
FEDERAL FORM 990
RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
FOR THE YEAR ENDED DECEMBER 31, 2023

PUBLIC DISCLOSURE COPY

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning and ending

Form header section containing organization name (RWJ BARNABAS HEALTH, INC.), EIN (85-1296795), address (2 CRESCENT PLACE, OCEANPORT, NJ), and other identifying information.

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, revenue breakdown, and expense details.

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.

Signature block section for the preparer, including fields for signature, date, name, and firm information.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2023)

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 [X] 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 [X] 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 \$ 6,454,517,232. including grants of \$ 2,029,278.) (Revenue \$ 6,854,512,978.)

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

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

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

4e Total program service expenses 6,454,517,232.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

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 [X]

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

| 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 38636 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 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 | 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)? . . | X | |
| b | If "Yes," enter the name of the foreign country <u>BERMUDA</u> 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? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | |
| 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? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 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? | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | X | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | 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? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 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? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 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? | | |
| 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. | | |
| 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? | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | | |
| 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. | 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. | | 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. | | |

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (240), 1b (200), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
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.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records.

CATHERINE DOWDY, CPA 2 CRESCENT PLACE OCEANPORT, NJ 07757

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

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

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

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

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

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

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

| (A) Name and title | (B) Average hours per week per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|------------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) THOMAS A. BIGA TRST-CMMC/JCMC-RWJBH EVP | 55.00 NONE | X | | | | | NONE | 3,161,038. | 630,360. | |
| (2) GARY S. HORAN TRST-PRES./CEO-TRMC (TERM 4/23) | 55.00 NONE | X | | X | | | NONE | 3,720,585. | 2,293. | |
| (3) WILLIAM S. ARNOLD TRST-CMC/RWJUH - PRES SO DIV | 55.00 NONE | X | | X | | | NONE | 2,397,166. | 569,865. | |
| (4) ANROY OTTLEY, M.D. PHYSICIAN - JCMC | 55.00 NONE | | | | | X | 2,715,957. | NONE | 44,887. | |
| (5) MICHAEL PRILUTSKY TRUSTEE - PRESIDENT/CEO - JCMC | 55.00 NONE | X | | X | | | NONE | 1,929,922. | 379,716. | |
| (6) RICHARD L. DAVIS PRESIDENT/CEO - CBMC | 55.00 NONE | | | X | | | NONE | 1,776,594. | 291,954. | |
| (7) DAVID A. MEBANE, ESQ. SECRETARY - TRUSTEE - CBMC | 55.00 NONE | X | | X | | | NONE | 1,616,025. | 363,599. | |
| (8) DARRELL TERRY PRESIDENT/CEO - NBIMC | 55.00 NONE | | | X | | | NONE | 1,344,893. | 515,923. | |
| (9) JENNIFER A. O'NEILL, DNP COO - CBMC | 55.00 NONE | | | X | | | 1,423,400. | NONE | 231,919. | |
| (10) ALAN LEE TUSTEE - PRESIDENT - RWJUH | 55.00 NONE | X | | X | | | 1,194,086. | NONE | 271,685. | |
| (11) ERIC W. CARNEY PRESIDENT/CEO - MMC/MMC-SC | 55.00 NONE | | | X | | | NONE | 1,102,678. | 265,135. | |
| (12) KAREN LUMPP SVP & CFO - TRMC (TERM 10/23) | 55.00 NONE | | | X | | | NONE | 1,363,226. | 3,156. | |
| (13) PATRICK M. AHEARN PRESIDENT/CEO - CMC | 55.00 NONE | | | X | | | NONE | 1,126,571. | 238,475. | |
| (14) MARY ELLEN CLYNE PRESIDENT/CEO - CMMC | 55.00 NONE | | | X | | | NONE | 993,875. | 281,180. | |

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) GREGORY ROKOSZ, M.D. SVP, VPMA-CBMC (TERM 3/23) | 55.00 NONE | | | | X | | | NONE | 1,225,369. | 1,974. |
| (16) NIKOLAS ALEXIADES CFO - SOUTHERN REGION | 55.00 NONE | | | X | | | | NONE | 997,634. | 187,842. |
| (17) DEANNA SPERLING TRST-RWJBH BEH HEALTH CEO/SBBH | 55.00 NONE | X | | X | | | | NONE | 965,547. | 182,770. |
| (18) SHERWIN SCHRAG, M.D. PHYSICIAN - JCMC | 55.00 NONE | | | | | X | | 1,032,201. | NONE | 38,436. |
| (19) STUART GEFFNER, M.D. TRUSTEE - CBMC | 55.00 NONE | X | | | | | | 991,129. | NONE | 68,653. |
| (20) MARC COHEN, M.D. CHAIRMAN MD - NBIMC | 55.00 NONE | | | | | X | | 963,254. | NONE | 54,873. |
| (21) DOUGLAS A. ZEHNER CFO - NEWARK AND UNION | 55.00 NONE | | | X | | | | NONE | 847,840. | 165,603. |
| (22) KIRK C. TICE TRUSTEE - PRES./CEO - RWJUHR | 55.00 NONE | X | | X | | | | NONE | 819,614. | 177,643. |
| (23) MICHAEL LOFTUS, M.D. SVP/CHF MED & QUAL OFF - CBMC | 55.00 NONE | | | | X | | | 786,981. | NONE | 172,616. |
| (24) SALVATORE MOFFA, M.D. VPMA - RWJUH | 55.00 NONE | | | | X | | | 838,194. | NONE | 103,693. |
| (25) ALAN SABER, M.D. PHYSICIAN - NBIMC | 55.00 NONE | | | | | X | | 870,179. | NONE | 62,375. |
| 1b Sub-total | | | | | | | | 10,815,381. | 25,388,577. | 5,306,625. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 13,769,200. | 6,973,409. | 2,142,799. |
| d Total (add lines 1b and 1c) | | | | | | | | 24,584,581. | 32,361,986. | 7,449,424. |

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 ▶ 7,278

| | 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) COURTNEY B. VOSE CNO - RWJUH | 55.00 NONE | | | | | X | 890,885. | NONE | 31,134. | |
| (27) RICHARD FREEMAN TRST-PRS/CEO-RWJUHH (TERM 6/23) | 55.00 NONE | X | | X | | | NONE | 902,312. | 4,445. | |
| (28) ALISON GRANN, M.D. TRUSTEE - CBMC | 55.00 NONE | X | | | | | NONE | 839,322. | 18,302. | |
| (29) DORY B. ALTMANN, M.D. TRUSTEE - RWJUH | 55.00 NONE | X | | | | | NONE | 794,081. | 63,033. | |
| (30) MATTHEW B. MCDONALD, M.D. TRUSTEE - PRESIDENT/CEO-CSH | 55.00 NONE | X | | X | | | NONE | 707,933. | 147,293. | |
| (31) TIMOTHY MATTSON CFO - NORTHERN REGION | 55.00 NONE | | | X | | | NONE | 681,960. | 130,878. | |
| (32) CARLA PARKER-HOLLIS COO - JCMC | 55.00 NONE | | | X | | | 712,619. | NONE | 95,984. | |
| (33) JOHN D'ANGELO, M.D. VP & CMO - TRMC | 55.00 NONE | | | | X | | 729,542. | NONE | 47,519. | |
| (34) KENNETH M. GRANET, M.D. CMO - MMC | 55.00 NONE | | | | X | | 639,257. | NONE | 127,488. | |
| (35) RUSSELL C. LANGAN, M.D. TRUSTEE - CBMC | 55.00 NONE | X | | | | | 725,572. | NONE | 31,164. | |
| (36) NANCY DILIEGRO TRST-PRES./CEO-TRMC (EFF 4/23) | 55.00 NONE | X | | X | | | 145,265. | 467,210. | 113,722. | |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | | |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | |

Section B. Independent Contractors

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

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

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

Part 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 | | | |
| (37.) CHARLES CHIANESE, MBA EVP/COO - CSH | 55.00 NONE | | | X | | | | 696,921. | NONE | 13,966. |
| (38.) MEIKA TYLESE NEBLETT, M.D. CMO - CMC | 55.00 NONE | | | | X | | | 555,559. | NONE | 123,743. |
| (39.) THIRUVENGADAM ANANDARANGAM SECRETARY - TRUSTEE - NBIMC | 55.00 NONE | X | | X | | | | 645,463. | NONE | 30,899. |
| (40.) CHARLES CATHCART, M.D. TRUSTEE - CMO - NBIMC | 55.00 NONE | X | | X | | | | NONE | 629,688. | 21,614. |
| (41.) IJEOMA AKUNYILI, M.D. CMO - JCMC (EFF 1/23) | 55.00 NONE | | | | X | | | 563,133. | NONE | 79,748. |
| (42.) PATRICK DELANEY CAO - RWJUH SOMERSET(EFF 1/23) | 55.00 NONE | | | X | | | | 500,515. | NONE | 134,264. |
| (43.) AMY DORAN COO - NBIMC | 55.00 NONE | | | X | | | | 523,180. | NONE | 105,384. |
| (44.) SETH D. ROSENBAUM, M.D. SVP/CMO - RWJUHH | 55.00 NONE | | | | X | | | 495,090. | NONE | 108,168. |
| (45.) FRANK DOS SANTOS, M.D. CMO - CMMC | 55.00 NONE | | | | X | | | 455,093. | NONE | 110,762. |
| (46.) JOSHUA ROSENBLATT, M.D. TRUSTEE; EX-OFFICIO/CAO-NBIMC | 55.00 NONE | X | | | | | | 488,609. | NONE | 65,787. |
| (47.) CAROL ASH, D.O. CMO - RWJUHR | 55.00 NONE | | | | X | | | 460,239. | NONE | 85,693. |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | | |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | |

Section B. Independent Contractors

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

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

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

Part 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 | | | |
| (48) ARNOLD WILLIAMS, M.D. TRUSTEE - SBBH | 55.00 NONE | X | | | | | NONE | 463,208. | 32,935. | |
| (49) LISA BREZA TRUSTEE-CAO-RWJUHH (EFF 6/23) | 55.00 NONE | X | | X | | | 387,189. | NONE | 77,689. | |
| (50) COLIN R. O'REILLY, M.D. VP/CMO - CSH | 55.00 NONE | | | | X | | 415,487. | NONE | 40,845. | |
| (51) FRANK J. MAZZARELLA, M.D. VPMA - CMMC (TERM 9/23) | 55.00 NONE | | | | X | | 435,307. | NONE | 3,414. | |
| (52) JASON VIGLIAROLO COO - SBBH | 55.00 NONE | | | X | | | NONE | 359,278. | 68,442. | |
| (53) THOMAS HELEOTIS, M.D. VPMA - MMC (TERM 2/23) | 55.00 NONE | | | | X | | 418,150. | NONE | 2,551. | |
| (54) PHILIP SALERNO, III TRST-PRS/CDO-CSH FDN(TRM 7/23) | 55.00 NONE | X | | | | | 399,206. | NONE | 19,858. | |
| (55) MARGARET M. AMES TRUSTEE - CNO - JCMC | 55.00 NONE | X | | | | | 371,356. | NONE | 37,842. | |
| (56) DOUGLAS LIVORNESE, M.D. TRUSTEE - MMC | 55.00 NONE | X | | | | | NONE | 361,200. | 31,513. | |
| (57) ANNA MALIA BECKWITH, M.D. TRUSTEE-SEC. CHIEF NEURO - CSH | 55.00 NONE | X | | | | | 311,500. | NONE | 39,899. | |
| (58) KATHERINE BENTLEY, M.D. TRST-PAIN PGM-CSH (TERM 9/23) | 55.00 NONE | X | | | | | 294,821. | NONE | 42,782. | |
| 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 | | |
| 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 | | | |
| (59) ANIL K. GUPTA, M.D. CMO - MMC-SC (TERM 5/23) | 55.00 NONE | | | | X | | | 331,422. | NONE | 5,890. |
| (60) STEVEN K. LIBUTTI, M.D. TRUSTEE - RWJUH | 55.00 NONE | X | | | | | | NONE | 310,737. | 2,882. |
| (61) ANTHONY CAVA PRES/CEO-RWJUH SOM(TERM 1/23) | 55.00 NONE | | | X | | | | NONE | 277,233. | 304. |
| (62) ALISSA MEMOLI TRUSTEE-PRES/CDO-CSH(EFF 7/23) | 55.00 NONE | X | | | | | | 233,921. | NONE | 11,068. |
| (63) RENEE JULIE CABALEIRO, M.D. TRUSTEE - NBIMC | 55.00 NONE | X | | | | | | 235,132. | NONE | NONE |
| (64) MOHAMMAD JAVED, M.D. TRUSTEE; EX-OFFICIO - JCMC | 55.00 NONE | X | | | | | | 217,668. | NONE | NONE |
| (65) MICHAEL A. MARANO, M.D. TRUSTEE - CBMC | 55.00 NONE | X | | | | | | 157,314. | NONE | 32,913. |
| (66) MICHAEL ADDIS, M.D. TRUSTEE; EX-OFFICIO - CBMC | 55.00 NONE | X | | | | | | 120,385. | NONE | NONE |
| (67) MATHEW CHOLANKERIL, M.D. TRUSTEE - RWJUHR | 25.00 NONE | X | | | | | | 97,747. | NONE | NONE |
| (68) KENNETH GARAY, M.D. CMO - JCMC (TERM 1/23) | 55.00 NONE | | | | X | | | NONE | 70,249. | 982. |
| (69) DAVID KOSTINAS TRUSTEE - CSH | 25.00 NONE | X | | | | | | NONE | 69,000. | 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? <i>If "Yes," complete Schedule J for such individual</i> | | |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | | |
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Section B. Independent Contractors

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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 | | | |
| (70) STEVEN PRIOLO, M.D. ----- TRUSTEE - CMC | 25.00 ----- NONE | X | | | | | 52,773. | NONE | NONE | |
| (71) JEFFREY C. LEDERMAN, D.O. ----- TRST; EX-OFF - MMC (TERM 5/23) | 25.00 ----- NONE | X | | | | | NONE | 39,998. | NONE | |
| (72) AWANI KUMAR, M.D. ----- TRUSTEE - MMC | 25.00 ----- NONE | X | | | | | 34,800. | NONE | NONE | |
| (73) AVINASH GUPTA M.D. ----- TRUSTEE - MMC | 25.00 ----- NONE | X | | | | | 27,080. | NONE | NONE | |
| (74) SANJAY KUMAR, M.D. ----- TRUSTEE - MMC (TERM 5/23) | 5.00 ----- NONE | X | | | | | 1,000. | NONE | NONE | |
| (75) FRED TEWELL ----- CHAIR - TRUSTEE - CSH | 1.00 ----- NONE | X | | X | | | NONE | NONE | NONE | |
| (76) PETER KORN ----- 1ST VICE CHAIR - TRUSTEE - CSH | 1.00 ----- NONE | X | | X | | | NONE | NONE | NONE | |
| (77) PETER CHEN, JD ----- SECRETARY - TRUSTEE - CSH | 1.00 ----- NONE | X | | X | | | NONE | NONE | NONE | |
| (78) JOHN CALANDRIELLO ----- TREASURER - TRUSTEE - CSH | 1.00 ----- NONE | X | | X | | | NONE | NONE | NONE | |
| (79) CHRISSY BACIA ----- TRUSTEE - CSH | 1.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (80) SANDRA DESAPIO ----- TRUSTEE - CSH | 1.00 ----- NONE | 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 |
|---|-----|----|
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| 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? <i>If "Yes," complete Schedule J for such individual</i> | 4 | |
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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 | | | |
| (81) DAVID L. JOHNSON ----- TRUSTEE - CSH | 1.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (82) CYNTHIA KIRCHNER ----- TRUSTEE - CSH | 1.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (83) LESLIE LOGAN-TAYLOR ----- TRUSTEE; EX-OFFICIO - CSH | 1.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (84) DANA N. MAURO ----- TRUSTEE - CSH | 1.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (85) KRISTIN RICH ----- TRUSTEE - CSH | 1.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (86) JACKIE RIDER ----- TRUSTEE - CSH | 1.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (87) SONIA RITA ----- TRUSTEE - CSH | 1.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (88) JENNIFER A. SENICK, PH.D. ----- TRUSTEE - CSH | 1.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (89) LAUREN TAURNOK, MD ----- TRUSTEE - CSH | 1.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (90) KIM HANEMANN ----- TRUSTEE - CSH (TERM 5/23) | 1.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (91) REGINALD L. ROSS ----- TRUSTEE - CSH (TERM 5/23) | 1.00 ----- NONE | 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? <i>If "Yes," complete Schedule J for such individual</i> | | |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | | |
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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 |
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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 | | | |
| (92) ROBERT GACCIONE, ESQ. CHAIRMAN - TRUSTEE - CMMC | 1.00 NONE | X | | X | | | NONE | NONE | NONE | |
| (93) JOSEPH MELONE VICE CHAIRMAN - TRUSTEE - CMMC | 1.00 NONE | X | | X | | | NONE | NONE | NONE | |
| (94) BRENT N. RUDNICK SECRETARY - TRUSTEE - CMMC | 1.00 NONE | X | | X | | | NONE | NONE | NONE | |
| (95) BRIAN STERLING TREASURER - TRUSTEE - CMMC | 1.00 NONE | X | | X | | | NONE | NONE | NONE | |
| (96) ANDREA BARBIER, D.O. TRUSTEE - CMMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (97) DONALD BEGGS, M.D. TRUSTEE - CMMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (98) WILFREDO CARABALLO TRUSTEE - CMMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (99) COURTNEY GACCIONE TRUSTEE - CMMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (100) DANIEL J. GELTRUDE, CPA TRUSTEE - CMMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (101) ROBERT GIANGERUSO TRUSTEE - CMMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (102) NICHOLAS MINOIA TRUSTEE - CMMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| 1b Sub-total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

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| | Yes | No |
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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 | | | |
| (103) MEI-MEI TUAN TRUSTEE - CMMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (104) HEMALATHA VASIREDDY, M.D. TRUSTEE - CMMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (105) GEORGE W. WILLIAMS TRUSTEE - CMMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (106) GARY V. LOTANO CHAIRMAN - TRUSTEE - CMC | 1.00 NONE | X | | X | | | NONE | NONE | NONE | |
| (107) PETER J. VAN DYKE, ESQ. V. CHAIR-CMC CHAIR/TRST-SBBH | 1.00 NONE | X | | X | | | NONE | NONE | NONE | |
| (108) JARROD C. GRASSO SECRETARY - TRUSTEE - CMC | 1.00 NONE | X | | X | | | NONE | NONE | NONE | |
| (109) KIMBERLY VEITH TREASURER - TRUSTEE - CMC | 1.00 NONE | X | | X | | | NONE | NONE | NONE | |
| (110) MICHAEL BELCHER TRUSTEE - CMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (111) SANJAY BHAGAT, M.D. TRUSTEE - CMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (112) JERRY P. BOISSEAU TRUSTEE - CMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (113) THEODORE GOODING TRUSTEE - CMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| 1b Sub-total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

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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 | | | |
| (114) JEREMY GRUNIN TRUSTEE - CMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (115) DONALD JUMP, CPA TRUSTEE - CMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (116) EUGENIA LAWSON TRUSTEE - CMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (117) JOSEPH J. LEBEL, III TRUSTEE - CMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (118) ANGELO MARKATOS, D.O. TRUSTEE - CMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (119) BARBARA MILES TRUSTEE - CMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (120) MARK MONTENERO TRUSTEE - CMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (121) JUDITH SCHMIDT, R.N. TRUSTEE - CMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (122) VINAY SIKAND, M.D. TRUSTEE - CMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (123) RICHARD STANZIONE, ESQ. TRUSTEE - CMC (TERM 5/23) | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (124) BRUCE SCHONBRAUN CHAIRMAN - TRUSTEE - CBMC | 1.00 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) | | | | | | | | | | |

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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 | | | |
| (125) JOSEPH BIER TRUSTEE - CBMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (126) THOMAS CHEN TRUSTEE - CBMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (127) CELIA COLBERT TRUSTEE - CBMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (128) GREGG GOTTSEGEN TRUSTEE - CBMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (129) JEFFREY KIGNER TRUSTEE - CBMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (130) ANDREW KOGAN TRUSTEE - CBMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (131) ROBERT D. MARCUS TRUSTEE - CBMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (132) JOSEPH MAURIELLO TRUSTEE - CBMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (133) ANDREA MELCHIORRE TRUSTEE - CBMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (134) RAHUL PAWAR, M.D. TRUSTEE - CBMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (135) EVAN RATNER TRUSTEE - CBMC | 1.00 NONE | 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? <i>If "Yes," complete Schedule J for such individual</i> | | |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | |

Section B. Independent Contractors

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

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

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

Part 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 | | | |
| (136) MICHAEL REKON TRUSTEE - CBMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (137) RICHARD RITHOLZ TRUSTEE - CBMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (138) RYAN SCHINMAN TRUSTEE - CBMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (139) JOHN Z. SHUMKO, M.D. TRUSTEE -CBMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (140) DAVID SIDMAN TRUSTEE - CBMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (141) CORI WILF TRUSTEE - CBMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (142) TONY WOLK TRUSTEE - CBMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (143) KATHRYN ZIZZA TRUSTEE - CBMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (144) ALAN GARTEN, M.D. TRST; EX-OFF - CBMC (TERM 3/23) | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (145) CARLOS LEJNIEKS CHAIR - TRUSTEE - JCMC | 1.00 NONE | X | | X | | | NONE | NONE | NONE | |
| (146) MAUREEN A. SKEA VICE CHAIR - TRUSTEE - JCMC | 1.00 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 | | |
| 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 | | | |
| (147) KETAN VYAS TREASURER - TRUSTEE - JCMC | 1.00 NONE | X | | X | | | NONE | NONE | NONE | |
| (148) ANSAR BATOOL TRUSTEE - JCMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (149) LENORA J. BROWN TRUSTEE - JCMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (150) CATHERINE M. CARNEVALE TRUSTEE - JCMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (151) ABEGAIL DOUGLAS-JOHNSON TRUSTEE - JCMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (152) ANDREA M. DUCAS TRUSTEE - JCMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (153) THOMAS M. GALLAGHER TRUSTEE - JCMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (154) MARVIN GLAZERMAN TRUSTEE - JCMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (155) SURAJ KAUFMAN TRUSTEE - JCMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (156) ROBERT E. MARGULIES, ESQ. TRUSTEE - JCMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (157) EDGAR MARTINEZ TRUSTEE - JCMC | 1.00 NONE | 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? <i>If "Yes," complete Schedule J for such individual</i> | 3 | |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | 4 | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | 5 | |

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 | | | |
| (158) W. NEVINS MCCANN, ESQ. TRUSTEE - JCMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (159) JOHN MINELLA TRUSTEE - JCMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (160) RICHARD O'NEILL TRUSTEE - JCMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (161) JOSEPH A. PANEPINTO, JR. TRUSTEE - JCMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (162) SEENA A. STEIN TRUSTEE - JCMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (163) JEREMY FARRELL SEC - TRST - JCMC (DECD 12/23) | 1.00 NONE | X | | X | | | NONE | NONE | NONE | |
| (164) VERONICA PARK TRUSTEE - JCMC (TERM 5/23) | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (165) MARY ANNE NAGY CHAIR - TRUSTEE - MMC | 1.00 NONE | X | | X | | | NONE | NONE | NONE | |
| (166) ROBERT SICKEL VICE CHAIR-TRUSTEE - MMC/SBBH | 1.00 NONE | X | | X | | | NONE | NONE | NONE | |
| (167) ANN UNTERBERG VICE CHAIR - TRUSTEE - MMC | 1.00 NONE | X | | X | | | NONE | NONE | NONE | |
| (168) ANTHONY P. TERRACCIANO TREASURER - TRUSTEE - MMC | 1.00 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? <i>If "Yes," complete Schedule J for such individual</i> | | |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | |

Section B. Independent Contractors

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

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

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

Part 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 | | | |
| (169) ANNE MARIE BRAMNICK, ESQ. TRUSTEE - MMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (170) RICHARD CROWE TRUSTEE - MMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (171) RAJ DERASAGAYAM PH.D. TRUSTEE - MMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (172) JENNIFER EDMONDS, PH.D. TRUSTEE - MMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (173) ALYCE FRANKLIN TRUSTEE - MMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (174) CATHERINE D. FRANZONI TRUSTEE - MMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (175) MONIQUE GRIFFITH, PSY.D. TRUSTEE - MMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (176) DERRICK T. GRIGGS TRUSTEE - MMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (177) JOHN W. HEAVEY TRUSTEE - MMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (178) ROBERT P. HERRMANN TRUSTEE - MMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (179) CLAIRE M. KNOPF TRUSTEE; EX-OFFICIO - MMC | 1.00 NONE | 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? <i>If "Yes," complete Schedule J for such individual</i> | | |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | |

Section B. Independent Contractors

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

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

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 | | | |
| (180) H. WOODY KNOPF ----- TRUSTEE - MMC | 1.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (181) RABBI AARON KOTLER ----- TRUSTEE - MMC | 1.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (182) HONORABLE LAWRENCE LAWSON ----- TRUSTEE - MMC | 1.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (183) ZACHARY LEWIS ----- TRUSTEE - MMC | 1.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (184) YESENIA MADAS ----- TRUSTEE - MMC | 1.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (185) JAMES R. MAIDA ----- TRUSTEE - MMC | 1.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (186) LAUREN MARRUS ----- TRUSTEE - MMC | 1.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (187) JACKELINE MEIJAS-FUERTES ----- TRUSTEE - MMC | 1.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (188) ANDREW J. MELNICK ----- TRUSTEE - MMC | 1.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (189) VALERIE MONTECALVO ----- TRUSTEE - MMC | 1.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (190) JOHN PAIK ----- TRUSTEE - MMC | 1.00 ----- NONE | 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? <i>If "Yes," complete Schedule J for such individual</i> | 3 | |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | 4 | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | 5 | |

Section B. Independent Contractors

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

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 | | | |
| (191) HONORABLE JAMIE PERRI TRUSTEE - MMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (192) LUANNE PETERPAUL TRUSTEE - MMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (193) ADAM PFEFFER, ESQ. TRUSTEE - MMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (194) ARVIND PRABHAT, M.D. TRUSTEE; EX-OFFICIO - MMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (195) RONALD J. RICCIO, ESQ. TRUSTEE - MMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (196) LOUIS A. RODRIGUEZ, P.E. TRUSTEE - MMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (197) ANDREW SAFRAN TRUSTEE - MMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (198) MARY ANNE SCHAFER TRUSTEE - MMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (199) MARTA SILVERBERG TRUSTEE - MMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (200) VICTOR FERLISE, ESQ. V. CHAIR- TRST- MMC (TERM 5/23) | 1.00 NONE | X | | X | | | NONE | NONE | NONE | |
| (201) ANNE EVANS-ESTABROOK TRUSTEE - MMC (TERM 5/23) | 1.00 NONE | 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 | | |
| 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 | | | |
| (202) MICHAEL KOKES ----- TRUSTEE - MMC (TERM 5/23) | 1.00 ----- NONE | X | | | | | | NONE | NONE | NONE |
| (203) DARSIT SHAH, M.D. ----- TRUSTEE - MMC (TERM 5/23) | 1.00 ----- NONE | X | | | | | | NONE | NONE | NONE |
| (204) FRANCIS J. GIANTOMASI ----- CHAIR - TRUSTEE - NBIMC | 1.00 ----- NONE | X | | X | | | | NONE | NONE | NONE |
| (205) VAUGHN CROWE ----- VICE CHAIR - TRUSTEE - NBIMC | 1.00 ----- NONE | X | | X | | | | NONE | NONE | NONE |
| (206) PATRICK E. HOBBS ----- TREASURER - TRUSTEE - NBIMC | 1.00 ----- NONE | X | | X | | | | NONE | NONE | NONE |
| (207) JOEL S. BLOOM ----- TRUSTEE - NBIMC | 1.00 ----- NONE | X | | | | | | NONE | NONE | NONE |
| (208) DENISE COOK ----- TRUSTEE - NBIMC | 1.00 ----- NONE | X | | | | | | NONE | NONE | NONE |
| (209) PHILIP A. GILMORE ----- TRUSTEE - NBIMC | 1.00 ----- NONE | X | | | | | | NONE | NONE | NONE |
| (210) LAWRENCE P. GOLDMAN ----- TRUSTEE - NBIMC | 1.00 ----- NONE | X | | | | | | NONE | NONE | NONE |
| (211) PAUL V. PROFETA ----- TRUSTEE - NBIMC | 1.00 ----- NONE | X | | | | | | NONE | NONE | NONE |
| (212) NORMAN SAMUELS, PH.D. ----- TRUSTEE - NBIMC | 1.00 ----- NONE | 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? <i>If "Yes," complete Schedule J for such individual</i> | | |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | |

Section B. Independent Contractors

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

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

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

Part 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 | | | |
| (213) JOHN SCHREIBER ----- TRUSTEE - NBIMC | 1.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (214) JOSEPH S. TAYLOR ----- TRUSTEE - NBIMC | 1.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (215) RICK THIGPEN ----- TRUSTEE - NBIMC | 1.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (216) MARC E. BERSON ----- TRUSTEE - NBIMC (DECD 12/23) | 1.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (217) NANCY CANTOR, PH.D. ----- TRUSTEE - NBIMC (TERM 11/23) | 1.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (218) ALAN HELFMAN, M.D. ----- TRST; EX-OFF-NBIMC (TERM 12/23) | 1.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (219) JACK MORRIS ----- CHAIR - TRUSTEE - RWJUH | 1.00 ----- NONE | X | | X | | | NONE | NONE | NONE | |
| (220) PAUL V. STAHLIN ----- VICE CHAIR - TRUSTEE - RWJUH | 1.00 ----- NONE | X | | X | | | NONE | NONE | NONE | |
| (221) DEFOREST B. SOARIES, JR. ----- SECRETARY - TRUSTEE - RWJUH | 1.00 ----- NONE | X | | X | | | NONE | NONE | NONE | |
| (222) JOHN A. HOFFMAN ----- TREASURER - TRUSTEE - RWJUH | 1.00 ----- NONE | X | | X | | | NONE | NONE | NONE | |
| (223) ROBERT L. BARCHI, MD, PH.D. ----- TRUSTEE; EX-OFFICIO - RWJUH | 1.00 ----- NONE | 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? <i>If "Yes," complete Schedule J for such individual</i> | | |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | |

Section B. Independent Contractors

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

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

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

Part 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 | | | |
| (224) RONNIE Z. BOCHNER, M.D. TRUSTEE; EX-OFFICIO - RWJUH | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (225) ARTHUR JAMES CIFELLI TRUSTEE - RWJUH | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (226) DINA KARMAZIN ELKINS TRUSTEE - RWJUH | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (227) PAUL D. HUBERT TRUSTEE - RWJUH | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (228) AMY MURTHA, M.D. TRUSTEE; EX-OFFICIO - RWJUH | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (229) LESTER J. OWENS TRUSTEE - RWJUH | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (230) CHRISTOPHER J. PALADINO TRUSTEE - RWJUH | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (231) JOHN A. PAPA TRUSTEE - RWJUH | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (232) SUSAN C. REINHARD, PH.D. TRUSTEE - RWJUH | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (233) ELIZA STASI TRUSTEE; EX-OFFICIO - RWJUH | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (234) BRIAN L. STROM, MD, PH.D. TRUSTEE; EX-OFFICIO - RWJUH | 1.00 NONE | 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? <i>If "Yes," complete Schedule J for such individual</i> | | |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | |

Section B. Independent Contractors

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

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

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

Part 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 | | | |
| (235) ROBERT T. ZITO TRUSTEE - RWJUH | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (236) LINDA MARMORA TRUSTEE - RWJUH (TERM 2/23) | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (237) NINA MELKER CHAIR - TRUSTEE - RWJUHH | 1.00 NONE | X | X | | | | NONE | NONE | NONE | |
| (238) MICHAEL PRATICO, JR. VICE CHAIR - TRUSTEE - RWJUHH | 1.00 NONE | X | X | | | | NONE | NONE | NONE | |
| (239) VIJAY ALUWALIA TRUSTEE - RWJUHH | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (240) GREGORY BLAIR TRUSTEE - RWJUHH | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (241) WESLEY BRIDGES, ESQ. TRUSTEE - RWJUHH | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (242) HAROLD FINK TRUSTEE - RWJUHH | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (243) RICHARD GREGG, M.D. TRUSTEE - RWJUHH | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (244) PETER INVERSO TRUSTEE - RWJUHH | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (245) SHARON LAMONT TRUSTEE - RWJUHH | 1.00 NONE | 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? <i>If "Yes," complete Schedule J for such individual</i> | 3 | |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | 4 | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | 5 | |

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 | | | |
| (246) MARLENE LAO-COLLINS TRUSTEE - RWJUHH | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (247) TAIYYIBAH MALIK-SCHMITT TRUSTEE - RWJUHH | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (248) RYAN A. MARRONE TRUSTEE - RWJUHH | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (249) TERRY K. MCEWEN TRUSTEE - RWJUHH | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (250) SHERISE D. RITTER TRUSTEE - RWJUHH | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (251) LISA RUE TRUSTEE - RWJUHH | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (252) TYRELL M. SMITH TRUSTEE - RWJUHH | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (253) YOLANDA STINGER TRUSTEE - RWJUHH | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (254) CYNTHIA E. VONA, DDS, M.D. TRUSTEE - RWJUHH | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (255) WILLIAM J. WALSH, JR. TRUSTEE - RWJUHH | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (256) EDWARD WINGFIELD, M.D. TRUSTEE - RWJUHH | 1.00 NONE | 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? <i>If "Yes," complete Schedule J for such individual</i> | | |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | |

Section B. Independent Contractors

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

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

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

Part 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 | | | |
| (257) LINDSAY ADAMS-JENKINS TRST, EX-OFF-RWJUHH (TERM 3/23) | 1.00 NONE | X | | | | | | NONE | NONE | NONE |
| (258) SHARIQ A. AFRIDI, M.D. TRUSTEE - RWJUHH (TERM 9/23) | 1.00 NONE | X | | | | | | NONE | NONE | NONE |
| (259) WILLIAM M. RUE TRUSTEE - RWJUHH (TERM 3/23) | 1.00 NONE | X | | | | | | NONE | NONE | NONE |
| (260) PATRICK RYAN TRUSTEE - RWJUHH (TERM 3/23) | 1.00 NONE | X | | | | | | NONE | NONE | NONE |
| (261) ZAFAR ZAMIR, M.D. TRUSTEE - RWJUHH (TERM 3/23) | 1.00 NONE | X | | | | | | NONE | NONE | NONE |
| (262) MICHAEL O. THIEN CHAIR - TRUSTEE - RWJUHR | 1.00 NONE | X | | X | | | | NONE | NONE | NONE |
| (263) MICHAEL CHEN, M.D. VICE CHAIR - TRUSTEE - RWJUHR | 1.00 NONE | X | | X | | | | NONE | NONE | NONE |
| (264) BARBARA MARTIN SECRETARY - TRUSTEE - RWJUHR | 1.00 NONE | X | | X | | | | NONE | NONE | NONE |
| (265) DANIEL B. LEPRI TREASURER - TRUSTEE - RWJUHR | 1.00 NONE | X | | X | | | | NONE | NONE | NONE |
| (266) KRYSTAL CANADY TRUSTEE - RWJUHR | 1.00 NONE | X | | | | | | NONE | NONE | NONE |
| (267) SALVATORE A. CUADRA, M.D. TRUSTEE - RWJUHR | 1.00 NONE | 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 | | |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | | |
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Section B. Independent Contractors

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| (A) Name and business address | (B) Description of services | (C) Compensation |
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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 | | | |
| (268) NICHOLAS F. DELMONACO TRUSTEE - RWJUHR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (269) G. ALLEN GEYER TRUSTEE - RWJUHR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (270) JOSEPH D. GIBILSCO TRUSTEE - RWJUHR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (271) ROGER C. GORE TRUSTEE - RWJUHR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (272) JOHN KLINE, M.D. TRUSTEE - RWJUHR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (273) RONALD C. KOWALCZYK TRUSTEE - RWJUHR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (274) BRIAN P. LEDDY TRUSTEE - RWJUHR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (275) LAWRENCE J. NALDI TRUSTEE - RWJUHR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (276) MICHAEL NUDO TRUSTEE - RWJUHR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (277) DONNA I. PENNELLA TRUSTEE - RWJUHR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (278) CARLOS REMOLINA, M.D. TRUSTEE - RWJUHR | 1.00 NONE | 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 | | |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | | |
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Section B. Independent Contractors

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| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
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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 | | | |
| (279) STEPHEN A. TIMONI, ESQ. TRUSTEE - RWJUHR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (280) TERESA WALSH, MSN VICE CHAIR - TRUSTEE - SBBH | 1.00 NONE | X | X | | | | NONE | NONE | NONE | |
| (281) ELAINE DASTI, P.E. TRUSTEE - SBBH | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (282) MICHAEL R. STANZIONE, ESQ. TRUSTEE - SBBH | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (283) VICTOR M. RICHEL CHAIR - TRUSTEE - TRMC | 1.00 NONE | X | X | | | | NONE | NONE | NONE | |
| (284) MAUREEN SHAUGHNESSY, SC VICE CHAIR - TRUSTEE - TRMC | 1.00 NONE | X | X | | | | NONE | NONE | NONE | |
| (285) MARGARET MCMENAMIN, ED.D. SECRETARY - TRUSTEE - TRMC | 1.00 NONE | X | X | | | | NONE | NONE | NONE | |
| (286) THOMAS S. KACHELRIESS TREASURER - TRUSTEE - TRMC | 1.00 NONE | X | X | | | | NONE | NONE | NONE | |
| (287) SISTER JACQUELYN BALASIA TRUSTEE - TRMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (288) EILEEN CLIFFORD, M.D. TRUSTEE - TRMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (289) KARIM KHIMANI, M.D. TRUSTEE - TRMC | 1.00 NONE | 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? <i>If "Yes," complete Schedule J for such individual</i> | | |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | |

Section B. Independent Contractors

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

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

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

Part 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 | | | |
| (290) ALFONSO J. LOPEZ TRUSTEE - TRMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (291) RICHARD P. MACKESSY, M.D. TRUSTEE - TRMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (292) JAN MARGOLIS TRUSTEE - TRMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (293) RONALD PALLANT, M.D. TRUSTEE - TRMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (294) PAUL PATTEN TRUSTEE - TRMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (295) TONY PELOSI TRUSTEE - TRMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (296) ADAM ROWEN, M.D. TRUSTEE; EX-OFFICIO - TRMC | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (297) RODERICK SPEARMAN TRUSTEE - TRMC | 1.00 NONE | 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? <i>If "Yes," complete Schedule J for such individual</i> | | 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? <i>If "Yes," complete Schedule J for such individual</i> | 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? <i>If "Yes," complete Schedule J for such person</i> | | 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 ▶ 425

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 | 948,553. | | | | |
| | d | Related organizations | 1d | 34,920,804. | | | | |
| | e | Government grants (contributions) . . | 1e | 116,363,670. | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above . | 1f | 43,688,531. | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ 116,939. | | | | |
| | h | Total. Add lines 1a-1f | | 195,921,558. | | | | |
| | Program Service Revenue | | | | Business Code | | | |
| 2a | | NET PATIENT SERVICE REVENUE | | 541900 | 6,688,528,069. | 6,688,528,069. | | |
| b | | OTHER HEALTHCARE RELATED REVENUE | | 541900 | 141,283,193. | 140,663,109. | 620,084. | |
| c | | RENTAL INCOME FROM AFFILIATES | | 541900 | 4,728,988. | 4,728,988. | | |
| d | | | | | | | | |
| e | | | | | | | | |
| f | | All other program service revenue | | | | | | |
| g | | Total. Add lines 2a-2f | | | 6,834,540,250. | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts). | | | 6,079,846. | | 6,079,846. | |
| | 4 | Income from investment of tax-exempt bond proceeds . . . | | | NONE | | | |
| | 5 | Royalties | | | NONE | | | |
| | 6a | Gross rents | 6a | (i) Real | (ii) Personal | | | |
| | | | | | 18,947,235. | | | |
| | | | | b | Less: rental expenses | 6b | 9,331,440. | |
| | c | Rental income or (loss) | 6c | 9,615,795. | NONE | | | |
| | d | Net rental income or (loss) | | | 9,615,795. | | 9,615,795. | |
| | 7a | Gross amount from sales of assets other than inventory | 7a | (i) Securities | (ii) Other | | | |
| | | | | | 88,690. | 6,505,073. | | |
| | | | | b | Less: cost or other basis and sales expenses . . | 7b | | |
| | c | Gain or (loss) | 7c | 88,690. | 6,505,073. | | | |
| | d | Net gain or (loss) | | | 6,416,383. | | 6,416,383. | |
| | 8a | Gross income from fundraising events (not including \$ 948,553. of contributions reported on line 1c). See Part IV, line 18 | 8a | | | 828,982. | | |
| | | | | b | Less: direct expenses | 8b | 828,982. | |
| c | | | | Net income or (loss) from fundraising events | | | NONE | |
| 9a | Gross income from gaming activities. See Part IV, line 19 | 9a | | | 37,080. | | | |
| | | | b | Less: direct expenses | 9b | 19,530. | | |
| | | | c | Net income or (loss) from gaming activities | | | 17,550. | |
| 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 | | 541900 | 14,780,638. | 14,780,638. | | |
| | b | PARKING | | 541900 | 4,858,261. | 4,858,261. | | |
| | c | GIFT SHOP | | 541900 | 233,829. | 233,829. | | |
| | d | All other revenue | | | | | | |
| | e | Total. Add lines 11a-11d | | | 19,872,728. | | | |
| 12 | Total revenue. See instructions | | | | 7,072,464,110. | 6,853,792,894. | 620,084. | |

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 | 1,969,464. | 1,969,464. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 59,814. | 59,814. | | |
| 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 | 20,103,579. | 18,093,221. | 2,010,358. | |
| 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 | 2,495,872,278. | 2,246,285,050. | 249,587,228. | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 76,600,605. | 68,940,544. | 7,660,061. | |
| 9 Other employee benefits | 151,797,425. | 136,617,682. | 15,179,743. | |
| 10 Payroll taxes | 198,854,412. | 178,968,971. | 19,885,441. | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | 788,425,488. | 709,582,939. | 78,842,549. | |
| b Legal | 205,502. | 184,952. | 20,550. | |
| c Accounting | NONE | | | |
| d Lobbying | 318,063. | 286,257. | 31,806. | |
| e Professional fundraising services. See Part IV, line 17 | 462,585. | | | 462,585. |
| 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.) | 508,102,755. | 457,292,480. | 50,810,275. | NONE |
| 12 Advertising and promotion | 969,927. | 872,934. | 96,993. | |
| 13 Office expenses | 121,285,725. | 109,157,153. | 12,128,572. | |
| 14 Information technology. | 18,896,266. | 17,006,639. | 1,889,627. | |
| 15 Royalties. | NONE | | | |
| 16 Occupancy | 103,826,703. | 93,444,033. | 10,382,670. | |
| 17 Travel | 1,550,990. | 1,395,891. | 155,099. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | NONE | | | |
| 19 Conferences, conventions, and meetings | 596,139. | 536,525. | 59,614. | |
| 20 Interest | 96,627,185. | 86,964,467. | 9,662,718. | |
| 21 Payments to affiliates. | NONE | | | |
| 22 Depreciation, depletion, and amortization | 271,254,123. | 244,128,711. | 27,125,412. | |
| 23 Insurance | 74,758,301. | 67,282,471. | 7,475,830. | |
| 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 | 1,170,125,420. | 1,053,112,878. | 117,012,542. | |
| b PHYSICIAN FEES & SALARIES | 763,010,198. | 686,709,178. | 76,301,020. | |
| c REPAIRS & MAINTENANCE | 112,931,998. | 101,638,798. | 11,293,200. | |
| d OTHER EXPENSES | 192,113,986. | 173,986,180. | 18,127,806. | |
| e All other expenses _____ | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 7,170,718,931. | 6,454,517,232. | 715,739,114. | 462,585. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|----------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 108,624. | 1 | 110,729. |
| | 2 Savings and temporary cash investments | 36,105,917. | 2 | 8,690,486. |
| | 3 Pledges and grants receivable, net | 45,795,907. | 3 | 61,675,239. |
| | 4 Accounts receivable, net | 678,074,380. | 4 | 726,456,793. |
| | 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 | 103,557,142. | 8 | 107,648,073. |
| | 9 Prepaid expenses and deferred charges | 47,873,527. | 9 | 53,422,927. |
| | 10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 8131457369. | | |
| | b Less: accumulated depreciation | 10b 4075145664. | | |
| | | 3,112,336,448. | 10c | 4,056,311,705. |
| | 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 | 270,622,015. | 13 | 274,276,327. |
| | 14 Intangible assets | 6,986,058. | 14 | 21,167,652. |
| 15 Other assets. See Part IV, line 11 | 4,532,598,164. | 15 | 3,719,342,601. | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 8,834,058,182. | 16 | 9,029,102,532. | |
| Liabilities | 17 Accounts payable and accrued expenses | 625,938,358. | 17 | 717,687,016. |
| | 18 Grants payable | NONE | 18 | NONE |
| | 19 Deferred revenue | 55,039,543. | 19 | 58,226,498. |
| | 20 Tax-exempt bond liabilities | 155,681,327. | 20 | 152,943,075. |
| | 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 | 280,139,504. | 23 | 431,219,492. |
| | 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 | 3,746,115,640. | 25 | 3,431,349,608. |
| | 26 Total liabilities. Add lines 17 through 25 | 4,862,914,372. | 26 | 4,791,425,689. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/> | | | |
| | 27 Net assets without donor restrictions | 3,798,144,051. | 27 | 4,011,976,084. |
| | 28 Net assets with donor restrictions | 172,999,759. | 28 | 225,700,759. |
| | Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/> | | | |
| | 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 | 3,971,143,810. | 32 | 4,237,676,843. |
| 33 Total liabilities and net assets/fund balances | 8,834,058,182. | 33 | 9,029,102,532. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|----------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 7,072,464,110. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 7,170,718,931. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -98,254,821. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 3,971,143,810. |
| 5 | Net unrealized gains (losses) on investments | 5 | 676,320. |
| 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 | 364,111,534. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 4,237,676,843. |

Part XII Financial Statements and Reporting

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

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

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

Form 990 (2023)

**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

2023

**Open to Public
Inspection**

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990) 2023

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2023; 15 Public support percentage from 2022 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2023; 16b 33 1/3% support test - 2022; 17a 10%-facts-and-circumstances test - 2023; 17b 10%-facts-and-circumstances test - 2022; 18 Private foundation.

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Table with 3 columns: Description, 2023, 2022. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2022 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2023, 2022. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2023. 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.

19b 33 1/3% support tests - 2022. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b 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? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | | Yes | No |
|-----------|---|-----|----|
| 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? | | |
| b | A family member of a person described on line 11a above? | | |
| c | A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i> | | |

Section B. Type I Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | | |

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|----------|--|--|--|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | |
| 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 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? <i>If "Yes" or "No," provide details in Part VI.</i> | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

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

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

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

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| 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 (<i>explain in detail in Part VI</i>): | | |
| 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 2023 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-2023 | (iii) Distributable Amount for 2023 |
|---|---|-----------------------------|--|---|
| 1 | Distributable amount for 2023 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | | |
| a | From 2018 | | | |
| b | From 2019 | | | |
| c | From 2020 | | | |
| d | From 2021 | | | |
| e | From 2022 | | | |
| f | Total of lines 3a through 3e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2023 distributable amount | | | |
| i | Carryover from 2018 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2023 from Section D, line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2023 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 | Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2024. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2019 | | | |
| b | Excess from 2020 | | | |
| c | Excess from 2021 | | | |
| d | Excess from 2022 | | | |
| e | Excess from 2023 | | | |

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2023

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990) 2023

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. | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | not over \$500,000, | 20% of the amount on line 1e. | over \$500,000 but not over \$1,000,000, | \$100,000 plus 15% of the excess over \$500,000. | over \$1,000,000 but not over \$1,500,000, | \$175,000 plus 10% of the excess over \$1,000,000. | over \$1,500,000 but not over \$17,000,000, | \$225,000 plus 5% of the excess over \$1,500,000. | over \$17,000,000, | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | |
| not over \$500,000, | 20% of the amount on line 1e. | | | | | | | | | | | | | |
| over \$500,000 but not over \$1,000,000, | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | |
| over \$1,000,000 but not over \$1,500,000, | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | |
| over \$1,500,000 but not over \$17,000,000, | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | |
| over \$17,000,000, | \$1,000,000. | | | | | | | | | | | | | |
| 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- | | | | | | | | | | | | | | |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (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)).

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include questions about lobbying activities like volunteers, staff, media, mailings, etc., with amounts like 318,063.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

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

Table with 2 main columns: Description and Amount. Rows include dues, non-deductible lobbying expenditures, and aggregate amounts.

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

Horizontal lines for providing supplemental information.

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B; LINE 11

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

IN ADDITION, THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE MEMBERS OF THE ALLIANCE FOR THE BETTERMENT OF CITIZENS WITH DISABILITIES, THE AMERICAN HOSPITAL ASSOCIATION, THE CATHOLIC HEALTHCARE PARTNERSHIP OF NEW JERSEY, THE CATHOLIC HEALTH ASSOCIATION, THE HOSPITAL ALLIANCE OF NEW JERSEY, THE GREATER NEW YORK HOSPITAL ASSOCIATION, THE NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS, AND THE NEW JERSEY HOSPITAL ASSOCIATION WHICH ENGAGE IN LOBBYING EFFORTS ON BEHALF OF THEIR MEMBER HOSPITALS. A PORTION OF THE DUES PAID TO THESE ORGANIZATIONS HAS BEEN ALLOCATED TO LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990. THIS ALLOCATION AMOUNTED TO \$318,063 IN 2023.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor informed consent.

Part II Conservation Easements

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number of easements, acreage, modified easements, states, monitoring policy, staff hours, expenses, and requirements.

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

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

Table with 2 columns: Description, Amount. Rows include 1a) Art collection reporting, 1b) Art collection reporting with amounts, and 2) Art collection reporting with amounts.

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

Schedule D (Form 990) 2023

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 | 172,999,759. | 183,603,759. | 174,449,316. | 164,956,316. | 168,160,316. |
| b Contributions | 68,349,000. | 6,324,000. | | | |
| c Net investment earnings, gains, and losses | -2,275,000. | 7,045,000. | 10,525,000. | 15,607,000. | 227,000. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 13,373,000. | 23,973,000. | 1,370,557. | 6,114,000. | 3,431,000. |
| f Administrative expenses | | | | | |
| g End of year balance | 225,700,759. | 172,999,759. | 183,603,759. | 174,449,316. | 164,956,316. |

- 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 11.3500 %
 - c Term endowment 88.6500 %
- 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? | X | 3a(ii) |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | X | 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 | | 107,925,660. | | 107,925,660. |
| b Buildings | | 3636607232. | 1905699373. | 1,730,907,859. |
| c Leasehold improvements | | 101,230,694. | 64,297,969. | 36,932,725. |
| d Equipment | | 3269893659. | 2077262008. | 1,192,631,651. |
| e Other | | 1015800124. | 27,886,314. | 987,913,810. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) | | | | 4,056,311,705. |

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) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . . | | |

Part IX Other Assets

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

| (a) Description | (b) Book value |
|--|----------------|
| (1) DUE FROM AFFILIATES, CURRENT | 3,222,925,339. |
| (2) OTHER RECEIVABLES | 39,082,002. |
| (3) EST AMTS DUE FROM 3RD PARTY | 302,467,803. |
| (4) DUE FROM CSH FOUNDATION | 874,082. |
| (5) SECURITY DEPOSITS | 1,137,910. |
| (6) OTHER ASSETS | 8,037,612. |
| (7) RIGHT OF USE ASSET | 144,817,853. |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)). | 3,719,342,601. |

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 | 408,983,017. |
| (3) DUE TO AFFILIATES; CURRENT | 54,269,637. |
| (4) EST AMTS DUE TO 3RD PARTY PAYORS; C | 22,295,694. |
| (5) DUE TO AFFILIATES; NON-CURRENT | 49,615,158. |
| (6) RWJBH OBLIGATED GROUPED LIABILITIES | 2,712,177,865. |
| (7) EST AMTS DUE TO 3RD PARTY PAYORS; N | 126,097,381. |
| (8) ACCRUED INTEREST | 57,910,856. |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)). | 3,431,349,608. |

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V; QUESTION 4

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

SCHEDULE D, PART X

THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE AFFILIATES WITHIN RWJBARNABAS HEALTH ("RWJBH"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. RWJBH ISSUES AUDITED CONSOLIDATED FINANCIAL STATEMENTS WHICH INCLUDE ALL RELATED ENTITIES; INCLUDING THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990. THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS FOR THE RWJBH HOSPITALS AND CERTAIN OTHER RWJBH AFFILIATES. THE FOOTNOTE BELOW IS FROM RWJBH'S 2023 AUDITED CONSOLIDATED FINANCIAL STATEMENTS AND REPORTS RWJBH'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740):

THE CORPORATION DOES NOT HAVE ANY SIGNIFICANT UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2023 AND 2022.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

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

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

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

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| (1) CENTRAL AMERICA/CARIBBEAN | NONE | NONE | PROGRAM SERVICES | FINANCIAL VEHICLE | NONE |
| (2) CENTRAL AMERICA/CARIBBEAN | NONE | NONE | INVESTMENTS | | 412,104,198. |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Subtotal | NONE | NONE | | | 412,104,198. |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | NONE | NONE | | | 412,104,198. |

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

Schedule F (Form 990) 2023

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

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

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

3 Enter total number of other organizations or entities _____

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

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

SCHEDULE F, PART I

RWJBH CORPORATE SERVICES, INC., A RELATED INTERNAL REVENUE CODE SECTION
501(C)(3) TAX-EXEMPT ORGANIZATION, ACCRUED FOR ACCOUNTING PURPOSES
EXPENSES TO COMMERCIAL PROFESSIONAL INSURANCE CO., LTD., A FINANCIAL
VEHICLE, \$63,909,972; FOR THE BENEFIT OF THE FOLLOWING RWJBARNABAS HEALTH
TAX-EXEMPT HOSPITALS IN THIS GROUP FORM 990.

CHILDREN'S SPECIALIZED HOSPITAL - \$619,027;

CLARA MAASS MEDICAL CENTER - \$3,984,881;

COMMUNITY MEDICAL CENTER - \$5,084,088;

COOPERMAN BARNABAS MEDICAL CENTER - \$11,768,431;

JERSEY CITY MEDICAL CENTER - \$6,029,691;

MONMOUTH MEDICAL CENTER - \$8,245,597;

NEWARK BETH ISRAEL MEDICAL CENTER - \$12,434,777;

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - \$10,733,860;

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON - \$1,542,573;

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY - \$995,224;

Part V Supplemental Information

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

SAINT BARNABAS BEHAVIORAL HEALTH CENTER - \$64,433; AND

TRINITAS REGIONAL MEDICAL CENTER - \$2,407,390.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

**Open to Public
Inspection**

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

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| SEE SUPPLEMENT INFORMATION 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | 274,912. | 462,585. | 208,577. |

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

CA, CO, CT, FL, GA, IL, LA, MD, MA, MI, MS, MO, NJ, NM, NY, NC, OH, PA, RI, SC, VA,

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events | |
|-----------------|--|---|------------------------------|----------------------|---------------------------------|------------|
| | | GOLF OUTING (event type) | MIRACLE WALK (event type) | 14 (total number) | (add col. (a) through col. (c)) | |
| Revenue | 1 | Gross receipts | 568,690. | 215,105. | 993,740. | 1,777,535. |
| | 2 | Less: Contributions | 367,843. | 180,164. | 400,546. | 948,553. |
| | 3 | Gross income (line 1 minus line 2) | 200,847. | 34,941. | 593,194. | 828,982. |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | 172,863. | 2,165. | 540,263. | 715,291. |
| | 7 | Food and beverages | | | | |
| | 8 | Entertainment | | | 19,140. | 19,140. |
| | 9 | Other direct expenses | 27,984. | 32,776. | 33,791. | 94,551. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 828,982. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | | |

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

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) | |
|-----------------|--|---------------------------------|---|---|---|---------|
| | | 1 | Gross revenue | | | 37,080. |
| Direct Expenses | 2 | Cash prizes | | | 19,530. | 19,530. |
| | 3 | Noncash prizes | | | | |
| | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes 100.0000 % <input type="checkbox"/> No | |
| 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | | 19,530. | |
| 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | 17,550. | |

9 Enter the state(s) in which the organization conducts gaming activities: NJ,
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

| | | | |
|-------------------------------|-----|----------|---|
| a The organization's facility | 13a | | % |
| b An outside facility | 13b | 100.0000 | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ DIANE REEVES

Address ▶ 2 CRESCENT PLACE OCEANPORT, NJ 07757

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ KELLY GOSS

Gaming manager compensation ▶ \$ NONE

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

Director/officer Employee Independent contractor

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

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

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:

COMMUNITY COUNSELING SERVICE CO., LLC

ACTIVITY :

CAMPAIGN MGMT

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : NONE

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 396,250.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : NONE

NAME:

GAIL P. STONE

ADDRESS:

2932 VAUXHALL ROAD
VAUXHALL, NJ 07088

ACTIVITY :

FUNDRAISING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : 274,912.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 66,335.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : 208,577.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

| | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a | <input checked="" type="checkbox"/> | |
| b If "Yes," was it a written policy? | <input checked="" type="checkbox"/> | |
| 2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: <input type="checkbox"/> Applied uniformly to all hospital facilities <input checked="" type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities | | |
| 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: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % | <input checked="" type="checkbox"/> | |
| b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500.0000</u> % | <input checked="" type="checkbox"/> | |
| c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. | | |
| 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? | <input checked="" type="checkbox"/> | |
| 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | <input checked="" type="checkbox"/> | |
| b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | <input checked="" type="checkbox"/> | |
| 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? | | <input checked="" type="checkbox"/> |
| 6a Did the organization prepare a community benefit report during the tax year? | | <input checked="" type="checkbox"/> |
| b If "Yes," did the organization make it available to the public? | | |

7 Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Financial Assistance at cost (from Worksheet 1) | | | 192,986,512. | 71,017,004. | 128,263,070. | 1.79 |
| b Medicaid (from Worksheet 3, column a) | | | 1,714,829,021. | 1,427,587,667. | 287,241,354. | 4.01 |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total. Financial Assistance and Means-Tested Government Programs | | | 1,907,815,533. | 1,498,604,671. | 415,504,424. | 5.80 |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 22,147,463. | 1,556,684. | 20,590,779. | 0.29 |
| f Health professions education (from Worksheet 5) | | | 211,611,136. | 75,773,086. | 135,838,050. | 1.89 |
| g Subsidized health services (from Worksheet 6) | | | 209,545,986. | 128,000,066. | 81,545,920. | 1.14 |
| h Research (from Worksheet 7) | | | 2,311,013. | | 2,311,013. | 0.03 |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 3,244,822. | | 3,244,822. | 0.05 |
| j Total. Other Benefits | | | 448,860,420. | 205,329,836. | 243,530,584. | 3.40 |
| k Total. Add lines 7d and 7j | | | 2,356,675,953. | 1,703,934,507. | 659,035,008. | 9.20 |

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

Schedule H (Form 990) 2023

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

| | | |
|---|---|----------------|
| 5 Enter total revenue received from Medicare (including DSH and IME) | 5 | 1,213,843,645. |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 1,502,479,311. |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall) | 7 | -288,635,666. |
| 8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other | | |

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 15

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 PSE&G CHILDREN'S SPECIALIZED HOSPITAL 200 SOMERSET STREET NEW BRUNSWICK NJ 08901 WWW.RWJBH.ORG | 22249 | | X | | | | | | | 1 |
| 2 CLARA MAASS MEDICAL CENTER ONE CLARA MAASS DRIVE BELLEVILLE NJ 07109 WWW.RWJBH.ORG | 10701 | X | X | | | | X | | | 2 |
| 3 COMMUNITY MEDICAL CENTER 99 ROUTE 37W TOMS RIVER NJ 08755-6423 WWW.RWJBH.ORG | 11501 | X | X | | | | X | | | 2 |
| 4 COOPERMAN BARNABAS MEDICAL CENTER 94 OLD SHORT HILLS ROAD LIVINGSTON NJ 07039 WWW.RWJBH.ORG | 10710 | X | X | X | | | X | | | 2 |
| 5 JERSEY CITY MEDICAL CENTER 355 GRAND STREET JERSEY CITY NJ 07302 WWW.RWJBH.ORG | 10904 | X | X | X | X | | X | | | 2 |
| 6 MONMOUTH MEDICAL CENTER 300 SECOND AVENUE LONG BRANCH NJ 07740 WWW.RWJBH.COM | 11304 | X | X | X | X | | X | | | 2 |
| 7 MONMOUTH MED CTR - SOUTHERN CAMPUS 600 RIVER AVENUE LAKEWOOD NJ 08701 WWW.RWJBH.ORG | 11502 | X | X | | | | X | | | 2 |
| 8 NEWARK BETH ISRAEL MEDICAL CENTER 201 LYONS AVENUE NEWARK NJ 07112 WWW.RWJBH.ORG | 10709 | X | X | X | X | X | X | | ORGAN TRANS. CENTER, PSYCHIATRIC UNIT, OUTPATIENT CLINICS | 2 |
| 9 ROBERT WOOD JOHNSON UNIVERSITY HOSP. ONE ROBERT WOOD JOHNSON PLACE NEW BRUNSWICK NJ 08901 WWW.RWJBH.ORG | 11202 | X | X | X | X | | X | | | 2 |
| 10 RWJ UNIVERSITY HOSPITAL SOMERSET 110 REHILL AVENUE SOMERVILLE NJ 08876 WWW.RWJBH.ORG | 11802 | X | X | X | | | X | | | 2 |

Part V Facility Information

Section A. Hospital Facilities

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

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

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

| | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER/24 hours | ER-other | Other (describe) | Facility reporting group |
|---|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------------------------|--------------------------|
| 1 RWJ UNIVERSITY HOSPITAL HAMILTON ONE HAMILTON HEALTH PLACE HAMILTON NJ 08690 WWW.RWJBH.ORG | X | X | | | | | X | | | 2 |
| 2 RWJ UNIVERSITY HOSPITAL RAHWAY 865 STONE STREET RAHWAY NJ 07065 WWW.RWJBH.ORG | X | X | | | | | X | | | 2 |
| 3 SAINT BARNABAS BEHAVIORAL HEALTH 1691 ROUTE 9 TOMS RIVER NJ 08754 WWW.RWJBH.ORG | X | | | | | | | | | 2 |
| 4 TRINITAS REGIONAL MED CTR-WILLIAMSON 225 WILLIAMSON STREET ELIZABETH NJ 07202 WWW.RWJBH.ORG | X | X | | X | | | X | | | 2 |
| 5 TRINITAS REGIONAL MED CTR - NEW POINT 655 E JERSEY STREET ELIZABETH NJ 07206 WWW.RWJBH.ORG | X | | | X | | | X | | BEHAVIORAL HEALTH & LONG-TERM CARE | 2 |
| 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: PSE&G CSH (FACILITY REPORT GROUP A)

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group: RWJBH (FACILITY REPORTING GROUP B)

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 215

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: PSE&G CSH (FACILITY REPORT GROUP A)

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: RWJBH (FACILITY REPORTING GROUP B)

| | | Yes | No |
|---|---|----------|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that: | | | |
| 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: | X | |
| a | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0000</u> % and FPG family income limit for eligibility for discounted care of <u>500.0000</u> % | | |
| b | <input type="checkbox"/> Income level other than FPG (describe in Section C) | | |
| c | <input checked="" type="checkbox"/> Asset level | | |
| d | <input checked="" type="checkbox"/> Medical indigency | | |
| e | <input checked="" type="checkbox"/> Insurance status | | |
| f | <input checked="" type="checkbox"/> Underinsurance status | | |
| g | <input type="checkbox"/> Residency | | |
| h | <input type="checkbox"/> Other (describe in Section C) | | |
| 14 | Explained the basis for calculating amounts charged to patients? | X | |
| 15 | Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): | X | |
| a | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application | | |
| b | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application | | |
| c | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | |
| d | <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | |
| e | <input type="checkbox"/> Other (describe in Section C) | | |
| 16 | Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply): | X | |
| a | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.RWJBH.ORG</u> | | |
| b | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.RWJBH.ORG</u> | | |
| c | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.RWJBH.ORG</u> | | |
| d | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| e | <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| f | <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| g | <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention | | |
| h | <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | |
| i | <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | |

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: PSE&G CSH (FACILITY REPORT GROUP A)

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: RWJBH (FACILITY REPORTING GROUP B)

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group: PSE&G CSH (FACILITY REPORT GROUP A)

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group: RWJBH (FACILITY REPORTING GROUP B)

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

Part V Facility Information (continued)

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

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

PSE&G CSH FACILITY REPORTING GROUP A
=====

THE CHNA REVIEWED SOCIAL DETERMINANTS OF HEALTH, HEALTH CARE UTILIZATION TRENDS AS WELL AS A COMPREHENSIVE REVIEW OF SECONDARY DATA SOURCES FROM A COUNTY AND SERVICE AREA PERSPECTIVE WHERE AVAILABLE. FACILITY-SPECIFIC AND THE FACILITY'S SERVICE AREA- SPECIFIC UTILIZATION. PRIORITIES AND METHODS WERE DESCRIBED. IMPACT WAS EXAMINED IN TRENDS OBSERVED FOR HEALTH STATUS INDICATORS. THE ASSESSMENT INCLUDED RESULTS FROM A QUALITATIVE SURVEY OF AREA RESIDENTS AND A FAMILY/CAREGIVER SURVEY ADAPTED FROM A SIMILAR SURVEY CONDUCTED FOR THE CSH CHNA IN 2019 THAT FOCUSED ON: ACCESSIBILITY OF SERVICES AND PROGRAMS FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS AND THEIR FAMILIES: CHALLENGES ACCESSING HEALTHCARE; USEFULNESS OF DIFFERENT SERVICES AND PROGRAMS; NEEDED SERVICES AND PROGRAMS; TELEHEALTH UTILIZATION; AND THE IMPACT OF COVID-19. KEY INFORMANT INTERVIEWS AND FOCUS GROUPS PROVIDED FURTHER DEPTH AND UNDERSTANDING OF KEY ISSUES.

RWJBH - FACILITY REPORTING GROUP B
=====

THE CHNA REVIEWED SOCIAL DETERMINANTS OF HEALTH, HEALTH CARE UTILIZATION TRENDS AS WELL AS A COMPREHENSIVE REVIEW OF SECONDARY DATA SOURCES FROM A COUNTY AND SERVICE AREA PERSPECTIVE WHERE AVAILABLE. FACILITY-SPECIFIC AND THE FACILITY'S SERVICE AREA- SPECIFIC UTILIZATION (E.G. AVOIDABLE OR AMBULATORY CARE SENSITIVE CONDITION ADMISSIONS AND ED VISITS, CANCER DIAGNOSTIC STAGE) WERE EXAMINED. PRIORITIES AND METHODS WERE DESCRIBED. IMPACT WAS EXAMINED IN TRENDS OBSERVED FOR HEALTH STATUS INDICATORS. THE ASSESSMENT INCLUDED RESULTS FROM A QUALITATIVE SURVEY OF AREA RESIDENTS THAT ASKED ABOUT A MULTITUDE OF ISSUES INCLUDING: COVID IMPACTS, TOP HEALTH NEEDS AND BARRIERS, BASIC HEALTH STATUS AND USE OF TELEHEALTH. KEY INFORMANT INTERVIEWS AND FOCUS GROUPS PROVIDED FURTHER DEPTH AND UNDERSTANDING OF KEY ISSUES.

SCHEDULE H, PART V, SECTION B, QUESTION 5

PSE&G CSH FACILITY REPORTING GROUP A
=====

A COMPREHENSIVE RESIDENT SURVEY WAS SUPPLEMENTED WITH A PARENT/CAREGIVER SURVEY TO PROVIDE PRIMARY DATA AND COMMUNITY INPUT FOR THE CHNA. THE CHNA WAS FURTHER INFORMED BY A LOCAL OVERSIGHT COMMITTEE THAT INCLUDED COMMUNITY STAKEHOLDERS AND INDIVIDUALS WITH PUBLIC HEALTH EXPERTISE. THE

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.

OVERSIGHT COMMITTEE REVIEWED SURVEY RESULTS, FOCUS GROUP FINDINGS AND OVER 100 SECONDARY DATA AND HEALTH STATUS INDICATORS. WITH THIS EVIDENCE-INFORMED FOUNDATION, THE COMMITTEE IDENTIFIED AND PRIORITIZE SIGNIFICANT HEALTH NEEDS. DETAILS INCLUDING COMMITTEE MEMBERS, DATA, FINDINGS AND THE PROCESS ARE CONTAINED IN THE CHNA.

RWJBH - FACILITY REPORTING GROUP B
=====

A COMPREHENSIVE RESIDENT SURVEY WAS CONDUCTED TO PROVIDE PRIMARY DATA AND COMMUNITY INPUT FOR THE CHNA. THE CHNA WAS FURTHER INFORMED BY A LOCAL OVERSIGHT COMMITTEE THAT INCLUDED COMMUNITY STAKEHOLDERS AND INDIVIDUALS WITH PUBLIC HEALTH EXPERTISE. THE OVERSIGHT COMMITTEE REVIEWED SURVEY RESULTS, FOCUS GROUP FINDINGS AND OVER 100 SECONDARY DATA AND HEALTH STATUS INDICATORS. WITH THIS EVIDENCE-INFORMED FOUNDATION, THE COMMITTEE IDENTIFIED AND PRIORITIZE SIGNIFICANT HEALTH NEEDS. DETAILS INCLUDING COMMITTEE MEMBERS, DATA, FINDINGS AND THE PROCESS ARE CONTAINED IN THE CHNA.

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

PSE&G CSH FACILITY REPORTING GROUP A
=====

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

RWJBH - FACILITY REPORTING GROUP B
=====

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

Part V Facility Information (continued)

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

WHILE THE COMMUNITY MEDICAL CENTER HAD ITS OWN CHNA, THE HOSPITAL PARTICIPATED IN THE CHNA DEVELOPMENT AND REVIEW OF COMMUNITY NEEDS WITH ITS AFFILIATE, SAINT BARNABAS BEHAVIORAL HEALTH CENTER INC. D/B/A BARNABAS HEALTH BEHAVIORAL HEALTH CENTER, A FREESTANDING PSYCHIATRIC HOSPITAL LOCATED IN THE SAME MUNICIPALITY. IN ADDITION, MONMOUTH MEDICAL CENTER AND MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS ALSO COLLABORATED IN THE CHNA. FURTHER, THE HOSPITAL AND ITS AFFILIATES PARTICIPATE IN A SYSTEMWIDE COMMUNITY HEALTH NEEDS STEERING COMMITTEE FOR ALL MEMBER HOSPITALS. STRATEGIES AND BEST PRACTICES ARE IDENTIFIED AND SHARED AS WELL AS PROGRAM SUPPORT. THE HOSPITAL CONDUCTED ITS CHNA WITH A LOCAL OVERSIGHT COMMITTEE TO REVIEW THE HEALTH DATA AND ASSIST IN NEED PRIORITIZATION. THE COMMITTEE HAD PARTICIPATION OF LOCAL MUNICIPAL AND COUNTY LEADERSHIP, FAITH LEADERSHIP, FQHC AND COMMUNITY-BASED PROVIDERS, EDUCATION REPRESENTATIVES AND PUBLIC HEALTH OFFICERS. THE ASSESSMENT WAS FURTHER INFORMED WITH DIRECT INPUT FROM COMMUNITY MEMBERS THROUGH FOCUS GROUPS, KEY INFORMANT INTERVIEWS AND A COMPREHENSIVE RESIDENT SURVEY.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - NEW BRUNSWICK CONDUCTED THE CHNA IN COLLABORATION WITH ST. PETER'S HOSPITAL, ALSO LOCATED IN NEW BRUNSWICK. THE HOSPITALS CONDUCTED ITS CHNA WITH A LOCAL OVERSIGHT COMMITTEE TO REVIEW THE HEALTH DATA AND ASSIST IN NEED PRIORITIZATION. COMMITTEE PARTICIPANTS HAD LOCAL STAKEHOLDERS INCLUDING YMCA, RUTGERS MEDICAL SCHOOL, PUERTO RICAN ACTION BOARD, NEW AMERICANS PROGRAM OF NEW JERSEY, OFFICE OF AGING, LOCAL HEALTH CENTERS, LIBRARY, NAMI, HEALTH AND HUMAN SERVICES, COMMUNITY VOLUNTEERS AND OTHERS. THE ASSESSMENT WAS FURTHER INFORMED WITH DIRECT INPUT FROM COMMUNITY MEMBERS THROUGH FOCUS GROUPS, KEY INFORMANT INTERVIEWS AND A COMPREHENSIVE RESIDENT SURVEY. WHILE THE HOSPITAL HAD ITS SHARED CHNA, IT ALSO PARTICIPATES IN A SYSTEMWIDE COMMUNITY HEALTH NEEDS STEERING COMMITTEE FOR ALL MEMBER HOSPITALS. STRATEGIES AND BEST PRACTICES ARE IDENTIFIED AND SHARED AS WELL AS PROGRAM SUPPORT.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - SOMERSET CONDUCTED THE CHNA IN PARTNERSHIP WITH THE HEALTHIER SOMERSET COALITION, A BROAD REPRESENTATIVE STAKEHOLDER GROUP OF NEARLY 50 ORGANIZATIONS THAT INCLUDED HEALTH DEPARTMENT LEADERS, HOSPITAL REPRESENTATIVES, AND COMMUNITY-BASED ORGANIZATION LEADERS. THE HOSPITAL USED THE COALITION AS ITS CHNA OVERSIGHT COMMITTEE TO REVIEW THE HEALTH DATA AND ASSIST IN NEED PRIORITIZATION. COMMITTEE MEMBERSHIP INCLUDED YMCA, LOCAL MUNICIPAL HEALTH, FEDERALLY QUALIFIED HEALTH CENTERS, LOCAL EDUCATION, LOCAL MENTAL HEALTH, COMMUNITY PROVIDERS AND OTHERS. THE ASSESSMENT WAS FURTHER INFORMED WITH DIRECT INPUT FROM COMMUNITY MEMBERS THROUGH A COMPREHENSIVE SURVEY. WHILE THE HOSPITAL HAD ITS SHARED CHNA, IT ALSO PARTICIPATES IN A SYSTEMWIDE COMMUNITY HEALTH NEEDS STEERING COMMITTEE FOR ALL MEMBER HOSPITALS. STRATEGIES AND BEST PRACTICES ARE IDENTIFIED AND SHARED AS WELL AS PROGRAM SUPPORT.

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 ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON CHNA WAS CONDUCTED WITH THE GREATER MERCER PUBLIC HEALTH PARTNERSHIP (GMPHP) WHICH IS A COLLABORATION OF HOSPITALS, HEALTH DEPARTMENTS, AND OTHER NOT-FOR-PROFIT ORGANIZATIONS. THE GMPHP MISSION IS TO MEASURABLY IMPROVE THE HEALTH OF RESIDENTS OF THE GREATER MERCER COUNTY COMMUNITY. CORE MEMBERS OF THE GMPHP INCLUDE THE HEALTH DEPARTMENTS, THE MERCER COUNTY DEPARTMENT OF HUMAN SERVICES, AND THE HEALTH CARE INSTITUTIONS OF CAPITAL HEALTH, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL-HAMILTON, ST. FRANCIS MEDICAL CENTER, AND ST. LAWRENCE REHABILITATION CENTER. THE HOSPITAL USED THE COALITION AS ITS CHNA OVERSIGHT COMMITTEE TO REVIEW THE HEALTH DATA AND ASSIST IN NEED PRIORITIZATION. WHILE THE HOSPITAL HAD ITS SHARED CHNA, IT ALSO PARTICIPATES IN A SYSTEMWIDE COMMUNITY HEALTH NEEDS STEERING COMMITTEE FOR ALL MEMBER HOSPITALS. STRATEGIES AND BEST PRACTICES ARE IDENTIFIED AND SHARED AS WELL AS PROGRAM SUPPORT. THE ASSESSMENT WAS FURTHER INFORMED WITH DIRECT INPUT FROM COMMUNITY MEMBERS THROUGH A COMPREHENSIVE SURVEY.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY COLLABORATED WITH ITS HOSPITAL AFFILIATE, TRINITAS REGIONAL MEDICAL CENTER, ALSO LOCATED IN UNION COUNTY IN THE DEVELOPMENT OF A JOINT CHNA. THE HOSPITAL ALSO PARTICIPATES IN A SYSTEMWIDE COMMUNITY HEALTH NEEDS STEERING COMMITTEE FOR ALL MEMBER HOSPITALS. STRATEGIES AND BEST PRACTICES ARE IDENTIFIED AND SHARED AS WELL AS PROGRAM SUPPORT. THE HOSPITAL CONDUCTED ITS LOCAL CHNA WITH A LOCAL OVERSIGHT COMMITTEE TO REVIEW THE HEALTH DATA AND ASSIST IN NEED PRIORITIZATION. COMMITTEE PARTICIPANTS INCLUDED FAITH-BASED LEADERSHIP, THE YMCA, NATIONAL ALLIANCE ON MENTAL HEALTH, LOCAL MUNICIPAL LOCAL HEALTH AND HUMAN SERVICES, COMMUNITY VOLUNTEERS AND OTHERS. THE ASSESSMENT WAS FURTHER INFORMED WITH DIRECT INPUT FROM COMMUNITY MEMBERS THROUGH FOCUS GROUPS, KEY STAKEHOLDER INTERVIEWS AND A COMPREHENSIVE RESIDENT SURVEY.

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

PSE&G CSH FACILITY REPORTING GROUP A

=====

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

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

[HTTPS://WWW.RWJBH.ORG/WHY-RWJBARNABAS-HEALTH-/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/](https://www.rwjbh.org/why-rwjbarnabas-health-/community-health-needs-assessment/)

Part V Facility Information (continued)

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

THE CHNA WAS SHARED WITH KEY STAKEHOLDERS AND SYSTEM PARTNERS.

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

RWJBH - FACILITY REPORTING GROUP B
=====

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

[HTTPS://WWW.RWJBH.ORG/WHY-RWJBARNABAS-HEALTH-/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/](https://www.rwjbh.org/why-rwjbarnabas-health-/community-health-needs-assessment/)

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

[HTTPS://WWW.HEALTHIERMIDDLESEX.COM/DOCUMENT/2022-COMMUNITY-HEALTH-NEEDS-ASSESSMENT](https://www.healthiermiddlesex.com/document/2022-community-health-needs-assessment)

THE CHNA WAS SHARED WITH KEY STAKEHOLDERS AND SYSTEM PARTNERS.

SCHEDULE H, PART V, SECTION B, QUESTION 8

PSE&G CSH FACILITY REPORTING GROUP A
=====

THE FACILITY, WITH LIMITED RESOURCES, PRIORITIZED HEALTH NEEDS THAT WERE IDENTIFIED IN THE ASSESSMENT AND DEVELOPED STRATEGIES TO ADDRESS AND COLLABORATE IN STRATEGY EXECUTION. PRIORITIES WERE DEVELOPED WITH INPUT FROM KEY STAKEHOLDERS.

RWJBH - FACILITY REPORTING GROUP B
=====

THE FACILITY, WITH LIMITED RESOURCES, PRIORITIZED HEALTH NEEDS THAT WERE IDENTIFIED IN THE ASSESSMENT AND DEVELOPED STRATEGIES TO ADDRESS AND COLLABORATE IN STRATEGY EXECUTION. PRIORITIES WERE DEVELOPED WITH INPUT FROM KEY STAKEHOLDERS.

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

PSE&G CSH FACILITY REPORTING GROUP A
=====

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

CHILDREN'S SPECIALIZED HOSPITAL

RWJBH - FACILITY REPORTING GROUP B
=====

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

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - SOMERSET:

[HTTPS://HEALTHIERSOSTG.WPENGINE.COM/WP-CONTENT/UPLOADS/2022/02/2022-2024-SOMERSET-COUNTY-CHIP-REPORT_11.30.21.PDF](https://healthiersostg.wpengine.com/wp-content/uploads/2022/02/2022-2024-SOMERSET-COUNTY-CHIP-REPORT_11.30.21.pdf)

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

CLARA MAASS MEDICAL CENTER; COMMUNITY MEDICAL CENTER; COOPERMAN BARNABAS MEDICAL CENTER; JERSEY CITY MEDICAL CENTER; MONMOUTH MEDICAL CENTER; MONMOUTH MEDICAL CENTER - SOUTHERN CAMPUS; NEWARK BETH ISRAEL MEDICAL CENTER; ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - NEW BRUNSWICK; ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON; ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY; SAINT BARNABAS BEHAVIORAL HEALTH CENTER AND TRINITAS REGIONAL MEDICAL CENTER.

SCHEDULE H, PART V, SECTION B, QUESTION 11

PSE&G CSH FACILITY REPORTING GROUP A
=====

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

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.

IN CAPACITY TO EXPAND ACCESS, CREATING AN EMPLOYEE READINESS PROGRAM, AND IMPROVING SERVICE ACCESS POINTS AMONGST OTHER INITIATIVES.

