRUNSWICK, NJ 08816	MEDICAL	1,462,094.
LOCUM TENENS.COM LLC 2575 NORTHWINDS PARKWAY ALPHARETTA, GA 30009	STAFFING	1,365,072.

SCHEDULE R (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HUNTERDON MEDICAL CENTER

Employer identification number

22-1537688

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(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)							

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	(G) SEC 512 NO
HUNTERDON HEALTHCARE SYSTEM, INC. 22-2537411 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822	HEALTHCARE	NJ	501(C)(3)	12A	N/A		X
HUNTERDON HOSPICE 22-2276083 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822	HEALTHCARE	NJ	501(C)(3)	7	HRCH		X
VISITING HEALTH & SUPPORTIVE SERVICES 22-1636709 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822	HEALTHCARE	NJ	501(C)(3)	7	HRCH		X
HUNTERDON HEALTHCARE FOUNDATION 22-2526895 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822	FUNDRAISING	NJ	501(C)(3)	7	HHS		X
HUNTERDON REGIONAL COMMUNITY HEALTH, INC 22-3453318 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822	HEALTHCARE	NJ	501(C)(3)	12A	HHS		X
BRITESIDE ADULT DAY CENTERS, INC. 22-2113056 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822	ADLT DAY CARE	NJ	501(C)(3)	10	HRCH		X
HUNTERDON PRIMARY CARE, P.C. 47-4931969 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822	HEALTHCARE	NJ	501(C)(3)	12A	HMC	X	
HUNTERDON SPECIALTY CARE, P.C. 47-4913206 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822	HEALTHCARE	NJ	501(C)(3)	12A	HMC	X	
HUNTERDON URGENT CARE, P.C. 47-4901532 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822	HEALTHCARE	NJ	501(C)(3)	12A	HMC	X	

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? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(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	(i) 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)									

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 YES	(H)DISPROPORTIONATE NO	(I) CODE V-UBI	(J) PARTNER YES	(J) PARTNER NO	(K) % OWNERSHIP
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	-204,382.	1,740,157.	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									

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

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

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

	(a) 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	12,472,678.	COST
(2)	HUNTERDON SPECIALTY CARE, P.C.	L	9,552,290.	COST
(3)	HUNTERDON URGENT CARE, P.C.	L	3,249,429.	COST
(4)	HUNTERDON URGENT CARE, P.C.	O	303,755.	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.

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.

RENT AND ROYALTY INCOME

Taxpayer's Name	Identifying Number
HUNTERDON MEDICAL CENTER	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	393,781.	
TOTAL GROSS INCOME		393,781.
OTHER EXPENSES:		
DEPRECIATION (SHOWN BELOW)		
LESS: Beneficiary's Portion		
AMORTIZATION		
LESS: Beneficiary's Portion		
DEPLETION		
LESS: Beneficiary's Portion		
TOTAL EXPENSES		
TOTAL RENT OR ROYALTY INCOME (LOSS)		393,781.

Less Amount to	
Rent or Royalty	
Depreciation	
Depletion	
Investment Interest Expense	
Other Expenses	
Net Income (Loss) to Others	
Net Rent or Royalty Income (Loss)	393,781.
Deductible Rental Loss (if Applicable)	

SCHEDULE FOR DEPRECIATION CLAIMED

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

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

RENTAL INCOME - VARIOUS	393,781.
	393,781.

RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
VARIOUS PROPERTIES	393,781.			393,781.
TOTALS	393,781.			393,781.

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/Form1041* for instructions and the latest information.

OMB No. 1545-0092

2024

Name of estate or trust	Employer identification number
HUNTERDON MEDICAL CENTER	22-1537688

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)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked				
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked				

4	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	**4**	
5	Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	**5**	
6	Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2023 Capital Loss Carryover Worksheet	**6**	( )
7	**Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). Enter here and on Part III, line 17, column (3)	**7**	

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)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked		143,466.		-143,466.
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked				
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked				

11	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	**11**	
12	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	**12**	
13	Capital gain distributions	**13**	
14	Gain from Form 4797, Part I	**14**	
15	Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2023 Capital Loss Carryover Worksheet	**15**	( )
16	**Net long-term capital gain or (loss).** Combine lines 8a through 15 in column (h). Enter here and on Part III, line 18a, column (3)	**16**	-143,466.

