
FEDERAL FORM 990
RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
FOR THE YEAR ENDED DECEMBER 31, 2020

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning, 2020, and ending, 20

Form header section containing organization name (HUNTERDON MEDICAL CENTER), address (2100 WESCOTT DRIVE, FLEMINGTON, NJ 08822), principal officer (PATRICK J. GAVIN), and identification numbers.

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, member counts, 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 area with fields for officer signature, date, and name/title.

Paid Preparer Use Only section with fields for preparer name (SCOTT J MARIANI), firm name (WITHUMSMITH+BROWN, PC), and firm address.

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 (2020)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

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

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

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

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

4a (Code:) (Expenses \$ 248,373,415. including grants of \$ 0.) (Revenue \$ 262,980,930.)

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 248,373,415.

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, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable trusts.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NJ,
18 Section 6104 requires an organization to make its 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

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

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

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

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

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

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

(A) 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			
(1) PATRICK J. GAVIN, MPH, MBA TRUSTEE - PRESIDENT/CEO	50.00 0.	X		X				1,165,489.	0.	90,897.
(2) LAWRENCE N. GRAND EXECUTIVE VP/COO	50.00 0.			X				502,414.	0.	67,195.
(3) SHEHZANA ASHRAF, M.D. PHYSICIAN	50.00 0.					X		516,208.	0.	34,921.
(4) NEIL HUDES SVP, OPERATIONS	50.00 0.				X			466,098.	0.	67,748.
(5) VIOLET T. KOCSIS CHIEF HUMAN RESOURCES OFFICER	50.00 0.				X			455,976.	0.	75,141.
(6) ROBERT G. COATES, M.D. VPMA	50.00 0.				X			469,278.	0.	38,914.
(7) DAVID D. SKILLINGE, M.D. VP, MEDICAL PRACTICES	50.00 0.					X		417,963.	0.	67,633.
(8) DANIEL MORREALE CIO (TERMED 8/1/20)	50.00 0.				X			428,602.	0.	20,532.
(9) PATRICIA STEINGALL, RN VP, PATIENT CARE	50.00 0.				X			387,619.	0.	54,960.
(10) DEVI SURAPANANI, M.D. PHYSICIAN	50.00 0.					X		384,551.	0.	13,618.
(11) LAN CAO, M.D. PHYSICIAN	50.00 0.					X		356,201.	0.	30,185.
(12) THERESA MISKIMEN, M.D. PHYSICIAN	50.00 0.					X		353,798.	0.	15,554.
(13) HERBERT WHITE CFO (EFF. 4/6/20)	50.00 0.			X				326,059.	0.	42,590.
(14) GEORGE ROKSVAAG, M.D. CHIEF MEDICAL OFFICER	50.00 0.				X			346,275.	0.	19,500.

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) THOMAS PERCELLO DIR CORP FIN/INT CFO(1/1- 4/6)	50.00 0.			X				335,066.	0.	24,103.
(16) WAYNE G. FELLMETH, M.D. CHIEF MEDICAL INFO OFFICER	50.00 0.				X			316,320.	0.	41,914.
(17) JASON VANDIVER CHIEF MARKET/COMM OFF (EFF 2/2	50.00 0.				X			230,683.	0.	29,884.
(18) CHRISTAL KOZLOSKI FORMER KEY EMPLOYEE	50.00 0.						X	216,424.	0.	0.
(19) ELLEN F. LOCKER CHAIR - TRUSTEE	1.00 0.	X		X				0.	0.	0.
(20) CASEY KOLLER VICE CHAIR - TRUSTEE	1.00 0.	X		X				0.	0.	0.
(21) K.C. RONDELLO, M.D., M.P.H. SECRETARY - TRUSTEE	1.00 0.	X		X				0.	0.	0.
(22) SUZANNE SCHWANDA TREASURER - TRUSTEE	1.00 0.	X		X				0.	0.	0.
(23) KATHRYN HAMILTON, M.D. TRUSTEE	1.00 0.	X						0.	0.	0.
(24) CAROL HARDING TRUSTEE	1.00 0.	X						0.	0.	0.
(25) WALTER LAPICKI, D.O. TRUSTEE	1.00 0.	X						0.	0.	0.
1b Sub-total								7,675,024.	0.	735,289.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								7,675,024.	0.	735,289.

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 ► 270

	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
ATTACHMENT 2		

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 ► 40

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) JAMES LYNCH ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(27) JACK NAHAMA ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(28) ROSEANN PELUSO NGUYEN ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(29) RICK ROSENTHAL ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(30) CHARLES SCAMMELL ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(31) RUBEN DARIOS TABORDA ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(32) GREY WARNER ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
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 **▶** 270