RWJBH - FACILITY REPORTING GROUP B
=====

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

SCHEDULE H, PART V, SECTION B, QUESTION 16

PSE&G CSH FACILITY REPORTING GROUP A
=====

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

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

[HTTPS://WWW.RWJBH.ORG/CHILDRENS-SPECIALIZED-HOSPITAL/PATIENTS-VISITORS/BILLING-FINANCIAL-AND-INSURANCE-INFORMATION/](https://www.rwjbh.org/childrens-specialized-hospital/patients-visitors/billing-financial-and-insurance-information/)

RWJBH - FACILITY REPORTING GROUP B
=====

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

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

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 114

| Name and address | Type of facility (describe) |
|---|--------------------------------------|
| 1 CSH OUTPATIENT CENTER AT UNION 2840 MORRIS AVENUE UNION NJ 07083 | OUTPATIENT CENTER |
| 2 CSH LTC & OUTPATIENT CARE MOUNTAINSIDE 150 NEW PROVIDENCE ROAD MOUNTAINSIDE NJ 07092 | LONG-TERM CARE AND OUTPATIENT CENTER |
| 3 CSH OUTPATIENT CENTER AT HAMILTON 3575 QUAKERBRIDGE ROAD HAMILTON NJ 08619 | OUTPATIENT CENTER |
| 4 CSH OUTPATIENT CENTER AT TOMS RIVER 1251 ROUTE 37 WEST TOMS RIVER NJ 08775 | OUTPATIENT CENTER |
| 5 CSH LTC & OUTPATIENT CARE TOMS RIVER 94 STEVENS ROAD TOMS RIVER NJ 08755 | LONG-TERM CARE AND OUTPATIENT CENTER |
| 6 CSH OUTPATIENT CENTER AT MONMOUTH 200 WYCKOFF ROAD EATONTOWN NJ 07724 | OUTPATIENT CENTER |
| 7 CSH OUTPATIENT CENTER AT CLIFTON 1135 BROAD STREET CLIFTON NJ 07013 | OUTPATIENT CENTER |
| 8 CSH OUTPATIENT CENTER AT BAYONNE 519 BROADWAY BAYONNE NJ 07013 | OUTPATIENT CENTER |
| 9 CSH OUTPATIENT CENTER AT EGG HARBOR 6106 BLACK HORSE PIKE EGG HARBOR TOWNSHIP NJ 08234 | OUTPATIENT CENTER |
| 10 CSH OUTPATIENT CENTER AT WEST ORANGE 375 MOUNT PLEASANT AVE, STE 201 WEST ORANGE NJ 07052 | OUTPATIENT CENTER |

Schedule H (Form 990) 2023

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

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

| Name and address | Type of facility (describe) |
|--|-----------------------------------|
| 1 CSH OUTPATIENT CENTER AT NEW BRUNSWICK 10 PLUM STREET, 6TH FLOOR NEW BRUNSWICK NJ 08901 | OUTPATIENT CENTER |
| 2 CSH OUTPATIENT CENTER AT NEWARK 182 LYONS AVE NEWARK NJ 07112 | OUTPATIENT CENTER |
| 3 CSH OUTPATIENT CENTER SOMERSET 888 EASTON AVENUE SOMERSET NJ 08873 | OUTPATIENT CENTER |
| 4 CSH OUTPATIENT CENTER AT BAYONNE 815 BROADWAY AVENUE BAYONNE NJ 07002 | CASE MANAGEMENT |
| 5 CSH OUTPATIENT CENTER AT EAST BRUNSWICK 629 CRANBURY ROAD EAST BRUNSWICK NJ 08816 | OUTPATIENT CENTER |
| 6 CMC TRANSITIONAL CARE UNIT 99 HIGHWAY 37 WEST TOMS RIVER NJ 08755 | LONG TERM CARE SUB-ACUTE FACILITY |
| 7 ACC - PHYSICAL THERAPY 200 SOUTH ORANGE AVE LIVINGSTON NJ 07039 | PHYSICAL THERAPY |
| 8 CONSULTANTS IN CARDIOLOGY - CARDIAC IMAG 741 NORTHFIELD AVENUE WEST ORANGE NJ 07052 | CARDIAC IMAGING |
| 9 NJ CARDIOLOGY ASSOC. - CARDIAC IMAGING 375 MOUNT PLEASANT AVE, STE 201 WEST ORANGE NJ 07052 | CARDIAC IMAGING |
| 10 NUCLEAR IMAGING - DR. LENCHUR 776 E 3RD AVENUE ROSELLE NJ 07203 | CARDIAC IMAGING |

Schedule H (Form 990) 2023

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 ACC - VASCULAR LAB 200 SOUTH ORANGE AVE LIVINGSTON NJ 07039 | VASCULAR LAB |
| 2 ACC - REFRACTIVE/LASIK VISION 200 SOUTH ORANGE AVE LIVINGSTON NJ 07039 | REFRACTIVE/LASIK VISION |
| 3 ACC - HEARING 200 SOUTH ORANGE AVE, STE 221 LIVINGSTON NJ 07039 | HEARING |
| 4 ACC - ECHOCARDIOGRAPHY 200 SOUTH ORANGE AVE LIVINGSTON NJ 07039 | ECHOCARDIOGRAPHY |
| 5 CARDIAC REHAB 375 MT. PLEASANT AVENUE, STE 301 WEST ORANGE NJ 07052 | CARDIAC REHAB |
| 6 NEURO SCIENCE INSTITUTE 200 SOUTH ORANGE AVE, STE 165 LIVINGSTON NJ 07039 | OP TESTING |
| 7 PHYSICAL THERAPY JCC 760 NORTHFIELD AVE, STE 210 WEST ORANGE NJ 07052 | PHYSICAL THERAPY |
| 8 CENTER FOR DIABETIC EDUCATION 200 SOUTH ORANGE AVE, STE 116 LIVINGSTON NJ 07039 | OUTPATIENT |
| 9 SPEECH THERAPY 101 OLD SHORT HILLS ROAD, STE 201 WEST ORANGE NJ 07052 | SPEECH THERAPY |
| 10 OUTREACH PATHOLOGY - SUBACUTE 204 GROVE AVE. CEDAR GROVE NJ 07009 | PHLEBOTOMY STATION |

Schedule H (Form 990) 2023

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

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

| Name and address | Type of facility (describe) |
|--|-----------------------------|
| 1 OUTREACH PATHOLOGY - ATKINS KENT 101 OLD SHORT HILLS ROAD WEST ORANGE NJ 07052 | PHLEBOTOMY STATION |
| 2 ACC - CELIAC PROGRAM 200 SOUTH ORANGE AVE, STE 116 LIVINGSTON NJ 07039 | CELIAC PROGRAM |
| 3 PHYSICAL THERAPY MILBURN 120 MILBURN AVE, STE 206 MILBURN NJ 07041 | PHYSICAL THERAPY |
| 4 LIVIA HEALTH AT EAST HANOVER 1 S. RIDGEDALE AVENUE EAST HANOVER NJ 07936 | PHLEBOTOMY STATION |
| 5 COMPLETE CARE AT CLARK 1213 WESTFIELD AVENUE CLARK NJ 07066 | PHLEBOTOMY STATION |
| 6 OUTREACH PATHOLOGY - SUBACUTE 348 EAST CEDAR STREET LIVINGSTON NJ 07039 | PHLEBOTOMY STATION |
| 7 OUTREACH PATHOLOGY - SKILLED NURSING 311 S. LIVINGSTON AVENUE LIVINGSTON NJ 07039 | PHLEBOTOMY STATION |
| 8 SLEEP LAB - MILLBURN 96 MILLBURN AVENUE MILLBURN NJ 07041 | SLEEP LAB |
| 9 ACC - MORAHAN CENTER/HEALTH & WELLNESS 200 SOUTH ORANGE AVE LIVINGSTON NJ 07039 | MORAHAN CENTER |
| 10 OUTREACH PATHOLOGY - SKILLED NURSING 25 FIFTH AVENUE HASKELL NJ 07420 | PHLEBOTOMY STATION |

Schedule H (Form 990) 2023

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 COMPLETE CARE AT WESTFIELD 151 LAMBERTS MILL ROAD WESTFIELD NJ 07090 | PHLEBOTOMY STATION |
| 2 OUTREACH PATHOLOGY - SKILLED NURSING 560 BERKELEY AVENUE ORANGE NJ 07050 | PHLEBOTOMY STATION |
| 3 OUTREACH PATHOLOGY - REHAB CENTER 144 GALES DRIVE NEW PROVIDENCE NJ 07974 | PHLEBOTOMY STATION |
| 4 OUTREACH PATHOLOGY - SKILLED NURSING 787 NORTHFIELD AVENUE WEST ORANGE NJ 07052 | PHLEBOTOMY STATION |
| 5 OUTREACH PATHOLOGY - SUBACUTE 536 RIDGE ROAD CEDAR GROVE NJ 07009 | PHLEBOTOMY STATION |
| 6 OUTREACH PATHOLOGY - SKILLED NURSING 35 COTTAGE STREET BERKLEY HEIGHTS NJ 07922 | PHLEBOTOMY STATION |
| 7 OUTREACH PATHOLOGY - SUBACUTE 1400 WOODLANDS AVE. PLAINFIELD NJ 07060 | PHLEBOTOMY STATION |
| 8 OUTREACH PATHOLOGY - SKILLED NURSING 1155 PLEASANT VALLEY WAY WEST ORANGE NJ 07052 | PHLEBOTOMY STATION |
| 9 COMPLETE CARE AT ORANGE PARK 140 PARK AVENUE EAST ORANGE NJ 07017 | PHLEBOTOMY STATION |
| 10 OUTREACH PATHOLOGY - SUBACUTE 118 PARSONAGE ROAD EDISON NJ 08837 | PHLEBOTOMY STATION |

Schedule H (Form 990) 2023

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

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

| Name and address | Type of facility (describe) |
|--|--|
| 1 OUTREACH PATHOLOGY - SUBACUTE 59 BIRCH STREET PATERSON NJ 07522 | PHLEBOTOMY STATION |
| 2 OUTREACH PATHOLOGY - SKILLED NURSING 20 SUMMIT STREET WEST ORANGE NJ 07052 | PHLEBOTOMY STATION |
| 3 OUTREACH PATHOLOGY - REHAB CENTER 51 MADISON AVENUE MADISON NJ 07940 | PHLEBOTOMY STATION |
| 4 OUTREACH PATHOLOGY - SURGI CENTER 187 MILBURN AVE MILBURN NJ 07041 | PHLEBOTOMY STATION |
| 5 OUTREACH PATHOLOGY - SKILLED NURSING 369 E. MOUNT PLEASANT AVENUE LIVINGSTON NJ 07039 | PHLEBOTOMY STATION |
| 6 CORPORATE CARE 101 OLD SHORT HILLS ROAD, SUITE 415 WEST ORANGE NJ 07052 | CORPORATE CARE |
| 7 BAYONNE SATELLITE EMERGENCY DEPARTMENT 519 BROADWAY AVENUE BAYONNE NJ 07002 | SATELLITE EMERGENCY DEPARTMENT |
| 8 JCMC AMBULATORY CARE FACILITY 395 GRAND STREET JERSEY CITY NJ 07302 | OUTPATIENT PSYCH CLINIC AND OUTPATIENT REHABILITATION |
| 9 JCMC AMBULATORY SURGERY CENTER 377 JERSEY AVENUE, SUITE 510 JERSEY CITY NJ 07302 | AMBULATORY CARE |
| 10 JCMC RADIATION ONCOLOGY 631 GRAND STREET JERSEY CITY NJ 07303 | RADIATION ONCOLOGY |

Schedule H (Form 990) 2023

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 LIBERTY HEALTH IMAGING CENTER 377 SKINNER MEMORIAL DRIVE JERSEY CITY NJ 07302 | IMAGING CENTER |
| 2 JCMC WOMEN'S HEALTH CENTER 116 NEWARK AVENUE JERSEY CITY NJ 07302 | AMBULATORY CARE |
| 3 JCMC OUTPATIENT INFUSION CENTER 414 GRAND STREET, SUITES 9-13 JERSEY CITY NJ 07302 | OUTPATIENT INFUSION |
| 4 CENTER FOR SLEEP DISORDERS AT JCMC 333 GRAND STREET JERSEY CITY NJ 07302 | AMBULATORY CARE |
| 5 JERSEY CITY FAMILY HEALTH CENTER 412 SUMMIT AVENUE JERSEY CITY NJ 07302 | AMBULATORY CARE |
| 6 JCMC AT GREENVILLE 1825 KENNEDY BOULEVARD JERSEY CITY NJ 07302 | OUTPATIENT CLINICS |
| 7 JCMC SPECIALTY CARE CENTER 253 MONMOUTH STREET JERSEY CITY NJ 07302 | SPECIALTY CARE |
| 8 RWJBARNABAS HEALTH AT EXCHANGE PLACE 95 GREENE STREET JERSEY CITY NJ 07302 | OUTPATIENT REHABILITATION |
| 9 JERSEY CITY MEDICAL CENTER 9 NUNDA AVENUE JERSEY CITY NJ 07302 | RESIDENTIAL PSYCHIATRIC SERVICES |
| 10 MONMOUTH MEDICAL CENTER 100 STATE HIGHWAY 36 WEST LONG BRANCH NJ 07764 | INFUSION AND LAB BLOOD DRAW |

Schedule H (Form 990) 2023

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 MONMOUTH MEDICAL CENTER 310 ROUTE 34 COLTS NECK NJ 07722 | MAMMOGRAPHY SCREENING |
| 2 MONMOUTH MEDICAL CENTER 1910 HIGHWAY 35 OAKHURST NJ 07755 | LAB SERVICES AND RADIOLOGY SERVICES |
| 3 MONMOUTH MEDICAL CENTER 3301 HIGHWAY 66, BLDG B, 1ST FLOOR NEPTUNE NJ 07753 | EARLY INTERVENTION SUPPORT SERVICES (PSYCHIATRIC) |
| 4 MONMOUTH MEDICAL CENTER 4013 ROUTE 9 NORTH, SUITE 2A HOWELL NJ 07731 | MAMMOGRAPHY SCREENING |
| 5 MONMOUTH MEDICAL CENTER - POLLAK CLINIC 75 NORTH BATH AVENUE LONG BRANCH NJ 07740 | OUTPATIENT PSYCHIATRIC SERVICES |
| 6 NBIMC SPECIALTY PHYS PRACTICE BAYONNE 16 EAST 29TH STREET BAYONNE NJ 07002 | HOSPITAL BASED, OFF-SITE AMBULATORY CARE FACILITY |
| 7 NBIMC SPECIALTY SERVICES AT EDISON 10 PARSONAGE ROAD, SUITE 410 EDISON NJ 08820 | AMBULATORY CARE FACILITY |
| 8 RWJUH - NEW BRUNSWICK 195 LITTLE ALBANY STREET NEW BRUNSWICK NJ 08901 | OUTPATIENT ONCOLOGY AND LAB SERVICES |
| 9 RWJUH - SOMERSET 30 REHILL AVENUE SOMERVILLE NJ 08876 | ONCOLOGY SERVICES |
| 10 RWJUH - NEW BRUNSWICK 141 FRENCH STREET NEW BRUNSWICK NJ 08901 | PROTON BEAM & LAB SERVICES |

Schedule H (Form 990) 2023

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

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

| Name and address | Type of facility (describe) |
|--|--|
| 1 RWJUH - SOMERSET 110 REHILL AVENUE SOMERVILLE NJ 08876 | OUTPATIENT WOUND CARE |
| 2 RWJUH - NEW BRUNSWICK 10 PLUM STREET, 1ST FLOOR NEW BRUNSWICK NJ 08901 | GAMMA |
| 3 RWJUH - NEW BRUNSWICK 48 FRENCH STREET NEW BRUNSWICK NJ 08901 | OUTPATIENT WOUND CARE |
| 4 RWJUH - SOMERSET 743 ALEXANDER ROAD, SUITE 2 PRINCETON NJ 08540 | PHYSICAL THERAPY |
| 5 RWJUH - SOMERSET 331 U.S HIGHWAY 206, 2ND FLOOR HILLSBOROUGH NJ 08844 | SLEEP TESTING |
| 6 RWJUH - SOMERSET 110 REHILL AVENUE SOMERVILLE NJ 08876 | EATING DISORDERS PHP/IOP |
| 7 RWJUH - SOMERSET 110 REHILL AVENUE SOMERVILLE NJ 08876 | ADULT PSYCH PHP/IOP |
| 8 RWJUH - SOMERSET TD BANK BALLPARK, 1 PATRIOTS PARK BRIDGEWATER NJ 08807 | OUTPATIENT PHYSICAL THERAPY & WELLNESS TRAINING |
| 9 RWJUH - SOMERSET 1 JILL COURT, BLDG. 16, SUITE 20 HILLSBOROUGH NJ 08844 | PHYSICAL THERAPY |
| 10 RWJUH - NEW BRUNSWICK 10 PLUM STREET, 8TH FLOOR NEW BRUNSWICK NJ 08901 | OUTPATIENT SPEECH & AUDIOLOGY |

Schedule H (Form 990) 2023

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

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

| Name and address | Type of facility (describe) |
|---|--|
| 1 RWJUH - NEW BRUNSWICK 100 KIRKPATRICK STREET NEW BRUNSWICK NJ 08901 | OUTPATIENT PHYSICAL THERAPY & OUTPATIENT OCCUPATIONAL |
| 2 RWJUH - SOMERSET 110 REHILL AVENUE SOMERVILLE NJ 08876 | OUTPATIENT PHYSICAL THERAPY |
| 3 RWJUH - NEW BRUNSWICK 593 CRANBURY ROAD EAST BRUNSWICK NJ 08816 | CARDIAC REHAB |
| 4 RWJUH - NEW BRUNSWICK 10 PLUM STREET, 8TH FLOOR NEW BRUNSWICK NJ 08901 | OCCUPATIONAL HEALTH |
| 5 RWJUH - SOMERSET 331 U.S HIGHWAY 206, 2ND FLOOR HILLSBOROUGH NJ 08844 | OUTPATIENT CARDIAC REHAB |
| 6 RWJUH - SOMERSET 295 STATE HIGHWAY 31/202 FLEMINGTON NJ 08822 | OUTPATIENT PHYSICAL THERAPY |
| 7 RWJUH - SOMERSET 110 REHILL AVENUE SOMERVILLE NJ 08876 | OUTPATIENT OCCUPATIONAL THERAPY |
| 8 RWJUH - SOMERSET 110 REHILL AVENUE SOMERVILLE NJ 08876 | OUTPATIENT SPEECH THERAPY |
| 9 RWJUH - NEW BRUNSWICK 14 WOODWARD DRIVE, SUITE 1A OLD BRIDGE NJ 08857 | OUTPATIENT AUDIOLOGY |
| 10 RWJUH - NEW BRUNSWICK 181 SOMERSET STREET NEW BRUNSWICK NJ 08901 | EMPLOYEE HEALTH SERVICES |

Schedule H (Form 990) 2023

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 RWJUHH CANCER INSTITUTE NEW JERSEY 2525 KLOCKNER ROAD HAMILTON NJ 08690 | ONCOLOGY SERVICES |
| 2 RWJUHH CENTER FOR HEALTH & WELLNESS 3100 QUAKERBRIDGE ROAD HAMILTON NJ 08619 | REHAB., COMMUNITY EDUCATION & FITNESS CENTER |
| 3 RWJUHH REHAB AT DELAWARE VALLEY PT 123 FRANKLIN CORNER ROAD LAWRENCEVILLE NJ 08648 | REHABILITATION FACILITY |
| 4 RWJUHH REHAB AT LAWRENCEVILLE 4152 QUAKERBRIDGE ROAD LAWRENCEVILLE NJ 08648 | REHABILITATION FACILITY |
| 5 RWJUHH SLEEP CARE CENTER 1 UNION STREET ROBBINSVILLE NJ 08691 | SLEEP CENTER |
| 6 RWJUHH DIAGNOSTIC CENTER AT COLUMBUS 1 SHEFFIELD DRIVE MANSFIELD TOWNSHIP NJ 08691 | DIAGNOSTIC FACILITY |
| 7 RWJUHH BALANCE AND HEARING CENTER 2 HAMILTON HEALTH PLACE HAMILTON NJ 08690 | ENT & REHABILITATION |
| 8 RWJUH RAHWAY FITNESS & WELLNESS CENTER 2120 LAMBERTS MILL ROAD SCOTCH PLAINS NJ 07076 | PHYSICAL THERAPY |
| 9 RWJUH RAHWAY FITNESS & WELLNESS CENTER 60 COOKE AVENUE CARTERET NJ 07008 | PHYSICAL THERAPY |
| 10 TRINITAS REG MED CTR SCHOOL OF NURSING UNION COUNTY COLLEGE 12 W JERSEY STREET ELIZABETH NJ 07202 | SCHOOL OF NURSING |

Schedule H (Form 990) 2023

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 LINDEN DIALYSIS CENTER 10 N WOOD AVENUE LINDEN NJ 07036 | DIALYSIS CENTER |
| 2 WOMEN'S/PEDIATRIC HEALTH CENTER 200 WILLIAMSON STREET ELIZABETH NJ 07202 | CLINICS/FAMILY MEDICINE |
| 3 TRINITAS RED MED CTR CRANFORD DIALYSIS 205 BIRCHWOOD AVE. CRANFORD NJ 07016 | DIALYSIS CARE |
| 4 WOMEN, INFANTS & CHILDREN NUTRITION 200 WILLIAMSON STREET ELIZABETH NJ 07202 | NUTRITIONAL COUNSELING |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |

Part VI Supplemental Information

Provide the following information.

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

SCHEDULE H, PART I

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

SCHEDULE H, PART I, LINE 3C

RWJBH - FACILITY REPORTING GROUP B
 =====

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 2023 POVERTY GUIDELINES (DEPARTMENT OF HEALTH AND SENIOR SERVICES).

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.

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

SCHEDULE H, PART I; QUESTION 6A

NOT APPLICABLE.

SCHEDULE H, PART I, QUESTION 7

WORKSHEETS 2 AND 3 WERE USED TO CALCULATE THE COST TO CHARGE RATIO FOR
FINANCIAL ASSISTANCE AND UNREIMBURSED MEDICAID. ALL OTHER COSTS WERE
EITHER OBTAINED FROM THE HOSPITAL'S COST ACCOUNTING, COST REPORTING OR
GENERAL LEDGER SYSTEMS.

Part VI Supplemental Information

Provide the following information.

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

SCHEDULE H, PART I, QUESTION 7B

CERTAIN RWJBARNABAS HEALTH HOSPITAL ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 PARTNERED WITH ESSEX, HUDSON, MERCER, MIDDLESEX AND MONMOUTH COUNTIES AND THE STATE OF NEW JERSEY THROUGH A PROVIDER ASSESSMENT MECHANISM TO MAKE THE STATE OF NEW JERSEY MEDICAID PROGRAM HEALTHIER FOR ALL. THE PROGRAM INCREASES FINANCIAL RESOURCES PROVIDED TO CERTAIN HOSPITALS USING THE STATE OF NEW JERSEY'S MEDICAID PROGRAM AND CERTAIN FEDERAL MATCHING FUNDS IN ORDER TO BETTER SERVE THE NEEDS IN THE COMMUNITY. THE ADDITIONAL FUNDS RECEIVED BY CERTAIN RWJBARNABAS HEALTH HOSPITALS FROM THE PROGRAM DURING 2023 TOTALED APPROXIMATELY \$332M AND ARE INCLUDED IN SCHEDULE H, PART I; LINE 7B; DIRECT OFFSETTING MEDICAID REVENUE. THE ASSOCIATED COUNTY OPTION EXPENSES ASSOCIATED WITH THE PROGRAM FOR CERTAIN RWJBARNABAS HEALTH HOSPITALS DURING 2023 TOTALED APPROXIMATELY \$108M AND ARE INCLUDED IN SCHEDULE H, PART I; LINE 7B; MEDICAID TOTAL COMMUNITY BENEFIT EXPENSE. IN ADDITION, VARIOUS HOSPITAL ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 RECEIVED QUALITY IMPROVEMENT PROGRAM - NEW JERSEY ("QIP-NJ") FUNDING

Part VI Supplemental Information

Provide the following information.

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

TO SUPPORT CONTINUED POPULATION HEALTH IMPROVEMENT ACROSS NEW JERSEY. THE ADDITIONAL FUNDS RECEIVED FROM QIP-NJ PROGRAM DURING 2023 TOTALED APPROXIMATELY \$44M AND ARE INCLUDED IN SCHEDULE H, PART I; LINE 7B; DIRECT OFFSETTING MEDICAID REVENUE. IF THE HOSPITAL ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 DID NOT RECEIVE THESE ADDITIONAL FUNDS, THE NET COMMUNITY BENEFIT EXPENSE REPORTED ON SCHEDULE H, PART I; LINE 7K WOULD BE \$926,575,273 AND THE NET COMMUNITY BENEFIT PERCENTAGE REPORTED ON SCHEDULE H, PART I; LINE K WOULD BE 12.92%.

SCHEDULE H, PART I, QUESTION 7G

THE ORGANIZATION HAS INCLUDED WITHIN SUBSIDIZED HEALTH SERVICES VARIOUS SERVICES BECAUSE IT MEETS AN IDENTIFIED COMMUNITY NEED. A SERVICE MEETS AN IDENTIFIED COMMUNITY NEED BECAUSE IT WAS IDENTIFIED IN ONE OF ITS MOST RECENT CHNA'S OR IDENTIFIED THROUGH OTHER MEANS AND THE ORGANIZATION REASONABLY FEELS THAT IF THE ORGANIZATION NO LONGER OFFERED THE SERVICE:

(1) THE SERVICE WOULD BE UNAVAILABLE IN THE COMMUNITY; (2) THE COMMUNITY'S CAPACITY TO PROVIDE THE SERVICE WOULD BE BELOW THE

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.

COMMUNITY'S NEED; OR (3) THE SERVICE WOULD BECOME THE RESPONSIBILITY OF GOVERNMENT OR ANOTHER TAX-EXEMPT ORGANIZATION. SUBSIDIZED HEALTH SERVICES INCLUDE FUNDING TO SUPPORT CERTAIN PROFESSIONAL PHYSICIAN SERVICES AND VARIOUS OTHER HOSPITAL AND HEALTHCARE SYSTEM PROGRAMS IN ACCORDANCE WITH THE ABOVE CRITERIA. IN ADDITION, NO COSTS RELATING TO SUBSIDIZED HEALTHCARE SERVICES ARE ATTRIBUTABLE TO ANY PHYSICIAN CLINICS.

SCHEDULE H, PART II

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

- SERVICE ON STATE AND REGIONAL ADVOCACY COMMITTEES AND BOARDS,
- VOLUNTEERISM WITH LOCAL COMMUNITY-BASED NON-PROFIT ADVOCACY GROUPS,
- PARTICIPATION IN CONFERENCES AND OTHER EDUCATIONAL ACTIVITIES TO PROMOTE UNDERSTANDING OF THE CAUSES AND TREATMENT OF HEALTH CONCERNS,

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 PROVISION OF EDUCATIONAL MATERIALS AND SPONSORING HEALTH EDUCATION

SEMINARS AND OUTREACH SESSIONS FOR ITS PATIENTS AND FOR COMMUNITY

PROVIDERS [PRESENTATIONS ARE OFTEN PROVIDED BY PHYSICIANS, NURSES AND

OTHER HEALTHCARE PROFESSIONALS],

- PARTICIPATION IN COMMUNITY HEALTH FAIRS,

- SERVING ON THE BOARDS OF MANY LOCAL NOT FOR-PROFIT ORGANIZATIONS AND

PROVIDE OTHER FORMS OF SUPPORT (FUNDRAISING, ACTIVITY PARTICIPATION), AND

- PROFESSIONAL EDUCATION.

PLEASE ALSO REFER TO FORM 990, SCHEDULE O, WHICH CONTAINS THE

ORGANIZATION'S COMMUNITY BENEFIT STATEMENT AND OUR RESPONSE TO SCHEDULE

H, PART VI, QUESTION 6 SUMMARY OF ALL ENTITIES WHICH COMPRISE RWJBARNABAS

HEALTH; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM.

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 A; QUESTION 1

HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT NO. 15 ("STATEMENT 15") PROVIDES GUIDELINES FOR DISTINGUISHING CHARITY CARE FROM BAD DEBT EXPENSE. STATEMENT 15 REQUIRES THAT CHARITY CARE IS NOT RECOGNIZED AS RECEIVABLE OR REVENUE IN THE FINANCIAL STATEMENTS. STATEMENT 15 FURTHER EXPLAINS THAT SELF-PAY PATIENTS THAT DO HAVE A REASONABLE LIKELIHOOD OF PAYMENT SHOULD BE REPORTED AS CHARITY CARE AND NOT BAD DEBT EXPENSE. THE HOSPITAL GENERALLY FOLLOWS THE GUIDELINES OUTLINED IN STATEMENT 15. IN ADDITION, THE HOSPITAL FOLLOWS THE STATE OF NEW JERSEY GUIDELINES IN DETERMINING CHARITY CARE ELIGIBILITY. IN CERTAIN INSTANCES, IT IS UNLIKELY THAT UNINSURED PATIENTS WILL PAY FOR THE SERVICES RENDERED, BUT THEY DO NOT QUALIFY FOR THE STATE'S CHARITY CARE PROGRAM BECAUSE OF LACK OF PATIENT COOPERATION OR OTHER REASONS. THE HOSPITAL PURSUES COLLECTION OF THESE AMOUNTS AND UNPAID BALANCES ARE REPORTED AS BAD DEBT EXPENSE. UNDER STATEMENT 15, THESE AMOUNTS WOULD BE RECORDED AS CHARITY CARE RATHER THAN BAD DEBT EXPENSE AND THIS IS THE RATIONALE FOR OUR RESPONSE: "NO".

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 A; QUESTIONS 2, 3 & 4

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

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

PLEASE REFER TO THE NET PATIENT SERVICE REVENUE SECTION WITHIN FOOTNOTE 2 (PAGES 12 THROUGH 15) OF THE SYSTEM'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS FOR ADDITIONAL INFORMATION ON THIS TOPIC AND THE REPORTING OF THE SYSTEM'S REVENUE RECOGNITION.

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 III, SECTION B; QUESTION 8

MEDICARE COSTS WERE DERIVED FROM THE 2023 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 FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. AS OUTLINED MORE FULLY BELOW THE ORGANIZATION BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE HEALTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES AND MISSION IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUAL'S IN A NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY AND CONSISTENT WITH THE COMMUNITY BENEFIT STANDARD PROMULGATED BY THE IRS. THE COMMUNITY BENEFIT STANDARD IS THE CURRENT STANDARD FOR A HOSPITAL FOR RECOGNITION AS A

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.

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 STANDARD. THIS STANDARD WAS REPLACED BY THE IRS WITH THE COMMUNITY BENEFIT STANDARD WHICH IS THE CURRENT STANDARD.

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.

CHARITY CARE STANDARD

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

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 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 CHARITABLE PURPOSE ACCORDING TO THE GENERAL LAW OF CHARITY, IT FELL WITHIN THE "GENERALLY ACCEPTED LEGAL SENSE" OF THE TERM "CHARITABLE," AS

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.

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 RESEARCH; IT WAS CONTROLLED BY A BOARD OF TRUSTEES THAT CONSISTED OF INDEPENDENT CIVIC LEADERS; AND HOSPITAL MEDICAL STAFF PRIVILEGES WERE

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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- 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.

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 ESSENTIAL PART OF THE COMMUNITY BENEFIT STANDARD.

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.

- 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 UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE COMMUNITY'S ELDERLY AND POOR. THESE UNDERPAYMENTS REPRESENT

Part VI Supplemental Information

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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."

- THE REPORT ALSO NOTED THAT A SUBSTANTIAL PORTION OF BAD DEBT IS

Part VI Supplemental Information

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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.

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

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.

CHARITABLE PURPOSES. BAD DEBT REPRESENTS PART OF THE BURDEN HOSPITALS SHOULD IN SERVING ALL PATIENTS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. IN ADDITION, THE HOSPITAL INVESTS SIGNIFICANT RESOURCES IN SYSTEMS AND STAFF TRAINING TO ASSIST PATIENTS THAT ARE IN NEED OF FINANCIAL ASSISTANCE.

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

PSE&G CSH FACILITY REPORTING GROUP A

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

IT IS THE POLICY OF CHILDREN'S SPECIALIZED HOSPITAL TO TREAT ALL PATIENTS EQUALLY REGARDLESS OF INSURANCE AND THEIR ABILITY TO PAY. CHILDREN'S SPECIALIZED HOSPITAL WILL EXHAUST ALL OPPORTUNITIES FOR INSURANCE

Part VI Supplemental Information

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PAYMENTS BEFORE BILLING ANY PATIENT ("GUARANTOR") FOR SERVICES PROVIDED BY THE HOSPITAL. THE EXCEPTIONS TO THAT POLICY ARE PATIENT RESPONSIBILITY AMOUNTS THAT ARE KNOWN AT THE TIME OF SERVICE. PAYMENTS FOR THOSE AMOUNTS ARE EXPECTED TO BE PAID BY THE PATIENT AT THE TIME OF SERVICE ASSUMING THERE IS NO SECONDARY INSURANCE COVERAGE. IN THE EVENT A PATIENT RESPONSIBILITY IS IDENTIFIED BY THE PATIENT'S INSURANCE CARRIER AFTER THE SERVICES ARE PROVIDED, THE PATIENT WILL BE BILLED THE AMOUNT IDENTIFIED AS THE PATIENT'S RESPONSIBILITY BY THE CARRIER. AGAIN, IN SITUATIONS WHERE SECONDARY OR TERTIARY COVERAGE EXISTS THOSE AMOUNTS WILL BE BILLED PRIOR TO THE GUARANTOR.

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

PATIENTS WILL NOT BE BILLED ANY BALANCES UNTIL THE POINT AT WHICH ALL

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INSURANCE OPPORTUNITIES HAVE BEEN EXHAUSTED. THE AMOUNT BILLED TO THE PATIENT (GUARANTOR) SHOULD BE CONSISTENT WITH THE INSURANCE EXPLANATION OF BENEFITS "PATIENT RESPONSIBILITY" AND BE NET OF ANY FINANCIAL ASSISTANCE AWARDED.

BILLING STATEMENTS WILL BE SENT OUT EVERY 21 DAYS FOR NO LESS THAN 120 DAYS FROM THE FIRST SUCH STATEMENT. BILLS THAT REMAIN UNPAID AFTER 120 DAYS WILL BE REFERRED TO A COLLECTION AGENCY. NORMAL COLLECTIONS EFFORTS WILL BE PURSUED BUT FURTHER COLLECTION ACTIONS WILL BE SUBJECT TO APPROVAL BY THE DIRECTOR OF PATIENT ACCOUNTS ON A CASE BY CASE BASIS.

ANY PATIENT OVERPAYMENTS RECOGNIZED BY THE HOSPITAL RESULTANT FROM RETROSPECTIVE FINANCIAL ASSISTANCE ELIGIBILITY WILL BE REFUNDED AS SOON AS REASONABLY POSSIBLE.

RWJBH - FACILITY REPORTING GROUP B

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Part VI Supplemental Information

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

IT IS THE POLICY OF THE RWJBARNABAS HEALTH ("RWJBH") BUSINESS OFFICE, AND ALL ITS HOSPITAL AFFILIATES, TO TREAT ALL PATIENTS EQUALLY REGARDLESS OF INSURANCE AND THEIR ABILITY TO PAY. FOR ACCOUNTS DETERMINED TO BE "SELF-PAY" AND/OR ACCOUNTS WITH BALANCE AFTER PRIMARY INSURANCE PAYMENTS, THE COLLECTION POLICY REQUIRES: SENDING THREE STATEMENTS, A MINIMUM OF ONE PRE-COLLECTION LETTER/TELEPHONE CONTACT FOR ANY ACCOUNT OVER \$5,000.00 OR AT THE DISCRETION OF THE ACCOUNT REPRESENTATIVE AND/OR SUPERVISOR.

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

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GUIDELINES AND WILL BE INFORMED OF DOCUMENTATION NEED TO COMPLETE A CHARITY CARE APPLICATION. PATIENTS NOT ELIGIBLE FOR CHARITY CARE WILL BE FINANCIALLY COUNSELED FOR ALL OTHER OPTIONS. QUALIFIED PATIENTS WILL BE REFERRED TO ALL APPROPRIATE AGENCIES OR PROGRAMS TO MEET OTHER FINANCIAL NEEDS.

AT THE TIME OF THE PATIENT VISIT AND PART OF THE REGISTRATION PROCESS AT THE FACILITY, THE FOLLOWING OPTIONS ARE MADE AVAILABLE TO PATIENTS:

- FINANCIAL COUNSELING FOR POSSIBLE ELIGIBILITY FOR MEDICAL ASSISTANCE INCLUDING MEDICAID AND SSI;
- FINANCIAL COUNSELING FOR POSSIBLE ELIGIBILITY FOR THE NEW JERSEY HOSPITAL CARE PAYMENT ASSISTANCE PROGRAM; AND,
- FINANCIAL ARRANGEMENTS INCLUDING:

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

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

SCHEDULE H, PART VI; QUESTION 2

RWJBARNABAS HEALTH, ALONG WITH ITS HOSPITAL AFFILIATES (THE SYSTEM), CONDUCTS A REVIEW OF KEY MARKET FACTORS ANNUALLY INCLUDING: A REVIEW OF ITS COMMUNITIES' HEALTH CARE UTILIZATION IN PRIMARY GEOGRAPHICAL SERVICE AREAS BY GROUPING OF CARE TYPE (E.G. CARDIOLOGY, OBSTETRICS, GYNECOLOGY, UROLOGY, ETC.) IN ORDER TO DETERMINE INCREASED OR DECREASED HEALTH NEEDS; ESTIMATES FOR INPATIENT AND OUTPATIENT SERVICES BASED UPON POPULATION AND USE PATTERN CHANGES; ASSESSMENT OF LOCAL DEMOGRAPHIC AND SOCIOECONOMIC INFORMATION; COMMUNITY HEALTH STATUS AND OUTCOME DATA AND, A REVIEW OF HEALTH STATUS/NEEDS ASSESSMENTS AND STUDIES CONDUCTED BY EXTERNAL PARTIES -- HEALTH RESEARCH AND EDUCATION TRUST OF NEW JERSEY, UNITED FOR ALICE,

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KIDS COUNT, COUNTY HEALTH RANKINGS, NEW JERSEY STATE HEALTH ASSESSMENT DATA, SEER CANCER INCIDENCE AND MORTALITY, TO NAME JUST A FEW SOURCES OF SECONDARY DATA.

RWJBH ALSO REVIEWS AN EXTENSIVE COMMUNITY PHYSICIAN NEED STUDIES (BY PRIMARY CARE AND PHYSICIAN SPECIALTY) FOR THE HOSPITALS' GEOGRAPHIC SERVICE AREAS AND REGIONS. THE STUDY USES GENERALLY ACCEPTED PHYSICIAN TO POPULATION RATIOS ADJUSTED FOR LOCAL COMMUNITY POPULATION TO IDENTIFY GAPS IN COVERAGE. THESE STUDIES INFORM MEDICAL STAFF DEVELOPMENT AND RECRUITMENT NEEDS AT THE HOSPITALS TO ASSURE RESPONSIVENESS TO THE SPECIFIC IDENTIFIED NEEDS OF THE COMMUNITY AND TO ENSURE ACCESS TO PHYSICIAN PROVIDER SERVICES.

IN 2021, THE SYSTEM CONDUCTED A RESIDENT SURVEY INCLUSIVE OF QUESTIONS TO HELP UNDERSTAND THE IMPACTS AND CONCERNS TO OUR COMMUNITIES AS PRESENTED BY COVID AS WELL AS TO LEARN THE COMMUNITIES' PERSPECTIVE OF ITS GENERAL COMMUNITY HEALTH NEEDS. THE QUESTIONS INCLUDED TOPICS OF ACCESS AND BARRIER AS WELL AS PERCEPTIONS OF DISCRIMINATION IN HEALTH CARE DELIVERY.

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THE SURVEY INCLUDED MORE THAN 5,000 RESPONDENTS ACROSS THE MANY SERVICE AREAS AND COMMUNITIES SERVED BY OUR FACILITIES. THE RESULTS WERE EXAMINED BOTH AT A SYSTEM LEVEL AND AT A LOCAL HOSPITAL AREA. THIS SURVEY PROVIDED A FOUNDATIONAL DATA SOURCE FOR THE COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNA).

EACH OF THE HOSPITAL FACILITIES ROUTINELY REVIEW THEIR PATIENT SATISFACTION SURVEYS AND COMMENTS TO UNDERSTAND PATIENT AND FAMILY CONCERNS. THE HOSPITALS HAVE ESTABLISHED PATIENT ADVISORY COUNCILS TO REVIEW ISSUES AND NEEDS. FURTHER, THE HOSPITALS ORDINARILY PARTICIPATE AND WORK WITH MANY LOCAL ORGANIZATIONS ON HEALTH ISSUES AND SERVICES INCLUDING: DISCUSSING AND PRIORITIZING NEEDS, COORDINATING SERVICES, PROVIDING EDUCATION AND SPECIALTY KNOWLEDGE, SUPPORTING LOCAL HEALTH PROMOTIONS AND SCREENINGS, AMONGST A PLETHORA OF OTHER COLLABORATIVE ACTIVITIES. THESE COMMUNITY TOUCH POINTS PROVIDE THE HOSPITALS WITH VALUABLE EXTERNAL INSIGHTS REGARDING LOCAL AND REGIONAL COMMUNITY HEALTH NEEDS.

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THE ABOVE DATA, STUDIES, ASSESSMENTS, SURVEY RESULTS AND COMMUNITY VOICES ARE CONDUCTED INDEPENDENTLY AND INCORPORATED TO INFORM AND SUPPORT A ROBUST AND COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS.

COVID 19 PRESENTED UNIQUE HEALTH AND PUBLIC SAFETY CHALLENGES AND REQUIRED THE HOSPITAL TO ADDRESS AN ARRAY OF NEW ISSUES AND OTHERS THAT WERE EXACERBATED BY THE PANDEMIC. RWJBH AND ITS AFFILIATE HOSPITALS WORKED TO DEVELOP THE INFORMATION AND FACILITY CAPACITY INFRASTRUCTURE TO EFFECTIVELY COMMUNICATE AND CARE FOR THE RISING NUMBER OF CASES AND THE DISRUPTIONS THAT PRESENTED FOR OPERATIONS TO MEET THE ROUTINE AND EMERGENT CARE NEEDS OF OUR COMMUNITIES. TO BE SUCCESSFUL, RWJBH AND THE HOSPITALS HAD TO COMMAND A NEW LEVEL OF INTERACTION AND COLLABORATION WITH COMMUNITY AND GOVERNMENT STAKEHOLDERS.

SOME OF THE ACTIONS UNDERTAKEN INCLUDED:

- ROUTINE CALLS WERE ESTABLISHED WITH KEY INTERNAL ADMINISTRATIVE AND

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INTERDISCIPLINARY CLINICAL CARE LEADERSHIP TO DRIVE EFFECTIVE

IDENTIFICATION OF ISSUES AND COMMUNICATION OF POLICY AND NEEDED PRACTICE

CHANGES;

- ROUTINE CALLS WERE HELD WITH THE STATE DEPARTMENT OF HEALTH AND WITH

THE REGIONAL NETWORKS THAT WERE FORMED TO SUPPORT DATA AND INFORMATION

COLLECTION AND PROVIDE AN ADDITIONAL CHANNEL OF COMMUNICATION;

- PROVIDED CLINICAL EXPERTISE (MEDICAL, PHARMACY, INFECTION CONTROL,

ETC.) TO SUPPORT ELEVATION OF BEST INFORMATION TO MULTIPLE INTERNAL AND

EXTERNAL PARTIES;

- INCREASED COMMUNICATION THROUGH MULTIPLE PLATFORMS WITH TRUSTEES,

STAFF, PHYSICIANS, COMMUNITY PARTNERS AND OTHERS;

- DETAILED INVENTORY ACCOUNTING AND REGIONAL DISTRIBUTION AND STORAGE

CAPACITIES OF TESTING SUPPLIES AND OTHER EQUIPMENT (VENTILATORS, PULSE

OXIMETERS, ETC.) WERE ESTABLISHED;

- ESTABLISHED NEW CONNECTIONS FOR PPE PROCUREMENT AND STAFF AGENCIES TO

DEAL WITH SHORTAGES;

- ADDRESSED NEW STAFF WORK FLOWS AND SPACE LIMITATIONS INCLUSIVE OF

INCREASED REMOTE ACCESS FOR STAFF SUPPORT FUNCTIONS;

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- DEVELOPED PROTOCOLS AND POLICIES TO SUPPORT NEW PROCESSES AND TO PROMOTE REDUCTION OF INFECTION RISK AND PERSON TOUCH POINTS FOR ALL ASPECTS OF OPERATIONS;

- INVESTING IN AND USING NEW TELECOMMUNICATION DEVICES (IPADS, SMART PHONES, ETC.) FOR PATIENTS TO INTERACT WITH FAMILY AND LOVED ONES WHEN PHYSICAL VISITS WERE NOT POSSIBLE;

- REALIGNED SERVICES TO SELECT SITES OF SERVICES TO BEST CONFIGURE CARE AND OPERATIONS INCLUDING INCREASED TELEHEALTH, INTENSIVE CARE AND ISOLATION CAPACITY;

- CHANGED STAFF RECRUITMENT AND DEPLOYMENT TO EFFECTIVELY ADDRESS HIGH NEED AREAS;

- CONTINUED IMPLEMENTATION OF NEW TREATMENT THERAPIES AND SERVICES;

- EXPANDED LABORATORY AND TESTING CAPACITY;

- DEVELOPMENT OF EXTENSIVE HOSPITAL AND COMMUNITY-BASED NETWORK OF COVID TESTING SITES;

- SUPPORTING PARTNERS AND AFFILIATES IN RESEARCH AND INNOVATION SUCH AS THE RUTGERS INSTITUTE FOR INFECTIOUS AND INFLAMMATORY DISEASES MADE WORLDWIDE NEWS IN 2021 WHEN ITS RESEARCHERS DEVELOPED A MULTIVARIANT

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COVID-19 TEST THAT WAS FASTER, EASIER AND CHEAPER THAN ANYTHING

PREVIOUSLY AVAILABLE;

- DEVELOPMENT OF MULTI-SPECIALTY POST COVID RECOVERY SERVICES AND

PROGRAMS;

- DEVELOPMENT OF COMMUNITY-BASED NETWORK OF COVID VACCINATION SITES; AND,

- CONTINUED REVIEW, STUDY AND UNDERSTANDING OF NEEDS AND THE GLARING

DISPARITIES THAT WERE EVIDENCED BY COVID'S IMPACT.

IN 2022, COVID-19 ILLNESS WAS LESS SEVERE AND LESS DEADLY AND NO NEW VARIANT EMERGED WITH THE CAPACITY TO FUEL MAJOR WAVES OF CASES SEEN IN THE PREVIOUS TWO YEARS. DURING 2023, THE NUMBER OF PATIENTS HOSPITALIZED IN A BED WITH COVID WENT FROM 336 AT THE START OF THE YEAR TO 177 IN A BED ON DECEMBER 27, 2023. THESE POSITIVE DEVELOPMENTS WERE MOST LIKELY DUE TO: UNPRECEDENTED ADVANCES IN VACCINE TECHNOLOGY SUPPORTING RAPID UPDATES TO PROTECT AGAINST NEW STRAINS; MORE EFFECTIVE TREATMENT AND PREVENTION TOOLBOX OF VACCINES AND BOOSTERS, ORAL ANTIVIRALS, AND HOME TEST KITS; AND THE GROWING POPULATION IMMUNITY TO THE VIRUS. RWJBH AND ITS HOSPITALS CONTINUE TO EDUCATE THE COMMUNITY AND TO OFFER VACCINATION

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CLINICS.

SINCE THE END OF THE PUBLIC HEALTH EMERGENCY ON MAY 11, 2023, RWJBARNABAS AND ITS AFFILIATES REMAIN COMMITTED TO WORK IN ADDRESSING THE CONTINUING AND CHANGING HEALTH NEEDS AND TO MITIGATE DISPARITIES THAT WERE EVIDENCED BY THE HIGHER RATES OF INFECTION, HOSPITAL STAYS AND DEATH CAUSED BY THE COVID-19 VIRUS FOR MINORITIES. THE COSTS OF THE PANDEMIC WERE FELT MOST ACUTELY BY THE NUMBERS OF LIVES LOST AND LIVES ALTERED BY THE PANDEMIC. THE PANDEMIC DISRUPTIONS INCLUDED THE LOSS OF HOUSING AND EMPLOYMENT, LINGERING HEALTH EFFECTS, INCREASED ANXIETY, ALTERATIONS OF BUSINESS MODELS AND THE SETBACKS IN PROGRAMS AND EDUCATIONAL PROGRESS.

THE SYSTEM AND ITS HOSPITALS REMAIN ENGAGED WITH THE CONTINUED WORK TO SUPPORT THE RE-EMERGENCE OF THE SOCIAL, BUSINESS AND ACADEMIC ENVIRONMENTS AND TO IMPROVE THE HEALTH STATUS OF ITS COMMUNITIES AND TO REDUCE DISPARITIES IN HEALTH OUTCOMES. THE MULTIPLE ASSESSMENTS AND ROBUST COMMUNITY ENGAGEMENT AS DESCRIBED REMAIN KEY SOURCES OF EVALUATING OUR COMMUNITIES' HEALTH NEEDS IN ADDITION THE COMMUNITY HEALTH NEEDS

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ASSESSMENTS THAT CAN BE FOUND AT

HTTPS://WWW.RWJBH.ORG/WHY-RWJBARNABAS-HEALTH-/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/

SCHEDULE H, PART VI; QUESTION 3

PSE&G CSH FACILITY REPORTING GROUP A

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

- THE CHILDREN'S SPECIALIZED HOSPITAL BENEFIT FUND POLICY AND APPLICATION ARE AVAILABLE ON-LINE AT THE FOLLOWING WEBSITE:

Part VI Supplemental Information

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HTTPS://WWW.RWJBH.ORG/CHILDRENS-SPECIALIZED-HOSPITAL/PATIENTS-VISITORS/BIL

LING-FINANCIAL-AND-INSURANCE-INFORMATION/HOSPITAL-BENEFIT-FUND-AND-APPLICA

TION/

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

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

RWJBH - FACILITY REPORTING GROUP B

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Part VI Supplemental Information

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

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

SCHEDULE H, PART VI; QUESTION 4

RWJBARNABAS HEALTH AND ITS FACILITIES ARE LOCATED WITHIN THE STATE OF NEW JERSEY - RECOGNIZED AS THE MOST DENSELY POPULATED AND DIVERSE STATE IN THE NATION. WITHIN THE STATE, THE RWJBH SERVICE AREA IS COMPRISED OF MORE THAN FIVE (5) MILLION PEOPLE, WHICH IS GREATER THAN THE ENTIRE POPULATION OF MORE THAN TWENTY-SEVEN STATES, AND APPROXIMATES THE STATE OF ALABAMA.

NEW JERSEY WAS NAMED FOR THE ISLAND OF JERSEY IN THE ENGLISH CHANNEL, BUT IS ALSO CALLED THE "GARDEN STATE". TODAY, A PERSON MAY DRIVE THROUGH THE

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NORTHEASTERN AND CENTRAL PARTS OF THE STATE AND SEE INCREASED INDUSTRIALIZATION, HOWEVER, MANY FARMS STILL PRODUCE FRESH FRUIT AND VEGETABLES THROUGHOUT THE STATE. IT IS BORDERED BY NEW YORK STATE TO THE NORTH, THE ATLANTIC OCEAN TO THE EAST, DELAWARE TO THE SOUTH, AND PENNSYLVANIA TO THE WEST. IT IS THE FOURTH (4TH) SMALLEST STATE IN TERMS OF LAND AREA, ABOUT 150 MILES LONG AND 70 MILES WIDE, COMPRISING 8,722 SQUARE MILES. IN THE NORTHWEST CORNER OF THE STATE ARE THE APPALACHIAN RIDGE AND VALLEY REGION. THE DELAWARE RIVER IS THE LARGEST RIVER IN THE STATE, AND DEFINES THE STATE'S SOUTHERN AND WESTERN BORDERS.

WHILE PROVIDING SERVICES TO PATIENTS FROM ALL TWENTY-ONE (21) COUNTIES IN NEW JERSEY, THE RWJBH SERVICE AREA IS CONCENTRATED IN EIGHT CORE COUNTIES: ESSEX, HUDSON, MERCER, MIDDLESEX, MONMOUTH, OCEAN, SOMERSET, AND UNION COUNTIES IN NORTHERN AND CENTRAL NEW JERSEY. THESE EIGHT COUNTIES ACCOUNT FOR MORE THAN 54% OF THE 2023 ESTIMATED POPULATION IN NEW JERSEY (US CENSUS BUREAU). THE COMMUNITIES SERVED BY RWJBH HOSPITALS ARE DIVERSE WITH DESCRIPTIONS FOR EACH HOSPITAL IN THE FOLLOWING PARAGRAPHS.

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PSE&G CSH FACILITY REPORTING GROUP A

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CSH DRAWS PATIENTS ACROSS THE REGION AND OPERATES AT 10 DIFFERENT LOCATIONS IN NINE (9) COUNTIES IN NEW JERSEY. ITS INPATIENT HOSPITAL FOR COMPREHENSIVE REHABILITATION SERVICES IS LOCATED IN NEW BRUNSWICK, NJ. TWO (2) LONG TERM CARE FACILITIES OPERATE IN THE STATE, ONE (1) IN OCEAN COUNTY AND ONE IN UNION COUNTY.

THE REHABILITATION HOSPITAL IS LOCATED IN NEW BRUNSWICK, THE POPULATION CENTER OF MIDDLESEX COUNTY. ACCORDING TO CENSUS BUREAU ESTIMATES, MIDDLESEX COUNTY IS THE SECOND LARGEST COUNTY IN NEW JERSEY AND IS ESTIMATED TO HAVE HAD THE SIXTH LARGEST GROWTH IN RESIDENTS FROM 2010 TO 2020. NEW BRUNSWICK IS THE LARGEST CITY IN THE COUNTY AND THE 33RD LARGEST MCD/PLACE IN THE STATE, AND IS ESTIMATED TO HAVE INCREASE OVER 1.3% FROM 2022 TO 2022. NEW BRUNSWICK'S EXTENSIVE HISTORY DATES BACK TO PRE-REVOLUTIONARY TIMES AND IT IS THE HOME OF RUTGERS UNIVERSITY, THE

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STATE UNIVERSITY OF NEW JERSEY. THE 5-BLOCK DOWNTOWN AREA CONTAINS NEARLY 50 RESTAURANTS AND THREE DISTINCT THEATERS - THE AFRICAN AMERICAN-FOCUSED CROSSROADS THEATRE, GEORGE STREET PLAYHOUSE AND THE STATE THEATER OF NEW JERSEY FOR CONCERTS AND SPECIAL EVENTS - AS WELL AS THE AMERICAN REPERTORY BALLET, THAT ALSO PERFORM AT VARIOUS VENUES THROUGHOUT THE STATE.

DESPITE THE VIBRANCY OF PRE-COVID CITY CULTURE, MANY CHALLENGES EXIST FOR RESIDENTS RESIDING IN NEW BRUNSWICK. THERE ARE 12 DESIGNATED COMPREHENSIVE HEALTH CENTERS IN MIDDLESEX COUNTY AND A NUMBER OF CENSUS TRACTS WITH MUA/MUP DESIGNATION. THE GROWING POPULATION IS COMPRISED OF 73% MINORITY AND 32% OF RESIDENTS ARE FOREIGN BORN. APPROXIMATELY 55% OF RESIDENTS AGED FIVE AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. OVER 35% OF PERSONS ARE ESTIMATED TO BE IN POVERTY AND 120% OF PERSONS UNDER AGE 65 ARE WITHOUT HEALTH INSURANCE WHILE 19.1% OF THE POPULATION IS ON MEDICAID OR OTHER MEANS TESTED INSURANCE AND AN ADDITIONAL 6.3% HAVE MEDICARE.

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OCEAN COUNTY IS HOME TO ONE-THIRD OF THE JERSEY SHORE, BORDERING THE ATLANTIC OCEAN IN THE SOUTHERN PART OF NEW JERSEY, A PRIME DESTINATION FOR LARGE BEACH POPULATIONS, FISHERMAN AND BOATERS, WHICH PLACES ADDITIONAL SEASONAL DEMANDS ON THE HOSPITAL'S EMERGENCY DEPARTMENT. THE CENSUS BUREAU COUNTS EVIDENCE OCEAN COUNTY AS HAVING THE SECOND HIGHEST PERCENTAGE INCREASE (10.5%) IN POPULATION NUMBERS FROM 2010 TO 2020, AND IT HAD THE SECOND LARGEST HIGHEST INCREASE IN NUMBER FOR ALL COUNTIES IN THE STATE.

THE LONG-TERM CARE FACILITY OPERATES IN TOMS RIVER TOWNSHIP WHICH IS RANKED THE 8TH MOST POPULOUS SUBCOUNTY/TOWNSHIP AREA IN THE STATE ACCORDING TO THE CENSUS 2022 ESTIMATES. WHILE THERE WAS AN ESTIMATED 4.6% POPULATION GROWTH ESTIMATED BETWEEN THE 2010 AND 2020 (THE 27TH HIGHEST NUMBER INCREASE IN THE STATE), AND AN ESTIMATED 1.6% INCREASE FROM 2020 TO 2021 (THE 2ND HIGHEST INCREASE), THE DAMAGE BROUGHT BY HURRICANE SANDY TO THE AREA LIMITS HOUSING AND POPULATION GROWTH. THE 2022 ESTIMATE SUGGESTS CONTINUED GROWTH (THE SECOND HIGHEST FOR PLACES/MCD) FROM 2020 TO 2022.

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TOMS RIVER CDP IS ESTIMATED TO HAVE A 19% MINORITY PRESENCE, 8.4% OF THE POPULATION IS FOREIGN-BORN, AND 10.6% OF POPULATION AGED 5 YEARS AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. IT IS ESTIMATED THAT NEARLY 20% OF PERSONS ARE AGED 65 AND OLDER. IT IS ESTIMATED THAT 7.4% OF THE TOMS RIVER POPULATION IS LIVING BELOW THE FEDERAL POVERTY LEVEL AND OVER 7% OF THOSE AGED UNDER 65 LACK HEALTH INSURANCE. OVER 10% HAVE MEDICAID OR MEANS TESTED INSURANCE AND AN ESTIMATED 17.4% MEDICARE INSURANCE COVERAGE ALONE OR IN COMBINATION WITH ANOTHER INSURANCE.

THE SECOND LONG TERM CARE FACILITY LOCATED IN MOUNTAINSIDE, UNION COUNTY, NEW JERSEY. UNION COUNTY IS THE 7TH LARGEST COUNTY IN THE STATE AND IT EXPERIENCED THE FOURTH LARGEST POPULATION GROWTH RATE FROM 2010 TO 2020. THERE IS A SLIGHT DECREASE ESTIMATED FOR 2020 TO 2022. THE COUNTY HAS A MINORITY/NONWHITE/OTHER POPULATION OF 66.8%, OVER 30% FOREIGN-BORN, PERSONS AGE 65 AND OLDER IS 4515.6% AND OVER 9% OF PERSONS ARE IN POVERTY.

Part VI Supplemental Information

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THE CONTRAST OF NEW BRUNSWICK AND TOMS RIVER REFLECTS THE DIVERSE COMMUNITIES SERVED BY CSH. CSH IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO ITS COMMUNITIES. UNDERINSURED AND MEDICARE COMPRISED OVER 25% OF ITS REVENUE MIX IN 2022. ITS PATIENT MIX WAS 77% MINORITY GROUPS.

RWJBH - FACILITY REPORTING GROUP B

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CMMC IS LOCATED IN THE TOWN OF BELLEVILLE, ESSEX COUNTY. CMMC SERVES A BROAD RANGE OF COMMUNITIES IN URBAN AND SUBURBAN SETTINGS WITH CULTURALLY AND ETHNICALLY DIVERSE POPULATIONS. CMMC'S SERVICE AREA EXTENDS TO NEIGHBORING HUDSON, PASSAIC AND BERGEN COUNTIES. CMMC'S SERVICE AREA INCLUDES ITS HOME TOWN OF BELLEVILLE AND THE NORTH WARD/ IRONBOUND SECTIONS OF NEWARK, WHICH CONTAINS A LARGE MIX OF LATINO AND ITALIAN-AMERICAN POPULATIONS. PLACES IN THE SERVICE AREA INCLUDE MUA/MUP DESIGNATIONS AND STATE DESIGNATION AS MEDICALLY UNDERINSURED. NEWARK IS ALSO DESIGNATED AN URBAN ENTERPRISE ZONE (UEZ) BY THE STATE OF NEW

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JERSEY. APPROXIMATELY 35% OF THE BELLEVILLE POPULATIONS ARE FOREIGN BORN WITH A LARGE MAJORITY OF THE FOREIGN-BORN POPULATION COMING FROM THE LATIN AMERICAS. IN BELLEVILLE, OVER 55% OF PERSONS AGED 5 AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME.

ESSEX COUNTY IS THE THIRD MOST POPULOUS COUNTY IN NEW JERSEY AND ITS POPULATION GREW 10.1% FROM 2010 TO 2020, THE THIRD HIGHEST COUNTY GROWTH RATE IN THE STATE. THE 2023 ESTIMATES SUGGEST A SLIGHT LOSS OF POPULATION FROM 2020 TO 2023 WITH A 1.40% DECREASE. BELLEVILLE IS THE 66TH LARGEST INCORPORATED PLACE/MCD IN 2022 AND ALSO IS ESTIMATED TO HAVE GROWN 6.4% FROM 2010 TO 2020, WITH AN ESTIMATED LOSS OF AROUND 500 FROM 2020 TO 2022. NEIGHBORING NEWARK CITY, THE LARGEST CITY IN NEW JERSEY, IS ESTIMATED TO HAVE INCREASED IN POPULATION BY 12.4% BETWEEN 2010 AND 2020, WITH AN ESTIMATED LOSS OF AROUND 5,000 PERSONS FROM 2020 TO 2022. NEWARK AND BELLEVILLE ARE ESTIMATED TO BE COMPRISED OF NEARLY 90% AND 69% MINORITY POPULATION, RESPECTIVELY. THE PERCENT OF PERSONS IN POVERTY ARE INCREASING AND ARE ESTIMATED AT 26% AND 11% FOR NEWARK AND BELLEVILLE, RESPECTIVELY. PERSONS UNDER AGE 65 WITHOUT HEALTH INSURANCE IS ESTIMATED

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AT 20% FOR NEWARK AND 14% FOR BELLEVILLE.

AS A HEALTHCARE PROVIDER TO THE BELLEVILLE AND THE GREATER NEWARK COMMUNITIES, CMMC SERVED MORE THAN 82.6% OF ITS PATIENTS FROM MINORITY/NONWHITE/OTHER POPULATIONS IN 2023. NEARLY 43.1% OF ITS PATIENTS ARE OF UNDERINSURED AND UNINSURED PAYER CATEGORIES AND MEDICARE REPRESENTS AN ADDITIONAL 35.4% OF PATIENTS.

CMC IS LOCATED IN TOMS RIVER, THE COUNTY SEAT OF OCEAN COUNTY. OCEAN COUNTY IS HOME TO ONE-THIRD OF THE JERSEY SHORE, BORDERING THE ATLANTIC OCEAN IN THE SOUTHERN PART OF NEW JERSEY, A PRIME DESTINATION FOR LARGE BEACH POPULATIONS, FISHERMAN AND BOATERS, WHICH PLACES ADDITIONAL SEASONAL DEMANDS ON THE HOSPITAL'S EMERGENCY DEPARTMENT. THE CENSUS BUREAU COUNTS EVIDENCE OCEAN COUNTY AS HAVING THE SECOND HIGHEST PERCENTAGE INCREASE (10.5%) IN POPULATION NUMBERS FROM 2010 TO 2020, AND IT HAD THE SECOND LARGEST HIGHEST INCREASE IN NUMBER FOR ALL COUNTIES IN THE STATE. TOMS RIVER TOWNSHIP IS RANKED THE 8TH MOST POPULOUS SUBCOUNTY/TOWNSHIP AREA IN THE STATE ACCORDING TO THE CENSUS 2022 ESTIMATES. WHILE THERE WAS

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AN ESTIMATED 4.6% POPULATION GROWTH ESTIMATED BETWEEN THE 2010 AND 2020 (THE 27TH HIGHEST NUMBER INCREASE IN THE STATE), AND AN ESTIMATED 1.6% INCREASE FROM 2020 TO 2021 (THE 2ND HIGHEST INCREASE), THE DAMAGE BROUGHT BY HURRICANE SANDY TO THE AREA LIMITS HOUSING AND POPULATION GROWTH. THE 2023 ESTIMATE SUGGESTS CONTINUED GROWTH FOR OCEAN COUNTY FROM 2020 TO 2023 DEMONSTRATING A 3.4% INCREASE.

TOMS RIVER CDP IS ESTIMATED TO HAVE A 19% MINORITY PRESENCE, 8.4% OF THE POPULATION IS FOREIGN-BORN, AND 10.6% OF POPULATION AGED 5 YEARS AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. IT IS ESTIMATED THAT NEARLY 20% OF PERSONS ARE AGED 65 AND OLDER. IT IS ESTIMATED THAT 7.4% OF THE TOMS RIVER POPULATION IS LIVING BELOW THE FEDERAL POVERTY LEVEL AND OVER 7% OF THOSE AGED UNDER 65 LACK HEALTH INSURANCE. OVER 10% HAVE MEDICAID OR MEANS TESTED INSURANCE AND AN ESTIMATED 17.4% MEDICARE INSURANCE COVERAGE ALONE OR IN COMBINATION WITH ANOTHER INSURANCE.

CMC SERVES BOTH SUBURBAN AND SEMI-RURAL COMMUNITIES INCLUDING THE SHORE COMMUNITIES AND LOWER-INCOME MUNICIPALITIES OF MANCHESTER AND SOUTH TOMS

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RIVER. CMC SERVES A SIGNIFICANT PROPORTION OF ELDERLY - 2023 CENSUS ESTIMATES THAT 23% OF THE COUNTY POPULATION IS AGED 65 AND OLDER AS OPPOSED TO 17.7% FOR THE STATE. IN 2023, 11.7% OF CMC'S PATIENT ADMISSIONS WERE COMPRISED OF A MEDICARE PAYER. FURTHER, NEARLY 60.7% OF CMC'S PAYER MIX WAS COMPRISED OF UNDERINSURED AND UNINSURED PAYER CATEGORIES. MINORITIES/NONWHITE/OTHER PERSONS COMPRISED OVER 26% OF PATIENTS.

CBMC IS LOCATED IN THE TOWN OF LIVINGSTON ALONG THE BORDER WEST ORANGE, WITHIN ESSEX COUNTY, NEW JERSEY. ESSEX COUNTY IS THE THIRD MOST POPULOUS COUNTY IN NEW JERSEY AND ITS POPULATION GREW 10.2% FROM 2010 TO 2020, THE THIRD HIGHEST COUNTY GROWTH RATE IN THE STATE. THE 2023 ESTIMATES SUGGEST A SLIGHT LOSS OF POPULATION FROM 2020 TO 2023. THERE ARE 22 MUNICIPALITIES IN ESSEX COUNTY WITH THE WESTERN PARTS ENCOMPASSING MORE AFFLUENT AND SUBURBAN POPULATIONS, WHILE THE EASTERN REGION OF THE COUNTY CONTAINS MORE URBANIZED, IMPOVERISHED INNER CITY COMMUNITIES (FOUR DESIGNATED URBAN ENTERPRISE ZONES - NEWARK, EAST ORANGE, ORANGE AND IRVINGTON). NEWARK IS RANKED AS ONE OF THE POOREST PLACES IN THE COUNTY

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AND IS LOCATED LESS THAN TEN MILES FROM ESSEX FELLS WHICH HAS ONE OF THE HIGHEST PER CAPITA INCOMES IN THE STATE. LIVINGSTON, SOUTH ORANGE AND SHORT HILLS HAVE SOME OF THE HIGHEST PERCENTAGE OF JEWISH POPULATIONS FOR MUNICIPALITIES IN THE U.S., AND BELLEVILLE AND BLOOMFIELD MAINTAIN A STRONG ITALIAN-AMERICAN POPULATION.

LIVINGSTON IS THE 78TH LARGEST MCD/PLACE IN NEW JERSEY AND IS ESTIMATED TO HAVE INCREASED 6.9% IN ITS POPULATION FROM 2010 TO 2020, HOWEVER, IT IS ESTIMATED TO HAVE DECREASED SLIGHTLY FROM 2020 TO 2022. IT IS COMPRISED OF NEARLY 39% MINORITY POPULATION AND 28% OF PERSONS WERE FOREIGN BORN. NEARLY 35% OF ITS POPULATION OVER 5 YEARS IS ESTIMATED TO SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. ONLY 2.7% OF PERSONS ARE ESTIMATED TO BE IN POVERTY AND LESS THAN 2% OF PERSONS UNDER AGE 65 LACK HEALTH INSURANCE. WEST ORANGE, THE 44TH LARGEST MCD/PLACE IS ESTIMATED TO HAVE INCREASED 5.7% IN ITS POPULATION FROM 2010 TO 2020, WITH A SLIGHT DECREASE ESTIMATED FROM 2020 TO 2022. WEST ORANGE IS COMPRISED OF 56% MINORITY POPULATION AND 30% OF PERSONS WERE FOREIGN BORN. NEARLY 33% OF ITS POPULATION IS ESTIMATED TO SPEAK A LANGUAGE OTHER THAN ENGLISH AT

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HOME. PERSONS IN POVERTY ARE ESTIMATED AT 7.2% OF THE POPULATION AND 9.4% OF PERSONS UNDER AGE 65 ARE ESTIMATED TO LACK HEALTH INSURANCE.

CBMC IS COMMITTED TO SERVICE FOR ITS COMMUNITIES BOTH WITHIN THE INNER CITY AND THE SUBURBAN AREAS, WITH AWARENESS TO THE GROWING ASIAN AND HISPANIC POPULATIONS, AS WELL AS COMMUNITIES OF COLOR WITHIN ITS SERVICE AREA. IN 2023, MINORITIES/NONWHITE/OTHER POPULATIONS REPRESENTED APPROXIMATELY 66.7% OF CBMC'S PATIENTS, AND MORE THAN 45.3% OF ITS PATIENTS ARE OF UNDERINSURED AND UNINSURED PAYER CATEGORIES. MEDICARE REPRESENTS AN ADDITIONAL 12% OF PATIENTS.

JCMC IS LOCATED IN JERSEY CITY, THE POPULATION CENTER OF HUDSON COUNTY, AND COMPRISES OVER 40% OF THE COUNTY'S POPULATION IN 2020, ESTIMATED TO HAVE GROWN OVER 44,800 PEOPLE FROM 2010 TO 2020. HUDSON COUNTY IS ESTIMATED TO HAVE THE LARGEST POPULATION GROWTH IN THE STATE SINCE 2010, ADDING OVER 90,500 PEOPLE, HOWEVER, PER THE MOST RECENT 2023 DATA, ESTIMATES SUGGEST A 2.7% POPULATION DECREASE BETWEEN 2020 TO 2023. JERSEY CITY WAS THE SECOND MOST POPULOUS CITY IN NEW JERSEY IN 2022 (CENSUS

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BUREAU ESTIMATES) AND HAD THE HIGHEST INCREASE IN POPULATION NUMBERS OF NEW JERSEY'S PLACES AND TOWNS FROM 2010 TO 2020. FOUR HUDSON COUNTY INCORPORATED PLACES ARE IN THE TOP 10 PLACES OF GROWTH IN NEW JERSEY FROM 2010 TO 2020, WITH A FIFTH TOWN IN 11TH. CENSUS ESTIMATES FOR 2022 SUGGEST A POPULATION LOSS OF APPROXIMATELY 5,000 PERSONS FROM 2020 TO 2022. JERSEY CITY'S POPULATION IS ESTIMATED AS THE POPULATION BEING NEARLY 78% MINORITY AND NEARLY 41.6% FOREIGN-BORN (2017-2021 ACS ESTIMATE). IN ADDITION, OVER 16% OF PERSONS IN THE CITY ARE ESTIMATED TO BE IN POVERTY CONTRASTED TO THE COUNTY WITH 15% AND STATE WITH 10.2%. FURTHER, 9.8% OF PERSONS IN JERSEY CITY ARE ESTIMATED TO NOT HAVE HEALTH INSURANCE WITH AN ADDITIONAL 19% ON MEDICAID AND MEANS TESTED INSURANCE AND 10.6% ON MEDICARE ALONE OR IN COMBINATION WITH OTHER INSURANCE PAYERS.

WITH A LOCATION ACROSS THE RIVER FROM NEW YORK CITY, JERSEY CITY HAS A FAST-EXPANDING SKYLINE AND ITS RAPID REVITALIZATION OF THE CITY IS SUPPORTED BY AN INTEGRATED TRANSPORTATION SYSTEM INCLUDING A PORT OF ENTRY WITH MILES OF WATERFRONT AND SIGNIFICANT RAIL CONNECTIONS. JERSEY

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CITY'S ECONOMIC SPHERE IS ONE OF THE FASTEST-GROWING AS MORE FORTUNE-500 CORPORATIONS SUCH AS CHASE MANHATTAN BANK, LEHMAN BROTHERS, MERRILL LYNCH, CHARLES SCHWAB, CONTINUE TO BRING THEIR BUSINESSES TO THE AREA. JERSEY CITY INCLUDES MOST OF ELLIS ISLAND AND IT HAS ONE OF THE MOST DIVERSE POPULATIONS IN THE UNITED STATES, AND IS HOST TO AN ARRAY OF ETHNICITIES AND CULTURES INCLUDING COMMUNITIES OF JEWISH, ITALIAN, CUBAN, FILIPINO, POLISH, INDIAN, IRISH, PUERTO RICAN, DOMINICAN, AFRICAN, ARAB, AND ASIAN DESCENT. IT IS RANKED AS THE MOST DIVERSE OR ONE OF THE MOST DIVERSE CITIES IN THE COUNTRY BY MULTIPLE ORGANIZATIONS (NICHE, WALLETHUB, QUICKENLOANS). ACCORDING TO THE CENSUS COMMUNITY SURVEY, OVER 52% OF THE POPULATION AGED 5 AND OLDER IS ESTIMATED TO SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME.

JCMC SERVES AREAS THAT INCLUDE MEDICALLY UNDERSERVED AREA/POPULATION (MUA/MUP) DESIGNATIONS AND STATE DESIGNATION AS MEDICALLY UNDERINSURED AND IS AN URBAN ENTERPRISE ZONE (UEZ) BY THE STATE OF NEW JERSEY. HUDSON COUNTY HAS AREAS OF HIGH UNEMPLOYMENT AND POVERTY RATIOS COMPARED TO STATE AND LOCAL AVERAGES. HOUSEHOLDS IN THE ECONOMIC CENSUS REFLECT LOWER

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MEDIAN HOUSEHOLD INCOMES IN JERSEY CITY THAN IN THE STATE. JCMC IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO ITS DIVERSE COMMUNITIES INCLUDING THE MANY WHO ARE FINANCIALLY CHALLENGED; SERVING A PATIENT POPULATION COMPRISED OF 89.1% MINORITY/NONWHITE PERSONS AND OVER 33.3% UNDERINSURED AND UNINSURED PAYER CLASSIFICATIONS IN 2023. MEDICARE REPRESENTS AN ADDITIONAL 34.6% OF THE INPATIENTS BY PAYER CLASSIFICATION.

MMC IS LOCATED IN LONG BRANCH, MONMOUTH COUNTY. MONMOUTH COUNTY IS THE NORTHERNMOST COUNTY ON THE JERSEY SHORE, AND IS IN CLOSE PROXIMITY TO NEW YORK CITY WITH THE SIXTH LARGEST TOTAL POPULATION IN THE STATE ACCORDING TO 2022 CENSUS ESTIMATES. MONMOUTH COUNTY IS HOME TO IMMIGRANT POPULATIONS OF ITALIAN, GERMAN AND POLISH, WITH A LARGE IRISH-AMERICAN POPULATION AND A RAPIDLY GROWING ASIAN PRESENCE. LONG BRANCH CITY IS THE 72TH LARGEST MCD LOCATION IN THE STATE AND HAS BEEN DESIGNATED AS A MUA/MUP BY THE HRSA OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES. CONTINUED GROWTH IS ESTIMATED FOR THE CITY WITH CENSUS ESTIMATES PLACING AT THE 15TH HIGHEST NUMBER INCREASED BETWEEN 2020 AND 2022.

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LONG BRANCH IS OVER 43% MINORITY PRESENCE WITH OVER 27% OF POPULATION ARE FOREIGN BORN. OVER 36% OF POPULATIONS AGED 5 OR OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. OVER 21% OF PERSONS ARE ESTIMATED TO BE IN POVERTY WITH 21% OF PERSONS UNDER AGE 65 WITHOUT HEALTH INSURANCE. NEARLY 15% HAVE MEDICAID OR OTHER MEANS TESTED INSURANCE AND 15.3% HAVE MEDICARE.

BETWEEN THE RESIDENTS AND THE SUMMERTIME SHORE VISITORS, MMC IS COMMITTED TO SERVICE ITS DIVERSE PATIENT POPULATION WITH OVER 51.2% OF ITS PATIENTS COMPRISED OF MINORITY/NONWHITE/OTHER POPULATIONS AND ABOUT 40.4% OF PATIENTS IN UNDERINSURED AND UNINSURED PAYER GROUPS IN 2023. MEDICARE REPRESENTS AN ADDITIONAL 22.1% OF PATIENTS SERVED.

MMCSC IS LOCATED IN LAKEWOOD TOWNSHIP, OCEAN COUNTY, THE FIFTH LARGEST COUNTY IN POPULATION SIZE. OCEAN COUNTY IS THE SECOND LARGEST COUNTY IN THE STATE IN TERMS OF GEOGRAPHIC SIZE AND HAS THE FIFTH LARGEST TOTAL POPULATION SIZE IN THE STATE. SENIORS AGED 65 AND OLDER COMPRISE OVER 23% OF THE COUNTY'S POPULATION. THE STATE AND US PERCENTAGE FOR SENIORS IS

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AROUND 17.7%.

LAKWOOD HAS BEEN IDENTIFIED AS ONE OF THE FASTEST-GROWING TOWNSHIPS IN NEW JERSEY DURING THE PAST DECADE (WITH 45% GROWTH) AND IS RANKED THE 4TH MOST POPULOUS PLACE/MCD IN THE STATE ACCORDING TO 2022 CENSUS ESTIMATES, RANKING LARGEST NUMBER OF PERSONS INCREASED FROM 2020 TO 2022. THE LOCATION OF MMSC IS WITHIN A DESIGNATED MUA/MUP BY THE HEALTH RESOURCES AND SERVICE ADMINISTRATION (HRSA) BRANCH OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES AND AN URBAN ENTERPRISE ZONE (UEZ) BY THE STATE OF NEW JERSEY. LAKWOOD TOWNSHIP IS ALSO ONE OF THE HUBS OF ORTHODOX JUDAISM AND IS HOME TO ONE OF THE LARGEST YESHIVAS IN THE WORLD. THE LARGE ORTHODOX POPULATION COMPRISES NEARLY HALF OF THE TOWNSHIP'S POPULATION.

FIFTEEN PERCENT (15%) OF LAKWOOD IS COMPRISED OF MINORITY POPULATIONS. OVER 8% OF PERSONS ARE FOREIGN BORN AND 22% OF PERSONS AGED 5 AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. OVER 25% OF LAKWOOD PERSONS ARE ESTIMATED TO BE IN POVERTY AND 5.4% OF PERSONS UNDER AGED 65 ARE WITHOUT HEALTH INSURANCE WHILE NEARLY 52% OF PERSONS HAVE MEDICAID/MEANS

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.
- 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.

TESTED INSURANCE AND 4.9% HAVE MEDICARE.

MMCSC IS COMMITTED TO ITS SERVICE OF ITS DIVERSE COMMUNITIES IN THE COUNTY, WITH A PROPORTIONALLY HIGHER MIX OF ELDERLY AND UNINSURED/ UNDERINSURED. AS A RESULT, IN 2023, MMCSC'S PATIENTS WERE COMPRISED OF 37.3% MINORITY/NONWHITE/OTHER POPULATIONS AND NEARLY 48.2% OF PATIENTS ARE OF UNDERINSURED/UNINSURED PAYOR CATEGORIES. MEDICARE COMPRISES AN ADDITIONAL 27.8% OF PATIENTS' PAYER CLASSIFICATION.

NBIMC IS LOCATED IN THE CITY OF NEWARK, THE SEAT OF ESSEX COUNTY. NEWARK IS THE 66TH LARGEST INCORPORATED PLACE IN THE UNITED STATES ACCORDING TO 2022 CENSUS ESTIMATES AND IT IS NEW JERSEY'S LARGEST, AND AMONGST THE STATE'S MOST DIVERSE, CITIES. NEWARK IS ESTIMATED TO HAVE HAD THE 3RD HIGHEST INCREASE IN POPULATION NUMBERS OF MCD/TOWNSHIPS, WITH 12.2% GROWTH FROM 2010 TO 2020, WITH A SMALL DECREASE ESTIMATED FROM 2020 TO 2022. IT IS HOME TO A MAJOR INTERNATIONAL AIRPORT, CONNECTS TO MAJOR ROADWAYS AND ADJACENT TO MAJOR SHIPPING YARDS. DUE TO THE NATURE OF ITS LOCATION, NBIMC IS A MAJOR REFERRAL TREATMENT CENTER TO VARIOUS DIVERSE

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.

COMMUNITIES, WITH THE MAJORITY OF THE RACIAL MAKEUP OF THE CITY BEING PREDOMINANTLY MINORITY. NEWARK IS SURROUNDED BY RESIDENTIAL SUBURBS TO THE WEST, DENSE URBAN AREAS TO BOTH THE SOUTH AND EAST, AND MIDDLE-CLASS RESIDENTIAL SUBURBS AND INDUSTRIAL AREAS TO THE NORTH.

NBIMC SERVES AREAS THAT INCLUDE MUA/MUP DESIGNATIONS AND STATE DESIGNATION AS MEDICALLY UNDERINSURED AND NEWARK IS AN UEZ BY THE STATE OF NEW JERSEY. NEWARK HAS HIGH UNEMPLOYMENT AND POVERTY RATIOS COMPARED TO STATE AND LOCAL AVERAGES; NEARLY 26% OF PERSONS WERE ESTIMATED TO BE IN POVERTY. NEARLY 32% OF PERSONS ARE FOREIGN BORN AND 90% OF NEWARK'S POPULATION IS MINORITY. NEARLY 51% OF PERSONS AGED 5 AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. IT IS ESTIMATED THAT 19.6% OF PERSONS UNDER THE AGE OF 65 LACK HEALTH INSURANCE AND OVER 31% HAVE MEDICAID OR MEANS TESTED INSURANCE AND 11.4% IS MEDICARE. THE POPULATION IN NEWARK IS YOUNGER WITH ONLY 10.5% OF THE POPULATION AGED 65 OR OLDER, CONTRASTED WITH NEARLY 14.7% FOR THE COUNTY AND 17.7% FOR THE STATE PER 2023 CENSUS DATA.

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.

NBIMC IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO ITS CHALLENGED COMMUNITIES; SERVING A PATIENT POPULATION COMPRISED OF NEARLY 95.7% MINORITY/NONWHITE/OTHER REPRESENTATION AND OVER 32.3% UNDERINSURED AND UNINSURED PAYER CLASSIFICATIONS IN 2022. MEDICARE REPRESENTS AN ADDITIONAL 47.9% OF THE INPATIENTS BY PAYER CLASSIFICATION.

RWJUH-NEW BRUNSWICK IS LOCATED IN NEW BRUNSWICK, THE POPULATION CENTER OF MIDDLESEX COUNTY. ACCORDING TO CENSUS BUREAU ESTIMATES, MIDDLESEX COUNTY IS THE SECOND LARGEST COUNTY IN NEW JERSEY AND IS ESTIMATED TO HAVE HAD THE SIXTH LARGEST GROWTH IN RESIDENTS FROM 2010 TO 2020. NEW BRUNSWICK IS THE LARGEST CITY IN THE COUNTY AND THE 33RD LARGEST MCD/PLACE IN THE STATE, AND IS ESTIMATED TO HAVE INCREASE OVER 1.3% FROM 2022 TO 2022. NEW BRUNSWICK'S EXTENSIVE HISTORY DATES BACK TO PRE-REVOLUTIONARY TIMES AND IT IS THE HOME OF RUTGERS UNIVERSITY, THE STATE UNIVERSITY OF NEW JERSEY. THE 5-BLOCK DOWNTOWN AREA CONTAINS NEARLY 50 RESTAURANTS AND THREE DISTINCT THEATERS - THE AFRICAN AMERICAN-FOCUSED CROSSROADS THEATRE, GEORGE STREET PLAYHOUSE AND THE STATE THEATER OF NEW JERSEY FOR CONCERTS AND SPECIAL EVENTS - AS WELL AS THE AMERICAN REPERTORY BALLET, THAT ALSO

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PERFORM AT VARIOUS VENUES THROUGHOUT THE STATE.

DESPITE THE VIBRANCY OF PRE-COVID CITY CULTURE, MANY CHALLENGES EXIST FOR RESIDENTS RESIDING IN NEW BRUNSWICK. THERE ARE 12 DESIGNATED COMPREHENSIVE HEALTH CENTERS IN MIDDLESEX COUNTY AND A NUMBER OF CENSUS TRACTS WITH MUA/MUP DESIGNATION. THE GROWING POPULATION IS COMPRISED OF 73% MINORITY AND 32% OF RESIDENTS ARE FOREIGN BORN. APPROXIMATELY 55% OF RESIDENTS AGED FIVE AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. OVER 35% OF PERSONS ARE ESTIMATED TO BE IN POVERTY AND 120% OF PERSONS UNDER AGE 65 ARE WITHOUT HEALTH INSURANCE WHILE 19.1% OF THE POPULATION IS ON MEDICAID OR OTHER MEANS TESTED INSURANCE AND AN ADDITIONAL 6.3% HAVE MEDICARE.

RWJUH-NEW BRUNSWICK IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO ITS FINANCIALLY INSECURE COMMUNITIES; SERVING A PATIENT POPULATION COMPRISED OF MORE THAN 62.2% MINORITY/NONWHITE/OTHER REPRESENTATION AND OVER 40.2% UNDERINSURED AND UNINSURED PAYER CLASSIFICATIONS IN 2023. MEDICARE REPRESENTS AN ADDITIONAL 21.6% OF THE

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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.

PATIENTS BY PAYER CLASSIFICATION.

RWJUH-SOMERSET IS LOCATED SOMERVILLE, THE COUNTY SEAT OF SOMERSET COUNTY, NEW JERSEY. SOMERSET COUNTY, THE 13TH LARGEST COUNTY, HAD THE 5TH LARGEST POPULATION GROWTH FROM 2010 TO 2020, WITH FURTHER GROWTH ESTIMATED FROM 2020 TO 2022. SOMERSET COUNTY IS ONE OF AMERICA'S OLDEST COUNTIES, AND WAS FIRST SETTLED IN 1681. MOST OF THE EARLY RESIDENTS WERE DUTCH. IN THE 1960S, TOWNSHIPS THAT WERE ONCE EXCLUSIVELY AGRICULTURAL WERE QUICKLY TRANSFORMED INTO SUBURBAN COMMUNITIES. THE AREA GROWTH WAS AIDED BY THE DEVELOPMENT OF A VERY STRONG PHARMACEUTICAL AND TECHNOLOGY PRESENCE.

SOMERVILLE HAS EXPERIENCED CONTINUED GROWTH, AN ESTIMATED 3% INCREASE FROM 2020 TO 2022, BECOMING THE 80TH LARGEST MCD/PLACE IN NEW JERSEY. SOMERVILLE HAS LEVEL OF AFFLUENCE YET HAS 4.4% OF PERSONS ARE ESTIMATED TO BE IN POVERTY. THE POPULATION IS COMPRISED OF 48.2% MINORITY AND 26% OF RESIDENTS ARE FOREIGN BORN. OVER 33% OF PERSONS AGED 5 OR OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. OVER 9% OF PERSONS UNDER AGE 65 ARE ESTIMATED TO NOT HAVE HEALTH INSURANCE AND 6.8% OF PERSONS HAVE

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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.

MEDICAID OR OTHER MEANS TESTED INSURANCE AND 12.9% MEDICARE.

RWJUH SOMERSET IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO ITS COMMUNITIES; SERVING A PATIENT POPULATION COMPRISED OF NEARLY 47.2% MINORITY/NONWHITE/OTHER REPRESENTATION AND NEARLY 45.1% UNDERINSURED AND UNINSURED PAYER CLASSIFICATIONS IN 2022. MEDICARE REPRESENTS AN ADDITIONAL 12.1% OF THE INPATIENTS BY PAYER CLASSIFICATION.

RWJ HAMILTON IS LOCATED IN HAMILTON, MERCER COUNTY, NEW JERSEY. THE TOWNSHIP IS LOCATED IMMEDIATELY EAST OF THE HISTORIC CITY OF TRENTON, THE STATE'S CAPITAL. MERCER COUNTY HAS THE 12TH LARGEST POPULATION SIZE AND HAD THE 7TH LARGEST ESTIMATED GROWTH OF COUNTIES IN NEW JERSEY FROM 2010 TO 2020. THE COUNTY IS ESTIMATED TO HAVE HAD A SLIGHT POPULATION DECREASE FROM 2020 TO 2023. TRENTON IS NEW JERSEY'S 11TH LARGEST MCD/TOWNSHIP BY POPULATION SIZE, AND HAMILTON TOWNSHIP IS THE 10TH LARGEST. BOTH HAMILTON TOWNSHIP AND TRENTON HAD POPULATION GROWTH FROM 2010 TO 2020, 4.1% AND 7%, RESPECTIVELY. BOTH ARE ESTIMATED TO HAVE EXPERIENCED SMALL DECLINES

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FROM 2020 TO 2023. HAMILTON TOWNSHIP HAS OVER 40 SQUARE MILES, MORE THAN

64 PUBLIC PARKS AND PLAYGROUNDS AND ACRES OF PRESERVED OPEN SPACE.

LOCATED IN CENTRAL NEW JERSEY, HAMILTON TOWNSHIP ENJOYS A PRIME LOCATION

THAT IS WITHIN AN HOUR'S DRIVE OF NEW YORK CITY, PHILADELPHIA, AND THE

JERSEY SHORE. THE TOWN IS ALSO IN CLOSE PROXIMITY TO DESTINATIONS SUCH AS

SIX FLAG GREAT ADVENTURE AND THE QUAIN TOWNTOWN PRINCETON AREA.

MAJOR ROADWAYS PROVIDE EASY ACCESS TO HAMILTON, INCLUDING THE NEW JERSEY

TURNPIKE, INTERSTATE HIGHWAYS 195 AND 295, U.S. HIGHWAYS 130 AND 206 AND

STATE HIGHWAYS 33 AND 29, WHILE THE HAMILTON TRAIN STATION OFFERS

CONVENIENT RAIL ACCESS TO NEW YORK CITY ALONG THE NJ TRANSIT'S NORTHEAST

CORRIDOR LINE.

HAMILTON TOWNSHIP HAS A LEVEL OF AFFLUENCE YET 7% OF THE POPULATION IS

ESTIMATED TO BE IN POVERTY. OVER 36% OF THE POPULATION IS COMPRISED OF

MINORITIES AND NEARLY 18% OF THE RESIDENTS WERE FOREIGN BORN. NEARLY 24%

OF PERSONS OVER AGE 5 SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME.

APPROXIMATELY 7% OF THE RESIDENTS UNDER 65 YEARS HAD NO HEALTH INSURANCE.

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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.

HAMILTON POPULATION HAD 11.7% OF THE POPULATION WITH MEDICAID OR MEANS TESTED INSURANCE AND 23.9% WITH MEDICARE. NEIGHBORING TRENTON IS COMPRISED OF NEARLY 87% MINORITY AND 23.3% OF THE POPULATION IS ESTIMATED TO BE FOREIGN BORN. TRENTON HAS 37.1% OF THE RESIDENTS AGED FIVE AN OLDER SPEAKING A LANGUAGE OTHER THAN ENGLISH AT HOME. OVER 27% ARE ESTIMATED TO BE IN POVERTY AND OVER 15.9% OF PERSONS AGED UNDER 65 ARE LACKING INSURANCE. APPROXIMATELY 33 OF THE TRENTON POPULATION IS ESTIMATED TO BE ON MEDICAID OR MEANS TESTED INSURANCE AND 14.4% MEDICARE.

RWJ HAMILTON IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO ITS COMMUNITIES; SERVING A PATIENT POPULATION COMPRISED OF MORE THAN 49% MINORITY/NONWHITE/OTHER REPRESENTATION AND 54.6% UNDERINSURED AND UNINSURED PAYER CLASSIFICATIONS IN 2023. MEDICARE REPRESENTS AN ADDITIONAL 11.6% OF THE INPATIENTS BY PAYER CLASSIFICATION.

RWJ RAHWAY IS LOCATED IN RAHWAY, UNION COUNTY, NEW JERSEY. UNION COUNTY IS THE 7TH LARGEST COUNTY IN THE STATE AND IT EXPERIENCED THE FOURTH LARGEST POPULATION GROWTH RATE FROM 2010 TO 2020. THERE IS A SLIGHT

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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.

DECREASE ESTIMATED FOR 2020 TO 2023 PER 2023 CENSUS DATA. RAHWAY CITY IS THE 83RD LARGEST MCD/TOWNSHIP IN NEW JERSEY AND GREW BY 8% OVER THE PAST CENSUS PERIOD AND IS ESTIMATED TO HAVE HAD A SLIGHT GROWTH FROM 2020 TO 2022.

RAHWAY AND THE SURROUNDING AREA WERE ONCE THE HOME OF THE LENNI LENAPE NATIVE AMERICANS AND IT GREW DUE TO ITS LOCATION ALONG THE MAJOR STAGECOACH AND RAILROAD LINES BETWEEN NEW YORK CITY AND PHILADELPHIA, PENNSYLVANIA. THE NAVIGABLE RAHWAY RIVER, WHICH FLOWS THROUGH THE CITY, ALSO AIDED THE CITY'S COMMERCIAL GROWTH.

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

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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.

RAHWAY CITY HAS A MINORITY PRESENCE OF 66%. AROUND 21% OF THE POPULATION IS FOREIGN BORN AND OVER 30% OF RESIDENTS AGE 5 AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. NEARLY 9% OF RESIDENTS ARE IN POVERTY AND NEARLY 9% OF PERSONS UNDER AGE 65 LACK HEALTH INSURANCE. OVER 34% OF RESIDENTS HAVE PUBLIC HEALTH INSURANCE WITH 15.9% COMPRISED OF MEDICARE.

RWJ RAHWAY IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO ITS COMMUNITIES; SERVING A PATIENT POPULATION COMPRISED OF A SIGNIFICANT MINORITY/NONWHITE/OTHER REPRESENTATION OF 72.3% AND OVER 48.7% UNDERINSURED AND UNINSURED PAYER CLASSIFICATIONS IN 2023. MEDICARE REPRESENTS AN ADDITIONAL 15.8% OF THE PATIENTS BY PAYER CLASSIFICATION.

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

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THE CENSUS BUREAU COUNTS EVIDENCE OCEAN COUNTY AS HAVING THE SECOND HIGHEST PERCENTAGE INCREASE (10.5%) IN POPULATION NUMBERS FROM 2010 TO 2020, AND IT HAD THE SECOND LARGEST HIGHEST INCREASE IN NUMBER FOR ALL COUNTIES IN THE STATE. TOMS RIVER TOWNSHIP IS RANKED THE 8TH MOST POPULOUS SUBCOUNTY/TOWNSHIP AREA IN THE STATE ACCORDING TO THE CENSUS 2022 ESTIMATES. WHILE THERE WAS AN ESTIMATED 4.6% POPULATION GROWTH ESTIMATED BETWEEN THE 2010 AND 2020 (THE 27TH HIGHEST NUMBER INCREASE IN THE STATE), AND AN ESTIMATED 1.6% INCREASE FROM 2020 TO 2021 (THE 2ND HIGHEST INCREASE), THE DAMAGE BROUGHT BY HURRICANE SANDY TO THE AREA LIMITS HOUSING AND POPULATION GROWTH. THE 2022 ESTIMATE SUGGESTS CONTINUED GROWTH (THE SECOND HIGHEST FOR PLACES/MCD) FROM 2020 TO 2022.

TOMS RIVER CDP IS ESTIMATED TO HAVE A 19% MINORITY PRESENCE, 8.4% OF THE POPULATION IS FOREIGN-BORN, AND 10.6% OF POPULATION AGED 5 YEARS AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. IT IS ESTIMATED THAT NEARLY 20% OF PERSONS ARE AGED 65 AND OLDER. IT IS ESTIMATED THAT 7.4% OF THE TOMS RIVER POPULATION IS LIVING BELOW THE FEDERAL POVERTY LEVEL AND

Part VI Supplemental Information

Provide the following information.

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OVER 7% OF THOSE AGED UNDER 65 LACK HEALTH INSURANCE. OVER 10% HAVE MEDICAID OR MEANS TESTED INSURANCE AND AN ESTIMATED 17.4% MEDICARE INSURANCE COVERAGE ALONE OR IN COMBINATION WITH ANOTHER INSURANCE.

SBBH SERVES BOTH SUBURBAN AND SEMI-RURAL COMMUNITIES INCLUDING THE SHORE COMMUNITIES AND LOWER-INCOME MUNICIPALITIES OF MANCHESTER AND SOUTH TOMS RIVER AND THE FINANCIALLY INSECURE COMMUNITIES IN LAKEWOOD. SBBH SERVES A SIGNIFICANT PROPORTION OF ELDERLY - 2023 CENSUS ESTIMATES THAT 23% OF THE COUNTY POPULATION IS AGED 65 AND OLDER AS OPPOSED TO 17.7% FOR THE STATE. IN 2023, 26.8% OF SBBH'S PATIENT ADMISSIONS WERE COMPRISED OF A MEDICARE PAYER. FURTHER, NEARLY 50.2% OF SBBH'S PAYER MIX WAS COMPRISED OF UNDERINSURED AND UNINSURED PAYER CATEGORIES.

SBBH OWNS AND OPERATES 40 ACUTE CARE PSYCHIATRIC INPATIENT BEDS IN ITS TOMS RIVER FACILITY. IN ADDITION, SBBH MANAGES THE OPERATIONS OF AN ADDITIONAL 63 PSYCHIATRIC BEDS FOR ITS SYSTEM AFFILIATE, MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS IN THE BUILDING.

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TRMC IS LOCATED IN ELIZABETH CITY, THE SEAT OF UNION COUNTY, NEW JERSEY.

IT IS NEXT TO NEWARK BAY AND ARTHUR KILL (CHANNEL; CONNECTED BY THE GOETHALS BRIDGE TO STATEN ISLAND, NEW YORK CITY) AND IS ADJACENT TO NEWARK, NEW JERSEY, TO THE NORTH. SETTLEMENT BEGAN IN 1664 WITH THE PURCHASE OF LAND FROM THE DELAWARE INDIANS AND THE CITY OF ELIZABETH, FOUNDED IN 1665, BECAME THE FIRST CAPITAL OF THE STATE OF NEW JERSEY.