Part III Summary of Parts I and II

Caution: Read the instructions **before** completing this part.

		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
17 Net short-term gain or (loss)	17			
18 Net long-term gain or (loss):				
a Total for year	18a			-143,466.
b Unrecaptured section 1250 gain (see line 18 of the worksheet)	18b			
c 28% rate gain	18c			
19 **Total net gain or (loss).** Combine lines 17 and 18a	19			-143,466.

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

Part IV Capital Loss Limitation

20 Enter here and enter as a (loss) on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4c, if a trust), the **smaller** of:

a The loss on line 19, column (3); **or** **b** $3,000 . . . . . **20** (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, column (2), or line 18c, column (2), is more than zero;
- 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, column (2), or line 18c, column (2), is more than zero.

21	Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line 11)			21	
22	Enter the **smaller** of line 18a or 19 in column (2) but not less than zero	22			
23	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	23			
24	Add lines 22 and 23	24			
25	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-	25			
26	Subtract line 25 from line 24. If zero or less, enter -0-			26	
27	Subtract line 26 from line 21. If zero or less, enter -0-			27	
28	Enter the **smaller** of the amount on line 21 or $3,150			28	
29	Enter the **smaller** of the amount on line 27 or line 28			29	
30	Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0%				30
31	Enter the **smaller** of line 21 or line 26			31	
32	Subtract line 30 from line 26			32	
33	Enter the **smaller** of line 21 or $15,450			33	
34	Add lines 27 and 30			34	
35	Subtract line 34 from line 33. If zero or less, enter -0-			35	
36	Enter the **smaller** of line 32 or line 35			36	
37	Multiply line 36 by 15% (0.15)				37
38	Enter the amount from line 31			38	
39	Add lines 30 and 36			39	
40	Subtract line 39 from line 38. If zero or less, enter -0-			40	
41	Multiply line 40 by 20% (0.20)				41
42	Figure the tax on the amount on line 27. Use the 2024 Tax Rate Schedule for Estates and Trusts. See the Schedule G instructions in the Instructions for Form 1041			42	
43	Add lines 37, 41, and 42			43	
44	Figure the tax on the amount on line 21. Use the 2024 Tax Rate Schedule for Estates and Trusts. See the Schedule G instructions in the Instructions for Form 1041			44	
45	**Tax on all taxable income.** Enter the **smaller** of line 43 or line 44 here and on Form 1041, Schedule G, Part I, line 1a (or Form 990-T, Part II, line 2)				45

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

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

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the **Note** below and see *Column (e)* in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). **See the separate instructions.** (f) Code(s) from instructions	(g) Amount of adjustment	(h) **Gain or (loss)** Subtract column (e) from column (d) and combine the result with column (g).
VARIOUS SECURITIES	VARIOUS	VARIOUS		143,466.00			-143,466.00
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked) . . .				143,466.			-143,466.

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.

Form **4797**

Department of the Treasury
Internal Revenue Service

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

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

OMB No. 1545-0184

2024

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 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions	1a	
b	Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	1b	
c	Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	1c	

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)

SEE STATEMENT 1

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
						-23,841.

3	Gain, if any, from Form 4684, line 39	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows	7	-23,841.
	Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.		
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.		
8	Nonrecaptured net section 1231 losses from prior years. See instructions	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	9	

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7	11	(23,841.)
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	-23,841.
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	18a	
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	18b	

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

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A		
B		
C		
D		

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

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

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

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

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

Supplement to Form 4797 Part I Detail

Description	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
VARIOUS ASSETS	VARIOUS	VARIOUS	779,159.		803,000.	-23,841.
Totals						-23,841.