	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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	1,694,593.				
	e	Government grants (contributions)	1e	21,681,331.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	157,475.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$				
	h	Total. Add lines 1a-1f ▶		23,533,399.				
	Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	Business Code	541900	249,668,451.	249,668,451.	
b		STATE OF NJ CHARITY SUBSIDY	541900	687,872.	687,872.			
c		HEALTH AND WELLNESS	713940	1,070,059.	1,059,358.	10,701.		
d		OTHER HEALTHCARE RELATED REVENUE	541900	11,297,519.	11,297,519.			
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f ▶		262,723,901.				
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts). ▶		9,776,533.			9,776,533.
	4	Income from investment of tax-exempt bond proceeds . ▶		0.				
	5	Royalties ▶		0.				
	6a	Gross rents	(i) Real	795,389.				
			(ii) Personal					
			6b	Less: rental expenses	611,528.			
	6c	Rental income or (loss)	183,861.					
	d	Net rental income or (loss) ▶		183,861.			183,861.	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	268,405.				
			(ii) Other					
			7b	Less: cost or other basis and sales expenses				
	7c	Gain or (loss)	268,405.					
	d	Net gain or (loss) ▶		268,405.			268,405.	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a	0.				
			8b	0.				
c			Net income or (loss) from fundraising events. ▶		0.			
9a	Gross income from gaming activities. See Part IV, line 19	9a	0.					
		9b	0.					
		c	Net income or (loss) from gaming activities. ▶		0.			
10a	Gross sales of inventory, less returns and allowances	10a	0.					
		10b	0.					
		c	Net income or (loss) from sales of inventory. ▶		0.			
Miscellaneous Revenue	11a	CHILD CARE	Business Code	624410	404,221.	257,029.	147,192.	
	b	CAFETERIA	722320	506,616.			506,616.	
	c	VENDING MACHINE	722320	19,663.			19,663.	
	d	All other revenue						
	e	Total. Add lines 11a-11d ▶		930,500.				
12	Total revenue. See instructions ▶		297,416,599.	262,713,200.	267,730.	10,902,270.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	6,003,257.	5,583,029.	420,228.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	118,103,403.	109,836,165.	8,267,238.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,410,075.	5,031,370.	378,705.	
9 Other employee benefits	14,282,309.	13,282,547.	999,762.	
10 Payroll taxes	12,159,282.	11,308,132.	851,150.	
11 Fees for services (nonemployees):				
a Management	612,939.	493,416.	119,523.	
b Legal	186,885.	150,442.	36,443.	
c Accounting	181,336.	145,975.	35,361.	
d Lobbying	84,152.	67,742.	16,410.	
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	21,217,056.	17,079,730.	4,137,326.	
12 Advertising and promotion	1,665,586.	1,340,797.	324,789.	
13 Office expenses	4,925,378.	3,964,929.	960,449.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	6,611,493.	5,322,252.	1,289,241.	
17 Travel	8,649.	6,962.	1,687.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	268,808.	216,390.	52,418.	
20 Interest	2,543,497.	2,543,497.		
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	18,014,583.	10,409,882.	7,604,701.	
23 Insurance	3,524,259.	2,837,028.	687,231.	
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	35,033,540.	28,202,000.	6,831,540.	
b MAINTENANCE/SERVICE CONTRACT	18,658,014.	15,019,701.	3,638,313.	
c PHYSICIAN FEES	9,177,526.	9,177,526.		
d OTHER EXPENSES	7,893,047.	6,353,903.	1,539,144.	
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	286,565,074.	248,373,415.	38,191,659.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	10,282.	1	11,192.
	2 Savings and temporary cash investments	35,015,692.	2	108,025,693.
	3 Pledges and grants receivable, net	944,166.	3	1,077,413.
	4 Accounts receivable, net.	35,919,404.	4	37,205,155.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	3,478,184.	8	5,313,694.
	9 Prepaid expenses and deferred charges	6,158,873.	9	5,887,965.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 427,100,204.		
	b Less: accumulated depreciation	10b 281,782,962.	152,011,392.	10c 145,317,242.
	11 Investments - publicly traded securities.	0.	11	0.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11.	120,965,663.	13	141,785,058.
	14 Intangible assets	4,937,040.	14	6,736,872.
	15 Other assets. See Part IV, line 11	69,100,338.	15	62,233,693.
16 Total assets. Add lines 1 through 15 (must equal line 33)	428,541,034.	16	513,593,977.	
Liabilities	17 Accounts payable and accrued expenses	39,681,600.	17	43,325,250.
	18 Grants payable	0.	18	0.
	19 Deferred revenue.	0.	19	0.
	20 Tax-exempt bond liabilities.	63,094,367.	20	112,593,887.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	20,980,130.	23	17,384,490.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	68,747,173.	25	104,028,560.
	26 Total liabilities. Add lines 17 through 25.	192,503,270.	26	277,332,187.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	207,374,514.	27	207,735,012.
	28 Net assets with donor restrictions.	28,663,250.	28	28,526,778.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
	32 Total net assets or fund balances	236,037,764.	32	236,261,790.
33 Total liabilities and net assets/fund balances.	428,541,034.	33	513,593,977.	

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	297,416,599.
2	Total expenses (must equal Part IX, column (A), line 25)	2	286,565,074.
3	Revenue less expenses. Subtract line 2 from line 1	3	10,851,525.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	236,037,764.
5	Net unrealized gains (losses) on investments	5	4,347,609.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-14,975,108.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	236,261,790.

Part XII Financial Statements and Reporting

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

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

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

Form **990** (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

HUNTERDON MEDICAL CENTER

Employer identification number

22-1537688

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

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

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

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) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 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 2020; 15 Public support percentage from 2019 Schedule A; 16a 33 1/3% support test - 2020; 16b 33 1/3% support test - 2019; 17a 10%-facts-and-circumstances test - 2020; 17b 10%-facts-and-circumstances test - 2019; 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: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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. Add lines 1 through 5; 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. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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 in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2020, 2019. Row 15: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2019 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2020, 2019. Row 17: Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2020. 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 - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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 in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in 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 in 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.		Yes	No
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 in 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>):	1e		
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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 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-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2020

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"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
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) 2017	(b) 2018	(c) 2019	(d) 2020	(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: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Blank lines for supplemental information.