ELIZABETH'S DIVERSE POPULATION REPRESENTS MORE THAN 50 COUNTRIES AND 37 LANGUAGE GROUPS. THE CITY IS HIGHLY INDUSTRIALIZED, WITH IMPORTANT SHIPPING OPERATIONS AND HAS BECOME A REGIONAL HUB FOR THE EAST COAST WITH ITS CLOSE PROXIMITY TO THE MAJOR ROADWAYS AND PROXIMITY TO NEWARK LIBERTY NATIONAL AIRPORT. THE PORT NEWARK/ ELIZABETH'S 2,000-ACRE MARINA TERMINAL HOSTS OVER 150,000 JOBS AND IS THE WORLD'S LARGEST CONTAINERSHIP PORT AND THE LARGEST FOREIGN TRADE ZONE IN THE UNITED STATES.

UNION COUNTY IS THE 7TH LARGEST COUNTY IN THE STATE AND IT EXPERIENCED THE FOURTH LARGEST POPULATION GROWTH RATE FROM 2010 TO 2020. THERE IS A SLIGHT DECREASE ESTIMATED FOR 2020 TO 2023 PER 2023 CENSUS DATA.

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ELIZABETH CITY IS THE FIFTH LARGEST MCD/TOWNSHIP IN NEW JERSEY AND GREW BY 3.4% OVER THE PAST CENSUS PERIOD AND IS ESTIMATED TO HAVE A SLIGHT DECREASE FROM 2020 TO 2022.

ELIZABETH CITY HAS A MINORITY PRESENCE OF OVER 86%. AROUND 48% OF THE POPULATION IS FOREIGN BORN AND OVER 76% OF RESIDENTS AGE 5 AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. NEARLY 15% OF RESIDENTS ARE IN POVERTY AND OVER 23% OF PERSONS UNDER AGE 65 LACK HEALTH INSURANCE. APPROXIMATELY 28% OF RESIDENTS HAVE MEDICAID OR MEANS TESTED INSURANCE WITH 10.6% HAVING MEDICARE.

TRMC IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO ITS COMMUNITIES; SERVING A PATIENT POPULATION COMPRISED OF A SIGNIFICANT MINORITY/NONWHITE/OTHER REPRESENTATION OF 87.7% AND OVER 53% UNDERINSURED AND UNINSURED PAYER CLASSIFICATIONS IN 2023. MEDICARE REPRESENTS AN ADDITIONAL 28.5% OF THE PATIENTS BY PAYER CLASSIFICATION.

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SCHEDULE H, PART VI; QUESTION 5

OUR DEDICATION TO SERVING THE PEOPLE OF NEW JERSEY EXTENDS FAR BEYOND THE CARE PROVIDED WITHIN THE WALLS OF OUR HEALTH FACILITIES. WE SUPPORT PROGRAMS THAT PROMOTE HEALTH AND WELLNESS IN OUR COMMUNITIES AND PROVIDE ACCESS TO SERVICES THAT WOULD OTHERWISE BE UNAVAILABLE. WE ARE COMMITTED TO THE ONGOING IMPROVEMENT OF THE HEALTH, QUALITY OF LIFE, AND VITALITY OF OUR COMMUNITIES. WE STRIVE TO BRING THE BEST HEALTHCARE TO MEET THE EVOLVING NEEDS OF RESIDENTS IN NEW JERSEY - WHETHER THAT BE ENHANCING THE COORDINATION FOR TREATING COMPLEX HEALTH CONDITIONS OR IMPROVING COMMUNITY HEALTH THROUGH LOCAL PROGRAMS AND EDUCATION.

THIS MISSION OF HEALTH AND WELLNESS IS EXEMPLIFIED BY RWJBARNABAS HEALTH'S, THE LARGEST ACADEMIC HEALTH CARE SYSTEM IN NEW JERSEY, INITIATIVE OF "ENDING RACISM, TOGETHER" WHICH WAS LAUNCHED IN 2020. THIS INITIATIVE FOCUSES ON CREATING RACIAL, ETHNIC AND CULTURAL EQUITY, PRIORITIZING THOSE COMMUNITIES THAT ARE MOST DISENFRANCHISED AND EXPERIENCE POOR HEALTH, AND SOCIAL, ECONOMIC, AND EDUCATIONAL OUTCOMES

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DUE TO THE GENERATIONAL EFFECTS OF RACISM. GOVERNANCE AND LEADERSHIP STRONGLY BELIEVE THAT THIS IS ONE OF OUR MOST IMPORTANT ENDEAVORS THAT WILL BE TRANSFORMATIVE, NOT JUST FOR PEOPLE OF COLOR BUT FOR OUR ENTIRE ENTERPRISE." "ENDING RACISM, TOGETHER" FOCUSES ON FOUR PRIMARY AREAS: PATIENT CARE, WORKFORCE, COMMUNITY, AND SYSTEM OPERATIONS. USING AN EVIDENCE-BASED APPROACH, EACH AREA INCLUDES QUANTIFIABLE TACTICS TO MEASURE SUCCESS AT THE ORGANIZATIONAL, FACILITY, AND INDIVIDUAL LEVEL. THIS HEALTH EQUITY CHALLENGE WAS FOLLOWED BY A MAJOR INITIATIVE IN 2021 FOCUSED ON FOOD EQUITY.

THE ENDING RACISM, TOGETHER, IS FURTHER SUPPORTED BY RWJBH'S SOCIAL IMPACT & COMMUNITY INVESTMENT (SICI) PRACTICE WHICH LEVERAGES RWJBH'S BROAD RANGE OF ASSETS TO ADVANCE A CULTURE OF HEALTH AND IMPROVE THE QUALITY OF LIFE FOR COMMUNITIES THROUGHOUT NEW JERSEY. THE SOCIAL IMPACT & COMMUNITY INVESTMENT PRACTICE IS ROOTED IN ENSURING HEALTH EQUITY, BY ADVANCING STRATEGIC POLICY CHANGE, COMBINED WITH EVIDENCE BASED AND INNOVATIVE PROGRAMS THAT ADDRESS THE SOCIAL, ECONOMIC, AND ENVIRONMENTAL CONDITIONS THAT HAVE A SIGNIFICANT IMPACT ON HEALTH OUTCOMES.

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THE SOCIAL IMPACT & COMMUNITY INVESTMENT PRACTICE AT RWJBH ALSO SERVES AS A DRIVER OF THE SYSTEM'S ANCHOR MISSION TO "HIRE LOCAL, BUY LOCAL, AND INVEST LOCAL". AS PART OF ITS ONGOING COMMITMENT TO SOCIAL IMPACT AND COMMUNITY INVESTMENT, RWJBH LAUNCHED AN ONLINE PLATFORM IN 2022 DESIGNED TO INCREASE OPPORTUNITIES FOR CERTIFIED LOCAL AND DIVERSE OWNED BUSINESSES IN NEW JERSEY TO WORK DIRECTLY WITH RWJBH AND ITS FACILITIES. LOCAL, MINORITY, AND WOMEN-OWNED BUSINESSES THAT COULD POTENTIALLY MEET FUTURE SERVICE OR SUPPLY CHAIN DEMANDS FOR RWJBH ARE INVITED TO REGISTER AT RWJBH.ORG/BUYLOCAL. COMPANIES THAT SUCCESSFULLY REGISTER TO THE PLATFORM WILL BE LISTED AS RWJBARNABAS HEALTH BUYLOCAL VENDORS AND INCLUDED IN A DATABASE OF BUSINESSES CONSIDERED FOR PROCUREMENT AND CONTRACTING OPPORTUNITIES WITHIN THE SYSTEM. NEW JERSEY BASED, CERTIFIED MINORITY OWNED (MBE), WOMEN OWNED (WBE), SMALL BUSINESS (SBE), VETERAN-OWNED (VOB), DISABLED VETERAN-OWNED (DVOB) AND DISADVANTAGED BUSINESS ENTERPRISES (DBE) ARE ALL ELIGIBLE TO PARTICIPATE. HUNDREDS OF BUSINESS HAVE REGISTERED. MARK E. MANIGAN, NOW PRESIDENT & CEO, RWJBARNABAS HEALTH STATED "AS AN ANCHOR INSTITUTION THAT PRIORITIZES

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ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH, OUR COMMITMENT TO OUR PATIENTS AND NEIGHBORS EXTENDS BEYOND TRADITIONAL CARE DELIVERY. OUR HEALTH SYSTEM IS ONE OF THE LARGEST EMPLOYERS AND PURCHASERS IN NEW JERSEY, AND WE ARE DEDICATED TO INVESTING THOSE DOLLARS BACK INTO THE COMMUNITIES WE SERVE."

OTHER COMMUNITY BUILDING ACTIVITIES ARE UNDERTAKEN BY RWJBH, ITS HOSPITALS AND OTHER FACILITIES TO IMPROVE THE MEDICAL AND SOCIOECONOMIC WELL-BEING OF THE COMMUNITIES AND SPECIAL NEEDS CHILDREN IN OUR CARE. THIS IS ACCOMPLISHED THROUGH SERVICE ON STATE AND REGIONAL ADVOCACY COMMITTEES AND BOARDS, VOLUNTEERISM WITH LOCAL COMMUNITY-BASED NON-PROFIT ADVOCACY GROUPS, AND PARTICIPATION IN CONFERENCES AND OTHER EDUCATIONAL ACTIVITIES TO PROMOTE UNDERSTANDING OF THE ROOT CAUSES OF HEALTH CONCERNS. THE SYSTEM AND FACILITIES ENGAGE IN EDUCATION AND INNOVATION BY CONDUCTING RESEARCH, PROVIDING EDUCATIONAL MATERIALS, CONDUCTING SPECIAL PROGRAMMING (SPECIAL CAMPS, EVENTS) AND HOLDS HEALTH EDUCATION SEMINARS AND OUTREACH SESSIONS FOR ITS PATIENTS AND FOR COMMUNITY PROVIDERS AND MEMBERS. PRESENTATIONS ARE PROVIDED BY PHYSICIANS, NURSES AND OTHER

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HEALTHCARE PROFESSIONALS.

THE SYSTEM AND ITS AFFILIATES RECOGNIZE THAT COMMUNITY HEALTH IMPROVEMENT CAN BEST BE ACCOMPLISHED THROUGH PARTNERSHIPS TO ADDRESS THE SERVICE NEEDS OF ITS COMMUNITIES. SOME NOTABLE PARTNERSHIPS THAT WERE ANNOUNCED IN 2023 INCLUDED:

- RWJBH, RUTGERS UNIVERSITY BEHAVIORAL HEALTH CARE, AND WOODS SERVICES, ANNOUNCED THAT THEY ARE JOINING FORCES TO ESTABLISH THE VERY FIRST INTEGRATED PRIMARY AND BEHAVIORAL HEALTH CARE CENTER FOR INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (I/DD) AND AUTISM IN NEW JERSEY.
- RWJBH ALSO PARTNERED WITH THE STATE ON THE "ARRIVE TOGETHER" PROGRAM PAIRING MENTAL HEALTH PROFESSIONALS WITH POLICE ON 911 RESPONSE CALLS, IMPLEMENTED POST-INCARCERATION PROGRAMS FOCUSED ON PROVIDING HEALTH AND SOCIAL SUPPORT SERVICES.
- ESSEX COUNTY EXECUTIVE JOSEPH N. DIVINCENZO, JR. AND RWJBARNABAS HEALTH PRESIDENT AND CHIEF EXECUTIVE OFFICER MARK E. MANIGAN ANNOUNCED A

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PARTNERSHIP TO OFFER A VARIETY OF HEALTH CARE SERVICES AND SCREENINGS THROUGHOUT ESSEX COUNTY. THE INITIATIVE COMBINES THE RESOURCES OF THE ESSEX COUNTY OFFICE OF PUBLIC HEALTH MANAGEMENT AND ITS MOBILE HEALTH UNIT AND THE MEDICAL RESOURCES AVAILABLE THROUGH RWJBARNABAS HEALTH. WORKING TOGETHER, A ROBUST SCHEDULE OF OUTREACH CLINICS WILL BE OFFERED WHERE RESIDENTS HAVE ACCESS TO MEDICAL SCREENINGS, VACCINES, INFORMATION AND REFERRALS.

THE MAJORITY OF THE BOARD OF TRUSTEES' MEMBERS ARE INDIVIDUALS WITH LOCAL BUSINESSES OR WHO RESIDE IN THE COMMUNITY. HOSPITAL STAFF MEMBERS SERVE ON THE BOARDS OF MANY LOCAL NOT-FOR-PROFIT ORGANIZATIONS OR PROVIDE OTHER FORMS OF SUPPORT SUCH AS FUNDRAISING, ACTIVITY PARTICIPATION AND PROMOTION OF THE CHARITABLE EVENTS AND MISSION. ALL QUALIFIED PHYSICIANS ARE EXTENDED PRIVILEGES. DIVERSITY IS WELCOMED AND ENCOURAGED FOR RECRUITMENT OF TRUSTEES, PHYSICIANS AND STAFF.

UNDER THE DIRECTIVE OF THE SYSTEM'S FINANCE OFFICE, SURPLUS FUNDS ARE UTILIZED FOR CAPITAL PROJECTS TO IMPROVE SERVICES, TO PURCHASE EQUIPMENT,

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OR TO ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES. ALL OF THESE PURPOSES FOR EXPENDITURE OF SURPLUS FUNDS, IN TURN, BENEFIT THE COMMUNITY. PLEASE ALSO REFER TO FORM 990, SCHEDULE O, WHICH CONTAINS THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT AND PROVIDES A SUMMARY OF HOSPITAL ENTITIES COMPRISING RWJBARNABAS HEALTH.

SCHEDULE H, PART VI; QUESTION 6

RWJBARNABAS HEALTH - AS THE LEADING ACADEMIC HEALTH SYSTEM IN NEW JERSEY - IS ADVANCING INNOVATIVE STRATEGIES IN HIGH-QUALITY PATIENT CARE, EDUCATION AND RESEARCH TO ADDRESS BOTH THE CLINICAL AND SOCIAL DETERMINANTS OF HEALTH. RWJBH WORKS TO MAKE A UNIQUE IMPACT IN LOCAL COMMUNITIES THROUGHOUT NEW JERSEY: IMPROVING THE HEALTH OF LOCAL RESIDENTS THROUGH CLINICAL SERVICES AND PROGRAMS, CREATING EDUCATIONAL AND CAREER OPPORTUNITIES, ADVOCATING FOR POLICY TO SUPPORT THE HEALTH AND WELLNESS OF ITS COMMUNITIES AND PROMOTING BEST HEALTH AND WELLNESS PRACTICES.

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THE SYSTEM INITIATIVES ESTABLISH A STRONG FOUNDATION AND SUPPORT FOR THE IMPROVED HEALTH AND WELLBEING OF ITS COMMUNITIES. RWJBH SUPPORTS (STRATEGY DEVELOPMENT, ADVOCACY, RESOURCES, TRAINING) THE LOCAL HOSPITALS AND SITES WITH THEIR WORK IN THE FIELD WHERE CARE AND SERVICES ARE DELIVERED. THE HOSPITALS ADVANCE LOCAL PROGRAMMING AND INITIATIVES AND ALSO PARTICIPATE AS VALUABLE TEAM MEMBERS IN THE DEVELOPMENT OF SYSTEM INITIATIVES AND SHARING OF BEST PRACTICE FROM GOVERNANCE TO POLICY.

RWJBARNABAS HEALTH'S AFOREMENTIONED SOCIAL IMPACT & COMMUNITY INVESTMENT PRACTICE (SICI) EXEMPLIFIES ROLES OF THE ORGANIZATION AND AFFILIATES. SICI SERVES AS A DRIVER OF THE SYSTEM'S ANCHOR MISSION TO "HIRE LOCAL, BUY LOCAL, AND INVEST LOCAL". SICI LEVERAGES A BROAD RANGE OF ASSETS TO ADVANCE A CULTURE OF HEALTH AND IMPROVE THE QUALITY OF LIFE FOR COMMUNITIES THROUGHOUT NEW JERSEY THROUGH ENSURING HEALTH EQUITY, BY ADVANCING STRATEGIC POLICY CHANGE, COMBINED WITH EVIDENCE BASED AND INNOVATIVE PROGRAMS THAT ADDRESS THE SOCIAL, ECONOMIC, AND ENVIRONMENTAL CONDITIONS THAT HAVE A SIGNIFICANT IMPACT ON HEALTH OUTCOMES.

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OTHER SIGNIFICANT PROCESSES INCLUDE: THE COMMUNITY HEALTH NEEDS

ASSESSMENT PROCESS; LEADERSHIP AND GOVERNANCE; CLINICAL EXPERIENCE AND

FINANCIAL ALLOCATION PROCESSES. THESE ARE DESCRIBED FURTHER BELOW.

A. COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") PROCESS.

COMMUNITY IMPROVEMENT ACTIVITIES ARE INFORMED BY COMPREHENSIVE

ASSESSMENTS DEVELOPED THROUGH EVIDENCE-BASED METHODS AND REVIEW OF

PRIMARY AND SECONDARY DATA. THE RWJBH ASSESSMENT PROCESS IS MULTIFACETED

AND STRUCTURED TO MAXIMIZE INPUT FROM DIVERSE SUBJECT MATTER EXPERTS,

COMMUNITY STAKEHOLDERS AND THE RESIDENTS SERVED BY THE SYSTEM AND

HOSPITAL FACILITIES.

THERE IS A SYSTEM CORPORATE STEERING COMMITTEE FOR THE COMMUNITY HEALTH

NEEDS ASSESSMENT (CHNA) PROCESS IN WHICH HOSPITAL LEADS PARTICIPATE AS

WELL AS KEY LEADERS FROM SERVICE LINES (WOMEN'S AND CHILDREN, CARDIOLOGY,

ONCOLOGY) AND CORE FUNCTIONS (QUALITY, SOCIAL RESPONSIBILITY,

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DIVERSITY/EQUITY/INCLUSION, POPULATION HEALTH) AND EXTERNAL EXPERTS IN HEALTH MEASUREMENT AND EQUITY. THIS COMMITTEE IDENTIFIED A CONSISTENT FRAMEWORK AND MINIMUM SET OF INDICATORS BUT THE APPROACH AND ENGAGEMENT PROCESS ARE TAILORED FOR EACH COMMUNITY. THE COMMITTEE PROVIDES INPUT AND FEEDBACK ON MAJOR DATA ELEMENTS (E.G., SECONDARY DATA KEY INDICATORS, OVERALL TABLE OF CONTENTS) AND CORE PRIORITIZATION CRITERIA FOR THE PLANNING PROCESS DONE AT A LOCAL AND REGIONAL LEVEL WITH OVERSIGHT COMMITTEES.

THE CHNA LOCAL OVERSIGHT COMMITTEES USE THE ESTABLISHED FRAMEWORK AND GUIDANCE TO ENGAGE WITH LOCAL COMMUNITY STAKEHOLDERS AND LOCAL PUBLIC HEALTH PARTICIPANTS TO COMPLETE HOSPITAL CHNAs. A SOCIAL DETERMINANTS OF HEALTH FRAMEWORK IS USED IN ORDER TO UNDERSTAND THE CURRENT HEALTH STATUS OF RESIDENTS AND THE MULTITUDE OF FACTORS THAT INFLUENCE HEALTH TO ENABLE THE IDENTIFICATION OF PRIORITIES FOR COMMUNITY HEALTH PLANNING, EXISTING STRENGTHS AND ASSETS UPON WHICH TO BUILD, AND AREAS FOR FURTHER COLLABORATION AND COORDINATION. THIS WORK IS APPROACHED BY APPLYING A HEALTH EQUITY LENS AS THE INFLUENCES OF RACE, ETHNICITY, INCOME, AND

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GEOGRAPHY ON HEALTH PATTERNS ARE OFTEN INTERTWINED. SOCIAL, ECONOMIC, AND POLITICAL PROCESSES MAY INFLUENCE OPPORTUNITIES FOR EDUCATIONAL AND OCCUPATIONAL ADVANCEMENT AND HOUSING OPTIONS, TWO FACTORS THAT PROFOUNDLY AFFECT HEALTH. ECONOMIC INEQUALITY, DISCRIMINATORY POLICIES/PRACTICES ARE A FEW OF THE FACTORS THAT DRIVE HEALTH INEQUITIES AND DISPARITIES IN THE UNITED STATES.

THE PROCESS DEPLOYS MIXED METHODS TO REVIEW AND ASSESS COMMUNITY NEEDS. A RESIDENT SURVEY WHICH INCLUDED 6,000 PARTICIPANTS ACROSS THE COMMUNITIES SERVED (CSH ALSO CONDUCTED A TARGETED SURVEY FOR SPECIAL NEEDS OF 996 PARTICIPANTS), SUPPLEMENTED BY AN ARRAY OF SECONDARY DATA FROM EXISTING SOCIAL, ECONOMIC AND HEATH DATA FROM A VARIETY OF SOURCES PROVIDED A ROBUST STARTING POINT FOR DISCUSSION AND ADDITIONAL INFORMATION NEEDS. THE LOCAL COMMITTEES DETERMINED WHAT GROUPS AND VOICES NEEDED TO BE CULTIVATED TO ENRICH THE ASSESSMENT WITH QUALITATIVE DATA OBTAINED THOUGH COMMUNITY FOCUS GROUPS AND KEY INFORMANT INTERVIEWS. FROM THE LOCAL REVIEW, KEY SIGNIFICANT HEALTH ISSUES WERE IDENTIFIED FOR PRIORITIZATION AND FOCUS. A NEW SURVEY IS UNDERWAY IN 2024 TO UPDATE THE VOICES HEARD

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DIRECTLY FROM THE COMMUNITY.

PRIORITIZATION ALLOWED ORGANIZATIONS AND COALITIONS TO TARGET AND ALIGN RESOURCES, LEVERAGE EFFORTS, AND FOCUS ON ACHIEVABLE GOALS AND STRATEGIES FOR ADDRESSING PRIORITY NEEDS. FOR THE CURRENT CYCLE OF NEEDS ASSESSMENT, THE STEERING COMMITTEE ESTABLISHED THE FOLLOWING SEVEN CRITERIA TO GUIDE AND INFORM PRIORITIZATION DISCUSSIONS WITH THE HOSPITALS AND RESEARCH CONSULTANTS.

- BURDEN: HOW MUCH DOES THIS ISSUE AFFECT HEALTH IN THE COMMUNITY?
- EQUITY: WILL ADDRESSING THIS ISSUE SUBSTANTIALLY BENEFIT THOSE MOST IN NEED?
- IMPACT: CAN WORKING ON THIS ISSUE ACHIEVE BOTH SHORT-TERM AND LONG-TERM CHANGES? IS THERE AN OPPORTUNITY TO ENHANCE ACCESS/ACCESSIBILITY?
- SYSTEMS CHANGE: IS THERE AN OPPORTUNITY TO FOCUS ON/IMPLEMENT STRATEGIES THAT ADDRESS POLICY, SYSTEMS, ENVIRONMENTAL CHANGE?
- FEASIBILITY: IS IT POSSIBLE TO TAKE STEPS TO ADDRESS THIS ISSUE GIVEN CURRENT INFRASTRUCTURE, CAPACITY, AND POLITICAL WILL?

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- COLLABORATION/CRITICAL MASS: ARE THERE EXISTING GROUPS ACROSS SECTORS
ALREADY WORKING ON OR WILLING TO WORK ON THIS ISSUE TOGETHER?

- SIGNIFICANCE TO COMMUNITY: WAS THIS ISSUE IDENTIFIED AS A TOP NEED BY
SIGNIFICANT NUMBER OF COMMUNITY MEMBERS?

FINDINGS AND THE WORK PLANS FROM THE LOCAL HOSPITALS AND REGIONS ARE
SHARED WITH THE SYSTEM STEERING COMMITTEE AND LEADERSHIP FOR EXAMINATION
OF SYSTEMWIDE OPPORTUNITIES TO ADDRESS PREVALENT NEEDS ACROSS THE
COMMUNITIES SERVED BY THE AFFILIATE HOSPITALS.

B. LEADERSHIP INTERACTION AND COMMUNITY ENGAGEMENT

THE MAJORITY OF THE LOCAL HOSPITAL'S BOARD OF TRUSTEES MEMBERS ARE
INDIVIDUALS WITH LOCAL BUSINESSES OR WHO RESIDE IN THE COMMUNITY. LOCAL
BOARDS REVIEW AND ADOPT THEIR HOSPITAL'S CHNA AND IN MANY CASES,
PARTICIPATE IN THE PROCESS. THERE IS LOCAL BOARD REPRESENTATION ON THE
SYSTEM BOARD TO CONNECT LOCAL NEEDS TO SYSTEM WIDE ACTIVITIES IN
FURTHERANCE OF BOTH SYSTEM AND LOCAL MISSIONS. THE REPRESENTATION ALSO

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STEPS OUTSIDE OUR SYSTEM AND AFFILIATED ENTITIES WITH MANY HOSPITAL AND SYSTEM LEADERSHIP AND STAFF PERSONS SERVING ON THE BOARDS OF MANY LOCAL AND REGIONAL NOT-FOR-PROFIT ORGANIZATIONS. THE SUPPORT EXTENDS BEYOND GOVERNANCE SUPPORT TO ALSO PROVIDE OTHER FORMS OF SUPPORT SUCH AS FUNDRAISING, ACTIVITY PARTICIPATION AND PROMOTION OF THE CHARITABLE EVENTS AND MISSION.

THE SYSTEM AND AFFILIATE HOSPITALS HAVE LEADERSHIP AND STAFF REPRESENTATIVE OF DIVERSE POPULATIONS AND UTILIZE THOSE VOICES TO IMPROVE UNDERSTANDING OF THE NEEDS OF TYPICALLY UNDERREPRESENTED AND MARGINALIZED COMMUNITIES. IT SHOULD BE NOTED THAT ALL QUALIFIED PHYSICIANS ARE EXTENDED PRIVILEGES AND THAT DIVERSITY IS WELCOMED AND ENCOURAGED FOR RECRUITMENT OF TRUSTEES, PHYSICIANS AND STAFF.

C. CLINICAL AND PATIENT EXPERIENCE

RWJBH BELIEVES THAT WHEN YOU BRING TOGETHER ALL BACKGROUNDS, INCLUDING DIFFERENT LANGUAGES, BELIEFS AND EXPERIENCES, THOSE UNIQUE PERSPECTIVES

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PROVIDE POTENTIAL IDEAS, SOLUTIONS AND STRATEGIES THAT, WHEN MOBILIZED,
CAN HELP ADVANCE THE OVERALL HEALTH EQUITY OF THE PEOPLE OF NEW JERSEY.

AT RWJBARNABAS HEALTH, WE ARE ON A CONTINUING JOURNEY TO BECOME A HIGH
RELIABILITY ORGANIZATION (HRO), UNITING OUR HEALTH SYSTEM IN A CULTURE OF
SAFETY TO ACHIEVE TOP-TIER CLINICAL OUTCOMES AND TO DELIVER THE HIGHEST
QUALITY CARE AND SAFEST EXPERIENCE FOR OUR PATIENTS, COMMUNITIES AND
WORKFORCE. THIS PROCESS IS INCLUSIVE OF MONTHLY MEETINGS WITH A RANGE OF
PROFESSIONALS FROM SYSTEM AND HOSPITALS TO WORK TOGETHER TO:

- MEET AND EXCEED INDUSTRY STANDARDS
- ASSURE SAFE AND RESPECTFUL CARE
- PROMOTE CLINICAL EXCELLENCE:
- ADDRESS EFFECTIVE AND EFFICIENT CLINICAL RESOURCE MANAGEMENT

OPPORTUNITIES TO IMPROVE SERVICES AND SHARE BEST PRACTICES ARE RAISED AND
ADDRESSED DURING MONTHLY MEETINGS. NEW CLINICAL SYSTEMS INCLUDE THE
IMPLEMENTATION OF SOCIAL DETERMINANTS OF HEALTH SCREENING FOR ALL

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PATIENTS AND WORKING TO COORDINATE PATIENTS OF NEED WITH SERVICES.

IN ADDITION TO THE HRO COLLABORATIVE ACTIVITIES, THE INSTITUTE FOR NURSING EXCELLENCE IS DEDICATED TO BUILDING AND SUSTAINING A NURSING WORKFORCE THAT REFLECTS THE DIVERSE COMMUNITIES WE SERVE, HOLDING REGULAR MEETINGS TO PROVIDE CONTINUOUS LEARNING AND INNOVATION. THE GOALS ARE TO IMPROVE PATIENT OUTCOMES AND ENHANCE ACCESS TO CARE. NURSING EXCELLENCE IS SUPPORTED BY THE CENTER FOR PROFESSIONAL DEVELOPMENT, INNOVATION AND RESEARCH, WHICH OFFERS A RANGE OF EDUCATIONAL PROGRAMS AND INITIATIVES. FROM NURSING STUDENTS TO EXPERIENCED NURSES, A VARIETY OF RESOURCES TO HELP CLINICIANS EXPAND THEIR KNOWLEDGE AND IMPROVE THEIR PRACTICE.

D. FINANCIAL ALLOCATION AND INVESTMENT

UNDER THE DIRECTIVE OF THE SYSTEM'S LEADERSHIP AND FINANCE OFFICE, SURPLUS FUNDS ARE UTILIZED FOR CAPITAL PROJECTS TO IMPROVE SERVICES, TO PURCHASE EQUIPMENT, OR TO ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES. ALL OF THESE PURPOSES FOR EXPENDITURE OF SURPLUS FUNDS, IN TURN, BENEFIT

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THE COMMUNITY. THE SYSTEM HAS THE ABILITY TO TARGET AND ALLOCATE FUNDS TO
ACHIEVE THE MOST BENEFIT FOR COMMUNITY HEALTH IMPROVEMENT.

THESE PROCESSES REFLECT THE SYSTEM ORGANIZATION AND AFFILIATE ROLES AS
COLLABORATIVE AND MUTUALLY DRIVEN TOWARDS QUALITY, HEALTH EQUITY,
ENHANCED ACCESS FOR THE COMMUNITY AND IMPROVED HEALTH.

SCHEDULE H, PART VI; QUESTION 6

THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE
AFFILIATES WITHIN RWJBARNABAS HEALTH ("RWJBH"). ALL AFFILIATES ARE
COMMITTED TO ENHANCING THE OVERALL HEALTH STATUS OF THE COMMUNITY BY
PROVIDING THE HIGHEST QUALITY HEALTHCARE AND RELATED SERVICES IN A
COST-EFFECTIVE MANNER AND REGARDLESS OF ABILITY TO PAY. RWJBH STRIVES TO
EXCEED THE PATIENTS' EXPECTATIONS BY EMPHASIZING COMMITMENT, COMPETENCE,
COLLABORATION, COMMUNICATION, AND COMPASSION. RWJBH SETS OVERALL POLICY
REGARDING BILLING AND COLLECTIONS AND THE FACILITY RESPONSES PROVIDED FOR
PART I, PART II, AND PART III ARE REFLECTIVE OF THAT POLICY.

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

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

OUTLINED BELOW IS A SUMMARY OF THE ENTITIES WHICH COMPRISE RWJBH. ACTIVE HOSPITAL LEGAL ENTITIES INCLUDE CHILDREN'S SPECIALIZED HOSPITAL, CLARA

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MAASS MEDICAL CENTER, COMMUNITY MEDICAL CENTER, COOPERMAN BARNABAS MEDICAL CENTER, JERSEY CITY MEDICAL CENTER, MONMOUTH MEDICAL CENTER, NEWARK BETH ISRAEL MEDICAL CENTER, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY, SAINT BARNABAS BEHAVIORAL HEALTH CENTER, INC. AND TRINITAS REGIONAL MEDICAL CENTER. EACH OF THESE HOSPITALS OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545:

1. EACH PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS;
2. EACH ACUTE CARE HOSPITAL OPERATES AN ACTIVE EMERGENCY DEPARTMENT FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR (EXCEPT SAINT BARNABAS BEHAVIORAL HEALTH CENTER, INC.; A BEHAVIORAL HEALTH SPECIALTY HOSPITAL FACILITY AND, ACCORDINGLY, DOES NOT OPERATE AN EMERGENCY ROOM);

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

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

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

AFFILIATED RWJBH ENTITIES ARE AS FOLLOWS:

CHILDREN'S SPECIALIZED HOSPITAL ("CSH") IS A 162-BED LICENSED COMPREHENSIVE PEDIATRIC REHABILITATION HOSPITAL AND PEDIATRIC LONG-TERM CARE FACILITY WITH LOCATIONS IN NEW BRUNSWICK, MOUNTAINSIDE AND TOMS

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

CLARA MAASS MEDICAL CENTER ("CMMC") IS A 469-BED NON-PROFIT ACUTE CARE MEDICAL CENTER LOCATED IN BELLEVILLE, ESSEX COUNTY, NEW JERSEY. CMMC IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, CMMC PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, CMMC OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

COMMUNITY MEDICAL CENTER, INC. ("CMC") IS A 592-BED NON-PROFIT HOSPITAL

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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.

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

COOPERMAN BARNABAS MEDICAL CENTER ("CBMC") IS NEW JERSEY'S OLDEST NON-PROFIT, NON-SECTARIAN ACUTE CARE HOSPITAL, LOCATED IN LIVINGSTON, ESSEX COUNTY, NEW JERSEY. WITH 645 LICENSED BEDS, CBMC IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION §501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, CBMC PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, SBMC OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

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.

JERSEY CITY MEDICAL CENTER ("JCMC") IS A 316-BED REGIONAL REFERRAL TEACHING HOSPITAL AND A MAJOR TEACHING AFFILIATE OF THE MOUNT SINAI SCHOOL OF MEDICINE, LOCATED IN JERSEY CITY, HUDSON COUNTY, NEW JERSEY. JCMC IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION §501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, JCMC PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, JCMC OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

MONMOUTH MEDICAL CENTER ("MMC") IS COMPRISED OF THE FOLLOWING HOSPITALS: MONMOUTH MEDICAL CENTER, A 513-BED NON-PROFIT COMMUNITY TEACHING HOSPITAL LOCATED IN LONG BRANCH, MONMOUTH COUNTY, NEW JERSEY AND MONMOUTH MEDICAL CENTER-SOUTHERN CAMPUS, A 330-BED NON-PROFIT MEDICAL CENTER LOCATED IN LAKEWOOD, OCEAN COUNTY, NEW JERSEY. MMC IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION §501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, MMC PROVIDES MEDICALLY

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.

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

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

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL ("RWJUH") IS COMPRISED OF THE FOLLOWING HOSPITALS: ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, A 610-BED NON-PROFIT ACADEMIC MEDICAL CENTER LOCATED IN NEW BRUNSWICK, MIDDLESEX

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.

COUNTY, NEW JERSEY AND ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL SOMERSET, A 355-BED ACUTE CARE AND TEACHING HOSPITAL LOCATED IN SOMERVILLE, SOMERSET COUNTY, NEW JERSEY. RWJUH IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, RWJUH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, RWJUH OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON ("RWJUHH") IS A 280-BED NON-PROFIT ACUTE CARE MEDICAL CENTER LOCATED IN HAMILTON, MERCER COUNTY, NEW JERSEY. RWJUHH IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, RWJUHH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, RWJUHH OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS

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.

REVENUE RULING 69-545.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY ("RWJUHR") IS A LICENSED 251-BED NON-PROFIT ACUTE CARE MEDICAL CENTER LOCATED IN RAHWAY, UNION COUNTY, NEW JERSEY. RWJUHR IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, RWJUHR PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, RWJUHR OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

SAINT BARNABAS BEHAVIORAL HEALTH CENTER, INC., D/B/A BARNABAS HEALTH BEHAVIORAL HEALTH CENTER, IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3). THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. SAINT

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.

BARNABAS BEHAVIORAL HEALTH CENTER (WITH KIMBALL BEHAVIORAL HEALTH SERVICES) CONSTITUTES A FREESTANDING 100-BED ACUTE CARE PSYCHIATRIC FACILITY IN OCEAN COUNTY, NEW JERSEY. THE ORGANIZATION PROVIDES INPATIENT, PARTIAL HOSPITALIZATION, AND INTENSIVE OUTPATIENT PROGRAMS FOR ADULTS DIAGNOSED WITH PSYCHIATRIC AND DUAL DISORDERS. BARNABAS HEALTH BEHAVIORAL HEALTH CENTER IS ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION FOR HEALTHCARE ORGANIZATIONS.

TRINITAS REGIONAL MEDICAL CENTER ("TRMC") OPERATES ON TWO MAJOR CAMPUSES. TRMC, A 554-BED NON-PROFIT ACADEMIC MEDICAL CENTER LOCATED IN ELIZABETH, UNION COUNTY, NEW JERSEY AND A 120-BED LONG TERM CARE CENTER. TRMC IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, TRMC 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, TRMC OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

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.

BARNABAS BAYONNE DEVELOPMENT URBAN RENEWAL CORPORATION F/K/A MEDICAL CENTER STAFFING SERVICES, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF CENTER STATE HEALTH GROUP, INC., A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION AND SUPPORTS THE HEALTHCARE SYSTEM.

BARNABAS HEALTH MEDICAL GROUP, P.C. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(2). THE ORGANIZATION SUPPORTS THE HEALTHCARE SYSTEM; PRIMARILY ITS TAX-EXEMPT ACUTE CARE HOSPITALS, WHICH PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. IN ADDITION, BY PRACTICING MEDICINE, ENGAGING IN MEDICAL EDUCATION AND WORKING TO IMPROVE THE WELFARE OF INDIVIDUALS IN

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.

NEW JERSEY, THE ORGANIZATION COMPRISES A COMPONENT OF THE CLINICAL SERVICE PHYSICIAN PRACTICE PLANS OF THE RWJBARNABAS HEALTH TEACHING HOSPITALS AND IS AN INTEGRAL PART OF THESE INSTITUTIONS.

CENTER STATE HEALTH GROUP, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION IS A SUPPORTING ORGANIZATION OF RWJ BARNABAS HEALTH, INC. AND THE RWJBARNABAS HEALTH SYSTEM HOSPITALS AND MEDICAL CENTERS.

CLARA MAASS FOUNDATION, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1). THROUGH FUNDRAISING ACTIVITIES, THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF CLARA MAASS MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO

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.

ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

COMMUNITY MEDICAL CENTER FOUNDATION, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1). THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF COMMUNITY MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

DOCTORS' CENTER MANAGEMENT CORP IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION IS A SUPPORTING ORGANIZATION OF RWJ BARNABAS HEALTH, INC. AND THE RWJBARNABAS HEALTH SYSTEM HOSPITALS AND

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.

MEDICAL CENTERS.

LAKEVIEW CHILD CARE CENTER, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(2). THE ORGANIZATION IS INACTIVE AS OF DECEMBER 31, 2022.

MARILLAC CORPORATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION IS A SUPPORTING ORGANIZATION OF TRINITAS REGIONAL 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.

MEGA CARE, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS

Part VI Supplemental 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.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3).

THE ORGANIZATION IS LOCATED IN UNION, UNION COUNTY, NEW JERSEY. THE ORGANIZATION IS ACTING AS A MEMBER OF VNA HEALTH GROUP OF NEW JERSEY, LLC WHICH PROVIDES MEDICALLY NECESSARY HOME HEALTH AND HOSPICE CARE TO ALL INDIVIDUALS.

MONMOUTH MEDICAL CENTER-FACULTY PRACTICE PLAN, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF MONMOUTH MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. THE ORGANIZATION PROVIDES CLINICAL SERVICES, EDUCATION AND TRAINING IN CONJUNCTION WITH MONMOUTH MEDICAL CENTER'S MEDICAL RESIDENCY TEACHING PROGRAM.

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.
- 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.

MONMOUTH MEDICAL CENTER FOUNDATION, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1). THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF MONMOUTH MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

MONMOUTH MEDICAL CENTER - SOUTHERN CAMPUS FOUNDATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1). THROUGH FUNDRAISING ACTIVITIES, THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF MONMOUTH MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF

Part VI Supplemental Information

Provide the following information.

- 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.

RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

NEW BRUNSWICK AFFILIATED HOSPITALS, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION IS A JOINT VENTURE BETWEEN ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AND SAINT PETER'S UNIVERSITY HOSPITAL; AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, INC.; A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

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

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.

CODE §509(A)(1). THE ORGANIZATION'S GOAL IS TO EMPOWER PEOPLE WITH ACQUIRED HEAD INJURIES TO ACHIEVE IMPROVED SELF-ESTEEM, SELF-DETERMINATION, CONTINUED PERSONAL GROWTH, INDEPENDENCE AND ATTAINMENT OF THEIR FULL POTENTIAL BY ESTABLISHING A PLACE AND DEVELOPING PROGRAMS THROUGH A COLLABORATIVE PARTNERSHIP AMONGST PEOPLE WITH HEAD INJURIES, FAMILY MEMBERS, STAFF AND THE COMMUNITY.

ROBERT WOOD JOHNSON VISITING NURSES, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(2). THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, INC.; A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

ROBERT WOOD JOHNSON HEALTH NETWORK, INC. IS AN ORGANIZATION RECOGNIZED BY

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.

THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION SUPPORTS ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL; A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY, AND OTHER AFFILIATES IN THE HEALTHCARE SYSTEM.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON FOUNDATION, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1). THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON; A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR,

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.

CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

RWJBH BEHAVIORAL HEALTH, PREVENTION AND RECOVERY, INC., IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY AND SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF SAINT BARNABAS BEHAVIORAL HEALTH CENTER, INC., A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT ALSO PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

RWJBH CORPORATE SERVICES, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE

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.

CODE §509(A)(3). THE ORGANIZATION PROVIDES VARIOUS CORPORATE MANAGEMENT SERVICES TO ALL AFFILIATES WITHIN THE HEALTHCARE SYSTEM.

RWJBH MEDICAL GROUP, P.C. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION SUPPORTS THE HEALTHCARE SYSTEM; PRIMARILY ITS TAX-EXEMPT ACUTE CARE HOSPITALS, WHICH PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. 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 HEALTHCARE SYSTEM.

SAINT BARNABAS HEALTHCARE SYSTEM FOUNDATION, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1). THROUGH FUNDRAISING ACTIVITIES, THE

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.

ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF
RWJBARNABAS HEALTH.

SAINT BARNABAS OUTPATIENT CENTERS IS AN ORGANIZATION RECOGNIZED BY THE
INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE
§501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE
CODE §509(A)(2). SAINT BARNABAS OUTPATIENT CENTERS IS ONE OF THE NATION'S
MOST SOPHISTICATED AMBULATORY HEALTHCARE FACILITIES--PROVIDING THE
HIGHEST QUALITY MEDICAL CARE IN AN ENVIRONMENT DESIGNED TO SET A NEW
STANDARD FOR PATIENT SATISFACTION. THE ORGANIZATION PROVIDES VARIOUS
TYPES OF MEDICALLY NECESSARY OUTPATIENT MEDICAL AND SURGICAL SPECIALTY
SERVICES, INCLUDING AMBULATORY SURGERY AND WOMEN'S GYNECOLOGICAL SURGERY,
RENAL DIALYSIS SERVICES, IMAGING SERVICES, DIABETES SERVICES AND
ENDOCRINOLOGY SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER
REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

SAINT BARNABAS REALTY DEVELOPMENT CORPORATION IS AN ORGANIZATION
RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO

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.

INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION IS A SUPPORTING ORGANIZATION OF COOPERMAN BARNABAS MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY, AND IS PRIMARILY RESPONSIBLE FOR THE MANAGEMENT AND OPERATION OF RENTAL SPACE FOR VARIOUS AFFILIATES OF RWJBARNABAS HEALTH.

SANDY HOOK FRIENDS OF SAINT BARNABAS BURN FOUNDATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF THE SAINT BARNABAS BURN UNIT AT COOPERMAN BARNABAS MEDICAL CENTER; A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

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.

SOMERSET HEALTHCARE FOUNDATION, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1). THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL (SOMERSET CAMPUS); A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY AND OTHER NOT FOR-PROFIT ORGANIZATIONS, CHARITABLE PROGRAMS AND ACTIVITIES.

THE JERSEY CITY MEDICAL CENTER FOUNDATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(2). THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF

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.

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

THE ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL FOUNDATION, INC. IS AN
ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT
PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE
FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1). THROUGH
FUNDRAISING ACTIVITIES THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES,
PROGRAMS AND SERVICES OF ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL; A
RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT
PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A
NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL
ORIGIN OR ABILITY TO PAY.

TRINITAS HEALTH FOUNDATION 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.
- 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.

§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 TRINITAS REGIONAL 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.

TRINITAS HEALTHCARE CORPORATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(2). THE ORGANIZATION PROVIDES THERAPEUTIC HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

UNITED RESCUE AT JERSEY CITY, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE

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.

CODE §509(A)(3).

UNIVERSITY PHYSICIAN ASSOCIATES OF NJ IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION IS A SUPPORTING ORGANIZATION OF RWJ BARNABAS HEALTH, INC. AND THE RWJBARNABAS HEALTH SYSTEM HOSPITALS AND MEDICAL CENTERS.

VNA HEALTH GROUP OF NEW JERSEY, LLC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(2). 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 HEALTHCARE SYSTEM.

THE SYSTEM ALSO INCLUDES ADDITIONAL NOT-FOR-PROFIT ENTITIES THAT ARE

Part VI Supplemental Information

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

RECOGNIZED AS INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATIONS

BUT ARE CURRENTLY INACTIVE. THESE ENTITIES INCLUDE THE FOLLOWING:

- GREENVILLE HOSPITAL;
- IRVINGTON HOSPITAL FOUNDATION, INC.;
- LIBERTY RIVERSIDE HEALTHCARE;
- NEW MARGARET HAGUE CENTER WOMEN'S JERSEY MEDICAL CENTER OB/GYN; AND
- SAINT BARNABAS HOSPICE AND PALLIATIVE CARE CENTER, INC.

OTHER RWJBARNABAS HEALTH LEGAL ENTITIES INCLUDE THE FOLLOWING:

A WOMAN'S PLACE HOLDINGS, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

ADVANCED GASTROENTEROLOGY GROUP, LLC IS A LIMITED LIABILITY COMPANY

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TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH
MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES
WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE
COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE
SYSTEM.

ADVANCED SURGICAL & ENDOSCOPY OF NJ, LLC IS A LIMITED LIABILITY COMPANY
TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH
MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES
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ANESTHESIA SPECIALISTS OF NEW JERSEY, LLC IS A LIMITED LIABILITY COMPANY
TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH
MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES
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ASSOCIATES IN OTOLARYNGOLOGY OF NJ, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

ATLANTIC AMBULATORY ANESTHESIA ASSOCIATES, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

AVENEL ISELIN MEDICAL GROUP, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH

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MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

BARNABAS ON TIME HOLDINGS, L.L.C. IS A LIMITED LIABILITY COMPANY WHOSE SOLE MEMBER FOR TAX PURPOSES IS ROBERT WOOD JOHNSON HEALTH NETWORK, INC. THIS ORGANIZATION PROVIDES PATIENTS OF RWJBARNABAS HEALTH HOSPITALS WITH TRANSPORTATION SERVICES FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

CARE STATION MSO, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS LIVINGSTON SERVICES CORPORATION. THIS ORGANIZATION ENGAGES IN NON-CLINICAL HEALTHCARE SERVICES.

CCG MEDICAL GROUP, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP,

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P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

CENTRAL JERSEY ACO, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH CORPORATE SERVICES, INC. THIS ORGANIZATION IS CURRENTLY INACTIVE.

CENTER STATE MANAGEMENT CORPORATION IS AN ENTITY WHOSE SOLE SHAREHOLDER IS LIVINGSTON SERVICES CORPORATION. THIS ENTITY ENGAGES IN VARIOUS HEALTHCARE RELATED BUSINESS ACTIVITIES.

COMMERCIAL PROFESSIONAL INSURANCE COMPANY, LTD, A CONTROLLED FOREIGN CORPORATION OF COOPERMAN BARNABAS MEDICAL CENTER. THE ORGANIZATION WAS FORMED AND OPERATES SOLELY IN BERMUDA WITH NO U.S ACTIVITIES OR PRESENCE.

CREST PHYSICAL THERAPY SERVICES, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH

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CORPORATE SERVICES, INC. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

CSH VENTURES, INC. IS AN ENTITY WHOSE SOLE MEMBER IS CHILDREN'S SPECIALIZED HOSPITAL. THE ORGANIZATION WAS FORMED TO PROVIDE PEDIATRIC REHABILITATION CONSULTING AND TRAINING SERVICES INTERNATIONALLY.

DIGESTIVE HEALTHCARE CENTER, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

FAMILY CARE PRIMARY & URGENT CARE, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES

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HAMILTON ENDOSCOPY & SURGERY CENTER, L.L.C. IS A LIMITED LIABILITY
COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS
RWJ MEDICAL SERVICES ORGANIZATION AT HAMILTON. THIS ORGANIZATION ENGAGES
IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE
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HUDSON MD GROUP, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A
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HEALTH CARE FACILITIES MANAGEMENT, INC. IS AN ENTITY WHOSE SOLE

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SHAREHOLDER IS LIVINGSTON SERVICES CORPORATION. THE ORGANIZATION PROVIDES ENGINEERING, PLANT OPERATIONS AND MATERIALS MANAGEMENT SERVICES PRIMARILY TO RWJBH ENTITIES.

INNOVATIVE PURCHASING CONCEPTS, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBERS ARE THE RWJBH HOSPITALS. THIS ORGANIZATION ENGAGES IN GROUP PURCHASING ACTIVITY.

JAG-ONE HOLDINGS, L.P. IS A LIMITED PARTNERSHIP WHOSE RWJBH MEMBER IS RWJBH CORPORATE SERVICES, INC. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

JERSEY ASC VENTURES, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH CORPORATE SERVICES, INC. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN

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SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

KAYAL MEDICAL GROUP, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

LIBERTY/USP SURGERY CENTERS, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS BARNABS HEALTH, INC. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

LIVINGSTON INFUSION CARE, INC. IS AN ENTITY WHOSE SOLE SHAREHOLDER IS LIVINGSTON SERVICES CORPORATION. THE ORGANIZATION PROVIDES HOME INFUSION AND DIALYSIS SERVICES TO INDIVIDUALS.

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LIVINGSTON SERVICES CORPORATION IS AN ENTITY WHOSE SOLE SHAREHOLDER IS RWJBH CORPORATE SERVICES, INC. THIS ENTITY ENGAGES IN VARIOUS HEALTHCARE BUSINESS ACTIVITIES.

LSC PHARMACY SERVICES, INC. IS AN ENTITY WHOSE SOLE SHAREHOLDER IS LIVINGSTON SERVICES CORPORATION. THE ORGANIZATION OPERATES A PHARMACY FOR THE EMPLOYEES OF RWJBH ENTITIES AND OTHER ACTIVITIES.

MAJOR INVESTIGATIONS, INC. IS AN ENTITY WHOSE SOLE SHAREHOLDER IS LIVINGSTON SERVICES CORPORATION. THE ORGANIZATION PROVIDES SECURITY SERVICES PRIMARILY TO RWJBH ENTITIES AND OTHERS. THE ORGANIZATION CONDUCTS BACKGROUND CHECKS AND OTHER INVESTIGATORY SERVICES.

MEDEMERGE, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

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MEDICOR CARDIOLOGY, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

MONTGOMERY MEDICAL ASSOCIATES, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

MVP MEDICAL ASSOCIATES II, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

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NEW JERSEY HEALTH CARE SYSTEM, INC. IS AN INACTIVE ENTITY.

NEW JERSEY IMAGING NETWORK, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH CORPORATE SERVICES, INC. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

PARKWAY ANESTHESIA ASSOCIATES, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

PARKWAY MEDICAL MANAGEMENT, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH

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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.

QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

PREDICTIVE HEALTH SOLUTIONS, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS CHILDREN'S SPECIALIZED HOSPITAL. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

RWJBH ASSOCIATES 2, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS BARNABAS HEALTH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

RWJ MEDICAL SERVICES ORGANIZATION AT HAMILTON IS AN ENTITY WHOSE SOLE

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.

SHAREHOLDER IS LIVINGSTON SERVICES CORPORATION.

R.W.J. MEDICAL ASSOCIATES, P.A., IS AN ENTITY WHOSE NOMINEE SOLE SHAREHOLDER IS A LICENSED MD HOLDING SHARES FOR THE BENEFIT OF ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL. THE ORGANIZATION IS LOCATED IN NEW BRUNSWICK, MIDDLESEX COUNTY, NEW JERSEY. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

RWJ PHYSICIAN ENTERPRISE, P.A. IS AN ENTITY WHOSE NOMINEE SOLE SHAREHOLDER IS A LICENSED MD HOLDING SHARES FOR THE BENEFIT OF ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

RWJ-REGENT, L.L.C. IS A LIMITED LIABILITY COMPANY WHOSE SOLE MEMBER 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.
- 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.

TAX PURPOSES IS ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

RWJ-REGENT II, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES, FORMED IN THE STATE OF NEW JERSEY AND OPERATES AN AMBULATORY SURGERY CENTER. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

RWJ SURGERY CENTER, INC. IS AN ENTITY WHOSE SOLE SHAREHOLDER IS ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL. THIS ENTITY PROVIDES MEDICAL SERVICES TO INDIVIDUALS. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 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.

SBC MANAGEMENT CORPORATION IS AN ENTITY, WHOSE SOLE SHAREHOLDER IS LIVINGSTON SERVICES CORPORATION. THE ENTITY IS CURRENTLY INACTIVE.

SCA-SPARTA, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH CORPORATE SERVICES, INC. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

SEAVIEW ORTHOPAEDICS & MEDICAL ASSOCIATES, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

SHC ENTERPRISES, INC. IS AN ENTITY WHOSE SOLE SHAREHOLDER IS LIVINGSTON SERVICES CORPORATION.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
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- 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.

SHREWSBURY DIAGNOSTIC IMAGING, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

SOMERSET PEDIATRIC GROUP, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

SOMERSET REALTY GROUP, INC. IS AN ENTITY WHOSE SOLE SHAREHOLDER IS SHC ENTERPRISES, INC. THIS ENTITY PROVIDES REAL ESTATE SERVICES.

TRINITAS HEALTH SERVICES CORPORATION IS AN ENTITY WHOSE SOLE SHAREHOLDER IS TRINITAS REGIONAL MEDICAL CENTER. THIS ENTITY CONDUCTS VARIOUS

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.

HEALTHCARE BUSINESS ACTIVITIES.

UNION COUNTY HC ASSOCIATES, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTHCARE SYSTEM.

VISION HEALTHCARE, INC. IS AN ENTITY WHOSE SOLE SHAREHOLDER IS LIVINGSTON SERVICES CORPORATION. THIS ENTITY CONDUCTS VARIOUS HEALTHCARE BUSINESS ACTIVITIES.

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.
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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 VI; QUESTION 7

NOT APPLICABLE. THE ENTITY AND RELATED PROVIDER ORGANIZATIONS ARE LOCATED IN NEW JERSEY. NO COMMUNITY BENEFIT REPORT IS FILED WITH THE STATE OF NEW JERSEY.

THE STATE OF NEW JERSEY HAS GOVERNMENTAL PUBLIC HEALTH PARTNERSHIPS (GPHP) WHICH ARE REGIONAL FORUMS THAT BRING TOGETHER LOCAL HEALTH OFFICIALS TO IDENTIFY, PLAN, AND ORGANIZE REGIONAL LOCAL HEALTH RESOURCES. GPHPS HAVE TAKEN THE LEAD IN STRATEGIC, COMMUNITY HEALTH PLANNING, ENGAGING HOSPITALS, COMMUNITY SERVICE PROVIDERS, LOCAL BUSINESSES AND MANY OTHER PARTNERS.

THE STATE SHARES COMMUNITY HEALTH ASSESSMENTS (CHAS), COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNAS), AND COMMUNITY HEALTH IMPROVEMENT PLANS (CHIPS) WHICH IDENTIFY HIGH PRIORITY PUBLIC HEALTH NEEDS AND OUTLINE IMPLEMENTATION PLANS FOR EACH OF THE IDENTIFIED PRIORITY ISSUES TO HELP INFORM THE PUBLIC AND KEY STAKEHOLDERS. THE SHARED PLANS CAN BE FOUND AT:

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.

[HTTPS://WWW.NJ.GOV/HEALTH/HEALTHYNJ/2030/COMMUNITY-PLANS](https://www.nj.gov/health/healthynj/2030/community-plans)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

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

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number

85-1296795

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) AHAVAS TZEDAKAH, INC. 816 FOREST AVENUE LAKEWOOD, NJ 08701 | 22-3719783 | 501(C)(3) | 100,000. | | | | SPONSORSHIP |
| (2) BOYS GIRLS CLUB OF MONMOUTH COUNTY 1201 MONROE AVENUE ASBURY PARK, NJ 07712 | 21-0694373 | 501(C)(3) | 65,000. | | | | SPONSORSHIP |
| (3) CAMACHO & SON FLOAT SERVICE 420 SUMMER AVENUE NEWARK, NJ 07104 | 46-0952505 | | 6,020. | | | | SPONSORSHIP |
| (4) CATERERS IN THE PARK LLC DBA NANINAS IN THE PARK | 22-3839604 | | 6,855. | | | | SPONSORSHIP |
| (5) FEDERATION OF INDIAN ASSOCIATIONS INC 296 SUMMERHILL ROAD | 13-2961275 | 501(C)(3) | 10,000. | | | | SPONSORSHIP |
| (6) GIRL SCOUTS OF THE JERSEY SHORE 1405 OLD FREEHOLD ROAD TOMS RIVER, NJ 08753 | 21-0731966 | 501(C)(3) | 7,500. | | | | SPONSORSHIP |
| (7) GREATER BETHEL CHURCH OF GOD IN CHRIST 201 MARTIN LUTHER KING DRIVE | 22-3836690 | 501(C)(3) | 15,000. | | | | SPONSORSHIP |
| (8) GREATER LONG BRANCH CHAMBER OF COMMERCE P.O. BOX 628 LONG BRANCH, NJ 07740 | 21-0502065 | 501(C)(6) | 25,000. | | | | SPONSORSHIP |
| (9) GREATER OCEAN TOWNSHIP CHAMBER OF COMMERCE 2002 BILMORE STREET OAKHURST, NJ 07755 | 22-2929297 | 501(C)(6) | 5,900. | | | | SPONSORSHIP |
| (10) HOLIDAY EXPRESS INCORPORATED 151 INDUSTRIAL WAY EAST EATONTOWN, NJ 07724 | 22-3470019 | 501(C)(3) | 9,000. | | | | SPONSORSHIP |
| (11) LAKESWOOD RESOURCE AND REFERRAL CENTER 1771 MADISON AVENUE LAKEWOOD, NJ 08701 | 20-1324142 | 501(C)(3) | 36,000. | | | | SPONSORSHIP |
| (12) METROGRAPHICS PRINTING COMPUTER 311 ROUTE 46 WEST FAIRFIELD, NJ 07004 | 22-3142972 | | 25,103. | | | | SPONSORSHIP |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 18

3 Enter total number of other organizations listed in the line 1 table 7

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

Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) MONMOUTH CONSERVATION FOUNDATION 162 HOLLAND ROAD MIDDLETOWN, NJ 07748 | 22-2185314 | 501(C)(3) | 6,000. | | | | SPONSORSHIP |
| (2) MONMOUTH COUNCIL BOY SCOUTS OF AMERICA 705 GINESI DRIVE MORGANVILLE, NJ 07751-1235 | 21-0634963 | 501(C)(3) | 7,500. | | | | SPONSORSHIP |
| (3) MONMOUTH COUNTY SPCA 260 WALL STREET EATONTOWN, NJ 07724 | 21-0679893 | 501(C)(3) | 10,000. | | | | SPONSORSHIP |
| (4) MONMOUTH PARK CHARITY FUND INCORPORATED PO BOX MP OCEANPORT, NJ 07757 | 22-6063135 | 501(C)(3) | 13,000. | | | | SPONSORSHIP |
| (5) MONMOUTH UNIVERSITY OFFICE OF THE BURSAR NEWARK, NJ 07191 | 21-0634584 | 501(C)(3) | 15,000. | | | | SPONSORSHIP |
| (6) NEWARK THREE KINGS CELEBRATION INC PO BOX 22247 NEWARK, NJ 02247 | 42-1605590 | 501(C)(3) | 6,000. | | | | SPONSORSHIP |
| (7) OB AND GYN EDUCATION FUND 300 SECOND AVENUE LONG BRANCH, NJ 07740 | 46-3773937 | | 7,500. | | | | SPONSORSHIP |
| (8) PUERTO RICAN DAY PARADE, INC. P.O. BOX 9788 NEWARK, NJ 07104 | 47-2658838 | 501(C)(3) | 7,000. | | | | SPONSORSHIP |
| (9) RAHWAY FIRST AID EMERGENCY SQUAD, INC. 905 STONE STREET RAHWAY, NJ 07065 | 23-7107761 | 501(C)(3) | 54,000. | | | | SPONSORSHIP |
| (10) T THOMAS FORTUNE FOUNDATION PO BOX 2248 RED BANK, NJ 07701-0903 | 81-5308319 | 501(C)(3) | 10,000. | | | | SPONSORSHIP |
| (11) THE VALERIE FUND 2101 MILLBURN AVENUE MAPLEWOOD, NJ 07040 | 22-2126867 | 501(C)(3) | 21,000. | | | | SPONSORSHIP |
| (12) TIGGER HOUSE INC PO BOX 276 RED BANK, NJ 07701 | 46-4331523 | 501(C)(3) | 10,000. | | | | SPONSORSHIP |

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

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

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

Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) TOTAL ACCESS GROUP, INC. 1671 E SAINT ANDREW PLACE | 93-1198696 | | 11,995. | | | | SPONSORSHIP |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

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

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

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

Schedule I (Form 990) 2023

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 SCHOLARSHIPS | 15 | 47,000. | | FMV | |
| 2 COMMUNITY ASSISTANCE | 23 | 12,814. | | FMV | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I; QUESTION 2

GRANTS ARE MONITORED BY THE ORGANIZATION'S FINANCE PERSONNEL AND HUMAN RESOURCES DEPARTMENT PERSONNEL THROUGH THE UTILIZATION OF COST CENTERS AND OTHER INFORMATION; INCLUDING WRITTEN DOCUMENTATION AND RECEIPTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

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

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

Part I Questions Regarding Compensation

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

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

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

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

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

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

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

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

| | Yes | No |
|-----------|-----|----|
| 1b | X | |
| 2 | X | |
| 4a | X | |
| 4b | X | |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | X | |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2023

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 | | | | |
| THOMAS A. BIGA 1 TRST-CMMC/JCMC-RWJBH EVP | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| | (ii) | 1,841,658. | 250,000. | 1,069,380. | 600,930. | 29,430. | 3,791,398. | 1,035,000. |
| GARY S. HORAN 2 TRST-PRES./CEO-TRMC (TERM 4/23) | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| | (ii) | 2,417,803. | 232,825. | 1,069,957. | NONE | 2,293. | 3,722,878. | NONE |
| WILLIAM S. ARNOLD 3 TRST-CMC/RWJUH - PRES SO DIV | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| | (ii) | 1,296,442. | 885,000. | 215,724. | 569,271. | 594. | 2,967,031. | 204,437. |
| ANROY OTTLEY, M.D. 4 PHYSICIAN - JCMC | (i) | 444,222. | 2,270,925. | 810. | 4,700. | 40,187. | 2,760,844. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| MICHAEL PRILUTSKY 5 TRUSTEE - PRESIDENT/CEO - JCMC | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| | (ii) | 1,035,400. | 750,000. | 144,522. | 364,850. | 14,866. | 2,309,638. | 107,082. |
| RICHARD L. DAVIS 6 PRESIDENT/CEO - CBMC | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| | (ii) | 1,239,171. | 296,875. | 240,548. | 250,181. | 41,773. | 2,068,548. | 225,608. |
| DAVID A. MEBANE, ESQ. 7 SECRETARY - TRUSTEE - CBMC | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| | (ii) | 839,758. | 408,750. | 367,517. | 342,737. | 20,862. | 1,979,624. | 348,437. |
| DARRELL TERRY 8 PRESIDENT/CEO - NBIMC | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| | (ii) | 780,471. | 139,313. | 425,109. | 475,588. | 40,335. | 1,860,816. | 383,229. |
| JENNIFER A. O'NEILL, D 9 COO - CBMC | (i) | 1,077,500. | 313,500. | 32,400. | 231,325. | 594. | 1,655,319. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| ALAN LEE 10 TUSTEE - PRESIDENT - RWJUH | (i) | 898,346. | 256,500. | 39,240. | 231,300. | 40,385. | 1,465,771. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| ERIC W. CARNEY 11 PRESIDENT/CEO - MMC/MMC-SC | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| | (ii) | 739,597. | 250,000. | 113,081. | 224,750. | 40,385. | 1,367,813. | 106,061. |
| KAREN LUMPP 12 SVP & CFO - TRMC (TERM 10/23) | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| | (ii) | 432,427. | 88,650. | 842,149. | NONE | 3,156. | 1,366,382. | NONE |
| PATRICK M. AHEARN 13 PRESIDENT/CEO - CMC | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| | (ii) | 716,446. | 166,225. | 243,900. | 207,995. | 30,480. | 1,365,046. | 197,100. |
| MARY ELLEN CLYNE 14 PRESIDENT/CEO - CMMC | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| | (ii) | 630,483. | 105,492. | 257,900. | 244,243. | 36,937. | 1,275,055. | 241,220. |
| GREGORY ROKOSZ, M.D. 15 SVP, VPMA-CBMC (TERM 3/23) | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| | (ii) | 947,938. | 17,630. | 259,801. | NONE | 1,974. | 1,227,343. | 151,080. |
| NIKOLAS ALEXIADES 16 CFO - SOUTHERN REGION | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| | (ii) | 615,009. | 215,000. | 167,625. | 144,407. | 43,435. | 1,185,476. | 135,225. |

Schedule J (Form 990) 2023

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

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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 | | | | |
| DEANNA SPERLING | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 1 TRST-RWJBH BEH HEALTH CEO/SBBH | (ii) | 409,268. | 122,200. | 434,079. | 153,990. | 28,780. | 1,148,317. | 402,998. |
| SHERWIN SCHRAG, M.D. | (i) | 438,336. | 593,055. | 810. | 4,700. | 33,736. | 1,070,637. | NONE |
| 2 PHYSICIAN - JCMC | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| STUART GEFFNER, M.D. | (i) | 857,566. | 107,499. | 26,064. | 19,800. | 48,853. | 1,059,782. | NONE |
| 3 TRUSTEE - CBMC | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| MARC COHEN, M.D. | (i) | 765,599. | 186,531. | 11,124. | 25,765. | 29,108. | 1,018,127. | NONE |
| 4 CHAIRMAN MD - NBIMC | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| DOUGLAS A. ZEHNER | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 5 CFO - NEWARK AND UNION | (ii) | 566,359. | 132,450. | 149,031. | 124,718. | 40,885. | 1,013,443. | 115,191. |
| KIRK C. TICE | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 6 TRUSTEE - PRES./CEO - RWJUHR | (ii) | 518,608. | 109,063. | 191,943. | 146,663. | 30,980. | 997,257. | 147,083. |
| MICHAEL LOFTUS, M.D. | (i) | 661,506. | 101,175. | 24,300. | 124,237. | 48,379. | 959,597. | NONE |
| 7 SVP/CHF MED & QUAL OFF - CBMC | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| SALVATORE MOFFA, M.D. | (i) | 395,449. | 61,114. | 381,631. | 92,206. | 11,487. | 941,887. | 169,508. |
| 8 VPMA - RWJUH | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| ALAN SABER, M.D. | (i) | 817,865. | 26,250. | 26,064. | 14,850. | 47,525. | 932,554. | NONE |
| 9 PHYSICIAN - NBIMC | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| COURTNEY B. VOSE | (i) | 619,895. | 204,750. | 66,240. | 4,750. | 26,384. | 922,019. | NONE |
| 10 CNO - RWJUH | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| RICHARD FREEMAN | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 11 TRST-PRS/CEO-RWJUHH(TERM 6/23) | (ii) | 345,887. | 149,425. | 407,000. | NONE | 4,445. | 906,757. | 176,633. |
| ALISON GRANN, M.D. | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 12 TRUSTEE - CBMC | (ii) | 837,000. | NONE | 2,322. | 14,906. | 3,396. | 857,624. | NONE |
| DORY B. ALTMANN, M.D. | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 13 TRUSTEE - RWJUH | (ii) | 739,713. | NONE | 54,368. | 19,800. | 43,233. | 857,114. | NONE |
| MATTHEW B. MCDONALD, M | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 14 TRUSTEE - PRESIDENT/CEO-CSH | (ii) | 511,309. | 148,313. | 48,311. | 103,858. | 43,435. | 855,226. | 38,126. |
| TIMOTHY MATTSON | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 15 CFO - NORTHERN REGION | (ii) | 517,395. | 149,625. | 14,940. | 104,494. | 26,384. | 812,838. | NONE |
| CARLA PARKER-HOLLIS | (i) | 420,152. | 79,465. | 213,002. | 80,370. | 15,614. | 808,603. | 202,904. |
| 16 COO - JCMC | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |

Schedule J (Form 990) 2023

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

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|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| JOHN D'ANGELO, M.D. 1 VP & CMO - TRMC | (i) | 665,741. | 61,101. | 2,700. | 11,250. | 36,269. | 777,061. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| KENNETH M. GRANET, M.D. 2 CMO - MMC | (i) | 442,716. | 84,377. | 112,164. | 98,308. | 29,180. | 766,745. | 84,375. |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| RUSSELL C. LANGAN, M.D. 3 TRUSTEE - CBMC | (i) | 670,032. | 55,000. | 540. | 15,774. | 15,390. | 756,736. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| NANCY DILIEGRO 4 TRST-PRES./CEO-TRMC(EFF 4/23) | (i) | 96,447. | 44,401. | 4,417. | NONE | 1,373. | 146,638. | NONE |
| | (ii) | 433,161. | NONE | 34,049. | 87,672. | 24,677. | 579,559. | NONE |
| CHARLES CHIANESE, MBA 5 EVP/COO - CSH | (i) | 345,394. | 50,830. | 300,697. | 13,200. | 766. | 710,887. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| MEIKA TYLESE NEBLETT, 6 CMO - CMC | (i) | 528,057. | 23,362. | 4,140. | 95,619. | 28,124. | 679,302. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| THIRUVENGADAM ANANDARA 7 SECRETARY - TRUSTEE - NBIMC | (i) | 594,399. | 25,000. | 26,064. | 12,375. | 18,524. | 676,362. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| CHARLES CATHCART, M.D. 8 TRUSTEE - CMO - NBIMC | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| | (ii) | 515,808. | 102,000. | 11,880. | 21,020. | 594. | 651,302. | NONE |
| IJEOMA AKUNYILI, M.D. 9 CMO - JCMC (EFF 1/23) | (i) | 560,641. | NONE | 2,492. | 79,154. | 594. | 642,881. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| PATRICK DELANEY 10 CAO - RWJUH SOMERSET(EFF 1/23) | (i) | 416,337. | 75,000. | 9,178. | 94,566. | 39,698. | 634,779. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| AMY DORAN 11 COO - NBIMC | (i) | 449,060. | 67,154. | 6,966. | 102,323. | 3,061. | 628,564. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| SETH D. ROSENBAUM, M.D. 12 SVP/CMO - RWJUH | (i) | 378,320. | 20,079. | 96,691. | 67,783. | 40,385. | 603,258. | 71,229. |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| FRANK DOS SANTOS, M.D. 13 CMO - CMMC | (i) | 401,195. | 50,503. | 3,395. | 72,302. | 38,460. | 565,855. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| JOSHUA ROSENBLATT, M.D. 14 TRUSTEE; EX-OFFICIO/CAO-NBIMC | (i) | 446,681. | NONE | 41,928. | 28,050. | 37,737. | 554,396. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| CAROL ASH, D.O. 15 CMO - RWJUHR | (i) | 364,948. | 53,260. | 42,031. | 70,021. | 15,672. | 545,932. | 33,240. |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| ARNOLD WILLIAMS, M.D. 16 TRUSTEE - SBBH | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| | (ii) | 415,168. | 25,000. | 23,040. | 18,063. | 14,872. | 496,143. | NONE |

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| (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 | | | | |
| LISA BREZA | (i) | 303,042. | 18,265. | 65,882. | 48,709. | 28,980. | 464,878. | NONE |
| 1 TRUSTEE-CAO-RWJUHH (EFF 6/23) | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| COLIN R. O'REILLY, M.D | (i) | 335,997. | 54,568. | 24,922. | 9,900. | 30,945. | 456,332. | NONE |
| 2 VP/CMO - CSH | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| FRANK J. MAZZARELLA, M | (i) | 320,896. | 31,065. | 83,346. | NONE | 3,414. | 438,721. | 72,838. |
| 3 VPMA - CMMC (TERM 9/23) | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| JASON VIGLIAROLO | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 4 COO - SBBH | (ii) | 256,000. | 49,216. | 54,062. | 67,935. | 507. | 427,720. | 51,942. |
| THOMAS HELEOTIS, M.D. | (i) | 161,246. | 83,256. | 173,648. | NONE | 2,551. | 420,701. | 84,396. |
| 5 VPMA - MMC (TERM 2/23) | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| PHILIP SALERNO, III | (i) | 220,677. | 107,031. | 71,498. | 9,106. | 10,752. | 419,064. | NONE |
| 6 TRST-PRS/CDO-CSH FDN (TRM 7/23) | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| MARGARET M. AMES | (i) | 309,415. | 56,972. | 4,969. | 4,631. | 33,211. | 409,198. | NONE |
| 7 TRUSTEE - CNO - JCMC | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| DOUGLAS LIVORNESE, M.D | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 8 TRUSTEE - MMC | (ii) | 336,378. | NONE | 24,822. | 3,867. | 27,646. | 392,713. | NONE |
| ANNA MALIA BECKWITH, M | (i) | 289,046. | 21,914. | 540. | 9,189. | 30,710. | 351,399. | NONE |
| 9 TRUSTEE-SEC. CHIEF NEURO - CSH | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| KATHERINE BENTLEY, M.D | (i) | 278,430. | 15,851. | 540. | 11,837. | 30,945. | 337,603. | NONE |
| 10 TRST-PAIN PGM-CSH (TERM 9/23) | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| ANIL K. GUPTA, M.D. | (i) | 271,554. | 53,438. | 6,430. | NONE | 5,890. | 337,312. | NONE |
| 11 CMO - MMC-SC (TERM 5/23) | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| STEVEN K. LIBUTTI, M.D | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 12 TRUSTEE - RWJUH | (ii) | 306,000. | NONE | 4,737. | 2,288. | 594. | 313,619. | NONE |
| ANTHONY CAVA | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 13 PRES/CEO-RWJUH SOM (TERM 1/23) | (ii) | 13,089. | 67,993. | 196,151. | NONE | 304. | 277,537. | 157,297. |
| ALISSA MEMOLI | (i) | 223,164. | 5,000. | 5,757. | NONE | 11,068. | 244,989. | NONE |
| 14 TRUSTEE-PRES/CDO-CSH (EFF 7/23) | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| RENEE JULIE CABALEIRO, | (i) | 235,132. | NONE | NONE | NONE | NONE | 235,132. | NONE |
| 15 TRUSTEE - NBIMC | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| MOHAMMAD JAVED, M.D. | (i) | 210,228. | 7,440. | NONE | NONE | NONE | 217,668. | NONE |
| 16 TRUSTEE; EX-OFFICIO - JCMC | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 MICHAEL A. MARANO, M.D. TRUSTEE - CBMC | (i) | 153,184. | NONE | 4,130. | 4,800. | 28,113. | 190,227. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 2 KENNETH GARAY, M.D. CMO - JCMC (TERM 1/23) | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| | (ii) | 38,099. | NONE | 32,150. | NONE | 982. | 71,231. | NONE |
| 3 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 4 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 5 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 6 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 7 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 8 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 9 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 10 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 11 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 12 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 13 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 14 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 15 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 16 | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

SCHEDULE J

RWJ BARNABAS HEALTH HAS A ROBUST AND VIGOROUS PROCESS RELATING TO THE ESTABLISHMENT, REVIEW AND APPROVAL OF COMPENSATION AND BENEFITS ("TOTAL COMPENSATION") FOR MEMBERS OF THE SENIOR MANAGEMENT TEAM THROUGHOUT THE SYSTEM. THIS PROCESS IS DESIGNED TO ENSURE THE SYSTEM PAYS EACH INDIVIDUAL REASONABLE AND FAIR MARKET VALUE TOTAL COMPENSATION CONSISTENT WITH IRS PROCEDURES AND GUIDELINES.

RWJ BH'S BOARD OF TRUSTEES MAINTAINS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE"). THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF RWJ BH'S SENIOR MANAGEMENT. THE COMMITTEE, WHICH IS REQUIRED BY THE CORPORATION'S BYLAWS TO BE COMPRISED SOLELY OF INDEPENDENT TRUSTEES, SEEKS GUIDANCE AND SUBSTANTIATION FROM A NATIONALLY RECOGNIZED COMPENSATION CONSULTANT. THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH

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.

QUALIFIED AND NON-QUALIFIED. THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE.

THE ACTIONS TAKEN BY THE COMMITTEE ENABLE RWJ BARNABAS HEALTH 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. THESE THREE FACTORS 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.

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 3

THE ORGANIZATION PAID FOR HEALTH CLUB DUES FOR CERTAIN EMPLOYEES. THE HEALTH CLUB DUES ARE TREATED AS TAXABLE WAGES AND ARE INCLUDED ON EACH INDIVIDUAL'S RESPECTIVE 2023 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: CHARLES CHIANESE, MBA, \$500 AND COLIN R. O'REILLY, M.D., \$500.

THE ORGANIZATION PROVIDED COURTNEY B. VOSE, CHIEF NURSING OFFICER, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, WITH A HOUSING ALLOWANCE IN THE AMOUNT OF \$27,000 WHICH WAS INCLUDED IN HER 2023 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES.

SCHEDULE J, PART I; QUESTION 4A

THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE DURING CALENDAR YEAR 2023 WHICH WAS INCLUDED IN THE INDIVIDUALS 2023 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: GARY S. HORAN, \$1,040,538 AND KAREN LUMPP, \$115,908.

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 AMOUNT REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES CURRENT YEAR VESTINGS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) AS THE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2023 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: THOMAS A. BIGA, \$1,035,000; WILLIAM S. ARNOLD, \$204,437; MICHAEL PRILUTSKY, \$107,082; RICHARD L. DAVIS, \$225,608; DAVID A. MEBANE, ESQ., \$348,437; DARRELL TERRY, \$383,229; ERIC W. CARNEY, \$106,061; KAREN LUMPP, \$687,587; PATRICK M. AHEARN, \$197,100; MARY ELLEN CLYNE, \$241,220; GREGORY ROKOSZ, M.D., \$244,627; NIKOLAS ALEXIADES, \$135,225; DEANNA SPERLING, \$402,998; DOUGLAS A. ZEHNER, \$115,191; KIRK C. TICE, \$147,083; SALVATORE MOFFA, M.D., \$372,127; RICHARD FREEMAN, \$391,369; MATTHEW B. MCDONALD, M.D., \$39,311; CARLA PARKER-HOLLIS, \$202,904; KENNETH M. GRANET, M.D., \$84,375; CHARLES CHIANESE, MBA, \$276,744; SETH D. ROSENBAUM, M.D., \$71,229; CAROL ASH, D.O., \$33,240; LISA BREZA, \$55,457; FRANK J. MAZZARELLA, M.D., \$72,838; JASON

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.

VIGLIAROLO, \$51,942; THOMAS HELEOTIS, M.D., \$170,936; ANTHONY CAVA,
\$194,441 AND KENNETH GARAY, M.D., \$31,757.

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 2023 FORM
W-2, BOX 5, AS TAXABLE MEDICARE WAGES: THOMAS A. BIGA, \$573,000; WILLIAM
S. ARNOLD, \$546,250; MICHAEL PRILUTSKY, \$350,000; RICHARD L. DAVIS,
\$232,031; DAVID A. MEBANE, ESQ., \$314,687; DARRELL TERRY, \$450,870;
JENNIFER A. O'NEILL, DNP, \$212,025; ALAN LEE, \$231,300; ERIC W. CARNEY,
\$200,000; PATRICK M. AHEARN, \$183,245; MARY ELLEN CLYNE, \$216,193;
NIKOLAS ALEXIADES, \$129,750; DEANNA SPERLING, \$109,440; DOUGLAS A.
ZEHNER, \$109,868; KIRK C. TICE, \$131,813; MICHAEL LOFTUS, M.D., \$120,176;
SALVATORE MOFFA, M.D., \$69,167; MATTHEW B. MCDONALD, M.D., \$100,997;
TIMOTHY MATTSON, \$101,194; CARLA PARKER-HOLLIS, \$75,670; KENNETH M.

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.

GRANET, M.D., \$80,158; NANCY DILIEGRO, \$65,000; MEIKA TYLESE NEBLETT, M.D., \$83,754; IJEOMA AKUNYILI, M.D., \$78,752; PATRICK DELANEY, \$75,000; AMY DORAN, \$77,573; SETH D. ROSENBAUM, M.D., \$64,483; FRANK DOS SANTOS, M.D., \$69,075; CAROL ASH, D.O., \$63,489; LISA BREZA, \$43,990 AND JASON VIGLIAROLO, \$45,782.

SCHEDULE J, PART I; QUESTION 7

CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2023 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2023 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT.

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 II, COLUMN F

THE AMOUNTS REPORTED IN SCHEDULE J, PART II, COLUMN (F) INCLUDE AMOUNTS REPORTED ON PRIOR YEARS' FORMS 990 IN SCHEDULE J, PART II, IN COLUMN (C) AS NON-TAXABLE UNVESTED DEFERRED COMPENSATION THAT IS NOW BEING REPORTED AGAIN ON THIS YEAR'S FORM 990. ACCORDINGLY, IN PRIOR YEARS THE INDIVIDUAL'S NEVER ACTUALLY RECEIVED ANY OF THESE UNVESTED BENEFIT AMOUNTS.

**SCHEDULE L
(Form 990)**

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open To Public
Inspection**

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

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

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? | |
|-----|---------------------------------|---|--------------------------------|----------------|----|
| | | | | Yes | No |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

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

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | To | From | | | Yes | No | Yes | No | Yes | No |
| | | | SEE SUPPLEMENTAL PAGE | | | | | | | | | |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | |
| Total | | | | | | \$ | 392,655. | | | | | |

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Schedule L (Form 990) 2023

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| (1) JERALD M. MAZZARELLA | FAMILY MEMBER OF KEY EE | 54,033. | CLARA MASS MED CTR EMPLOYEE | | X |
| (2) SHERYL LEE MCGINLEY | FAMILY MEMBER OF CMC TRST | 133,276. | COMMUNITY MEDICAL CTR EMPLOYEE | | X |
| (3) GABRIELLE TERRY | FAMILY MEMBER OF OFFICER | 46,566. | NEWARK BETH ISRAEL MC EMPLOYEE | | X |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |

Part V Supplemental Information

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

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |

Part V Supplemental Information

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

SCHEDULE L, PART II

=====

| (A/B) NAME AND RELATIONSHIP | (C) PURPOSE OF LOAN | (D) LOAN | | (E) ORIGINAL | (F) BALANCE DUE | (G) IN DEFAULT? | | (H) APPROVED | | (I) WRITTEN | |
|-----------------------------|---------------------|----------|------|--------------|-----------------|-----------------|----|--------------|----|-------------|----|
| | | TO | FROM | | | YES | NO | YES | NO | YES | NO |
| GARY S. HORAN | | | X | 26,177. | 392,655. | | X | X | | X | |
| PRESIDENT/CEO-TRMC | SPLIT DOLLAR | | | | | | | | | | |
| TOTAL | | | | | 392,655. | | | | | | |

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number

85-1296795

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 8 | 116,939. | FMV |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other (_____) | | | | |
| 26 Other (_____) | | | | |
| 27 Other (_____) | | | | |
| 28 Other (_____) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | X | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | X | |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

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

Schedule M (Form 990) 2023

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I; QUESTION 32A

THE ORGANIZATION HIRES INDEPENDENT THIRD-PARTIES TO SELL NON-CASH CONTRIBUTIONS IT RECEIVES; IF THE ORGANIZATION DECIDES NOT TO RETAIN THE ITEM(S). THE ORGANIZATION PAYS FAIR MARKET VALUE RATES AND COMMISSIONS IN THESE INSTANCES. FOR ANY GIFTS OF STOCK THE ORGANIZATION'S POLICY IS TO SELL IT IMMEDIATELY FOLLOWING RECEIPT.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

CORE FORM, PART I; SUMMARY

THE TOTAL VOTING AND INDEPENDENT VOTING MEMBERS DISCLOSED ON PAGE 1 OF THIS FORM 990 IS THE TOTAL FOR ALL ORGANIZATIONS INCLUDED IN THE GROUP EXEMPTION RULING AND IN THIS CONSOLIDATED GROUP FORM 990. OUTLINED BELOW IS THE VOTING AND INDEPENDENT VOTING DISCLOSURE INFORMATION FOR ALL ORGANIZATIONS INCLUDED IN THE GROUP EXEMPTION:

- CHILDREN'S SPECIALIZED HOSPITAL; 19 VOTING, 15 INDEPENDENT;

- CLARA MAASS MEDICAL CENTER; 15 VOTING, 14 INDEPENDENT;

- COMMUNITY MEDICAL CENTER; 19 VOTING, 16 INDEPENDENT;

- COOPERMAN BARNABAS MEDICAL CENTER; 26 VOTING, 19 INDEPENDENT;

- JERSEY CITY MEDICAL CENTER; 22 VOTING, 18 INDEPENDENT;

- MONMOUTH MEDICAL CENTER; 38 VOTING, 34 INDEPENDENT;

- NEWARK BETH ISRAEL MEDICAL CENTER; 16 VOTING, 11 INDEPENDENT;

- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL; 21 VOTING, 17 INDEPENDENT;

- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON; 21 VOTING, 20 INDEPENDENT;

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY; 20 VOTING, 18

INDEPENDENT;

- SAINT BARNABAS BEHAVIORAL HEALTH CENTER; 7 VOTING, 3 INDEPENDENT; AND

- TRINITAS REGIONAL MEDICAL CENTER; 16 VOTING, 15 INDEPENDENT.

CORE FORM, PART I, LINE 9; PROGRAM SERVICE REVENUE

OUTLINED BELOW IS THE PROGRAM SERVICE REVENUE IN THE AMOUNT OF

\$6,834,540,250 REFLECTED ON CORE FORM, PART I, LINE 9, BY ORGANIZATION

INCLUDED IN THIS CONSOLIDATED GROUP FORM 990:

- CHILDREN'S SPECIALIZED HOSPITAL (FEID: 22-1487148)

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

PROGRAM SERVICE REVENUE - \$164,374,018

- CLARA MAASS MEDICAL CENTER (FEID: 22-1500556)

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

PROGRAM SERVICE REVENUE - \$357,461,226

- COMMUNITY MEDICAL CENTER (FEID: 22-3452306)

C/O CORP. FINANCE, 2 CRESCENT PLACE

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

OCEANPORT, NJ 07757

PROGRAM SERVICE REVENUE - \$516,963,012

- COOPERMAN BARNABAS MEDICAL CENTER (FEID: 22-1494440)

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

PROGRAM SERVICE REVENUE - \$1,186,938,277

- JERSEY CITY MEDICAL CENTER (FEID: 22-2783298)

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

PROGRAM SERVICE REVENUE - \$535,455,240

- MONMOUTH MEDICAL CENTER (FEID: 22-3452412)

(INCLUDES MONMOUTH MEDICAL CENTER - SOUTHERN CAMPUS)

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

PROGRAM SERVICE REVENUE - \$690,713,244

- NEWARK BETH ISRAEL MEDICAL CENTER (FEID: 22-3452311)

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

PROGRAM SERVICE REVENUE - \$784,048,580

- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL (FEID: 22-1487243)

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

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Inspection**

Employer identification number

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85-1296795

(INCLUDES ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL SOMERSET)

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

PROGRAM SERVICE REVENUE - \$1,936,732,477

- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON (FEID: 21-0634572)

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

PROGRAM SERVICE REVENUE - \$225,424,670

- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY (FEID: 22-1487305)

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

PROGRAM SERVICE REVENUE - \$132,424,260

- SAINT BARNABAS BEHAVIORAL HEALTH CENTER (FEID: 22-2977312)

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

PROGRAM SERVICE REVENUE - \$13,563,284

- TRINITAS REGIONAL MEDICAL CENTER (FEID: 22-3601678)

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

PROGRAM SERVICE REVENUE - \$290,441,962

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

SCHEDULE O
(Form 990 or 990-EZ)

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OMB No. 1545-0047

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Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

RWJBARNABAS HEALTH, INC. ("RWJBH") IS A NOT-FOR-PROFIT HEALTHCARE ORGANIZATION WITH CORPORATE OFFICES IN WEST ORANGE, NEW JERSEY. RWJBH IS THE SOLE CORPORATE MEMBER OF VARIOUS HEALTHCARE-RELATED ORGANIZATIONS, THE MAJORITY OF WHICH ARE TAX-EXEMPT ENTITIES. THE INTERNAL REVENUE SERVICE ("IRS") HAS RECOGNIZED RWJBH AS BEING A TAX-EXEMPT ORGANIZATION UNDER INTERNAL REVENUE CODE ("IRC") SECTION 501(C)(3).

RWJBH WAS FORMED WITH THE MERGER OF BARNABAS HEALTH INC. ("BH"), THE PARENT OF THE BARNABAS HEALTH SYSTEM ("BARNABAS HEALTH"), AND ROBERT WOOD JOHNSON HEALTH CARE CORPORATION ("RWJHCC"), THE PARENT OF THE FORMER ROBERT WOOD JOHNSON HEALTH SYSTEM ("RWJHS"). THE DEFINITIVE AGREEMENT SIGNED ON JULY 14, 2015, OUTLINED THE COMBINATION OF THESE TWO LEADING HEALTH SYSTEMS AND CREATED THE LARGEST AND MOST COMPREHENSIVE HEALTH CARE DELIVERY SYSTEM IN THE STATE OF NEW JERSEY AND ONE OF THE LARGEST IN THE NATION. THE TRANSACTION (HEREINAFTER REFERRED TO AS THE "MERGER") SUCCESSFULLY COMPLETED FEDERAL AND STATE REVIEW IN MARCH 2016, AND THE TRANSACTION CLOSED OPERATIONALLY ON APRIL 1, 2016.