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B; LINE 1I

THE ORGANIZATION IS A MEMBER OF THE NEW JERSEY HOSPITAL ASSOCIATION WHICH ENGAGES IN LOBBYING EFFORTS ON BEHALF OF ITS MEMBER HOSPITALS. A PORTION OF THE DUES PAID TO THIS ORGANIZATION HAS BEEN ALLOCATED TO LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE ORGANIZATION. THIS ALLOCATION AMOUNTED TO \$3,249 DURING THE YEAR ENDED DECEMBER 31, 2020.

IN ADDITION, THE ORGANIZATION PAID AN OUTSIDE LOBBYING FIRM TO PERFORM LOBBYING EFFORTS ON BEHALF OF THE ORGANIZATION IN THE AMOUNT OF \$30,000 DURING THE YEAR ENDED DECEMBER 31, 2020.

A PERCENTAGE OF THE 2020 COMPENSATION FOR THE DIRECTOR OF GOVERNMENT AND COMMUNITY AFFAIRS HAS BEEN ALLOCATED TOWARD LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE HUNTERDON MEDICAL CENTER AND ITS AFFILIATES ON BOTH A FEDERAL AND STATE LEVEL. THIS ALLOCATION AMOUNTED TO \$50,903 IN 2020.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

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

HUNTERDON MEDICAL CENTER

Employer identification number

22-1537688

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose of easements, total number, acreage, and monitoring expenses.

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

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

Table with 3 columns: Line number, Description, and Amount. Includes rows for art collections, revenue, and assets.

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

Schedule D (Form 990) 2020

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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Description, Amount
1c Beginning balance
1d Additions during the year
1e Distributions during the year
1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment 98.7700 %
c Term endowment 1.2300 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) SHORT-TERM INVESTMENTS	37,997,423.	FMV
(2) ASSETS WHOSE USE IS LIMITED	3,800,435.	FMV
(3) BOARD DESIGNATED FUNDS	68,944,397.	FMV
(4) DONOR RESTRICTED ASSETS	18,527,475.	FMV
(5) BENEFICIAL INTEREST IN TRUSTS	2,707,009.	FMV
(6) REAL ESTATE HELD INVESTMENT	213,099.	FMV
(7) BEN INT IN HH FOUNDATION	9,595,220.	FMV
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶	141,785,058.	

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	24,462,731.
(2) OTHER RECEIVABLES	4,367,602.
(3) RIGHT-OF-USE ASSETS	14,581,607.
(4) OTHER ASSETS	18,821,753.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	62,233,693.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED INTEREST PAYABLE	1,038,608.
(3) OTHER LIABILITIES	13,342,786.
(4) EST AMTS DUE TO 3RD PARTY; CURRENT	
(5) EST AMTS DUE TO 3RD PARTY; NC	30,207,757.
(6) MALPRACTICE LIABILITY	3,227,000.
(7) PENSION BENEFIT LIABILITY	56,212,409.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	104,028,560.

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 XIII Supplemental Information (continued)

SCHEDULE D, PART V, QUESTION 4

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

SCHEDULE D, PART X

THE ORGANIZATION IS AN AFFILIATE WITHIN THE HUNTERDON HEALTHCARE SYSTEM, INC. ("SYSTEM"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. THE SYSTEM'S PARENT ENTITY IS HUNTERDON HEALTHCARE SYSTEM, INC. AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE SYSTEM AND ALL ENTITIES WITHIN THE SYSTEM FOR THE YEARS ENDED DECEMBER 31, 2020 AND DECEMBER 31, 2019; INCLUDING THIS ORGANIZATION; RESPECTIVELY. THE INDEPENDENT CPA FIRM ISSUED AN UNMODIFIED OPINION WITH RESPECT TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS.

IN ADDITION, AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF HUNTERDON MEDICAL CENTER AND AFFILIATES FOR THE YEARS ENDED DECEMBER 31, 2020 AND DECEMBER 31, 2019; RESPECTIVELY. THE INDEPENDENT CPA FIRM ISSUED AN UNMODIFIED OPINION WITH RESPECT TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS. THE FOLLOWING FOOTNOTE IS INCLUDED IN THE ORGANIZATION'S 2020 AUDITED CONSOLIDATED FINANCIAL STATEMENTS THAT REPORTS THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX PROVISIONS UNDER FIN 48 (ASC 740):

THE MEDICAL CENTER IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL

Part XIII Supplemental Information (continued)

INCOME TAXES ON ITS EXEMPT INCOME UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE.

THE CAPTIVE PC'S ARE NEW JERSEY PROFESSIONAL CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND ARE EXEMPT FROM FEDERAL INCOME TAXES ON EXEMPT INCOME UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE.

THE MEDICAL CENTER ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES BY PRESCRIBING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET. THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2020 OR 2019.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2020

Open to Public Inspection

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

HUNTERDON MEDICAL CENTER

Employer identification number

22-1537688

Part I 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	X	
1b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing 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 _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <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> %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?		X
6b 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)			5,622,284.	250,229.	5,372,055.	1.87
b Medicaid (from Worksheet 3, column a)			33,977,231.	20,453,857.	13,523,374.	4.72
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			39,599,515.	20,704,086.	18,895,429.	6.59
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,440,135.		1,440,135.	.50
f Health professions education (from Worksheet 5)			3,715,813.	2,165,192.	1,550,621.	.54
g Subsidized health services (from Worksheet 6)			16,254,482.	3,225,691.	13,028,791.	4.55
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			21,410,430.	5,390,883.	16,019,547.	5.59
k Total. Add lines 7d and 7j			61,009,945.	26,094,969.	34,914,976.	12.18

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

Schedule H (Form 990) 2020

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

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1** X
- 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. **2** 10,466,647.
- 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit **3** 1,046,665.
- 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.