THE BACKGROUND OF BH INCLUDES ITS FORMATION IN JUNE 1996, WHEN SIX NEW JERSEY HOSPITALS AND THEIR AFFILIATES JOINED SAINT BARNABAS MEDICAL CENTER (RECENTLY RENAMED COOPERMAN BARNABAS MEDICAL CENTER) AND UNION HOSPITAL ("UNION"), WHICH HAD AFFILIATED IN 1993. THE SIX HOSPITALS INCLUDED: COMMUNITY MEDICAL CENTER, INC. AND KIMBALL MEDICAL CENTER, INC., WHICH HAD AFFILIATED IN 1993 TO FORM THE COMMUNITY/KIMBALL HEALTH CARE SYSTEM; NEWARK BETH ISRAEL MEDICAL CENTER, INC. AND IRVINGTON

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

GENERAL HOSPITAL, INC. ("IRVINGTON"), AFFILIATES OF EACH OTHER SINCE 1991; MONMOUTH MEDICAL CENTER, INC.; AND WAYNE GENERAL HOSPITAL CORP. ("WAYNE"). IN JANUARY 1997, WEST HUDSON HOSPITAL ASSOCIATION, INC. ("WEST HUDSON") JOINED BARNABAS HEALTH, FOLLOWED BY CLARA MAASS MEDICAL CENTER IN DECEMBER 1997. BARNABAS HEALTH SUBSEQUENTLY DIVESTED WAYNE, CLOSED WEST HUDSON, IRVINGTON, AND UNION AND CONSOLIDATED THEIR OPERATIONS INTO OTHER SYSTEM FACILITIES. JERSEY CITY MEDICAL CENTER WAS THE LAST AFFILIATE, JOINING BH IN 2014.

THE BACKGROUND OF RWJHCC INCLUDES ITS 1984 FORMATION TO PROMOTE, SUPPORT AND FURTHER THE CHARITABLE PURPOSES OF THE ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AND OTHER AFFILIATED AND RELATED NON-PROFIT HEALTH CARE ORGANIZATIONS. RWJHS THEN EXPANDED TO INCLUDE ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY, CHILDREN'S SPECIALIZED HOSPITAL, SOMERSET MEDICAL CENTER, AND OTHER HEALTH CARE RELATED VENTURES.

RWJBH IS THE MOST COMPREHENSIVE MULTI-HOSPITAL SYSTEM IN NEW JERSEY AND CONTINUES TO PROVIDE SUBSTANTIAL COMMUNITY BENEFIT AS WAS PREVIOUSLY PROVIDED BY ITS FORMATIVE HEALTH SYSTEMS, BH AND RWJHCC. RWJBH ENTITIES PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY. MOREOVER, RWJBH ENTITIES PROVIDE HEALTHCARE SERVICES TO PATIENTS WHO MEET CERTAIN CRITERIA DEFINED BY THE NEW JERSEY DEPARTMENT OF HEALTH WITHOUT CHARGE OR AT AMOUNTS LESS THAN ESTABLISHED RATES. RWJBH MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE AMOUNT OF

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

CHARITY CARE IT PROVIDES. THESE RECORDS INCLUDE THE AMOUNT OF CHARGES
FOREGONE FOR SERVICES AND SUPPLIES FURNISHED UNDER ITS CHARITY CARE
POLICY.

STARTING JANUARY 1, 2022, TRINITAS REGIONAL MEDICAL CENTER BECAME THE
NEWEST HOSPITAL MEMBER OF RWJBH. THE ELIZABETH CITY, NEW JERSEY-BASED
HOSPITAL NETWORK OF HEALTHCARE FACILITIES, HAS A SHARED MISSION AND
HISTORY OF DELIVERING HEALTHCARE TO URBAN AND UNDERSERVED COMMUNITIES.
THE TRANSACTIONAL GOALS OF THIS EXPANDED NETWORK ADDITIONAL AND
INVESTMENT INCLUDES: ENSURING TRINITAS REMAINS THE TRUSTED SAFETY-NET
PROVIDER IN THE REGION; IMPROVED OUTCOMES FOR DIVERSE PATIENT
POPULATIONS; INCREASED ACCESS TO RWJBARNABAS HEALTH'S WORLD-CLASS
RESEARCH AND ACADEMIC EXPERTISE; ENHANCED ABILITY TO ATTRACT, RETAIN AND
TRAIN THE FINEST HEALTHCARE EXPERTS AND A SHARPENED FOCUS ON COMMUNITY
AND MISSION-BASED PROGRAMS THAT HELP SERVE LOCAL COMMUNITIES,
PARTICULARLY THOSE IN NEED. TRINITAS WILL CONTINUE TO ADHERE TO THE
STANDARDS OF CARE STATED IN THE ETHICAL AND RELIGIOUS DIRECTIVES FOR
CATHOLIC HEALTH CARE SERVICES, WITH CATHOLIC OVERSIGHT FROM THE SISTERS
OF CHARITY OF SAINT ELIZABETH. IN ADDITION TO A SHARED MISSION OF
SERVICE, THE TWO ORGANIZATIONS SHARE AN ACADEMIC COMMITMENT, WITH
RWJBARNABAS HEALTH AND RUTGERS UNIVERSITY SERVING AS THE PREMIER ACADEMIC
HEALTH SYSTEM FOR THE STATE OF NEW JERSEY AND TRINITAS SERVING AS A
REGIONAL LEADER IN TRAINING NURSES THROUGH THE TRINITAS SCHOOL OF
NURSING, WHICH OFFERS A COOPERATIVE EDUCATION PROGRAM WITH UNION COUNTY
COLLEGE.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

RWJBH IS ONE OF NEW JERSEY'S LARGEST PRIVATE EMPLOYERS - WITH APPROXIMATELY 40,880 EMPLOYEES, OVER 7,200 INDIVIDUAL PHYSICIANS ON THE COMBINED MEDICAL STAFFS (OF WHICH, IN EXCESS OF 1,770 ARE PART OF THE EMPLOYED MEDICAL GROUP), AND OVER 1,600 FELLOW, RESIDENTS AND INTERNS. RWJBH ROUTINELY CAPTURES NATIONAL AWARDS FOR OUTSTANDING QUALITY AND SAFETY. THE COMBINED SYSTEM HAS ANNUAL OPERATING REVENUES AROUND \$8.5 BILLION FOR 2023. IN 2023, RWJBH PROVIDED MORE THAN FIVE MILLION PATIENT ENCOUNTERS WITH: ALMOST 200,000 INPATIENT ADMISSIONS INCLUDING APPROXIMATELY 13,205 PEDIATRIC AND PEDIATRIC INTENSIVE CARE INPATIENT ADMISSIONS; AROUND 726,003 EMERGENCY DEPARTMENT VISITS; OVER 88,000 OBSERVATION STAYS; AND, OVER 24,600 BIRTHS AND 3,326 NEONATAL ADMISSIONS. RWJBH'S COMPOSITION INCLUDES 12 ACUTE CARE HOSPITALS, THREE ACUTE CARE STATE DESIGNATED CHILDREN'S HOSPITALS, A LEADING PEDIATRIC REHABILITATION HOSPITAL, A FREESTANDING ACUTE BEHAVIORAL HEALTH HOSPITAL, A CLINICALLY INTEGRATED NETWORK OF AMBULATORY CARE CENTERS, TWO TRAUMA CENTERS, A SATELLITE EMERGENCY DEPARTMENT, GERIATRIC CENTERS, THE STATE'S LARGEST BEHAVIORAL HEALTH NETWORK, AMBULATORY SURGERY CENTERS, COMPREHENSIVE HOME CARE AND HOSPICE PROGRAMS, FITNESS AND WELLNESS CENTERS, RETAIL PHARMACY SERVICES, MEDICAL GROUPS, DIAGNOSTIC IMAGING CENTERS, A CLINICALLY INTEGRATED NETWORK AND COLLABORATIVE ACCOUNTABLE CARE ORGANIZATION.

RWJBH - CREATED WITH A STRONG FOUNDATION OF SHARED CULTURES AND CORE VALUES - PROVIDES OPPORTUNITY TO IMPROVE THE HEALTH AND PROMOTE WELLNESS OF COMMUNITIES THROUGHOUT NEW JERSEY. THE SYSTEM'S GEOGRAPHIC COVERAGE

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

Department of the Treasury
Internal Revenue Service

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85-1296795

SPANS THE GREATER HUDSON, ESSEX, UNION, MIDDLESEX, MERCER, SOMERSET,
MONMOUTH, AND OCEAN COUNTIES AND ENCOMPASSES THE POPULATION CENTERS OF
THE STATE SERVING IN EXCESS OF FIVE MILLION RESIDENTS. THROUGH SHARING OF
RESOURCES, BEST PRACTICES, AS WELL AS ECONOMIES GAINED THROUGH
CONSOLIDATION OF SUPPORT SERVICES, RWJBH PROMOTES THE HIGHEST QUALITY
HEALTHCARE DELIVERY AND GREATER LEVELS OF EFFICIENCY.

IN 2018, RWJBH ANNOUNCED WITH RUTGERS, THE STATE UNIVERSITY OF NEW
JERSEY, THE OFFICIAL LAUNCH OF THEIR PUBLIC-PRIVATE PARTNERSHIP TO
JOINTLY OPERATE A WORLD-CLASS ACADEMIC HEALTH SYSTEM DEDICATED TO
LIFE-CHANGING RESEARCH, CLINICAL TRAINING OF TOMORROW'S WORKFORCE, AND
HIGH-QUALITY HEALTHCARE FOR ALL. THIS PLANNED COLLABORATION REPRESENTS A
SIGNIFICANT STEP FORWARD TO IMPROVE ACCESS TO CARE AND REDUCE THE HEALTH
DISPARITIES THAT IMPACT OUR STATE. THE PARTIES HAVE A SHARED BELIEF THAT
WHILE BOTH ORGANIZATIONS ARE STRONG LEADERS IN OUR RESPECTIVE FIELDS,
TOGETHER THEY ARE BETTER POISED TO TRANSFORM HEALTH CARE IN NEW JERSEY
AND DRIVE INNOVATIONS THAT WILL IMPROVE OUTCOMES ACROSS THE COUNTRY. THE
COLLABORATION ALSO ALIGNS EDUCATION, RESEARCH, AND CLINICAL ACTIVITIES,
INCLUDING THOSE AT THE RUTGERS CANCER INSTITUTE OF NEW JERSEY - THE
STATE'S ONLY NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CANCER
CENTER - AND RUTGERS UNIVERSITY BEHAVIORAL HEALTH CARE. BY WORKING
TOGETHER, THESE TWO HIGHER EDUCATION AND HEALTH CARE INDUSTRY LEADERS
WILL ENHANCE RESEARCH, MEDICAL AND HEALTH PROFESSIONAL EDUCATION, IMPROVE
ACCESS TO CARE, AND REDUCE HEALTH DISPARITIES IN NEW JERSEY.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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OMB No. 1545-0047

2023

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Inspection**

Employer identification number

85-1296795

AS OF JULY 1, 2020, THE CLINICAL SERVICES PROVIDED WITHIN RUTGERS UNIVERSITY'S ROBERT WOOD JOHNSON MEDICAL SCHOOL IN THE NEW BRUNSWICK REGION AND THE RWJBARNABAS HEALTH MEDICAL GROUP PRACTICES WERE FURTHER INTEGRATED THROUGH THE EXECUTION OF AN INTEGRATED PRACTICE AGREEMENT (IPA). THIS SIGNIFICANT MILESTONE CREATES ONE OF THE LARGEST INTEGRATED HEALTH SYSTEMS IN THE COUNTRY AND IS A FOUNDATIONAL COMPONENT OF ACHIEVING THE PROMISES OF VALUE-BASED POPULATION HEALTH SERVICES.

THE DEVELOPMENT OF A STRONG, COLLABORATIVE NETWORK POSITIONED RWJBARNABAS HEALTH ALONG WITH ITS HOSPITAL AFFILIATES TO EFFECTIVELY ADDRESS THE UNIQUE HEALTH AND PUBLIC SAFETY CHALLENGES OF COVID 19 AND REQUIRED RWJBH TO ADDRESS AN ARRAY OF NEW ISSUES AND OTHERS THAT WERE EXACERBATED BY THE PANDEMIC. RWJBH WORKED TO DEVELOP THE INFORMATION AND FACILITY CAPACITY INFRASTRUCTURE TO EFFECTIVELY COMMUNICATE AND CARE FOR THE RISING NUMBER OF CASES AND THE DISRUPTIONS THAT PRESENTED FOR OPERATIONS IN MEETING THE ROUTINE AND EMERGENT CARE NEEDS OF OUR COMMUNITIES. TO BE SUCCESSFUL, THE HOSPITAL HAD TO COMMAND A NEW LEVEL OF INTERACTION AND COLLABORATION WITH COMMUNITY AND GOVERNMENT STAKEHOLDERS AS WELL AS INTERNAL STAFF AND PROVIDERS.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

SOME OF THE ACTIONS UNDERTAKEN INCLUDED:

-ROUTINE CALLS WERE ESTABLISHED WITH KEY INTERNAL ADMINISTRATIVE AND INTERDISCIPLINARY CLINICAL CARE LEADERSHIP TO DRIVE EFFECTIVE IDENTIFICATION OF ISSUES AND COMMUNICATION OF POLICY AND NEEDED PRACTICE

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

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Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

CHANGES;

-ROUTINE CALLS WERE HELD WITH THE STATE DEPARTMENT OF HEALTH AND WITH THE
REGIONAL NETWORKS THAT WERE FORMED TO SUPPORT DATA AND INFORMATION

COLLECTION AND PROVIDE AN ADDITIONAL CHANNEL OF COMMUNICATION;

-PROVIDED CLINICAL EXPERTISE (MEDICAL, PHARMACY, INFECTION CONTROL, ETC.)

TO SUPPORT ELEVATION OF BEST INFORMATION TO MULTIPLE INTERNAL AND

EXTERNAL PARTIES;

-INCREASED COMMUNICATION THROUGH MULTIPLE PLATFORMS WITH TRUSTEES, STAFF,

PHYSICIANS, COMMUNITY PARTNERS AND OTHERS;

-DETAILED INVENTORY ACCOUNTING AND REGIONAL DISTRIBUTION AND STORAGE

CAPACITIES OF TESTING SUPPLIES AND OTHER EQUIPMENT (VENTILATORS, PULSE

OXIMETERS, ETC.) WERE ESTABLISHED;

-ESTABLISHED NEW CONNECTIONS FOR PPE PROCUREMENT AND STAFF AGENCIES TO

DEAL WITH SHORTAGES;

-ADDRESSED NEW STAFF WORK FLOWS AND SPACE LIMITATIONS INCLUSIVE OF

INCREASED REMOTE ACCESS FOR STAFF SUPPORT FUNCTIONS;

-DEVELOPED PROTOCOLS AND POLICIES TO SUPPORT NEW PROCESSES AND TO PROMOTE

REDUCTION OF INFECTION RISK AND PERSON TOUCH POINTS FOR ALL ASPECTS OF

OPERATIONS;

-INVESTING IN AND USING NEW TELECOMMUNICATION DEVICES (IPADS, SMART

PHONES, ETC.) FOR PATIENTS TO INTERACT WITH FAMILY AND LOVED ONES WHEN

PHYSICAL VISITS WERE NOT POSSIBLE;

-REALIGNED SERVICES TO SELECT SITES OF SERVICES TO BEST CONFIGURE CARE

AND OPERATIONS INCLUDING INCREASED TELEHEALTH, INTENSIVE CARE AND

ISOLATION CAPACITY;

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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OMB No. 1545-0047

2023

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Inspection**

Employer identification number

85-1296795

-CHANGED STAFF RECRUITMENT AND DEPLOYMENT TO EFFECTIVELY ADDRESS HIGH
NEED AREAS;

-CONTINUED IMPLEMENTATION OF NEW TREATMENT THERAPIES AND SERVICES, RWJBH
WAS ONE OF THE FIRST SITES IN NEW JERSEY TO OFFER MONOCLONAL ANTIBODIES
(MAB) FOR COVID-19;

-EXPANDED LABORATORY AND TESTING CAPACITY;

-DEVELOPMENT OF EXTENSIVE HOSPITAL AND COMMUNITY-BASED NETWORK OF COVID
TESTING SITES;

-SUPPORTING PARTNERS AND AFFILIATES IN RESEARCH AND INNOVATION SUCH AS
THE RUTGERS INSTITUTE FOR INFECTIOUS AND INFLAMMATORY DISEASES MADE
WORLDWIDE NEWS IN 2021 WHEN ITS RESEARCHERS DEVELOPED A MULTIVARIANT
COVID-19 TEST THAT WAS FASTER, EASIER AND CHEAPER THAN ANYTHING
PREVIOUSLY AVAILABLE;

-DEVELOPMENT OF MULTI-SPECIALTY POST COVID RECOVERY SERVICES AND
PROGRAMS;

-DEVELOPMENT OF COMMUNITY-BASED NETWORK OF COVID VACCINATION SITES IN
WHICH THE SYSTEM PROVIDED MORE THAN 530,000 VACCINATIONS; AND,

-CONTINUED REVIEW, STUDY AND UNDERSTANDING OF NEEDS AND THE GLARING
DISPARITIES THAT WERE EVIDENCED BY COVID'S IMPACT.

THE PUBLIC HEALTH EMERGENCY FOR THE PANDEMIC ENDED ON MAY 11, 2023.

DURING 2023 THE COVID-19 ILLNESS WAS LESS SEVERE AND LESS DEADLY AND NO
NEW VARIANT EMERGED WITH THE CAPACITY TO FUEL MAJOR WAVES OF CASES SEEN
IN THE PREVIOUS TWO YEARS. THESE POSITIVE DEVELOPMENTS WERE MOST LIKELY
DUE TO: UNPRECEDENTED ADVANCES IN VACCINE TECHNOLOGY SUPPORTING RAPID

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

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Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

UPDATES TO PROTECT AGAINST NEW STRAINS; MORE EFFECTIVE TREATMENT AND PREVENTION TOOLBOX OF VACCINES AND BOOSTERS, ORAL ANTIVIRALS, AND HOME TEST KITS; AND THE GROWING POPULATION IMMUNITY TO THE VIRUS. NOTWITHSTANDING THESE ENCOURAGING CHANGES, THERE WERE STILL OVER 4,500 PATIENTS WITH COVID. RWJBH AND ITS HOSPITALS CONTINUE TO EDUCATE THE COMMUNITY, PROVIDE GUIDANCE, OFFER LONG COVID CARE AND TO OFFER VACCINATION CLINICS.

RWJBARNABAS AND ITS AFFILIATES REMAIN COMMITTED TO WORK IN ADDRESSING THE CONTINUING AND CHANGING HEALTH NEEDS AND TO MITIGATE DISPARITIES THAT WERE EVIDENCED BY THE HIGHER RATES OF INFECTION, HOSPITAL STAYS AND DEATH CAUSED BY THE COVID-19 VIRUS FOR MINORITIES. THE COSTS OF THE PANDEMIC WERE FELT MOST ACUTELY BY THE NUMBERS OF LIVES LOST AND LIVES ALTERED BY THE PANDEMIC. THE PANDEMIC DISRUPTIONS INCLUDED THE LOSS OF HOUSING AND EMPLOYMENT, LINGERING HEALTH EFFECTS, INCREASED ANXIETY, ALTERATIONS OF BUSINESS MODELS AND THE SETBACKS IN PROGRAMS AND EDUCATIONAL PROGRESS.

THE COSTS OF THE PANDEMIC WERE FELT MOST ACUTELY BY THE NUMBERS OF LIVES LOST AND THE LIVES ALTERED BY THE PANDEMIC AND ITS DISRUPTIONS INCLUDING THE LOSS OF HOUSING AND EMPLOYMENT, LINGERING HEALTH EFFECTS AND INCREASED ANXIETY AND ISOLATION. THE PAST COMMUNITY HEALTH NEEDS ASSESSMENTS INCLUDED A RESIDENT SURVEY CONDUCTED IN 2021 OF CLOSE TO 6,000 PARTICIPANTS. THE PROCESS IS CURRENTLY UNDERWAY FOR THE NEXT CYCLE AND AGAIN INCLUDES A RESIDENT SURVEY. THE SURVEY WAS INCLUSIVE OF QUESTIONS TO HELP UNDERSTAND THE IMPACTS AND CONCERNS TO OUR COMMUNITIES

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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Form 990 or 990-EZ or to provide any additional information.

2023

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**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

AS PRESENTED BY COVID AS WELL AS GENERAL COMMUNITY NEEDS. THE HOSPITALS
AND RWJBARNABAS CONTINUES THEIR WORK TO PRIORITIZE AND ADDRESS CHANGING
NEEDS AND MITIGATE DISPARITIES THAT ARE EVIDENCED.

HOSPITALS' CONFORMANCE WITH IRS REVENUE RULING 69-545

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HOSPITALS IN RWJBH ARE RECOGNIZED BY THE INTERNAL REVENUE SERVICE ("IRS")
AS INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATIONS.
PURSUANT TO ITS CHARITABLE PURPOSES, THE HOSPITALS PROVIDE MEDICALLY
NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY
MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, GENDER IDENTITY, SEXUAL
ORIENTATION, NATIONAL ORIGIN, OR ABILITY TO PAY. MOREOVER, OUR HOSPITALS
OPERATE CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE
RULING 69-545:

1. PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS
REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE,
AND MEDICAID PATIENTS.
2. OPERATING ACTIVE EMERGENCY DEPARTMENTS FOR ALL PERSONS THAT ARE OPEN 24
HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR.
3. MAINTAINING OPEN MEDICAL STAFFS, WITH PRIVILEGES AVAILABLE TO ALL
QUALIFIED PHYSICIANS.
4. CONTROL POSITIONED WITH HOSPITAL BOARD OF TRUSTEES AND THE BOARD OF
TRUSTEES OF RWJBARNABAS HEALTH, INC., AND ALL THE BOARDS ARE COMPRISED OF

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE REPRESENTED
COMMUNITIES; AND

5.USING SURPLUS FUNDS TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND
RENOVATE FACILITIES/EQUIPMENT AND ADVANCE AND IMPROVE MEDICAL CARE,
PROGRAMS AND ACTIVITIES THROUGH PATIENT CARE AND MEDICAL TRAINING,
EDUCATION, AND RESEARCH.

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

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

RWJBH VISION AND MISSION
=====

AT RWJBARNABAS HEALTH, OUR MISSION AND OBLIGATION REACH BEYOND HELPING
PEOPLE WHEN THEY ARE SICK AND EXTEND TO KEEPING PEOPLE WELL AND BUILDING
HEALTHY COMMUNITIES. WE ARE AN ACADEMIC HEALTH SYSTEM, PARTNERING WITH
OUR COMMUNITIES TO BUILD AND SUSTAIN A HEALTHIER NEW JERSEY. RWJBH
BELIEVES THAT TEAMING UP WITH PARTNER ORGANIZATIONS AND COMMUNITY
PARTNERSHIPS ALLOWS US TO LEVERAGE OUR INDIVIDUAL STRENGTHS TO WORK
COLLECTIVELY TO COMBAT DISEASE AND PROMOTE WELLNESS IN OUR REGION---TRULY

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

MAKING OUR COMMUNITIES HEALTHIER.

RWJBH STRIVES TO TRULY MAKE A UNIQUE IMPACT IN LOCAL COMMUNITIES THROUGHOUT NEW JERSEY. FROM VASTLY IMPROVING THE HEALTH OF LOCAL RESIDENTS THROUGH CLINICAL AND WELLNESS SERVICES, TO ADDRESSING SOCIAL DETERMINANTS OF HEALTH IMPACTING HEALTH STATUS SUCH AS CREATING EDUCATIONAL AND CAREER OPPORTUNITIES, THIS COMPREHENSIVE APPROACH TO POPULATION HEALTH GREATLY BENEFITS OUR COMMUNITIES AND THE STATE. WE UNDERSTAND THE GROWING AND EVOLVING NEEDS OF RESIDENTS IN NEW JERSEY-WHETHER THAT BE ENHANCING THE COORDINATION FOR TREATING COMPLEX HEALTH CONDITIONS OR IMPROVING COMMUNITY HEALTH THROUGH LOCAL PROGRAMS AND EDUCATION. OUR VISION FOR TRANSFORMING HEALTH CARE IS TO SERVE AS AN INNOVATIVE RESOURCE FOR OUR COMMUNITIES AND TO BE THE PREMIER HEALTH CARE DESTINATION PROVIDING PATIENT-CENTERED, HIGH-QUALITY ACADEMIC MEDICINE IN A COMPASSIONATE AND EQUITABLE MANNER, WHILE DELIVERING A BEST-IN-CLASS WORK EXPERIENCE TO EVERY MEMBER OF THE TEAM.

RWJBARNABAS HEALTH'S STRATEGIC PRIORITIES INCLUDE: PREPARING FOR POPULATION MANAGEMENT AND TO MAXIMIZE ECONOMIES OF SCALE; EXPANDING OUTPATIENT SERVICES; DEVELOPING A STRONG PHYSICIAN ALIGNMENT; TAKING FINANCIAL RESPONSIBILITY AND CLINICAL ACCOUNTABILITY FOR THE POPULATIONS WE SERVE; AND REENGINEERING OUR FACILITIES AND SERVICES TO DELIVER CARE FOR THE FUTURE.

TOGETHER, AS THE STATE'S MOST COMPREHENSIVE ACADEMIC HEALTH SYSTEM,

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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2023

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**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

RWJBARNABAS HEALTH IS A STRONGER ORGANIZATION AND IS BETTER POSITIONED TO
ACHIEVE OUR VISION OF IMPROVING THE HEALTH OF THE POPULATIONS WE SERVE
THROUGHOUT NEW JERSEY. BY INTEGRATING OUR SYSTEMS AND COORDINATING
SERVICES, WE HAVE CREATED A STATEWIDE NETWORK SPANNING NEW JERSEY AND
COVERING OVER 5 MILLION RESIDENTS IN OUR CORE SERVICE AREAS. THIS MEANS
WE WILL HAVE THE TREMENDOUS OPPORTUNITY TO REACH MORE THAN HALF THE
STATE'S POPULATION WITH HIGH-QUALITY, CULTURALLY COMPETENT CARE.

AS ONE INTEGRATED HEALTH SYSTEM, RWJBARNABAS HEALTH WILL CONTINUE TO:

- ADVANCE THE OVERALL HEALTH OF THE POPULATIONS WE SERVE.
- CONTINUOUSLY IMPROVE THE QUALITY OF CARE WE PROVIDE.
- COLLABORATE WITH PHYSICIANS FOR A CLOSELY COORDINATED CONTINUUM OF CARE.
- CONTRIBUTE TO THE LOCAL, REGIONAL, AND STATE ECONOMIES BY REMAINING A
MAJOR EMPLOYER IN OUR COMMUNITIES.
- FOCUS ON THE WELL-BEING OF THE DIVERSE COMMUNITIES WE SERVE WITH A
CONTINUED COMMITMENT TO HIGH-QUALITY, CULTURALLY COMPETENT CARE.
- FOSTER AND SUPPORT A MISSION OF ACADEMIC EXCELLENCE, INCLUDING A
COMMITMENT TO LEADING-EDGE RESEARCH AND CLINICAL TRIALS AND TEACHING THE
NEXT GENERATION OF HEALTH CARE WORKERS; AND
- INNOVATE AND TRANSFORM SERVICES TO EFFICIENTLY AND EFFECTIVELY BEST MEET
THE NEEDS OF THE POPULATIONS WE SERVE.

ENDING RACISM TOGETHER

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

OUR DEDICATION TO SERVING THE PEOPLE OF NEW JERSEY EXTENDS FAR BEYOND THE CARE PROVIDED WITHIN THE WALLS OF OUR HEALTH FACILITIES. WE SUPPORT PROGRAMS THAT PROMOTE HEALTH AND WELLNESS IN OUR COMMUNITIES AND PROVIDE ACCESS TO SERVICES THAT WOULD OTHERWISE BE UNAVAILABLE. WE ARE COMMITTED TO THE ONGOING IMPROVEMENT OF THE HEALTH, QUALITY OF LIFE, AND VITALITY OF OUR COMMUNITIES. WE STRIVE TO BRING THE BEST HEALTHCARE TO MEET THE EVOLVING NEEDS OF RESIDENTS IN NEW JERSEY - WHETHER THAT BE ENHANCING THE COORDINATION FOR TREATING COMPLEX HEALTH CONDITIONS OR IMPROVING COMMUNITY HEALTH THROUGH LOCAL PROGRAMS AND EDUCATION.

THIS MISSION OF HEALTH AND WELLNESS IS EXEMPLIFIED AS RWJBARNABAS HEALTH, THE LARGEST ACADEMIC HEALTH CARE SYSTEM IN NEW JERSEY BY THE NOVEMBER 2020, LAUNCH OF ITS INITIATIVE, 'ENDING RACISM TOGETHER.' THE PANDEMIC, PAIRED WITH THE RECENT CIVIL INJUSTICES, HAVE SHONE A LIGHT SO BRIGHT ON INEQUITY AND SYSTEMIC RACISM THAT WE, LIKE MANY ACROSS THE NATION, RECOGNIZE THE NEED TO DO MORE AND RWJBH DEMONSTRATES ITS COMMITMENT TO BECOME AN ANTIRACIST ORGANIZATION.

HOSPITAL AFFILIATES PARTICIPATE IN THIS INITIATIVE FOCUSED ON CREATING RACIAL, ETHNIC, AND CULTURAL EQUITY, PRIORITIZING THOSE COMMUNITIES THAT ARE MOST DISENFRANCHISED AND EXPERIENCE POOR HEALTH, AND SOCIAL, ECONOMIC, AND EDUCATIONAL OUTCOMES DUE TO THE GENERATIONAL EFFECTS OF RACISM. GOVERNANCE AND LEADERSHIP STRONGLY BELIEVE THAT THIS IS ONE OF OUR MOST IMPORTANT ENDEAVORS THAT WILL BE TRANSFORMATIVE, NOT JUST FOR

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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2023

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**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

PEOPLE OF COLOR BUT FOR OUR ENTIRE ENTERPRISE. "ENDING RACISM, TOGETHER"
FOCUSES ON FOUR PRIMARY AREAS: PATIENT CARE, WORKFORCE, COMMUNITY, AND
SYSTEM OPERATIONS. USING AN EVIDENCE-BASED APPROACH, EACH AREA INCLUDES
QUANTIFIABLE TACTICS TO MEASURE SUCCESS AT THE ORGANIZATIONAL, FACILITY,
AND INDIVIDUAL LEVEL. THE HEALTH EQUITY CHALLENGE WAS FOLLOWED BY A MAJOR
INITIATIVE IN 2021 FOCUSED ON FOOD EQUITY.

RECOGNIZING THE FRACTURED SOCIETY AND PUBLIC HEALTH DISPARITY CRISIS OF
RACISM, RWJBH HAS BEEN A LEADER IN THE COUNTRY AS WE HAVE WORKED TOWARDS
DIVERSITY, EQUITY, AND INCLUSION. WE HAVE MADE STRIDES IN ADDRESSING
DIVERSITY IN OUR BOARD APPOINTMENTS, REVIEWING OUR HIRING PRACTICES,
CREATING DIVERSITY COUNCILS ACROSS THE SYSTEM, PROVIDING CULTURAL
COMPETENCY TRAINING, AND CELEBRATING THE BEAUTY IN OUR CULTURAL
DIFFERENCES THROUGH THE WORK OF OUR DIVERSITY, EQUITY, AND INCLUSION
TEAM. ADDITIONALLY, WE HAVE WORKED TO CREATE SUSTAINABLE, POLICY-LED
IMPACT BY HIRING INDIVIDUALS WHO RESIDE WITHIN VULNERABLE COMMUNITIES,
INVESTING IN THE COMMUNITIES THAT WE SERVE, ALTERING PROCUREMENT POLICIES
FOR DIVERSE AND WOMEN-OWNED VENDORS TO STIMULATE LOCAL ECONOMIES, AS WELL
AS, ACTIVELY ADDRESSING SOCIAL DETERMINANTS OF HEALTH AT THE COMMUNITY
LEVEL THROUGH THE WORK OF THE SOCIAL IMPACT AND COMMUNITY INVESTMENT
PRACTICE.

SOCIAL IMPACT AND COMMUNITY INVESTMENT

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

RWJBH LAUNCHED IN 2017 A NEW "SOCIAL IMPACT AND COMMUNITY INVESTMENT PRACTICE" OR "SICI" TO HELP SUPPORT THE MORE FRAGILE COMMUNITIES, TO AVERT ILLNESS AND TO MAKE POSITIVE LIFESTYLE CHOICES. WHILE THIS ENDEAVOR TO ELICIT TRUE CHANGE WILL TAKE YEARS TO ACCOMPLISH, RWJBH IS COMMITTED TO PRODUCE A POSITIVE CHANGE FOR THE COMMUNITIES IT SERVES.

THIS ORGANIZATIONAL PILLAR INITIATIVE LEVERAGES THE SYSTEM'S RANGE OF ASSETS TO ADVANCE A CULTURE OF HEALTH AND LIFT THE QUALITY OF LIFE IN NEW JERSEY COMMUNITIES. WITH A PROGRAMMATIC EMPHASIS ON ENSURING HEALTH EQUITY, THE PRACTICE SPEARHEADS INNOVATIVE, COLLABORATIVE SOCIAL IMPACT AND EXTERNAL AFFAIRS INITIATIVES THAT ADDRESS THE SOCIAL, ECONOMIC, AND ENVIRONMENTAL CONDITIONS THAT HAVE A SIGNIFICANT IMPACT ON HEALTH OUTCOMES.

RWJBH RECOGNIZES THAT COLLABORATION AND PARTNERSHIP ARE THE CORNERSTONE TO SUCCESSFULLY TRANSFORMING TO IMPACT COMMUNITY HEALTH STATUS IN A MEANINGFUL AND SIGNIFICANT WAY. ONE INITIATIVE TO SUPPORT LOCAL HIRING IN BETTER-PAYING JOBS, RWJBH, AND ITS LOCAL HOSPITAL, NEWARK BETH ISRAEL MEDICAL CENTER, PARTNERED WITH THE CITY OF NEWARK TO OFFER CLASSES THAT TEACH LOCAL RESIDENTS "SOFT SKILLS" SUCH AS GAINING THE MATH KNOWLEDGE NEEDED TO PASS REQUIRED TESTS FOR LOCAL UTILITY COMPANY JOBS. OTHER INITIATIVES FOCUS ON SUPPORTING LOCAL BUSINESSES, INCREASING FOOD/HOUSING SECURITY, AND ADDRESSING OTHER SOCIAL DETERMINANTS OF HEALTH BARRIERS. THE FIVE INTERVENTION AREAS IDENTIFIED BY SICI ARE:

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

1. EDUCATION, INCLUDING EARLY CHILDHOOD DEVELOPMENT, FAMILY HEALTH LITERACY AND PARENTING EDUCATION.
2. ECONOMIC STABILITY, INCLUDING FOOD SECURITY AND YOUTH WORKFORCE DEVELOPMENT.
3. NEIGHBORHOOD AND BUILT ENVIRONMENT INCLUDING HOMELESSNESS PREVENTION, VIOLENCE PREVENTION AND SOBER LIVING
4. GLOBAL HEALTH INCLUDING BOTH INTERNATIONAL AND DOMESTIC OUTREACH
5. EMPLOYEE ENGAGEMENT AND VOLUNTEERISM, INCLUDING SKILLS-BASED VOLUNTEERISM AND SERVICE RALLIES.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

AS PART OF THE MISSION TO CREATE HEALTHIER COMMUNITIES, RWJBH'S SICI LAUNCHED ITS FOOD HUBS INITIATIVE IN 2020. THE FOOD HUBS IS A COLLABORATIVE UNDERTAKING OF LOCAL NONPROFITS, BUSINESSES, AND FARMERS WORKING TO ELIMINATE FOOD INSECURITY IN KEY AREAS IN NEW JERSEY. WITH DIFFERENT PILOT LOCATIONS ACROSS NEWARK AND NEW BRUNSWICK, EACH HUB OPERATES ON A COMMUNITY LEVEL TO EXPAND FOOD ACCESS, CREATE, AND IMPROVE DISTRIBUTION CHANNELS WITH LOCAL FARMERS, AND EDUCATE RESIDENTS ON THE ROLE OF NUTRITION AND HEALTHY EATING IN OVERALL HEALTH OUTCOMES. THE INITIATIVE IS FUNDED BY A GRANT FROM THE ROBERT WOOD JOHNSON FOUNDATION, AS WELL AS THROUGH PRIVATE DONATIONS, AND WILL EVENTUALLY BE IMPLEMENTED IN OTHER LOCATIONS ACROSS THE STATE.

THE HUBS WERE CHOSEN FOR THEIR CURRENT INFRASTRUCTURE AND WORK IN THE URBAN FARMING AND THE FOOD INSECURITY SPACE. THE GOAL IS TO CREATE A HUB THAT WILL PROVIDE ACCESS TO HEALTHY FOOD BY CREATING A DISTRIBUTION

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

CHANNEL FOR ALL FARMERS IN NEW JERSEY IN ADDITION TO PROVIDING NUTRITION EDUCATION. THE SITES HAVE OR ARE WORKING TOWARDS BUILDING THE NEEDED COMPONENTS THAT DEFINE A RWJBH "HUB." THESE COMPONENTS INCLUDE GROWING SPACE FOR BOTH HYDROPONICS OR TRADITIONAL FARMING; AMPLE STORAGE AND REFRIGERATION; TEACHING KITCHENS EQUIPPED WITH COOKING FACILITIES ACCESSIBLE TO MOST RESIDENTS AND/OR THOSE ENTERING CULINARY ARTS AND FOOD SERVICE; AND RETAIL FARMERS MARKET SPACE.

ADDITIONALLY, AS PART OF INITIATIVES TO IMPROVE PUBLIC HEALTH AND IN PARTNERSHIP WITH THE COMMUNITY FOOD BANK OF NEW JERSEY, RWJBH SUPPORTS "FOOD FARMACY" PROGRAMS TO ADDRESS FOOD INSECURITY IN NEWARK, JERSEY CITY AND MOST RECENTLY, A WOMEN'S FOOD FARMACY/PANTRY INITIATED IN EARLY 2023 IN NEW BRUNSWICK, SERVING THE MATERNAL CHILD POPULATION. A "FOOD FARMACY" IS A PROGRAM THAT FOCUSES ON AND PROMOTES HEALTHY, NUTRITIOUS EATING USING A CLINICALLY BASED APPROACH. A "FOOD FARMACY" DIFFERS FROM A FOOD PANTRY IN THAT THE FARMACY PROVIDES COMPREHENSIVE, INDIVIDUALIZED CARE AND NUTRITION EDUCATION WHILE A FOOD PANTRY SERVES AS AN EMERGENT FEEDING SITE HELPING TO FIGHT HUNGER IN OUR COMMUNITIES. IN ADDITION TO FOOD, OUR FARMACIES ALSO PROVIDE DIAPERS AND PERIOD PRODUCTS FOR WOMEN, SIGNIFICANTLY ALLEVIATING FINANCIAL STRAIN AND FREEING UP A PORTION OF THEIR MONTHLY BUDGET FOR OTHER NECESSITIES.

AT THE "FOOD FARMACIES" REGISTERED DIETITIANS MEET WITH PATIENTS IN A 1-1 COUNSELING SETTING, AND THEN PROVIDE RECOMMENDATIONS FOR FOOD CHOICES THAT ARE AVAILABLE ON-SITE BASED ON THEIR CONDITION AND CULTURAL

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

PREFERENCES. PATIENTS HAVE ACCESS TO LOCALLY GROWN, SUSTAINABLE FOODS, HEALTHY SHELF-STABLE FOODS, RECIPES, NUTRITION EDUCATION HANDOUTS, AND ONGOING CHRONIC DISEASE MANAGEMENT NUTRITION COUNSELING. THE GOAL OF A "FOOD FARMACY" IS TO ENSURE FOOD SECURITY AND INCREASE BOTH POSITIVE CLINICAL AND BEHAVIORAL CHANGE OUTCOMES TO IMPROVE PATIENTS' HEALTH.

THE SOCIAL IMPACT & COMMUNITY INVESTMENT PRACTICE AT RWJBH ALSO SERVES AS A DRIVER OF THE SYSTEM'S ANCHOR MISSION TO HIRE LOCAL, BUY LOCAL, AND INVEST LOCAL. AS PART OF ITS ONGOING COMMITMENT TO SOCIAL IMPACT AND COMMUNITY INVESTMENT, RWJBH LAUNCHED AN ONLINE PLATFORM IN 2022 DESIGNED TO INCREASE OPPORTUNITIES FOR CERTIFIED LOCAL AND DIVERSE OWNED BUSINESSES IN NEW JERSEY TO WORK DIRECTLY WITH RWJBH AND ITS FACILITIES. LOCAL, MINORITY, AND WOMEN-OWNED BUSINESSES THAT COULD POTENTIALLY MEET FUTURE SERVICE OR SUPPLY CHAIN DEMANDS FOR RWJBH ARE INVITED TO REGISTER AT RWJBH.ORG/BUYLOCAL. COMPANIES THAT SUCCESSFULLY REGISTER TO THE PLATFORM WILL BE LISTED AS RWJBARNABAS HEALTH BUYLOCAL VENDORS AND INCLUDED IN A DATABASE OF BUSINESSES CONSIDERED FOR PROCUREMENT AND CONTRACTING OPPORTUNITIES WITHIN THE SYSTEM. NEW JERSEY BASED, CERTIFIED MINORITY OWNED (MBE), WOMEN OWNED (WBE), SMALL BUSINESS (SBE), VETERAN-OWNED (VOB), DISABLED VETERAN-OWNED (DVOB) AND DISADVANTAGED BUSINESS ENTERPRISES (DBE) ARE ALL ELIGIBLE TO PARTICIPATE. HUNDREDS OF BUSINESS HAVE REGISTERED. MARK E. MANIGAN, NOW PRESIDENT & CEO, RWJBARNABAS HEALTH STATED "AS AN ANCHOR INSTITUTION THAT PRIORITIZES ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH, OUR COMMITMENT TO OUR PATIENTS AND NEIGHBORS EXTENDS BEYOND TRADITIONAL CARE DELIVERY. OUR

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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Form 990 or 990-EZ or to provide any additional information.

2023

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

HEALTH SYSTEM IS ONE OF THE LARGEST EMPLOYERS AND PURCHASERS IN NEW
JERSEY, AND WE ARE DEDICATED TO INVESTING THOSE DOLLARS BACK INTO THE
COMMUNITIES WE SERVE."

THE SOCIAL IMPACT AND COMMUNITY INVESTMENT PRACTICE EMPLOYS ACTION
RESEARCH TO CONTINUALLY EVALUATE THE EFFECTIVENESS OF OUR WORK AND
INITIATIVES. THE RESEARCH FEEDBACK LOOP PROVIDES THE PRACTICE AND THE
SYSTEM WITH A CONTINUAL INFORMATION RESOURCE THAT SERVES TO FACILITATE
LEARNING AND INTERVENTIONS IMPROVEMENTS. IN THE END, WE ARE LOOKING FOR
IMPROVED HEALTH AS WELL AS IMPROVEMENTS IN THE SOCIAL, ECONOMIC, AND
ENVIRONMENTAL FACTORS THAT CONTRIBUTE TO HEALTH.

THE HEALTHCARE ANCHOR NETWORK

RWJBARNABAS HEALTH'S STRATEGIC PILLAR FOCUSED ON SOCIAL IMPACT AND
COMMUNITY INVESTMENT LED TO BECOMING A FOUNDING MEMBER OF THE HEALTHCARE
ANCHOR NETWORK ALONG WITH ADVOCATE HEALTH CARE, CATHOLIC HEALTH
INITIATIVES, DIGNITY HEALTH, HENRY FORD HEALTH SYSTEM, KAISER PERMANENTE,
PROMEDICA, PROVIDENCE ST. JOSEPH HEALTH, RUSH UNIVERSITY MEDICAL CENTER,
TRINITY HEALTH, AND UMASS MEMORIAL HEALTH CARE. TODAY, MORE THAN 45
HOSPITALS AND HEALTH SYSTEMS ARE NETWORK MEMBERS.

THIS NETWORK WAS FORMED IN DECEMBER 2016, WHEN LEADERS FROM 40 HEALTH
SYSTEMS ACROSS THE U.S. GATHERED IN WASHINGTON, DC TO EXPLORE HOW THEIR

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

SYSTEMS COULD MORE FULLY HARNESS THEIR ECONOMIC POWER TO INCLUSIVELY AND SUSTAINABLY BENEFIT THE LONG-TERM HEALTH AND WELL-BEING OF THE COMMUNITIES THEY SERVE. THIS CONVENING LED TO THE LAUNCH OF THE HEALTHCARE ANCHOR NETWORK IN MAY 2017, REPRESENTING A CRITICAL MILESTONE IN MOBILIZING THE HEALTHCARE SECTOR TOWARDS ACTION AND COLLABORATION.

THE HEALTHCARE ANCHOR NETWORK HELPS PARTICIPANTS TO MORE RAPIDLY AND EFFECTIVELY ADVANCE AN ANCHOR MISSION APPROACH WITHIN THEIR HEALTH INSTITUTIONS, THE COMMUNITIES THEY SERVE, AND ACROSS THE HEALTHCARE SECTOR. THE LONG-TERM GOAL OF THE NETWORK IS TO REACH A CRITICAL MASS OF HEALTH SYSTEMS ADOPTING AS AN INSTITUTIONAL PRIORITY TO IMPROVE COMMUNITY HEALTH AND WELL-BEING BY LEVERAGING ALL THEIR ASSETS, INCLUDING HIRING, PURCHASING, AND INVESTMENT FOR EQUITABLE, LOCAL ECONOMIC IMPACT. BY DOING SO, WE CAN POWERFULLY IMPACT THE UPSTREAM DETERMINANTS OF HEALTH AND HELP BUILD INCLUSIVE AND SUSTAINABLE LOCAL ECONOMIES.

THE ANCHOR NETWORK IS SUPPORTED THROUGH A BACKBONE ORGANIZATION (THE DEMOCRACY COLLABORATIVE, WITH SUPPORT FROM CO-CREATIVE CONSULTING). ON NOVEMBER 6, 2019 - FOURTEEN HOSPITALS AND HEALTH SYSTEMS, INCLUDING RWJBARNABAS HEALTH, ANNOUNCED A COMMITMENT OF OVER \$700 MILLION FOR PLACE-BASED INVESTING TO CREATE STRONG AND HEALTHY COMMUNITIES. THESE INSTITUTIONS INCLUDE NATIONAL AND REGIONAL HEALTH SYSTEMS AND SOME OF THE LARGEST PRIVATE SECTOR EMPLOYERS IN THEIR STATES AND REGIONS.

THE RWJBARNABAS HEALTH'S ANCHOR TRAINING PROGRAM AT THE CHILDREN'S

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

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2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

SPECIALIZED HOSPITAL FOR PEDIATRIC PALLIATIVE CARE SERVES AS A NATIONAL MODEL FOR CREATING DESIGNATED CARE PATHWAYS AND IMPROVING THE QUALITY OF LIFE FOR CHILDREN WITH COMPLEX NEEDS. THE PROGRAM ALLOWS PROVIDERS TO EXPAND THEIR PEDIATRIC PALLIATIVE CARE SKILLS BY SHARING TECHNIQUES WITH ONE ANOTHER, IMPROVING SYMPTOM MANAGEMENT SKILLS, ADOPTING NEW BEST PRACTICES, AND IMPROVING FAMILY SUPPORT SERVICE SKILLS. INTENDING TO INCREASE THE NUMBER OF PROVIDERS TRAINED IN PEDIATRIC PALLIATIVE CARE AND EXPAND TECHNIQUES IN PEDIATRIC PALLIATIVE CARE, THE ANCHOR TRAINING PROGRAM RECENTLY GRADUATED TWO COHORTS OF PEDIATRIC PALLIATIVE CARE PROFESSIONALS, TOTALING 82 PROVIDERS.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

LEADING MEDICAL AND HEALTH SERVICES

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RWJBARNABAS HEALTH, AS A LEADING HEALTH, EDUCATION, RESEARCH, AND WELLNESS PROVIDER, IS ABLE TO EXTEND ACCESS TO THE MANY NATIONALLY AND REGIONALLY RECOGNIZED SERVICES AND FACILITIES TO ITS COMMUNITIES INCLUDING A FEW LISTED IN THE FOLLOWING SECTION.

-NEW JERSEY'S ONLY CERTIFIED BURN TREATMENT FACILITY AND ONE OF THE LARGEST IN THE U.S. THAT TREATS MORE THAN 230 PATIENTS ANNUALLY.

-COMPREHENSIVE CARDIAC SURGERY SERVICES FOR ADULTS AND CHILDREN INCLUDING THE STATE'S OLDEST AND MOST EXPERIENCED HEART TRANSPLANT PROGRAM AT NEWARK BETH ISRAEL MEDICAL CENTER THAT HAS PERFORMED OVER 1,160 HEART TRANSPLANTS. THIS HEART CENTER ALONG WITH ITS AFFILIATE PROGRAMS AT

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

COOPERMAN BARNABAS MEDICAL CENTER, ROBERT WOOD JOHNSON UNIVERSITY
HOSPITAL, AND JERSEY CITY MEDICAL CENTER HEART THE HEART CENTERS
PERFORMED APPROXIMATELY 2,500 OPEN HEART PROCEDURES AND OVER 70 HEART
TRANSPLANTS IN 2023.

-LEADING REGIONAL KIDNEY TRANSPLANT CENTERS INCLUDING A CENTER THAT RANKS
IN THE TOP 10 OF OVER 250 CENTERS IN THE NATION BY THE 2023 NUMBER OF
LIVING DONOR TRANSPLANT VOLUMES AND AMONGST THE TEN (10) LARGEST
TRANSPLANT CENTER IN THE U.S. -- THE PROGRAM PERFORMED THE FIRST
LAPAROSCOPIC KIDNEY RETRIEVAL IN A LIVING DONOR AND THE FIRST ROBOTIC
KIDNEY TRANSPLANT SURGERY IN THE WORLD.

-NEW JERSEY'S ONLY STATE APPROVED LUNG TRANSPLANT PROGRAM.

-LEVEL I AND LEVEL II TRAUMA CENTERS AND THE STATE'S ONLY PEDIATRIC
TRAUMA CENTER.

-VALERIE FUND CHILDREN'S CENTERS FOR CANCER AND BLOOD DISORDERS.

-THE INSTITUTE FOR REPRODUCTIVE MEDICINE AND SCIENCE.

-NATIONALLY RECOGNIZED GERIATRIC SERVICES.

-AS THE LARGEST EMERGENCY MEDICAL SERVICES (EMS) PROVIDER IN THE STATE,
THE SYSTEM-WIDE EMS DIVISION FOR THE RWJBARNABAS HEALTH INCLUDES RWJ
MOBILE HEALTH SERVICES (NEW BRUNSWICK, SOMERSET, AND HAMILTON), RAHWAY
MICU, AND JERSEY CITY MEDICAL CENTER EMS. THE MOBILE HEALTH PROGRAM ALSO
INCLUDES A GROWING TRAINING CENTER WITH OVER 100 FULL-TIME AND PER DIEM
EDUCATION STAFF. THE STAFF IS COMPRISED OF SUBJECT MATTER EXPERTS FROM A
DIVERSE GROUP OF PROFESSIONAL FROM EMTS, PARAMEDICS, TACTICAL PARAMEDICS,
DIVE MEDICS, FLIGHT PARAMEDICS, FLIGHT NURSES, PHYSICIANS, PHYSICIAN
ASSISTANTS, REGISTERED NURSES, LAW ENFORCEMENT OFFICERS, EMERGENCY

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

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▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

PREPAREDNESS, AND FIRE-FIGHTERS. EMTS AND PARAMEDICS ALSO SUPPLEMENT THE EDUCATION STAFF, CONNECTING THE CLASSROOM TO THE CURRENT PRACTICE IN THE FIELD. THE TRAINING CENTER HAS A PARAMEDIC PROGRAM THAT IS ACCREDITED BY THE COMMITTEE ON ACCREDITATION OF EDUCATIONAL PROGRAMS FOR THE EMERGENCY MEDICAL SERVICES PROFESSIONS. THE TRAINING CENTER CREDENTIALS APPROXIMATELY 500 NEW EMTS EACH YEAR.

-COMPREHENSIVE CANCER SERVICES AND RESEARCH; PROVIDING STATE-OF-THE ART TREATMENT INCLUDING:

-THE FLAGSHIP HOSPITAL OF RUTGERS CANCER INSTITUTE OF NEW JERSEY ("CINJ"), NEW JERSEY'S ONLY NATIONAL CANCER INSTITUTE ("NCI") DESIGNATED COMPREHENSIVE CANCER CENTER AND ONE OF ONLY 72 NCI DESIGNATED CENTERS IN THE NATION; WITH CINJ PROVIDING MANY OF THE SEMINAL DISCOVERIES LEADING TO CHECKPOINT INHIBITOR THERAPY, OR DISCOVERIES LEADING TO CAR T-CELL THERAPY, OR DISCOVERIES LEADING TO SORT OF MOLECULARLY TARGETED THERAPIES OR PRECISION MEDICINE.

-THE JACQUELINE M. WILENTZ COMPREHENSIVE BREAST CENTER AND A REGIONAL BREAST SURGICAL PROGRAM OF WOMEN PHYSICIANS.

-COMPREHENSIVE BREAST CENTER AT THE BARNABAS HEALTH AMBULATORY CARE CENTER; HIGHEST NUMBER OF MAMMOGRAMS AND BREAST IMAGING EXAMS ANNUALLY IN THE REGION AND ONE OF THE HIGHEST IN THE U.S.

-ADVANCED RADIATION ONCOLOGY TREATMENT INCLUDING PROTON THERAPY, CYBERKNIFE, GAMMAKNIFE, AND TOMOTHERAPY.

-RENOWNED NEUROLOGY AND NEUROSURGERY PROGRAMS INCLUDING A SPECIALIZED EPILEPSY CENTER DESIGNATED LEVEL 4 FOR ADULTS AND CHILDREN; TWO STATE-ACCREDITED COMPREHENSIVE STROKE CENTERS AND NINE STATE-ACCREDITED

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

PRIMARY STROKE CENTERS.

-COMPREHENSIVE WOMEN'S AND CHILDREN'S SERVICES, INCLUDING:

-THE UNTERBERG CHILDREN'S HOSPITAL AT MONMOUTH MEDICAL CENTER, CHILDREN'S HOSPITAL OF NEW JERSEY AT NEWARK BETH ISRAEL MEDICAL CENTER; THE PSE&G CHILDREN'S SPECIALIZED HOSPITAL AND THE BRISTOL-MYERS SQUIBB CHILDREN'S HOSPITAL AT ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL; AND

-FIVE REGIONAL PERINATAL CENTERS WITH THE HIGHEST LEVEL NEONATAL INTENSIVE CARE UNITS AND THREE COMMUNITY PERINATAL CENTERS WITH INTERMEDIATE NEONATAL SERVICES.

-SKILLED NURSING FACILITIES.

-A COMPREHENSIVE AMBULATORY CARE NETWORK OF PHYSICIAN SERVICES, AMBULATORY SURGERY CENTERS, IMAGING CENTERS, FITNESS AND WELLNESS CENTERS, SPORT PERFORMANCE CENTERS, RETAIL PHARMACIES, URGENT CARE CENTERS, HOME HEALTH AND HOSPICE SERVICES.

THROUGH ENHANCED SYNERGIES, RWJBARNABAS HEALTH HAS DEVELOPED ADDITIONAL "CENTERS OF EXCELLENCE" AND SERVICES TO IMPROVE SERVICES, PROMOTE WELLNESS AND ENHANCE PERFORMANCE EXCELLENCE. RWJBARNABAS HEALTH AND RUTGERS UNIVERSITY OPENED A NEW MULTI-SPORT TRAINING FACILITY IN SEPTEMBER 2019. THE RWJBARNABAS HEALTH ATHLETIC PERFORMANCE CENTER IS A 307,000-SQUARE FOOT, FOUR STORY, STATE-OF-THE- FACILITY HOUSING A HIGHLY SOPHISTICATED SPORTS MEDICINE TREATMENT AND REHABILITATION CENTER. IT IS THE PROMISE OF THE NEW AND UNIQUE PARTNERSHIP TO BRING WORLD-CLASS SPORTS MEDICINE TO RUTGERS ATHLETES, STUDENTS AND FACULTY, AND THE COMMUNITIES THROUGHOUT NEW JERSEY. THROUGH THIS PARTNERSHIP, RWJBARNABAS HEALTH IS

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

THE EXCLUSIVE HEALTHCARE PROVIDER FOR RUTGERS UNIVERSITY AND RUTGERS ATHLETICS. THE VISION FOR RWJBARNABAS HEALTH IS TO FORMULATE A BEST-IN-CLASS SPORTS MEDICINE AND ORTHOPEDICS PROGRAM WITH THE GOAL OF REPLICATING THIS MODEL AT OTHER SATELLITE LOCATIONS IN NEW JERSEY.

IN JUNE 2021, RUTGERS CANCER INSTITUTE OF NEW JERSEY (CINJ), THE STATE'S ONLY NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CENTER, BROKE GROUND ON A \$750 MILLION, 12-STORY BUILDING, TO BE KNOWN AS THE JACK AND SHERYL MORRIS CANCER CENTER. THIS NEW FACILITY, WILL BE A FREESTANDING, DEDICATED CANCER PAVILION WILL OFFER MEDICAL, SURGICAL, RADIATION, AND IMMUNO-ONCOLOGY SERVICES IN ONE LOCATION, GIVING CLINICIANS, NAVIGATORS, RESEARCH STAFF, AND SUPPORT TEAMS EASY ACCESS TO EACH ANOTHER AND, MORE IMPORTANTLY, TO PATIENTS. THE PAVILION IS CONNECTED TO ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AND IS FURTHER EVIDENCE OF THE PARTNERSHIP OF RUTGERS AND RWJBARNABAS JOURNEY TO ENHANCE INNOVATIVE CLINICAL SERVICES, TRAINING, AND RESEARCH.

ON APRIL 30, 2022, RWJBARNABAS HEALTH OPENED ITS FIELD OF DREAMS, A RECREATIONAL COMPLEX THAT INTENTIONALLY ADDRESSES PHYSICAL AND SOCIAL INCLUSION FOR PEOPLE OF ALL AGES AND ABILITIES AND RECOGNIZES EVERYONE'S RIGHT TO PARTICIPATE FULLY IN EQUITABLE PLAY, OFFICIALLY OPENED IN TOMS RIVER, NJ. THE RWJBARNABAS HEALTH FIELD OF DREAMS IS EQUIPPED WITH A BASEBALL FIELD, BASKETBALL COURT, 9-HOLE MINIATURE GOLF COURSE, BOCCE AND A SPECTACULAR PLAYGROUND AREA SPECIALLY DESIGNED TO BE MORE ACCESSIBLE FOR WHEELCHAIRS AND ADAPTIVE EQUIPMENT. OTHER FEATURES INCLUDE A WALKING

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

PATH WITH REHABILITATIVE STATIONS, A "QUIET CORNER," LOCATED IN A THREE-SIDED ENCLOSED PAVILION FOR THOSE WITH AUTISM, BATHROOMS WITH MULTIPLE ELECTRIC CHANGING STATIONS TO FULLY ACCOMMODATE THE SPECIAL NEEDS COMMUNITY, A TEMPERATURE-CONTROLLED PAVILION, STRATEGICALLY PLACED OUTLETS THAT SERVE AS WHEEL-CHAIR RECHARGING STATIONS, AND MUCH MORE.

RWJBARNABAS HEALTH FIELD OF DREAM'S CO-FOUNDERS CHRISTIAN AND MARY KANE, AFTER LIVING THROUGH THE FRUSTRATIONS AND STRUGGLES OF FINDING INCLUSIVE FACILITIES TO ACCOMMODATE THEIR SON AND OTHER KIDS WITH SPECIAL NEEDS, WERE INSPIRED TO BUILD A RECREATIONAL COMPLEX WHERE CHILDREN (AND ADULTS) WITH SPECIAL NEEDS CAN FEEL TYPICAL WHILE ENJOYING RECREATIONAL ACTIVITIES ALONGSIDE FRIENDS AND FAMILY IN A SAFE AND WELCOMING ENVIRONMENT. "THE KANE'S PASSION PROJECT ALIGNED PERFECTLY WITH RWJBARNABAS HEALTH'S COMMITMENT TO HEALTH EQUITY AND SUPPORTING COMMUNITY-BASED INITIATIVES WHERE INDIVIDUALS FROM ALL BACKGROUNDS HAVE AN OPPORTUNITY TO RECREATE IN A SAFE AND WELCOMING ENVIRONMENT," SAID BARRY H. OSTROWSKY, THEN CHIEF EXECUTIVE OFFICER, RWJBARNABAS HEALTH. LED BY ANCHOR INSTITUTIONS IN THE LOCAL AREA, RWJBARNABAS HEALTH'S CHILDREN'S SPECIALIZED HOSPITAL AND COMMUNITY MEDICAL CENTER, ARE COMMITTED TO PROVIDING RESOURCES, EXPERTISE AND STAFFING TO SUPPORT ANNUAL PROGRAMMING AT THE COMPLEX. THE MUNICIPALITY, TOMS RIVER, DONATED THE 3.5-ACRE PARCEL OF LAND FOR THE COMPLEX, AND SUPPORT FROM COMMUNITY PARTNERS INCLUDING OCEAN ORTHOPEDIC ASSOCIATES, AMONG MANY OTHERS, HAS BEEN INCREDIBLE. THE FIELD OF DREAMS SHOWCASES HOW RWJBH COLLABORATES AND EXTENDS BEYOND THE WALLS OF OUR HOSPITALS TO SUPPORT THE PHYSICAL, MENTAL AND SOCIAL

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

WELL-BEING OF CHILDREN, ADULTS AND CARETAKERS.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

GRADUATE MEDICAL EDUCATION AND OTHER EDUCATION PROGRAMS

RUTGERS IS THE OFFICIAL SPONSORING INSTITUTION OF ALL MEDICAL RESIDENCY PROGRAMS AT THE CORPORATION'S HOSPITALS ENABLING A NEW MODEL OF MEDICAL EDUCATION WITH THE INTEGRATION OF COMMUNITY, URBAN, SUBURBAN AND THE U.S. DEPARTMENT OF VETERANS AFFAIRS ROTATIONS. PROGRAMS CONTINUE TO BE INTEGRATED CREATING THE OPPORTUNITY TO EXPAND ADVANCED FELLOWSHIPS AND ENHANCE THE PROGRAMS EDUCATING OVER 1,600 RESIDENTS AND FELLOWS. WE HAVE FOCUSED OUR EFFORTS LEVERAGING THE ROBUST NETWORK OF RUTGERS SCHOOLS AND ARE ADVANCING OUR EFFORTS TO GROW INTER-PROFESSIONAL PRACTICE TEAM TRAINING OPPORTUNITIES ACROSS THE CORPORATION AND OTHER CLINICAL AFFILIATES.

THE GRADUATE MEDICAL EDUCATION (GME) PROGRAMS WITHIN RWJBH ARE SPONSORED BY RUTGERS HEALTH (RUTGERS BIOMEDICAL AND HEALTH SCIENCES), A UNIT OF RUTGERS UNIVERSITY. RUTGERS HEALTH ACHIEVED FULL ACCREDITATION IN 2023 AFTER IS INITIAL ACCREDITATION PERIOD. GME TAKES PLACE AT COMMUNITY MEDICAL CENTER, COOPERMAN BARNABAS MEDICAL CENTER, JERSEY CITY MEDICAL CENTER, MONMOUTH MEDICAL CENTER, NEWARK BETH ISRAEL MEDICAL CENTER, ROBERT WOOD JOHNSON SOMERSET, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AND TRINITAS REGIONAL MEDICAL CENTER. RESIDENCIES AND FELLOWSHIPS IN A WIDE VARIETY OF SPECIALTIES AND SUBSPECIALTIES ARE OFFERED AND CLINICAL

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

RESEARCH AND PUBLIC HEALTH INITIATIVES ARE ALSO AN INTEGRAL PART OF OUR EDUCATIONAL MISSION. WE HAVE ALSO LAUNCHED THE "RISING STARS" PROGRAM, WHICH SEEKS TO KEEP TOP MEDICAL SCHOOL GRADUATES IN NEW JERSEY THROUGH TUITION ABATEMENT AND POST GRADUATE PLACEMENT PROGRAMS.

FOR GRADUATE MEDICAL EDUCATION, OUR EIGHT TEACHING HOSPITALS HOST MORE THAN 1000 RESIDENTS AND FELLOWS IN SPECIALTY TRAINING. RESIDENTS TRAIN IN PROGRAMS IN MOST MAJOR SPECIALTIES AND SUBSPECIALTIES INCLUDING, BUT NOT LIMITED TO, INTERNAL MEDICINE, PEDIATRICS, COMBINED INTERNAL MEDICINE/PEDIATRICS, FAMILY MEDICINE, OBSTETRICS/GYNECOLOGY, GENERAL SURGERY, ACUTE CARE SURGERY, ORTHOPEDIC SURGERY, NEUROSURGERY, DIAGNOSTIC RADIOLOGY, ANESTHESIOLOGY, PATHOLOGY, DENTISTRY, PODIATRIC SURGERY, EMERGENCY MEDICINE, OTOLARYNGOLOGY/HEAD AND NECK SURGERY, RADIATION ONCOLOGY, PSYCHIATRY, PLASTIC SURGERY, ORAL AND MAXILLOFACIAL SURGERY, OPHTHALMOLOGY, UROLOGY, AND VASCULAR SURGERY RESIDENCY. FELLOWS TRAIN IN SUCH PROGRAMS AS THE FOLLOWING SUBSPECIALTIES: NEPHROLOGY, HEMATOLOGY/ONCOLOGY, CARDIOLOGY, INTERVENTIONAL CARDIOLOGY, CARDIAC ELECTROPHYSIOLOGY, ADVANCED HEART FAILURE AND TRANSPLANTATION, GASTROENTEROLOGY, ENDOCRINOLOGY, NEUROLOGY, HEPATOLOGY, RHEUMATOLOGY, GERIATRICS, PULMONARY/CRITICAL CARE MEDICINE, SURGICAL CRITICAL CARE, INFECTIOUS DISEASES, VASCULAR SURGERY FELLOWSHIP, MAMMOGRAPHY, PEDIATRIC EMERGENCY MEDICINE, EMS AND DISASTER PLANNING, EMERGENCY MEDICINE ULTRASOUND, CARDIOTHORACIC SURGERY, BREAST SURGERY, MATERNAL FETAL MEDICINE, NEONATOLOGY, INTERVENTIONAL RADIOLOGY, PAIN MANAGEMENT, PEDIATRIC DENTISTRY, AND CHILD AND ADOLESCENT PSYCHIATRY. IT SHOULD BE

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

NOTED THAT FELLOWSHIPS ARE SPECIALTY TRAINING PROGRAMS BEYOND THE CORE
RESIDENCY PROGRAM.

EACH RESIDENCY PROGRAM IS ACCREDITED BY THE ACCREDITATION COUNCIL FOR
GRADUATE MEDICAL EDUCATION, THE AMERICAN DENTAL ASSOCIATION, THE COUNCIL
ON PODIATRIC MEDICAL EDUCATION, OR OTHER RELEVANT BODY. WHILE WE
ACKNOWLEDGE OUR OBLIGATION TO THESE YOUNG PROFESSIONALS WHO HAVE CHOSEN
TO COME TO RWJBH FOR THIS SEGMENT OF THEIR EDUCATION, WE ALSO RECOGNIZE
THEIR IMPORTANT CONTRIBUTION TO PATIENT CARE AND DEDICATE OURSELVES TO
THE OVERSIGHT NECESSARY FOR PATIENTS TO RECEIVE APPROPRIATE CARE UNDER
THE SUPERVISION OF EXPERIENCED ATTENDING PHYSICIANS.

UNDERGRADUATE MEDICAL EDUCATION

AT THE UNDERGRADUATE LEVEL FOR 2023, WE MAINTAINED OUR MAJOR AFFILIATIONS
WITH TWO MEDICAL SCHOOLS. THE SYSTEM IS A MAJOR CLINICAL CAMPUS FOR
MEDICAL STUDENTS FROM RUTGERS-NEW JERSEY MEDICAL SCHOOL (NEWARK, NJ) AS
WELL AS RUTGERS ROBERT WOOD JOHNSON MEDICAL SCHOOL. CLINICAL RESEARCH AND
PUBLIC HEALTH INITIATIVES ARE AN INTEGRAL PART OF OUR EDUCATION MISSION.
THE MEDICAL STUDENTS OBTAIN TRAINING FOR BOTH REQUIRED AND ELECTIVE
ROTATIONS IN OUR FACILITIES.

THE SYSTEM ALSO ACCEPTS STUDENTS FROM OTHER MEDICAL SCHOOLS FOR ELECTIVE
ROTATIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

CONTINUING MEDICAL EDUCATION

HIGHEST QUALITY MEDICAL EDUCATION AND CONTINUING EDUCATION IS FELT TO RESULT IN HIGHEST QUALITY PATIENT CARE AND ULTIMATELY DELIVERS TO OUR PATIENTS THE MOST CURRENT, COST-EFFECTIVE, AND INTEGRATED MEDICAL CARE POSSIBLE.

CONTINUING MEDICAL EDUCATION ("CME") ACTIVITIES ARE CONDUCTED THROUGHOUT THE SYSTEM, WITH OUR HOSPITALS EITHER ACCREDITED BY THE MEDICAL SOCIETY OF NEW JERSEY OR PARTNERING WITH RUTGERS BIOMEDICAL AND HEALTH SCIENCES TO OFFER CATEGORY 1 AMA-PRA CME TO THE PHYSICIANS IN THE COMMUNITY.

OTHER EDUCATION AND TRAINING PROGRAMS

RWJBH BELIEVES THAT THE HIGHEST QUALITY CLINICAL EDUCATION RESULTS IN THE HIGHEST QUALITY PATIENT CARE AND ULTIMATELY DELIVERS TO OUR PATIENTS THE MOST CURRENT, COST-EFFECTIVE, AND INTEGRATED MEDICAL CARE POSSIBLE. IN ADDITION TO EDUCATION AND TRAINING PROGRAMS FOR PHYSICIANS, WE ALSO PARTNER WITH SCHOOLS TO ADVANCE THE EDUCATION AND TRAINING OF OTHER HEALTH CARE PROFESSIONALS. THERE ARE A LARGE NUMBER OF PROFESSIONAL TRAINING AND EDUCATION PROGRAMS FOR OTHER CLINICAL PERSONNEL INCLUDING NURSES, PHYSICIAN ASSISTANTS, PHARMACISTS, PHYSICAL THERAPISTS, SPEECH THERAPISTS, OCCUPATIONAL THERAPISTS, RADIOLOGY TECHS, DIAGNOSTIC MEDICAL SONOGRAPHERS, RADIATION THERAPY TECHS, EMTS AND PARAMEDICS, RESPIRATORY TECHS, CLINICAL LABORATORY TECHNICIANS, DIETICIANS AND NUTRITION, HEALTH

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

INFORMATION MANAGERS, AND MEDICAL TECHS. OUR ADVANCED CLINICAL PROGRAMS
(E.G., BURN, TRANSPLANT) ALSO HOST STUDENTS FROM A VARIETY OF CLINICAL
DISCIPLINES AS WELL AS PROFESSIONALS ALREADY IN PRACTICE ADVANCING THEIR
SKILLS.

AFFILIATION HISTORY RUTGERS-NEW JERSEY MEDICAL SCHOOL

FOR SEVERAL DECADES, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL NEW
BRUNSWICK HAS HAD AN AFFILIATION AGREEMENT WITH RUTGERS, THE STATE
UNIVERSITY OF NEW JERSEY AND IS THE PRINCIPAL TEACHING HOSPITAL OF
RUTGERS ROBERT WOOD JOHNSON MEDICAL SCHOOL. AS A RESULT OF THIS
AGREEMENT, THE HOSPITAL IS STRUCTURED AS AN ACADEMIC MEDICAL CENTER AND
HAS AN EXPANDED MISSION TO INCLUDE NOT ONLY COMMUNITY SERVICE, BUT ALSO
CLINICAL RESEARCH AND THE EDUCATION AND TRAINING OF HEALTHCARE PROVIDERS.
IN ADDITION, THE HOSPITAL'S STATUS AS AN ACADEMIC MEDICAL CENTER HAS
RESULTED IN A SIGNIFICANT INCREASE IN ITS SERVICE AREA, THE DEVELOPMENT
OF TERTIARY AND QUATERNARY PROGRAMS, AND MULTIPLE AFFILIATIONS WITH LOCAL
HOSPITALS AND INSTITUTIONS OF HIGHER EDUCATION.

IN JANUARY 2008, BARNABAS HEALTH (BH) ENTERED INTO A NEW AGREEMENT WITH
THE UNIVERSITY OF MEDICINE AND DENTISTRY IN NEW JERSEY - NEW JERSEY
MEDICAL SCHOOL ("NJMS") IN NEW JERSEY TO FORM A COMPREHENSIVE ACADEMIC
AFFILIATION AND STRATEGIC ALLIANCE, THEREBY CREATING AN AFFILIATION
INCLUDING TWO OF NEW JERSEY'S ACADEMIC AND PROVIDER SYSTEMS. COOPERMAN

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

BARNABAS MEDICAL CENTER (PREVIOUSLY KNOWN AS SAINT BARNABAS MEDICAL CENTER) AND NEWARK BETH ISRAEL MEDICAL CENTER BECAME MAJOR TEACHING AFFILIATES OF NJMS AND MEMBERS OF THE FACULTY AT EACH OF THESE TWO HOSPITALS HAVE PARTICIPATED IN A NUMBER OF NJMS-SPONSORED CONTINUING MEDICAL EDUCATION PROGRAMS. MEMBERS OF THE FACULTY FROM NJMS HAVE PARTICIPATED IN BH'S EDUCATIONAL PROGRAMS AS WELL. IN ADDITION, THE TWO SYSTEMS EVALUATE A NUMBER OF JOINT PROGRAM DEVELOPMENT INITIATIVES. THE SYSTEM BELIEVED THAT THE AFFILIATION WITH THE NJMS AND ITS SUBSTANTIAL PROGRAMS IN CLINICAL RESEARCH AND BASIC SCIENTIFIC INVESTIGATION STRENGTHENED ITS MEDICAL EDUCATION AND RESEARCH ACTIVITIES.

AS A RESULT OF THE NEW JERSEY MEDICAL AND HEALTH SCIENCES EDUCATION RESTRUCTURING ACT, ON JULY 1, 2013, MOST SCHOOLS AND UNITS OF THE UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY, TRANSFERRED TO RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY, INCLUDING THE NEW JERSEY MEDICAL SCHOOL AND ROBERT WOOD JOHNSON MEDICAL SCHOOL. BH, NOW RWJBARNABAS HEALTH, CONTINUES ITS MEDICAL EDUCATION RELATIONSHIP WITH BOTH RUTGERS MEDICAL SCHOOLS. THE UNIVERSITY HOSPITAL ("UH") IN NEWARK WAS SPUN OFF AS A FREESTANDING INSTITUTION WITH ITS OWN BOARD OF DIRECTORS. IN 2013, BH ENTERED INTO A CONSULTATIVE SERVICE AGREEMENT WITH UH AND WORKED FOR A MORE COLLABORATIVE AND EFFECTIVE SYSTEM OF CARE TO SERVE THE GREATER NEWARK COMMUNITIES FOR THREE YEARS.

WITH ITS PRIVATE-PUBLIC PARTNERSHIP WITH RUTGERS UNIVERSITY, RWJBARNABAS HEALTH NOW CLOSELY ALIGNS WITH RUTGERS' EDUCATION, RESEARCH, AND CLINICAL

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

ACTIVITIES, INCLUDING THOSE AT THE RUTGERS CANCER INSTITUTE OF NEW JERSEY AND RUTGERS UNIVERSITY BEHAVIORAL HEALTH CARE. THIS PARTNERSHIP CREATES THE STATE'S LARGEST ACADEMIC HEALTHCARE SYSTEM DEDICATED TO PROVIDING HIGH-QUALITY PATIENT CARE, LEADING-EDGE RESEARCH, AND WORLD-CLASS HEALTH AND MEDICAL EDUCATION, FURTHER ADVANCING OUR MISSION OF PROVIDING HIGH-QUALITY HEALTHCARE IN NEW JERSEY.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

RWJBARNABAS HEALTH QUALITY

AT RWJBARNABAS HEALTH, WE ARE ON A CONTINUING JOURNEY TO BECOME A HIGH RELIABILITY ORGANIZATION (HRO), UNITING OUR HEALTH SYSTEM IN A CULTURE OF SAFETY TO ACHIEVE TOP-TIER CLINICAL OUTCOMES AND TO DELIVER THE HIGHEST QUALITY CARE AND SAFEST EXPERIENCE FOR OUR PATIENTS, COMMUNITIES, AND WORKFORCE.

THIS QUEST, WHICH WE REFER TO AS "SAFETY TOGETHER", IS A COMPREHENSIVE PROCESS TO IMPROVE OUR RELIABILITY, BUILDING UPON OUR PAST SUCCESSES IN SAFETY AND QUALITY, AND USING NEW TOOLS AND BEHAVIORS TO ENSURE THE HEALTH OF OUR PATIENTS AND THE COMMUNITIES WE SERVE. SAFETY AND RELIABILITY ARE EVERYONE'S RESPONSIBILITY, NOT JUST THAT OF STAFF WHO ARE DIRECTLY INVOLVED IN PATIENT CARE. EACH INDIVIDUAL IS EXPECTED TO USE OUR STANDARDIZED ERROR PREVENTION TOOLS AND INCORPORATE THEM INTO OUR DAY-TO-DAY TASKS. DELIVERING "SAFETY TOGETHER" WILL NOT ONLY HAVE POSITIVE IMPACTS ON SAFETY, BUT ENHANCES OUR QUALITY; PATIENT, PHYSICIAN,

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

AND EMPLOYEE SATISFACTION; AND OVERALL OPERATIONAL PERFORMANCE.

QUALITY IS A PILLAR OF RWJBARNABAS HEALTH'S STRATEGIC PLAN AND IS NOT ONLY CRITICAL TO OUR ORGANIZATION'S SUCCESS BUT TO CREATING AND MAINTAINING HEALTHY COMMUNITIES THROUGHOUT NEW JERSEY. AT RWJBARNABAS HEALTH, WE WILL NEVER STOP IMPROVING THE PATIENT SAFETY CULTURE AT OUR FACILITIES. DAY IN AND DAY OUT, OUR HOSPITALS UNITE IN PATIENT SAFETY. WE ARE CONSTANTLY STRENGTHENING OUR COMMITMENT TO EXCELLENCE AND STRIVING TO IMPROVE PATIENT OUTCOMES THROUGH FOCUSING ON IMPORTANT TOPICS SUCH AS HAND WASHING AND SEPSIS, AS WELL AS ANNUAL INITIATIVES INCLUDING PARTICIPATION IN THE SAFETY ATTITUDE QUESTIONNAIRE SURVEY AND NATIONAL PATIENT SAFETY WEEK.

"I AM QUALITY" IS OUR PROMISE AND OUR PERSONAL COMMITMENT TO DELIVER THE BEST CARE TO OUR PATIENTS, EACH AND EVERY DAY. NO MATTER WHICH RWJBARNABAS HEALTH FACILITY OUR PATIENTS VISIT, FROM OUR HIGHLY RANKED ACUTE CARE HOSPITALS TO OUR STATE-OF-THE-ART OUTPATIENT CENTERS AND SPECIALTY CARE FACILITIES, THEY WILL DISCOVER A BRAND OF HEALTHCARE THAT MAKES THEM FEEL GOOD. ALONG WITH LEADING EDGE MEDICAL TREATMENTS, THEY WILL EXPERIENCE A TEAM EFFORT AND A SINCERE COMMITMENT TO GIVING THEM AND THEIR FAMILY THE ATTENTION THEY DESERVE. "I AM QUALITY" MEANS GUARANTEED EXCELLENCE.

TO HELP EACH STAFF MEMBER DELIVER QUALITY HEALTHCARE, WE EDUCATE AND APPLY THE LATEST AND BEST PRACTICES SO OUR PATIENTS AND THEIR FAMILY CAN

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

BENEFIT FROM THE HIGHEST LEVEL OF CARE-EVEN IN THE SMALLEST DETAILS.

FOCUS AREAS INCLUDE:

-MEETING AND EXCEEDING INDUSTRY STANDARDS. ASSURING THAT OUR
INSTITUTIONAL POLICIES AND PROCEDURES COMPLY WITH, AND OFTEN EXCEED ALL
NECESSARY LAWS AND GENERALLY ACCEPTED HEALTHCARE STANDARDS.

-PROVIDING SAFE CARE. MAINTAIN STRINGENT SYSTEMS FOR ENSURING APPROPRIATE
CARE AND MEDICAL ACCURACY, AND DRIVE PATIENT SAFETY THROUGH THE USE OF
PROTOCOLS.

-CLINICAL EXCELLENCE. ANALYZING AND IMPROVING OUR CARE TO ASSURE THAT WE
ARE APPLYING BEST PRACTICES.

-CLINICAL RESOURCE MANAGEMENT. MANAGING RESOURCES TO DELIVER CARE
EFFECTIVELY AND EFFICIENTLY.

-RESPECTFUL CARE. RESPECTING AN INDIVIDUAL'S AND FAMILY'S VALUES AND
CUSTOMS ALLOWS US TO HONOR THEIR NEEDS AND CHOICES.

EMPLOYEES AND PROVIDERS ARE ENCOURAGED TO FOLLOW THREE GUIDING
PRINCIPLES: (1) TO BE COMMITTED, (2) TO BE RESPONSIBLE, AND (3) TO BE
QUALITY IN ALL IT MEANS TO OUR PATIENTS. THE SYSTEM PROMOTES BEST
PRACTICE AND ENCOURAGES INNOVATIONS THROUGH QUALITY AND PERFORMANCE
COUNCILS, TRAINING AND EDUCATION AND HOLDING QUALITY FAIRS THROUGHOUT THE
ENTERPRISE.

PATIENT SATISFACTION

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

THE FUNCTION OF PATIENT SATISFACTION/EXPERIENCE IS ACTIVE IN EACH OF THE RWJBH HOSPITALS - A DEPARTMENT OF PATIENT SATISFACTION WAS A FIRST IN NEW JERSEY WHEN IT WAS CREATED AND INTRODUCED AT COOPERMAN BARNABAS MEDICAL CENTER (PREVIOUSLY NAMED SAINT BARNABAS MEDICAL CENTER). THE PATIENT SATISFACTION TEAM ENSURES HANDS-ON RESPONSIVENESS TO PATIENTS AND THEIR FAMILIES, AND PROVIDES A FORUM WHERE PATIENTS, FAMILIES AND COMMUNITY MEMBERS CAN OPENLY COMMUNICATE THEIR IDEAS. CONSTANT EVALUATION OF AND ATTENTION TO PATIENTS' OPINIONS THROUGH FORMALIZED SURVEYS HELP RWJBH IDENTIFY AREAS OF STRENGTH AND THE AREAS WHERE THERE CAN BE IMPROVEMENT. RWJBH IS COMMITTED TO FULFILLING OUR ETHICAL OBLIGATION TO PROVIDE THE FINEST HEALING ENVIRONMENT FOR OUR PATIENTS AND THEIR FAMILIES, AND A POSITIVE, FULFILLING WORK ENVIRONMENT FOR OUR PHYSICIANS AND EMPLOYEES.

NURSING EXCELLENCE AND PROFESSIONAL PRACTICE

RWJBARNABAS HEALTH FACILITIES ARE COMMITTED TO PROVIDING A HEALTHY WORK ENVIRONMENT WHICH SUPPORTS THE HIGHEST SAFETY, SERVICE, AND QUALITY OUTCOMES FOR PATIENTS, FAMILIES, NURSES, INTERPROFESSIONAL COLLEAGUES, AND STAFF. NURSES' ROLES RANGE FROM PROVIDING DIRECT PATIENT CARE AND CASE MANAGEMENT SERVICES TO ESTABLISHING NURSING PRACTICE STANDARDS, DEVELOPING QUALITY ASSURANCE PROCEDURES, DIRECTING COMPLEX NURSING CARE SYSTEMS, EDUCATING COMMUNITIES AND ADVOCATING FOR POLICY TO POSITIVELY

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

IMPACT SYSTEMS AND OUTCOMES. NURSES ARE KEY TO ASSURING OPTIMAL CLINICAL OUTCOMES AND IMPROVING HEALTH CARE EQUITY. BECAUSE NURSES ARE ESSENTIAL TO PROVIDING THE BEST IN PATIENT CARE, THEIR VOICE HAS NEVER BEEN STRONGER THROUGHOUT RWJBARNABAS HEALTH WHERE THERE IS A STRUCTURED FORUM FOR STAFF NURSES SO THEY CAN PARTICIPATE IN THE DEVELOPMENT OF POLICIES, PROCEDURES, AND STANDARDS OF CARE. A SUPPORTIVE LEARNING AND TRAINING ENVIRONMENT SERVES TO STRENGTHEN THEIR ABILITY TO BE PATIENT CARE PROFESSIONALS AND ADVOCATES.

THE RWJ BARNABAS HEALTH INSTITUTE FOR NURSING EXCELLENCE IS DEDICATED TO BUILDING AND SUSTAINING A NURSING WORKFORCE THAT REFLECTS THE DIVERSE COMMUNITIES WE SERVE. THROUGH CONTINUOUS LEARNING AND INNOVATION, WE STRIVE TO IMPROVE PATIENT OUTCOMES AND ENHANCE ACCESS TO CARE BY:

- ALIGNING NURSING PRACTICES ACROSS RWJBARNABAS HEALTH
- FOSTERING PROFESSIONAL DEVELOPMENT, INNOVATION AND RESEARCH
- ENHANCING COLLABORATION WITH ACADEMIC PARTNERS
- PROMOTING INTER-PROFESSIONAL EDUCATION AND COLLABORATION
- STANDARDIZING PRACTICES TO REDUCE REDUNDANCY AND PROMOTE CONSISTENCY

OUR NURSING OBJECTIVES ARE SUPPORTED BY THE CENTER FOR PROFESSIONAL DEVELOPMENT, INNOVATION AND RESEARCH, WHICH OFFERS A RANGE OF EDUCATIONAL PROGRAMS AND INITIATIVES DESIGNED TO SUPPORT THE PROFESSIONAL DEVELOPMENT OF NURSES AND INTER-PROFESSIONAL TEAMS AT ALL LEVELS. FROM NURSING STUDENTS TO EXPERIENCED NURSES, WE PROVIDE A VARIETY OF RESOURCES TO HELP CLINICIANS EXPAND THEIR KNOWLEDGE AND IMPROVE THEIR PRACTICE. OUR TEAM IS HIGHLY SKILLED AND KNOWLEDGEABLE, AND COMMITTED TO PROVIDING ONGOING

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

OPPORTUNITIES TO PRACTICE, LEARN, AND GROW PROFESSIONALLY.

OUR SYSTEMWIDE SHARED GOVERNANCE AND PROFESSIONAL NURSE PRACTICE COUNCIL (PNPC) ASSURES THAT STAFF NURSES ARE A PART OF DECISIONS WHICH AFFECT THEIR CLINICAL PRACTICE. PNPC IS AN APPROVING BODY FOR EVIDENCE BASED PROFESSIONAL NURSING PRACTICE TO ENSURE ALIGNMENT OF BEST PRACTICES THROUGHOUT THE SYSTEM, SUPPORTS INTEGRATION OF CLINICAL INITIATIVES AND FACILITATES IMPROVEMENTS TO NURSING PRACTICE WITHIN SPECIALTY AREAS ACROSS HOSPITAL SITES. THE COUNCIL SUPPORTS THE MISSION AND VISION OF RWJBH, EXCELLENCE IN PATIENT AND FAMILY CENTERED CARE FOR OPTIMAL PATIENT OUTCOMES. IN ADDITION, OUR HOSPITALS OPERATE FACILITY-BASED COUNCILS TO ASSURE INCLUSION OF STAFF VOICES AT INDIVIDUAL FACILITIES.

RWJBH OFFERS NURSE RESIDENCY PROGRAMS THAT HAVE HELPED HUNDREDS OF ASPIRING AND NEW NURSES TRANSITION INTO PROFESSIONAL PRACTICE SINCE ITS INCEPTION. BRIDGING THE TRANSITION FROM THE EDUCATIONAL SETTING OF NURSING SCHOOL TO ACTUAL CLINICAL PRACTICE CAN BE DAUNTING, BUT THE RESIDENCY PROGRAMS PROVIDE A MEANINGFUL FOUNDATION TO BUILD COMPETENCE, JUDGEMENT AND CLINICAL EXCELLENCE.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

RWJBH RECOGNIZES THE CRITICAL ROLE NURSING HAS IN DELIVERING HEALTH CARE SERVICES AND THE VALUE IN SUPPORTING SUCCESSFUL ORIENTATION AND DEVELOPMENT OF NEW NURSING GRADUATES. REGIONAL ORIENTATION PROVIDES OPPORTUNITIES FOR NURSES BEGINNING THEIR CAREERS FROM MULTIPLE HOSPITALS TO NETWORK AND PARTICIPATE IN A SHARED EXPERIENCE. TO FURTHER ASSURE

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

SUCCESS, RWJBH HAS ESTABLISHED A NURSING ORIENTATION UNIT FOR RN INTEGRATION, SUPPORT, AND HEALTH ("NOURISHT") PROGRAM. NOURISHT IS A UNIQUE MODEL FOR ORIENTING NEWLY LICENSED RNS ON A DEDICATED ORIENTATION UNIT, SPECIFICALLY DESIGNED TO PROMOTE COMPETENCE, CONFIDENCE AND COMFORT. FACILITATING INTEGRATION INTO THE NURSING PROFESSION AND ON THE NURSING TEAM, THROUGH SUPPORT, WHILE PRIORITIZING WELL-BEING IS THE CORNERSTONE OF THE PROGRAM. IN THIS INNOVATIVE PROGRAM, THE UNIT IS GEARED TOWARDS SUPPORTIVE TEACHING AND LEARNING TO EASE THE TRANSITION INTO THE PRACTICE OF PROFESSIONAL NURSING AND MITIGATE CHALLENGES AS NEW GRADUATES ENTER PRACTICE. CLINICAL EXPERIENCES ARE PLANNED AND PROVIDED THROUGH THE SUPPORT OF PRECEPTORS AND AN ON-UNIT NURSING PROFESSIONAL DEVELOPMENT (NPD) PRACTITIONER (OR MAKE THIS PLURAL "PRACTITIONERS), AS WELL AS OTHER EDUCATION RESOURCES.