	Yes	No
1	X	
2		
3		
5		
6		
7		
9a	X	
9b	X	

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME) **5** 55,304,934.
- 6 Enter Medicare allowable costs of care relating to payments on line 5 **6** 66,141,516.
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) **7** -10,836,582.
- 8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:
 Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

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

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

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

Table with 3 columns: Question, Yes, No. Rows include Community Health Needs Assessment questions 1 through 12c.

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
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 type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input 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.HUNTERDONHEALTHCARE.ORG</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.HUNTERDONHEALTHCARE.ORG</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.HUNTERDONHEALTHCARE.ORG</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by 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 HUNTERDON MEDICAL CENTER

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written 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?	X	
If "No," indicate why:			
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

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

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

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

Part V Facility Information *(continued)*

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

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

THE HUNTERDON COUNTY PARTNERSHIP FOR HEALTH IS A COUNTY-WIDE INITIATIVE THAT INVOLVES MORE THAN 70 COMMUNITY SERVICE PROVIDERS, AGENCIES AND ORGANIZATIONS SHARING A COMMON INTEREST IN PROMOTING AND IMPROVING THE HEALTH, WELL-BEING AND QUALITY OF LIFE OF HUNTERDON COUNTY RESIDENTS. SINCE ITS INCEPTION IN 1995, THIS HEALTHIER COMMUNITY INITIATIVE HAS LED THE COMPLETION OF 4 COUNTY-LEVEL BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) SURVEYS. THEY HAVE GIVEN VITAL INPUT INTO THE 2019 COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP). THE MEMBERS OF THE HUNTERDON COUNTY PARTNERSHIP FOR HEALTH INCLUDE:

- ALZHEIMER'S ASSOCIATION
- AMERICA'S GROW A ROW
- AMERICAN HEART ASSOCIATION
- ANDERSON HOUSE
- BIOMEDICAL SCIENCES ACADEMY
- CANCER COALITION OF HUNTERDON AND MERCER
- CATHOLIC DIOCESE OF METUCHEN
- CENTRAL JERSEY FAMILY HEALTH CONSORTIUM
- CERTIFIED FITNESS FOR SPECIAL NEEDS
- CLINTON PUBLIC SCHOOL
- COUNTY DIVISION OF PUBLIC HEALTH NURSING & EDUCATION
- COUNTY DIVISION OF SENIOR, DISABILITIES & VETERANS SERVICES
- COUNTY MEDICAL RESERVE CORPS

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.

- DELAWARE VALLEY FAMILY HEALTH CENTER
- DELAWARE VALLEY REGIONAL HIGH SCHOOL
- FAMILY PROMISE
- FISHERMAN'S MARK
- FLEMINGTON AREA FOOD PANTRY
- FLEMINGTON JEWISH COMMUNITY CENTER
- FOOTHILL ACRES
- FRANCIS A. DESMARES ELEMENTARY SCHOOL
- GO HUNTERDON
- HAMPTON PUBLIC SCHOOL
- HABITAT FOR HUMANITY
- HCMAP
- HP PARTIAL CARE
- HEALTH VILLAGE RETIREMENT COMMUNITY
- HUNTERDON CARDIOVASCULAR ASSOCIATES
- HUNTERDON CARE CENTER
- HUNTERDON CENTRAL REGIONAL HIGH SCHOOL
- HUNTERDON COUNTY DEPARTMENT OF HUMAN SERVICES
- HUNTERDON COUNTY CHAMBER OF COMMERCE
- HUNTERDON COUNTY DIVISION OF HEALTH
- HUNTERDON COUNTY DIVISION OF PARKS & RECREATION
- HUNTERDON COUNTY ECONOMIC DEVELOPMENT
- HUNTERDON COUNTY FREEHOLDER
- HUNTERDON COUNTY MEDICAL ACCESS PARTNERSHIP
- HUNTERDON COUNTY MEDICAL RESERVE CORPS

Part V Facility Information (continued)

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

- HUNTERDON COUNTY OFFICE OF THE PROSECUTOR
- HUNTERDON COUNTY RESIDENTS
- HUNTERDON COUNTY SCHOOL NURSES ASSOCIATION
- HUNTERDON COUNTY SUPERINTENDENTS ASSOCIATION
- HUNTERDON COUNTY VOCATIONAL SCHOOL DISTRICT
- HUNTERDON COUNTY YMCA
- HUNTERDON DRUG AWARENESS PROGRAM
- HUNTERDON HEALTHCARE FOUNDATION
- HUNTERDON HEALTHCARE PARTNERS
- HUNTERDON HEALTHCARE SYSTEM
- HUNTERDON HELPLINE
- HUNTERDON MEDICAL CENTER
- HUNTERDON PEDIATRIC ASSOCIATES
- HUNTERDON PREPARATORY SCHOOL
- HUNTERDON REGIONAL COMMUNITY HEALTH
- KINGWOOD SCHOOL
- LATINO ACCESS COALITION
- NEW JERSEY CANCER EDUCATION AND EARLY DETECTION
- NEW JERSEY DEPARTMENT OF EDUCATION
- NEW JERSEY HEALTH INITIATIVES
- NIGHTINGALE NJ, INC.
- NJ DOH
- NJ SNAP-ED
- NORTH HUNTERDON REGIONAL HIGH SCHOOL
- NORWESCAP

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.

- ONE VOICE
- PHILLIPS BARBER FAMILY HEALTH CENTER
- PHYSICAL THERAPY AT ST. LUKE'S (CLINTON)
- POLYTECH VOCATIONAL SCHOOL DISTRICT
- PREVENTION RESOURCES
- RARITAN VALLEY COMMUNITY COLLEGE
- READINGTON TOWNSHIP BOARD OF HEALTH
- RIGHT AT HOME
- ROLLING HILLS CARE CENTER
- RUTGERS COOPERATIVE EXTENSION SERVICES
- SAFE COMMUNITIES COALITION OF HUNTERDON AND SOMERSET COUNTY
- SAFE IN HUNTERDON
- SALVATION ARMY OF HUNTERDON COUNTY
- SHOPRITE OF HUNTERDON COUNTY
- TEMPLO INTERNACIONAL DE RESTAURACION
- TOWN OF CLINTON
- UNITED WAY OF HUNTERDON COUNTY
- VALLEY CREST FARM
- ZUFALL HEALTH

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

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.

OFFICER FOR SOME OF THE PROCESS AS WELL AS THE MANY ORGANIZATIONS
REPRESENTED IN THE PARTNERSHIP FOR HEALTH.

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

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

[HTTPS://WWW.HUNTERDONHEALTHCARE.ORG/WP-CONTENT/UPLOADS/2020/03/FINAL-2019-
CHNA-3.23.20.PDF](https://www.hunterdonhealthcare.org/wp-content/uploads/2020/03/FINAL-2019-CHNA-3.23.20.pdf)

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

[HTTP://PARTNERSHIPFORHEALTH.HUNTERDONHEALTHCARE.ORG](http://partnershipforhealth.hunterdonhealthcare.org)

SCHEDULE H, PART V, SECTION B, QUESTION 8

THE FACILITY, WITH LIMITED RESOURCES, PRIORITIZED HEALTH NEEDS IDENTIFIED
AND DEVELOPED A COMMUNITY HEALTH IMPLEMENTATION PLAN (CHIP) TO ADDRESS
THESE PRIORITY HEALTH NEED AREAS. THE CHNA INFORMS THE FACILITY'S

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.

STRATEGIC PLANNING WHICH INCORPORATES ELEMENTS FROM THE CHIP IN ITS STRATEGIES TO MEET ITS GOAL OF IMPROVED COMMUNITY HEALTH. THE CHIP ALSO INCLUDES RESOURCES, ACTIONS AND GOALS (MEASURABLE).

SCHEDULE H, PART V, SECTION B, QUESTION 10

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

[HTTPS://WWW.HUNTERDONHEALTHCARE.ORG/WP-CONTENT/UPLOADS/2020/01/FINAL-2019-CHIP.PDF](https://www.hunterdonhealthcare.org/wp-content/uploads/2020/01/FINAL-2019-CHIP.PDF)

SCHEDULE H, PART V, SECTION B, QUESTION 11

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

FOCUS ON HEALTHY WEIGHT:

GOAL: INCREASE THE NUMBER OF HUNTERDON COUNTY RESIDENTS WITHIN A HEALTHY

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.

WEIGHT RANGE AS DEFINED BY THE CENTER FOR DISEASE CONTROL AND PREVENTION.

MEASURE:

1. INCREASE THE PERCENTAGE OF PATIENTS, AGES 30-65 IN OUR PRIMARY CARE PRACTICES WITH PRE-DIABETES, WHO RECEIVE THEIR BMI MEASUREMENT AND A PLAN FOR ACHIEVING HEALTHIER WEIGHT, BY 5 PERCENTAGE POINTS FROM 2019 TO 2022.

2. INCREASE THE PERCENTAGE OF ADULTS (18 AND OVER) IN OUR PRIMARY CARE PRACTICES, WITH A BMI IN THE HEALTHY WEIGHT RANGE BY .5 PERCENTAGE POINTS FROM 2019 TO 2022.

3. INCREASE DOCUMENTATION (AND THEREFORE AWARENESS) OF "FOOD INSECURITY" IN THE ELECTRONIC HEALTH RECORD (NEXTGEN) IN THE PRIMARY CARE SETTING, FOR PATIENTS 65 AND ABOVE BY 5 PERCENTAGE POINTS FROM 2019 TO 2022.

DATA SOURCE:

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

2. PERCENTAGE OF ADULTS (18 AND OVER) WITH A BMI WITHIN THE NORMAL RANGE (BETWEEN 18.5 AND 24.9) IN HUNTERDON HEALTHCARE PRIMARY CARE PHYSICIAN PRACTICES ELECTRONIC HEALTH RECORDS (NEXTGEN).

Part V Facility Information (continued)

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

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

OUTCOME DATA:

1. PERCENTAGE OF PATIENTS AGES 30-65 IN OUR PRIMARY CARE PRACTICES WITH PRE-DIABETES, WHO RECEIVED THEIR BMI AND PLAN FOR ACHIEVING HEALTHIER WEIGHT. 2019 - 68.60% AND 2020 - 67.61%.

2. PERCENTAGE OF ADULTS AGES 18 AND OVER IN OUR PRIMARY CARE PRACTICES WITH A BMI IN HEALTHY WEIGHT RANGE. 2019 - 37.22% AND 2020 - 37.05%.