IN ADDITION TO THE SUPPORT OF NEW NURSES, RWJBH IS COMMITTED TO FURTHER ADVANCING SPECIALTY NURSING PRACTICE WITH THE FOUNDATIONS OF NURSING SPECIALTY PROGRAMS. THESE LEARNING PROGRAMS ARE DESIGNED TO PROVIDE COMPETENCY-BASED AND KNOWLEDGE-DRIVEN LEARNING PROGRAMS FOLLOWING APPLICABLE SCOPES AND STANDARDS OF PRACTICE. THIS CAN EXPAND CAREER OPPORTUNITIES FOR NURSES AND CONTRIBUTE ENHANCED VALUE TO THE DELIVERY OF CARE AND PROMOTION OF HEALTH AND WELLNESS FOR OUR COMMUNITIES. THE EDUCATIONAL PROGRAMS COVER MANY SPECIALTIES SUCH AS PERIOPERATIVE, EMERGENCY, ONCOLOGY, NEONATAL, AND EMERGENCY TO NAME A FEW.

MANY CARE COLLABORATIVES HAVE BEEN FORMED BEYOND JUST NURSING TO SUPPORT

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.

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▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

INCLUSIVE TEAMWORK, PROMOTE PERFORMANCE IMPROVEMENT, SHARED "BEST"
PRACTICES, BENCHMARKING, EDUCATION, AND RESEARCH. SOME OF THESE
ACTIVITIES STRETCH OUT IN PARTNERSHIP WITH OTHER SYSTEMS AND PROVIDERS. A
FEW OF THE COLLABORATIVE WORKS INCLUDE:

-CHILD LIFE AND CREATIVE ARTS COLLABORATIVE

-THE MULTI-ORGANIZATIONAL 2019-2020 COHORT OF SERIOUS ILLNESS CARE
IMPLEMENTATION COLLABORATIVE OFFERED BY ARIADNE LABS IN PARTNERSHIP WITH
THE CENTER TO ADVANCE PALLIATIVE CARE AND VITALTALK

-THE ADVANCING HEALTH EQUITY LEARNING COLLABORATIVE, SUPPORTED BY THE
ROBERT WOOD JOHNSON FOUNDATION WHO WILL INVEST \$3.4 MILLION IN A TWO-YEAR
INITIATIVE THAT BRINGS TOGETHER PUBLIC AND PRIVATE-SECTOR HEALTH CARE
ENTITIES IN PARTNERSHIP WITH THE INSTITUTE FOR MEDICAID INNOVATION AND
THE CENTER FOR HEALTH CARE STRATEGIES TO FOCUS ON INTEGRATING PAYMENT AND
HEALTH CARE DELIVERY REFORM EFFORTS TO REDUCE RACIAL DISPARITIES IN
MATERNAL AND INFANT HEALTH CARE.

-THE SAFER CHILDBIRTH CITIES INITIATIVE SUPPORTED BY MERCK TO FOSTER
LOCAL SOLUTIONS THAT HELP CITIES BECOME SAFER PLACES TO GIVE BIRTH, AND
IS PART OF ITS GLOBAL INITIATIVE, "MERCK FOR MOTHERS." THIS IS PART OF
MERCK'S PROJECTS IN NINE CITIES ACROSS THE COUNTRY, INCLUDING NEWARK, NEW
JERSEY, TO HELP END PREVENTABLE MATERNAL DEATHS.

-THE RWJBH PHYSICIAN ADVISOR TEAM, A COLLABORATIVE PARTNERSHIP WITH LOCAL
AND CORPORATE ADMINISTRATION, THE MEDICAL STAFF, AND CASE MANAGEMENT
DEPARTMENT LEADERSHIP, PROVIDING A COMPREHENSIVE CLINICAL RESOURCE
MANAGEMENT PROGRAM THAT INCLUDES UTILIZATION MANAGEMENT, PROGRESSION OF

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

CARE MANAGEMENT, SOCIAL WORK SERVICES, AND COMPLEX DISCHARGE PLANNING.

-THE EMERGENCY AND HOSPITALIST COLLABORATIVE FOCUSED ON EFFECTIVE CARE
DELIVERY, IMPROVEMENT AND SHARED BEST PRACTICE COMPRISED OF MEDICAL,
NURSING AND HOSPITALIST DIRECTORS.

-THE INFECTIOUS DISEASE AND THE PHARMACY INFORMATICS COLLABORATIVES ARE
PART OF THE PHARMACY ENTERPRISE. THESE CONTENT EXPERT GROUPS DEVELOP ALL
OF THE RECOMMENDATIONS FOR THE BEST PRACTICES FOR THEIR RESPECTIVE
DISCIPLINES IN ORDER FOR THE PHARMACY COUNCIL STRUCTURE TO ENDORSE AND
ADOPT.

RWJBARNABAS HEALTH AND SPECIAL CORPORATE PARTNERSHIPS

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RWJBARNABAS HEALTH, IN ADDITION TO COMMUNITY AND ORGANIZATIONAL
COLLABORATION AND AFFILIATIONS, HAS FORMED RELATIONSHIPS THROUGH ITS
CORPORATE PARTNERSHIP PROGRAM TO PROVIDE AN EXPANDED PLATFORM FROM WHICH
TO IMPROVE THE HEALTH AND WELL-BEING OF NEW JERSEY COMMUNITIES. THE
RWJBARNABAS HEALTH CORPORATE PARTNERSHIPS DEPARTMENT FOCUSES ON
DEVELOPING MEANINGFUL RELATIONSHIPS WITH COMMUNITY BASED AND
MISSION-FOCUSED ORGANIZATIONS AROUND SPORTS, ENTERTAINMENT AND THE ARTS.
THE DEPARTMENT UTILIZES ITS PARTNERS POWERFUL PLATFORMS IN AN EFFORT TO
ENGAGE COMMUNITIES, REACH CONSUMERS, AMPLIFY MESSAGES AND REWARD
EMPLOYEES. THE CORPORATE PARTNERSHIPS DEPARTMENT ALSO PROMOTES HEALTH AND
WELLNESS, WHILE REINFORCING OUR BRAND WITH COMMUNITY STAKEHOLDERS WHILE
ALWAYS FOCUSED ON OUR MISSION TO BUILD HEALTHIER COMMUNITIES.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

THESE CORPORATE PARTNERS INCLUDE, BUT ARE NOT LIMITED TO:

NEW JERSEY DEVILS AND THE PRUDENTIAL CENTER

RWJBARNABAS HEALTH IS THE OFFICIAL HEALTHCARE PROVIDER OF THE NEW JERSEY DEVILS AND THE PRUDENTIAL CENTER, THE HOME OF THE NEW JERSEY DEVILS AND HOSTS ALMOST 200 EVENTS ANNUALLY, CONSISTING OF FAMILY SHOWS, COLLEGE BASKETBALL GAMES AND CONCERTS.

RWJBH PARTNERS WITH THE DEVILS ON ALL OF THEIR GRASSROOTS PROGRAMS AS A WAY TO SUPPORT OUR MISSION OF BUILDING HEALTHIER COMMUNITIES. THESE PROGRAMS ARE A PART OF OUR COMMITMENT TO HEALTH, WELLNESS AND LIVING AN ACTIVE AND HEALTHY LIFESTYLE.

RUTGERS UNIVERSITY

RWJBARNABAS HEALTH IS THE OFFICIAL HEALTHCARE PROVIDER OF RUTGERS ATHLETICS AND A PROUD SUPPORTER OF RUTGERS UNIVERSITY. RWJBH WORKS CLOSELY WITH RUTGERS TO SUPPORT THE ATHLETIC TRAINING AND SPORTS MEDICINE NEEDS OF ALL VARSITY ATHLETES AND PROVIDES THE UNIVERSITY WITH HEALTH AND WELLNESS EDUCATION AND OTHER COMMUNITY-BASED SERVICES.

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

NEW YORK YANKEES AND METS RADIO NETWORK

RWJBARNABAS HEALTH IS A PREMIER PARTNER OF BOTH THE NEW YORK YANKEES AND
METS RADIO NETWORKS, WHICH AIRS YANKEE GAMES ON WFAN-AM AND 880AM.
THROUGH THIS PARTNERSHIP, RWJBH AIRS A WEEKLY HEALTH MINUTE AND REGULARLY
CELEBRATES GREAT WORK BY COMMUNITY LEADERS WITH A "CIVIC HERO" SALUTE
SEGMENT.

SPECIAL OLYMPICS NEW JERSEY

RWJBARNABAS HEALTH IS A PREMIER PARTNER AND HEALTHY COMMUNITIES PARTNER
FOR SPECIAL OLYMPICS NEW JERSEY. SPECIAL OLYMPICS NEW JERSEY IS A
NOT-FOR-PROFIT ORGANIZATION THAT OFFERS SPORTS TRAINING AND ATHLETIC
COMPETITION TO CHILDREN AND ADULTS WITH INTELLECTUAL DISABILITIES. RWJBH
SUPPORTS ALL SPECIAL OLYMPICS ATHLETES THROUGH PHYSICIAN SUPPORT, FREE
MEDICAL SCREENINGS, ONGOING EDUCATION PROGRAMS AND STAFFING FOR THE
MOBILE VEHICLE THAT TRAVELS THE STATE PROVIDING MEDICAL SERVICES TO
ATHLETES.

SETON HALL UNIVERSITY

RWJBARNABAS HEALTH IS THE OFFICIAL HEALTHCARE PROVIDER OF SETON HALL

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

ATHLETICS AND A PROUD SUPPORTER OF SETON HALL UNIVERSITY.

RWJBH WORKS CLOSELY WITH SETON HALL TO SUPPORT THE ATHLETIC TRAINING AND
SPORTS MEDICINE NEEDS OF ALL VARSITY ATHLETES AND PROVIDES THE UNIVERSITY
WITH HEALTH AND WELLNESS EDUCATION AND OTHER COMMUNITY-BASED SERVICES.

PRINCETON UNIVERSITY

RWJBARNABAS HEALTH IS THE OFFICIAL HEALTHCARE PROVIDER OF PRINCETON
ATHLETICS AND A PROUD SUPPORTER OF PRINCETON UNIVERSITY. RWJBH WORKS
CLOSELY WITH PRINCETON TO SUPPORT THE ATHLETIC TRAINING AND SPORTS
MEDICINE NEEDS OF ALL VARSITY ATHLETES AND PROVIDES THE UNIVERSITY WITH
HEALTH AND WELLNESS EDUCATION AND OTHER COMMUNITY-BASED SERVICES.

MONMOUTH UNIVERSITY

RWJBARNABAS HEALTH IS A PROUD SUPPORTER OF MONMOUTH UNIVERSITY ATHLETICS.
RWJBH WORKS CLOSELY WITH MONMOUTH TO SUPPORT ALL ATHLETES AND PROVIDES
THE UNIVERSITY WITH HEALTH AND WELLNESS EDUCATION AND OTHER
COMMUNITY-BASED SERVICES.

JERSEYSHORE BLUECLAWS

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

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Internal Revenue Service

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Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

RWJBARNABAS HEALTH IS A PROUD PARTNER AND THE OFFICIAL HEALTH CARE PROVIDER OF THE JERSEY SHORE BLUECLAWS, A MINOR LEAGUE AFFILIATE OF THE PHILADELPHIA PHILLIES. THE MONMOUTH MEDICAL CENTER CHAMPIONS CLUB IS A POPULAR DESTINATION FOR GROUPS ATTENDING BLUECLAWS GAMES. RWJBH CELEBRATES PATIENTS AND CAREGIVERS THROUGH A PROGRAM CALLED AMAZING SAVES.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

SOMERSET PATRIOTS

RWJBARNABAS HEALTH IS THE OFFICIAL HEALTHCARE PROVIDER OF THE SOMERSET PATRIOTS, A MINOR LEAGUE AFFILIATE OF THE NEW YORK YANKEES THAT PLAYS IN SOMERSET COUNTY. RWJBH PROVIDES ALL OF THE ATHLETIC TRAINING AND SPORTS PERFORMANCE COVERAGE FOR THE TEAM AND OFFERS COMMUNITY SCREENINGS AND HEALTH AND WELLNESS EDUCATION THROUGHOUT THE SEASON TO FANS.

TRENTON THUNDER

RWJBARNABAS HEALTH IS AN OFFICIAL PARTNER OF THE TRENTON THUNDER, AN INDEPENDENT TEAM IN TRENTON, NEW JERSEY. TOGETHER WITH RWJBH, THE THUNDER DELIVERS HEALTH LIFESTYLE INFORMATION TO THE RESIDENTS OF MERCER COUNTY VIA HEALTH SCREENINGS, EDUCATIONAL OPPORTUNITIES, AND SOCIAL MESSAGING.

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

MONTCLAIR JAZZ FESTIVAL

RWJBARNABAS HEALTH'S CLARA MAASS MEDICAL CENTER IS A PROUD PARTNER OF THE
MONTCLAIR JAZZ FESTIVAL WHICH SUPPORTS ARTS, MUSIC, AND THE COMMUNITY.
CMMC PROVIDES FREE COMMUNITY SCREENINGS FOR ATTENDEES. THIS FREE ANNUAL
EVENT TAKES PLACE IN DOWNTOWN MONTCLAIR.

NEW JERSEY HALL OF FAME

RWJBARNABAS HEALTH IS A PROUD PARTNER OF THE NEW JERSEY HALL OF FAME AND
SPONSORS THE NEW JERSEY HALL OF FAME MOBILE MUSEUM. THIS MOBILE MUSEUM
TRAVELS THE STATE TO SCHOOLS, FESTIVALS, AND EVENTS TO OFFER A MULTIMEDIA
EXHIBITION CREATED AROUND THE THEME-"MAKE A DIFFERENCE." THROUGH IMAGES,
ARTIFACTS, FILM, AND A SUITE OF INTERACTIVE ELEMENTS, VISITORS CAN
EXPLORE THE WAYS THAT HALL OF FAME INDUCTEES HAVE CHANGED THE STATE AND
THE WORLD.

NJPAC

RWJBARNABAS HEALTH IS A PROUD PARTNER OF NEW JERSEY PERFORMING ARTS
CENTER (NJPAC) IN NEWARK. NJPAC IS THE CENTERPIECE OF NEWARK FOR MUSIC
AND THE ARTS. EACH SUMMER, NJPAC, HORIZON, AND RWJBH PRESENT "SOUNDS OF

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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2023

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**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

THE CITY" A FREE OUTDOOR SUMMER CONCERT SERIES ATTRACTING THOUSANDS TO
DOWNTOWN NEWARK. RWJBH BRINGS MUSIC THERAPY TO SEVERAL HOSPITALS FOR
PATIENTS AND EMPLOYEES AND CONDUCTS AN EMPLOYEE WELLNESS FAIR AT NJPAC.

NEW JERSEY GOLF FOUNDATION

RWJBARNABAS HEALTH IS A PROUD SUPPORTER OF THE NEW JERSEY GOLF
FOUNDATION. THE NEW JERSEY GOLF FOUNDATION IS THE CHARITABLE ARM OF THE
NEW JERSEY SECTION, PGA OF AMERICA. RWJBH IS A PRESENTING PARTNER OF PGA
HOPE (HELPING OUR PATRIOTS EVERYWHERE), A GOLF PROGRAM FOR ALL MILITARY
VETERANS DESIGNED TO ENHANCE THEIR REHABILITATION AND ASSIMILATION BACK
INTO SOCIETY. RWJBH SUPPORTS THIS PROGRAM AND TEACHES THESE VETERANS
NUTRITION AND WELLNESS FACTS TO HELP THEM LEAD A HEALTHY LIFESTYLE.

PURE BASKETBALL

RWJBARNABAS HEALTH IS THE OFFICIAL HEALTHCARE PARTNER OF PURE BASKETBALL,
AN AAU COMMUNITY BASKETBALL PROGRAM THAT INCLUDES ONE GIRLS TEAMS (AGES
13-UNDER), AND TWO BOYS TEAMS (AGES 13-UNDER AND 16-UNDER). RWJBH WORKS
CLOSELY WITH PUREBASKETBALL TO SUPPORT THE ATHLETIC TRAINING AND HEALTH
NEEDS OF ALL THEIR ATHLETES WHILE PROVIDING THESE ATHLETES HEALTH AND
WELLNESS EDUCATION.

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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2023

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**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

PHIL SIMMS NORTH-SOUTH HIGH SCHOOL ALL-STAR FOOTBALL CLASSIC

RWJBARNABAS HEALTH AND THE PHIL SIMMS NORTH-SOUTH HIGH SCHOOL ALL-STAR FOOTBALL CLASSIC, WHICH SHOWCASES THE TOP 80 HIGH SCHOOL FOOTBALL PLAYERS IN NEW JERSEY, HAVE A LONGSTANDING RELATIONSHIP. RWJBH EDUCATES THE ATHLETES ON THE IMPORTANCE OF NUTRITION, CONDITIONING, AND INJURY PREVENTION AND SUPPORTS THE GAMES "LEADERS FOR LIFE" PROGRAM, WHICH HELPS DEVELOP YOUNG ATHLETES FROM UNDERSERVED COMMUNITIES.

CURE INSURANCE ARENA

RWJBARNABAS HEALTH PARTNERS WITH THE CURE INSURANCE ARENA, FORMALLY KNOWN AS THE SUN BANK CENTER IN TRENTON. THIS ARENA HOSTS SPORTING EVENTS, SHOWS, AND CONCERTS. RWJBARNABAS PROVIDES ON-SITE EMS AND EMERGENCY MEDICAL SERVICES FOR ALL OF THEIR EVENTS, SHOWS AND ACTIVITIES, ETC. WE ALSO PROVIDE ADVERTISING AT EVENTS.

NEW JERSEY SOCCER ASSOCIATION

RWJBARNABAS HEALTH PARTNERS WITH NEW JERSEY SOCCER ASSOCIATION. THE NJ SOCCER ASSOCIATION IS THE OLDEST MEMBER OF THE U.S. SOCCER FEDERATION AND IS FOCUSED ON SOCCER PLAYERS UNDER THE AGE OF 19, BOTH MEN AND WOMEN,

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

WHICH PLAY RECREATIONALLY OR COMPETITIVELY. RWJBARNABAS SPONSORS THEIR
RED CARPET AS WELL AS THE VIDEOS PRODUCED FOR THE WINNING TEAMS FOR THEIR
ANNUAL AWARDS DINNER.

GOTHAM FC

RWJBARNABAS HEALTH IS THE OFFICIAL HEALTH CARE PROVIDER OF GOTHAM FC, THE
WOMEN'S PROFESSIONAL SOCCER TEAM THAT PLAYS IN THE NWSL. RWJBH HANDLES
ALL OF THE MEDICAL NEEDS FOR THE PLAYERS, STAFF AND FAMILIES AND ALSO
SPONSORS A MIN-PITCH THAT ALLOWS KIDS TO PLAY ON A SMALL-SIDED FIELD
BEFORE EVERY GAME OUTSIDE THE STADIUM.

RWJBARNABAS HEALTH FIELD OF DREAMS

THE RWJBARNABAS HEALTH FIELD OF DREAMS IS A ONE OF A KIND RECREATIONAL
COMPLEX CREATED FOR THE SPECIAL NEEDS COMMUNITY. LOCATED ON 3.5 ACRES IN
TOMS RIVER, NEW JERSEY, THE FACILITY INTENTIONALLY ADDRESSES PHYSICAL AND
SOCIAL INCLUSION FOR PEOPLE OF ALL AGES AND ABILITIES AND RECOGNIZES
EVERYONE'S RIGHT TO PARTICIPATE FULLY IN EQUITABLE PLAY. TO-DATE OVER
2000 FAMILIES ARE MEMBERS AND RWJBH WITH THE HELP OF CHILDREN'S
SPECIALIZED HOSPITAL RUNS IMPORTANT RECREATION PROGRAMS THROUGH OUT THE
YEAR.

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

NORTH TO SHORE FESTIVAL

RWJBARNABAS HEALTH IS A PROUD FOUNDING PARTNER OF THE NORTH TO SHORE
FESTIVAL, A MUSIC, ARTS AND ENTERTAINMENT FESTIVAL THAT TAKES PLACE IN
THREE ICONIC NEW JERSEY CITIES - NEWARK, ASBURY PARK AND ATLANTIC CITY.
RWJBH PROVIDES SEVERAL PATIENTS WITH BACKSTAGE ONCE IN A LIFETIME
EXPERIENCES MEETING BANDS AND PROVIDES PANELISTS FOR IMPORTANT HEALTH AND
WELLNESS WEBINARS THROUGHOUT THE FESTIVAL.

COMMUNITY AND AGENCY PARTNERSHIPS

=====

THE SYSTEM AND ITS AFFILIATES RECOGNIZE THAT COMMUNITY HEALTH IMPROVEMENT
CAN BEST BE ACCOMPLISHED THROUGH PARTNERSHIPS TO ADDRESS THE SERVICE
NEEDS OF ITS COMMUNITIES. SOME NOTABLE PARTNERSHIPS THAT WERE ANNOUNCED
IN 2023 INCLUDED:

-RWJBH, RUTGERS UNIVERSITY BEHAVIORAL HEALTH CARE, AND WOODS SERVICES,
ANNOUNCED THAT THEY ARE JOINING FORCES TO ESTABLISH THE VERY FIRST
INTEGRATED PRIMARY AND BEHAVIORAL HEALTH CARE CENTER FOR INDIVIDUALS WITH
INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (I/DD) AND AUTISM IN NEW
JERSEY.

-RWJBH ALSO PARTNERED WITH THE STATE ON THE "ARRIVE TOGETHER" PROGRAM
PAIRING MENTAL HEALTH PROFESSIONALS WITH POLICE ON 911 RESPONSE CALLS,

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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2023

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Inspection**

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Internal Revenue Service

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Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

IMPLEMENTED POST-INCARCERATION PROGRAMS FOCUSED ON PROVIDING HEALTH AND
SOCIAL SUPPORT SERVICES.

-ESSEX COUNTY EXECUTIVE JOSEPH N. DIVINCENZO, JR. AND RWJBARNABAS HEALTH
PRESIDENT AND CHIEF EXECUTIVE OFFICER MARK E. MANIGAN ANNOUNCED A
PARTNERSHIP TO OFFER A VARIETY OF HEALTH CARE SERVICES AND SCREENINGS
THROUGHOUT ESSEX COUNTY. THE INITIATIVE COMBINES THE RESOURCES OF THE
ESSEX COUNTY OFFICE OF PUBLIC HEALTH MANAGEMENT AND ITS MOBILE HEALTH
UNIT AND THE MEDICAL RESOURCES AVAILABLE THROUGH RWJBARNABAS HEALTH.
WORKING TOGETHER, A ROBUST SCHEDULE OF OUTREACH CLINICS WILL BE OFFERED
WHERE RESIDENTS HAVE ACCESS TO MEDICAL SCREENINGS, VACCINES, INFORMATION
AND REFERRALS.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

AWARDS, ACCREDITATIONS AND HONORS

=====

RWJBARNABAS HEALTH AND ITS AFFILIATES ARE RECOGNIZED AS A LEADING
ACADEMIC HEALTH CARE DELIVERY SYSTEM, AS AN EMPLOYER AND AS AN
ORGANIZATION IMPROVING THE HEALTH OF OUR COMMUNITIES. RWJBH'S COMMITMENT
TO QUALITY AND SERVICE HAS RESULTED IN MANY AWARDS AND RECOGNITIONS FOR
THE SYSTEM AND ITS CENTERS. THESE INCLUDE, AMONG OTHERS:

-SPECIAL RECOGNITION FOR HEROISM --RWJBARNABAS HEALTH'S PATIENT
EXPERIENCE TEAM WAS AWARDED SPECIAL RECOGNITION FOR HEROISM DURING THE
PANDEMIC BY THE LEAPFROG GROUP, AN INDEPENDENT NATIONAL WATCHDOG
ORGANIZATION OF EMPLOYERS AND OTHER PURCHASERS FOCUSED ON HEALTHCARE

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

SAFETY AND QUALITY.

-LEAPFROG SAFETY SCORES - THE SPRING 2023 SCORES RECOGNIZED FOUR OF THE ACUTE CARE FACILITIES AS RECEIVING AN "A" GRADE, SIX RECEIVED A "B" GRADE.

-LEAPFROG TOP HOSPITALS - MONMOUTH MEDICAL CENTER WAS RECOGNIZED BY THE LEAPFROG GROUP AS A 2021 TOP TEACHING HOSPITAL.

-RWJBARNABAS HEALTH RECEIVED OVER 50 AWARDS AND RECOGNITIONS FROM THE HEALTHGRADES 2023 SPECIALTY EXCELLENCE AWARDS FOR SUPERIOR CLINICAL PERFORMANCE IN NUMEROUS SPECIALTY CARE AREAS, INCLUDING CARDIAC, CRITICAL CARE, AND SURGICAL CARE - WITH SEVERAL FACILITIES RECOGNIZED AS TOP 5 PERCENT IN THE NATION. HIGHLIGHTS INCLUDE: COOPERMAN BARNABAS MEDICAL CENTER (CBMC) WAS NAMED ONE OF HEALTHGRADES AMERICA'S 250 BEST HOSPITALSTM, AMERICA'S 100 BEST HOSPITALS FOR PULMONARY CARET, ONE OF HEALTHGRADES AMERICA'S 100 BEST HOSPITALS FOR CARDIAC CARET, ONE OF HEALTHGRADES AMERICA'S 100 BEST HOSPITALS FOR GASTROINTESTINAL CARET, AND ONE OF HEALTHGRADES AMERICA'S 100 BEST HOSPITALS FOR GASTROINTESTINAL SURGERYT. CMC WAS NAMED ONE OF AMERICA'S 50 BEST HOSPITALS FOR SURGICAL CARE.

-RECOGNIZED BY NEWSWEEK AS ONE OF "AMERICA'S GREATEST WORKPLACES 2023 FOR DIVERSITY." RWJBARNABAS HEALTH IS ONE OF 1,000 COMPANIES IN THE U.S. TO EARN THE DESIGNATION.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

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OMB No. 1545-0047

2023

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Inspection**

Employer identification number

85-1296795

-LGBTQ HEALTHCARE EQUALITY - HEALTHCARE EQUALITY INDEX (HEI) DESIGNATION
- ALL PARTICIPATING RWJBARNABAS HEALTH HOSPITALS HAVE BEEN DESIGNATED IN
2023 AS "LEADERS IN LGBTQ HEALTHCARE EQUALITY" BY THE HUMAN RIGHTS
CAMPAIGN (HRC) FOUNDATION, THE EDUCATIONAL ARM OF AMERICA'S LARGEST CIVIL
RIGHTS ORGANIZATION WORKING TO ACHIEVE EQUALITY FOR LESBIAN, GAY,
BISEXUAL, TRANSGENDER, AND QUEER PEOPLE. THE DISTINGUISHED HONOR OF BEING
SELECTED AS "HEALTHCARE EQUALITY LEADERS" WAS BASED ON THE HRC
FOUNDATION'S ANNUAL HEALTHCARE EQUALITY INDEX (HEI), THE NATION'S LEADING
BENCHMARKING ASSESSMENT OF HEALTHCARE FACILITIES IDENTIFYING HEALTHCARE
INSTITUTIONS THAT ARE LEADERS IN EFFORTS TO OFFER EQUITABLE CARE TO
LGBTQ+ PATIENTS BY EVALUATING INCLUSIVE POLICIES AND PRACTICES RELATED TO
LGBTQ PATIENTS, VISITORS, AND EMPLOYEES.

-GARDEN STATE EQUALITY - IN 2021, THE CORPORATION WAS HONORED BY GARDEN
STATE EQUALITY, THE LARGEST LGBTQ ADVOCACY ORGANIZATION IN NEW JERSEY,
WITH THE CORPORATE RESPONSIBILITY AWARD, BASED ON THE SYSTEM'S COMMITMENT
TO PROVIDING CULTURALLY SENSITIVE, COMPASSIONATE, AND INCLUSIVE CARE FOR
THE LGBTQ COMMUNITY THROUGH ONGOING INITIATIVES.

-GHX ORGANIZATION - RWJBH WAS NAMED A 2021 GHX "BEST 50" ORGANIZATION.
EARNING THIS RECOGNITION DEMONSTRATES OUR ORGANIZATION'S COMMITMENT TO A
SUPPLY CHAIN STRATEGY THAT REMOVES WASTE, DRIVES EFFICIENCIES AND, AS A
RESULT, RAISES THE QUALITY OF PATIENT CARE DELIVERED.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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OMB No. 1545-0047

2023

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Inspection**

Employer identification number

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85-1296795

-CHIME HEALTHCARE'S MOST WIRED - THE CORPORATION CONTINUES TO BE NAMED AMONG THE MOST WIRED FOR ITS USE OF INFORMATION TECHNOLOGY (IT) TO BETTER THE PATIENT EXPERIENCE. ALL ACUTE CARE FACILITIES WITHIN THE ORGANIZATION WERE AWARDED CERTIFICATION PERFORMANCE EXCELLENCE LEVELS OF EIGHT AND ABOVE. HOSPITALS AND HEALTH SYSTEMS AT THE FOREFRONT OF USING IT TO IMPROVE THE DELIVERY OF CARE HAVE MAXIMIZED THE BENEFITS OF FOUNDATIONAL TECHNOLOGIES AND ARE EMBRACING NEW TECHNOLOGIES THAT SUPPORT POPULATION MANAGEMENT AND VALUE-BASED CARE.

-NEWSWEEK MAGAZINE - NAMED MONMOUTH MEDICAL CENTER ONE OF THE WORLD'S BEST HOSPITALS IN 2023 AND COOPERMAN BARNABAS MEDICAL CENTER, AND MONMOUTH MEDICAL CENTER WERE NAMED A BEST MATERNITY CARE HOSPITAL IN 2023. IN ADDITION, CHILDREN'S SPECIALIZED HOSPITAL HAS BEEN RECOGNIZED ON NEWSWEEK'S LIST OF WORLD'S BEST SPECIALIZED HOSPITALS IN 2023 AND RWJUH ALSO RECEIVED NEWSWEEK AMERICA'S BEST AWARD FOR AMBULATORY SURGERY CENTERS IN 2023. THIS PRESTIGIOUS AWARD IS PRESENTED BY NEWSWEEK AND STATISTA INC., THE WORLD-LEADING STATISTICS PORTAL AND INDUSTRY RANKING PROVIDER, BASED ON QUALITY OF CARE, PERFORMANCE DATA AND PEER RECOMMENDATIONS, RELATIVE TO IN-STATE COMPETITION.

-NCI-DESIGNATED COMPREHENSIVE CANCER CENTER - CINJ IS THE STATE'S ONLY NCI-DESIGNATED COMPREHENSIVE CANCER CENTER. CINJ IS UNIVERSALLY RECOGNIZED FOR ITS CLINICAL AND SCIENTIFIC RESEARCH LEADERSHIP. NCI-DESIGNATED CANCER CENTERS ARE A GROUP OF 72 CANCER RESEARCH INSTITUTIONS IN THE UNITED STATES SUPPORTED BY THE NATIONAL CANCER

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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OMB No. 1545-0047

2023

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Inspection**

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85-1296795

INSTITUTE.

-CEO CANCER GOLD STANDARD EMPLOYER - THE CORPORATION HAS BEEN ACCREDITED AS A CEO CANCER GOLD STANDARD EMPLOYER. THIS PRESTIGIOUS AWARD RECOGNIZES THE CORPORATION FOR ITS DEDICATION AND COMMITMENT TO MAINTAINING A HIGH STANDARD OF EXCELLENCE IN CANCER PREVENTION, EARLY DETECTION AND QUALITY CARE FOR ITS EMPLOYEES AND THEIR FAMILIES.

-COMMISSION ON CANCER ACCREDITED PROGRAM - THE AMERICAN COLLEGE OF SURGEONS' COMMISSION ON CANCER HAS ACCREDITED NINE OF THE HOSPITAL'S CANCER PROGRAMS. THE J.PHILLIP CITTA REGIONAL CANCER CENTER AT COMMUNITY MEDICAL CENTER IS ALSO ACCREDITED FOR ITS RECTAL CANCER PROGRAM, AND FIVE BREAST CANCER PROGRAMS ARE ACCREDITED.

-NATIONAL QUALITY MEASURES FOR BREAST CENTERS (NQBMC) - THE JACQUELINE M. WILENTZ BREAST CENTER IS A CERTIFIED PARTICIPANT IN THE NQBMC® PROGRAM AND THE CENTERS HAS BEEN DESIGNATED A BREAST IMAGING CENTER OF EXCELLENCE BY THE AMERICAN COLLEGE OF RADIOLOGY'S COMMISSION ON QUALITY AND SAFETY AND THE COMMISSION ON BREAST IMAGING.

-THERE ARE EIGHT AMERICAN COLLEGE OF SURGEONS ACS ACCREDITED BARIATRIC SURGERY CENTERS.

-BECKER'S HOSPITAL REVIEW NAMED RWJBARNABAS HEALTH IN ITS "100 HOSPITALS AND HEALTH SYSTEMS WITH GREAT HEART PROGRAMS" FOR 2023. HEALTHCARE

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

ORGANIZATIONS INCLUDED ON THE LIST ARE RENOWNED FOR THEIR EXEMPLARY HEART CARE, PATIENT OUTCOMES AND LEADING TECHNOLOGIES.

-BECKER'S HOSPITAL REVIEW NAMED FOUR SYSTEM HOSPITALS TO ITS 153 GREAT COMMUNITY HOSPITALS 2023 LISTING. THESE INCLUDED CHILDREN'S SPECIALIZED HOSPITAL (NEW BRUNSWICK, N.J.), MONMOUTH MEDICAL CENTER (LONG BRANCH, N.J.), MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS (LAKEWOOD, N.J.). AND ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL SOMERSET (SOMERVILLE, N.J.).

-SIX RWJBARNABAS HEALTH FACILITIES WERE RECOGNIZED BY THE AMERICAN HEART ASSOCIATION WITH "2022 GET WITH THE GUIDELINES" AND "MISSION LIFELINE" AWARDS FOR CARDIOVASCULAR CARE IN THE STROKE, HEART FAILURE AND RESUSCITATION CATEGORIES. IN 2023, RWJBARNABAS HEALTH - EMS WAS RECOGNIZED AS A LIFELINE EMS AWARD WINNER.

-RWJBARNABAS HEALTH CHILDREN'S HOSPITALS WERE NAMED AMONG THE NATION'S BEST CHILDREN'S HOSPITALS FOR 2023 - 2024 BY U.S. NEWS & WORLD REPORT. THE BRISTOL-MYERS SQUIBB CHILDREN'S HOSPITAL (BMSCH) AT ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RANKED #34 NATIONALLY FOR ORTHOPEDICS AND RANKED #47 FOR UROLOGY.

-SEVERAL RWJBARNABAS HEALTH FACILITIES RECEIVED REGIONAL, STATE, AND SPECIALTY RECOGNITION BY U.S. NEWS & WORLD REPORT IN ITS 2022-2023 "BEST HOSPITALS" LIST. ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL IN NEW BRUNSWICK (RWJUH) WAS RANKED IN THE TOP 5 IN NJ AND A TOP 20 REGIONAL BEST HOSPITAL

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

IN THE NY-METRO AREA AND RUTGERS CANCER INSTITUTE OF NEW JERSEY RECEIVED
A HIGH PERFORMING RATING FOR EARNING THE HIGHEST SCORE IN NJ - ONE OF
ONLY 92 CANCER PROGRAMS NATIONWIDE TO ACHIEVE THIS.

-GOLD SEAL OF APPROVAL - VARIOUS AFFILIATES OF THE CORPORATION HAVE
RECEIVED THE GOLD SEAL OF APPROVAL BY THE JOINT COMMISSION FOR VARIOUS
PROGRAMS INCLUDING JOINT REPLACEMENT, DISEASE-SPECIFIC CERTIFICATIONS IN
ACUTE CORONARY SYNDROME, CARDIAC REHABILITATION, HEART FAILURE, ADVANCED
CERTIFICATION IN PALLIATIVE CARE, BARIATRIC SURGERY, AND STROKE PROGRAM.

-MAGNET DESIGNATION BY THE AMERICAN NURSES CREDENTIALING CENTER - SIX
AFFILIATES OF THE CORPORATION HAVE RECEIVED MAGNET DESIGNATION, WHICH
RECOGNIZES ORGANIZATIONS FOR CREATING AND SUSTAINING AN ENVIRONMENT OF
NURSING EXCELLENCE WHERE COLLABORATIVE WORKING RELATIONSHIPS ARE FOSTERED
AMONG DIFFERENT DEPARTMENTS AND DISCIPLINES. ROBERT WOOD JOHNSON
UNIVERSITY HOSPITAL HAMILTON RECEIVED ITS FIRST MAGNET DESIGNATION IN
APRIL 2021, AND IN JUNE, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL IN NEW
BRUNSWICK ACHIEVED ITS SIXTH MAGNET DESIGNATION - MAKING IT ONE OF ONLY
SEVEN INSTITUTIONS GLOBALLY TO ACHIEVE THIS LENGTH OF DISTINCTION.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

-NICHE - MANY OF OUR HOSPITALS HAVE BEEN RECOGNIZED AS A NICHE (NURSES
IMPROVING CARE FOR HEALTH SYSTEM ELDERLY) HOSPITAL.

-NCQA RECOGNITION - RWJBARNABAS HEALTH MEDICAL GROUP HAS SOLIDIFIED ITS
COMMITMENT TO PROVIDE THE HIGHEST QUALITY HEALTH CARE AND ACCESS TO OUR

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

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

PATIENTS THROUGH THE ACHIEVEMENT OF NATIONAL COMMITTEE FOR QUALITY
ASSURANCE (NCQA) PATIENT-CENTERED MEDICAL HOME RECOGNITION FOR SEVERAL OF
OUR PRACTICES. THE NCQA PATIENT-CENTERED MEDICAL HOME STANDARDS
EMPHASIZE THE USE OF SYSTEMATIC, PATIENT-CENTERED, COORDINATED CARE THAT
SUPPORTS ACCESS, COMMUNICATION, AND PATIENT INVOLVEMENT. A 2022 NCQA
INNOVATION AWARD WAS GIVEN FOR A RUTGERS CINJ/RWJBARNABAS HEALTH AND
QUALITAS PARTNERSHIP WITH BLUE CROSS BLUE SHIELD PROJECT ON HOME-BASED
THERAPEUTIC INFUSIONS.

-EMERGENCY MEDICAL SERVICES (EMS) TRIPLE ACCREDITATION - JCMC'S EMS
SERVICE IS THE FIRST IN THE U.S. TO EARN TRIPLE ACCREDITATION IN
DISPATCH, EDUCATION, AND EMERGENCY MEDICAL SERVICE.

-ALL HOSPITALS ARE ACCREDITED, MOST WITH THE JOINT COMMISSIONS. JERSEY
CITY MEDICAL CENTER HAS DET NORSKE VERITAS (DNV) ACCREDITATION.

-NEW JERSEY DEPARTMENT OF HEALTH - FOR 2023, THE NJ DEPARTMENT OF HEALTH
AWARDED NINE OF RWJBH FACILITIES GOLD FOR THEIR ANTIMICROBIAL STEWARDSHIP
PROGRAMS; ONE WAS AWARDED SILVER AND TWO BRONZE.

-LOWN INSTITUTE - NEWARK BETH ISRAEL MEDICAL CENTER WAS BEEN NAMED MOST
RACIALLY INCLUSIVE BY THE LOWN INSTITUTE; A NONPARTISAN HEALTHCARE THINK
TANK IN MAY 2021. IN THE MOST RECENT RANKINGS, NEWARK BETH ISRAEL
MEDICAL CENTER RECEIVED AN "A" SCORE FOR COMMUNITY BENEFIT AND
INCLUSIVITY AND WAS 5TH OUT OF 60 IN THE STATE. RWJBARNABAS HEALTH

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

RECEIVED AN "A" FOR COMMUNITY BENEFIT AND WAS 39TH HIGHEST OF 311 RANKED
HEALTH CARE SYSTEMS IN THE PROVISION OF COMMUNITY BENEFIT.

IN THE MIDST OF THE PANDEMIC, OUR FACILITIES CONTINUED TO ADDRESS THE
HEALTH CARE NEEDS AND DEMANDS PRESENTED IN ADDITION TO THOSE EXACERBATED
BY THE PANDEMIC. THE HOSPITAL FACILITIES ARE DESCRIBED IN THE FOLLOWING
SECTIONS WITH A BRIEF FACILITY OVERVIEW AND A BRIEF LIST OF A FEW OF THE
HOSPITAL'S AWARD/RECOGNITIONS.

CHILDREN'S SPECIALIZED HOSPITAL ("CSH")

CHILDREN'S SPECIALIZED HOSPITAL IS THE NATION'S LEADING PROVIDER OF
INPATIENT AND OUTPATIENT CARE FOR CHILDREN AND YOUNG ADULTS FROM BIRTH TO
21 YEARS OF AGE FACING SPECIAL HEALTHCARE CHALLENGES - FROM CHRONIC
ILLNESSES AND COMPLEX PHYSICAL DISABILITIES LIKE BRAIN AND SPINAL CORD
INJURIES, TO DEVELOPMENTAL AND BEHAVIORAL ISSUES LIKE AUTISM AND MENTAL
HEALTH. CSH IS LICENSED BY THE NEW JERSEY DEPARTMENT OF HEALTH AS A
CHILDREN'S SPECIALIZED HOSPITAL, CHILDREN'S REHABILITATION HOSPITAL, AND
FOR MULTIPLE HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY - PRIMARY
CARE AND PHYSICAL THERAPY. ADDITIONALLY, SITES ARE LICENSED BY NEW JERSEY
DEPARTMENT OF HUMAN SERVICES FOR OUTPATIENT MENTAL HEALTH SERVICES.
FACILITIES ARE CERTIFIED BY MEDICAID, MEDICARE AND SPECIAL HEALTH
SERVICES.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

AT 11 DIFFERENT NEW JERSEY LOCATIONS, PEDIATRIC SPECIALISTS PARTNER WITH FAMILIES TO MAKE OUR MANY INNOVATIVE THERAPIES AND MEDICAL TREATMENTS MORE PERSONALIZED AND EFFECTIVE SO EACH CHILD CAN REACH THEIR FULL POTENTIAL. DURING 2023, CSH CARED FOR APPROXIMATELY 121 PATIENTS DAILY AND PROVIDED OVER 206,300 VISITS OF EARLY INTERVENTION, PHYSICIAN, AND OUTPATIENT SERVICES. CSH IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO ITS COMMUNITIES. UNDERINSURED AND MEDICARE COMPRISED APPROXIMATELY 69% OF ITS REVENUE MIX IN 2023.

CSH IS ACCREDITED BY THE JOINT COMMISSION AND THE RECIPIENT OF MANY ACCREDITATIONS, AWARDS, AND RECOGNITIONS; INCLUDING, BUT NOT LIMITED TO:

-SPECIAL NEEDS PRIMARY CARE AT CSH WAS THE FIRST SPECIAL NEEDS PEDIATRIC PRACTICE IN NEW JERSEY TO RECEIVE A PATIENT-CENTERED MEDICAL HOME (PCMH) DESIGNATION BY THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA), THE MOST WIDELY ADOPTED MODEL FOR RECOGNIZING PCMH STANDARDS.

-FIRST PEDIATRIC HOSPITAL IN NEW JERSEY TO HAVE A FULL-TIME THERAPY DOG.

-AWARDED A \$600K GRANT FROM SPARK (SIMONS FOUNDATION POWERING AUTISM RESEARCH FOR KNOWLEDGE) WHICH IS A LANDMARK AUTISM RESEARCH INITIATIVE FOCUSED ON ADVANCING THE UNDERSTANDING OF AUTISM TO HELP IMPROVE LIVES. THROUGH THIS GRANT, WE WILL BE RECRUITING, ENGAGING, AND RETAINING A COMMUNITY OF INDIVIDUALS AFFECTED BY AUTISM AND THEIR FAMILIES, ASKING THEM TO SHARE MEDICAL AND GENETIC INFORMATION WITH SCIENTISTS. THIS DATA

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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2023

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**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

WILL HELP OUR RESEARCHERS TO ADVANCE THE GENETIC UNDERSTANDING OF AUTISM
AND PROVIDE MEANINGFUL INFORMATION AND RESOURCES TO PARTICIPANTS.

-LAUNCHED THE NEW JERSEY AUTISM CENTER OF EXCELLENCE (NJACE) ALONG WITH
RUTGERS UNIVERSITY. THIS IS A STATEWIDE INNOVATIVE, COMPREHENSIVE, AND
COLLABORATIVE NETWORK TO PROMOTE QUALITY RESEARCH, PROFESSIONAL TRAINING
AND BUILD PUBLIC AWARENESS AIMED TO IMPROVE THE LIVES OF INDIVIDUALS WITH
ASD ACROSS THE LIFESPAN.

-CHILDREN'S SPECIALIZED HOSPITAL WAS RECENTLY (JULY 2023) AWARDED
\$250,000 FROM THE NEW JERSEY DEPARTMENT OF HUMAN SERVICES (NJ DHS)
DIVISION OF DISABILITY SERVICES AS PART OF THE INCLUSIVE HEALTHY
COMMUNITIES (IHC) GRANT PROGRAM TO HELP EXPAND THE HOSPITAL'S LIVING
SAFELY WITH DISABILITIES AND SPECIAL HEALTH NEEDS INITIATIVE.

CLARA MAASS MEDICAL CENTER ("CMMC")

CMMC IS A 472-LICENSED BED ACUTE COMMUNITY HOSPITAL PROVIDING SERVICES TO
MORE THAN 14,800 INPATIENTS AND OVER 1,700 BIRTHS IN 2023. THE HOSPITAL
ALSO PROVIDED OVER 118,500 OUTPATIENT CASES AND 8,900 SAME DAY SURGERY
VISITS, AS WELL AS OVER 75,000 EMERGENCY DEPARTMENT VISITS. CMMC IS
LOCATED IN THE TOWN OF BELLEVILLE, ESSEX COUNTY. CMMC SERVES A BROAD
RANGE OF COMMUNITIES IN URBAN AND SUBURBAN SETTINGS WITH CULTURALLY AND
ETHNICALLY DIVERSE POPULATIONS. CMMC SERVES A BROAD RANGE OF COMMUNITIES

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

IN URBAN AND SUBURBAN SETTINGS WITH CULTURALLY AND ETHNICALLY DIVERSE POPULATIONS AND ITS SERVICE AREA EXTENDS TO NEIGHBORING HUDSON, PASSAIC, AND BERGEN COUNTIES.

CMMC IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO ITS COMMUNITIES. UNDERINSURED AND CHARITY CARE COMPRISED THE PRIMARY PAYER OF 43% OF ITS CASES IN 2023. ITS PATIENT MIX WAS ALMOST 83% MINORITY/NONWHITE GROUPS AND OTHER CATEGORIES. CMMC ESTABLISHED THE CENTER OF EXCELLENCE FOR LATINO HEALTH AT CLARA MAASS MEDICAL CENTER IN 2016 TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH WITHIN THE LOCAL HISPANIC COMMUNITY.

CLARA MAASS MEDICAL CENTER IS A FULLY ACCREDITED HOSPITAL AND THE RECIPIENT OF NUMEROUS AWARDS AND HONORS INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING:

-CLARA MAASS MEDICAL CENTER WAS NAMED A 2024-2025 HIGH PERFORMING HOSPITAL FOR HEART FAILURE BY U.S. NEWS & WORLD REPORT

-RECIPIENT OF THE HEALTHGRADES EXCELLENCE AWARD™ AND SUPERIOR SERVICE AWARD EIGHT YEARS IN A ROW FOR OBSTETRICS AND GYNECOLOGY AND LABOR, AND DELIVERY (2016-2023).

-2023 HEALTHGRADES RATING OF SAFETY AS BETTER THAN EXPECTED FROM ACCIDENTAL CUT, PUNCTURE, PERFORATION, OR HEMORRHAGE DURING MEDICAL CARE.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

-GOLD SEAL OF APPROVAL RECEIVED FROM THE JOINT COMMISSION WITH CORE
CERTIFICATION IN CARDIAC REHABILITATION, HEART FAILURE, JOINT REPLACEMENT
(HIP AND KNEE) AND ADVANCED CERTIFICATION IN ADVANCED PALLIATIVE CARE AND
PRIMARY STROKE CENTER.

-CLARA MAASS MEDICAL CENTER (CMMC) HAS BEEN HONORED WITH THE 2023
DONATION CAMPAIGN PLATINUM RECOGNITION FOR ITS EXEMPLARY ORGAN, EYE, AND
TISSUE DONATION AWARENESS PROGRAM FROM THE U.S. HEALTH RESOURCES AND
SERVICES ADMINISTRATION (HRSA), PART OF THE U.S. DEPARTMENT OF HEALTH AND
HUMAN SERVICES.

ACCOMPLISHED CYCLE 2 ACCREDITATION BY THE SOCIETY OF CHEST PAIN CENTERS.

-RECOGNIZED NATIONALLY FOR EXCELLENT PERFORMANCE IN QUALITY AND PATIENT
SAFETY BY HEALTHGRADES AND IS A FIVE-STAR RECIPIENT IN BARIATRIC SURGERY,
GALLBLADDER REMOVAL SURGERY, AND C-SECTION DELIVERY AND VAGINAL DELIVERY

-DESIGNATION AS AN LGBTQ HEALTHCARE EQUALITY LEADER FROM THE HUMAN RIGHTS
CAMPAIGN FOUNDATION, 2018-2024

-GRADE 'B' SCORES IN HOSPITAL SAFETY AND QUALITY BY THE LEAPFROG GROUP
FOR SPRING 2023.

-RECEIVED AN "A" FROM THE LOWN HOSPITAL INDEX FOR COMMUNITY BENEFIT AND
WAS IN TOP 20 HOSPITALS IN THE STATE.

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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Form 990 or 990-EZ or to provide any additional information.

2023

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**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

-NAMED TO THE 'MOST WIRED HOSPITALS' LIST BY THE AMERICAN HOSPITAL
ASSOCIATION'S HEALTH FORUM. ACHIEVED LEVEL 9 MOST WIRED RECOGNITION FROM
CHIME IN 2021.

-EARNED DESIGNATION AS A BARIATRIC SURGERY CENTER OF EXCELLENCE BY THE
AMERICAN COLLEGE OF SURGEONS.

-EARNED THE 2019 BRONZE STEWARD RECOGNITION AT THE STATEWIDE
ANTIMICROBIAL STEWARDSHIP COLLABORATIVE CONFERENCE BY THE NEW JERSEY
DEPARTMENT OF HEALTH (NJDOH).

-RECEIVED NICHE (NURSES IMPROVING CARE FOR HEALTH SYSTEM ELDER)
DESIGNATION IN RECOGNITION OF OUR COMMITMENT TO PATIENT CENTERED CARE FOR
OLDER ADULT PATIENTS.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

COMMUNITY MEDICAL CENTER ("CMC")

CMC IS A GENERAL ACUTE CARE TEACHING HOSPITAL LOCATED IN TOMS RIVER,
OCEAN COUNTY, NEW JERSEY. ITS SERVICE AREA INCLUDES NEARLY 649,000
RESIDENTS. CMC IS COMPRISED OF 617 LICENSED BEDS INCLUDING 25
TRANSITIONAL CARE (SKILLED NURSING) BEDS. CMC SERVES BOTH SUBURBAN AND
SEMI-RURAL COMMUNITIES INCLUDING SHORE TOWNS AND THE LOWER-INCOME
MUNICIPALITIES OF MANCHESTER AND TOMS RIVER SOUTH. CMC SERVES A

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

SIGNIFICANT PROPORTION OF ELDERLY - 2023 CENSUS ESTIMATES THAT 23% OF THE COUNTY POPULATION IS AGED 65 AND OLDER AS OPPOSED TO 17.7% FOR THE STATE. IN 2023, 11.7% OF CMC'S PATIENT ADMISSIONS WERE COMPRISED OF A MEDICARE PAYER. FURTHER, NEARLY 60.7% OF CMC'S PAYER MIX WAS COMPRISED OF UNDERINSURED AND UNINSURED PAYER CATEGORIES. MINORITIES/NONWHITE OR OTHER CATEGORIES COMPRISED OVER 26% OF PATIENTS. DURING 2021, CMC SERVICED OVER 24,200 INPATIENTS, DELIVERED OVER 1,750 BABIES, PROVIDED APPROXIMATELY 163,329 OUTPATIENT VISITS FOR DIAGNOSTIC AND TREATMENT SERVICES AND APPROXIMATELY 73,700 EMERGENCY DEPARTMENT VISITS.

CMC HAS JOINT COMMISSION TRIENNIAL RE-ACCREDITATION FOR HOSPITALS AND HAS BEEN RECOGNIZED WITH DISTINGUISHED AWARDS FOR CLINICAL EXCELLENCE.

-JOINT COMMISSION GOLD SEAL OF APPROVAL FOR STROKE PROGRAM, TOTAL JOINT REPLACEMENT-HIP AND TOTAL JOINT REPLACEMENT-KNEE.

-DESIGNATED PRIMARY STROKE CENTER WITH NEW JERSEY DEPARTMENT OF HEALTH.

-RECEIVED A LEAPFROG SAFETY GRADE OF "A" FOR 2023.

-NAMED TO THE 'MOST WIRED HOSPITALS' LIST BY THE AMERICAN HOSPITAL ASSOCIATION'S HEALTH FORUM. ACHIEVED LEVEL 9 MOST WIRED RECOGNITION FROM CHIME IN 2021.

-THE CANCER CENTER HAS BEEN ACCREDITED BY THE COMMISSION ON CANCER OF THE

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

AMERICAN COLLEGE OF SURGEONS SINCE 1986 AND RECOGNIZED AS A BARIATRIC
SURGERY CENTER.

-RECEIVED A "B" FROM THE LOWN HOSPITAL INDEX AND WAS IN TOP 20 HOSPITALS
IN THE STATE FOR INCLUSIVITY AND PATIENT SAFETY.

-DESIGNATION AS AN LGBTQ HEALTHCARE EQUALITY LEADER FROM THE HUMAN RIGHTS
CAMPAIGN FOUNDATION, 2024

-GOLD RECOGNITION PARTNERSHIP FOR DONATION CAMPAIGN, RECOGNIZED FOR
RAISING ORGAN AND TISSUE DONATION AWARENESS 2023. RECOGNITION BY U.S.
DEPARTMENT OF HEALTH AND HUMAN SERVICES' HEALTH RESOURCES AND SERVICES
ADMINISTRATION (HRSA).

-U.S. NEWS & WORLD REPORT, NAMED AS A HIGH PERFORMING HOSPITAL FOR
LEUKEMIA, LYMPHOMA AND MYELOMA.

-RECEIVED HEALTHGRADES RECOGNITION AS ONE OF AMERICA'S 50 BEST HOSPITALS
FOR SURGICAL EXCELLENCE AWARDTM AND GYNECOLOGICAL SURGERY EXCELLENCE
AWARDTM

-2023 HEALTHGRADES RATING OF SAFETY AS BETTER THAN EXPECTED FOR PRESSURE
SORES OR BED SORES ACQUIRED IN THE HOSPITAL, COLLAPSED LUNG DUE TO A
PROCEDURE OR SURGERY IN OR AROUND THE CHEST, AND IN-HOSPITAL FALL
ASSOCIATED FRACTURE RATE

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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2023

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**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

-RECOGNIZED NATIONALLY FOR EXCELLENT PERFORMANCE IN QUALITY AND PATIENT SAFETY BY HEALTHGRADES AND IS A FIVE-STAR RECIPIENT FOR COMPLICATION-BASED RATINGS FOR APPENDECTOMY, DIABETIC EMERGENCIES, HYSTERECTOMY, C-SECTION DELIVERY, VAGINAL DELIVERY, AND HIP FRACTURE TREATMENT.

-SRC EXCELLENCE IN ROBOTIC SURGERY ACCREDITED AS A CENTER OF EXCELLENCE IN ROBOTIC SURGERY BY THE SURGICAL REVIEW CORPORATION, A NONPROFIT, PATIENT SAFETY ORGANIZATION THAT DEVELOPS AND ADMINISTERS BEST-IN-CLASS ACCREDITATION PROGRAMS FOR MEDICAL PROFESSIONALS, SURGEONS, HOSPITALS, AND FREESTANDING OUTPATIENT FACILITIES THROUGHOUT THE WORLD.

COOPERMAN BARNABAS MEDICAL CENTER ("CBMC")

IN SEPTEMBER 2021, SAINT BARNABAS MEDICAL CENTER ANNOUNCED THAT THE HOSPITAL WILL BE RENAMED THE COOPERMAN BARNABAS MEDICAL CENTER (CBMC) IN HONOR OF DONORS LEON AND TOBY COOPERMAN. THE HOSPITAL WANTED TO HONOR AND RECOGNIZE THE COOPERMAN FAMILY FOUNDATION \$100 MILLION DONATION -THE LARGEST MONETARY CONTRIBUTION EVER PROVIDED TO A HOSPITAL IN NEW JERSEY-- IN SUPPORT OF ITS HEALTHCARE INITIATIVES.

CBMC IS LOCATED IN THE TOWN OF LIVINGSTON, WITHIN ESSEX COUNTY, NEW JERSEY. LIVINGSTON IS THE 75TH LARGEST MCD/TOWNSHIP IN NEW JERSEY AND IS

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

ESTIMATED TO HAVE INCREASED 6.9% IN ITS POPULATION FROM 2010 TO 2020.

ESSEX COUNTY IS THE THIRD LARGEST POPULOUS COUNTY AND THE SECOND MOST DENSELY POPULATED IN NEW JERSEY AND HAS EXPERIENCED GROWTH IN NUMBERS AT 10.2% FROM 2010 TO 2020. THERE ARE 22 MUNICIPALITIES IN ESSEX COUNTY WITH THE WESTERN PARTS ENCOMPASSING MORE AFFLUENT AND SUBURBAN POPULATIONS, WHILE THE EASTERN REGION OF THE COUNTY CONTAINS MORE URBANIZED, IMPOVERISHED INNER CITY COMMUNITIES (FOUR DESIGNATED URBAN ENTERPRISE ZONES - NEWARK, EAST ORANGE, ORANGE, AND IRVINGTON). NEWARK IS RANKED AS ONE OF THE POOREST PLACES IN THE COUNTY AND IS LOCATED LESS THAN TEN MILES FROM ESSEX FELLS WHICH HAS ONE OF THE HIGHEST PER CAPITA INCOMES IN THE STATE. LIVINGSTON, SOUTH ORANGE, AND SHORT HILLS HAVE SOME OF THE HIGHEST PERCENTAGE OF JEWISH POPULATIONS FOR MUNICIPALITIES IN THE U.S., AND BELLEVILLE AND BLOOMFIELD MAINTAIN A STRONG ITALIAN AMERICAN POPULATION.

THE 597-BED TEACHING INSTITUTION CARED FOR NEARLY 35,000 INPATIENTS AND OVER 96,000 EMERGENCY DEPARTMENT ADULT AND PEDIATRIC PATIENTS DURING 2023. THE HOSPITAL DELIVERED OVER 6,200 BABIES FOR MOTHERS COMING FROM NEARLY EVERY COUNTY IN THE STATE. CBMC ALSO SERVED APPROXIMATELY 260,267 OUTPATIENT VISITS.

CBMC IS ACCREDITED BY THE JOINT COMMISSION HAS EARNED MANY CERTIFICATIONS AND ACCREDITATIONS AND BEEN THE RECIPIENT OF NUMEROUS AWARDS AND HONORS INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING:

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

-ADVANCED CERTIFICATION FOR ITS STROKE CENTER AND FOR ADVANCED PALLIATIVE CARE; CORE CERTIFICATION FOR CARDIAC REHABILITATION, HEART FAILURE, HIP REPLACEMENT AND KNEE REPLACEMENT.

-HEALTHGRADES 2023 AMERICA'S 250 BEST HOSPITAL AWARD™ RECIPIENT AND 100 BEST CARDIAC CARE AWARD™ (2023, 2022, 2021, 2020) AND AMERICA'S 100 BEST HOSPITALS FOR GASTROINTESTINAL SURGERY™ (2023, 2022, 2021) AND AMERICA'S 100 BEST HOSPITALS FOR PULMONARY CARE AWARD™ (2023, 2022).

-RECOGNIZED BY HEALTHGRADES AS PERFORMING BETTER THAN EXPECTED FOR MORTALITY BASED RATINGS FOR HEART FAILURE, SEPSIS COLORECTAL SURGERIES, GASTROINTESTINAL BLEED, UPPER GASTROINTESTINAL SURGERY MORTALITY, VAGINAL DELIVERIES, CRANIAL NEUROSURGERY, STROKE 30-DAY, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, AND PNEUMONIA.

-U.S. NEWS & WORLD REPORT CONFERS CBMC AS A BEST REGIONAL HOSPITAL AND NOTES HIGH PERFORMANCE FOR LEUKEMIA, LYMPHOMA AND MYELOMA, COLON CANCER SURGERY, HEART FAILURE, MATERNITY CARE (UNCOMPLICATED PREGNANCY), KIDNEY FAILURE, AND PNEUMONIA.

-MAGNET RECOGNITION FROM THE AMERICAN NURSES CREDENTIALING CENTER FOR NURSING EXCELLENCE.

-RECOGNIZED AS A "LEADER IN LGBTQ HEALTHCARE EQUALITY" BY THE HUMAN RIGHTS CAMPAIGN (HRC) FOUNDATION, THE EDUCATIONAL ARM OF THE COUNTRY'S

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

LARGEST LESBIAN, GAY, BISEXUAL, AND TRANSGENDER CIVIL RIGHTS
ORGANIZATION, FOR FIVE CONSECUTIVE YEARS.

-NAMED TO THE 'MOST WIRED HOSPITALS' LIST BY THE AMERICAN HOSPITAL
ASSOCIATION'S HEALTH FORUM. ACHIEVED LEVEL 9 MOST WIRED RECOGNITION FROM
CHIME IN 2021.

-LOWN INSTITUTE RANKED CBMC AN ("A") FOR COST EFFICIENCY AND FORPATIENT
SAFETY.

-THREE-YEAR APPROVAL FOR THE CANCER CENTER FROM THE AMERICAN COLLEGE OF
SURGEONS (ACS) COMMISSION ON CANCER. AN ACS ACCREDITED COMPREHENSIVE
BARIATRIC SURGERY CENTER INCLUSIVE OF ADOLESCENT SERVICES AND AN
ACCREDITED BREAST CENTER.

-DESIGNATED LEVEL 4 EPILEPSY CENTER BY THE NATIONAL ASSOCIATION OF
EPILEPSY CENTERS AND LEVEL 3 PEDIATRIC EPILEPSY CENTER

-AMERICAN BURN ASSOCIATION IN CONJUNCTION WITH THE AMERICAN COLLEGE OF
SURGEONS BURN CENTER VERIFICATION.

-CARDIAC REHABILITATION PROGRAM ACCREDITED/CERTIFIED BY THE AMERICAN
ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION.

-LABORATORY AND PATHOLOGY SERVICES ACCREDITED/CERTIFIED BY THE COLLEGE OF

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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2023

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**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

AMERICAN PATHOLOGISTS; LABORATORY TRANSFUSION SERVICES

ACCREDITED/CERTIFIED BY THE AMERICAN ASSOCIATION OF BLOOD BANKS.

-RADIATION ONCOLOGY SERVICES ACCREDITED/CERTIFIED BY THE AMERICAN COLLEGE
OF RADIOLOGY AND THE AMERICAN COLLEGE OF RADIATION ONCOLOGY.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

JERSEY CITY MEDICAL CENTER ("JCMC")

JERSEY CITY MEDICAL CENTER IS 352- BED LICENSED GENERAL ACUTE CARE
HOSPITAL LOCATED IN JERSEY CITY, THE POPULATION CENTER OF HUDSON COUNTY,
AND COMPRISES OVER 40% OF THE COUNTY'S POPULATION IN 2020 AND IS
ESTIMATED TO HAVE GROWN OVER 44,800 PEOPLE FROM 2010 TO 2020. HUDSON
COUNTY IS ESTIMATED TO HAVE THE LARGEST POPULATION GROWTH IN THE STATE
SINCE 2010, ADDING OVER 90,500 PEOPLE, HOWEVER, PER THE MOST RECENT 2023
DATA, ESTIMATES SUGGEST A 2.7% POPULATION DECREASE BETWEEN 2020 TO 2023.
JERSEY CITY WAS THE SECOND MOST POPULOUS CITY IN NEW JERSEY IN 2021
(CENSUS BUREAU ESTIMATES) AND HAD THE HIGHEST INCREASE IN POPULATION
NUMBERS OF NEW JERSEY'S PLACES AND TOWNS FROM 2010 TO 2020. JERSEY CITY IS
THE SECOND MOST POPULOUS CITY IN NEW JERSEY ACCORDING TO THE 2020 CENSUS.
IN 2023, JCMC ADMITTED OVER 17,000 INPATIENTS AND PROVIDED NEARLY 200,000
OUTPATIENT VISITS AND NEARLY 100,000 EMERGENCY DEPARTMENT VISITS. THE
HOSPITAL DELIVERED OVER 2,000 BABIES.

JCMC IS A DNV (WHICH STANDS FOR DET NORSKE VERITAS) FULLY ACCREDITED

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

HOSPITAL AND HAS BEEN RECOGNIZED FOR ITS EXCELLENCE IN PROVIDING CARE AND SUPPORT FOR THE HEALTH AND WELLNESS OF OUR COMMUNITY. DNV IS RECOGNIZED BY MEDICARE FOR THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS (NIAHO) HOSPITAL ACCREDITATION PROGRAM. THE FOLLOWING IS A LISTING OF AWARDS AND DESIGNATIONS RECENTLY RECEIVED BY THE JERSEY CITY MEDICAL CENTER IN RECOGNITION OF ITS SERVICE TO THE COMMUNITY.

-THE HOSPITAL WAS CERTIFIED BY DNV GL - WITH ISO 9001 CERTIFICATION IN RECOGNITION OF THE HOSPITAL'S QUALITY PROGRAM AND FOR INPATIENT AND OUTPATIENT SERVICES.

-RECEIVED DNV PRIMARY STROKE CENTER CERTIFICATION, AFFIRMING THE HOSPITAL'S READINESS TO HANDLE A FULL RANGE OF STROKE-RELATED MEDICAL PROBLEMS. ALSO DESIGNATED BY THE STATE AS A PRIMARY STROKE CENTER.

-THE ORTHOPEDIC CENTER AT JCMC WAS RECOGNIZED AS A DNV GL HEALTHCARE CERTIFIED HIP & KNEE REPLACEMENT PROGRAM, VALIDATING THE HOSPITAL'S EXCELLENCE ACROSS THE SPECTRUM OF HIP AND KNEE REPLACEMENT CARE, FROM DIAGNOSIS TO TREATMENT, REHABILITATION, EDUCATION, AND OUTCOMES.

-RECEIVED THE MAGNET HOSPITAL DESIGNATION FOR FOUR CONSECUTIVE TIMES, MEETING RIGOROUS STANDARDS FOR NURSING EXCELLENCE.

-HEALTHGRADES GYNECOLOGIC SURGERY EXCELLENCE AWARD™ FOR 2021, 2020, 2019 AND FOR CORONARY INTERVENTION EXCELLENCE FOR 2024.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

-HEALTHGRADES BETTER THAN EXPECTED PERFORMANCE FOR COMPLICATIONS-BASED RATINGS FOR DEFIBRILLATOR PROCEDURES AND MORTALITY-BASED RATINGS FOR WITHIN 30 DAYS FOR CORONARY INTERVENTION PROCEDURES (INPATIENT).

-AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER ACCREDITED SITE AND A VERIFIED TRAUMA CENTER (LEVEL 2).

-DESIGNATED AS LGBTQ HEALTHCARE EQUALITY LEADER IN 2014 AND RE-DESIGNATED EVERY YEAR, MOST RECENTLY IN 2022, BY THE HUMAN RIGHTS CAMPAIGN (HRC) FOUNDATION.

-RANKED AS "HIGH PERFORMING" IN HEART FAILURE BY U.S. NEWS & WORLD REPORT.

-NAMED TO THE 'MOST WIRED HOSPITALS' LIST BY THE AMERICAN HOSPITAL ASSOCIATION'S HEALTH FORUM. ACHIEVED LEVEL 9 MOST WIRED RECOGNITION FROM CHIME IN 2021.

-RECEIVED AN "A" FROM THE LOWN HOSPITAL INDEX FOR COMMUNITY BENEFIT, EQUITY AND INCLUSIVITY AND WAS IN TOP 10 HOSPITALS IN THE STATE FOR COMMUNITY BENEFIT.

-THE LEAPFROG GROUP HAS AWARDED JCMC A 'B' GRADING FOR QUALITY AND PATIENT SAFETY; WAS NAMED A TOP TEACHING HOSPITAL BY LEAPFROG GROUP IN

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

2017.

-PAST RECIPIENT OF THE AMERICAN HEALTH ASSOCIATION (AHA)/AMERICAN STROKE ASSOCIATION'S GET WITH THE GUIDELINES-STROKE GOLD PLUS QUALITY ACHIEVEMENT AWARD AND HONOR ROLE ELITE FOR HIGHER ACHIEVEMENT OF STROKE TREATMENT TIME.

-OPERATED THE FIRST EMS SERVICE IN THE U.S. TO EARN TRIPLE ACCREDITATION IN DISPATCH, EDUCATION, AND EMERGENCY MEDICAL SERVICE.

MONMOUTH MEDICAL CENTER ("MMC") AND MONMOUTH MEDICAL CENTER-SOUTHERN CAMPUS ("MMC-SC")

MMC IS A 514-BED TEACHING HOSPITAL LOCATED IN LONG BRANCH, MONMOUTH COUNTY, NEW JERSEY. MONMOUTH COUNTY IS THE NORTHERNMOST COUNTY ON THE JERSEY SHORE AND IS IN CLOSE PROXIMITY TO NEW YORK CITY WITH THE SIXTH LARGEST TOTAL POPULATION IN THE STATE ACCORDING TO 2020 CENSUS. MONMOUTH COUNTY IS HOME TO IMMIGRANT POPULATIONS OF ITALIAN, GERMAN AND POLISH, WITH A LARGE IRISH AMERICAN POPULATION AND A RAPIDLY GROWING ASIAN PRESENCE. LONG BRANCH CITY IS THE 72NDLARGEST MCD LOCATION IN THE STATE AND HAS BEEN DESIGNATED AS A MUA/MUP (MEDICALLY UNDERSERVED AREA/POPULATION) BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES. CONTINUED GROWTH

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

IS ESTIMATED FOR THE CITY WITH CENSUS ESTIMATES PLACING AT THE 15TH
HIGHEST GROWTH BETWEEN 2020 AND 2022.

THE INSTITUTION PROVIDES A BROAD SPECTRUM OF SERVICES, SERVING THE
LIFESPAN RANGING FROM HIGH-RISK NEONATOLOGY TO GERIATRIC CARE. ADMISSIONS
TOTAL OVER 22,900 ANNUALLY, INCLUDING NEARLY 6,700 BIRTHS, AND
APPROXIMATELY 159,161 OUTPATIENT VISITS AND NEARLY 45,500 EMERGENCY
VISITS. MMC SERVES A DIVERSE COMMUNITY AND IS LOCATED IN THE NORTHERNMOST
COUNTY ON THE JERSEY SHORE AND IS IN CLOSE PROXIMITY TO NEW YORK CITY
WITH THE FIFTH LARGEST TOTAL POPULATION IN THE STATE. MONMOUTH COUNTY IS
HOME TO IMMIGRANT POPULATIONS OF ITALIAN, GERMAN AND POLISH, WITH A LARGE
IRISH AMERICAN POPULATION AND A RAPIDLY GROWING ASIAN PRESENCE.

MMC, A FULLY ACCREDITED HOSPITAL AND BEHAVIORAL HEALTH CARE PROVIDER, IS
THE RECIPIENT OF NUMEROUS AWARDS AND HONORS INCLUDING, BUT NOT LIMITED
TO, THE FOLLOWING:

-EARNED JOINT COMMISSION ADVANCED CERTIFICATION AS A PRIMARY STROKE
CENTER AND CORE DISEASE-SPECIFIC CERTIFICATION FOR HIP AND KNEE JOINT
REPLACEMENT AND SPINE SURGERY.

-MAGNET RECOGNITION FOR NURSING PROFESSIONALISM, TEAMWORK, AND
SUPERIORITY IN PATIENT CARE. WITH THIS CREDENTIAL, MMC JOINED THE GLOBAL
COMMUNITY OF ORGANIZATIONS RECOGNIZED BY MAGNET. CURRENTLY, JUST 591 U.S.
HEALTH CARE ORGANIZATIONS OUT OF MORE THAN 6,120 U.S. HOSPITALS HAVE

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

ACHIEVED MAGNET RECOGNITION.

-PTAP ACCREDITATION BY THE AMERICAN NURSES CREDENTIALING CENTER'S
COMMISSION ON ACCREDITATION IN PRACTICE TRANSITION PROGRAMS REVIEWED
MMC'S APPLICATION FOR ACCREDITATION AS A PRACTICE TRANSITION PROGRAM THE
HOSPITAL'S NEW GRADUATE RESIDENCY PROGRAM WAS AWARDED ACCREDITATION WITH
DISTINCTION, THE HIGHEST RECOGNITION AWARDED BY THE AMERICAN NURSES
CREDENTIALING CENTER'S ACCREDITATION PROGRAM.

-ACCREDITED BY THE FORUM FOR SHARED GOVERNANCE JOINING THE 90+
ORGANIZATIONS INTERNATIONALLY WHO STRIVE TO ELEVATE NURSING WITHIN THEIR
ORGANIZATIONS.

-HEALTHGRADES LABOR AND DELIVERY EXCELLENCE AWARDTM (2019-2023) AND
OBSTETRICS AND GYNECOLOGY EXCELLENCE AWARD^{TTM} (2019-2023).

-HEALTHGRADES SAFETY RECOGNITION FOR IN-HOSPITAL FALL ASSOCIATED FRACTURE
RATE.

-HEALTHGRADES BETTER THAN EXPECTED PERFORMANCE FOR VAGINAL DELIVERIES.

-PLATINUM RECOGNITION PARTNERSHIP FOR DONATION CAMPAIGN, RECOGNIZED FOR
RAISING ORGAN AND TISSUE DONATION AWARENESS 2023. RECOGNITION BY U.S.
DEPARTMENT OF HEALTH AND HUMAN SERVICES' HEALTH RESOURCES AND SERVICES
ADMINISTRATION (HRSA).

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

-NAMED ON NEWSWEEK LIST OF WORLD'S BEST HOSPITALS, AMONGST 2,200
HOSPITALS WORLDWIDE.

-EARNED AN "A" SCORE IN HOSPITAL SAFETY BY THE LEAPFROG GROUP FOR SPRING
2023 AND SPRING 2024; RECOGNIZED FOR THE THIRD TIME AS A TOP TEACHING
HOSPITAL IN 2021.

-LGBTQ HEALTHCARE EQUALITY LEADER IN LGBTQ HEALTHCARE EQUALITY.

-DESIGNATED AS A COMPREHENSIVE CANCER PROGRAM AND BARIATRIC SURGERY
CENTER BY THE AMERICAN COLLEGE OF SURGEONS.

-NAMED A 2020 GUARDIAN OF EXCELLENCE AWARD WINNER BY PRESS GANEY. THE
GUARDIAN OF EXCELLENCE AWARD RECOGNIZES TOP-PERFORMING HEALTH CARE
ORGANIZATIONS THAT HAVE ACHIEVED THE 95TH PERCENTILE OR ABOVE FOR
PERFORMANCE IN PATIENT EXPERIENCE.

-A TOP NEW JERSEY HOSPITALS IN THE U.S. NEWS & WORLD REPORT RANKINGS.
RECOGNIZED AS HIGH PERFORMER FOR LEUKEMIA, LYMPHOMA & MYELOMA, COLON
CANCER SURGERY, DIABETES, MATERNITY CARE (UNCOMPLICATED PREGNANCY),
KIDNEY FAILURE, AND HIP AND KNEE REPLACEMENT,

-RECEIVED AN "A" FROM THE LOWN HOSPITAL INDEX FOR SOCIAL RESPONSIBILITY,
VALUE, COST EFFICIENCY, OUTCOMES, COMMUNITY BENEFIT AND FOR PATIENT

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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2023

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**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

SAFETY. FOR PATIENT SAFETY THEY WERE THE NUMBER 1 HOSPITAL IN THE STATE
AND IN THE TOP 10 HOSPITALS FOR THE STATE FOR OUTCOMES.

-JACQUELINE M. WILENTZ COMPREHENSIVE BREAST CENTER IS THE FIRST IN THE
REGION TO BE DESIGNATED A CERTIFIED QUALITY BREAST CENTER OF EXCELLENCE,
THE HIGHEST RECOGNITION ATTAINABLE FROM THE NATIONAL QUALITY MEASURES FOR
BREAST CENTERS AND IS A RECIPIENT OF THE WOMEN'S CHOICE AWARD AS ONE OF
AMERICA'S BEST BREAST CENTERS.

-NAMED TO THE 'MOST WIRED HOSPITALS' LIST BY THE AMERICAN HOSPITAL
ASSOCIATION'S HEALTH FORUM. ACHIEVED LEVEL 9 MOST WIRED RECOGNITION FROM
CHIME IN 2021

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

MONMOUTH MEDICAL CENTER-SOUTHERN CAMPUS ("MMC-SC")

MMC-SC IS A 241-BED FULLY ACCREDITED ACUTE CARE HOSPITAL LOCATED IN
LAKEWOOD, OCEAN COUNTY, NEW JERSEY. LAKEWOOD HAS BEEN IDENTIFIED AS ONE
OF THE FASTEST-GROWING TOWNSHIPS IN NEW JERSEY DURING THE PAST DECADE
(WITH 45% GROWTH) AND IS RANKED THE 4TH MOST POPULOUS MCD IN THE STATE
ACCORDING TO 2022 CENSUS ESTIMATES. THE LOCATION OF MMCSC IS WITHIN A
DESIGNATED MEDICALLY UNDERSERVED AREA/POPULATION (MUA/MUP) BY THE HEALTH
RESOURCES AND SERVICE ADMINISTRATION (HRSA) BRANCH OF THE U.S. DEPARTMENT
OF HEALTH AND HUMAN SERVICES AND AN URBAN ENTERPRISE ZONE (UEZ) BY THE
STATE OF NEW JERSEY. MMC-SC SERVES A DIVERSE URBAN POPULATION INCLUDING A

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

PROPORTIONATELY HIGHER MIX OF ELDERLY AND UNINSURED/UNDERINSURED
COMMUNITIES. DURING 2023, MMC-SC SERVICED OVER 5,600 INPATIENTS, OVER
58,000 OUTPATIENT VISITS WITH 27,500 EMERGENCY VISITS.

MMC-SC'S LAKEWOOD CAMPUS IS ACCREDITED BY THE JOINT COMMISSION AND HAS
ALSO BEEN RECOGNIZED WITH DISTINGUISHED AWARDS FOR CLINICAL EXCELLENCE
INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING:

-EARNED JOINT COMMISSION ADVANCED CERTIFICATION AS A PRIMARY STROKE
CENTER.

-RECEIVED AN "A" FROM THE LOWN HOSPITAL INDEX FOR EQUITY AND COMMUNITY
BENEFIT.

-EARNED A GRADE "A" SCORE IN HOSPITAL SAFETY BY THE LEAPFROG GROUP FOR
2023.

-DESIGNATION AS A NICHE (NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDERS)
HOSPITAL.

-NJ SHARING NETWORK PLATINUM LEVEL RECOGNITION FOR INCREASING ENROLLMENT
IN THE NEW JERSEY STATE DONOR REGISTRY AND SPREADING THE LIFE-SAVING
MESSAGE OF ORGAN AND TISSUE DONATION.

-NAMED TO THE 'MOST WIRED HOSPITALS' LIST BY THE AMERICAN HOSPITAL

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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2023

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**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

ASSOCIATION'S HEALTH FORUM. ACHIEVED LEVEL 9 MOST WIRED RECOGNITION FROM
CHIME IN 2021.

NEWARK BETH ISRAEL MEDICAL CENTER ("NBIMC")

NEWARK BETH ISRAEL MEDICAL CENTER ("NBIMC"), A 653-BED TEACHING HOSPITAL
ESTABLISHED IN 1901, PROVIDES COMPREHENSIVE HEALTHCARE SERVICES TO ITS
LOCAL COMMUNITIES AND IS A MAJOR REFERRAL AND TREATMENT CENTER FOR
PATIENTS THROUGHOUT THE NORTHERN NEW JERSEY METROPOLITAN AREA. NBIMC IS
LOCATED IN THE CITY OF NEWARK, THE SEAT OF ESSEX COUNTY. NEWARK IS THE
66TH LARGEST INCORPORATED PLACE IN THE UNITED STATES ACCORDING TO 2022
CENSUS ESTIMATES AND IT IS NEW JERSEY'S LARGEST, AND AMONGST THE STATE'S
MOST DIVERSE, CITIES. NEWARK IS ESTIMATED TO HAVE HAD THE 3RD HIGHEST
INCREASE IN POPULATION NUMBERS OF MCD/TOWNSHIPS, WITH 12.2% GROWTH FROM
2010 TO 2020. NBIMC SERVES AREAS THAT INCLUDE MUA/MUP DESIGNATIONS AND
STATE DESIGNATION AS MEDICALLY UNDERINSURED AND AN URBAN ENTERPRISE ZONE
(UEZ) BY THE STATE OF NEW JERSEY. NEWARK IS HOME TO A MAJOR
INTERNATIONAL AIRPORT AND CONNECTS TO MAJOR ROADWAYS AND IS ADJACENT TO
MAJOR SHIPPING YARDS. DUE TO THE NATURE OF ITS LOCATION, NBIMC SERVES
DIVERSE COMMUNITIES WITH THE MAJORITY OF THE RACIAL MAKEUP OF THE CITY
BEING PREDOMINANTLY MINORITY AND SURROUNDED BY RESIDENTIAL SUBURBS TO THE
WEST, DENSE URBAN AREAS TO BOTH THE SOUTH AND EAST, AND MIDDLE-CLASS
RESIDENTIAL SUBURBS AND INDUSTRIAL AREAS TO THE NORTH. IN 2023, NBIMC HAD
OVER 20,000 INPATIENT ADMISSIONS, AROUND 2,700 BIRTHS, NEARLY 256,000

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

OUTPATIENT CASES AND OVER 88,900 EMERGENCY VISITS.

NBIMC, A JOINT COMMISSION ACCREDITED HOSPITAL AND BEHAVIORAL HEALTH PROVIDER, IS THE RECIPIENT OF NUMEROUS AWARDS AND HONORS INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING:

-CERTIFIED BY THE JOINT COMMISSION DISEASE SPECIFIC CARE ADVANCED CERTIFICATION AS A PRIMARY STROKE CENTER AND A VENTRICULAR ASSIST DEVICE PROGRAM.

-CERTIFIED BY JOINT COMMISSION AS CORE PROGRAM IN HEART FAILURE.

-NEWARK BETH ISRAEL MEDICAL CENTER HAS BEEN NAMED ONE OF THE 2019, 2020, 2021, 2022 AND 2023 WORLD'S BEST HOSPITALS BY NEWSWEEK MAGAZINE.

-LEAPFROG "B" GRADE FOR SAFETY AND QUALITY SPRING 2023.

-NICHE EXEMPLAR HOSPITAL DESIGNATION INDICATES A HOSPITAL'S COMMITMENT TO ELDER CARE EXCELLENCE.

-HEALTHGRADES PATIENT SAFETY EXCELLENCE AWARD™ (2021, 2020) INDICATING TOP IN THE NATION FOR PROVIDING EXCELLENCE IN PATIENT SAFETY BY PREVENTING INFECTIONS, MEDICAL ERRORS, AND OTHER PREVENTABLE COMPLICATIONS.

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(Form 990 or 990-EZ)**

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2023

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Inspection**

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RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

-HEALTHGRADES SPECIALTY EXCELLENCE AWARDS FOR OBSTETRICS AND GYNECOLOGY
FOR 2022 AND 2023, LABOR AND DELIVERY FOR 2022 AND 2023, AND CARDIAC
SURGERY EXCELLENCE AWARDTM FOR 2024.

-HEALTHGRADES AS HIGHER PERFORMING FOR MORTALITY-BASED RATINGS FOR VALVE
SURGERY, RESPIRATORY FAILURE, COLORECTAL SURGERIES,

-HEALTHGRADES RECOGNITION FOR SAFETY AS TO PREVENTING THE FOLLOWING:
PRESSURE SORES OR BED SORES ACQUIRED IN THE HOSPITAL AND IN-HOSPITAL FALL
ASSOCIATED FRACTURE RATE.

-AN LGBTQ HEALTHCARE EQUALITY INDEX LEADER DESIGNATION BY THE HUMAN
RIGHTS CAMPAIGN (HRC) FOUNDATION (2017-2023).

-NEW JERSEY DESIGNATED PRIMARY STROKE CENTER BY THE NEW JERSEY DEPARTMENT
OF HEALTH AND SENIOR SERVICES.

-NICHE (NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDERS) EXEMPLAR HOSPITAL
DESIGNATION. 2015-2023.

-NAMED TO THE 'MOST WIRED HOSPITALS' LIST BY THE AMERICAN HOSPITAL
ASSOCIATION'S HEALTH FORUM. ACHIEVED LEVEL 9 MOST WIRED RECOGNITION FROM
CHIME IN 2021.

-RECEIVED AN ("A") FROM LOWN INSTITUTE FOR EQUITY, COMMUNITY BENEFIT, AND

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

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

2023

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Inspection**

Employer identification number

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85-1296795

INCLUSIVITY. RANKED IN STATE'S TOP 10 FOR COMMUNITY BENEFIT AND
INCLUSIVITY.

-ACCREDITATION FOR THE COHEN CANCER CENTER AT NBIMC BY THE AMERICAN
COLLEGE OF SURGEON'S COMMISSION ON CANCER.

-USNEWS & WORLD REPORT: RATED HIGH PERFORMING FOR PROSTATE CANCER
SURGERY AND HEART FAILURE.

-AMERICAN COLLEGE OF RADIOLOGY - DIAGNOSTIC IMAGING CENTER OF EXCELLENCE
AND DESIGNATED LUNG CANCER SCREENING CENTER

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - NEW BRUNSWICK AND SOMERSET
(RWJUH-NEW BRUNSWICK AND RWJUH-SOMERSET)

RWJUH IS A 941-LICENSED BED ACADEMIC MEDICAL CENTER WITH CAMPUSES IN NEW
BRUNSWICK AND SOMERVILLE, NJ. THIS ENTITY WAS CREATED THROUGH THE
SUCCESSFUL MERGER BETWEEN RWJUH AND SOMERSET MEDICAL CENTER IN THE YEAR
2014.

RWJUH-NEW BRUNSWICK IS LOCATED IN NEW BRUNSWICK, THE POPULATION CENTER OF
MIDDLESEX COUNTY. ACCORDING TO CENSUS BUREAU ESTIMATES, MIDDLESEX COUNTY
IS THE SECOND LARGEST COUNTY IN NEW JERSEY AND IS ESTIMATED TO HAVE HAD

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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OMB No. 1545-0047

2023

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Inspection**

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85-1296795

THE SIXTH LARGEST GROWTH IN RESIDENTS FROM 2010 TO 2020. NEW BRUNSWICK IS THE LARGEST CITY IN THE COUNTY. NEW BRUNSWICK'S EXTENSIVE HISTORY DATES BACK TO PRE-REVOLUTIONARY TIMES AND IT IS THE HOME OF RUTGERS UNIVERSITY, THE STATE UNIVERSITY OF NEW JERSEY. DURING 2023, THE HOSPITAL'S NEW BRUNSWICK CAMPUS HAD APPROXIMATELY 34,613 INPATIENT ADMISSIONS, OVER 2,400 BIRTHS AND NEARLY 98,500 HOSPITAL EMERGENCY DEPARTMENT VISITS FOR BOTH ADULT AND PEDIATRIC DEPARTMENTS. TOTAL OUTPATIENT CASES WERE OVER 258,000.

RWJUH-SOMERSET IS LOCATED SOMERVILLE, THE COUNTY SEAT OF SOMERSET COUNTY, NEW JERSEY. SOMERSET COUNTY, THE 13TH LARGEST COUNTY, HAD THE 5TH LARGEST POPULATION GROWTH FROM 2010 TO 2020. SOMERSET COUNTY IS ONE OF AMERICA'S OLDEST COUNTIES AND WAS FIRST SETTLED IN 1681. MOST OF THE EARLY RESIDENTS WERE DUTCH. IN THE 1960S, TOWNSHIPS THAT WERE ONCE EXCLUSIVELY AGRICULTURAL WERE QUICKLY TRANSFORMED INTO SUBURBAN COMMUNITIES. THE AREA GROWTH WAS AIDED BY THE DEVELOPMENT OF A VERY STRONG PHARMACEUTICAL AND TECHNOLOGY PRESENCE. ON THE SOMERSET CAMPUS, THERE WERE APPROXIMATELY 13,800 INPATIENT ADMISSIONS, NEARLY 50,000 EMERGENCY DEPARTMENT VISITS AND APPROXIMATELY 816 BIRTHS. TOTAL OUTPATIENT VISITS EXCEEDED 129,000 DURING 2023.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

BOTH THE NEW BRUNSWICK AND SOMERSET CAMPUSES HAVE EARNED SIGNIFICANT NATIONAL RECOGNITION FOR CLINICAL QUALITY AND PATIENT SAFETY, INCLUDING BUT NOT LIMITED TO:

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

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OMB No. 1545-0047

2023

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Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

-BOTH HOSPITALS ARE FULLY ACCREDITED BY THE JOINT COMMISSION. RWJUH-NEW BRUNSWICK HAS ADVANCED CERTIFICATION FOR ADVANCED COMPREHENSIVE STROKE CENTER AND FOR VENTRICULAR ASSIST DEVICE. IT HAS CORE CERTIFICATION FOR BARIATRIC SURGERY, SPINE SURGERY, HIP REPLACEMENT AND KNEE REPLACEMENT. RWJUH-SOMERSET ALSO IS ACCREDITED FOR BEHAVIORAL HEALTH CARE AND HUMAN SERVICES. SOMERSET ADVANCED CERTIFICATION FOR PRIMARY STROKE CENTER AND CORE CERTIFICATION FOR ACUTE MYOCARDIAL INFARCTION, HIP REPLACEMENT AND KNEE REPLACEMENT.