3. PERCENTAGE OF PATIENTS AGE 65 AND ABOVE WHO HAVE DOCUMENTATION (AND THEREFORE AWARENESS) OF "FOOD INSECURITY" IN THE ELECTRONIC HEALTH RECORD (NEXTGEN) IN THE PRIMARY CARE SETTING . 2019 - 58.08% AND 2020 - 49.27%.

ACCORDING TO THE CENTERS FOR DISEASE CONTROL IN 2017-2018 THE PREVALENCE OF OBESITY INCREASED FROM 30.5% TO 42.4% AND THE PREVALENCE OF SEVERE OBESITY INCREASED FROM 4.7% TO 9.2%. NUMBERS IN NEW JERSEY ARE SLIGHTLY BETTER THAN THE NATIONAL AVERAGE HOWEVER NOT BY MUCH. WE KNOW THAT OBESITY RELATED CONDITIONS SUCH AS DIABETES; HEART DISEASE AND CANCER CAN HAVE DEVASTATING EFFECTS ON SOMEONE'S LIFE AND COSTS OUR COUNTRY TRILLIONS OF DOLLARS. HUNTERDON HEALTHCARE HAS TAKEN A MULTI-INITIATIVE APPROACH TO HELP OUR PATIENTS OBTAIN AND MAINTAIN A HEALTHY WEIGHT. WE

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.

DID SEE A SMALL BUT POSITIVE UPTICK IN THE NUMBER OF PATIENTS IN OUR ELECTRONIC HEALTH RECORD THAT HAD A BMI IN THE HEALTHY WEIGHT RANGE FROM 2016 TO 2019. HOWEVER IN 2020 WE EXPERIENCED A SLIGHT REGRESSION OF THIS TREND DUE TO THE IMPACT OF THE PANDEMIC. THERE WAS A DECREASE IN THE NUMBER OF PATIENTS SCHEDULING THEIR ANNUAL WELLNESS VISITS DUE TO THE STATE MANDATED SHUTDOWN AND FEARS OF ENTERING A MEDICAL FACILITY. INITIATIVES IN OUR PHYSICIAN PRACTICES AND WITH OUR COMMUNITY PARTNERSHIPS ARE TRYING TO REVERSE THIS TREND. OUR PRACTICES HAVE PUT MANY MEASURES IN PLACE TO REDUCE EXPOSURE TO COVID AND PROVIDE A SAFE ENVIRONMENT FOR OUR PATIENTS TO RETURN TO THEIR MEDICAL HOME. SANITIZER STATIONS ARE ABUNDANTLY AVAILABLE TO PATIENTS THROUGHOUT OUR PRACTICES. SIGNS MANDATE WEARING MASKS WITHIN ALL OF OUR FACILITIES. CAPACITY IN WAITING AREAS HAS BEEN GREATLY REDUCED TO ALLOW FOR SOCIAL DISTANCING AND IN MANY CASES PATIENTS WAIT IN THEIR CARS UNTIL CALLED INTO THE PROVIDER'S OFFICE. HEALTH SCREENINGS FOR TEMPERATURE, SYMPTOMS, TRAVEL AND POTENTIAL EXPOSURE ARE COMPLETED ON ALL PATIENTS, STAFF AND VISITORS TO OUR FACILITIES. WE HAVE PROVIDED SOCIAL MEDIA POSTS AND EVEN VIDEOS ABOUT "SAFE RETURN TO MEDICAL CARE", "PROPER DORNING AND DOFFING A MASK", "SAFE RETURN TO SCHOOL" AND OTHERS. SIGNS ABOUND REMINDING OUR PATIENTS, STAFF & VISITORS ABOUT HAND HYGIENE, SOCIAL DISTANCING, PROPER MASK USE AND ENCOURAGING VACCINATION WHEN AVAILABLE.

OUR HUNTERDON HEALTHCARE POPULATION HEALTH TEAM CONTINUES TO STRESS THE IMPORTANCE OF EACH PATIENT BEING SCREENED FOR UNHEALTHY WEIGHT. OUR PHYSICIAN PRACTICES RECEIVE MONTHLY QUALITY METRIC REPORTS THAT SHOW HOW

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.

THEY ARE PERFORMING FOR CAPTURING BMI AND PROVIDING A PLAN TO THOSE WHO ARE OUTSIDE OF THE CDC RECOMMENDED HEALTHY WEIGHT RANGES. IN 2019 THE PERCENTAGE OF PATIENTS AGES 30-65 IN OUR PRIMARY CARE PRACTICES WITH PRE-DIABETES, WHO RECEIVED THEIR BMI AND PLAN FOR ACHIEVING HEALTHIER WEIGHT, WAS 68.60% HOWEVER 2020 DIPPED SLIGHTLY TO 67.61%.

THE IMPACT OF COVID-19 REDUCED THE NUMBER OF PATIENTS SEEKING IN-PERSON PREVENTIVE CARE. SLOWLY PATIENTS ARE STARTING TO RETURN. WE WILL CONTINUE TO WORK TO BRING PATIENTS BACK TO THEIR HEALTHCARE PROVIDERS FOR SCREENINGS AND WELLNESS VISITS. THOSE WHO ARE OBESE ARE MORE PRONE TO CHRONIC DISEASE AND CERTAIN CANCERS AND ACCORDING TO THE CDC THEY ARE ALSO MORE AT RISK OF SEVERE ILLNESS FROM COVID 19 AND INFLUENZA. WORKING WITH OUR PATIENTS TO OBTAIN A HEALTHY WEIGHT WILL CONTINUE TO BE A PRIORITY.

THE CENTER FOR NUTRITION AND DIABETES MANAGEMENT, PART OF THE HUNTERDON HEALTHCARE SYSTEM, PROVIDES DIABETES AND NUTRITION EDUCATION TO PATIENTS WITH TYPE 1, TYPE 2 AND GESTATIONAL DIABETES. APPROXIMATELY 85-90% OF PEOPLE WITH DIABETES ARE OVERWEIGHT OR OBESE. IN 2020, 509 PATIENTS WITH DIABETES ATTENDED AT LEAST 1 BUT UP TO 5 APPOINTMENTS WITH A DIABETES NURSE EDUCATOR AND/OR A REGISTERED DIETITIAN. OF THESE PATIENTS 72% EITHER LOST WEIGHT (58%) OR MAINTAINED WEIGHT (14%) POST EDUCATION. THE CENTER FOR NUTRITION AND DIABETES ALSO PROVIDES NUTRITION EDUCATION FOR PATIENTS WITH A DIAGNOSIS OF PRE-DIABETES. IN 2020, 63 PEOPLE WITH PRE-DIABETES WERE EDUCATED ON LIFESTYLE MODIFICATION TO MANAGE WEIGHT AND

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.

INCREASE PHYSICAL ACTIVITY. ADDITIONALLY, OUR CENTER PROVIDES NUTRITION EDUCATION FOR WEIGHT MANAGEMENT TO ADULTS AND CHILDREN WITHOUT DIABETES WHO ARE OVERWEIGHT OR OBESE. IN 2020, 124 ADULTS WORKED WITH A REGISTERED DIETITIAN ONE ON ONE FOR WEIGHT MANAGEMENT AND 32 CHILDREN RECEIVED NUTRITION COUNSELING FOR PEDIATRIC WEIGHT MANAGEMENT WITH A REGISTERED DIETITIAN. DUE TO COVID 19, WE WERE UNABLE TO HOLD OUR COMMUNITY WEIGHT LOSS GROUPS.

BARRIERS TO INCREASING USAGE OF OUR DIABETES AND NUTRITION EXPERTS CONTINUE TO INCLUDE ISSUES WITH INSURANCE COVERAGE INCLUDING NO COVERAGE FROM THE POLICY FOR EDUCATION, HIGH DEDUCTIBLES AND USE OF INTERNET VERSUS EDUCATORS FOR INFORMATION. ALSO IN 2020, COVID 19 IMPACTED OUR PATIENT VOLUME RESULTING IN LESS TOTAL PATIENT APPOINTMENTS. TO PRESERVE AS MUCH VOLUME AS POSSIBLE WE WERE ABLE TO QUICKLY TRANSITION TO VIRTUAL VISITS DURING THIS TIME AND WE HAVE BEEN ABLE TO CONTINUE TO OFFER TELEHEALTH. APPROXIMATELY 35-40% OF OUR PATIENTS ARE ELECTING TO USE VIRTUAL VISITS.

OBESITY/OVERWEIGHT CONTINUES TO BE A CHALLENGE IN HUNTERDON COUNTY. MOVING FORWARD IN 2021, WE WILL CONTINUE TO BE INVOLVED IN THE PARTNERSHIP FOR HEALTH INITIATIVES FOR REDUCING OBESITY IN HUNTERDON COUNTY AS PART OF THE HEALTHY LIFESTYLE ACTION TEAM.

THE HUNTERDON HEALTHCARE SYSTEM SUPPORTS THE PARTNERSHIP FOR HEALTH (PFH), A COUNTY-WIDE HEALTH COALITION OF OVER 70 MULTI-SECTOR

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.

ORGANIZATIONS INCLUDING: SCHOOLS, PUBLIC HEALTH, BUSINESS, FAITH-BASED, NON-PROFIT, HEALTHCARE, LAW ENFORCEMENT, GOVERNMENT AND RESIDENTS OF THE COUNTY. THEY SHARE A COMMON INTEREST IN PROMOTING AND IMPROVING THE HEALTH, WELL-BEING AND QUALITY OF LIFE OF HUNTERDON COUNTY RESIDENTS. IN 2019 HUNTERDON HEALTHCARE ALONG WITH OUR COMMUNITY PARTNERS CONDUCTED THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT AND WROTE THE 2020-2022 COMMUNITY HEALTH IMPROVEMENT PLAN.

THE PFH ORGANIZED ACTION TEAMS FOCUSED ON THE FOLLOWING AREAS: HEALTHY LIFESTYLE, MENTAL HEALTH, SUBSTANCE MISUSE/ABUSE, AGING RELATED ISSUES. A FIFTH CATEGORY IS OVERARCHING; ECONOMIC WELLBEING. EQUITY IS ALSO AN OVERARCHING GOAL AND INTEGRATED INTO ALL OF OUR WORK. THESE FOCUS AREAS WERE IDENTIFIED AS NEEDS IN HUNTERDON COUNTY AND OUR ENTIRE SERVICE AREA.

TEAMS ARE MADE UP OF COMMUNITY ORGANIZATIONS AND RESIDENTS WHO MEET MONTHLY AND PRIORITIZE THESE AREAS OF NEED. THE FULL PARTNERSHIP MEETS QUARTERLY TO REVIEW THE WORK OF THE TEAMS AND PROVIDE FEEDBACK.