-THE NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES HAVE DESIGNATED THE NEW BRUNSWICK CAMPUS AS A COMPREHENSIVE STROKE CENTER AND THE SOMERSET CAMPUS AS A PRIMARY STROKE CENTER.

-BOTH HOSPITALS HAVE ACHIEVED THE PRESTIGIOUS MAGNET AWARD FOR NURSING EXCELLENCE.

-RANKED AS A REGIONAL BEST HOSPITAL BY U.S. NEWS & WORLD REPORT, RWJUH-NEW BRUNSWICK WAS RECOGNIZED AS "HIGH-PERFORMING" IN ONE ADULT SPECIALTY AND TWELVE ADULT CONDITIONS AND PROCEDURES, THESE ARE COLON CANCER SURGERY, LUNG CANCER SURGERY, GYNECOLOGICAL CANCER SURGERY, PROSTATE CANCER SURGERY, LEUKEMIA, LYMPHOMA AND MYELOMA, AORTIC VALVE SURGERY, HEART BYPASS SURGERY, HEART FAILURE, TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR), KIDNEY FAILURE, MATERNITY CARE (UNCOMPLICATED PREGNANCY), CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD).

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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OMB No. 1545-0047

2023

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Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

-RWJUH-NEW BRUNSWICK RECEIVED HEALTHGRADES BARIATRIC SURGERY EXCELLENCE
AWARDTM (2020-2024) AND LABOR AND DELIVERY EXCELLENCE AWARDTM (2022, 2023
AND AMERICA'S 100 BEST HOSPITALS FOR PROSTATE SURGERY AWARD (2020).

RWJUH-SOMERSET RECEIVED THE CORONARY INTERVENTION EXCELLENCE AWARDTM FOR
2023. FOR 2024, RWJUH-SOMERSET HAS RECEIVED THE STROKE CARE EXCELLENCE
AWARD, NEUROSCIENCES EXCELLENCE AWARDTM, AMERICA'S 100 BEST HOSPITALS FOR
GASTROINTESTINAL SURGERY AWARDTM, AMERICA'S 100 BEST HOSPITALS FOR
GASTROINTESTINAL CARE AWARDTM, AMERICA'S 100 BEST HOSPITALS FOR CRITICAL
CARE AWARDTM, AMERICA'S 100 BEST HOSPITALS FOR CORONARY INTERVENTION
AWARDTM AND AMERICA'S 250 BEST HOSPITAL AWARDTM.

-RWJUH-NEW BRUNSWICK RECEIVED HEALTHGRADES SAFETY RECOGNITION FOR SAFETY
FOR: RESPIRATORY FAILURE FOLLOWING SURGERY.

-HEALTHGRADES RECOGNIZED RWJUH-NEW BRUNSWICK AS HIGHER PERFORMING FOR
BARIATRIC SURGERY, HYSTERECTOMY, VAGINAL DELIVERY, AND MORTALITY BASED
RATING FOR GASTROINTESTINAL BLEED. RWJUH-SOMERSET WAS RECOGNIZED AS
BETTER THAN EXPECTED FOR DIABETIC EMERGENCIES, C-SECTION DELIVERY,
VAGINAL DELIVERY, AND MORTALITY BASED RATES FOR CORONARY INTERVENTIONAL
PROCEDURES (INPATIENT), HEART ATTACH, HEART FAILURE, SEPSIS, BOWEL
OBSTRUCTION, COLORECTAL SURGERIES, GASTROINTESTINAL BLEED, STROKE, AND
PNEUMONIA.

-RWJUH - SOMERSET HAS RECEIVED A "B" PATIENT SAFETY GRADE FROM THE
LEAPFROG GROUP FOR BOTH THE SPRING AND FALL 2023 SCORES.

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

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Internal Revenue Service

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OMB No. 1545-0047

2023

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-LOWN INSTITUTE RANKED RWJUH-SOMERSET AN ("A") FOR EQUITY, COMMUNITY
BENEFIT AND INCLUSIVITY, COST EFFICIENCY.

-BOTH HOSPITALS ARE RECOGNIZED AS A "LEADER IN LGBTQ HEALTHCARE EQUALITY"
BY THE HUMAN RIGHTS CAMPAIGN (HRC) FOUNDATION, THE EDUCATIONAL ARM OF THE
COUNTRY'S LARGEST LESBIAN, GAY, BISEXUAL, AND TRANSGENDER CIVIL RIGHTS
ORGANIZATION, FOR FOUR CONSECUTIVE YEARS.

-PLATINUM RECOGNITION PARTNERSHIP FOR LIFE HOSPITAL CAMPAIGN, RECOGNIZED
FOR RAISING ORGAN AND TISSUE DONATION AWARENESS 2023. RECOGNITION BY U.S.
DEPARTMENT OF HEALTH AND HUMAN SERVICES' HEALTH RESOURCES AND SERVICES
ADMINISTRATION (HRSA).

-BOTH HOSPITALS HAVE NICHE (NURSES IMPROVING CARE FOR HEALTHSYSTEM
ELDERS) HOSPITAL DESIGNATION.

-NAMED TO THE 'MOST WIRED HOSPITALS' LIST BY THE AMERICAN HOSPITAL
ASSOCIATION'S HEALTH FORUM. ACHIEVED LEVEL 9 MOST WIRED RECOGNITION FROM
CHIME IN 2021.

-THE AMERICAN COLLEGE OF SURGEONS' (ACS) DESIGNATES RWJUH-NEW BRUNSWICK
TRAUMA CENTER FOR THE HIGHEST ADULT LEVEL I AND AS A LEVEL II PEDIATRIC
TRAUMA CENTER. THE BARIATRIC SURGERY CENTER IS DESIGNATED AS A
COMPREHENSIVE.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

-BOTH HOSPITALS HAVE THE ACS COMMISSION ON CANCER (COC) DESIGNATION FOR
COMPREHENSIVE CANCER PROGRAMS.

-RWJUH-NEW BRUNSWICK'S COMPREHENSIVE STROKE CENTER HAS EARNED THE
AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION'S GET WITH THE
GUIDELINES-STROKE GOLD PLUS QUALITY ACHIEVEMENT AWARD AND ITS STROKE
ELITE PLUS HONOR ROLL AWARD - TWO OF THE HIGHEST HONORS THAT A CENTER CAN
RECEIVE FROM THE ORGANIZATION FOR EXCEPTIONAL STROKE CARE. IT IS ALSO
RECEIVED HONORS FOR ITS HEART FAILURE PROGRAM. RWJUH-SOMERSET ALSO HAS
GOLD PLUS ACHIEVEMENT FOR ITS STROKE CENTER AND HONOR ROLL FOR ITS STROKE
AND HEART FAILURE PROGRAM.

-TOP DOCTORS -- NUMEROUS RWJUH PHYSICIANS CONSISTENTLY APPEAR IN RANKINGS
FOR "BEST DOCTORS" IN PUBLICATIONS INCLUDING NEW YORK MAGAZINE AND NEW
JERSEY MONTHLY. IN FACT, RWJUH HAS CONSISTENTLY HAD THE MOST OR CLOSE TO
THE HIGHEST NUMBER OF DOCTORS RECOGNIZED ON THE LIST. THE DATA USED TO
COMPILE THIS LIST COMES FROM CASTLE CONNOLLY'S ANNUAL "BEST DOCTORS"
PUBLICATION, WHICH USES A PEER REVIEW PROCESS TO NOMINATE AND SELECT THE
TOP PHYSICIANS IN THE NEW YORK AREA. CRITERIA FOR NOMINATION AND
SELECTION INCLUDE NOT ONLY PROFESSIONAL QUALIFICATIONS AND REPUTATION BUT
ALSO SKILLS IN DEALING WITH PATIENTS, SUCH AS LISTENING, INSTILLING
TRUST, AND SHOWING EMPATHY.

-COLLEGE OF AMERICAN PATHOLOGISTS -- BOTH CAMPUSES OF RWJUH'S LABORATORY

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(Form 990 or 990-EZ)**

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OMB No. 1545-0047

2023

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Inspection**

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RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

SERVICES ARE ACCREDITED BY THE COMMISSION ON LABORATORY ACCREDITATION OF THE COLLEGE OF AMERICAN PATHOLOGISTS (CAP), BASED ON THE RESULTS OF ITS ON-SITE INSPECTION. RWJUH IS ONE OF MORE THAN 6,000 CAP-ACCREDITED LABORATORIES NATIONWIDE. THE CAP LABORATORY ACCREDITATION PROGRAM, BEGUN IN THE EARLY 1960S, IS RECOGNIZED BY THE FEDERAL GOVERNMENT AS BEING EQUAL TO OR MORE STRINGENT THAN THE GOVERNMENT'S OWN INSPECTION. RWJUH'S LABORATORY WAS CONGRATULATED FOR "EXCELLENCE OF THE SERVICES BEING PROVIDED."

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - HAMILTON ("RWJUH HAMILTON")

RWJUH HAMILTON, A 248-BED GENERAL ACUTE CARE HOSPITAL, IS LOCATED ON A 67-ACRE CAMPUS ADJACENT TO HAMILTON'S VETERANS PARK IN HAMILTON, NEW JERSEY IN MERCER COUNTY. THE TOWNSHIP IS LOCATED IMMEDIATELY EAST OF THE HISTORIC CITY OF TRENTON, THE STATE'S CAPITAL. MERCER COUNTY HAS THE 12TH LARGEST POPULATION SIZE AND HAD THE 7TH LARGEST ESTIMATED GROWTH OF COUNTIES IN NEW JERSEY FROM 2010 TO 2020. TRENTON IS NEW JERSEY'S 11TH LARGEST MCD/TOWNSHIP BY POPULATION SIZE, AND HAMILTON TOWNSHIP IS THE 10TH LARGEST. BOTH HAMILTON TOWNSHIP AND TRENTON HAD POPULATION GROWTH FROM 2010 TO 2020, 4.1% AND 7%, RESPECTIVELY. LOCATED IN CENTRAL NEW JERSEY, HAMILTON TOWNSHIP ENJOYS A PRIME LOCATION THAT IS WITHIN AN HOUR'S DRIVE OF NEW YORK CITY, PHILADELPHIA, AND THE JERSEY SHORE. IN 2021, THE HOSPITAL HAD OVER 6,000 ADMISSIONS, AROUND 34,700 EMERGENCY ROOM VISITS. TOTAL OUTPATIENT CASES WERE OVER 99,000.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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OMB No. 1545-0047

2023

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Inspection**

Employer identification number

85-1296795

RWJUH HAMILTON IS JOINT COMMISSION ACCREDITED AND IS A PROUD RECIPIENT OF
NUMEROUS LOCAL, STATE, AND NATIONAL LEVEL AWARDS AND RECOGNITIONS.

-EARNED JOINT COMMISSION ADVANCED CERTIFICATION AS A PRIMARY STROKE
CENTER AND CORE DISEASE-SPECIFIC CERTIFICATION FOR SPINE SURGERY, HIP AND
KNEE JOINT REPLACEMENT.

-LEAPFROG SAFETY GRADE "A" IN SPRING 2024.

-PLATINUM RECOGNITION PARTNERSHIP FOR LIFE HOSPITAL CAMPAIGN, RECOGNIZED
FOR RAISING ORGAN AND TISSUE DONATION AWARENESS 2023. RECOGNITION BY U.S.
DEPARTMENT OF HEALTH AND HUMAN SERVICES' HEALTH RESOURCES AND SERVICES
ADMINISTRATION (HRSA).

-RECEIVED AMERICAN COLLEGE OF SURGEONS DESIGNATION AS A CANCER CENTER AND
A COMPREHENSIVE BARIATRIC SURGERY CENTER.

-HEALTHGRADES SAFETY RECOGNITION FOR PREVENTING PRESSURE SORES OR BED
SORES ACQUIRED IN THE HOSPITAL AND EXCESSIVE BRUISING OR BLEEDING AS A
CONSEQUENCE OF A PROCEDURE OR SURGERY.

-RANKED AS "HIGH PERFORMING" IN TREATMENT OF HEART FAILURE AND CHRONIC
OBSTRUCTIVE PULMONARY DISEASE BY U.S. NEWS & WORLD REPORT.

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

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Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

-MAGNET HOSPITAL RECOGNITION FROM THE AMERICAN NURSES CREDENTIALING
CENTER (ANCC).

-THE FIRST OF TWO NEW JERSEY HOSPITALS TO RECEIVE THE MALCOLM BALDRIGE
NATIONAL QUALITY AWARD, FOR QUALITY AND PERFORMANCE EXCELLENCE PRESENTED
BY THE PRESIDENT OF THE UNITED STATES.

-NICHE (NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDERS) HOSPITAL
DESIGNATION.

-LOWN INSTITUTE RANKED ("A") FOR INCLUSIVITY, COST EFFICIENCY, AND
CLINICAL OUTCOMES.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY ("RWJUH RAHWAY")

RWJUH RAHWAY IS LICENSED FOR 241 BEDS AND IS LOCATED IN RAHWAY, UNION
COUNTY, NEW JERSEY. UNION COUNTY IS THE 7TH LARGEST COUNTY IN THE STATE,
AND IT EXPERIENCED THE FOURTH LARGEST POPULATION GROWTH RATE FROM 2010 TO
2020. RAHWAY CITY IS THE 83RD LARGEST MCD/TOWNSHIP IN NEW JERSEY AND GREW
BY 8% OVER THE PAST CENSUS PERIOD. RAHWAY AND THE SURROUNDING AREA WERE
ONCE THE HOME OF THE LENNI LENAPE NATIVE AMERICANS AND IT GREW DUE TO ITS
LOCATION ALONG THE MAJOR STAGECOACH AND RAILROAD LINES BETWEEN NEW YORK
CITY AND PHILADELPHIA, PENNSYLVANIA. THE NAVIGABLE RAHWAY RIVER, WHICH
FLOWS THROUGH THE CITY, ALSO AIDED THE CITY'S COMMERCIAL GROWTH. IN 2023,

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

Department of the Treasury
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85-1296795

RWJUH RAHWAY PROVIDED CARE FOR OVER 5,000 INPATIENTS AND AROUND 3600
EMERGENCY ROOM VISITS AND OVER 57,000 OUTPATIENT CASES.

RWJUH RAHWAY IS JOINT COMMISSION ACCREDITED AND IS A PROUD RECIPIENT OF
NUMEROUS LOCAL, STATE, AND NATIONAL LEVEL AWARDS AND RECOGNITIONS.

-FULLY ACCREDITED BY THE JOINT COMMISSION.

-LEAPFROG SAFETY GRADE "A" FOR 2023.

-HOSPITALS & HEALTH NETWORKS IN PARTNERSHIP WITH THE AMERICAN HOSPITAL
ASSOCIATION'S HEALTH FORUM AND THE COLLEGE OF HEALTHCARE INFORMATION
MANAGEMENT EXECUTIVES (CHIME) - MOST WIRED HOSPITAL.

-LOWN INSTITUTE RANKED ("A") FOR OVERALL SOCIAL RESPONSIBILITY.

-HEALTHGRADES SAFETY RECOGNITION FOR PRESSURE SORES OR BED SORES ACQUIRED
IN THE HOSPITAL.

-HEALTHGRADES BETTER THAN EXPECTED PERFORMANCE FOR MORTALITY-BASED
RATINGS FOR PULMONARY EMBOLISM.

-DIABETES PROGRAM CERTIFIED BY THE AMERICAN DIABETES ASSOCIATION.

-PRIMARY STROKE CENTER, NEW JERSEY DEPARTMENT OF HEALTH.

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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2023

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Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

-RECEIVED AMERICAN COLLEGE OF SURGEONS DESIGNATION A COMPREHENSIVE
BARIATRIC SURGERY CENTER.

-AMERICAN HEART/STROKE ASSOCIATION - GET WITH THE GUIDELINES GOLD AWARD
FOR STROKE; AND

-AMERICAN HEART ASSOCIATION'S MISSION: LIFELINE EMS GOLD AWARD FOR HEART
ATTACK TREATMENT AWARDED TO MOBILE INTENSIVE CARE UNIT.

TRINITAS REGIONAL MEDICAL CENTER ("TRMC")

TRMC IS A 429-LICENSED BED ACUTE HOSPITAL PROVIDING SERVICES TO MORE THAN
10,000 INPATIENTS INCLUDING OVER 1,100 BIRTHS IN 2023. THE HOSPITAL ALSO
PROVIDED ~4,800 IN PATIENT AND SAME DAY SURGERIES, AS WELL AS OVER 50,000
EMERGENCY DEPARTMENT VISITS. TRMC IS LOCATED IN ELIZABETH CITY, THE SEAT
OF UNION COUNTY, NEW JERSEY. IT IS NEXT TO NEWARK BAY AND ARTHUR KILL
(CHANNEL; CONNECTED BY THE GOETHALS BRIDGE TO STATEN ISLAND, NEW YORK
CITY) AND IS ADJACENT TO NEWARK, NEW JERSEY, TO THE NORTH. SETTLEMENT
BEGAN IN 1664 WITH THE PURCHASE OF LAND FROM THE DELAWARE INDIANS AND THE
CITY OF ELIZABETH, FOUNDED IN 1665, BECAME THE FIRST CAPITAL OF THE STATE
OF NEW JERSEY.

ELIZABETH'S DIVERSE POPULATION REPRESENTS MORE THAN 50 COUNTRIES AND 37

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

LANGUAGE GROUPS. THE CITY IS HIGHLY INDUSTRIALIZED, WITH IMPORTANT SHIPPING OPERATIONS AND HAS BECOME A REGIONAL HUB FOR THE EAST COAST WITH ITS CLOSE PROXIMITY TO THE MAJOR ROADWAYS AND PROXIMITY TO NEWARK LIBERTY NATIONAL AIRPORT. THE PORT NEWARK/ ELIZABETH'S 2,000-ACRE MARINA TERMINAL HOSTS OVER 150,000 JOBS AND IS THE WORLD'S LARGEST CONTAINERSHIP PORT AND THE LARGEST FOREIGN TRADE ZONE IN THE UNITED STATES.

UNION COUNTY IS THE 7TH LARGEST COUNTY IN THE STATE AND IT EXPERIENCED THE FOURTH LARGEST POPULATION GROWTH RATE FROM 2010 TO 2020. THERE IS A SLIGHT DECREASE ESTIMATED FOR 2020 TO 2023 PER 2023 CENSUS DATA.

ELIZABETH CITY IS THE FIFTH LARGEST MCD/TOWNSHIP IN NEW JERSEY AND GREW BY 3.4% OVER THE PAST CENSUS PERIOD AND IS ESTIMATED TO HAVE A SLIGHT DECREASE FROM 2020 TO 2022.

ELIZABETH CITY HAS A MINORITY PRESENCE OF OVER 86%. AROUND 48% OF THE POPULATION IS FOREIGN BORN AND OVER 76% OF RESIDENTS AGE 5 AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. NEARLY 15% OF RESIDENTS ARE IN POVERTY AND OVER 23% OF PERSONS UNDER AGE 65 LACK HEALTH INSURANCE. APPROXIMATELY 28% OF RESIDENTS HAVE MEDICAID OR MEANS TESTED INSURANCE WITH 10.6% HAVING MEDICARE.

TRMC IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO ITS COMMUNITIES; SERVING A PATIENT POPULATION COMPRISED OF A SIGNIFICANT MINORITY/NONWHITE/OTHER REPRESENTATION OF 87.7% AND OVER 539% UNDERINSURED AND UNINSURED PAYER CLASSIFICATIONS IN 2023. MEDICARE

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on
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2023

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**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

REPRESENTS AN ADDITIONAL 28.50% OF THE PATIENTS BY PAYER CLASSIFICATION.

-PLATINUM RECOGNITION PARTNERSHIP FOR LIFE HOSPITAL CAMPAIGN, RECOGNIZED
FOR RAISING ORGAN AND TISSUE DONATION AWARENESS 2023. RECOGNITION BY U.S.
DEPARTMENT OF HEALTH AND HUMAN SERVICES' HEALTH RESOURCES AND SERVICES
ADMINISTRATION (HRSA).

-HEALTHGRADES LABOR AND DELIVERY EXCELLENCE AWARDTM FOR 2023

-HEALTHGRADES BETTER THAN EXPECTED PERFORMANCE FOR COMPLICATION-BASED
RATINGS FOR PACEMAKER PROCEDURES, DIABETIC EMERGENCIES, C-SECTION
DELIVERY AND VAGINAL DELIVERY

-LOWN INSTITUTE RANKED ("A") FOR EQUITY, COMMUNITY BENEFIT AND
INCLUSIVITY

-JOINT COMMISSION ACCREDITED INCLUDING FOR BEHAVIORAL HEALTH CARE AND
HUMAN SERVICES. ADDITIONAL JOINT COMMISSION CERTIFICATION FOR HIP AND
KNEE JOINT REPLACEMENT AND ADVANCED CERTIFICATION FOR PRIMARY STROKE
CENTER AND ADVANCED PALLIATIVE CARE

SAINT BARNABAS BEHAVIORAL HEALTH CENTER ("SBBH")

SBBH, DOING BUSINESS AS BARNABAS HEALTH BEHAVIORAL HEALTH CENTER, IS A

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

FREESTANDING 100-BED ACUTE CARE PSYCHIATRIC FACILITY PROVIDING INPATIENT, AND INTENSIVE OUTPATIENT PROGRAMS FOR ADULTS AND OLDER ADULTS DIAGNOSED WITH PSYCHIATRIC AND DUAL DISORDERS. SBBH IS THE LICENSED OPERATOR OF 40 OF THESE BEDS AND MANAGES THE OTHER 60 BEDS FOR ITS AFFILIATE, MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS, FORMERLY KNOWN AS KIMBALL MEDICAL CENTER.

SBBH'S MODERN FACILITY IS LOCATED IN TOMS RIVER, THE COUNTY SEAT OF OCEAN COUNTY, AND IS SET ON 16 LOVELY WOODDED ACRES IN TOMS RIVER, OCEAN COUNTY, NEW JERSEY OFFERING A SAFE, PRIVATE, AND COMFORTABLE ENVIRONMENT THAT IS AN IDEAL SETTING FOR HEALING. SBBH IS LOCATED IN TOMS RIVER, THE COUNTY SEAT OF OCEAN COUNTY. OCEAN COUNTY IS HOME TO ONE-THIRD OF THE JERSEY SHORE, BORDERING THE ATLANTIC OCEAN IN THE SOUTHERN PART OF NEW JERSEY, A PRIME DESTINATION FOR LARGE BEACH POPULATIONS, FISHERMAN AND BOATERS, WHICH PLACES ADDITIONAL SEASONAL DEMANDS ON THE HOSPITAL'S EMERGENCY DEPARTMENT.

THE CENSUS BUREAU COUNTS EVIDENCE OCEAN COUNTY AS HAVING THE SECOND HIGHEST PERCENTAGE INCREASE (10.5%) IN POPULATION NUMBERS FROM 2010 TO 2020, AND IT HAD THE SECOND LARGEST HIGHEST INCREASE IN NUMBER FOR ALL COUNTIES IN THE STATE. TOMS RIVER TOWNSHIP IS RANKED THE 8TH MOST POPULOUS SUBCOUNTY/TOWNSHIP AREA IN THE STATE ACCORDING TO THE 2022 CENSUS ESTIMATES. WHILE THERE WAS AN ESTIMATED 4.6% POPULATION GROWTH ESTIMATED BETWEEN THE 2010 AND 2020 (THE 27TH HIGHEST VOLUME INCREASE IN STATE), AND AN ESTIMATED 1.6% INCREASE FROM 2020 TO 2021 (THE 2ND HIGHEST INCREASE), THE DAMAGE BROUGHT BY HURRICANE SANDY TO THE AREA LIMITS

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

HOUSING AND POPULATION GROWTH.

SBBH SERVES BOTH SUBURBAN AND SEMI-RURAL COMMUNITIES INCLUDING THE SHORE COMMUNITIES AND LOWER-INCOME MUNICIPALITIES OF MANCHESTER AND SOUTH TOMS RIVER. SBBH SERVES A SIGNIFICANT PROPORTION OF ELDERLY - 2023 CENSUS ESTIMATES THAT 23.8% OF THE COUNTY POPULATION IS AGED 65 AND OLDER AS OPPOSED TO 17.4% FOR THE STATE. IN 2023, 26.8% OF SBBH'S PATIENT ADMISSIONS WERE COMPRISED OF A MEDICARE PAYER. FURTHER, NEARLY 50.2% OF THE PAYER MIX WAS COMPRISED OF UNDERINSURED AND UNINSURED PAYER CATEGORIES. MINORITIES/NONWHITE OR OTHER COMPRISED OVER 35.8% OF PATIENTS.

SBBH IS ACCREDITED BY THE JOINT COMMISSION, AN INDEPENDENT ORGANIZATION WHICH ACCREDITS AND CERTIFIES HEALTH ORGANIZATIONS BASED ON QUALITY AND PERFORMANCE STANDARDS. THE CENTER IS A 2017 NATIONAL WINNER OF THE PRESTIGIOUS PRESS GANEY GUARDIAN OF EXCELLENCE AWARD.

SBBH, THROUGH THE INSTITUTE FOR PREVENTION AND RECOVERY, LED RWJBH TO ACHIEVE THE CEO CANCER GOLD STANDARD FOR RWJBH AND ITS HOSPITAL FACILITIES. THE CEO CANCER GOLD STANDARD ACCREDITATION IS BASED UPON A SERIES OF CANCER-RELATED RECOMMENDATIONS TO FIGHT CANCER IN WORKPLACES IN THE UNITED STATES. THE GOLD STANDARD IS A COMPREHENSIVE PROGRAM THAT CALLS FOR COMPANIES TO EVALUATE THEIR HEALTH BENEFITS AND CORPORATE CULTURE AND TAKE EXTENSIVE, CONCRETE ACTIONS IN FIVE KEY AREAS OF HEALTH AND WELLNESS:

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

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2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

-PREVENTION.

-SCREENING.

-CANCER CLINICAL TRIALS.

-QUALITY TREATMENT AND SURVIVORSHIP; AND

-HEALTH EDUCATION AND HEALTH PROMOTION.

THE INSTITUTE FOR PREVENTION AND RECOVERY HAS RECEIVED MULTIPLE GRANTS IN
RECOGNITION OF ITS COMPREHENSIVE WELLNESS SERVICES TO ADDRESS THE SOCIAL
AND EMOTIONAL NEEDS OF INDIVIDUALS, CHILDREN, FAMILIES, AND
PROFESSIONALS. ITS DART PREVENTION COALITION WAS RECOGNIZED AS A 2018
COALITION OF THE YEAR BY CADCA, A NATIONAL AWARD.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

RWJBARNABAS HEALTH SERVICES

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NEW COVID RECOVERY SERVICES:

SINCE THE BEGINNING OF THE PANDEMIC, WE HAVE CARED FOR THOUSANDS OF
PATIENTS DIAGNOSED WITH COVID-19. AS IT IS A NOVEL AND EXTREMELY COMPLEX
VIRUS, THE HEALTHCARE COMMUNITY IS JUST LEARNING ABOUT ITS LONG-TERM
EFFECTS. WHILE THE MAJORITY OF PEOPLE WHO HAVE HAD CORONAVIRUS (COVID-19)
RECOVER COMPLETELY, THERE IS A POPULATION OF SURVIVORS WHO SUFFER FROM
LINGERING SIDE EFFECTS. THEIR COVID RECOVERY TIME SEEMS TO LAST LONGER
THAN OTHERS'. THESE INDIVIDUALS ARE SOMETIMES CALLED "LONG-HAULERS," AND

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

THEIR SYMPTOMS INTERFERE WITH THEIR ABILITY TO RECOVER AND RETURN TO
THEIR PRIOR LIFE AND ACTIVITIES.

RWJBARNABAS HEALTH HAS CREATED COVID-19 REHABILITATION PROGRAMS TO HELP
PEOPLE MANAGE WHAT HAVE BEEN CALLED "POST-COVID CONDITIONS" OR "LONG
COVID." ACCORDING TO THE CENTERS FOR DISEASE CONTROL AND PREVENTION
(CDC), COMMON LONG-COVID SYMPTOMS INCLUDE:

-FATIGUE

-SHORTNESS OF BREATH

-COUGH

-JOINT PAIN

-CHEST PAIN

-DIFFICULTY THINKING AND CONCENTRATING (BRAIN FOG)

-DEPRESSION

-MUSCLE PAIN

-HEADACHE

-INTERMITTENT FEVER AND A FAST-BEATING HEART (HEART PALPITATIONS)

-LESS COMMON BUT MORE SERIOUS LONG-TERM COMPLICATIONS THAT CAN PREVENT A
FULL RECOVERY FROM COVID-19 INCLUDE:

-INFLAMMATION OF THE HEART MUSCLE

-LUNG FUNCTION ABNORMALITIES

-ACUTE KIDNEY INJURY

-DERMATOLOGIC ISSUES (RASHES, HAIR LOSS)

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

-SMELL AND TASTE PROBLEMS

-SLEEP ISSUES

-MEMORY PROBLEMS

-PSYCHIATRIC PROBLEMS (DEPRESSION, ANXIETY, MOOD CHANGES)

COVID RECOVERY SERVICES HAVE BEEN DEVELOPED AND INCLUDE MULTIDISCIPLINARY TEAM OF DOCTORS AND REHABILITATION EXPERTS WORKING TOGETHER TO REDUCE OR ELIMINATE LINGERING SYMPTOMS IN PEOPLE WHO HAVE POST-COVID CONDITIONS. PATIENTS ARE ASSESSED AND LINKED WITH EXPERTS IN SPECIALTIES SUCH AS CARDIOLOGY, PULMONOLOGY, NEUROLOGY, PHYSICAL THERAPY, SPEECH THERAPY, BEHAVIORAL THERAPY, AND MORE. OUR PROVIDERS OFFER ACCESS TO A CONTINUUM OF CARE, INCLUDING ADDITIONAL OUTPATIENT TESTING, RADIOLOGY, OR PRESCRIPTION MEDICATION. PROGRAMS HAVE BEEN DEVELOPED FOR BOTH ADULTS AND PEDIATRICS.

PHYSICIAN-LED COMPREHENSIVE ACADEMIC PROGRAMS ARE AVAILABLE AT:

-ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, NEW BRUNSWICK, NJ - POST-COVID RECOVERY PROGRAM

-COOPERMAN BARNABAS MEDICAL CENTER, LIVINGSTON, NJ - ADULT - POST-COVID COMPREHENSIVE ASSESSMENT RECOVERY AND EVALUATION (CARE) PROGRAM

-COOPERMAN BARNABAS MEDICAL CENTER, LIVINGSTON, NJ - PEDIATRIC - PEDIATRIC POST-COVID COMPREHENSIVE ASSESSMENT RECOVERY AND EVALUATION (CARE) PROGRAM

-PHYSICIAN CARE AND REHABILITATION SERVICES ARE OFFERED AT CHILDREN'S

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

SPECIALIZED HOSPITAL - PEDIATRIC POST-COVID CARE IS OFFERED THROUGH
VARIOUS DEPARTMENTS DEPENDING ON THE NEED.

-CHILDREN'S HOSPITAL OF NEW JERSEY AT NEWARK BETH ISRAEL MEDICAL CENTER,
NEWARK, NJ - PEDIATRIC POST-COVID COMPREHENSIVE ASSESSMENT RECOVERY AND
EVALUATION (CARE) PROGRAM

-MONMOUTH MEDICAL CENTER, LONG BRANCH, NJ - PULMONARY REHABILITATION
POST-COVID RECOVERY PROGRAM

-MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS, LAKEWOOD, NJ - POST-COVID
RECOVERY PROGRAM

-NEWARK BETH ISRAEL MEDICAL CENTER, NEWARK, NJ - COVID-19 RECOVERY CLINIC

-ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, HAMILTON, NJ - POST-COVID
RECOVERY PROGRAM

-ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, RAHWAY, NJ - POST-COVID
RECOVERY PROGRAM

-ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, SOMERSET, NJ - POST-COVID CARE
EXERCISE PROGRAM AND SPEECH SERVICES

RWJBARNABAS HEALTH PARTICIPATES IN CLINICAL TRIALS TO OFFER THE LATEST
TREATMENTS TO OUR PATIENTS. AS PART OF A PREMIER ACADEMIC MEDICAL
INSTITUTION, OUR WORK CAN INFORM THE MEDICAL RESEARCH COMMUNITY TO AID IN
DEVELOPING MORE EFFECTIVE TREATMENTS FOR COVID-19.

DEVELOPMENT OF PROGRAMS TO MEET THE CHANGING HEALTH NEEDS OF THE
COMMUNITY IS JUST ONE PART OF THE MULTIPLE WAYS RWJBH PROVIDES COMMUNITY
AND SOCIAL BENEFIT. RWJBH PROVIDES SUBSTANTIAL COMMUNITY BENEFIT WITH A

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

VAST ARRAY OF HEALTH AND WELLNESS PROVIDERS THROUGHOUT THE STATE OF NEW JERSEY. ITS ACUTE CARE HOSPITAL NETWORK INCLUDES THE FOLLOWING HOSPITALS INCLUDING GENERAL ACUTE CARE HOSPITALS, A PSYCHIATRIC HOSPITAL, AND A CHILDREN'S COMPREHENSIVE REHABILITATION HOSPITAL.

- 1.CHILDREN'S SPECIALIZED HOSPITAL
- 2.CLARA MASS MEDICAL CENTER
- 3.COMMUNITY MEDICAL CENTER
- 4.COOPERMAN BARNABAS MEDICAL CENTER
- 5.JERSEY CITY MEDICAL CENTER
- 6.MONMOUTH MEDICAL CENTER, SOUTHERN CAMPUS
- 7.MONMOUTH MEDICAL CENTER
- 8.NEWARK BETH ISRAEL MEDICAL CENTER
- 9.ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL NEW BRUNSWICK
- 10.ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL SOMERSET
- 11.ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON
- 12.ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY
- 13.SAINT BARNABAS BEHAVIORAL HEALTH CENTER

EACH GENERAL ACUTE HOSPITAL OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545:

1. PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES IN A NON-DISCRIMINATORY MANNER TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, OR ABILITY TO PAY, INCLUDING CHARITY CARE,

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

SELF-PAY, MEDICARE, AND MEDICAID PATIENTS.

2. OPERATES AN ACTIVE EMERGENCY DEPARTMENT FOR ALL PERSONS, WHICH IS OPEN
24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR.

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

4. CONTROL OF EACH HOSPITAL RESTS WITH ITS BOARD OF TRUSTEES AND THE
BOARD OF TRUSTEES OF RWJ BARNABAS HEALTH, INC.; THE TAX-EXEMPT PARENT
ORGANIZATION OF RWJBH. 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 EACH HOSPITAL, AS SHOWN THROUGH THE FACTORS OUTLINED
ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THAT
THE USE AND CONTROL OF EACH HOSPITAL IS FOR THE BENEFIT OF THE PUBLIC AND
THAT NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO
THE BENEFIT OF ANY PRIVATE INDIVIDUAL NOR IS ANY PRIVATE INTEREST BEING
SERVED OTHER THAN INCIDENTALLY.

THE PANDEMIC PRESENTED UNIQUE CHALLENGES AND RWJBARNABAS HEALTH INCLUDING

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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Form 990 or 990-EZ or to provide any additional information.

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2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

OUR HOSPITALS, OUTPATIENT CENTERS AND MEDICAL GROUP PRACTICES. RWJBH
WORKED AND CONTINUES TO WORK WITH GUIDANCE FROM THE NEW JERSEY DEPARTMENT
OF HEALTH, CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), AND REGIONAL
AND LOCAL HEALTH AGENCIES TO ADDRESS THIS SERIOUS PUBLIC HEALTH ISSUE.

FOR RWJBH, AS A HIGH RELIABILITY ORGANIZATION, SAFETY COMES FIRST AND IS
EMBEDDED IN EVERYTHING WE DO. WITH THE SAFETY OF OUR PATIENTS AND TEAM
MEMBERS AT THE FOREFRONT, WE ARE TAKING THE APPROPRIATE PRECAUTIONS AND
USING BEST PRACTICES TO CONTINUE TO ENSURE THE HIGHEST QUALITY CARE,
PROTECTION, SUPPORT, AND COMFORT FOR ALL OF OUR PATIENTS. PROGRAMS AND
SERVICES ADJUSTED TO ASSURE ACCESS WAS SUSTAINED AND CARE WAS DELIVERED
AS OUR COMMUNITIES BEGAN REBALANCING FROM A SUSTAINED PUBLIC HEALTH
CRISIS.

SELECT "CENTERS OF EXCELLENCE" FOR RWJBARNABAS HEALTH HOSPITALS

=====

THE PANDEMIC RESULTED IN A CHALLENGING YEAR OF SERVICE WITH TIMES OF
PRIORITIZATION AND RESPONSE TO PUBLIC HEALTH EMERGENT PROTOCOLS INCLUDING
DISRUPTION OF ELECTIVE SERVICES. STAFF MET THE MANY CHALLENGES AND WORKED
TO ASSURE THE RESPECTIVE COMMUNITY HEALTH NEEDS WERE ADDRESSED. THE
CENTERS OF EXCELLENCE FOR THE HOSPITALS INCLUDE A WIDE ARRAY OF
SPECIALIZED SERVICES. ONLY A FEW ARE PROVIDED IN THE FOLLOWING SECTION.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

CHILDREN'S SPECIALIZED HOSPITAL

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

CSH'S RECOGNIZED MEDICAL SERVICES CENTERS OF EXCELLENCE INCLUDE, BUT ARE
NOT LIMITED TO, THE FOLLOWING:

- INPATIENT PROGRAMS

INPATIENT SERVICES ARE LICENSED FOR 68 COMPREHENSIVE REHABILITATION BEDS
AND 89 PEDIATRIC LONG-TERM CARE BEDS THAT ARE IN OPERATION. INPATIENT
REHABILITATION CARE PROVIDED INCLUDES MEDICAL AND NURSING CARE,
COMPREHENSIVE THERAPY SERVICES, PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL
SERVICES, ACADEMICS, SOCIAL SERVICES, AND NUTRITIONAL SERVICES. INCLUDED
IN THE THERAPY SERVICES ARE PHYSICAL THERAPY, HYDROTHERAPY,
REHABILITATION TECHNOLOGY, AUGMENTATIVE COMMUNICATION, OCCUPATIONAL
THERAPY, ACTIVITIES OF DAILY LIVING, SPEECH AND AUDIOLOGY, RESPIRATORY
THERAPY, RECREATIONAL THERAPY, AND CHILD LIFE. THESE CSH SERVICES ARE
PROVIDED TO ALLOW THE CHILDREN TO ATTAIN THEIR GREATEST POTENTIAL -
MEDICALLY, SOCIALLY, ACADEMICALLY, AND EMOTIONALLY. THEIR FAMILIES ARE
PROVIDED WITH SUPPORT AND EDUCATIONAL SERVICES TO ENSURE THEIR CHILD CAN
RETURN TO THEIR HOME AND COMMUNITY. OUR LONG-TERM CARE CENTERS, LOCATED
IN MOUNTAINSIDE AND TOMS RIVER, NJ ARE SKILLED NURSING FACILITIES
PROVIDING 24-HOUR NURSING CARE TO THE MEDICALLY INVOLVED PATIENT. WE HAVE
63 LICENSED BEDS IN MOUNTAINSIDE AND ONE WAIVER BED AND 26 LICENSED BEDS
IN TOMS RIVER. OUR LONG-TERM CARE PATIENTS RECEIVE RESPIRATORY AND
NUTRITIONAL SERVICES, PHYSICAL AND OCCUPATIONAL THERAPY, AS WELL AS

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

RECREATIONAL AND CHILD LIFE SERVICES. SOME OF THE PATIENTS ATTEND AN
ON-SITE SCHOOL WHILE OTHERS ARE TRANSPORTED TO COMMUNITY SCHOOLS.

- BRAIN INJURY

HELPING A CHILD RECOVER FROM A BRAIN INJURY PRESENTS COMPLEX CHALLENGES.
WHILE THE CHILD NEEDS HELP IN RECOVERING FROM HIS INJURIES, HE ALSO IS
STILL DEVELOPING PHYSICALLY, EMOTIONALLY, AND INTELLECTUALLY. THE BRAIN
INJURY PROGRAM AT CSH MEETS THESE CHALLENGES AND THE UNIQUE NEEDS OF
CHILDREN BY PROVIDING INNOVATIVE, EXPERT, AND LOVING CARE FOR THE PATIENT
WITH A BRAIN INJURY ON HIS OR HER ROAD TO INDEPENDENCE. THE BRAIN INJURY
PROGRAM, WHICH WAS ESTABLISHED IN 1981, IS DESIGNED TO MEET THE NEEDS OF
BRAIN-INJURED, AGE-APPROPRIATE PATIENTS, AT ALL LEVELS OF COGNITIVE
AWARENESS.

THE REHABILITATION PROCESS IS THE FOUNDATION FOR LONG TERM RECOVERY.
CHILDREN ARE BEST TREATED BY PEDIATRIC SPECIALISTS IN AN ENVIRONMENT
ESPECIALLY GEARED TO THEIR NEEDS. CSH PROVIDES SPECIALIZED CARE FOR EACH
CHILD'S UNIQUE NEEDS DURING THEIR RECOVERY IN A COMPREHENSIVE MEDICAL AND
REHABILITATION SETTING. A FULL CONTINUUM OF CARE FROM COMA TO RE-ENTRY TO
THE COMMUNITY IS PROVIDED FOR EACH CHILD.

THE BRAIN INJURY PROGRAM IS GEARED TOWARD MAXIMAL PROGRESS THROUGH
REHABILITATION WHILE EMPHASIZING THE ACHIEVEMENT OF NORMAL PEDIATRIC
DEVELOPMENTAL MILESTONES. CSH'S PROFESSIONAL STAFF, WHO ARE EXPERIENCED

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

WITH BRAIN INJURIES AND THE DEVELOPMENTAL NEEDS OF CHILDREN, INCORPORATE EACH CHILD AND FAMILY WITHIN THE REHABILITATION TEAM TO ENCOURAGE OPTIMAL PROGRESS.

EACH CHILD'S INDIVIDUALIZED PROGRAM FOCUSES ON THEIR MEDICAL, PHYSICAL, COGNITIVE, AND PSYCHOSOCIAL NEEDS. IN ADDITION TO INDIVIDUAL THERAPY, GROUP THERAPY PROVIDES COMPREHENSIVE STRUCTURED STIMULATION SESSIONS FOR PATIENTS IN ORDER TO ENHANCE AND ACCELERATE AROUSAL, ALERTNESS, ORIENTATION, AND SOCIALIZATION.

THE BRAIN INJURY PROGRAM ADDRESSES:

- MEDICAL MANAGEMENT.
- SPECIALIZED NURSING CARE.
- PHYSICAL THERAPY.
- OCCUPATIONAL THERAPY.
- SPEECH THERAPY.
- AUDITORY EVALUATION.
- COGNITIVE STATUS.
- NUTRITIONAL STATUS.
- FAMILY SUPPORT.
- CASE MANAGEMENT.
- PSYCHOLOGICAL STATUS.
- CORTICAL FUNCTIONING; AND
- RE-ENTRY TO HOME, SCHOOL, AND COMMUNITY.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

ONE OUTPATIENT COMPONENT OF THE BRAIN INJURY PROGRAM IS THE NEURO-REHABILITATION PROGRAM. THE NEURO-REHABILITATION GROUP PROGRAM IS AN INTENSIVE TREATMENT PROGRAM FOR CHILDREN AND ADOLESCENTS WHO HAVE SUSTAINED A TRAUMATIC BRAIN INJURY, OR WHO ARE EXPERIENCING COGNITIVE DYSFUNCTION AS A RESULT OF NEUROLOGICAL OR OTHER CHRONIC ILLNESS. THIS FAMILY-CENTERED PROGRAM PROVIDES THERAPEUTIC INTERVENTIONS DESIGNED TO HELP CHILDREN AND ADOLESCENTS REGAIN COGNITIVE SKILLS AND LEARN COMPENSATORY STRATEGIES THAT ARE NEEDED FOR SCHOOL AND SOCIAL FUNCTIONING. THE PROGRAM ALSO ADDRESSES MOTOR IMPAIRMENTS THAT MAY ACCOMPANY ACQUIRED BRAIN INJURY OR ILLNESS. THE GROUP PROGRAM IS DELIVERED PRIMARILY IN SMALL GROUP SETTINGS. INDIVIDUAL PHYSICAL, OCCUPATIONAL, SPEECH THERAPIES AND NEUROPSYCHOLOGY MAY ALSO BE PROVIDED AS INDICATED. INVOLVEMENT IN THE GROUP PROGRAM PREPARES THE YOUNGSTER FOR RETURN TO A LARGER GROUP SETTING, USUALLY SCHOOL, AND PROVIDES HIM OR HER WITH IMPROVED SKILLS FOR PEER INTERACTION AND SOCIALIZATION. CHILDREN MAY ALSO BE SEEN THROUGH THE NEURO-REHABILITATION INDIVIDUAL PROGRAM. CHILDREN IN THE INDIVIDUAL PROGRAM ARE INVOLVED IN SCHOOL AND COMMUNITY ACTIVITIES BUT REQUIRE ADDITIONAL INTERVENTION TO BETTER REGAIN OR DEVELOP COMPENSATORY SKILLS TO IMPROVE OR MAINTAIN AGE-APPROPRIATE WAYS OF THINKING AND BEHAVING.

- SPINAL CORD PROGRAM

THE SPINAL CORD PROGRAM PROVIDES INTENSIVE AND COMPREHENSIVE

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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▶ Attach to Form 990 or 990-EZ.

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

REHABILITATION SERVICES FOR CHILDREN AND ADOLESCENTS WITH ACQUIRED AND CONGENITAL SPINAL CORD PROBLEMS. THE PROGRAM TREATS PATIENTS WITH ALL LEVELS OF PEDIATRIC SPINAL CORD DYSFUNCTION, FROM THE CHILD DEPENDENT ON A VENTILATOR TO THE INDIVIDUAL WITH THE LOWEST LEVEL OF SPINAL CORD INJURY.

PATIENTS ARE PROVIDED WITH AN AGGRESSIVE REHABILITATION TREATMENT PROGRAM COUPLED WITH COMPREHENSIVE MEDICAL AND NURSING CARE. THE PROGRAM'S TEAM APPROACH RESULTS IN A COORDINATED TREATMENT PLAN DESIGNED TO MEET THE COMPLEX NEEDS OF EACH PATIENT AND HIS OR HER FAMILY.

WHILE AN EMPHASIS IS PLACED ON ACHIEVING NORMAL DEVELOPMENTAL MILESTONES, THE TREATMENT PLAN TAKES INTO ACCOUNT THE PATIENT'S LEVEL OF INJURY, AGE, AND DEVELOPMENTAL ABILITIES IN CREATING REALISTIC EXPECTATIONS FOR PERFORMING ACTIVITIES.

THE TEAM IS ADEPT AT DEVELOPING TREATMENT PLANS TO ACCOMMODATE PATIENTS WITH HIGH SPINAL CORD INJURIES (TETRAPLEGIA & QUADRIPLÉGIA) WHO REQUIRE A TREMENDOUS AMOUNT OF SUPPORT, SPECIAL EQUIPMENT, AND VENTILATOR ASSISTANCE, AS WELL AS THOSE PATIENTS WITH LOW LEVEL SPINAL CORD INJURIES (PARAPLEGIA) WHO CAN GAIN VIRTUAL INDEPENDENCE.

INTENSIVE MEDICAL NEEDS CAN BE SAFELY ACCOMMODATED AT CSH BY VIRTUE OF THE EXTENSIVE MEDICAL COVERAGE PROVIDED TO THE PATIENTS. PATIENTS WITH TRACHEOSTOMIES, SPECIAL FEEDING NEEDS, AND INTRAVENOUS AND CENTRAL LINES,

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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▶ Attach to Form 990 or 990-EZ.

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

FOR EXAMPLE, CAN BE MANAGED WHILE RECEIVING THE NECESSARY REHABILITATION
THERAPY.

FAMILIES AND PATIENTS ARE INTEGRALLY INVOLVED IN THE COMPREHENSIVE
TREATMENT PLANNING. FAMILIES AND PATIENTS ALSO RECEIVE INSTRUCTION FROM
THE STAFF IN OVERALL CARE AND THE USE OF SPECIAL EQUIPMENT. THE TEAM
THOROUGHLY EDUCATES THE PATIENT AND HIS OR HER FAMILY REGARDING THE
PHYSICAL CONSEQUENCES OF A SPINAL CORD INJURY AND THE REQUIRED CARE AND
TREATMENT.

SOME OF THE DIAGNOSTIC AND SPECIAL SERVICES AVAILABLE TO PATIENTS IN THE
SPINAL CORD PROGRAM INCLUDE:

- ELECTRODIAGNOSTIC TESTING.
- VENTILATOR ASSISTANCE PROGRAM.
- A FULL RANGE OF DIAGNOSTIC UROLOGIC TESTING.
- REFERRAL FOR BACLOFEN PUMP PLACEMENT.
- ORTHOTICS AND PROSTHETICS.
- REHABILITATION TECHNOLOGY SERVICES INCLUDING:
 - SEATING AND POSITIONING.
 - MOBILITY AND ENVIRONMENTAL ACCESS.
 - AUGMENTATIVE AND ALTERNATIVE COMMUNICATION; AND
 - COMPUTER ACCESS.0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

CSH ANNOUNCED A PARTNERSHIP WITH OPPORTUNITY PROJECT, INC. IN MAY 2019. OPPORTUNITY PROJECT CLUBHOUSE IS A UNIQUE PROGRAM CREATED BY AND FOR ADULTS WITH BRAIN INJURIES WHO ARE SEEKING THE NEXT STEP IN THEIR JOURNEY OF RECOVERY. OPPORTUNITY PROJECT, A COMMISSION FOR ACCREDITATION OF REHABILITATION FACILITIES (CARF) ACCREDITED ORGANIZATION, HAS SERVED OVER 600 MEMBERS AFFECTED BY BRAIN INJURY AND THEIR FAMILIES, PROVIDING MEMBERS WITH THE OPPORTUNITY TO BUILD COGNITIVE SKILLS, VOCATIONAL SKILLS, SELF-ESTEEM, AND CONFIDENCE IN THEIR ABILITY TO ACCOMPLISH PRODUCTIVE ACTIVITIES. THEY PROVIDE AN ENVIRONMENT OF SUPPORT, CHALLENGE AND CHOICES THAT CREATE INDEPENDENCE AND PRODUCTIVITY IN THEIR MEMBERS. THROUGH THE WORK ENVIRONMENT IN THE CLUBHOUSE, MEMBERS EXPLORE THEIR STRENGTHS, ABILITIES, AND INTERESTS SO THAT THEY CAN ESTABLISH AND ATTAIN THEIR INDIVIDUAL GOALS. THE ULTIMATE GOAL IS FULL INTEGRATION BACK INTO FAMILY, WORK, AND COMMUNITY.

THIS PARTNERSHIP WILL PROVIDE SIGNIFICANT BENEFITS FOR BOTH ORGANIZATIONS, CREATING AN ALIGNED STRUCTURE, LEVERAGING MISSIONS, VISIONS, AND STRENGTHS, AND SUPPORTING STRATEGIC DIRECTIONS. IT WILL ALSO ENSURE OPPORTUNITY PROJECT'S CONTINUED EXPANSION AND STREAMLINE THE TRANSITION OF SERVICES OFFERED AT CSH FOR YOUNG ADULTS WITH BRAIN INJURY INTO ADULTHOOD.

FOR CHILDREN'S SPECIALIZED HOSPITAL, THIS PARTNERSHIP PROVIDES A POINT OF ENTRY INTO THE ADULT SERVICE MARKET FOR PEOPLE WITH SPECIAL HEALTHCARE NEEDS. THERE IS NOW AN OPPORTUNITY TO ADDRESS CHALLENGES ASSOCIATED WITH

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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Form 990 or 990-EZ or to provide any additional information.

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2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

CHILD-TO-ADULT TRANSITIONS WHEN IT COMES TO PROGRAMS, SERVICES, CARE, AND
COMMUNITY INTEGRATION FOR THESE YOUNG ADULTS. TRANSITIONAL NEEDS WERE
IDENTIFIED AS A PRIORITY NEED IN CSH'S LAST COMMUNITY HEALTH NEEDS
ASSESSMENT.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

CLARA MAASS MEDICAL CENTER

- THE JOINT & SPINE INSTITUTE

THE JOINT & SPINE INSTITUTE IS LOCATED ON A DEDICATED UNIT WITHIN THE
HOSPITAL. SURGERIES ARE SCHEDULED MONDAY THROUGH FRIDAY AND PATIENTS
TYPICALLY RETURN HOME AFTER A THREE-NIGHT STAY. FEATURES OF THE PROGRAM
INCLUDE: NURSES, THERAPISTS AND NURSING ASSISTANTS WHO SPECIALIZE IN THE
CARE OF JOINT PATIENTS; PRIVATE AND SEMI-PRIVATE ROOMS; EMPHASIS ON GROUP
ACTIVITIES AS WELL AS INDIVIDUAL CARE; FAMILY AND FRIENDS EDUCATED TO
PARTICIPATE AS "COACHES" IN THE RECOVERY PROCESS; A JOINT TEAM WHO
COORDINATES ALL PRE-OPERATIVE CARE AND DISCHARGE PLANNING; A
COMPREHENSIVE PATIENT GUIDE TO FOLLOW FROM SIX WEEKS PRE-OP UNTIL THREE
MONTHS POST-OP AND BEYOND; COORDINATED AFTER-CARE PROGRAM; REUNION
LUNCHEONS FOR FORMER PATIENTS AND COACHES; NEWSLETTERS TO PROVIDE
PATIENTS WITH NEW INFORMATION ABOUT ARTHRITIS AND JOINT CARE; AND PUBLIC
EDUCATION SEMINARS ABOUT HIP AND KNEE PAIN.

- THE CANCER CENTER

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

CMMC HAS A STATE-OF-THE-ART CANCER CENTER THAT OFFERS COMPREHENSIVE SERVICES TO CANCER PATIENTS IN ONE CONVENIENT LOCATION INSIDE THE CONTINUING CARE BUILDING. THE CENTER'S MULTIDISCIPLINARY APPROACH TO THE TREATMENT OF CANCER PATIENTS USES THE EXPERTISE OF MEDICAL ONCOLOGISTS, RADIATION ONCOLOGISTS, SURGICAL ONCOLOGISTS, SPECIALIZED NURSES, DIETICIANS, SOCIAL WORKERS, AND PATHOLOGISTS. OUR BOARD-CERTIFIED ONCOLOGISTS AND SUB-SPECIALISTS HAVE EXTENSIVE TRAINING AND CREDENTIALS FROM DISTINGUISHED FACILITIES ACROSS THE COUNTRY AND OFFER OUR PATIENTS ACCESS TO THE LATEST DRUGS, RESEARCH, AND CLINICAL TRIALS.

IN THE CANCER CENTER, PATIENT NAVIGATORS MEET WITH PATIENTS AND WALK THEM THROUGH EACH STEP OF THEIR TREATMENT PLAN, FROM MEETING WITH PHYSICIANS TO ATTENDING SUPPORT GROUPS. A VARIETY OF COMPLIMENTARY SERVICES ARE OFFERED TO COMPLEMENT MEDICAL TREATMENT INCLUDING: NUTRITIONAL COUNSELING, PSYCHOLOGICAL COUNSELING, PALLIATIVE CARE, SUPPORT GROUPS, PAIN MANAGEMENT, REIKI, AND A DROP-IN BEREAVEMENT GROUP THAT MEETS WEEKLY.

THE OUTPATIENT INFUSION CENTER, LOCATED IN THE SAME BUILDING AS THE CANCER CENTER, IS STAFFED BY AN EXPERIENCED AND COMPASSIONATE TEAM OF ONCOLOGY NURSES, SOCIAL WORKERS, AND SUPPORT STAFF. IN ADDITION, A SPECIALIZED NURSE EDUCATOR IS ON STAFF TO PROVIDE ASSISTANCE TO PATIENTS AND THEIR FAMILIES. THE UNIT HAS AN EDUCATION RESOURCE AREA FOR PATIENTS AND THEIR FAMILIES.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

DOWNSTAIRS, THE CMMC RADIATION ONCOLOGY DEPARTMENT OFFERS PATIENTS A FULL
ARRAY OF SERVICES INCLUDING INTENSITY MODULATED RADIATION THERAPY
("IMRT") AND IMAGE GUIDED RADIATION THERAPY ("IGRT"), MAMMOSITE
BRACHYTHERAPY FOR BREAST CANCER, HIGH DOSE RATE RADIOTHERAPY AND
RADIOACTIVE SEED IMPLANTS FOR PROSTATE CANCER. STATE-OF-THE-ART EQUIPMENT
ENABLES PHYSICIANS TO MAP OUT PRECISE TREATMENT SITES WITH MILLIMETER
ACCURACY, TREATING THE CANCER WHILE SPARING NORMAL TISSUE. THE RADIATION
ONCOLOGY DEPARTMENT WAS THE FIRST FACILITY IN NEW JERSEY TO OBTAIN
NATIONAL ACCREDITATION BY THE AMERICAN COLLEGE OF RADIATION ONCOLOGY.

DIAGNOSTIC ONCOLOGY SERVICES INCLUDE CLOSED AND OPEN MRI, CT SCAN,
PET/CT, ULTRASONOGRAPHY, EARLY DETECTION SCREENINGS, AND STEREOTACTIC AND
CT-GUIDED BIOPSY. OUR GOAL IS TO OFFER AN ARRAY OF SERVICES ON THE PATH
TO WELLNESS, IN ONE CONVENIENT LOCATION, TO LESSEN THE STRESS ON OUR
CANCER PATIENTS AND THEIR FAMILIES.

- DIAGNOSTIC AND INTERVENTIONAL CARDIAC SERVICES

THE MOST TECHNOLOGICALLY ADVANCED EQUIPMENT IS USED TO ACCURATELY AND
QUICKLY DIAGNOSE AND CONFIRM SUSPECTED CORONARY DISEASE. CMMC IS A
LICENSED ADULT CARDIAC CATHETERIZATION FACILITY, WHICH ALLOWS
CARDIOLOGISTS TO COORDINATE ALL ASPECTS OF TESTING THAT MAY CONTRIBUTE TO
DECISIONS REGARDING MEDICAL MANAGEMENT OR CARDIOVASCULAR SURGERY REFERRAL
FOR HEART DISEASE. TESTS INCLUDE ROUTINE EKGS, 24-HOUR HOLTER MONITORING,

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

VASCULAR STUDIES, 2D ECHO WITH DOPPLER & COLOR FLOW, STRESS
ECHOCARDIOGRAMS, NUCLEAR STRESS TESTING AND TRANSESOPHAGEAL
ECHOCARDIOGRAPHY. CMMC IS HOME TO A STATE-OF-THE-ART CARDIOVASCULAR
INTERVENTIONAL SUITE WHICH INCLUDES TWO PROCEDURE ROOMS. BOTH EMERGENT
AND ELECTIVE ANGIOPLASTY ARE OFFERED (ONE OF ONLY 12 HOSPITALS IN THE
STATE THAT WAS APPROVED TO PERFORM ELECTIVE ANGIOPLASTY IN THE C-PORT-E
STUDY LED BY JOHNS HOPKINS UNIVERSITY).

A SUPERVISED EXERCISE/EDUCATION PROGRAM ASSISTING INDIVIDUALS WHO HAVE OR
HAVE HAD A HEART ATTACK, STABLE ANGINA, VALVE SURGERY, CORONARY ARTERY
BYPASS, CONGESTIVE HEART FAILURE, PACEMAKER, OR HEART TRANSPLANT IS ALSO
OFFERED. THE PROGRAM STRIVES TO PROVIDE EACH PARTICIPANT WITH IMPROVEMENT
IN CARDIOVASCULAR FITNESS, RISK FACTOR REDUCTION, LIFESTYLE MODIFICATION
AND INCREASED CONFIDENCE TO PARTICIPATE IN SAFE DAILY ACTIVITIES.
PATIENTS AND FAMILIES ARE PROVIDED WITH EDUCATION REGARDING RECOGNITION,
PREVENTION, AND TREATMENT OF CARDIOVASCULAR DISEASE.

- THE EYE SURGERY CENTER

ALL OPHTHALMOLOGISTS AND SURGEONS AT THE EYE SURGERY CENTER ARE
BOARD-CERTIFIED AND SPECIALIZE IN THE PREVENTION, DIAGNOSIS AND TREATMENT
OF EYE PROBLEMS, DISEASES, AND INJURIES. CMMC EYE CARE EXPERTS WORK
TOGETHER TO PROVIDE COMPREHENSIVE OPHTHALMIC CARE IN EVERY AREA OF EYE
DISORDERS AND TREAT PATIENTS OF ALL AGES-FROM INFANTS TO SENIORS.
STATE-OF-THE ART EQUIPMENT AND DEDICATED OPHTHALMOLOGY SUITES ENSURE THE

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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Form 990 or 990-EZ or to provide any additional information.

2023

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

DELIVERANCE OF THE MOST ADVANCED QUALITY EYE CARE.

CMMC PERFORMS THE MOST HOSPITAL EYE PROCEDURES IN THE STATE OF NEW JERSEY
AND IS ALSO THE FIRST HOSPITAL IN NEW JERSEY TO OFFER TRABECTOME, A
LEADING-EDGE TREATMENT FOR GLAUCOMA.

COMMUNITY MEDICAL CENTER

CMC'S RECOGNIZED MEDICAL SERVICES CENTERS OF EXCELLENCE INCLUDE, BUT ARE
NOT LIMITED TO, THE FOLLOWING:

- J. PHILLIP CITTA REGIONAL CANCER CENTER

CMC OFFERS A DEDICATED INPATIENT ONCOLOGY UNIT, RADIATION ONCOLOGY
CENTER, INFUSION CENTER AND A FULL RANGE OF SUPPORT GROUPS AND SERVICES
FOR PATIENTS AND THEIR FAMILIES. CMC'S DEDICATED STAFF OF PHYSICIANS,
NURSES AND ALLIED HEALTH PROFESSIONALS ADDRESS THE NEEDS OF PATIENTS AND
FAMILIES FACING A CANCER DIAGNOSIS AND TREATMENT. THE CANCER PROGRAM IS
NATIONALLY ACCREDITED BY THE COMMISSION ON CANCER OF THE AMERICAN COLLEGE
OF SURGEONS. PROGRAMS AND SERVICES OF THIS CENTER INCLUDE:

-MEDICAL ONCOLOGY: A MULTIDISCIPLINARY TEAM APPROACH ENSURES THE PHYSICAL
AND PSYCHOSOCIAL NEEDS OF PATIENTS, AND THEIR FAMILIES ARE ADDRESSED. THE
TEAM INCLUDES BOARD CERTIFIED PHYSICIANS, ONCOLOGY CERTIFIED NURSES,

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

LICENSED CLINICAL SOCIAL WORKERS, CASE MANAGERS, DIETICIANS AND HOME CARE PROFESSIONALS WORKING TOGETHER TO PROVIDE HIGH QUALITY CARE IN BOTH THE INPATIENT AND OUTPATIENT SETTINGS.

-RADIATION ONCOLOGY: FROM SOPHISTICATED RAPID ARC LINEAR ACCELERATOR TO THE CYBERKNIFE, THE DEPARTMENT OF RADIATION ONCOLOGY OFFERS THE HIGHEST STANDARD OF CARE AND IS ACCREDITED BY THE AMERICAN COLLEGE OF RADIOLOGY. THE RADIATION ONCOLOGY TEAM CONSISTS OF BOARD-CERTIFIED RADIATION ONCOLOGISTS AND PHYSICISTS, NURSES WHO SPECIALIZE IN ONCOLOGY, REGISTERED RADIATION THERAPISTS, AND LICENSED CLINICAL SOCIAL WORKERS.

-THE BREAST CARE PROGRAM IS A UNIQUE PROGRAM PROVIDING WOMEN WHO UNDERGO SURGERY FOR BREAST CANCER WITH EDUCATION, SUPPORT, AND REFERRAL INFORMATION. BEFORE SURGERY, A WOMAN MAY MEET WITH A SPECIALLY TRAINED NURSE CONSULTANT WHO EDUCATES HER ABOUT WHAT SHE CAN EXPECT DURING HER SURGERY, POST-OPERATIVELY, AND THROUGHOUT HER RECOVERY AND TREATMENT. THE NURSE NAVIGATOR WORKS WITH THE SURGEON, NURSE, CASE MANAGER AND SOCIAL WORKER TO PROVIDE THE WOMAN WITH INDIVIDUALIZED CARE.

-THE GYNECOLOGIC ONCOLOGY PROGRAM AT THE J. PHILLIP CITTA REGIONAL CANCER CENTER AT CMC IS DEDICATED TO ADDRESSING THE INDIVIDUAL NEEDS OF EACH PATIENT IN A CARING AND SUPPORTIVE ENVIRONMENT. OUR GYNECOLOGIC ONCOLOGISTS WORK WITH PRIMARY CARE AND OB/GYNS TO ASSURE A CONTINUITY OF CARE DURING A PATIENT'S TREATMENT. CMC OFFERS ROBOTIC SURGERY, AN EFFECTIVE SURGICAL OPTION FOR THE TREATMENT OF MANY FEMALE REPRODUCTIVE

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

CANCERS INCLUDING EARLY-STAGE CANCERS OF THE CERVIX, ENDOMETRIUM, UTERUS,
AND OVARY. OUR GYNECOLOGIC ONCOLOGISTS ARE AMONG THE MOST EXPERIENCED IN
THE REGION IN ROBOTIC HYSTERECTOMY, AN ADVANCED SURGICAL PROCEDURE WITH
BENEFITS INCLUDING LESS PAIN AND BLOOD LOSS, FEWER INFECTIONS, AND A
SIGNIFICANTLY SHORTER RECOVERY TIME. ADDITIONALLY, WE OFFER REMOTE AFTER
LOADING HIGH-DOSE RATE (HDR) INTRACAVITARY BRACHYTHERAPY. THIS OUTPATIENT
PROCEDURE DRAMATICALLY REDUCES A WOMAN'S HOSPITAL STAY FROM SEVERAL DAYS
TO SEVERAL HOURS.

-NEURO-ONCOLOGY: CMC OFFERS AN INTENSIVE AND COMPREHENSIVE APPROACH TO
THE CARE OF PATIENTS WITH TUMORS OF THE CENTRAL NERVOUS SYSTEM. UTILIZING
THE LATEST TECHNOLOGIES AND MEDICAL ADVANCES, A FULL SPECTRUM OF
NEURO-ONCOLOGIC SERVICES ARE PROVIDED TO TREAT BENIGN AND MALIGNANT
TUMORS ORIGINATING IN THE BRAIN AND SPINAL CORD, AS WELL AS NEUROLOGICAL
COMPLICATIONS OF CANCER THAT HAS SPREAD TO OTHER REGIONS OF THE BODY.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

-SURGICAL ONCOLOGY: THE J. PHILLIP CITTA REGIONAL CANCER CENTER OFFERS
THE SPECIALIZED DISCIPLINE OF SURGICAL ONCOLOGY IN VARIOUS FORMS,
DEPENDING ON THE EXTENT OF THE CANCER. WHEN THE CANCER HAS NOT YET SPREAD
TO OTHER PARTS OF THE BODY, THE SIMPLE REMOVAL OF A SMALL TUMOR OFFERS
THE GREATEST CHANCE FOR A CURE.

-OUTPATIENT INFUSION CENTER: DESIGNED FOR PATIENT COMFORT AND
CONVENIENCE, THE OUTPATIENT INFUSION CENTER PROVIDES A FULL RANGE OF
INTRAVENOUS PROCEDURES FOR CANCER TREATMENT, INCLUDING CHEMOTHERAPY,

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

TRANSFUSIONS OF BLOOD AND BLOOD PRODUCTS, THERAPEUTIC PHLEBOTOMY, AND ANTIBIOTIC INFUSIONS. THE CENTER'S STAFF IS COMMITTED TO PROVIDING QUALITY INFUSION CARE AND EXCELLENCE IN SERVICE, KEEPING ABREAST OF CURRENT DEVELOPMENTS AND TRENDS IN THE FIELD OF INFUSION THERAPY.

-ONCOLOGY DATA CENTER: THE ONCOLOGY DATA CENTER/TUMOR REGISTRY PROVIDES ESSENTIAL RESEARCH AND INFORMATION. DATA IS PROVIDED AS MANDATED TO THE NEW JERSEY DEPARTMENT OF HEALTH AS WELL AS THE NATIONAL CANCER DATA BASE. DATA OBTAINED FROM THE REGISTRY IS USED TO ANALYZE VARIOUS TREATMENT PROGRAMS AND FOR USE IN CANCER RESEARCH, MEDICAL EDUCATION, FUNDING APPLICATIONS AND MEDICAL PUBLICATIONS.

-ONCOLOGY RESEARCH: THE J. PHILLIP CITTA CANCER CENTER PROVIDES PATIENTS ACCESS TO NATIONAL AND REGIONAL CLINICAL RESEARCH STUDIES. THE AVAILABILITY OF THESE STUDIES IN THE TREATMENT OF CANCER, CHEMOPREVENTION, AND SUPPORTIVE CARE ALLOWS PATIENTS THE OPTION TO PARTICIPATE IN THE LATEST TREATMENT OPTIONS INCLUDING INVESTIGATIONAL DRUGS; RWJBARNABAS HEALTH AND COMMUNITY MEDICAL CENTER, IN PARTNERSHIP WITH RUTGERS CANCER INSTITUTE OF NEW JERSEY-THE STATE'S ONLY NCI-DESIGNATED COMPREHENSIVE CANCER CENTER-PROVIDE CLOSE-TO HOME ACCESS TO THE LATEST TREATMENT AND CLINICAL TRIALS.

-ONCOLOGY PATIENT NAVIGATORS: IN PARTNERSHIP WITH THE AMERICAN CANCER SOCIETY, THE J. PHILLIP CITTA REGIONAL CANCER CENTER OFFERS A PATIENT NAVIGATOR PROGRAM FREE OF CHARGE TO ALL CANCER PATIENTS RECEIVING

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

ONCOLOGY SERVICES AT CMC. SINCE CANCER IS A COMPLEX DISEASE THAT IMPACTS A PERSON'S LIFE IN SO MANY WAYS, THE PROGRAM IS DESIGNED TO GUIDE PATIENTS AND CAREGIVERS AS THEY FACE THE PSYCHOLOGICAL, EMOTIONAL, AND FINANCIAL CHALLENGES THAT CANCER BRINGS. PATIENTS ARE PROVIDED WITH INDIVIDUALIZED INFORMATION AND SERVICES TO HELP THEM NAVIGATE THEIR WAY THROUGH THE HEALTHCARE SYSTEM ALONG THEIR CANCER JOURNEY - FROM DIAGNOSIS AND TREATMENT THROUGH TO RECOVERY AND SURVIVORSHIP. CMC "NAVIGATORS" HELP PEOPLE FACING CANCER BY PROVIDING INFORMATION ON CANCER AND TREATMENT OPTIONS, COMMUNITY RESOURCES, AND REFERRALS TO APPROPRIATE AGENCIES AND PERSONS, AMONG A HOST OF OTHER AREAS OF ASSISTANCE. IN ADDITION, BREAST, LUNG, AND SURVIVORSHIP NAVIGATORS ARE AVAILABLE TO PROVIDE PATIENTS WITH CANCER THE SUPPORT, EDUCATION, AND RESOURCES THEY NEED TO FIGHT THEIR DISEASE.

-COMPLEMENTARY SERVICES - CMC PROVIDES SEVERAL COMPLEMENTARY SERVICES INCLUDING MASSAGE THERAPY PROVIDED BY CERTIFIED MASSAGE THERAPISTS, RELAXATION TRAINING, AND GUIDED IMAGERY BY SOCIAL WORKERS, PET THERAPY, ART THERAPY PROGRAMS AND REIKI - THERAPEUTIC TOUCH TO REDUCE STRESS AND PROMOTE RELAXATION - BY CERTIFIED REIKI THERAPISTS; AND

-SUPPORT SERVICES - SUPPORTIVE COUNSELING, PASTORAL CARE SERVICES, EDUCATION, NUTRITION COUNSELING, PAIN MANAGEMENT, REFERRAL SERVICES AND SUPPORT GROUPS ARE ALL AVAILABLE FOR PATIENTS AND FAMILIES. SOCIAL SERVICES SUCH AS FREE TRANSPORTATION (APPROXIMATELY 2,500 ROUND TRIPS ANNUALLY), WIGS AND PROSTHETIC DEVICES, FINANCIAL AND DISABILITY

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

ASSISTANCE, AND HOME CARE ARE ALSO AVAILABLE.

- FIRST MOMENTS MATERNITY SERVICES

THE MATERNITY PROGRAM SPECIALIZES IN A TOTAL CONCEPT OF CARE FOR MOTHERS AND THEIR BABIES, WHERE ADVANCED TECHNOLOGY AND TRAINING ARE ENHANCED BY THE HUMAN TOUCH OF DEDICATED HEALTHCARE PROFESSIONALS. THE UNIT IS STAFFED BY HIGHLY SKILLED PHYSICIANS, MIDWIVES, AND NURSES. IN ADDITION, ALL OF CMC'S NURSES ARE CERTIFIED IN NEONATAL RESUSCITATION AND LACTATION RESOURCE TRAINED. THE MODERN STATE-OF-THE-ART UNIT OFFERS MOMS-TO-BE THE MOST ADVANCED MATERNAL AND CHILD HEALTH TECHNOLOGY, INCLUDING 24/7 NEONATAL COVERAGE, IN A COMFORTABLE AND SAFE ENVIRONMENT. THE LABOR-DELIVERY RECOVERY AND POSTPARTUM ROOMS COMBINE THE LATEST TECHNOLOGY WITH A SOOTHING HOME-LIKE DECOR. THE UNIT ALSO INCLUDES A SPECIAL CARE NURSERY STAFFED BY A NEONATOLOGIST AND CERTIFIED NEONATAL NURSES TO CARE FOR BABIES WITH SPECIAL NEEDS, AND A FULLY EQUIPPED OPERATING SUITE FOR CESAREAN BIRTHS OR HIGH-RISK VAGINAL DELIVERIES.

-EXTENSIVE CHILDBIRTH PREPARATION AND INFANT CARE CLASSES.

-COMPREHENSIVE PARENTING SUPPORT AND EDUCATION.

-COMPREHENSIVE PRE- AND POSTNATAL CARE.

-SPECIALLY DESIGNED LABOR-DELIVERY-RECOVERY ROOMS WITH JACUZZIS.

-24-HOUR ANESTHESIA AND PAIN MANAGEMENT THERAPIES.

-SUPERIOR LACTATION EDUCATION AND SUPPORT.

-SPECIAL CARE NURSERY.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

-24-HOUR NEONATAL COVERAGE.

-LEVEL II SPECIAL CARE NURSERY FOR PREMATURE NEWBORNS.

-FAMILY-CENTERED CARE; AND

-ALL PRIVATE ROOMS AND BATHS WITH SHOWERS.

- THE JAY AND LINDA GRUNIN NEUROSCIENCE INSTITUTE

THE JAY AND LINDA GRUNIN NEUROSCIENCE INSTITUTE AT CMC BRINGS TOGETHER A HIGHLY SKILLED INTERDISCIPLINARY GROUP OF SPECIALISTS TO PROVIDE THE HIGHEST QUALITY ADVANCED CARE TO PREVENT, DIAGNOSE AND TREAT DISEASES OF THE BRAIN, THE SPINAL CORD, AND THE PERIPHERAL NERVOUS SYSTEM 24 HOURS A DAY, 365 DAYS A YEAR. A MULTI-DISCIPLINARY TEAM OF NURSES, THERAPISTS, ORTHOPEDIC AND NEUROSURGEONS WORK TO PROVIDE A COMPREHENSIVE PLANNED COURSE OF TREATMENT WITH ACTIVE INVOLVEMENT OF THE PATIENT IN THEIR TREATMENT AND RECOVERY. THE INSTITUTE COMBINES THE EXTENSIVE MEDICAL EXPERIENCE AND COMPASSION OF OUR SPECIALISTS WITH CMC'S STATE-OF-THE-ART TECHNOLOGY TO TREAT STROKE, EPILEPSY, AND OTHER NEUROLOGIC CONDITIONS.

THE JAY AND LINDA GRUNIN NEUROSCIENCE INSTITUTE OFFERS COMPREHENSIVE CARE IN SPECIALIZED AREAS DEDICATED TO THE CARE OF PATIENTS WITH A VARIETY OF NEUROLOGIC CONDITIONS:

-NEURO-INTERVENTIONAL SUITE WITH AN INTEGRATED STATE-OF-THE-ART BIPLANE PROCEDURE ROOM AND PRE-AND POST-PROCEDURAL CARE AREAS.

-NEUROSCIENCE ACUTE CARE INPATIENT UNIT.

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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2023

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**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

-NEURO-INTENSIVE CARE.

-OPERATING SUITES WITH SPECIALIZED TECHNOLOGY.

-RADIATION ONCOLOGY DEPARTMENT WITH A CYBERKNIFE AND HIGHLY SOPHISTICATED
RAPID ARC LINEAR ACCELERATOR; AND

-ACCREDITED AS A JOINT COMMISSION AND NJ DEPARTMENT OF HEALTH STROKE
CENTER.

THE INSTITUTE COMPLEMENTS THE SPECIALTY SERVICES OFFERED BY THE HOSPITAL
INCLUDING:

-VIDEO-EEG AND NEURO IMAGING SERVICES WITH SPECIALLY TRAINED AND HIGHLY
EXPERIENCED SEIZURE DIAGNOSTICS AND EEG INTERPRETATION.

-NEUROIMAGING INCLUDING HIGH-RESOLUTION MRI AND PET WHOLE-BODY IMAGING.

-NEURO-INTERVENTIONAL SUITE WITH AN INTEGRATED STATE-OF-THE-ART BIPLANE
PROCEDURE.

-CENTER FOR SLEEP DISORDERS.

-NEUROPHYSIOLOGY.

-REHABILITATION SPECIALISTS.

-PAIN MANAGEMENT.

-EPILEPSY CENTER AND PEDIATRIC/ADOLESCENT CONCUSSION PROGRAM; AND

-NEUROSCIENCE RESEARCH.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

COOPERMAN BARNABAS MEDICAL CENTER

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

CBMC'S RECOGNIZED MEDICAL SERVICES AND CENTERS OF EXCELLENCE INCLUDE, BUT
ARE NOT LIMITED TO, THE FOLLOWING:

-THE CANCER CENTER

TOP TIER CANCER CARE IS CHARACTERIZED BY PATIENT CENTRIC,
MULTIDISCIPLINARY, SPECIALIZED CARE, DELIVERED IN A COMPASSIONATE MANNER.
THE CANCER CENTER AT COOPERMAN BARNABAS MEDICAL CENTER STRIVES TO OFFER
HOPE WHERE OTHERS MIGHT FIND IT LOST. WE HARNESS THE POWERS OF NOVEL
CANCER THERAPIES COUPLED WITH DEDICATED PHYSICIANS WHO SPECIALIZE IN
SPECIFIC TYPES OF CANCER. WITH ADVANCES IN UNDERSTANDING THE GENETIC
MAKEUP OF CANCER WE ARE ABLE TO OFFER PATIENTS PERSONALIZED TREATMENT
PLANS. WE CURRENTLY HAVE 13 DISEASE SITE SPECIFIC TUMOR BOARDS WHERE NEW
AND COMPLEX CASES ARE PRESENTED TO TEAMS OF SPECIALISTS INCLUDING MEDICAL
ONCOLOGISTS, SURGICAL ONCOLOGISTS, RADIATION ONCOLOGISTS,
GASTROENTEROLOGISTS, INTERVENTIONAL RADIOLOGISTS, PATHOLOGISTS, NURSES,
GENETIC COUNSELORS, NUTRITIONISTS, AND SOCIAL WORKERS. FOLLOWING A
THOROUGH REVIEW OF EACH PATIENT'S CASE, INDIVIDUALIZED CANCER TREATMENT
PLANS ARE CREATED TO ENSURE OUR PATIENTS ARE RECEIVING THE MOST ADVANCED
AND EFFECTIVE CARE.

RWJBARNABAS HEALTH AND COOPERMAN BARNABAS MEDICAL CENTER IN PARTNERSHIP
WITH THE RUTGERS CANCER INSTITUTE OF NEW JERSEY - THE STATE'S ONLY
NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CANCER CENTER - BRINGS
A WORLD CLASS TEAM OF RESEARCHERS AND SPECIALISTS ALONGSIDE YOU,

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

PROVIDING CLOSE-TO-HOME ACCESS TO THE LATEST TREATMENTS AND CLINICAL TRIALS. THE BEST CANCER CARE IS NOT DELIVERED IN A SILO; THEREFORE, WE STRESS COLLABORATION AND AN INTEGRATED CANCER PROGRAM. WE ARE WELL EQUIPPED TO INDIVIDUALIZE A PATIENT'S CARE AND OFFER THEM ACCESS TO CLINICAL TRIALS THROUGH OUR INSTITUTION, THE RUTGERS CANCER INSTITUTE OF NEW JERSEY, THE BIG TEN CANCER RESEARCH CONSORTIUM, THE UCLA TRIO NETWORK, AND OTHER NATIONAL COOPERATIVE GROUPS.

THE LUNG CANCER INSTITUTE AT CBMC PARTNERS WITH OUR COMMUNITY TO OFFER EDUCATION, SCREENING, AND DIAGNOSTIC TOOLS TO DETECT AND TREAT LUNG CANCER. EACH YEAR, MORE PEOPLE DIE OF LUNG CANCER THAN COLON, BREAST AND PROSTATE CANCER COMBINED. AS THE LEADING CAUSE OF CANCER DEATH IN US, LUNG CANCER IS MOST CURABLE WHEN DIAGNOSED AT AN EARLY STAGE. IN HIGH-RISK PEOPLE, LUNG CANCER DEATHS DROP BY 20 PERCENT WHEN CANCER IS IDENTIFIED EARLY USING A LOW-DOSE SPIRAL CT COMPARED WITH INDIVIDUALS RECEIVING A CHEST X-RAY. THE LUNG CANCER INSTITUTE JOINED THE INTERNATIONAL EARLY LUNG CANCER ACTION PROGRAM TO PROVIDE A FREE LOW-DOSE CT SCREENING PROGRAM FOR INDIVIDUALS WHO ARE AT HIGH RISK FOR DEVELOPING LUNG CANCER TO IDENTIFY ABNORMALITIES EARLIER. OUR MEDICAL STAFF IS COMMITTED TO OFFERING THE MOST UP-TO-DATE TREATMENTS AVAILABLE; AS SUCH, CBMC IS ACTIVE IN CLINICAL RESEARCH PROGRAMS, INCLUDING NATIONAL CANCER INSTITUTE AND PHARMACEUTICAL-SPONSORED PROTOCOLS.

CBMC HAS BUILT AN INFRASTRUCTURE AROUND PATIENT CENTRIC CARE AND HAS DEVELOPED A ROBUST PATIENT NAVIGATION NETWORK. TO ENHANCE OUR PATIENT'S

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

EXPERIENCE, OUR PATIENT NAVIGATORS SERVE AS A SINGLE POINT OF CONTACT TO HELP PATIENTS FROM THEIR INITIAL DIAGNOSIS THROUGHOUT THEIR TREATMENT AND INTO SURVIVORSHIP. OUR NAVIGATORS GUIDE PATIENTS THROUGH THEIR JOURNEYS TO ENSURE THEY RECEIVE THE BEST CARE THAT EXCEEDS THEIR EXPECTATIONS. ALL OF OUR CANCER PATIENTS ARE PROVIDED WITH A PATIENT NAVIGATOR TO ENSURE THAT ALL CANCER CARE IS COORDINATED AND TO PREVENT AVOIDABLE DELAYS.

OUR ONCOLOGY CARE TEAM IS COMMITTED TO YOUR OVERALL WELL-BEING INCLUDING MEDICAL, EMOTIONAL, AND EDUCATIONAL NEEDS. WHAT IS MOST UNIQUE ABOUT SEEKING TREATMENT AT COOPERMAN BARNABAS MEDICAL CENTER IS THE COMBINATION OF ADVANCED EXPERT CARE WITH UNPARALLELED SUPPORT, COMMITMENT, AND UNSURPASSED COMPASSION.

AMONG THE SERVICES OFFERED ARE:

-DEDICATED ONCOLOGY NAVIGATOR PROVIDE SUPPORT AND HELP ONCOLOGY PATIENTS "NAVIGATE" THE MEDICAL CENTER.

-EXTENSIVE FREE PSYCHOLOGICAL AND PSYCHOSOCIAL SUPPORT SERVICES ARE AVAILABLE OFFERING INDIVIDUAL COUNSELING, SUPPORT GROUPS, ART THERAPY, WORKSHOPS ON COPING WITH CANCER, FINANCIAL COUNSELING, AND NUTRITIONAL GUIDANCE.

-CANCER GENETICS COUNSELING SERVICES.

-PET THERAPY.

-COMFORT CART THROUGH COMFORT PROJECTS 360.

-A STATE-OF-THE-ART OUTPATIENT CHEMOTHERAPY TREATMENT FACILITY WITH

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

PRIVATE TREATMENT ROOMS, A SATELLITE PHARMACY AND PRIVATE CONSULTATION
ROOMS AND NUMEROUS OTHER AMENITIES.

-THE RENAL AND PANCREAS TRANSPLANT DIVISION.

THE RWJBARNABAS HEALTH RENAL AND PANCREAS DIVISION, LOCATED AT CBMC IS
ONE OF THE LARGEST PROGRAMS IN THE UNITED STATES, WITH 393 KIDNEY
TRANSPLANTS PERFORMED IN 2023 AND OVER 7,400 THROUGHOUT THE YEARS. CBMC
IS RANKS IN THE TEN LARGEST ADULT KIDNEY TRANSPLANT VOLUME OF CENTERS IN
THE NATION. THE PROGRAMS PROVIDE DECEASED AS WELL AS LIVING DONOR
TRANSPLANTATION INCLUDING LIVING RELATED DONORS OR EMOTIONALLY RELATED
DONORS AND ALTRUISTIC LIVING DONATION WHEN FAMILY MEMBERS ARE UNABLE TO
DONATE. IN 2021, CBMC PERFORMED THE 4TH HIGHEST NUMBER OF LIVING DONOR
TRANSPLANTS THAN ANY OTHER PROGRAM IN THE US.

IN 1995, BARNABAS HEALTH BEGAN ITS SIMULTANEOUS PANCREAS/KIDNEY
TRANSPLANT PROGRAM AND IN 1996 OPENED A PEDIATRIC NEPHROLOGY PROGRAM.
SINCE 1968, THE RENAL TRANSPLANT DIVISION HAS PERFORMED MEDICAL FIRST
KIDNEY TRANSPLANTATION, INCLUDING TRANSPLANT IN THE YOUNGEST KIDNEY
TRANSPLANT RECIPIENT IN NEW JERSEY AND THE FIRST LAPAROSCOPIC KIDNEY
RETRIEVAL IN A LIVING DONOR AND THE FIRST ROBOTIC KIDNEY TRANSPLANT
SURGERY IN THE WORLD.

THE PEDIATRIC NEPHROLOGY AND TRANSPLANTATION PROGRAM MANAGES CHILDREN AND
ADOLESCENTS WITH ACUTE AND CHRONIC DISEASES AT ALL STAGES OF SEVERITY,
INCLUDING NEPHRITIC SYNDROME AND HYPERTENSION UP TO AND INCLUDING END
STAGE RENAL DISEASE. THE PEDIATRIC NEPHROLOGISTS WORK CLOSELY WITH

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

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Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

PEDIATRIC UROLOGISTS TO PROVIDE TOTAL CARE FOR PATIENTS WITH UROLOGICAL
AND NEPHROLOGICAL PROBLEMS.

- THE CBMC NEUROLOGY AND NEUROSURGERY INSTITUTE

THE CBMC NEUROLOGY AND NEUROSURGERY INSTITUTE IS DEDICATED TO DIAGNOSING
AND TREATING DISORDERS OF THE BRAIN AND NERVOUS SYSTEM FOR ADULTS AND
CHILDREN. AN UNPRECEDENTED TEAM OF EXPERTS LEADS THE PROGRAMS OF THE
INSTITUTE AND OFFER THE MOST COMPREHENSIVE PROGRAM IN NEW JERSEY
DEDICATED TO THE MEDICAL, SURGICAL, AND PSYCHOLOGICAL TREATMENT OF
NEUROLOGIC DISORDERS. SPECIALIZED CARE IS OFFERED FOR INDIVIDUALS WITH
EPILEPSY, MEMORY DISORDERS, MOVEMENT DISORDERS AND OTHER NEUROLOGIC
DISORDERS RESULTING FROM AN INJURY OR ACCIDENT. COMPREHENSIVE CARE IS
ALSO PROVIDED FOR CHILDREN WITH ATTENTION DEFICIT DISORDER-HYPERACTIVITY
AND LEARNING DISABILITIES, AS WELL AS FOR ADULTS WITH ATTENTION DEFICIT
DISORDERS.

THE INSTITUTE'S COMPREHENSIVE EPILEPSY CENTERS FOR CHILDREN AND ADULTS
USE SOPHISTICATED DIAGNOSTIC TECHNIQUES TO PROVIDE COMPLETE AND ACCURATE
DIAGNOSIS CRITICAL TO IMPLEMENTING EFFECTIVE TREATMENT. INNOVATIVE
SURGICAL AND DRUG THERAPIES ARE OFFERED TO HELP INDIVIDUALS WITH EPILEPSY
ACHIEVE THE BEST POSSIBLE SEIZURE CONTROL. THIS INCLUDES THE
PARTICIPATION IN CLINICAL TRIALS TO IDENTIFY CUTTING EDGE THERAPIES THAT
CAN IMPROVE THE LIVES OF OUR PATIENTS.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

THE COMPREHENSIVE EPILEPSY CENTERS HAVE BEEN NAMED A LEVEL 4 SPECIALIZED EPILEPSY CENTER BY THE NATIONAL ASSOCIATION OF EPILEPSY CENTERS ("NAEC"), THE LEVEL 4 DESIGNATION IS THE HIGHEST GIVEN BY THE NAEC AND IDENTIFIES THOSE CENTERS THAT OFFER THE BROADEST RANGE OF COMPLEX MEDICAL AND SURGICAL TREATMENTS FOR EPILEPSY.

CBMC IS A STATE DESIGNATED COMPREHENSIVE STROKE CENTER AND JOINT COMMISSION CERTIFIED FOR PRIMARY STROKE. THE STROKE CENTER OFFERS THE LATEST TREATMENT FOR STROKE INCLUDING COMPLEX NEURO INTERVENTIONS. THE CENTER, AS PART OF ITS MISSION, PROVIDES STROKE AND PREVENTION EDUCATION TO THE COMMUNITY AND TO OTHER HEALTHCARE.

THE STROKE PROGRAM STAFF CONDUCT OUTREACH AND EDUCATION ACTIVITIES AND FOCUS ON POPULATIONS AT HIGHER RISK OF STROKE. EDUCATION PROGRAMS REVIEW AND REINFORCE STROKE WARNING SIGNS AND THE IMPORTANCE OF CALLING FOR IMMEDIATE MEDICAL HELP AT THE FIRST SIGN OF STROKE. THE TEAM CONDUCTS A STROKE RISK AWARENESS PROGRAMS INCLUDING ON-SITE BLOOD PRESSURE AND CHOLESTEROL SCREENING. REFERRALS FOR CARE ARE FACILITATED FOR THOSE WHOSE RISK AWARENESS SURVEY AND BLOOD PRESSURE/CHOLESTEROL READINGS SUGGEST HIGHER-THAN-AVERAGE CHANCE OF STROKE.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

-RWJBH HEART CENTERS AT CBMC

CBMC IS A REGIONAL CARDIAC SURGERY CENTER AND PART OF RWJBARNABAS HEALTH HEART CENTERS, LOCATED ACROSS NEW JERSEY, WHICH HAVE INTEGRATED

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

DIAGNOSTIC, MEDICAL AND SURGICAL SERVICES INTO ONE COMPREHENSIVE PROGRAM THAT OFFERS A FULL RANGE OF ADVANCED CARDIAC SERVICES FOR ADULTS AND CHILDREN INCLUDING DIAGNOSIS, IMAGING, INTERVENTIONAL CARDIOLOGY, ELECTROPHYSIOLOGY, AND THE MANAGEMENT OF HEART FAILURE.

AN EXPERIENCED TEAM IS PIONEERING NEW THERAPIES AND THE CLINICAL USE OF THE LATEST MECHANICAL ASSIST DEVICES THAT IMPROVE THE QUALITY OF LIFE FOR PEOPLE WITH CONGENITAL HEART DEFECTS AND HEART DISEASE. THEY PARTICIPATE IN CARDIAC RESEARCH TRIALS THAT OFFER PATIENTS ACCESS TO BREAKTHROUGH THERAPIES. THE RWJBH HEART CENTERS CONTINUE TO LEAD THE WAY IN OFFERING MINIMALLY INVASIVE PROCEDURES AND CATHETER-BASED ALTERNATIVES TO OPEN HEART SURGERY INCLUDING TRANSCATHETER AORTIC VALVE REPLACEMENT ("TAVR") PROCEDURES, ALL FORMS OF ANGIOPLASTY/STENT PROCEDURES. ADVANCED ELECTROPHYSIOLOGY STUDIES OFFER SOPHISTICATED DIAGNOSIS AND TREATMENT OF HEART RHYTHM DISTURBANCES IN ADULTS AND CHILDREN.

-REGIONAL PERINATAL CENTER

IN 2023, CBMC DELIVERED OVER 6,200 BABIES AND IS RECOGNIZED AS A TOP HOSPITAL FOR HIGH-RISK PREGNANCIES. CBMC'S LEVEL III REGIONAL PERINATAL CENTER, THE HIGHEST DESIGNATION IN THE STATE, OFFERS THE MOST ADVANCED INTENSIVE CARE FOR PREMATURE AND ILL NEWBORNS. OUR 56-BED NEONATAL INTENSIVE/INTERMEDIATE CARE UNIT ("NICU") IS ONE OF ONLY A FEW IN THE NATION WITH THE LOWEST RATE OF CHRONIC LUNG DISEASE, A COMMON COMPLICATION FOR EXTREMELY LOW BIRTH-WEIGHT INFANTS. THE NICU OFFERS THE

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

LATEST TREATMENTS AND MODALITIES IN THE FIELD TO PROVIDE THE MOST
ADVANCED CARE FOR MORE THAN 1000 PREMATURE AND ILL NEWBORNS IN 2023.
YEAR. THE CBMC NICU HAS ONE OF THE BEST INFANT SURVIVAL RATES AMONG
NEONATAL INTENSIVE CARE UNITS IN THE NATION.

CBMC ALSO OFFERS EXTENSIVE CHILDBIRTH AND FAMILY PREPARATION CLASSES. THE
MEMBERS OF THE DIVISION OF MATERNAL FETAL MEDICINE ASSIST OBSTETRICIANS
IN THE TRI-STATE AREA IN THE CARE OF HIGH-RISK PATIENTS AND RECEIVE HIGH
RISK TRANSFERS FROM OTHER COMMUNITY HOSPITALS. THEY ALSO EDUCATE THE
MEDICAL CENTER'S MANY OBSTETRICAL RESIDENTS.

OPENED IN 2011, THE REGIONAL SIMULATION CENTER AT CBMC PROVIDES VALUABLE
CLINICAL TRAINING AND EDUCATION FOR PHYSICIANS, NURSES, RESIDENTS,
MEDICAL STUDENTS, AND COURSES ARE OPEN TO PRACTITIONERS THROUGHOUT THE
TRI-STATE AREA REGARDLESS OF AFFILIATION.

THE GOAL OF THE CENTER IS TO ELEVATE PATIENT CARE, IMPROVE CLINICAL
PERFORMANCE AND ENHANCE MATERNAL/CHILD HEALTH OUTCOMES IN THE REGION BY
PROVIDING ACCESS TO STATE OF THE ART EDUCATION. SIMULATION ENHANCES THE
CURRENT EDUCATIONAL OFFERINGS AT CBMC BY PROVIDING AN EXPERIENTIAL
LEARNING ENVIRONMENT WHERE CLINICIANS CAN PRACTICE AND LEARN A VARIETY OF
TECHNICAL AND BEHAVIORAL SKILLS.

-THE JOINT AND SPINE INSTITUTE

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.

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▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

THE JOINT AND SPINE INSTITUTE OFFERS DEDICATED BEDS WITHIN THE HOSPITAL.
SURGERIES ARE SCHEDULED MONDAY THROUGH FRIDAY AND PATIENTS TYPICALLY
RETURN HOME AFTER A THREE-NIGHT STAY.

FEATURES OF THE PROGRAM INCLUDE:

- NURSES, THERAPISTS, AND NURSING ASSISTANTS WHO SPECIALIZE IN THE CARE OF
JOINT PATIENTS.
- PRIVATE AND SEMI-PRIVATE ROOMS.
- EMPHASIS ON GROUP ACTIVITIES AS WELL AS INDIVIDUAL CARE.
- FAMILY AND FRIENDS EDUCATED TO PARTICIPATE AS "COACHES" IN THE RECOVERY
PROCESS.
- GROUP LUNCHESES WITH PATIENTS, THEIR COACHES, AND OTHERS IN THE PROGRAM.
- A JOINT TEAM THAT COORDINATES ALL PRE-OPERATIVE CARE AND DISCHARGE
PLANNING.
- A COMPREHENSIVE PATIENT GUIDE FOR PATIENTS TO FOLLOW FROM SIX WEEKS
PRE-OP UNTIL THREE MONTHS POST-OP AND BEYOND.
- COORDINATED AFTER-CARE PROGRAM.
- NEWSLETTERS TO UPDATE PATIENTS WITH NEW INFORMATION ABOUT ARTHRITIS AND
JOINT CARE; AND
- PUBLIC EDUCATION SEMINARS ABOUT HIP AND KNEE PAIN.

- THE BURN CENTER OF NEW JERSEY

THE BURN CENTER IS THE ONLY STATE-CERTIFIED BURN TREATMENT FACILITY IN

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

NEW JERSEY AND ONE OF THE LARGEST IN NORTH AMERICA WITH 12 INTENSIVE CARE BEDS AND AN 18-BED STEP-DOWN UNIT FOR LESS CRITICALLY INJURED AND IMPROVED STATUS PATIENTS. THE BURN CENTER PROVIDES EXPERT CARE FOR PATIENTS OF ALL AGES. THE BURN CENTER ALSO MEETS THE VERIFICATION CRITERIA OF THE AMERICAN ASSOCIATION AND THE AMERICAN COLLEGE OF SURGEONS TO PROVIDE OPTIMAL CARE FOR BURN PATIENTS. THE BURN CENTER IS EQUIPPED TO TREAT PEDIATRIC THROUGH GERIATRIC BURN PATIENTS WITH A FULL RANGE OF SPECIALIZED SERVICES, INCLUDING A DEDICATED OUTPATIENT DEPARTMENT WHERE INDIVIDUALS WITH SMALL OR MINOR BURNS RECEIVE TREATMENT AND DISCHARGED PATIENTS RETURN FOR FOLLOW-UP CARE. OVER 230 ADULT AND CHILDREN ARE TREATED AS INPATIENTS ANNUALLY.

JERSEY CITY MEDICAL CENTER

-THE CRISTIE KERR WOMEN'S HEALTH CENTER

THE CRISTIE KERR WOMEN'S HEALTH CENTER OPENED IN 2010 OFFERING IMAGING AND OTHER DIAGNOSTIC SERVICES TO WOMEN IN OUR COMMUNITY. THE CENTER OFFERS BREAST CANCER SCREENING PROGRAMS INCLUDING MAMMOGRAMS AND EDUCATION TO WOMEN IN THE COMMUNITY REGARDLESS OF ABILITY TO PAY. THE CENTER IS THE FIRST FULL-SERVICE FACILITY IN HUDSON COUNTY TO PROVIDE DETECTION, HEALING, SUPPORT, AND RECOVERY SERVICES.

-FANNIE E. RIPPEL FOUNDATION HEART INSTITUTE ("THE INSTITUTE")

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

THE INSTITUTE FEATURES STATE-OF-THE-ART DIAGNOSTIC TECHNOLOGY TO PROVIDE EXEMPLARY OUTPATIENT CARDIAC CARE. THE INSTITUTE PROVIDES TWO HIGH-RISK CARDIAC CATHETERIZATION LABORATORIES, A SINGLE PLANE AND A THREE-DIMENSIONAL BI-PLANE ALONG WITH OTHER CRITICALLY IMPORTANT DIAGNOSTIC TECHNOLOGY. THE MEDICAL CENTER IS THE REGION'S "HIGH-RISK" DESTINATION FOR PATIENTS WITH THE MOST COMPREHENSIVE CARDIAC CENTER IN HUDSON COUNTY.

JCMC IS HUDSON COUNTY'S ONLY FULL-SERVICE HEART HOSPITAL. CARDIAC SERVICES PROVIDED INCLUDE ANGIOPLASTY, DIAGNOSTIC CARDIAC CATHETERIZATION, INTRAVASCULAR ULTRASOUND, PACEMAKER & IMPLANTABLE CARDIOVERTER DEFIBRILLATOR THERAPY, MINIMALLY INVASIVE VEIN HARVESTING AND CARDIAC ARTERY BYPASS GRAFT, THORACIC AND ABDOMINAL AORTIC ANEURYSM REPAIR, MITRAL AND AORTIC VALVE REPAIR AND REPLACEMENT, ELECTROPHYSIOLOGY, PERIPHERAL VASCULAR PROCEDURES, INCLUDING ENDOVASCULAR PROCEDURES AND CARDIAC ABLATION.

-PORT AUTHORITY HEROES OF SEPTEMBER 11 TRAUMA CENTER

THIS REGIONAL TRAUMA CENTER IS THE STATE-DESIGNATED LEVEL II TRAUMA CENTER FOR HUDSON COUNTY. IN ADDITION TO SERVING THE GROWING COMMUNITIES OF JERSEY CITY, THE SERVICE AREA INCLUDES HUDSON COUNTY, NEW JERSEY WATERWAYS, NEW JERSEY TURNPIKE, THE HOLLAND AND LINCOLN TUNNELS, AND LIBERTY STATE PARK. THE TRAUMA CENTER PROVIDES 24-HOUR TRAUMA SURGERY FOR

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

ADULTS AND CHILDREN. THE CENTER HAS BEEN ACTIVE IN ALL REGIONAL DISASTERS INCLUDING THE 1993 AND 2001 WORLD TRADE CENTER BOMBINGS, THE "MIRACLE ON THE HUDSON" PLANE LANDING, SEVERAL TRAIN DERAILMENTS, AND VARIOUS HAZMAT INCIDENTS. IN ADDITION, THE HOSPITAL IS A STATE DESIGNATED PRIMARY STROKE CENTER.

-THE ORTHOPEDIC INSTITUTE AT JERSEY CITY MEDICAL CENTER

THE ORTHOPEDIC INSTITUTE OFFERS AN EXPANSIVE ARRAY OF ORTHOPEDIC SERVICES, FROM TOTAL JOINT REPLACEMENT AND SURGERY TO SPORTS MEDICINE AND REHABILITATION. THIS UNIQUE PROGRAM BRINGS TOGETHER A MULTI-DISCIPLINARY TEAM OF PHYSICIANS, NURSES, THERAPISTS, AND TECHNICIANS WITH THE GOAL OF PROVIDING SEAMLESS COORDINATED CARE. FURTHER, THERE IS A JOINT CARE COORDINATOR WHO WORKS WITH PATIENTS HAVING JOINT REPLACEMENTS AND PROVIDES EDUCATION CLASSES PRIOR TO YOUR SURGERY THAT BETTER PREPARES PATIENTS AND THEIR FAMILIES FOR THE PROCEDURE. JERSEY CITY MEDICAL CENTER HAS BEEN RECOGNIZED AS A DNV GL HEALTHCARE PROGRAM.

-THE NEONATAL INTENSIVE CARE UNIT AT JERSEY CITY MEDICAL CENTER

JCMC HAS A LEVEL III NICU AND IS THE REGION'S ONLY STATE-DESIGNATED "PERINATAL CENTER," ACCEPTING AND PROVIDING TREATMENT TO INFANTS SUFFERING FROM EXTREME PREMATURITY, SEVERE RESPIRATORY DISTRESS AND FEEDING ISSUES DURING THE FIRST 28 DAYS OF LIFE.

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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2023

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

-OUTPATIENT SERVICES

JCMC OPERATES AN AMBULATORY CARE CENTER ADJACENT TO THE HOSPITAL AS WELL AS TWO SATELLITE CLINICS TO ENSURE ACCESS FOR THOSE MOST IN NEED. OUR OUTPATIENT SERVICES OFFERINGS INCLUDE OBSTETRICS AND GYNECOLOGY, OPHTHALMOLOGY, DENTAL, PHYSICAL AND SPEECH THERAPY, AND AUDIOLOGY. WE PROVIDE NEEDED OUTPATIENTS SERVICES TO SPECIAL NEEDS POPULATIONS IN OUR COMMUNITY INCLUDING THE HOMELESS AND ADULTS AND CHILDREN REQUIRING BEHAVIORAL HEALTH SERVICES, HIV/AIDS PATIENTS, AND THOSE IN NEED OF DIALYSIS. JCMC IS THE REGIONAL PSYCHIATRIC REFERRAL CENTER PROVIDING CRISIS INTERVENTION AND EVALUATION, VOLUNTARY AND INVOLUNTARY INPATIENT SERVICES, COMMUNITY PSYCHIATRIC OUTREACH SERVICES, AND A FULL SPECTRUM OF OUTPATIENT PSYCHIATRIC AND ADDICTION SERVICES.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

MONMOUTH MEDICAL CENTER AND MONMOUTH MEDICAL CENTER - SOUTHERN CAMPUS

MMC'S RECOGNIZED MEDICAL SERVICES CENTERS OF EXCELLENCE INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

-THE UNTERBERG CHILDREN'S HOSPITAL AT MMC ("CHILDREN'S HOSPITAL")

THE CHILDREN'S HOSPITAL OFFERS THE COMMUNITY RENOWNED MEDICAL EXPERTISE IN THE CARE OF CHILDREN THAT ONLY A LEADING ACADEMIC MEDICAL CENTER CAN PROVIDE. THE CHILDREN'S HOSPITAL HAS 140 PEDIATRIC SPECIALISTS WHO

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

CONCENTRATE IN 26 FIELDS OF MEDICINE. THE ORGANIZATION PROVIDES
SPECIALIZED PEDIATRIC CARE, OFFERING A 54-BED REGIONAL PERINATAL CENTER
WITH LEVEL III NEONATAL INTENSIVE CARE UNIT, THE REGION'S ONLY PROGRAM IN
CHILDREN'S CRISIS INTERVENTION SERVICES AND SUBSPECIALTY PEDIATRIC CARE
IN AREAS SUCH AS CARDIOLOGY, GASTROENTEROLOGY, SURGERY, AND ORTHOPEDICS.

IN ADDITION, A HOST OF OUTPATIENT SERVICES FOR CHILDREN ARE OFFERED,
INCLUDING: A PEDIATRIC NEUROLOGY PROGRAM, PEDIATRIC MEDICAL DAY STAY
UNIT, THE REGIONAL CLEFT PALATE CENTER, AND A PEDIATRIC SUBSPECIALTY
CENTER IN OCEAN COUNTY FOR CHILDREN WHO REQUIRE SPECIALTY CARE IN THE
AREAS OF GASTROENTEROLOGY, ENDOCRINOLOGY, AND PULMONOLOGY.

-PSYCHIATRIC CENTERS/PROGRAM

MMC HAS THE LARGEST PSYCHIATRIC PROGRAM IN MONMOUTH COUNTY, WITH A TOTAL
OF 44 BEDS WITHIN VOLUNTARY AND INVOLUNTARY ADULT INPATIENT UNITS AND 19
BEDS IN ITS INPATIENT CHILDREN'S CRISIS INTERVENTION SERVICE, WHERE
CHILDREN AND ADOLESCENTS WITH ACUTE EMOTIONAL, BEHAVIORAL, OR PSYCHIATRIC
PROBLEMS ARE TREATED. IN ADDITION, ITS PSYCHIATRIC EMERGENCY SCREENING
SERVICE ("PESS") IS THE STATE-DESIGNATED SERVICE FOR MONMOUTH COUNTY. MMC
ALSO OFFERS PARTIAL HOSPITALIZATION, INTENSIVE OUTPATIENT PROGRAMS,
TRADITIONAL OUTPATIENT CARE AND AN EARLY INTERVENTION SUPPORT SERVICES
PROGRAM ("EISS").

-THE JACQUELINE M. WILENTZ COMPREHENSIVE BREAST CENTER

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

COMMITTED TO MEETING THE BREAST HEALTH CARE NEEDS OF ALL WOMEN, THE BREAST CENTER IS THE REGION'S LEADER IN PROVIDING THE MOST ADVANCED ARRAY OF BREAST HEALTH SERVICES THROUGH A MULTIDISCIPLINARY TEAM DEDICATED TO THE BREAST HEALTH NEEDS OF ALL WOMEN. MMC PROVIDES A COMFORTABLE AND SUPPORTIVE SETTING IN WHICH ALL OUTPATIENT BREAST HEALTHCARE SERVICES ARE FOUND IN ONE CONVENIENT LOCATION. MMC TAKES A COORDINATED APPROACH TO BREAST CARE INCLUDING BOTH WELL CARE AND CANCER CARE. MMC IS HERE FOR WOMEN WHO SEEK ANNUAL BREAST EVALUATION AND FOR THOSE WOMEN DIAGNOSED WITH BREAST CANCER OR BENIGN BREAST DISEASE.

SEVERAL OF MMC'S SERVICES ARE SPECIFICALLY FOR WOMEN DIAGNOSED WITH BREAST CANCER, INCLUDING: AN OUTPATIENT CHEMOTHERAPY SUITE, PSYCHOSOCIAL COUNSELING AND REHABILITATION SERVICES, BREAST CANCER SUPPORT GROUPS, BREAST CONSERVATION SURGERY AND PATIENT NAVIGATORS. THESE QUALIFIED EXPERTS REPRESENT MANY MEDICAL DISCIPLINES, WORKING TOGETHER TO PROVIDE WOMEN WITH DIAGNOSTIC, TREATMENT, SURGICAL, PSYCHOSOCIAL SUPPORT, AND EDUCATION AND REHABILITATION SERVICES.

MMC'S STATE-OF-THE-ART FACILITY OFFERS THE LATEST IN MEDICAL EQUIPMENT, TECHNOLOGY, AND SERVICES, INCLUDING:

-ANNUAL PHYSICAL BREAST EXAMINATIONS, MAMMOGRAPHY, AND DIAGNOSTIC SERVICE, HEADED BY A DEDICATED BREAST RADIOLOGIST WHO OVERSEES A STAFF OF HIGHLY TRAINED TECHNOLOGISTS.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

-CONSULTATIONS AND SECOND OPINIONS (SURGERY, MEDICAL ONCOLOGY, PATHOLOGY, MAMMOGRAPHY, PLASTIC SURGERY, AND RADIATION THERAPY), BREAST CANCER HIGH RISK PROGRAM, STEREOTACTIC BIOPSY SYSTEM, TOMOSYNTHESIS, COMPUTER-AIDED DETECTION ("ICAD") MAMMOGRAPHY, BREAST-SPECIFIC GAMMA IMAGING, BREAST MRI, AUTOMATED WHOLE-BREAST ULTRASOUND, HIGH-RESOLUTION BREAST ULTRASOUND, ULTRASOUND-GUIDED FINE-NEEDLE BIOPSY, DEXA SCANNING, CLINICAL RESEARCH AND A BREAST INFORMATION CENTER; AND

-SATELLITE LOCATIONS IN COLTS NECK, HOWELL, AND LAKEWOOD TO OFFER WOMEN CONVENIENT ACCESS TO SCREENING AND DIAGNOSTIC MAMMOGRAPHY, BREAST ULTRASOUND, GENETIC TESTING, AND BONE DENSITY TESTING.

-LEON HESS CANCER CENTER

MMC STANDS AT THE FOREFRONT OF PROVIDING THE MOST EXTENSIVE ARRAY OF HIGHLY ADVANCED CANCER SERVICES, DELIVERED BY A MULTIDISCIPLINARY TEAM OF SPECIALISTS IN A CARING AND SUPPORTIVE ENVIRONMENT. FOR DECADES, MMC'S LEADERSHIP ROLE IN ONCOLOGY SERVICES HAS BEEN BROADENED THROUGH THE ONGOING EXPANSION OF STATE-OF-THE-ART PROGRAMS AND TECHNOLOGIES OFFERED IN ALL AREAS OF CANCER PREVENTION, DETECTION, AND TREATMENT. THE LEON HESS CANCER CENTER AT MMC BRINGS TOGETHER A HOST OF SPECIALISTS AND A VAST ARRAY OF SERVICES UNDER ONE ROOF, MAKING CARE MORE CONVENIENT, EFFICIENT, AND EFFECTIVE. IT FEATURES COMPREHENSIVE MULTIDISCIPLINARY MEDICAL SERVICES THAT ARE LED BY TEAMS OF MAJOR PHYSICIAN SPECIALISTS INCLUDING MEDICAL, SURGICAL AND RADIATION ONCOLOGY.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

TOGETHER, THESE CANCER SPECIALISTS, IN CONSULTATION WITH EACH PATIENT'S
PRIMARY CARE PHYSICIAN AND IN CONJUNCTION WITH THE HOSPITAL'S CANCER CARE
MANAGEMENT TEAM, WORK TO CREATE THE MOST APPROPRIATE AND EFFECTIVE PLAN
OF TREATMENT. MMC IS ACCREDITED AT THE HIGHEST DESIGNATION BY THE
COMMISSION ON CANCER OF THE AMERICAN COLLEGE OF SURGEONS AS A "TEACHING
HOSPITAL AND CANCER CENTER".

-THE CRANMER AMBULATORY SURGERY CENTER

THE CENTER PROVIDES A FULL SPECTRUM OF SAME-DAY SURGICAL SERVICES USING
THE MOST MODERN TECHNOLOGY AVAILABLE. THE FACILITY INCLUDES FOUR
FULL-SERVICE OPERATING ROOMS, THREE MINOR PROCEDURE ROOMS AND A
THREE-TIERED GRADUATED RECOVERY AREA, RESPECTING THE INDIVIDUAL NEEDS OF
ADULT AND PEDIATRIC PATIENTS.

THE ONE-STORY, 19,000-SQUARE-FOOT BUILDING IS EQUIPPED TO PERFORM ALL
TYPES OF SAME-DAY SURGICAL PROCEDURES, INCLUDING ARTHROSCOPIC,
LAPAROSCOPIC AND LASER TECHNIQUES. EVERY ASPECT OF THE CENTER HAS BEEN
DESIGNED TO PROVIDE THE ULTIMATE IN EFFICIENCY AND COMFORT FOR PATIENTS
AND THEIR FAMILIES, WHILE OFFERING THE HIGHEST QUALITY MEDICAL CARE.

-THE EISENBERG FAMILY CENTER

MMC DELIVERS AROUND 6,000 BABIES ANNUALLY - THE MOST IN MONMOUTH AND
OCEAN COUNTIES - AND HAS BUILT ONE OF THE SAFEST OBSTETRICAL PROGRAMS IN

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

THE NATION, MAINTAINING ONE OF THE LOWEST C-SECTION RATES IN THE NATION.
THE VAST MAJORITY OF THE MORE THAN 50 OBSTETRICIAN/GYNECOLOGISTS WHO
SERVE AS ATTENDING PHYSICIANS ON MMC'S MEDICAL STAFF ARE BOARD CERTIFIED
OR ELIGIBLE IN THE DISCIPLINE. MANY ALSO HOLD CERTIFICATION IN SUCH
SPECIALTIES AS MATERNAL-FETAL MEDICINE (PERINATOLOGY), REPRODUCTIVE
ENDOCRINOLOGY AND INFERTILITY, URO-GYNECOLOGY, AND GYNECOLOGIC ONCOLOGY.
IN ADDITION, MMC'S SKILLED AND DEDICATED NURSING STAFF IS TRAINED TO
ASSIST MOTHERS AND THEIR CHILDBIRTH PARTNERS DURING LABOR AND DELIVERY
AND TO INSTRUCT NEW PARENTS AND OTHER FAMILY MEMBERS IN NEWBORN CARE.

-THE VALERIE FUND CHILDREN'S CENTER FOR CANCER AND BLOOD DISORDERS

THE CENTER PROVIDES COMPREHENSIVE MEDICAL SERVICES TO CHILDREN WITH
CHILDHOOD CANCERS SUCH AS LEUKEMIA, LYMPHOMAS AND NEUROBLASTOMAS, AND
BLOOD DISORDERS SUCH AS SICKLE CELL ANEMIA AND WHITE CELL ABNORMALITIES.
CHILDREN AND YOUNG ADULTS (BIRTH TO 21 YEARS OF AGE) WITH LEUKEMIA AND
OTHER CANCERS ARE TREATED ACCORDING TO THE MOST ADVANCED THERAPEUTIC
PROTOCOLS. PATIENTS RECEIVE TREATMENT ON AN OUTPATIENT BASIS FROM A TEAM
OF SPECIALISTS, INCLUDING PEDIATRIC HEMATOLOGISTS/ONCOLOGISTS, SURGEONS,
RADIOLOGISTS, NURSES, SOCIAL WORKERS, COUNSELORS, AND CHILD LIFE
SPECIALISTS. AMONG THE VALERIE FUND'S SERVICES IS RED BLOOD CELL
APHERESIS - A SOPHISTICATED EXCHANGE/TRANSFUSION OF RED BLOOD CELLS FOR
PATIENTS WITH SICKLE CELL DISEASE.

MMC IS ONE OF EIGHT HOSPITALS IN THE TRI-STATE AREA THAT IS PART OF THE

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

VALERIE FUND, ONE OF THE LARGEST AND MOST ADVANCED PEDIATRIC
ONCOLOGY/HEMATOLOGY NETWORKS IN THE COUNTRY.

-ROBOTIC SURGERY PROGRAM

MMC CREATED THE REGION'S FIRST ROBOTIC SURGERY PROGRAM WITH THE DA VINCI
S SURGICAL SYSTEM. THE SYSTEM COMBINES COMPUTER AND ROBOTIC TECHNOLOGIES
WITH THE SKILLS OF MMC'S SURGEONS TO CREATE A NEW CATEGORY OF SURGICAL
TREATMENT, MAKING IT POSSIBLE TO PERFORM MORE TECHNICALLY DEMANDING
SURGERIES, SUCH AS PROSTATECTOMY, USING A MINIMALLY INVASIVE APPROACH.
MMC OFFERS ROBOTIC SURGERY FOR THE REMOVAL OF A VARIETY OF CANCEROUS
TUMORS AS WELL AS FOR BENIGN CONDITIONS. THE ROBOTIC SURGERY SYSTEM
OFFERS PATIENTS BETTER OUTCOMES, LESS PAIN, LESS SCARRING, LESS BLOOD
LOSS, SHORTER HOSPITAL STAYS AND A QUICKER RETURN TO NORMAL ACTIVITIES
THAN CONVENTIONAL SURGERY.

FIRST HOSPITAL IN CENTRAL AND SOUTHERN NEW JERSEY TO INTRODUCE MAKO
ROBOTIC-ASSISTED TOTAL AND PARTIAL KNEE AND HIP REPLACEMENT SURGERY. MAKO
SURGERY IS PERFORMED USING A SURGEON-CONTROLLED ROBOTIC ARM SYSTEM THAT
ENABLES ACCURATE ALIGNMENT AND PLACEMENT OF IMPLANTS.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

MMC-SC'S RECOGNIZED MEDICAL SERVICES AND CENTERS OF EXCELLENCE INCLUDE,
BUT ARE NOT LIMITED TO, THE FOLLOWING:

-THE JAMES & SHARON MAIDA GERIATRICS INSTITUTE

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

MMC-SC HAS LONG BEEN A LEADER IN GERIATRIC MEDICINE, WHICH SPECIFICALLY ADDRESSES THE UNIQUE CARE NEEDS OF OLDER ADULTS. OUR ONE-OF-A-KIND JAMES AND SHARON MAIDA GERIATRICS INSTITUTE PROVIDES INTEGRATED INPATIENT AND OUTPATIENT GERIATRIC SERVICES FOR PATIENTS 65 AND OLDER IN ONE CONVENIENT LOCATION. IN ADDITION, OUR GERIATRICIANS - PHYSICIANS SPECIALIZING IN THE MEDICAL CARE OF THE ELDERLY - HAVE A FULL UNDERSTANDING OF THE WIDE RANGE OF PHYSICAL, MENTAL, MEDICAL, SOCIAL, AND SPIRITUAL ISSUES THAT OLDER ADULTS CAN FACE.

WITH OUR MANY INTERLINKED SERVICES, THE EXPERTS AT THE GERIATRICS INSTITUTE PROVIDE INDIVIDUALIZED CARE RECOMMENDATIONS TO ENSURE THAT PATIENTS RECEIVE THE SPECIAL CARE THEY REQUIRE, WITHOUT INTERFERING WITH THEIR INDEPENDENCE. AND OUR GERIATRIC TEAM WORKS CLOSELY WITH YOU OR YOUR LOVED ONE'S PRIMARY CARE PHYSICIAN TO MAKE SURE THAT ALL PATIENT AND FAMILY NEEDS ARE MET. WITH THE EXPERT TREATMENT AVAILABLE AT OUR STATE-OF-THE-ART OUTPATIENT PRACTICE, OLDER ADULTS CAN LIVE THE FULLEST LIFE POSSIBLE.

OUR MULTIDISCIPLINARY TEAM ALSO INCLUDES NURSES, SOCIAL WORKERS, NUTRITIONISTS, PHARMACISTS, HEALTH EDUCATORS, PHYSICAL THERAPISTS, OCCUPATIONAL THERAPISTS, SPEECH THERAPISTS AND AUDIOLOGISTS, ALL WHO SPECIALIZE IN THE CARE OF SENIORS AND ARE AVAILABLE TO ACCOMMODATE THE NEEDS OF PATIENTS AS THEY TRANSITION FROM INPATIENT TO OUTPATIENT CARE.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

COMPLEMENTING THE GERIATRICS INSTITUTE ARE THE GERIATRIC EMERGENCY
MEDICINE (GEM) UNIT, CREATED TO MEET THE MORE COMPLEX NEEDS OF SENIORS IN
EMERGENCY CARE, THE ACUTE CARE FOR ELDERLY (ACE) UNIT, AN INPATIENT UNIT
UTILIZING AN INTERDISCIPLINARY APPROACH TO COLLABORATIVELY DEVELOP A
PATIENT-CENTERED CARE PLAN, AND THE BETTER HEALTH PROGRAM, WHICH OFFERS
COURSES AND MORE TO MEN AND WOMEN 55 AND OLDER WHO WANT TO IMPROVE THEIR
HEALTH AND WELL-BEING.

-THE EMERGENCY DEPARTMENT AT MMC-SC

THE EMERGENCY DEPARTMENT UTILIZES THE LATEST IN CARDIAC MONITORING
EQUIPMENT, INCLUDING SPECIAL ROOMS FOR TRAUMA, ORTHOPEDICS,
EAR/NOSE/THROAT, OBSTETRICS/GYNECOLOGY, PEDIATRICS, SUTURING AND
PSYCHIATRIC EMERGENCIES. THE MAIN EMERGENCY DEPARTMENT INCLUDES 30
TREATMENT BAYS AND HAS REVOLUTIONIZED HOW PATIENTS ARE TREATED IN MODERN
HEALTHCARE SETTINGS BY EXPEDITING THE PROCESS WHICH PATIENTS MUST UNDERGO
PRIOR TO RECEIVING MEDICAL TREATMENT. THE STAFF IS FOCUSED ON RESPECTING
THE INDIVIDUAL NEEDS OF ALL ADULT AND PEDIATRIC PATIENTS. MMC-SC IS A
STATE-DESIGNATED PRIMARY STROKE CENTER AND JOINT COMMISSION CERTIFIED
CHEST PAIN CENTER AND HAS OCEAN COUNTY'S ONLY PSYCHIATRIC EMERGENCY
SCREENING PROGRAM.

MMC-SC'S PEDIATRIC EMERGENCY SERVICES PROGRAM IS STAFFED FULL TIME BY
HIGHLY EXPERIENCED, BOARD-CERTIFIED EMERGENCY MEDICINE PHYSICIANS WITH
ACCESS TO PEDIATRIC CONSULTATIONS 24 HOURS A DAY WITH ON-SITE DOUBLE

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

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

BOARD-CERTIFIED NEONATOLOGISTS/PEDIATRICIANS AND AN ON-CALL BOARD
CERTIFIED PEDIATRICIAN. WHEN NECESSARY, CONSULTATIONS WITH PEDIATRIC
SUBSPECIALISTS ARE COORDINATED WITH THE MEDICAL STAFF AT THE UNTERBERG
CHILDREN'S HOSPITAL AT MMC. ADDITIONALLY, INFANTS AND CHILDREN REQUIRING
MORE SPECIALIZED CARE ARE TRANSPORTED TO THE CHILDREN'S HOSPITAL, IF AND
WHEN NECESSARY. MMC-SC'S CHILD-FRIENDLY PEDIATRIC-DESIGNATED TREATMENT
AREA IN THE EMERGENCY DEPARTMENT OFFERS A PEDIATRIC PLAYROOM WITH GAMES,
TOYS AND BOOKS AND COLORFULLY DECORATED TREATMENT ROOMS EQUIPPED WITH TV
AND DVD PLAYER.

EVERY ASPECT OF MMC-SC'S EMERGENCY DEPARTMENT HAS BEEN DESIGNED TO
PROVIDE THE ULTIMATE IN EFFICIENCY AND COMFORT FOR PATIENTS AND THEIR
FAMILIES, WHILE OFFERING THE HIGHEST QUALITY MEDICAL CARE. THIS HAS LED
TO NUMEROUS RECOGNITIONS AND AWARDS FOR PATIENT SATISFACTION AND QUALITY
MEDICAL CARE, INCLUDING EXCEPTIONAL TURNAROUND TIME.

-THE CENTER FOR WOUND HEALING

THE WOUND CARE CENTER AT MMC-SC PROVIDES DIAGNOSIS, TREATMENT AND HEALING
OF CHRONIC AND HARD-TO-HEAL WOUNDS CAUSED BY A VARIETY OF MEDICAL
CONDITIONS INCLUDING DIABETES, TRAUMA, POOR CIRCULATION, BEDRIDDEN,
SURGICAL COMPLICATIONS, VASCULAR DISEASES, ETC. THE CENTER FOR WOUND
HEALING AND HYPERBARIC MEDICINE APPLIES PROVEN WOUND CARE PRACTICES AND
ADVANCED CLINICAL APPROACHES INCLUDING HYPERBARIC OXYGEN THERAPY TO HELP
HEAL PATIENTS SUFFERING FROM CHRONIC WOUNDS. ADDITIONALLY, OUR CENTER

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

FREQUENTLY PARTICIPATES IN CLINICAL TRIALS UTILIZING THE LATEST WOUND
CARE PRODUCTS AVAILABLE.

-PSYCHIATRIC CENTERS/PROGRAM

MMC-SC HAS THE LARGEST PSYCHIATRIC PROGRAM IN OCEAN COUNTY, WITH A TOTAL
OF 60 BEDS WITHIN VOLUNTARY AND INVOLUNTARY ADULT INPATIENT UNITS LOCATED
IN A FREE-STANDING FACILITY IN TOMS RIVER, NJ. IN ADDITION, ITS
PSYCHIATRIC EMERGENCY SCREENING SERVICE ("PESS") IS THE STATE-DESIGNATED
SERVICE FOR OCEAN COUNTY. MMC-SC ALSO OFFERS INTENSIVE OUTPATIENT
PROGRAMS AND TRADITIONAL OUTPATIENT CARE.

NEWARK BETH ISRAEL MEDICAL CENTER

NBIMC'S RECOGNIZED MEDICAL SERVICES CENTERS OF EXCELLENCE INCLUDE, BUT
ARE NOT LIMITED TO, THE FOLLOWING:

-HEART TRANSPLANT PROGRAM & HEART FAILURE TREATMENT

THE RENOWNED HEART TRANSPLANT CENTER HAS PERFORMED OVER 1,100 HEART
TRANSPLANTS. THE PROGRAM PROVIDES THE MOST ADVANCED TREATMENT OPTIONS
AVAILABLE ANYWHERE IN NEW JERSEY FOR PEOPLE WITH CONGESTIVE HEART FAILURE
OR END STAGE CARDIAC DISEASE INCLUDING THE ULTIMATE TREATMENT; ORGAN
TRANSPLANTATION. NBIMC'S SHORT AND LONG-TERM SURVIVAL RATES HAVE

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

CONTINUALLY SURPASSED BOTH REGIONAL AND NATIONAL AVERAGES. THE EXPERIENCED MULTIDISCIPLINARY TEAM HAS WORKED CLOSELY TOGETHER AT THE HOSPITAL AND WITH ITS AFFILIATES. NBIMC IS A DESIGNATED VENTRICULAR ASSIST DEVISE ("VAD") CENTER AND WAS ONE OF THE FIRST IN NJ TO EMPLOY EXTRACORPOREAL MEMBRANE OXYGENATION ("ECMO").

-RWJBARNABAS HEALTH HEART CENTER AT NBIMC

THE PREMIER CARDIAC SERVICES PROVIDE IMMEDIATE ACCESS TO HIGHLY SOPHISTICATED HEART SURGERY. MEMBERS OF THE SURGICAL TEAM ARE RECOGNIZED AS NATIONAL LEADERS IN THE FIELD OF CARDIOTHORACIC SURGERY AND ARE ADVANCING THE LATEST MINIMALLY INVASIVE TECHNIQUES THAT OFFER PATIENTS FASTER RECOVERY AND FEWER COMPLICATIONS. THE CENTER'S REPUTATION FOR EXCELLENCE HAS MADE THEM EDUCATIONAL RESOURCES FOR CARDIAC SURGEONS THROUGHOUT THE NORTHEAST. SERVICES INCLUDE MINIMALLY INVASIVE CARDIAC SURGERY/ROBOTIC SURGERY, BEATING HEART SURGERY, TRANSCATHETER AORTIC VALVE REPLACEMENT ("TAVR") AND INTEGRATIVE CARDIAC WELLNESS. TO ENSURE EVERYONE WITH HEART DISEASE HAS ACCESS TO THE SPECIALIZED SERVICES, OUR CARDIAC TEAM SEES PATIENTS AT SATELLITE OFFICES THROUGHOUT THE STATE. IN CONJUNCTION WITH ITS AFFILIATES, COOPERMAN BARNABAS MEDICAL CENTER, JERSEY CITY MEDICAL CENTER AND ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, THE HEART CENTERS PERFORMED OVER 2,500 OPEN HEART/TAVR PROCEDURES AND AROUND 72 TRANSPLANTS IN 2023.

-LUNG TRANSPLANT AND THE CENTER FOR ADVANCED LUNG DISEASE

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

NEW JERSEY'S ONLY LUNG TRANSPLANT PROGRAM, THE RWJBARNABAS HEALTH
ADVANCED LUNG DISEASE AND TRANSPLANT PROGRAM AT NBIMC, OFFERS INCREASED
ACCESS TO SINGLE AND DOUBLE LUNG TRANSPLANT AND COMPREHENSIVE TREATMENT
AND MANAGEMENT OF CHRONIC AND COMPLEX LUNG DISEASE. TO-DATE, THE CENTER
HAS ALREADY PERFORMED OVER 190 TRANSPLANTS. THE PROGRAM BRINGS SPECIALTY
SERVICES TO THE STATE IMPROVING THE LIVES OF PEOPLE WITH ADVANCED LUNG
CONDITIONS INCLUDING CHRONIC OBSTRUCTIVE PULMONARY DISEASE ("COPD"),
CYSTIC FIBROSIS, PULMONARY FIBROSIS, AND PULMONARY HYPERTENSION.

WHILE A PRIMARY GOAL OF THE PROGRAM IS TO IDENTIFY SUITABLE CANDIDATES
FOR A TRANSPLANT, THE COMPREHENSIVE MULTIDISCIPLINARY EVALUATION CAN ALSO
BENEFIT PATIENTS WHO ARE NOT TRANSPLANT CANDIDATES. THE PROGRAM OFFERS
COMPLETE EVALUATION AND TREATMENT PLANS FOR PATIENTS WITH LUNG DISEASES
SUCH AS: ASTHMA, CYSTIC FIBROSIS INTERSTITIAL LUNG DISEASES, ALPHA 1
ANTITRYPSIN DEFICIENCY, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, PULMONARY
FIBROSIS, SARCOIDOSIS, LYMPHANGIOLEIOMYOMATOSIS (LAM), SCLERODERMA,
PULMONARY ALVEOLAR PROTEINOSIS AND PULMONARY HYPERTENSION.

STATE-OF-THE-ART DIAGNOSTIC SERVICES INCLUDE: CT-GUIDED BIOPSY,
NAVIGATIONAL BRONCHOSCOPY, AND ENDOBRONCHIAL ULTRASOUND, BRONCHIAL
THERMOPLASTY, ENDOBRONCHIAL RESECTION OF TUMORS, ENDOBRONCHIAL STENTS,
AND PLEURAX CATHETER PLACEMENT FOR MALIGNANT PLEURAL EFFUSIONS AND WHOLE
LUNG LAVAGE.

THE CENTER HAS VARIOUS ONGOING CUTTING-EDGE RESEARCH TRIALS HELPING

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

PATIENTS WITH END-STAGE LUNG DISEASE.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

-CHILDREN'S HOSPITAL OF NEW JERSEY ("CHONJ")

CHONJ PROVIDES COMPREHENSIVE HEALTHCARE PROGRAMS AND SERVICES TO CHILDREN OF ALL AGES. THE HOSPITAL WITHIN A HOSPITAL COMBINES THE MOST ADVANCED FACILITIES AND TECHNOLOGY DEDICATED EXCLUSIVELY TO PEDIATRIC PATIENTS WITH THE PHILOSOPHY OF FAMILY CENTERED CARE. PEDIATRIC AND NEONATAL SERVICES OF CHONJ RANGE FROM PRIMARY/PREVENTIVE CARE SERVICES TO CRITICAL INTENSIVE AND INTERMEDIATE ACUTE CARE FOR CHILDREN AND NEWBORNS.

NBIMC HAS THE LARGEST PEDIATRIC INTENSIVE CARE UNIT IN THE STATE. SPECIALTY SERVICES INCLUDE THE CHILDREN'S HEART CENTER PROVIDING THE MOST COMPREHENSIVE PEDIATRIC CARDIAC AND CARDIAC SURGERY SERVICES IN THE STATE, NEONATAL INTENSIVE AND INTERMEDIATE CARE, PEDIATRIC EMERGENCY SERVICES, PULMONARY SERVICES, THE STATE'S ONLY PEDIATRIC ECMO PROVIDER, PEDIATRIC VIDEO MONITORING UNIT, VALERIE FUND CANCER CENTER, HEMOPHILIA TREATMENT CENTER, MODERATE SEDATION, ROBOTIC SURGERY, AND THE PRIMARY AND PHYSICIAN SUBSPECIALTY SERVICES OF THE FAMILY HEALTH CENTER.

FAMILIES EXPERIENCE A WARM, COMFORTING ENVIRONMENT IN WHICH PHYSICIANS, NURSES AND CLINICAL STAFF UNDERSTAND THE UNIQUE NEEDS OF CHILDREN AND THE VITAL ROLE OF PARENTS IN THE HEALING PROCESS.

-COMPREHENSIVE HEMOPHILIA TREATMENT CENTER

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

ONE OF ONLY SIX STATE-DESIGNATED CENTERS IN NEW JERSEY, THE COMPREHENSIVE HEMOPHILIA TREATMENT CENTER PROVIDES CARE TO BOTH PEDIATRIC AND ADULT PATIENTS WITH INHERITED BLEEDING AND CLOTTING DISORDERS. THE CENTER OFFERS COMPLETE EVALUATIONS BY A TEAM OF EXPERTS INCLUDING HEMATOLOGISTS, NURSES, PSYCHOSOCIAL PROFESSIONALS, AND PHYSICAL THERAPISTS. CONSULTATION BY INFECTIOUS DISEASE SPECIALISTS, DENTISTS, NUTRITIONISTS, GASTROENTEROLOGISTS, ORTHOPEDISTS, AND OTHER SPECIALISTS IS PROVIDED AS NEEDED.

OUR CENTER'S GOAL IS TO PROVIDE THE LATEST ADVANCES IN TREATMENT FOR PEOPLE WITH HEMOPHILIA, ASSIST IN THE CARE OF THE COMPLICATIONS OF HEMOPHILIA, AND CONTINUE TO PROVIDE SUPPORT TO PERSONS WITH HEMOPHILIA AND THEIR FAMILIES WITH THE GOAL OF ACHIEVING A NORMAL LIFESTYLE.

THE CENTER PROVIDES CARE FOR CHILDREN AND ADULTS WITH VON WILLEBRAND DISEASE AND OTHER BLEEDING DISORDERS. PATIENTS WITH THROMBOSIS (CLOTTING DISORDER) RECEIVE COMPREHENSIVE TREATMENT AT THE CENTER. WE ALSO COORDINATE A HOME CARE PROGRAM WHICH ENABLES PERSONS WITH HEMOPHILIA TO LEAD NORMAL, PRODUCTIVE LIVES. THE HOME CARE PROGRAM ALLOWS FOR IMMEDIATE TREATMENT, THUS AVOIDING THE DELAY, STRESS, AND COST OF EMERGENCY DEPARTMENT CARE. ADULT AND PEDIATRIC INFECTIOUS DISEASE AND GASTROINTESTINAL SPECIALISTS PROVIDE COMPREHENSIVE CARE FOR HEMOPHILIA PATIENTS WITH AIDS AND/OR HEPATITIS AND THEIR PARTNERS.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

-ROBOTIC SURGERY

ROBOTIC SURGERY IS OFFERED IN MANY SPECIALTIES INCLUDING CARDIAC,
UROLOGY, PEDIATRIC SURGERY, GYNECOLOGY, URO-GYNECOLOGY, AND GENERAL
SURGERY. PERFORMING MINIMALLY INVASIVE PROCEDURES CAN BE LESS TRAUMATIC
TO PATIENTS AND ALLOW FOR QUICKER RECOVERY TIMES. NBIMC ALSO OFFERS
BLOODLESS SURGERY AND CELEBRATED 10 YEARS OF SERVICE IN 2014. THE ROBOTIC
SURGERY PROGRAM AT NBIMC WAS ONE OF THE COUNTRY'S FIRST. HUNDREDS OF
PHYSICIANS IN NEW JERSEY AND AROUND THE WORLD HAVE RECEIVED TRAINING FROM
ROBOTIC SURGEONS AT NBIMC. IN ADDITION, PHYSICIANS AT NBIMC WERE SOME OF
THE FIRST TRAINED IN SINGLE SITE SURGERY.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - NEW BRUNSWICK AND SOMERSET

RWJUH'S CENTERS OF EXCELLENCE INCLUDE CARDIOVASCULAR CARE FROM MINIMALLY
INVASIVE HEART SURGERY TO TRANSPLANTATION, CANCER CARE, STROKE CARE,
NEUROSCIENCE, JOINT REPLACEMENT, AND WOMEN'S AND CHILDREN'S CARE
INCLUDING THE BRISTOL-MYERS SQUIBB CHILDREN'S HOSPITAL AT ROBERT WOOD
JOHNSON UNIVERSITY HOSPITAL.

AS THE FLAGSHIP CANCER HOSPITAL OF RUTGERS CANCER INSTITUTE OF NEW JERSEY
AND THE PRINCIPAL TEACHING HOSPITAL OF RUTGERS ROBERT WOOD JOHNSON
MEDICAL SCHOOL IN NEW BRUNSWICK, RWJUH IS AN INNOVATIVE LEADER IN
ADVANCING STATE-OF-THE-ART CARE. A LEVEL 1 TRAUMA CENTER AND THE FIRST

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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OMB No. 1545-0047

2023

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Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

PEDIATRIC TRAUMA CENTER IN THE STATE, RWJUH'S NEW BRUNSWICK CAMPUS SERVES AS A NATIONAL RESOURCE IN ITS GROUND-BREAKING APPROACHES TO EMERGENCY PREPAREDNESS.

-RWJUH NEW BRUNSWICK AND SOMERSET HAVE BEEN DESIGNATED AS CENTERS OF EXCELLENCE IN METABOLIC AND BARIATRIC SURGERY.

-RWJUH SOMERSET WAS THE FIRST IN NEW JERSEY TO OFFER SPECIALIZED PRIMARY MEDICAL CARE SERVICES FOR THE LGBTQIA COMMUNITY, OPENING ITS PROUD FAMILY HEALTH IN 2017.

-RWJUH SOMERSET IS ONE OF ONLY TWO HOSPITALS IN NEW JERSEY TO OFFER AN INPATIENT EATING DISORDERS PROGRAM IN ADDITION TO OFFERING PARTIAL HOSPITALIZATION AND INTENSIVE OUTPATIENT SERVICES.

-RWJUH NEW BRUNSWICK EARNED THE JOINT COMMISSION'S GOLD SEAL OF APPROVAL® FOR ITS BARIATRIC SURGERY AND HIP AND KNEE JOINT REPLACEMENT PROGRAMS BY DEMONSTRATING COMPLIANCE WITH THE JOINT COMMISSION'S NATIONAL STANDARDS FOR HEALTH CARE QUALITY AND SAFETY IN DISEASE-SPECIFIC CARE.

-CARDIOVASCULAR CARE

BOTH THE NEW BRUNSWICK AND SOMERSET CAMPUSES OF RWJUH HAVE A LONG HISTORY OF PROVIDING COMPREHENSIVE CARDIAC CARE TO THE COMMUNITY. THE CARDIOVASCULAR CENTER OF EXCELLENCE AT RWJUH CAN BE DIVIDED INTO THREE COMPONENTS: CARDIAC SERVICES INCLUSIVE OF MEDICAL MANAGEMENT AND TREATMENT; THE LATEST IN CARDIAC SURGICAL INNOVATIONS; AND PROVISION OF COMPREHENSIVE VASCULAR SERVICES. THE GOAL OF THIS CENTER OF EXCELLENCE IS

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

TO PROVIDE HIGH-QUALITY, CUTTING-EDGE SERVICES IN A PROMPT AND EFFICIENT
MANNER.

CARDIAC SERVICES RUN THE GAMUT FROM ELECTROCARDIOGRAM (EKG) UP TO AND
INCLUDING HEART TRANSPLANTATION INCLUSIVE OF THE ABIOCOR TOTAL ARTIFICIAL
HEART. THE FOLLOWING DESCRIBES THE CARDIAC SERVICE LINE BASED ON MEDICAL
CARDIOLOGY INCLUSIVE OF NON-INVASIVE AND INVASIVE TECHNOLOGIES.

THE NON-INVASIVE TECHNOLOGIES AT ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL
ON BOTH CAMPUSES INCLUDE EKG, STRESS TESTING, BOTH NUCLEAR AND REGULAR,
ECHOCARDIOGRAPHY, BOTH STRESS AND NON-STRESS TESTING. THESE NON-INVASIVE
TECHNIQUES PROVIDE INFORMATION NECESSARY FOR THE DIAGNOSIS AND TREATMENT
OF HEART DISEASE.

MEDICALLY INVASIVE CARDIAC PROCEDURES ARE PERFORMED IN THE CARDIAC
CATHETERIZATION LABORATORIES. THE HOSPITAL HAS NINE LABORATORIES ACROSS
THE TWO CAMPUSES, INCLUSIVE OF TWO ELECTROPHYSIOLOGY (EP) LABORATORIES IN
NEW BRUNSWICK. WITHIN THE CARDIAC CATHETERIZATION LABORATORIES,
DIAGNOSTIC CARDIAC CATHETERIZATIONS ARE PERFORMED AS WELL AS PERCUTANEOUS
TRANSLUMINAL CORONARY ANGIOPLASTIES (PTCA). IN ADDITION, IN THE
ELECTROPHYSIOLOGY LABS, TREATMENTS FOR ARRHYTHMIAS ARE PERFORMED. THESE
PROCEDURES ARE DONE THROUGH THE USE OF CATHETERS WHICH ARE POSITIONED
WITHIN THE HEART TO MEASURE ITS APPROPRIATE ELECTRICAL ACTIVITY AND
VULNERABILITY OF THE HEART TO ABNORMAL RHYTHMS AND RAPID OR SLOW
HEARTBEATS. THE RWJUH ROBOTIC MAGNETIC NAVIGATION SYSTEM FOR CARDIAC

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

ABLATIONS IN NEW BRUNSWICK HAS GROWN TO BECOME ONE OF THE MOST ACTIVE LABS IN THE COUNTRY. THESE RHYTHM DISORDERS ARE TREATED IN A VARIETY OF WAYS INCLUSIVE OF THE IMPLANTATION OF PACEMAKER DEVICES. THE OTHER PROCEDURES DONE IN THE CARDIAC CATHETERIZATION LABORATORIES ARE THOSE FOR ENDOVASCULAR PROCEDURES TO TREAT PERIPHERAL ARTERY DISEASE. THE CARDIAC CATHETERIZATION LABORATORIES PERFORMED 4,362 PROCEDURES PER YEAR AND ARE AMONGST THE LARGEST AND MOST ACTIVE IN THE STATE OF NEW JERSEY. DURING 2015, WORK WAS COMPLETED ON THE SOMERSET CAMPUS TO ELEVATE AND INTEGRATE THOSE CATH LABS ONTO THE SAME TECHNICAL PLATFORM AS THOSE IN NEW BRUNSWICK.

FROM A CARDIAC SURGICAL PERSPECTIVE, THE HOSPITAL IN NEW BRUNSWICK PERFORMED OVER 1,359 OPEN HEART/TAVR PROCEDURES, INCLUSIVE OF CORONARY ARTERY BYPASS, GRAFTING, MINIMALLY INVASIVE SURGERY FOR REPAIR AND REPLACEMENT OF VALVES, REPAIR OF CONGENITAL ABNORMALITIES IN ADULTS AND SURGICAL TREATMENT OF ATRIAL FIBRILLATION. THE CARDIAC SURGERY DIVISION SIMILARLY PERFORMS HEART TRANSPLANTATION. TO SUPPORT HEART TRANSPLANTATION, THE HOSPITAL ALSO PROVIDES VENTRICULAR ASSIST DEVICES (VAD) WHICH ARE USED AS A BRIDGE TO TRANSPLANTATION. THE VAD PROGRAM AT RWJUH IS ONE OF A HANDFUL OF PROGRAMS NATIONALLY TO BE ACCREDITED BY THE JOINT COMMISSION AS A DESTINATION THERAPY FOR END-STAGE CARDIAC PATIENTS. SINCE ITS 2012 APPROVAL AS A SITE TO OFFER TRANSCATHETER AORTIC VALVE REPLACEMENT, DESIGNED FOR PATIENTS TOO ILL TO QUALIFY FOR TRADITIONAL VALVE REPLACEMENT SURGERY, RWJUH HAS INCREASED THE NUMBER OF TAVR CASES PERFORMED AMONG THE MOST ACUTELY ILL CARDIAC PATIENTS.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

THE HOSPITAL HAS AN ACTIVE HEART FAILURE AND TRANSPLANT SERVICE. THROUGH THIS TEAM-ORIENTED APPROACH OF MEDICAL CARDIOLOGISTS AND CARDIAC SURGEONS, THE MOST UP-TO-DATE TECHNIQUES ARE DONE AT ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL INCLUSIVE OF HEART TRANSPLANTS. THE HOSPITAL HAS PERFORMED OVER 200 HEART TRANSPLANTS.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE HOSPITAL ALSO OFFERS A COMPREHENSIVE CARDIAC REHABILITATION PROGRAM AS A MEANS FOR REHABILITATION FOR PATIENTS WHO HAVE UNDERGONE CERTAIN PROCEDURES OR TREATMENT. THE PROGRAM IS APPROVED BY MEDICARE AND PRIVATE INSURANCE COMPANIES AND IS A BENEFICIAL SERVICE WHERE THE PATIENTS ARE ASSISTED BY THE NURSES AND EXERCISE PHYSIOLOGISTS TO RESUME THEIR ACTIVITIES OF DAILY LIVING.

THE OTHER COMPONENT OF THE CARDIOVASCULAR SERVICE LINE IS VASCULAR SERVICES WHICH ARE PRIMARILY PROVIDED THROUGH THE VASCULAR SURGEONS AND INTERVENTIONAL RADIOLOGISTS. THE TYPES OF PROCEDURES PERFORMED BY THE VASCULAR SURGEONS INCLUDE CAROTID ARTERY SURGERY FOR STROKE PREVENTION, ABDOMINAL AORTIC ANEURYSM (AAA) REPAIRS, THORACIC AORTIC ANEURYSM REPAIRS, RENAL ARTERY REPAIRS, AND ARTERIAL RECONSTRUCTION FOR LOWER EXTREMITIES. THE VASCULAR SURGEONS ARE ALSO PROVIDING ENDOVASCULAR THERAPIES. IN ADDITION TO THE SERVICES PROVIDED BY THE VASCULAR SURGEONS, THE INTERVENTIONAL RADIOLOGISTS PROVIDE MODERN AND COMPLETE DIAGNOSTIC VASCULAR EXAMINATIONS AS WELL AS ENDOVASCULAR THERAPY. THE VASCULAR TEAM HAS COLLABORATED WITH THE HOSPITAL'S TRAUMA AND EMERGENCY MEDICINE

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

DEPARTMENTS TO LAUNCH A NEW CLINICAL PROTOCOL FOR THE MANAGEMENT OF
EMERGENCY AAA CASES.

NON-INVASIVE VASCULAR TESTING IS PROVIDED THROUGH THE VASCULAR
LABORATORY. PROCEDURES INCLUDE BUT ARE NOT LIMITED TO CAROTID ARTERY,
TRANSCRANIAL DOPPLER, AND UPPER AND LOWER EXTREMITY ARTERIAL SCANS.

-CANCER CARE

PROVIDING COMPASSIONATE, HIGH-QUALITY CARE FOR CANCER PATIENTS HAS LONG
BEEN A PRIMARY FOCUS OF BOTH THE NEW BRUNSWICK AND SOMERSET CAMPUSES OF
RWJUH.

THE CANCER HOSPITAL AT RWJUH IN NEW BRUNSWICK OFFERS A COMPREHENSIVE
CANCER CARE PROGRAM WITH A CANCER HOSPITAL THAT PROVIDES SAME-DAY
CHEMOTHERAPY, MEDICAL ONCOLOGY, HEMATOLOGY/ONCOLOGY, SURGICAL ONCOLOGY,
BONE MARROW AND RADIATION THERAPY - ALL IN ONE LOCATION. THE
COLLABORATION OF RWJUH SPECIALISTS, PHYSICIANS AND RESEARCHERS ALLOWS
PATIENTS TO RECEIVE THE BENEFITS OF ALL THE LATEST ADVANCES IN CANCER
CARE. TECHNOLOGICAL HIGHLIGHTS OF THE PROGRAM INCLUDE TUMOR MOTION
TRACKING, WHICH ALLOWS FOR GREATER PRECISION IN TREATING TUMORS WITH
RADIATION, AND THE DA VINCI SURGICAL ROBOT, WHICH OFFERS MINIMALLY
INVASIVE SURGICAL OPTIONS, OFTEN RESULTING IN QUICKER RECOVERY TIME FOR
PATIENTS. RWJUH IS THE FLAGSHIP HOSPITAL OF THE CANCER INSTITUTE OF NEW
JERSEY, THE ONLY NEW JERSEY NATIONAL CANCER INSTITUTE-DESIGNATED

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

COMPREHENSIVE CANCER CENTERS.

LOCATED ON THE CAMPUS OF ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL
SOMERSET, THE STEEPLECHASE CANCER CENTER PROVIDES COMPREHENSIVE CANCER
SERVICES WITHIN A CALM, COMPASSIONATE, PATIENT-FOCUSED ENVIRONMENT. THE
CANCER CENTER HAS BEEN NATIONALLY RECOGNIZED WITH THE PRESTIGIOUS
OUTSTANDING ACHIEVEMENT AWARD FROM THE COMMISSION ON CANCER OF THE
AMERICAN COLLEGE OF SURGEONS. THE SANOFI US BREAST CARE PROGRAM IS ONE OF
ONLY A SELECT FEW BREAST CARE PROGRAMS IN NEW JERSEY TO ACHIEVE FULL
ACCREDITATION BY THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS.
IT HAS ALSO BEEN NAMED A BREAST IMAGING CENTER OF EXCELLENCE BY THE
AMERICAN COLLEGE OF RADIOLOGY. THE STEEPLECHASE CANCER CENTER IS A
CLINICAL RESEARCH AFFILIATE OF THE RUTGERS CANCER INSTITUTE OF NEW
JERSEY.

UNIQUE PROGRAM HIGHLIGHTS INCLUDE:

IN THE SPRING OF 2015, WORK WAS COMPLETED ON THE CREATION OF THE LAURIE
PROTON THERAPY CENTER AT RWJ, ALSO ON THE ROBERT WOOD JOHNSON CAMPUS.
PROTON BEAM THERAPY IS REVOLUTIONARY IN THE TREATMENT OF CERTAIN TYPES OF
CANCER AND IS PARTICULARLY EFFECTIVE IN THE TREATMENT OF SELECTED
PEDIATRIC CANCERS -SUCH AS THOSE IN THE SPINE AND BRAIN - WHERE THE USE
OF TRADITIONAL RADIOTHERAPY MIGHT CAUSE DAMAGE TO FORMING NERVOUS SYSTEM
TISSUE. THE ESTABLISHMENT OF THE LAURIE PROTON THERAPY CENTER HAS CREATED
ANOTHER DESTINATION THERAPY FOR THE PEOPLE OF OUR REGION.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

-RWJUH'S RADIATION ONCOLOGY DEPARTMENT PROVIDES THE LATEST ADVANCES IN
RADIOTHERAPY INCLUDING INTENSITY-MODULATED RADIATION THERAPY (IMRT),
STEREOTACTIC BODY RADIO THERAPY, TOTAL SKIN ELECTRON BEAM THERAPY, HIGH
DOSE RATE AND LOW DOSE RATE BRACHYTHERAPY AND IMAGE-GUIDED RADIATION
THERAPY.

-THE GAMMA KNIFE CENTER AT RWJUH LOCATED ON THE HOSPITAL CAMPUS TREATS
COMPLEX CANCERS WITH STEREOTACTIC RADIO SURGERY OF THE BRAIN AND SPINE IN
WAYS THAT TRADITIONAL SURGERY CANNOT. THE GAMMA KNIFE TECHNOLOGY IS ALSO
BEING SUCCESSFULLY USED IN TREATING CONDITIONS OF THE FACIAL NERVOUS
SYSTEM AND FOR MALFORMATIONS OF BLOOD VESSELS IN THE BRAIN. THE RWJUH
GAMMA KNIFE CENTER PROVIDES THE LATEST TECHNOLOGY IN THE BATTLE AGAINST
CANCER.

-RWJUH OFFERS THE STATE'S ONLY ACCREDITED RESIDENCY PROGRAM IN RADIATION
ONCOLOGY. THE RESIDENCY PROGRAM SUPPORTS THE PRODUCTION OF ADVANCED
CLINICAL AND BASIC SCIENCE RESEARCH THAT SUPPORTS AND ENSURES THE
APPROPRIATE APPLICATION OF HIGH-END TECHNOLOGY.

-RWJUH PROVIDES BOTH ADULT AND PEDIATRIC OUTPATIENT CHEMOTHERAPY AND
INFUSION SERVICES AND IS ONE OF ONLY 2 BONE MARROW TRANSPLANT CENTERS IN
THE STATE AND HAS A BONE MARROW UNIT HOUSED WITHIN THE CANCER HOSPITAL.

-RWJUH PROVIDES ACCESS TO THE EXPERTISE OF THE REGION'S BEST PLASTIC AND
RECONSTRUCTIVE SURGEONS.

-THE CANCER HOSPITAL OF NEW JERSEY AT RWJUH FOCUSES ON ADDITIONAL PATIENT
NEEDS INCLUDING EDUCATION, PSYCHOLOGICAL, EMOTIONAL, AND SPIRITUAL
SUPPORT.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

-THE BRISTOL-MYERS SQUIBB CHILDREN'S HOSPITAL AT RWJUH HOUSES A 10-BED
PEDIATRIC HEMATOLOGY/ONCOLOGY UNIT FOR CHILDREN WITH CANCER.
-PATIENTS HAVE ACCESS TO A DEDICATED ONCOLOGY SOCIAL WORKER, AN ONCOLOGY
NUTRITIONIST, CHAPLAIN AND NUMEROUS OTHER SUPPORT GROUPS.
-IN THE CANCER HOSPITAL, ALL ROOMS ARE PRIVATE WITH HOTEL-STYLE AMENITIES
SUCH AS A TV, REFRIGERATOR, AND IN-SERVICE DINING, AS WELL AS SLEEPING
ACCOMMODATIONS FOR FAMILY MEMBERS.
-WOMEN'S AND CHILDREN'S SERVICES.

BOTH THE NEW BRUNSWICK AND SOMERSET CAMPUSES OF RWJUH HAVE A LONG HISTORY
OF PROVIDING COMPREHENSIVE CARE TO WOMEN AND CHILDREN IN OUR DIVERSE
COMMUNITIES. THE REGIONAL PERINATAL CENTER AT ROBERT WOOD JOHNSON
UNIVERSITY HOSPITAL OFFERS THE HIGHEST LEVEL OF OBSTETRIC AND NEONATAL
SERVICES IN NEW JERSEY. A FULL RANGE OF SPECIALIZED CARE IS OFFERED,
INCLUDING: PRE-CONCEPTION COUNSELING FOR WOMEN DIAGNOSED WITH A CHRONIC
CONDITION BEFORE PREGNANCY; COUNSELING FOR COUPLES WITH HIGH RISK FACTORS
FOR GENETIC PROBLEMS; MEETING THE ADVANCED CARE NEEDS OF WOMEN WITH
MEDICAL PROBLEMS SUCH AS EPILEPSY, RENAL TRANSPLANT, HIV POSITIVE OR
CARDIOVASCULAR DISEASE; CARE FOR PREGNANT WOMEN WITH MULTIPLES OR A
PREVIOUS PRETERM INFANT; AND, EVEN PROVIDING SECOND OPINIONS FOR PREGNANT
WOMEN SEEKING THIS OPTION.

RWJUH'S LABOR AND DELIVERY UNIT OFFERS PATIENTS WELL-APPOINTED ROOMS THAT
ARE LARGER AND REDESIGNED TO CREATE A WARM, PATIENT-FOCUSED ENVIRONMENT.
THE HOSPITAL RENOVATED AND ADDED BOTH ANTE-PARTUM AND POST-PARTUM ROOMS

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

AND BEDS, WHICH NOW GIVES US 31 ANTE- AND POST-PARTUM BEDS, AS WELL AS 12 LABOR AND DELIVERY ROOMS. ADDITIONALLY, THERE IS EASIER ACCESS FROM THE LABOR AND DELIVERY AREA TO THE NEONATAL INTENSIVE CARE UNIT IF NEWBORNS REQUIRE HIGHLY SPECIALIZED CRITICAL CARE.

DURING 2023, MORE THAN 2,400 BIRTHS WERE RECORDED AT THE REGIONAL PERINATAL CENTER IN NEW BRUNSWICK AND OVER 800 BIRTHS WERE NOTED ON THE SOMERSET CAMPUS.

PROGRAM HIGHLIGHTS INCLUDE:

-THE STATE'S MOST ADVANCED PROGRAM FOR EVALUATING AND PREVENTING PRE-TERM BIRTHS AND PREGNANCY LOSS.

-A COMPREHENSIVE OBSTETRICAL UNIT IN NEW BRUNSWICK, WHICH INCLUDES STATE-OF-THE-ART, LABOR AND DELIVERY ROOMS, AN ANTE-PARTUM LOFT FOR OBSTETRIC EMERGENCIES, A FOUR-BED RECOVERY UNIT AND THREE OPERATING ROOMS.

-A TOTAL OF 32 PRIVATE ANTE-PARTUM AND POST-PARTUM ROOMS FOR MATERNITY CARE WITH HOTEL-LIKE AMENITIES.

-STATE-OF-THE-ART CENTRAL FETAL SURVEILLANCE MONITORS WITH REMOTE ACCESS, AND AN EXPANDED NURSES' STATION WITH A PHYSICIAN DICTATION AREA.

-REMOTE ACCESS FOR FETAL SURVEILLANCE AVAILABLE TO SMART PHONE, OFFICE, AND HOME.

-MATERNAL-FETAL MEDICINE SPECIALISTS AVAILABLE 24/7 WITH A FULL-TEAM COMPRISED OF FELLOWS, NURSES, SOCIAL WORKERS, NUTRITIONISTS, AND GENETIC

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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▶ Attach to Form 990 or 990-EZ.

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

COUNSELORS.

-STRONG RELATIONSHIPS WITH THE ADULT MEDICAL INTENSIVE CARE UNIT (MICU)
WHICH IS WIRED FOR CENTRAL FETAL MONITORING.

-THE FIRST HOSPITAL IN NEW JERSEY WITH THE COOL-CAP DEVICE FOR NEONATES
BORN WITH MODERATE TO SEVERE HYPOXIC-ISCHEMIC ENCEPHALOPATHY (HIE), WHICH
CAN CAUSE PERMANENT NEUROLOGIC SEQUELAE.

-TWO NURSERIES EQUIPPED WITH STATE-OF-THE-ART TECHNOLOGY AND A HIGHLY
SKILLED STAFF WITH EXPERIENCE IN PHOTOTHERAPY AND IV ANTIBIOTICS.

-A DEDICATED OB ANESTHESIOLOGIST, LACTATION CONSULTANTS ON STAFF SEVEN
DAYS A WEEK AND A CERTIFIED CHILD SAFETY PASSENGER TECHNICIAN.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

RWJUH SOMERSET RENOVATED ITS MATERNITY UNIT IN 2016 TO ENHANCE THE
COMFORT AND QUALITY OF CARE FOR PATIENTS AND THEIR FAMILIES. RENOVATIONS
INCLUDED UPDATES TO LABOR AND DELIVERY ROOMS AND POST-PARTUM ROOMS,
INCLUDING NEW FURNITURE, FLOORING, PAINT, AND DÉCOR, AS WELL AS ENHANCED
SECURITY SYSTEMS. ALL PATIENT ROOMS FEATURE THE GETWELLNETWORK, AN
INTERACTIVE PATIENT EDUCATION TELEVISION SYSTEM PROVIDING ACCESS TO THE
INTERNET, EMAIL, AND VIDEOS ABOUT HEALTH-RELATED TOPICS DURING A
PATIENT'S STAY IN THE HOSPITAL.

RWJUH SOMERSET ALSO PROVIDES A WIDE RANGE OF SERVICES FOR EXPECTANT
MOTHERS, NEWBORNS, AND THEIR FAMILIES, INCLUDING A LEVEL II INTERMEDIATE
CARE NURSERY STAFFED 24/7 BY A BOARD-CERTIFIED NEONATOLOGIST AND
SPECIALLY TRAINED NURSES. A BOARD-CERTIFIED OBSTETRICIAN/GYNECOLOGIST AND
ANESTHESIOLOGY COVERAGE DEDICATED TO OBSTETRICS IS AVAILABLE 24/7.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

COUNSELING WITH MATERNAL-FETAL MEDICINE STAFF AND A PERINATOLOGIST IS AVAILABLE AS IS A COMPREHENSIVE DIABETES CENTER THAT OFFERS PREGNANCY AND POST-PARTUM COUNSELING. A FAMILY PRACTICE CENTER PROVIDES PRENATAL AND POST-PARTUM CARE. SERVICES ALSO INCLUDE A LACTATION CONSULTANT FOR INPATIENT AND OUTPATIENT VISITS; POST-PARTUM AND INFANT CARE CLASSES OFFERED DURING A PATIENT'S STAY SO THAT THEY ARE READY FOR DISCHARGE; AND CHILDBIRTH EDUCATION FEATURING A WIDE RANGE OF TOPICS FOR PARENTS, SIBLINGS, AND GRANDPARENTS.

-THE BRISTOL-MYERS SQUIBB CHILDREN'S HOSPITAL (BMSCH) AT ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL

THE BRISTOL-MYERS SQUIBB CHILDREN'S HOSPITAL AT ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL IS AT THE EPICENTER OF A GROWING PEDIATRIC ACADEMIC HEALTH CAMPUS THAT PROVIDES THE MOST COMPREHENSIVE CARE FOR CHILDREN IN NEW JERSEY. BMSCH FEATURES SUB-SPECIALISTS IN A FULL RANGE OF PEDIATRICS FROM PEDIATRIC SURGERY, UROLOGY AND CARDIOLOGY TO ONCOLOGY, ORTHOPEDICS, HEMATOLOGY, AND PULMONOLOGY, ALL IN A FAMILY-CENTERED ENVIRONMENT. WITH THE MERGER IN 2014, PEDIATRIC PATIENTS OF SOMERSET COUNTY NOW HAVE HEIGHTENED ACCESS TO BMSCH AND THE MANY CLINICAL SPECIALISTS ON THE ACADEMIC CAMPUS. UNIVERSITY HOSPITAL IS AT THE EPICENTER OF A GROWING PEDIATRIC ACADEMIC HEALTH CAMPUS THAT PROVIDES THE MOST COMPREHENSIVE CARE FOR CHILDREN IN NEW JERSEY. BMSCH FEATURES SUB-SPECIALISTS IN A FULL RANGE OF PEDIATRICS FROM PEDIATRIC SURGERY, UROLOGY AND CARDIOLOGY TO ONCOLOGY, ORTHOPEDICS, HEMATOLOGY, AND PULMONOLOGY, ALL IN A

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

FAMILY-CENTERED ENVIRONMENT. WITH THE MERGER ACHIEVED EARLIER THIS YEAR,
PEDIATRIC PATIENTS OF SOMERSET COUNTY NOW HAVE HEIGHTENED ACCESS TO BMSCH
AND THE MANY CLINICAL SPECIALISTS ON THE ACADEMIC CAMPUS.

PROGRAM HIGHLIGHTS INCLUDE:

-THE CENTER FOR ADVANCED PEDIATRIC SURGERY (CAPS), LOCATED ON THE SEVENTH
FLOOR OF BMSCH, IS DESIGNED AS A DISTINCT PEDIATRIC OPERATING ROOM SUITE.
CAPS PROVIDES THE LATEST IN TECHNOLOGY FOR GENERAL PEDIATRIC SURGEONS AND
PEDIATRIC SUB-SPECIALISTS.

-THE STATE'S ONLY DESIGNATED PEDIATRIC TRAUMA CENTER: FOR THE MOST
SERIOUSLY INJURED CHILDREN, BMSCH IS A CERTIFIED LEVEL II TRAUMA CENTER,
AND PEDIATRIC SURGEONS ARE AVAILABLE TO PERFORM SURGERY AT A MOMENT'S
NOTICE. THIS PEDIATRIC TRAUMA CENTER WORKS IN CONCERT WITH THE RWJUH
LEVEL 1 TRAUMA CENTER.

-PEDIATRIC EMERGENCY DEPARTMENT: OUR UNIQUE STANDALONE PEDIATRIC
EMERGENCY DEPARTMENT, COMPLETELY SEPARATE FROM OUR ADULT EMERGENCY
DEPARTMENT, IS SPECIALLY DESIGNED TO MEET THE NEEDS OF CHILDREN AND THEIR
FAMILIES WITH SPECIALLY TRAINED ED NURSES, TECHNICIANS, AND
BOARD-CERTIFIED DOCTORS.

-THE PEDIATRIC INTENSIVE CARE UNIT (PICU): THE PICU PROVIDES CARE FOR
CRITICALLY ILL AND INJURED CHILDREN, INCLUDING ALL OF THE MOST ADVANCED
TREATMENT MODALITIES AND ALL ASPECTS OF INVASIVE AND NON-INVASIVE
MONITORING, ALONG WITH 24-HOUR-A-DAY CARE FROM PEDIATRIC CRITICAL CARE
SPECIALISTS.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

-ROBOTIC SURGERY: BMSCH OFFERS THE LATEST IN MINIMALLY INVASIVE PEDIATRIC
ROBOTIC SURGERY FOR THE TREATMENT OF SEVERAL UROLOGIC CONDITIONS
INCLUDING PYELOPLASTY AND PARTIAL NEPHRECTOMY.

-THE PEDIATRIC HEMATOLOGY/ONCOLOGY PROGRAM: BMSCH, IN CONJUNCTION WITH
THE CANCER INSTITUTE OF NEW JERSEY (CINJ), OFFERS CHILDREN WITH CANCER
AND BLOOD DISORDERS THE MOST ADVANCED CARE IN THE STATE. IT INCLUDES A
PEDIATRIC BRAIN TUMOR PROGRAM AND A LEUKEMIA/LYMPHOMA PROGRAM.

-THE PEDIATRIC ORTHOPEDIC PROGRAM: THIS PROGRAM PROVIDES COMPLETE
PEDIATRIC CARE FOR A WIDE RANGE OF DEVELOPMENTAL, CONGENITAL,
POST-TRAUMATIC AND NEUROMUSCULAR CONDITIONS OF THE MUSCULOSKELETAL SYSTEM
USING BOTH SURGICAL AND NON-SURGICAL APPROACHES, INCLUDING MINIMALLY
INVASIVE TECHNIQUES.

-THE PEDIATRIC PULMONARY PROGRAM: THIS PROGRAM PROVIDES CARE FOR CHILDREN
SUFFERING FROM A NUMBER OF RESPIRATORY PROBLEMS INCLUDING CYSTIC
FIBROSIS, ASTHMA, TECHNOLOGY DEPENDENCE AND SLEEP DISORDERS.

-NEONATAL INTENSIVE CARE UNIT (NICU): BMSCH IS HOME TO ONE OF THE LARGEST
NEONATAL INTENSIVE CARE UNITS (NICU) IN THE STATE AND FEATURES THE MOST
UP-TO-DATE TECHNOLOGY DESIGNED TO TREAT THE MOST CRITICALLY ILL NEWBORNS.

-METABOLISM, INFECTIOUS DISEASES AND RHEUMATOLOGY: THESE CENTERS
PROVIDE PATIENTS WITH THE MOST EXPANDED SERVICES AVAILABLE.

-CHILD LIFE PROGRAM: THIS PROGRAM ASSISTS FAMILIES WITH THE ADJUSTMENT TO
HOSPITALIZATION, ILLNESS OR INJURY AND TREATMENT.

THE NEARBY CHILD HEALTH INSTITUTE OF NEW JERSEY AT RUTGERS RWJMS IS A
CENTER FOR BIOMEDICAL RESEARCH AND PEDIATRIC CARE, FEATURING AN

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

AMBULATORY CARE CENTER, RESEARCH LABORATORIES AND OFFICES FOR FACULTY.
HERE, SCIENTISTS, RESEARCHERS AND CLINICIANS CONVERGE TO STUDY AND TREAT
DISEASES THAT THREATEN CHILDREN. ATTACHED TO BMSCH IS THE PSE&G
CHILDREN'S SPECIALIZED HOSPITAL - ANOTHER VALUED MEMBER OF THE RWJBH
HEALTH SYSTEM - THE NATION'S LARGEST PROVIDER OF PEDIATRIC REHABILITATION
SERVICES FOR CHILDREN. SIMILARLY ADJACENT TO THE BMSCH AND RWJUH CAMPUS
ARE TWO IMPORTANT NOT-FOR-PROFIT PARTNERS IN PEDIATRIC HEALTHCARE: THE
RONALD MCDONALD HOUSE, WHERE FAMILIES OF SICK CHILDREN CAN LIVE DURING
THE CHILD'S HOSPITAL STAY, AND ALSO THE EMBRACE KIDS FOUNDATION, WHICH
SUPPORTS FAMILIES OF CHILDREN UNDERGOING CANCER AND OTHER BLOOD
DISORDERS.

-LEVEL I TRAUMA CENTER

THE LEVEL I TRAUMA CENTER AT RWJUH IS A REGIONAL LEVEL ONE TRAUMA CENTER.
RWJUH IS ONE OF ONLY THREE LEVEL ONE TRAUMA CENTERS DESIGNATED BY THE NEW
JERSEY DEPARTMENT OF HEALTH. A LEVEL ONE CENTER IS THE HIGHEST
DESIGNATION A HOSPITAL CAN RECEIVE. THE CENTER SEES APPROXIMATELY 2,800
TRAUMA CASES ANNUALLY.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON

RWJUH HAMILTON'S RECOGNIZED MEDICAL SERVICES CENTERS OF EXCELLENCE
INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

-CENTER OF EXCELLENCE IN METABOLIC AND BARIATRIC SURGERY

THE BARIATRIC SURGERY PROGRAM AT RWJUH HAMILTON OFFERS PATIENTS ADVANCED CLINICAL TREATMENT FOR WEIGHT LOSS, ENABLING THEM TO OVERCOME THE MOST DAMAGING HEALTH EFFECTS OF BEING OVERWEIGHT. THROUGH A TEAM APPROACH, CANDIDATES ARE EVALUATED, AND PRE-EXISTING CONDITIONS ARE TAKEN INTO CONSIDERATION. PATIENTS RECEIVE EDUCATION ON PROCEDURE OPTIONS, RISKS, OUTCOMES, POTENTIAL SIDE EFFECTS, AND LIFESTYLE MODIFICATIONS. PROGRESS IS MONITORED AND STRICT DIETARY AND EXERCISE REGIMENS ARE INSTITUTED. PATIENTS ARE PAIRED WITH CLINICAL PROFESSIONALS, EXERCISE SPECIALISTS, NUTRITIONISTS, AND SUPPORT STAFF TO PROVIDE A FULL CONTINUUM OF SERVICES AND COUNSELING. THE PROGRAM IS RECOGNIZED AS A BARIATRIC SURGERY CENTER OF EXCELLENCE WITH A DEMONSTRATED TRACK RECORD OF FAVORABLE OUTCOMES IN BARIATRIC SURGERY BY THE SURGICAL REVIEW CORPORATION.

-RUTGERS CANCER INSTITUTE OF NEW JERSEY HAMILTON

THE ONCOLOGY PROGRAM INTEGRATES A MEDICAL AND RADIATION ONCOLOGY PRACTICE WITH LEADING ONCOLOGY SPECIALISTS, OUTPATIENT TREATMENT, AND SUPPORT SERVICES. AS AN AFFILIATE OF THE RUTGERS CANCER INSTITUTE OF NEW JERSEY IN NEW BRUNSWICK-THE ONLY NATIONAL CANCER INSTITUTE-DESIGNATED CANCER CENTER IN NEW JERSEY-WE PROVIDE ACCESS TO CANCER RESEARCH AND SCIENTIFIC ADVANCES FOR THE TREATMENT OF ALL TYPES OF MALIGNANCIES AND BLOOD DISORDERS. THE PROGRAM IS ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS'

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

COMMISSION ON CANCER AND NATIONAL ACCREDITATION PROGRAM FOR BREAST
CENTERS.

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

LOCATED ON THE HOSPITAL CAMPUS, THE CANCER CENTER PROVIDES ADDED
CONVENIENCE AND COMFORT TO OUR PATIENTS IN A MODERN 18,500-SQUARE-FOOT
BUILDING INTEGRATING ALL OF THE SERVICES NEEDED TO CARE FOR SOMEONE WITH
CANCER:

-DEDICATED SUPPORT SERVICES AND SOCIAL WORKER.

-GENETIC TESTING AND COUNSELING.

-INFUSION AND RADIATION TREATMENT AREAS.

-LABORATORY SERVICES.

-ON-SITE MEDICAL SERVICES.

-ONCOLOGY MEDICAL PRACTICE.

-RESEARCH PROGRAM/CLINICAL TRIALS.

-DEDICATED BREAST CANCER AND LUNG CANCER NAVIGATORS TO HELP OUR PATIENTS
NAVIGATE APPROPRIATELY THROUGH THE COMPLEX TREATMENT; AND

-THROUGH A PARTNERSHIP WITH THE AMERICAN CANCER SOCIETY, A "LOOK GOOD,
FEEL BETTER" IMAGE SALON IS OFFERED TO OUR CANCER PATIENTS.

-DIABETES AND ENDOCRINOLOGY CARE CENTERS

DIABETES AND ENDOCRINOLOGY CARE: OUR DIABETES SELF-MANAGEMENT PROGRAM
OFFERS ONE-ON-ONE EDUCATION TO OUR PATIENTS ABOUT THE IMPORTANCE OF
SELF-MANAGEMENT AND HOW TO APPLY THE BASIC PRINCIPLES TO THEIR EVERYDAY
LIVES. TO DO THIS, WE COMMUNICATE WITH PATIENTS THROUGH INPATIENT CARE,

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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2023

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**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

ON AN OUTPATIENT LEVEL AND THROUGH SUPPORT AND CONTINUED EDUCATION. OUR
DIABETES SUPPORT GROUP IS A FREE SERVICE FOR THOSE LIVING WITH DIABETES
AND THEIR LOVED ONES. WE ALSO OFFER COMMUNITY EDUCATION PROGRAMS HELD AT
THE RWJ FITNESS & WELLNESS CENTER. A DIABETES NURSE PRACTITIONER IS
ASSIGNED TO MANAGE THE INPATIENT AND OUTPATIENT CARE OF OUR PATIENTS. OUR
OUTPATIENT DIABETES PROGRAM IS CERTIFIED BY THE AMERICAN DIABETES
ASSOCIATION AS A CENTER OF EXCELLENCE SINCE 2002 AND ALSO RECOGNIZED BY
THE JOINT COMMISSION.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY

-PRIMARY STROKE CENTER

RWJUH RAHWAY IS A STATE-DESIGNATED PRIMARY STROKE CENTER WITH
TELEMEDICINE CAPABILITY FOR 24/7 COVERAGE. THIS SERVICE IS SUPPORTED AND
CONNECTED BY CO-LOCATED CONTINUUM OF CARE SERVICES, INCLUDING CARE
CONNECTION, A 24-BED LICENSED SUBACUTE REHAB UNIT OWNED BY ALARIS HEALTH,
AND KINDRED HOSPITAL, A 34-BED LONG TERM ACUTE CARE HOSPITAL FOR
MEDICALLY COMPLEX PATIENTS WHO NEED INTENSE SPECIALIZED TREATMENT FOR AN
EXTENDED PERIOD OF TIME.

-THE JOINT REPLACEMENT CENTER

THE JOINT REPLACEMENT CENTER AT RWJUH RAHWAY PROVIDES AN EXPERIENCED TEAM

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

TO PROVIDE PRE-SURGERY AND POST-SURGERY EDUCATION, CLINICAL EXPERTISE,
THERAPY, AND THE INDIVIDUAL SUPPORT. PHYSICAL AND AQUATIC THERAPY CENTERS
ARE LOCATED IN ITS FITNESS CENTERS IN SCOTCH PLAINS AND CARTERET. ALL
SURGEONS ARE BOARD CERTIFIED AND HAVE EXTENSIVE EXPERIENCE IN JOINT
REPLACEMENT AND MINIMALLY INVASIVE TECHNIQUES. THE EXPERIENCED STAFF
CONSISTS OF A JOINT CARE COORDINATOR, SPECIALIZED NURSING CARE, LICENSED
OCCUPATIONAL AND PHYSICAL THERAPISTS, AND CASE MANAGERS TO HELP EACH
PATIENT MAKE THE TRANSITION FROM THE HOSPITAL TO A PAIN FREE, ACTIVE
LIFE.

-THE CENTER FOR WOUND HEALING AND HYPERBARIC MEDICINE

RWJUH RAHWAY PARTNERS WITH RESTORIX HEALTH TO PROVIDE HYPERBARIC
MEDICINE. THE CENTER PROVIDES PATIENTS WITH TREATMENT FOR CHRONIC,
NON-HEALING WOUNDS ASSOCIATED WITH INADEQUATE CIRCULATION, POORLY
FUNCTIONING VEINS, AND IMMOBILITY. NON-HEALING WOUNDS OCCUR MOST
FREQUENTLY IN PEOPLE WITH DIABETES AND POOR CIRCULATION.

THE CENTER OFFERS:

- COMPRESSION THERAPY.
- DIABETIC FOOT MANAGEMENT.
- BIOLOGIC SKIN SUBSTITUTES.
- EDEMA MANAGEMENT.
- LABS, IMAGING, AND SCANS.

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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2023

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**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

- COORDINATION OF DIETARY.
- DIABETES EDUCATION SERVICES.
- WOUND CARE EDUCATION.
- HYPERBARIC OXYGEN THERAPY.
- OFF-LOADING (TAKING PRESSURE OFF THE WOUND).
- SHARP DEBRIDEMENT (REMOVAL OF DEAD TISSUE).
- SPECIALTY DRESSINGS THAT PROMOTE HEALING.
- AND LIMIT THE POTENTIAL FOR INFECTION.
- TOPICAL PRESCRIPTION MEDICATIONS; AND
- VASCULAR STUDIES.

- CARDIAC HEALTH SERVICES

CARDIAC HEALTH SERVICES AT RWJUH RAHWAY INCLUDE A FULLY CERTIFIED MOBILE INTENSIVE CARE UNIT, A 24/7 EMERGENCY DEPARTMENT WITH BOARD CERTIFIED SPECIALISTS, A STATE-OF-THE-ART CARDIAC CATHETERIZATION LAB AND AN AVERAGE DOOR-TO-BALLOON TIME UNDER 60 MINUTES FOR LIFESAVING ANGIOPLASTY. IT HAS THE FULL RANGE OF CARDIAC DIAGNOSTIC EQUIPMENT. IN ADDITION, THE NICHOLAS QUADREL HEALTHY HEART CENTER OFFERS A COMPREHENSIVE CARDIAC REHAB PROGRAM, WITH MEDICALLY SUPERVISED EXERCISE, NUTRITIONAL COUNSELING, AND SUPPORT. CARDIAC REHAB HAS BEEN SHOWN TO REDUCE THE CHANCE OF A SECOND CARDIAC EVENT AND IMPROVES STAMINA AND STRENGTH.

SAINT BARNABAS BEHAVIORAL HEALTH CENTER

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

AT SBBH, OUR MULTIDISCIPLINARY STAFF INCLUDES EXPERIENCED PROFESSIONALS IN NEARLY EVERY FACET OF BEHAVIORAL HEALTHCARE. THIS ALLOWS US TO PROVIDE TRULY CUSTOMIZED AND HIGHLY SPECIALIZED TREATMENT TRACKS FOR ADULTS AND GERIATRIC PATIENTS, AS WELL AS PROGRAMS FOR THE DUALY DIAGNOSED. IN ALL PROGRAMS, TREATMENT TEAMS ARE CREATED TO MATCH EACH PATIENT'S SPECIFIC NEEDS AND INCLUDE PROFESSIONALS WHO ARE CERTIFIED IN THEIR AREA OF EXPERTISE. OUR CLINICALLY INTENSIVE PROGRAMS ARE DESIGNED TO BRING ABOUT POSITIVE, LASTING CHANGE AND A RAPID RETURN TO HEALTH.

STEPPING STONES - INTENSIVE OUTPATIENT PROGRAM

THE STEPPING STONES INTENSIVE OUTPATIENT PROGRAM IS DESIGNED FOR INDIVIDUALS WHO REQUIRE TREATMENT THREE TO FIVE DAYS PER WEEK, DEPENDING ON THEIR NEEDS. THREE AND A HALF HOUR SESSIONS ARE OFFERED MONDAY THROUGH FRIDAY WITH BOTH MORNING AND AFTERNOON SESSIONS AVAILABLE FOR THE PATIENT'S CONVENIENCE. SESSIONS CONSIST OF GROUP THERAPY AND WEEKLY INDIVIDUAL SESSIONS WITH A PSYCHIATRIST, ADVANCED PRACTICE NURSE AND AN INDIVIDUAL THERAPIST.

GERIATRIC BEHAVIORAL HEALTH

THE GERIATRIC TREATMENT PROGRAM OFFERS A COMPLETE RANGE OF INPATIENT AND OUTPATIENT MENTAL HEALTH SERVICES FOR GERIATRIC PATIENTS. TREATMENTS VARY BASED ON THE SEVERITY OF PROBLEMS, BUT INCLUDE PSYCHOTHERAPY,

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

MEDICATIONS, HOME HEALTHCARE, OUTPATIENT PROGRAMS STRUCTURED FOR
 MAINTAINING A HIGH LEVEL OF INDEPENDENCE AND HOSPITALIZATION PROVIDING A
 STRUCTURED THERAPEUTIC APPROACH IN AN APPROPRIATE ENVIRONMENT. PROGRAMS
 TAKE PLACE IN A SEPARATE UNIT DESIGNED FOR OLDER ADULTS. A GERIATRIC
 PSYCHIATRIST LEADS ALL TREATMENT TEAMS AND MONITORS THE NUTRITIONAL,
 PHARMACOLOGICAL AND MEDICAL NEEDS OF EACH PATIENT. THE GERIATRIC
 PSYCHIATRIST IS IDEALLY SUITED TO ADDRESS THE MENTAL HEALTH NEEDS OF
 OLDER ADULTS BY TAKING INTO ACCOUNT CO-EXISTING MEDICAL ILLNESSES AND
 MEDICATIONS, DIETARY NEEDS, FAMILY ISSUES AND SOCIAL CONCERNS AND
 INTEGRATES THEM INTO A HOLISTIC APPROACH TO TREATMENT.
 INPATIENT ADULT PSYCHIATRIC SERVICES

RWJBARNABAS HEALTH BEHAVIORAL HEALTH NETWORK OFFERS BOTH VOLUNTARY AND
 INVOLUNTARY INPATIENT UNITS AND INTENSIVE SHORT-TERM CARE FACILITIES
 WHICH TREAT THE MOST SEVERELY ILL PATIENTS. THERE ARE SPECIALIZED
 TREATMENT TRACKS IN PLACE THROUGHOUT THE NETWORK FOR MICA PATIENTS AS
 WELL AS OTHER DUALY DIAGNOSED PATIENTS. SBBH PATIENTS MAY ACCESS
 INPATIENT SERVICES THROUGH EMERGENCY SERVICES AT NUMEROUS NETWORK SITES,
 THROUGH RWJBARNABAS HEALTH BEHAVIORAL HEALTH NETWORK 24-HOUR ACCESS
 CENTER STAFFED BY CLINICIANS TRAINED IN EMERGENCY RESPONSE, OR THROUGH
 PROFESSIONAL REFERRAL.

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

RWJBH OTHER MEDICAL SERVICES

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

RWJBH PROVIDES AN EXTENSIVE ARRAY OF ADDITIONAL MEDICAL SERVICES THROUGH
ITS SYSTEM WHICH INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

- AMBULATORY SURGERY CENTER.
- ANESTHESIOLOGY.
- BARIATRIC SURGERY.
- BEHAVIORAL HEALTH NETWORK.
- BLOODLESS MEDICINE AND SURGERY PROGRAM.
- BONE MARROW TRANSPLANT.
- BURN CENTER.
- CANCER PROGRAMS AND SERVICES.
- CARDIAC SERVICES AND HEART TRANSPLANT.
- CELIAC DISEASE PROGRAM.
- CENTER FOR HEALTH AND WELLNESS.
- COLON WELLNESS CENTER.
- COMMUNITY HEALTH.
- COMPREHENSIVE REHABILITATION CENTER.
- CORPORATE CARE.
- CRANIOFACIAL CENTER.
- CYSTIC FIBROSIS.
- DIABETES CARE.
- DIALYSIS, RENAL.
- EMERGENCY SERVICES.
- EPILEPSY CENTER, ADULT AND PEDIATRIC COMPREHENSIVE.
- FITNESS AND WELLNESS CENTERS.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

- GREENHOUSE AND MOBILE GREENHOUSE
- HEALTH ASSESSMENT CENTER FOR ATHLETES.
- HEMOPHILIA AND BLOOD DISORDERS.
- HEMODIALYSIS.
- HOME HEALTH SERVICES.
- HOSPICE AND PALLIATIVE CARE SERVICES.
- IMAGING CENTERS.
- INTERNAL MEDICINE FACULTY PRACTICE.
- INTEGRATIVE MEDICINE CENTER.
- JOINT INSTITUTES.
- JOINT AND SPINE INSTITUTE.
- LASIK REFRACTIVE SURGERY.
- LUNG CENTER - LUNG TRANSPLANT.
- MEDICAL EDUCATION AND CLINICAL RESEARCH.
- MEDICINE SUBSPECIALTIES.
- CENTER FOR MENOPAUSE AND REPRODUCTIVE ENDOCRINE SERVICES.
- MULTIPLE SCLEROSIS COMPREHENSIVE CARE PROGRAM.
- NEONATAL INTENSIVE CARE UNIT.
- INSTITUTE FOR NEUROLOGY AND NEUROSURGERY.
- NUTRITIONAL COUNSELING SERVICES.
- OBESITY AND WEIGHT MANAGEMENT CENTER.
- OBSTETRICS/GYNECOLOGY.
- OCCUPATIONAL MEDICINE.
- OSTEOPOROSIS AND METABOLIC BONE DISEASE CENTER.
- PAIN MANAGEMENT.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

- PATHOLOGY SERVICES.
- PEDIATRIC CARDIAC SURGERY.
- PEDIATRICS - GENERAL AND SUBSPECIALTY.
- PEDIATRIC INTENSIVE CARE UNIT.
- PEDIATRIC NEPHROLOGY AND TRANSPLANTATION.
- PEDIATRIC ONCOLOGY.
- PEDIATRIC SPECIALTY CENTER (INCLUDES DEVELOPMENTAL, GENETICS, DIABETES,
ENDOCRINOLOGY, GASTROENTEROLOGY, GENERAL SURGERY, INFECTIOUS DISEASE, AND
IMMUNOLOGY, LYME DISEASE AND RHEUMATOLOGY, NEUROLOGY, PULMONOLOGY).
- PERITONEAL DIALYSIS.
- PHYSICAL MEDICINE AND REHABILITATION.
- PHYSICAL AND OCCUPATIONAL THERAPY.
- PLASTIC AND RECONSTRUCTIVE SURGERY.
- PRE-ADMISSION TESTING.
- POST-ACUTE REHABILITATION.
- OUTPATIENT PULMONARY REHABILITATION.
- RADIATION ONCOLOGY.
- RADIOLOGY.
- REFRACTIVE SURGERY CENTER.
- REGIONAL CRANIOFACIAL CENTER.
- RENAL TRANSPLANT CENTERS.
- RETAIL PHARMACIES.
- COMPREHENSIVE REHABILITATION CENTER.
- RECOVERY AND PREVENTION SERVICES.
- RESPIRATORY CARE.

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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Form 990 or 990-EZ or to provide any additional information.

2023

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**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

-ROBOTIC SURGERY AND MINIMALLY INVASIVE SURGERY.

-SENIOR HEALTH.

-SLEEP DISORDERS CENTER.

-SMOKING CESSATION.

-SPEECH AND HEARING CENTER.

-SPORTS MEDICINE INSTITUTE.

-STROKE, COMPREHENSIVE AND PRIMARY CENTERS.

-SURGERY DEPARTMENT.

-TOBACCO TREATMENT PROGRAM.

-TRANSITIONAL CARE UNITS.

-TRAVEL MEDICINE.

-UROGYNECOLOGY.

-VALERIE FUND CHILDREN'S CENTERS.

-WEIGHT LOSS INSTITUTE.

-WOMEN'S CARDIAC RISK ASSESSMENT.

-WOMEN'S/PARENT HEALTH EDUCATION.

-WOMEN'S CENTER FOR GYNECOLOGICAL SURGERY.

-WOUND CARE CENTERS AND HYPERBARIC MEDICINE; AND

-VASCULAR CENTER.

SUPPORT GROUPS

RWJBH IS DEDICATED TO PROVIDING THE HIGHEST QUALITY OF SERVICES TO MEET

ALL THE HEALTHCARE NEEDS OF ITS COMMUNITY. IN ADDITION TO THE DIRECT

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
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▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

PATIENT CARE PROVIDED BY ITS STAFF, RWJBH MAKES AVAILABLE THE FOLLOWING
HEALTHCARE EDUCATION PROGRAMS AND CLASSES, PATIENT SUPPORT GROUPS AND
COMMUNITY SERVICES TO PATIENTS AND THEIR FAMILIES. SOME OF THESE PROGRAMS
ARE:

- AIDS/HIV POSITIVE SUPPORT GROUP.
- BEREAVEMENT SUPPORT GROUP.
- BREASTFEEDING SUPPORT GROUP.
- BREAST HEALTH EDUCATION.
- BURN PEER SUPPORT GROUP.
- CANCER SUPPORT GROUPS AND PROGRAMS.
- CARDIAC REHABILITATION SUPPORT GROUP.
- CHILDREN OF AGING PARENTS SUPPORT GROUP.
- COPING LOW VISION.
- CRANIOFACIAL PARENT EDUCATION AND SUPPORT.
- EPILEPSY PARENT SUPPORT GROUP.
- IMPOTENCE ANONYMOUS.
- INFERTILITY SUPPORT GROUP.
- LYMPHEDEMA EDUCATION AND SUPPORT GROUP.
- NICU SUPPORT GROUP.
- OSTEOPOROSIS EDUCATION.
- PARENTING INSIGHTS.
- PARKINSON'S DISEASE SUPPORT GROUP.
- PEDIATRIC OUTREACH EDUCATION.
- PERINATAL BEREAVEMENT SUPPORT GROUP.

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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Form 990 or 990-EZ or to provide any additional information.

2023

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

- REFRACTIVE SURGERY SEMINAR.
- RENAL TRANSPLANT AND DIALYSIS SUPPORT GROUPS AND PROGRAMS.
- RESOLVE.
- THE WELLNESS CONNECTION; AND
- WOMEN'S HEALTH/PARENT EDUCATION.

INSTRUCTIONAL CLASSES AND PROGRAMS

RWJBH OFFERS A VARIETY OF LIFESTYLE AND INSTRUCTIONAL CLASSES TO IMPROVE AN INDIVIDUAL'S OVERALL WELL-BEING. THERE IS A FEE ASSOCIATED WITH SOME OF THESE PROGRAMS. THESE INCLUDE, BUT ARE NOT LIMITED, TO:

- AQUACIZE CLASS.
- CPR: CARDIOPULMONARY RESUSCITATION CLASS.
- FIRST AID PROGRAMS AND FIRST RESPONDERS.
- HEALTHY LIVING AND EATING.
- HIPPO THERAPY: THERAPY FOR CHILDREN ON HORSEBACK.
- INTEGRATIVE MEDICINE PROGRAMS.
- KARATE FOR CHILDREN WITH SPECIAL NEEDS.
- LEARN PROGRAM FOR WEIGHT CONTROL, KID'S FIT.
- MOMS IN MOTION: PRENATAL AND POSTPARTUM EXERCISE.
- SPORTS MEDICINE PROGRAMS.
- STAY FIT; AND
- YOGA CLASS.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

CHILDBIRTH PREPARATION AND PARENTING CLASSES

RWJBH OFFERS AN EXTENSIVE ARRAY OF PRENATAL CHILDBIRTH PREPARATION AND PARENTING CLASSES AND SERVICES. IN ADDITION, THE WOMEN'S HEALTH SERVICE DEPARTMENT OFFERS SEMINARS ON WOMEN'S HEALTH ISSUES. THE FOLLOWING COURSES AND SERVICES ARE CURRENTLY OFFERED INCLUDE, BUT ARE NOT LIMITED, TO:

- ADOPTIVE PARENTS BABY CARE CONSULTATIONS.
- BREASTFEEDING CLASS.
- BREAST PUMP RENTAL SERVICE.
- DADDY BEEPER RENTAL SERVICE.
- GRANDPARENTING.
- INFANT AND CHILD CPR.
- LAMAZE REFRESHER SERIES.
- MARVELOUS MULTIPLES PROGRAM.
- MOMS IN MOTION: PRENATAL AND POSTPARTUM EXERCISE.
- PARENTING INSIGHTS.
- PETS AND BABIES' SEMINAR.
- PREPARED CHILDBIRTH SERIES.
- PREPARED CHILDBIRTH/LAMAZE SERIES.
- SIBLING CLASS; AND
- WOMEN'S HEATH SEMINARS.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

-SIBLING CLASS; AND

-WOMEN'S HEATH SEMINARS.

CORE FORM, PART V; QUESTION 3B

COMMUNITY MEDICAL CENTER (EIN: 22-3452306) FILED A 2023 FEDERAL FORM 990-T, DUE TO GENERATING UNRELATED BUSINESS INCOME. IN ADDITION, THE FOLLOWING ORGANIZATIONS ALSO FILED A 2023 FEDERAL FORM 990-T FOR INFLATION REDUCATION ACT REFUNDABLE TAX CREDITS. THESE ENTITIES GENERATE NO UNRELATED BUSINESS INCOME IN 2023:

- COOPERMAN BARNABAS MEDICAL CENTER, INC. (EIN: 22-1494440);
- JERSEY CITY MEDICAL CENTER, INC. (EIN: 22-2783298);
- NEWARK BETH ISRAEL MEDICAL CENTER, INC. (EIN: 22-3452311); AND
- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, INC. (EIN: 22-1487243).

CORE FORM, PART V; QUESTION 15

THE FOLLOWING INDIVIDUALS ARE ALL EMPLOYED IN A SYSTEM CORPORATE ROLE FOR RWJ BARNABAS HEALTH, INC. THEIR COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP IS WITH RWJBH CORPORATE SERVICES, INC. (EIN: 22-2405279). RWJBH CORPORATE SERVICES, INC. FILED A 2023 FORM 4720 AND REMITTED THE EXCISE TAX BASED ON COMPENSATION IN EXCESS OF \$1M FOR MSSRS. BIGA AND MEBANE.

VARIOUS HOSPITALS INCLUDED IN THIS GROUP FORM 990 FILED SEPARATE FORMS 4720 FOR THEIR RESPECTIVE RWJBARNABAS HEALTH TAX-EXEMPT HOSPITALS AND

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

MEDICAL CENTER PRESIDENT/CEO'S AND EXECUTIVES. UNDER THE COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP THE FOLLOWING COMPLETED A 2023 FORM 4720 AND REMITTED TAX ON EXCESS EXECUTIVE COMPENSATION FOR THE FOLLOWING INDIVIDUALS ALTHOUGH THESE INDIVIDUALS RECEIVED A 2023 FORM W-2 FROM BARNABAS HEALTH, INC. (FEID: 22-2405279); A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION.

- PATRICK M. AHEARN - PRESIDENT/CHIEF EXECUTIVE OFFICER, COMMUNITY MEDICAL CENTER (FEID: 22-3452306);
- RICHARD L. DAVIS - PRESIDENT/CHIEF EXECUTIVE OFFICER, COOPERMAN BARNABAS MEDICAL CENTER (FEID: 22-1494440);
- GREGORY ROKOSZ, M.D. - SVP, VICE PRESIDENT MEDICAL AFFAIRS, COOPERMAN BARNABAS MEDICAL CENTER (EIN: 22-2783298);
- MICHAEL PRILUTSKY - PRESIDENT/CHIEF EXECUTIVE OFFICER, JERSEY CITY MEDICAL CENTER (FEID: 22-2783298);
- DARRELL TERRY - PRESIDENT/CHIEF EXECUTIVE OFFICER, NEWARK BETH ISRAEL MEDICAL CENTER (FEID: 22-3452311);
- ERIC W. CARNEY - PRESIDENT/CHIEF EXECUTIVE OFFICER, MONMOUTH MEDICAL CENTER (FEID: 22-3452412);
- WILLIAM S. ARNOLD - PRESIDENT/CHIEF EXECUTIVE OFFICER, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL (FEID: 22-1487243);
- GARY S. HORAN - PRESIDENT/CHIEF EXECUTIVE OFFICER, TRINITAS REGIONAL MEDICAL CENTER (FEID: 22-3601678); AND
- KAREN LUMPP - SVP, CHIEF FINANCIAL OFFICER, TRINITAS REGIONAL MEDICAL CENTER (EIN: 22-3601678).

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

IN ADDITION, VARIOUS HOSPITALS INCLUDED IN THIS GROUP FORM 990 FILED SEPARATE FORMS 4720 FOR THEIR RESPECTIVE RWJBARNABAS HEALTH TAX-EXEMPT HOSPITAL AND MEDICAL CENTER EXECUTIVES. THE FOLLOWING COMPLETED A 2023 FORM 4720 AND REMITTED TAX ON EXCESS EXECUTIVE COMPENSATION FOR THE FOLLOWING INDIVIDUALS:

- JENNIFER A. O'NEILL, DNP - CHIEF OPERATING OFFICER, COOPERMAN BARNABAS MEDICAL CENTER (FEID: 22-1494440);
- ALAN LEE - CHIEF OPERATING OFFICER, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL (FEID: 22-1487243);

ANROY OTTLEY, M.D. IS INCLUDED WITHIN THIS GROUP FORM 990, PART VII. HIS COMMON LAW EMPLOYER WAS NOT REQUIRED TO FILE A FORM 4720 FOR ANY REMITTANCE OF EXCISE TAX RELATED TO DR. OTTLEY BECAUSE HE IS A LICENSED MEDICAL PROVIDER WHOSE COMPENSATION WAS FOR CLINICAL SERVICES AND THUS EXEMPT FROM EXCISE TAXES AS PROVIDED FOR UNDER INTERNAL REVENUE CODE SECTION 4960.

SHERWIN SCHRAG, M.D. IS INCLUDED WITHIN THIS GROUP FORM 990, PART VII. HIS COMMON LAW EMPLOYER WAS NOT REQUIRED TO FILE A FORM 4720 FOR ANY REMITTANCE OF EXCISE TAX RELATED TO DR. OTTLEY BECAUSE HE IS A LICENSED MEDICAL PROVIDER WHOSE COMPENSATION WAS FOR CLINICAL SERVICES AND THUS EXEMPT FROM EXCISE TAXES AS PROVIDED FOR UNDER INTERNAL REVENUE CODE SECTION 4960.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.

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▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

CORE FORM, PART VI, SECTION A; QUESTION 2

- CLAIRE M. KNOFF AND HEYWOOD H. KNOFF - FAMILY RELATIONSHIP.

- ARTHUR JAMES CIFELLI AND JACK MORRIS - BUSINESS RELATIONSHIP.

- LISA RUE AND WILLIAM M. RUE - FAMILY RELATIONSHIP.

- ROBERT GACCIONE, ESQ. AND COURTNEY GACCIONE - FAMILY RELATIONSHIP.

CORE FORM, PART VI, SECTION A; QUESTION 3

THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE AFFILIATES WITHIN RWJBARNABAS HEALTH; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") WHICH INCLUDES RWJBH CORPORATE SERVICES, INC. ("RWJBH CS"). RWJBH CS IS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION AND SERVES THE SYSTEM. RWJBH CS PROVIDES VARIOUS CORPORATE RELATED SERVICES FOR THE BENEFIT OF VARIOUS SYSTEM ENTITIES; INCLUDING THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990. THESE CORPORATE SERVICES, INCLUDE, BUT ARE NOT LIMITED TO, EXECUTIVE, LEGAL AND RISK MANAGEMENT, COMPLIANCE AND GOVERNANCE, HUMAN RESOURCES AND FINANCE. RWJBH CS ALLOCATES A PERCENTAGE OF ITS TOTAL CORPORATE RELATED SERVICES COSTS TO VARIOUS SYSTEM ENTITIES, INCLUDING THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990, AS REIMBURSEMENT FOR THESE CORPORATE RELATED SERVICES. THE REIMBURSEMENT TO RWJBH CS IS REFLECTED AS AN EXPENSE FOR THESE ORGANIZATIONS.

THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ENGAGE

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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▶ 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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

SODEXO INCORPORATED AND AFFILIATES ("SODEXO") TO BE AN AGENT OF THE ORGANIZATION AND DELEGATES CONTROL TO SODEXO IN THE MANAGEMENT OF DAILY OPERATIONS OF ITS FOOD & NUTRITION DEPARTMENT. THE SODEXO MANAGEMENT EMPLOYEE FUNCTIONS AND IS RECOGNIZED AS A DEPARTMENT MANAGER WHO PERFORMS IN ACCORDANCE WITH THE ORGANIZATION'S DEPARTMENT MANAGEMENT PRACTICES AND IN ACCORDANCE WITH ITS WRITTEN POLICIES AND PROCEDURES. THE POSITION REPORTS TO AN OFFICER/KEY EMPLOYEE OF THE ORGANIZATION.

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

RWJ BARNABAS HEALTH, INC. ("RWJ BH") IS THE SOLE MEMBER OF THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990. RWJ BH HAS THE RIGHT TO ELECT THE MEMBERS OF THESE ORGANIZATION'S BOARD OF TRUSTEES AND HAS CERTAIN RESERVED POWERS AS DEFINED IN THESE ORGANIZATION'S BYLAWS.

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

THE HOSPITALS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE AFFILIATES WITHIN RWJBARNABAS HEALTH; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). RWJ BARNABAS HEALTH, INC. IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM. THIS FEDERAL FORM 990 WAS MADE AVAILABLE TO EACH VOTING MEMBER OF EACH HOSPITAL'S BOARD OF TRUSTEES PRIOR TO FILING THE FEDERAL FORM 990 WITH THE INTERNAL REVENUE SERVICE ("IRS"). IN ADDITION, THE RWJ BARNABAS HEALTH, INC. AUDIT COMMITTEE ASSUMED THE RESPONSIBILITY TO OVERSEE AND COORDINATE THE FEDERAL FORM 990 PREPARATION, REVIEW AND FILING PROCESS FOR ALL TAX EXEMPT AFFILIATES WITHIN THE SYSTEM.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

AS PART OF THE ORGANIZATION'S FEDERAL FORM 990 TAX RETURN PREPARATION PROCESS, THE SYSTEM HIRED A PROFESSIONAL CERTIFIED PUBLIC ACCOUNTING ("CPA") FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990. THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE HOSPITAL'S FINANCE PERSONNEL AND SYSTEM INDIVIDUALS INCLUDING EXECUTIVE VICE PRESIDENT OF FINANCE, EXECUTIVE VICE PRESIDENT/CHIEF FINANCIAL OFFICER, EXECUTIVE VICE PRESIDENT/COMPLIANCE AND AUDIT AND VARIOUS OTHER INDIVIDUALS ("INTERNAL WORKING GROUP") TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S INTERNAL WORKING GROUP FOR REVIEW. THE ORGANIZATION'S INTERNAL WORKING GROUP REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM. REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S INTERNAL WORKING GROUP FOR FINAL REVIEW AND APPROVAL. THEREAFTER THIS FEDERAL FORM 990 WAS PROVIDED IN ADVANCE TO THE MEMBERS OF THE AUDIT COMMITTEE AND A FEDERAL FORM 990 PRESENTATION WAS MADE BY THE CPA FIRM AND SYSTEM CORPORATE FINANCE TO THE AUDIT COMMITTEE AT A REGULARLY SCHEDULED AUDIT COMMITTEE MEETING. IN ADDITION THERE WAS A SPECIAL MEETING HELD TO DISCUSS THIS FEDERAL FORM 990 AND TO REVIEW THE 2023 AND 2022 COMMUNITY BENEFIT INFORMATION WITH AT LEAST ONE REPRESENTATIVE FROM EACH HOSPITAL CONTAINED IN THIS FEDERAL FORM 990, A REPRESENTATIVE FROM SYSTEM CORPORATE FINANCE AND A

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

REPRESENTATIVE FROM THE CPA FIRM. FOLLOWING THESE REVIEWS AND MEETINGS AND PRIOR TO FILING WITH THE IRS, THE FINAL FEDERAL FORM 990 WAS MADE AVAILABLE TO EACH VOTING MEMBER OF EACH HOSPITAL'S BOARD OF TRUSTEES (THE GOVERNING BODY OF EACH HOSPITAL).

CORE FORM, PART VI, SECTION B; QUESTION 12

RWJBARNABAS HEALTH HAS A WRITTEN CONFLICT OF INTEREST POLICY WITH WHICH IT REGULARLY MONITORS AND ENFORCES COMPLIANCE. THIS CONFLICT OF INTEREST POLICY REQUIRES THAT A CONFLICT OF INTEREST FORM CONSISTENT WITH BEST GOVERNANCE PRACTICES AND INTERNAL REVENUE SERVICE GUIDELINES BE CIRCULATED TO OFFICERS, TRUSTEES AND KEY EMPLOYEES ANNUALLY. IN A SITUATION IN WHICH A TRUSTEE DISCLOSES AN INTEREST THAT COULD GIVE RISE TO A CONFLICT, THE TRUSTEE'S POTENTIAL CONFLICT IS REFERRED TO THE SYSTEM'S CORPORATE NOMINATING AND GOVERNANCE COMMITTEE WHICH EVALUATES THE CONFLICT AND ITS POTENTIAL IMPACT ON THE TRUSTEE'S PARTICIPATION ON THE BOARD OR ON CERTAIN ISSUES WHICH MAY COME BEFORE THE BOARD. AS APPROPRIATE THE COMMITTEE WILL TAKE ACTION TO ADDRESS THE CONFLICT.

CORE FORM, PART VI, SECTION B; QUESTION 15

THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE AFFILIATES WITHIN RWJBARNABAS HEALTH; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM WHICH INCLUDES RWJ BARNABAS HEALTH, INC. ("RWJ BH"); A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. RWJ BH'S BOARD OF TRUSTEES MAINTAINS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE"). THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

COMPENSATION AND BENEFITS OF RWJ BH'S SENIOR MANAGEMENT. THE COMMITTEE ALSO REVIEWS THE COMPENSATION AND BENEFITS OF OTHER OFFICERS AND KEY EMPLOYEES OF RWJBARNABAS HEALTH; INCLUDING, WITHOUT LIMITATION, THE CHIEF EXECUTIVE OFFICERS OF THE RWJBARNABAS HEALTH HOSPITALS AND MEDICAL CENTERS. THE COMMITTEE, WHICH IS REQUIRED BY THE CORPORATION'S BYLAWS TO BE COMPRISED SOLELY OF INDEPENDENT TRUSTEES, SEEKS GUIDANCE AND SUBSTANTIATION FROM A NATIONALLY RECOGNIZED COMPENSATION CONSULTANT. THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED. THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE.

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

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;

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

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

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

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

THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA; SPECIFICALLY THE COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE REVIEW OF HOSPITAL AND HEALTHCARE SYSTEM EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES. THIS STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING, BUT NOT LIMITED TO, SIMILARLY SIZED HEALTHCARE SYSTEMS AND HOSPITALS, # OF LICENSED BEDS AND NET PATIENT SERVICE REVENUE.

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

THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS APPLIES TO CERTAIN RWJ BH SENIOR MANAGEMENT PERSONNEL. THE COMPENSATION AND BENEFITS

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990, WHERE APPLICABLE, ARE REVIEWED ANNUALLY BY THE RWJBARNABAS HEALTH PRESIDENT/CHIEF EXECUTIVE OFFICER WITH ASSISTANCE FROM RWJBARNABAS HEALTH'S HUMAN RESOURCES DEPARTMENT IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION. OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS.

CORE FORM, PART VI, SECTION B; QUESTION 16B

RWJBARNABAS HEALTH MAINTAINS A WRITTEN POLICY TO ENSURE THAT ANY JOINT VENTURE ENTERED INTO BY A RWJBARNABAS HEALTH TAX-EXEMPT ENTITY WITH A FOR-PROFIT PARTICIPANT IS REVIEWED AND FOLLOWED SO AS TO EVALUATE ITS PARTICIPATION UNDER APPLICABLE FEDERAL TAX LAW, AND TO ENSURE THAT THE ORGANIZATION TAKES STEPS TO SAFEGUARD THE ORGANIZATION'S EXEMPT STATUS WITH RESPECT TO SUCH ARRANGEMENTS.

CORE FORM, PART VI, SECTION C; QUESTION 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

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

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

AFTER FILING ITS FORM 990 WITH THE IRS.

CORE FORM, PART VI, SECTION C; QUESTION 19

THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990, FILED
CERTIFICATES OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND
REVIEWED THROUGH THE STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY.

CORE FORM, PART VII

CORE FORM, PART VII INCLUDES, AS OF DECEMBER 31, 2023, THE MEMBERS OF THE
BOARD OF TRUSTEES, OFFICERS, AND KEY EMPLOYEES OF EACH OF THE
ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990.

PLEASE NOTE THAT PETER J. VAN DYKE, ESQ. IS ALSO A MEMBER OF SAINT
BARNABAS BEHAVIORAL HEALTH CENTER'S BOARD OF TRUSTEES BUT IS ONLY
DISCLOSED ONCE ON CORE FORM, PART VII OF THIS CONSOLIDATED GROUP FORM 990
AS A BOARD MEMBER OF COMMUNITY MEDICAL CENTER.

PLEASE NOTE THAT THOMAS A. BIGA IS ALSO A MEMBER OF JERSEY CITY MEDICAL
CENTER'S BOARD OF TRUSTEES BUT IS ONLY DISCLOSED ONCE ON CORE FORM, PART
VII OF THIS CONSOLIDATED GROUP FORM 990 AS A BOARD MEMBER OF CLARA MAASS
MEDICAL CENTER.

PLEASE NOTE THAT ROBERT SICKEL IS ALSO A MEMBER OF SAINT BARNABAS
BEHAVIORAL HEALTH CENTER'S BOARD OF TRUSTEES BUT IS ONLY DISCLOSED ONCE
ON CORE FORM, PART VII OF THIS CONSOLIDATED GROUP FORM 990 AS A BOARD

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

MEMBER OF MONMOUTH MEDICAL CENTER.

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 OR A RELATED ORGANIZATION. PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OF THE ORGANIZATION OR A RELATED ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER OR OFFICER OF THIS ORGANIZATION'S BOARD OF TRUSTEES.

CORE FORM, PART VII, SECTION A, COLUMN B

THIS ORGANIZATION IS AN AFFILIATE WITHIN RWJBARNABAS HEALTH; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). CERTAIN BOARD OF TRUSTEE MEMBERS, OFFICERS AND/OR DIRECTORS LISTED ON CORE FORM, PART VII AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH BOTH THIS ORGANIZATION AND OTHER AFFILIATES WITHIN THE SYSTEM. THE HOURS SHOWN ON THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE NO COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, REPRESENT THE ESTIMATED HOURS DEVOTED PER WEEK FOR THIS ORGANIZATION. TO THE EXTENT THESE INDIVIDUALS SERVE AS A MEMBER OF THE BOARD OF TRUSTEES OF OTHER RELATED ORGANIZATIONS IN THE SYSTEM, THEIR RESPECTIVE HOURS PER WEEK PER ORGANIZATION ARE APPROXIMATELY THE SAME AS REFLECTED IN CORE FORM, PART VII OF THIS FORM 990. THE HOURS REFLECTED ON PART VII OF THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, PAID OFFICERS AND KEY EMPLOYEES, REFLECT TOTAL HOURS WORKED PER WEEK ON

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

BEHALF OF RWJBARNABAS HEALTH; NOT SOLELY THIS ORGANIZATION.

CORE FORM, PART X; LINE 25

THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE MEMBERS OF RWJBARNABAS HEALTH; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THE SYSTEM HAS A NUMBER OF OUTSTANDING LONG-TERM OBLIGATED GROUP DEBT LIABILITIES, INCLUDING THE FOLLOWING BOND ISSUANCES:

- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY REVENUE AND REFUNDING BONDS SERIES 2021A;
- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY REVENUE AND REFUNDING BONDS SERIES 2019A;
- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY REVENUE AND REFUNDING BONDS SERIES 2019B-1;
- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY REVENUE AND REFUNDING BONDS SERIES 2019B-2;
- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY REVENUE AND REFUNDING BONDS SERIES 2019B-3;
- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY REVENUE AND REFUNDING BONDS SERIES 2017A;
- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY REVENUE AND REFUNDING BONDS SERIES 2016A;
- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY REVENUE AND REFUNDING BONDS SERIES 2014A;

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY REVENUE AND REFUNDING BONDS SERIES 2012A;
- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY SERIAL BONDS SERIES 2019;
- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY TAXABLE REVENUE BONDS SERIES 2016; AND
- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY TAXABLE REVENUE BONDS SERIES 2012.

THE BONDS OUTLINED ABOVE AND VARIOUS OTHER LONG-TERM BORROWINGS ARE ALLOCATED BY BARNABAS HEALTH, INC. TO THE FOLLOWING SYSTEM MEMBER HOSPITALS AND CERTAIN OTHER AFFILIATES. THE BALANCE SHEET OF THESE RESPECTIVE MEMBER HOSPITALS AND CERTAIN OTHER AFFILIATES REFLECTS A DUE TO RELATED PARTY LIABILITY AND ARE REFLECTED ON THE BALANCE SHEETS OF THE FOLLOWING SUBSIDIARY ORGANIZATIONS:

- CHILDREN'S SPECIALIZED HOSPITAL, EIN: 22-1487148
- CLARA MAASS MEDICAL CENTER, EIN: 22-1500556
- COMMUNITY MEDICAL CENTER, EIN: 22-3452306
- COOPERMAN BARNABAS MEDICAL CENTER, EIN: 22-1494440
- JERSEY CITY MEDICAL CENTER, EIN: 22-2783298
- MONMOUTH MEDICAL CENTER, EIN: 22-3452412
- NEWARK BETH ISRAEL MEDICAL CENTER, EIN: 22-3452311
- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, EIN: 22-1487243
- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON,

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

EIN: 21-0634572

- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY,

EIN: 22-1487305

- SAINT BARNABAS BEHAVIORAL HEALTH CENTER, EIN: 22-2977312

- SAINT BARNABAS REALTY DEVELOPMENT CORPORATION, EIN: 22-2940008

SCHEDULE K WAS PREPARED ON A CONSOLIDATED BASIS AND IS INCLUDED IN THE
FORM 990 OF BARNABAS HEALTH, INC., EIN: 22-2405279.

THE ORGANIZATIONS OUTLINED ABOVE WITH THE EXCEPTION OF SAINT BARNABAS
REALTY DEVELOPMENT CORPORATION, FILE A CONSOLIDATED GROUP FORM 990.

CORE FORM, PART XI; QUESTION 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCE INCLUDE:

- EQUITY TRANSFER TO RELATED INTERNAL REVENUE CODE SECTION 501(C)(3)

TAX-EXEMPT FOUNDATIONS - (\$545,603);

- NET ASSETS RELEASED FROM RESTRICTION FOR PURCHASES OF PROPERTY AND

EQUIPMENT - \$34,317,055;

- NET ASSETS RELEASED FROM ASSETS WITH DONOR RESTRICTIONS -

(\$17,398,816);

- PENSION ADMINISTRATION COSTS - (\$10,836,324);

- CAPITAL ASSET TRANSFER FROM RELATED INTERNAL REVENUE CODE SECTION

501(C)(3) TAX-EXEMPT AFFILIATES - \$299,140,966;

- OTHER CHANGES IN UNRESTRICTED NET ASSETS - (\$13,462,073);

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

- NET CHANGE IN INTEREST IN RESTRICTED NET ASSETS OF UNCONSOLIDATED FOUNDATIONS - (\$2,275,351);
- EQUITY TRANSFER FROM RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT FOUNDATIONS - UNRESTRICTED - \$20,060,423;
- NET CHANGE IN NET ASSETS RELEASED FROM DONOR RESTRICTIONS - \$25,264,782;
- CAPITAL CONTRIBUTION TO A RELATED ORGANIZATION - (\$186,023); AND
- TRANSFER OF OWNERSHIP IN LIBERY REALTY HOLDINGS, LLC; A SINGLE-MEMBER LLC, FROM SAINT BARNABAS REALTY DEVELOPMENT CORPORATION; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - \$30,032,498.

CORE FORM, PART XII; QUESTION 2

THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE AFFILIATES WITHIN RWJBARNABAS HEALTH, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THE SYSTEM'S TAX-EXEMPT PARENT ENTITY IS RWJ BARNABAS HEALTH, INC. AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF RWJ BARNABAS HEALTH, INC. AND ALL AFFILIATES WITHIN THE SYSTEM FOR THE YEARS ENDED DECEMBER 31, 2023 AND DECEMBER 31, 2022; RESPECTIVELY. THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS FOR THE RWJBARNABAS HEALTH HOSPITALS AND CERTAIN OTHER AFFILIATES. THE INDEPENDENT CPA FIRM ISSUED AN UNMODIFIED OPINION WITH RESPECT TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS. THE RWJ BARNABAS HEALTH, INC. AUDIT COMMITTEE HAS ASSUMED RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

CORE FORM, PART XII; QUESTION 3

THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE AFFILIATES WITHIN RWJBARNABAS HEALTH; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THE SYSTEM ENGAGED AN INDEPENDENT ACCOUNTING FIRM TO PREPARE AND ISSUE A SYSTEM WIDE CONSOLIDATED AUDIT UNDER THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133 AUDIT. THIS ORGANIZATION WAS INCLUDED IN THE SYSTEM WIDE A-133 AUDIT.

SCHEDULE B

THE GIFTS, GRANTS AND CONTRIBUTIONS REFLECTED ON SCHEDULE B ARE AMOUNTS RECEIVED BY ALL ENTITIES INCLUDED IN THIS CONSOLIDATED GROUP FORM 990.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY CHILDREN'S SPECIALIZED HOSPITAL ARE REFLECTED IN NUMBERS 1 THROUGH 4.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY CLARA MAASS MEDICAL CENTER ARE REFLECTED IN NUMBERS 5 THROUGH 10.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY COMMUNITY MEDICAL CENTER ARE REFLECTED IN NUMBERS 11 THROUGH 13.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY COOPERMAN BARNABAS MEDICAL CENTER ARE REFLECTED IN NUMBERS 14 THROUGH 131.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY JERSEY CITY MEDICAL CENTER
ARE REFLECTED IN NUMBERS 132 THROUGH 141.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY MONMOUTH MEDICAL CENTER ARE
REFLECTED IN NUMBERS 142 THROUGH 151.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY NEWARK BETH ISRAEL MEDICAL
CENTER ARE REFLECTED IN NUMBERS 152 THROUGH 214.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY ROBERT WOOD JOHNSON
UNIVERSITY HOSPITAL ARE REFLECTED IN NUMBERS 215 THROUGH 223.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY ROBERT WOOD JOHNSON
UNIVERSITY HOSPITAL AT HAMILTON ARE REFLECTED IN NUMBERS 224 THROUGH 226.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY ROBERT WOOD JOHNSON
UNIVERSITY HOSPITAL RAHWAY ARE REFLECTED IN NUMBERS 227 THROUGH 238.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY TRINITAS REGIONAL MEDICAL
CENTER ARE REFLECTED IN NUMBERS 239 THROUGH 242.

SCHEDULE H, PART V; SECTION D

SCHEDULE H, PART V; SECTION D - OTHER HEALTHCARE FACILITIES THAT ARE NOT
LICENSED, REGISTERED, OR SIMILARLY RECOGNIZED AS A HOSPITAL FACILITY FOR
THE ENTITIES INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE LISTED BY
THE HOSPITAL FACILITY WHICH CONTROLS THE ORGANIZATION AND IN ORDER OF

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number

85-1296795

SIZE FROM LARGEST TO SMALLEST.

CHILDREN'S SPECIALIZED HOSPITAL'S OTHER HEALTHCARE FACILITIES ARE
REFLECTED IN ENTITIES 1-15.

COMMUNITY MEDICAL CENTER'S OTHER HEALTHCARE FACILITIES ARE REFLECTED IN
ENTITY 16.

COOPERMAN BARNABAS MEDICAL CENTER'S OTHER HEALTHCARE FACILITIES ARE
REFLECTED IN ENTITIES 17-56.

JERSEY CITY MEDICAL CENTER'S OTHER HEALTHCARE FACILITIES ARE REFLECTED IN
ENTITIES 57-69.

MONMOUTH MEDICAL CENTER'S OTHER HEALTHCARE FACILITIES ARE REFLECTED IN
ENTITIES 70-75.

NEWARK BETH ISRAEL MEDICAL CENTER'S OTHER HEALTHCARE FACILITIES ARE
REFLECTED IN ENTITIES 76-77.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL'S OTHER HEALTHCARE FACILITIES ARE
REFLECTED IN ENTITIES 78-100.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON'S OTHER HEALTHCARE
FACILITIES ARE REFLECTED IN ENTITIES 101-107.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY'S OTHER HEALTHCARE
FACILITIES ARE REFLECTED IN ENTITIES 108-109.

TRINITAS REGIONAL MEDICAL CENTER'S OTHER HEALTHCARE FACILITIES ARE
REFLECTED IN ENTITIES 110-114.

DEPARTMENTAL EIN LISTING

THE ORGANIZATION'S FEDERAL FORM 990 INCLUDES CERTAIN REVENUE RECEIVED AND
EXPENSES INCURRED BY VARIOUS CLARA MAASS MEDICAL CENTER HEALTHCARE
RELATED PROGRAMS, DEPARTMENTS, ACTIVITIES AND CLARA MAASS MEDICAL CENTER
EMPLOYEES. REVENUE EARNED FROM THESE PROGRAMS AND ACTIVITIES WAS RECEIVED
BY CLARA MAASS MEDICAL CENTER UTILIZING FEDERAL IDENTIFICATION NUMBERS
OTHER THAN 22-1500556.

BELOW IS A LIST OUTLINING THE VARIOUS CLARA MAASS MEDICAL CENTER
PROGRAMS, DIVISIONS, DEPARTMENTS AND PHYSICIAN EMPLOYEES AND THEIR
RESPECTIVE FEDERAL IDENTIFICATION NUMBERS.

| | |
|----------------------------------|------------|
| CLARA MAASS MEDICAL CENTER HOUSE | 33-1056363 |
| CMMC PROVIDER SERVICES | 81-4812623 |

DEPARTMENTAL EIN LISTING

THE ORGANIZATION'S FEDERAL FORM 990 INCLUDES CERTAIN REVENUE RECEIVED AND
EXPENSES INCURRED BY VARIOUS COOPERMAN BARNABAS MEDICAL CENTER HEALTHCARE
RELATED PROGRAMS, DEPARTMENTS, ACTIVITIES AND COOPERMAN BARNABAS MEDICAL

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

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Inspection**

Employer identification number

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85-1296795

CENTER EMPLOYEES. REVENUE EARNED FROM THESE PROGRAMS AND ACTIVITIES WAS RECEIVED BY COOPERMAN BARNABAS MEDICAL CENTER UTILIZING FEDERAL IDENTIFICATION NUMBERS OTHER THAN 22-1494440.

BELOW IS A LIST OUTLINING THE VARIOUS COOPERMAN BARNABAS MEDICAL CENTER PROGRAMS, DIVISIONS, DEPARTMENTS AND PHYSICIAN EMPLOYEES AND THEIR RESPECTIVE FEDERAL IDENTIFICATION NUMBERS.

| | |
|--|------------|
| NICU ASSOCIATES AT SAINT BARNABAS | 22-3181029 |
| PEDIATRIC CRITICAL CARE ASSOCIATES AT SAINT BARNABAS | 22-3258938 |
| SAINT BARNABAS MULTI SPECIALTY GROUP | 22-3551005 |
| MEDICAL ONCOLOGY ASSOCIATES AT SAINT BARNABAS | 22-3403774 |
| SBMC DEPARTMENT OF CRITICAL CARE MEDICINE | 03-0498041 |
| CANCER SURGERY SERVICES OF SAINT BARNABAS | 20-1716316 |
| ASSOCIATES IN TRANSPLANT AND GENERAL SURGERY | 20-3128758 |
| SBMC STRESS TEST PANEL | 76-0828820 |
| RADIATION ONCOLOGY GROUP AT CBMC | 81-2497757 |
| SBMC PROVIDER SERVICES | 81-4786011 |

DEPARTMENTAL EIN LISTING

THE ORGANIZATION'S FEDERAL FORM 990 INCLUDES CERTAIN REVENUE RECEIVED AND EXPENSES INCURRED BY VARIOUS JERSEY CITY MEDICAL CENTER HEALTHCARE RELATED PROGRAMS, DEPARTMENTS, ACTIVITIES AND JERSEY CITY MEDICAL CENTER EMPLOYEES. REVENUE EARNED FROM THESE PROGRAMS AND ACTIVITIES WAS RECEIVED BY JERSEY CITY MEDICAL CENTER UTILIZING FEDERAL IDENTIFICATION NUMBERS

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

OTHER THAN 22-2783298.

PLEASE NOTE THAT THERE ARE VARIOUS EMPLOYED PHYSICIANS THAT REMIT BILLINGS UNDER THEIR SEPARATE EIN'S DIRECTLY TO JERSEY CITY MEDICAL CENTER. SUCH PHYSICIAN'S RESPECTIVE NAME AND EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER IS NOT OUTLINED ABOVE BUT MAY BE OBTAINED UPON REQUEST.

DEPARTMENTAL EIN LISTING

THE ORGANIZATION'S FEDERAL FORM 990 INCLUDES CERTAIN REVENUE RECEIVED AND EXPENSES INCURRED BY VARIOUS MONMOUTH MEDICAL CENTER HEALTHCARE RELATED PROGRAMS, DEPARTMENTS, ACTIVITIES AND MONMOUTH MEDICAL CENTER EMPLOYEES. REVENUE EARNED FROM THESE PROGRAMS AND ACTIVITIES WAS RECEIVED BY MONMOUTH MEDICAL CENTER UTILIZING FEDERAL IDENTIFICATION NUMBERS OTHER THAN 22-3452412.

BELOW IS A LIST OUTLINING THE VARIOUS MONMOUTH MEDICAL CENTER PROGRAMS, DIVISIONS, DEPARTMENTS AND PHYSICIAN EMPLOYEES AND THEIR RESPECTIVE FEDERAL IDENTIFICATION NUMBERS.

MMC PROVIDER SERVICES 81-4837197

IN ADDITION, THIS FORM 990 INCLUDES THE CURRENT YEAR REVENUE AND EXPENSE ACTIVITY AND YEAR END ASSETS AND LIABILITIES OF BOTH THE MEDICAL STAFFS OF MONMOUTH MEDICAL CENTER AND MONMOUTH MEDICAL CENTER - SOUTHERN CAMPUS.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

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Employer identification number

85-1296795

DEPARTMENTAL EIN LISTING

THE ORGANIZATION'S FEDERAL FORM 990 INCLUDES CERTAIN REVENUE RECEIVED AND EXPENSES INCURRED BY VARIOUS NEWARK BETH ISRAEL MEDICAL CENTER HEALTHCARE RELATED PROGRAMS, DEPARTMENTS, ACTIVITIES AND NEWARK BETH ISRAEL MEDICAL CENTER EMPLOYEES. REVENUE EARNED FROM THESE PROGRAMS AND ACTIVITIES WAS RECEIVED BY NEWARK BETH ISRAEL MEDICAL CENTER UTILIZING FEDERAL IDENTIFICATION NUMBERS OTHER THAN 22-3452311.

THE FOLLOWING IS A LIST OUTLINING THE VARIOUS NEWARK BETH ISRAEL MEDICAL CENTER PROGRAMS, DIVISIONS, DEPARTMENTS AND THEIR RESPECTIVE FEDERAL IDENTIFICATION NUMBERS.

| | |
|---|------------|
| NBIMC DEPARTMENT OF NON-INVASIVE CARDIOLOGY | 22-3680276 |
| NBIMC DEPARTMENT OF ONCOLOGY | 22-3680355 |
| NBIMC DEPARTMENT OF PATHOLOGY | 22-3680343 |
| NBIMC DEPARTMENT OF CARDIOTHORACIC SURGERY | 22-3680349 |
| NBIMC DEPARTMENT OF INTERNAL MEDICINE | 22-3680346 |
| NBIMC DEPARTMENT OF GERIATRICS | 22-3680200 |
| NBIMC DEPARTMENT OF OB/GYN | 22-3680351 |
| NBIMC DEPARTMENT OF HEART TRANSPLANT | 16-1707383 |
| NBIMC DEPARTMENT OF SURGERY | 16-1711394 |
| NBIMC INTERVENTIONAL CARDIOLOGY | 01-0828308 |
| NBIMC/TRINITAS PEDIATRIC MEDICAL GROUP | 84-1671694 |
| NBIMC ADULT GASTROENTEROLOGY | 06-1748860 |

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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2023

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**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

NEWARK BETH ISRAEL EMERGENCY DEPARTMENT 22-3719160

NBIMC DEPARTMENT OF RADIOLOGY 06-1793948

NBIMC CHONJ PHYSICIAN GROUP 26-2203038

NBI CHILDRENS HOSPITAL 22-3357053

NBIMC PROVIDER SERVICES 81-4857719

PLEASE NOTE THAT THERE ARE VARIOUS EMPLOYED PHYSICIANS THAT REMIT
BILLINGS UNDER THEIR SEPARATE EIN'S DIRECTLY TO NEWARK BETH ISRAEL
MEDICAL CENTER. SUCH PHYSICIAN'S RESPECTIVE NAME AND EMPLOYER
IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER IS NOT OUTLINED ABOVE BUT
MAY BE OBTAINED UPON REQUEST.

IN ADDITION, MONMOUTH MEDICAL CENTER - FACULTY PRACTICE PLAN; A RELATED
INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, UTILIZES
THE IDENTIFICATION NUMBER FOR NBI CHILDRENS HOSPITAL AS ITS PRINCIPAL
IDENTIFICATION NUMBER.

FORM 990, LINE H(B)

FORM 990, LINE H(B) - SUBORDINATES INCLUDED

CHILDREN'S SPECIALIZED HOSPITAL
C/O CORP. FINANCE, 2 CRESCENT PLACE
OCEANPORT, NJ 07757
22-1487148

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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2023

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**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

CLARA MAASS MEDICAL CENTER

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-1500556

COMMUNITY MEDICAL CENTER

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3452306

COOPERMAN BARNABAS MEDICAL CENTER

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-1494440

JERSEY CITY MEDICAL CENTER

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2783298

MONMOUTH MEDICAL CENTER

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3452412

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

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2023

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**Open to Public
Inspection**

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Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

NEWARK BETH ISRAEL MEDICAL CENTER

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3452311

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-1487243

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

21-0634572

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-1487305

SAINT BARNABAS BEHAVIORAL HEALTH CENTER

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2977312

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on
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2023

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

TRINITAS REGIONAL MEDICAL CENTER

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3601678

FORM 990, LINE H(B) - SUBORDINATES NOT INCLUDED

AUXILIARY OF THE ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-6014339

BARNABAS BAYONNE DEVELOPMENT URBAN RENEWAL CORORATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

35-2219655

BARNABAS HEALTH MEDICAL GROUP, P.C.

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3316007

CENTER STATE HEALTH GROUP, INC.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2939956

CHILDRENS SPECIALIZED HOSPITAL FOUNDATION

150 NEW PROVIDENCE ROAD

MOUNTAINSIDE, NJ 07092

13-6844298

CLARA MAASS FOUNDATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2132516

COMMUNITY MEDICAL CENTER AUXILIARY ASSOCIATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

21-0729672

COMMUNITY MEDICAL CENTER FOUNDATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2597592

DOCTORS' CENTER MANAGEMENT CORP

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

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Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3175258

GREENVILLE HOSPITAL

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-0963805

IRVINGTON HOSPITAL FOUNDATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

23-7025428

LAKEVIEW CHILD CARE CENTER, INC.

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2627639

LIBERTY RIVERSIDE HEALTHCARE

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3284894

MARILLAC CORPORATION

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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OMB No. 1545-0047

2023

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RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

52-1947015

MEGA CARE, INC.

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2578561

MONMOUTH MED CNTR - SO. CAMPUS FOUNDATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2630076

MONMOUTH MEDICAL CENTER-FACULTY PRACTICE PLAN

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3357053

MONMOUTH MEDICAL CENTER FOUNDATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2456079

NEW BRUNSWICK AFFILIATED HOSPITALS

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-1946837

NEW MARGARET HAGUE WOMENS HEALTH INSTITUTE

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3363012

OPPORTUNITY PROJECT, INC.

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3242203

ROBERT WOOD JOHNSON VISITING NURSES, INC.

972 SHOPPES BOULEVARD

NORTH BRUNSWICK, NJ 08902

26-3659270

ROBERT WOOD JOHNSON HEALTH NETWORK, INC.

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3420314

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON FOUNDATION

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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OMB No. 1545-0047

2023

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Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-1487243

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY AUXILIARY

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-0012205

RWJBH BEHAVIORAL HEALTH, PREVENTION AND RECOVERY, INC.

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3343959

RWJBH CORPORATE SERVICES, INC.

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2405279

RWJBH MEDICAL GROUP, P.C.

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

84-2840311

RWJ BARNABAS HEALTH, INC.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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Inspection**

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RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

81-0682747

SAINT BARNABAS HEALTH CARE SYSTEM FOUNDATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3769036

SAINT BARNABAS HOSPICE & PALLIATIVE CARE CENTER, INC.

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2354659

SAINT BARNABAS OUTPATIENT CENTERS

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2458479

SAINT BARNABAS REALTY DEVELOPMENT CORPORATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2940008

SANDY HOOK FRNDS OF SAINT BARNABAS BURN FOUNDATION

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

Department of the Treasury
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Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3236202

SOMERSET HEALTH CARE FOUNDATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3294408

THE JERSEY CITY MEDICAL CENTER FOUNDATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3113911

THE RWJ UNIVERSITY HOSPITAL FOUNDATION, INC.

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2378007

TRINITAS FOUNDATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2353773

TRINITAS HEALTHCARE CORPORATION

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

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Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2473652

UNITED RESCUE AT JERSEY CITY, INC.

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2458481

UNIVERSITY PHYSICIAN ASSOCIATES NJ

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2095812

VNA HEALTH GROUP OF NEW JERSEY, LLC

176 RIVERSIDE AVENUE

RED BANK, NJ 07701

47-4841103

Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

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

=====

RWJBARNABAS HEALTH - AS THE LEADING ACADEMIC HEALTH SYSTEM IN NEW JERSEY - IS ADVANCING INNOVATIVE STRATEGIES IN HIGH QUALITY PATIENT CARE, EDUCATION AND RESEARCH TO ADDRESS BOTH THE CLINICAL AND SOCIAL DETERMINANTS OF HEALTH. THE ENTITIES WORK TOGETHER TO PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. PLEASE REFER TO THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT INCLUDED IN SCHEDULE O.

Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

FORM 990, PART VI, LINE 17 - STATES

=====

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

Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES**85-1296795**

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

| NAME AND ADDRESS | DESCRIPTION OF SERVICES | COMPENSATION |
|--|-------------------------|--------------|
| RWJBH CORPORATE SERVICES, INC. C/O CORP. FINANCE, 2 CRESCENT PLACE OCEANPORT, NJ 07757 | MANAGEMENT | 802,245,710. |
| US NURSING CORPORATION 5700 SOUTH QUEBEC STREET, SUITE 300 GREENWOOD VILLAGE, CO 80111 | STAFFING | 116,848,500. |
| RUTGERS THE STATE UNIVERSITY OF NJ 33 KNIGHTSBRIDGE ROAD PISCATAWAY, NJ 08854-3987 | MEDICAL | 67,639,603. |
| WM BLANCHARD COMPANY 199 MOUNTAIN AVENUE, P.O. BOX 298 SPRINGFIELD, NJ 07081 | CONSTRUCTION | 63,375,658. |
| SODEXO INCORPORATED AND AFFILIATES P.O. BOX 360170 PITTSBURGH, PA 15251-6170 | FOOD/MANAGEMENT | 38,607,689. |

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2023

**Open to Public
Inspection**

Employer identification number

85-1296795

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

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) SEE SUPPLEMENTAL PAGE | | | | | |
| (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 |
| (1) SEE SUPPLEMENTAL PAGE | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |

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

Schedule R (Form 990) 2023

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

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) SEE SUPPLEMENTAL PAGE | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |

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

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

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

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

| (a) Name of related organization | (b) Transaction type (a - s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|---------------------------------|------------------------|--|
| (1) RWJBH CORPORATE SERVICES, INC. | M | 802,245,710. | COST |
| (2) RWJBH CORPORATE SERVICES, INC. | R | 289,474,564. | COST |
| (3) | | | |
| (4) | | | |
| (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

THE ORGANIZATIONS INCLUDED IN THIS GROUP FORM 990 ARE MEMBERS OF RWJBARNABAS HEALTH; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. FUNDS ARE ROUTINELY TRANSFERRED BETWEEN AFFILIATES AND BUSINESS ACTIVITIES ARE COMMON ON BEHALF OF THE SYSTEM'S AFFILIATES, INCLUDING THESE ORGANIZATIONS. THESE TRANSACTIONS MAY BE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THESE ORGANIZATIONS AND OTHER AFFILIATES. THE RWJBARNABAS HEALTH ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY COST EFFECTIVE HEALTHCARE AND WELLNESS SERVICES TO THEIR COMMUNITIES REGARDLESS OF ABILITY TO PAY AND IN FURTHERANCE OF CHARITABLE TAX-EXEMPT PURPOSES.

Part VII Supplemental Information

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

PART I - IDENTIFICATION OF DISREGARDED ENTITIES

| (A) NAME/ADDRESS/EIN | (B) PRIMARY ACTIVITY | (C) LEGAL DOMICILE | (D) TOTAL INCOME | (E) EOY ASSETS | (F) DIRECT CONTROL |
|--|----------------------|--------------------------------------|----------------------------------|----------------|--------------------|
| CENTER FOR DISC, INNOV & DEVELOPMENT LLC HEALTH SVCS. | 84-2897309 | C/O CORP FIN. 2 CRESCENT PLACE NJ | OCEANPORT, NJ 07757 NONE | NONE | CSH |
| LIBERTY HEALTHCARE VENTURES, LLC HEALTH SVCS. | 27-2045146 | C/O CORP FIN. 2 CRESCENT PLACE NJ | OCEANPORT, NJ 07757 NONE | NONE | JCMC |
| RWJUH-PLUM STREET, LLC REAL ESTATE | 26-2282746 | 579A CRANBURY ROAD NJ | EAST BRUNSWICK, NJ 08816 NONE | NONE | RWJUH |
| RWJ INTEGRATED HEALTHCARE, LLC HEALTH SVCS. | 81-1271129 | C/O CORP FIN. 2 CRESCENT PLACE NJ | OCEANPORT, NJ 07757 NONE | NONE | RWJUH |
| SAINT BARNABAS MANAGEMENT SERVICES, LLC HEALTH SVCS. | 22-3661568 | C/O CORP FIN. 2 CRESCENT PLACE NJ | OCEANPORT, NJ 07757 436,660. | 39,633. | SBBH |
| RWJ-REGENT, LLC HEALTH SVCS. | 45-3853994 | 10 PLUM STREET, 4TH FLOOR NJ | NEW BRUNSWICK, NJ 08901 NONE | NONE | RWJUH |
| LIBERTY REALTY HOLDINGS, LLC TITLE HLDNG | 47-3539698 | C/O CORP FIN. 2 CRESCENT PLACE NJ | OCEANPORT, NJ 07757 100,340. | 48,338,396. | JCMC |

Part VII Supplemental Information

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

PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

| (A) NAME\ADDRESS\EIN | (B) ACTIVITY | (C) LEGAL DOMICILE | (D) EXEMPT CODE | (E) CHARITY STATUS | (F) DIRECT CONTROLLING | (G) SEC 512 | |
|--|---------------|--------------------|-----------------|--------------------|------------------------|-------------|----|
| | | | | | | YES | NO |
| AUXILIARY OF RWJUH C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | SUPPORT | NJ | 501(C)(3) | 12C | RWJUH | | X |
| BARNABAS BAYONNE DEV URBAN RENEWAL CORP C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | STAFFING SVCS | NJ | 501(C)(3) | 12A | SBRDC | | X |
| BARNABAS HEALTH MEDICAL GROUP, P.C. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | HEALTH SVCS. | NJ | 501(C)(3) | 10 | RWJ BH | | X |
| RWJBH CORPORATE SERVICES, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | HEALTH SVCS. | NJ | 501(C)(3) | 12A | RWJ BH | | X |
| CENTER STATE HEALTH GROUP, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | HEALTH SVCS. | NJ | 501(C)(3) | 12B | RWJ BH | | X |
| RWJBH BEHAV HEALTH, PREVENTION & RECOV C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | HEALTH SVCS. | NJ | 501(C)(3) | 12A | SBBH | | X |
| CHILDRENS SPECIALIZED HOSPITAL FDN. 150 NEW PROVIDENCE ROAD MOUNTAINSIDE, NJ 07092 | FUNDRAISING | NJ | 501(C)(3) | 7 | CSH | | X |
| CLARA MAASS FOUNDATION C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | FUNDRAISING | NJ | 501(C)(3) | 7 | RWJ BH | | X |
| COMMUNITY MEDICAL CENTER AUXILIARY C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | FUNDRAISING | NJ | 501(C)(3) | 12C | CMC | | X |
| COMMUNITY MEDICAL CENTER FOUNDATION C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | FUNDRAISING | NJ | 501(C)(3) | 7 | RWJ BH | | X |

Part VII Supplemental Information

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

| (A) NAME\ADDRESS\EIN | (B) ACTIVITY | (C) LEGAL DOMICILE | (D) EXEMPT CODE | (E) CHARITY STATUS | (F) DIRECT CONTROLLING | (G) SEC 512 YES NO |
|---|----------------------------|--------------------|-----------------|--------------------|------------------------|--------------------|
| DOCTORS' CENTER MANAGEMENT CORP C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 22-3175258 HEALTH SVCS. | NJ | 501(C)(3) | 12C | RWJ BH | X |
| GREENVILLE HOSPITAL C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 22-0963805 INACTIVE | NJ | 501(C)(3) | 3 | RWJ BH | X |
| IRVINGTON HOSPITAL FOUNDATION C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 23-7025428 INACTIVE | NJ | 501(C)(3) | 12A | RWJ BH | X |
| LAKEVIEW CHILD CARE CENTER, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 22-2627639 CHILD CARE | NJ | 501(C)(3) | 10 | RWJ BH | X |
| LIBERTY RIVERSIDE HEALTHCARE C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 22-3284894 INACTIVE | NJ | 501(C)(3) | 3 | RWJ BH | X |
| MARILLAC CORPORATION C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 52-1947015 REAL ESTATE | NJ | 501(C)(3) | 12A | TRMC | X |
| MEGA CARE, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 22-2578561 HEALTH SVCS. | NJ | 501(C)(3) | 12A | CSHG | X |
| MONMOUTH MED CNTR - SOUTHERN CAMPUS FDN. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 22-2630076 FUNDRAISING | NJ | 501(C)(3) | 7 | RWJ BH | X |
| MONMOUTH MEDICAL CENTER - FACULTY PRACT. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 22-3357053 HEALTH SVCS. | NJ | 501(C)(3) | 12A | MMC | X |
| MONMOUTH MEDICAL CENTER FOUNDATION C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 22-2456079 FUNDRAISING | NJ | 501(C)(3) | 7 | RWJ BH | X |

Part VII Supplemental Information

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

| (A) NAME\ADDRESS\EIN | (B) ACTIVITY | (C) LEGAL DOMICILE | (D) EXEMPT CODE | (E) CHARITY STATUS | (F) DIRECT CONTROLLING | (G) SEC 512 YES NO |
|--|----------------------------|--------------------|-----------------|--------------------|------------------------|--------------------|
| NEW BRUNSWICK AFFILIATED HOSPITALS, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 22-1946837 HEALTH SVCS. | NJ | 501(C)(3) | 12A | RWJ BH | X |
| NEW MARGARET HAGUE CTR WOMENS JCM OB/GYN C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 22-3363012 HEALTH SVCS. | NJ | 501(C)(3) | 12A | JCMC | X |
| OPPORTUNITY PROJECT, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 22-3242203 HEALTH SVCS. | NJ | 501(C)(3) | 7 | CSH | X |
| ROBERT WOOD JOHNSON VISITING NURSES, INC 972 SHOPPES BOULEVARD NORTH BRUNSWICK, NJ 08902 | 26-3659270 HEALTH SVCS. | NJ | 501(C)(3) | 10 | N/A | X |
| RWJBH MEDICAL GROUP, P.C. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 84-2840311 HEALTH SVCS. | NJ | 501(C)(3) | 12A | RWJ BH | X |
| RWJ BARNABAS HEALTH, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 81-0682747 INACTIVE | NJ | 501(C)(3) | 12C | N/A | X |
| RWJ HEALTH NETWORK, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 22-3420314 HEALTH SVCS. | NJ | 501(C)(3) | 12A | RWJ BH | X |
| RWJ UNIV. HOSP. AT HAMILTON FDN., INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 22-2552329 FUNDRAISING | NJ | 501(C)(3) | 7 | RWJ BH | X |
| RWJ UNIV. HOSPITAL RAHWAY AUXILIARY C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 22-0012205 SUPPORT | NJ | 501(C)(3) | 10 | RWJUHR | X |
| SAINT BARNABAS HEALTH CARE SYSTEM FDN. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 22-3769036 FUNDRAISING | NJ | 501(C)(3) | 7 | RWJ BH | X |

Part VII Supplemental Information

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

| (A) NAME\ADDRESS\EIN | (B) ACTIVITY | (C) LEGAL DOMICILE | (D) EXEMPT CODE | (E) CHARITY STATUS | (F) DIRECT CONTROLLING | (G) SEC 512 YES NO |
|--|----------------------------|--------------------|-----------------|--------------------|------------------------|--------------------|
| SAINT BARNABAS HOSPICE AND PALLIATIVE C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 22-2354659 HEALTH SVCS. | NJ | 501(C)(3) | 7 | RWJ BH | X |
| SAINT BARNABAS OUTPATIENT CENTERS C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 22-2458479 HEALTH SVCS. | NJ | 501(C)(3) | 10 | RWJ BH | X |
| SAINT BARNABAS REALTY DEVELOPMENT CORP. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 22-2940008 TITLE HLDNG. | NJ | 501(C)(3) | 12B | RWJ BH | X |
| SANDY HOOK FRNDS OF ST BARNABAS BURN FDN C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 22-3236202 FUNDRAISING | NJ | 501(C)(3) | 12D | RWJ BH | X |
| SOMERSET HEALTH CARE FOUNDATION, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 22-3294408 FUNDRAISING | NJ | 501(C)(3) | 7 | RWJ BH | X |
| THE JERSEY CITY MEDICAL CENTER FDN. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 22-3113911 FUNDRAISING | NJ | 501(C)(3) | 10 | RWJ BH | X |
| THE RWJ UNIV. HOSPITAL FOUNDATION, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 22-2378007 FUNDRAISING | NJ | 501(C)(3) | 7 | RWJ BH | X |
| TRINITAS FOUNDATION C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 22-2353773 FUNDRAISING | NJ | 501(C)(3) | 7 | RWJ BH | X |
| TRINITAS HEALTHCARE CORPORATION C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 22-2473652 HEALTH SVCS. | NJ | 501(C)(3) | 10 | RWJ BH | X |
| UNITED RESCUE AT JERSEY CITY, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 22-2458481 HEALTH SVCS. | NJ | 501(C)(3) | 10 | JCMC | X |

Part VII Supplemental Information

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

| (A) NAME\ADDRESS\EIN | (B) ACTIVITY | (C) LEGAL DOMICILE | (D) EXEMPT CODE | (E) CHARITY STATUS | (F) DIRECT CONTROLLING | (G) SEC 512 | |
|--|--------------|--------------------|-----------------|--------------------|------------------------|-------------|----|
| | | | | | | YES | NO |
| UNIVERSITY PHYSICIAN ASSOCIATES OF NJ C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | HEALTH SVCS. | NJ | 501(C)(3) | 12C | RWJ BH | | X |
| VNA HEALTH GROUP OF NEW JERSEY, LLC 176 RIVERSIDE AVENUE | HEALTH SVCS. | NJ | 501(C)(3) | 10 | MEGA CARE | | X |

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

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

| (A) NAME/ADDRESS/EIN | B) PRIMARY ACTIVITY | (C) LEGAL DOMICILE | (D) DIRECT CONTROLLING | (E) PREDOMINANT INCOME | (F) SHARE OF TOT INCOME | (G) SHARE EOY | (H) DISPROPORTIONATE | | (I) CODE V-UBI | (J) PARTNER | | (K) % OWNERSHIP |
|--|------------------------|-----------------------|---------------------------|---------------------------|----------------------------|---------------|----------------------|----|----------------|-------------|----|--------------------|
| | | | | | | | YES | NO | | YES | NO | |
| AVENEL ISELIN MEDICAL GROUP, L 400 GILL LANE ISELIN, NJ 08830 | HEALTH SVCS. | NJ | N/A | | | | | | | | | |
| BARNABAS ON TIME HOLDINGS, LLC 135 E. HIGHLAND PARK ROSELLE, | HEALTH SVCS. | NJ | N/A | | | | | | | | | |
| CENTRAL JERSEY ACO, LLC 45-546 C/O CORP FIN. 2 CRESCENT PLACE | HEALTH SVCS. | NJ | N/A | | | | | | | | | |
| CREST PHYSICAL THERAPY SERVICE 66 WEST GILBERT STREET RED BAN | HEALTH SVCS. | NJ | N/A | | | | | | | | | |
| HAMILTON ENDO & SURG, LLC 22-3 1235 WHITEHORSE-MERCERVILLE RD | HEALTH SVCS. | NJ | N/A | | | | | | | | | |
| HUDSON MD GROUP, LLC 84-192888 443 NORTHFIELD AVE. WEST ORANG | HEALTH SVCS. | NJ | N/A | | | | | | | | | |
| INNOVATIVE PURCHASING CONCEPTS C/O CORP FIN. 2 CRESCENT PLACE | INACTIVE | NJ | RWJ BH-SUBS. | RELATED | | NONE | 1,003,873. | X | | NONE | X | 100.0000 |
| JERSEY ASC VENTURES, LLC 47-33 1A BURTON HILLS BLVD NASHVILLE | HEALTH SVCS. | TN | N/A | | | | | | | | | |
| LIBERTY/USP SURGERY CENTERS, L 15305 DALLAS PKWY SUITE 1600 L | HEALTH SVCS. | TX | N/A | | | | | | | | | |
| MEDEMERGE, LLC 03-0382501 1005 WASHINGTON AVE. GREEN BRO | HEALTH SVCS. | NJ | N/A | | | | | | | | | |

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

| (A) NAME/ADDRESS/EIN | B) PRIMARY ACTIVITY | (C) LEGAL DOMICILE | (D) DIRECT CONTROLLING | (E) PREDOMINANT INCOME | (F) SHARE OF TOT INCOME | (G) SHARE EOY | (H) DISPROPORTIONATE | | (I) CODE V-UBI | (J) PARTNER | | (K) % OWNERSHIP |
|--|------------------------|-----------------------|---------------------------|---------------------------|----------------------------|---------------|----------------------|----|----------------|-------------|----|--------------------|
| | | | | | | | YES | NO | | YES | NO | |
| NEW JERSEY IMAGING NTKW, LLC 4 C/O CORP FIN. 2 CRESCENT PLACE | HEALTH SVCS. | NJ | N/A | | | | | | | | | |
| RWJBH ASSOCIATES 2, LLC 84-286 66 WEST GILBERT STREET RED BAN | HEALTH SVCS. | NJ | N/A | | | | | | | | | |
| RWJ-REGENT II, LLC 80-0878969 ONE ROBERT WOOD JOHNSON PLACE | HEALTH SVCS. | NJ | RWJUJH | RELATED | | NONE | NONE | X | NONE | X | | 78.4310 |
| SHREWSBURY DIAGNOSTIC IMAGING, 1131 BROAD STREET, SUITE 110 S | HEALTH SVCS. | NJ | MMC | RELATED | 4,546,963. | 573,729. | X | | NONE | X | | 51.0000 |
| SOMERSET PEDIATRIC GROUP, LLC 575 ROUTE 28, BLDG. 2, STE. 22 | HEALTH SVCS. | NJ | N/A | | | | | | | | | |
| CARE STATION MSO, LLC 85-43836 328 WEST ST. GEORGES AVENUE LI | HEALTH SVCS. | NJ | N/A | | | | | | | | | |
| JAG-ONE HOLDINGS, LP 85-439527 C/O CORP FIN. 2 CRESCENT PLACE | HEALTH SVCS. | NJ | N/A | | | | | | | | | |
| PREDICTIVE HEALTH SOLUTIONS, L C/O CORP FIN. 2 CRESCENT PLACE | HEALTH SVCS. | NJ | CSH | RELATED | | NONE | NONE | X | NONE | X | | 50.1000 |
| ADVANCED GASTROENTEROLOGY GROU 1308 MORRIS AVENUE, SUITE 102 | HEALTH SVCS. | NJ | N/A | | | | | | | | | |
| PARKWAY ANESTHESIA ASSOCIATES, 66 WEST GILBERT STREET RED BAN | HEALTH SVCS. | NJ | N/A | | | | | | | | | |

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

| (A) NAME/ADDRESS/EIN | B) PRIMARY ACTIVITY | (C) LEGAL DOMICILE | (D) DIRECT CONTROLLING | (E) PREDOMINANT INCOME | (F) SHARE OF TOT INCOME | (G) SHARE EOY | (H) DISPROPORTIONATE | | (I) CODE V-UBI | (J) PARTNER | | (K) % OWNERSHIP |
|--|------------------------|-----------------------|---------------------------|---------------------------|----------------------------|---------------|----------------------|----|----------------|-------------|----|--------------------|
| | | | | | | | YES | NO | | YES | NO | |
| ANESTHESIA SPECIALISTS OF NJ, 66 WEST GILBERT STREET RED BAN | HEALTH SVCS. | NJ | N/A | | | | | | | | | |
| PARKWAY MEDICAL MANAGEMENT, LL 66 WEST GILBERT STREET RED BAN | HEALTH SVCS. | NJ | N/A | | | | | | | | | |
| DIGESTIVE HEALTHCARE CENTER, L 511 COURTYARD DRIVE, BLDG. 500 | HEALTH SVCS. | NJ | N/A | | | | | | | | | |
| KAYAL MEDICAL GROUP, LLC 87-41 266 HARRISTOWN RD., STE 104 GL | HEALTH SVCS. | NJ | N/A | | | | | | | | | |
| MEDICOR CARDIOLOGY, LLC 92-038 331 ROUTE 206 HILLSBOROUGH, NJ | HEALTH SVCS. | NJ | N/A | | | | | | | | | |
| MONTGOMERY MEDICAL ASSOCIATES, 9 DUTCHTOWN-HARLINGEN ROAD BEL | HEALTH SVCS. | NJ | N/A | | | | | | | | | |
| UNION COUNTY HC ASSOCIATES, LL 2005 ST. GEORGES AVENUE RAHWAY | HEALTH SVCS. | NJ | N/A | | | | | | | | | |
| A WOMAN'S PLACE HOLDINGS, LLC 18 WILSON CIRCLE RUMSON, NJ 07 | HEALTH SVCS. | NJ | N/A | | | | | | | | | |
| ADVANCED SURGICAL & ENDOSCOPY 81 VERONICA AVENUE, SUITE 205 | HEALTH SVCS. | NJ | N/A | | | | | | | | | |
| ASSOCIATES IN OTOLARYNGOLOGY O 741 NORTHFIELD AVE, SUITE 104A | HEALTH SVCS. | NJ | N/A | | | | | | | | | |

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

| (A) NAME/ADDRESS/EIN | B) PRIMARY ACTIVITY | (C) LEGAL DOMICILE | (D) DIRECT CONTROLLING | (E) PREDOMINANT INCOME | (F) SHARE OF TOT INCOME | (G) SHARE EOY | (H) DISPROPORTIONATE | | (I) CODE V-UBI | (J) PARTNER | | (K) % OWNERSHIP |
|--|------------------------|-----------------------|---------------------------|---------------------------|----------------------------|---------------|----------------------|----|----------------|-------------|----|--------------------|
| | | | | | | | YES | NO | | YES | NO | |
| ----- | | | | | | | | | | | | |
| ATLANTIC AMBULATORY ANESTHESIA 655 SHREWSBURY CENTER SHREWSBU | HEALTH SVCS. | NJ | N/A | | | | | | | | | |
| CCG MEDICAL GROUP, LLC 88-3940 673 MORRIS AVENUE, SUITE 201 S | HEALTH SVCS. | NJ | N/A | | | | | | | | | |
| FAMILY CARE PRIMARY & URGENT C 257 ROUTE 22 EAST GREEN BROOK, | HEALTH SVCS. | NJ | N/A | | | | | | | | | |
| MVP MEDICAL ASSOCIATES II, LLC 95 OLD SHORT HILLS ROAD WEST O | HEALTH SVCS. | NJ | N/A | | | | | | | | | |
| SEAVIEW ORTHOPAEDICS & MEDICAL 1200 EAGLE AVENUE OCEAN, NJ 07 | HEALTH SVCS. | NJ | N/A | | | | | | | | | |
| SCA-SPARTA, LLC 47-2676325 569 BROOKWOOD VILLAGE, SUITE 9 | HEALTH SVCS. | AL | N/A | | | | | | | | | |

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

990 SCH R, PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

| (A) NAME/ADDRESS/EIN | (B) PRIMARY ACTIVITY | (C) LEGAL DOMICILE | (D) DIRECT CONTROLLING | (E) ENTITY TYPE | (F) SHARE OF TOT INCOME | (G) SHARE OF EOY | (H) % OWNERSHIP | (I) SEC 512(B)(13) YES NO |
|--|-------------------------------|-----------------------|---------------------------|--------------------|----------------------------|------------------|--------------------|------------------------------|
| CENTER STATE MANAGEMENT CORP C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 22-2506125 MGMT SVCS. | NJ | N/A | C CORP. | | | | X |
| CSH VENTURES, INC. 200 SOMERSET STREET NEW BRUNSWICK, NJ 08901 | 47-2729885 MED. CONSULTING | NJ | CSH | C CORP. | NONE | 62,202. | 100.0000 | X |
| HEALTH CARE FACILITIES MGT C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 22-3532988 MAINT. SVCS. | NJ | N/A | C CORP. | | | | X |
| LIVINGSTON INFUSION CARE INC C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 22-3190756 HEALTH SVCS. | NJ | N/A | C CORP. | | | | X |
| LIVINGSTON SERVICES CORP. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 22-2779395 HEALTH SVCS. | NJ | N/A | C CORP. | | | | X |
| LSC PHARMACY SERVICES, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 45-2552776 PHARMACY SVCS | NJ | N/A | C CORP. | | | | X |
| MAJOR INVESTIGATIONS, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 22-3040539 SECURITY SVCS | NJ | N/A | C CORP. | | | | X |
| NJ HEALTH CARE SYSTEM, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 22-3536986 INACTIVE | NJ | N/A | C CORP. | | | | X |
| RWJ MED SVCS ORG AT HAMILTON C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 22-3454270 HEALTH SVCS. | NJ | N/A | C CORP. | | | | X |
| RWJ MEDICAL ASSOCIATES, P.A. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 22-3586872 HEALTH SVCS. | NJ | N/A | C CORP. | | | | X |

990 SCH R, PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

| (A) NAME/ADDRESS/EIN | (B) PRIMARY ACTIVITY | (C) LEGAL DOMICILE | (D) DIRECT CONTROLLING | (E) ENTITY TYPE | (F) SHARE OF TOT INCOME | (G) SHARE OF EOY | (H) % OWNERSHIP | (I) SEC 512(B)(13) YES NO |
|--|----------------------------|-----------------------|---------------------------|--------------------|----------------------------|------------------|--------------------|------------------------------|
| RWJ PHYSICIAN ENTERPRISE, P.A. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 45-3967414 HEALTH SVCS. | NJ | N/A | C CORP. | | | | X |
| RWJ SURGERY CENTER, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 22-3698431 HEALTH SVCS. | NJ | N/A | C CORP. | | | | X |
| SBC MANAGEMENT CORPORATION C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 22-3414332 MGMT SVCS. | NJ | N/A | C CORP. | | | | X |
| SHC ENTERPRISES, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 22-2665595 MGMT SVCS. | NJ | N/A | C CORP. | | | | X |
| SOMERSET REALTY GROUP, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 22-3269525 REAL ESTATE | NJ | N/A | C CORP. | | | | X |
| TRINITAS HEALTH SERVICES CORPORATION C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 22-2557627 HEALTH SVCS. | NJ | TRMC | C CORP. | 47,000. | 1,615,793. | 100.0000 | X |
| VISION HEALTHCARE, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757 | 20-4285005 INVESTMENT | NJ | N/A | C CORP. | | | | X |
| CPIC 44 CHURCH STREET , HAMILTON BD HM11 | | | | | | | | |
| | FINANCIAL VEHICLE | BD | CBMC | FOREIGN CORP. | 81,162,232. | 412,104,198. | 100.0000 | X |

RENT AND ROYALTY INCOME

| | |
|--|---|
| Taxpayer's Name RWJ BARNABAS HEALTH, INC. - SUBORDINATES | Identifying Number 85-1296795 |
|--|---|

DESCRIPTION OF PROPERTY

RENTAL

| | | | |
|--|-----|----|--|
| | 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 | 18255070. | |
| TOTAL GROSS INCOME | | 18255070. |

| | | |
|------------------------|------------|--|
| OTHER EXPENSES: | | |
| OTHER EXPENSES | 5,903,173. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| | | |
|--|--|------------|
| DEPRECIATION (SHOWN BELOW) | | |
| LESS: Beneficiary's Portion | | |
| AMORTIZATION | | |
| LESS: Beneficiary's Portion | | |
| DEPLETION | | |
| LESS: Beneficiary's Portion | | |
| TOTAL EXPENSES | | 5,903,173. |
| TOTAL RENT OR ROYALTY INCOME (LOSS) | | 12351897. |

Less Amount to

| | |
|------------------------------------|-------|
| Rent or Royalty | _____ |
| Depreciation | _____ |
| Depletion | _____ |
| Investment Interest Expense | _____ |
| Other Expenses | _____ |
| Net Income (Loss) to Others | _____ |

Net Rent or Royalty Income (Loss) 12351897.

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 |
|-----------------------------|------------------------------|-------------------|---------------|------------|----------------------------|---------------------------------|------------|------------------|--------------------------------|
| | | | | | | | | | |
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| | | | | | | | | | |
| Totals | | | | | | | | | |

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE
=====

OTHER INCOME

| | |
|---------------|-----------|
| RENTAL INCOME | 18255070. |
| | ----- |
| | 18255070. |
| | ===== |

OTHER DEDUCTIONS

| | |
|-----------------|------------|
| RENTAL EXPENSES | 5,903,173. |
| | ----- |
| | 5,903,173. |
| | ===== |

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE
=====

OTHER INCOME

| | |
|---------------|----------|
| RENTAL INCOME | 692,165. |
| | ----- |
| | 692,165. |
| | ===== |

OTHER DEDUCTIONS

| | |
|-----------------------|------------|
| RENT EXPENSE | 76,249. |
| DPRECIATION EXPENSE | 2,177,524. |
| PURCHASED SERVICES | 302,145. |
| OTHER DIRECT EXPENSES | 15,448. |
| | ----- |
| | 2,571,366. |
| | ===== |

RENT AND ROYALTY SUMMARY
 =====

| PROPERTY ----- | TOTAL INCOME ----- | DEPLETION/ DEPRECIATION ----- | OTHER EXPENSES ----- | ALLOWABLE NET INCOME ----- |
|-------------------|--------------------------|-------------------------------------|----------------------------|-------------------------------------|
| RENTAL | 18255070. | | 5,903,173. | 12351897. |
| RENTAL | 692,165. | | 3,428,267. | -2736102. |
| | ----- | ----- | ----- | ----- |
| TOTALS | 18947235. | | 9,331,440. | 9,615,795. |
| | ===== | ===== | ===== | ===== |

**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

2023

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

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 2022 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. | 88,690. | | | 88,690. |
| 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 2022 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 88,690. |

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

Schedule D (Form 1041) 2023

| Part III Summary of Parts I and II | | (1) Beneficiaries' (see instr.) | (2) Estate's or trust's | (3) Total |
|---|---|---------------------------------|-------------------------|-----------|
| Caution: Read the instructions before completing this part. | | | | |
| 17 | Net short-term gain or (loss) | 17 | | |
| 18 | Net long-term gain or (loss): | | | |
| a | Total for year | 18a | | 88,690. |
| 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 | | 88,690. |

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 () |

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 \$3,000 | 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 \$14,650 | 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 2023 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 2023 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

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

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

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

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

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

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

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions. | Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g). |
|---|--|---|---|--|--|--|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | VARIOUS SECURITIES | VARIOUS | VARIOUS | 88,690.00 | | | | 88,690.00 |
| | | | | | | | | |
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| 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) . . . | | | | 88,690. | | | | 88,690. |

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

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

Department of the Treasury Internal Revenue Service

Attach to your tax return.

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

Attachment Sequence No. 27

Name(s) shown on return: RWJ BARNABAS HEALTH, INC. - SUBORDINATES. Identifying number: 85-1296795. 1a Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions. 1b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets. 1c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets.

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

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed or allowable since acquisition, (f) Cost or other basis, plus improvements and expense of sale, (g) Gain or (loss) Subtract (f) from the sum of (d) and (e). Rows 2-9 contain various gain and loss entries.

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): 6,505,073. 11 Loss, if any, from line 7. 12 Gain, if any, from line 7 or amount from line 8, if applicable. 13 Gain, if any, from line 31. 14 Net gain or (loss) from Form 4684, lines 31 and 38a. 15 Ordinary gain from installment sales from Form 6252, line 25 or 36. 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824. 17 Combine lines 10 through 16. 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions. b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4.

For Paperwork Reduction Act Notice, see separate instructions.

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

| 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: | | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) |
|--|------------|--------------------------------------|----------------------------------|
| A | | | |
| B | | | |
| C | | | |
| D | | | |
| <i>These columns relate to the properties on lines 19A through 19D.</i> | | | |
| | Property A | Property B | Property C |
| 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 | |