THE HEALTHY LIFESTYLE ACTION TEAM CONTINUES TO FOCUS ON INITIATIVES THAT ATTEMPT TO DRIVE OUR RESIDENTS TO MAKE HEALTHY LIFESTYLE CHOICES. OUR "FAMILY MEALS" CAMPAIGN PROMOTES THE MANY BENEFITS OF SITTING DOWN TO A HEALTHY MEAL WITH OUR LOVED ONES. ACCORDING TO THE FAMILY MEAL PROJECT BY HARVARD UNIVERSITY, REGULAR FAMILY MEALS CAN LEAD TO THE KINDS OF BEHAVIORS THAT PARENTS WANT FOR THEIR CHILDREN: HIGHER GRADE-POINT AVERAGES, RESILIENCE, AND SELF-ESTEEM. ADDITIONALLY, FAMILY MEALS ARE LINKED TO LOWER RATES OF SUBSTANCE MISUSE, TEEN PREGNANCY, EATING

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.

DISORDERS, AND DEPRESSION. IN 2020 WE BEGAN A COLLABORATIVE PROJECT WITH THE FLEMINGTON AREA FOOD PANTRY, AMERICA'S GROW A ROW AND OUR LOCAL FAMILY-OWNED SHOPRITE CHAIN. SEVENTY-FIVE FAMILIES WHO ARE PATRONS OF THE FOOD PANTRY RECEIVE A BAG OF GROCERIES TO MAKE A COMPLETE MEAL EVERY MONTH. THEY ALSO RECEIVE A LINK TO A VIDEO DEMONSTRATING HOW TO PREPARE THE MEAL AND HOW TO ALTER THE RECIPE BASED ON PREFERENCE AND HEALTH NEEDS. THIS PROGRAM HAS HELPED TO ENCOURAGE FAMILIES TO COOK TOGETHER CREATING FAMILY BONDS AND INCREASING CONSUMPTION OF NUTRIENT RICH FOODS.

WE CONTINUE TO GROW OUR "HEALTHY HUNTERDON WORKFORCE INITIATIVE", A PARTNERSHIP WITH THE HUNTERDON COUNTY CHAMBER OF COMMERCE TO PROMOTE WORKSITE WELLNESS. THIS IS IMPORTANT IN HUNTERDON COUNTY BECAUSE WE HAVE MANY SMALL BUSINESSES THAT DO NOT HAVE THE CAPACITY TO PROVIDE THEIR OWN EMPLOYEE WELLNESS PROGRAMS. OUR ORGANIZATION UNDERSTANDS THE VALUE OF A HEALTHY WORKFORCE AND WE ARE PROUD TO CREATE A CULTURE OF HEALTH IN OUR OWN WORKPLACE AS WELL AS HELPING BUSINESSES IN OUR COMMUNITY DO THE SAME. THROUGHOUT 2020 THIS NETWORK OF BUSINESSES WAS A GREAT WAY TO SHARE INFORMATION ABOUT THE VIRUS, SAFETY MEASURES, VACCINE EDUCATION AND OTHER INFORMATION. WE WERE ABLE TO PROVIDE EXPERTS FROM THE HEALTHCARE SYSTEM TO ADDRESS FREQUENTLY ASKED QUESTIONS AND WE HELD SEVERAL VIRTUAL COVID UPDATE EVENTS. WE ALSO DEVELOPED "MEDICAL MONDAYS". THIS IS A VIRTUAL EVENT THAT ORIGINALLY WAS DESIGNED TO PROVIDE COVID UPDATES BUT WE ARE CONTINUING TO USE THIS MEDIUM TO EDUCATE THE COMMUNITY ON MANY HEALTH RELATED TOPICS.

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.

SUBSTANCE ABUSE:

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

MEASURE:

1. INCREASE THE PERCENTAGE OF PATIENTS, IN THE PRIMARY CARE SETTING WITH CHRONIC OPIOID PRESCRIPTIONS IN WHICH THE PHYSICIAN HAS DOCUMENTED IN THE ELECTRONIC HEALTH RECORD (EHR) USING THE NEW JERSEY RX MONITORING PROGRAM, TO 96% FROM 2019 TO 2022.

2. INCREASE THE PERCENTAGE OF PATIENTS, AGE 18 AND ABOVE IN THE PRIMARY CARE SETTING WITH CHRONIC OPIOID PRESCRIPTIONS (3 OR MORE PRESCRIPTIONS FOR AN OPIOID FOR OVER 20 PILLS EACH WITHIN THE LAST 12 MONTHS) WITH A SIGNED CONTROLLED SUBSTANCE AGREEMENT, TO 92% FROM 2019 TO 2022.

3. INCREASE THE PERCENTAGE OF PATIENTS AGE 13 AND OVER IN THE PRIMARY CARE SETTING BEING SCREENED FOR "VAPING" BY 10 PERCENTAGE POINTS FROM 2019 TO 2022.

DATA SOURCE:

1. PERCENTAGE OF PATIENTS IN THE PRIMARY CARE SETTING WITH CHRONIC OPIOID PRESCRIPTIONS IN WHICH THE PHYSICIAN HAS DOCUMENTED IN THE HUNTERDON

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.

HEALTHCARE EHR (NEXTGEN) USING THE NEW JERSEY RX MONITORING PROGRAM.

2. PERCENTAGE OF PATIENTS IN THE PRIMARY CARE SETTING WITH A SIGNED CONTROLLED SUBSTANCE AGREEMENT IN THE EHR (NEXTGEN).

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

OUTCOME DATA:

1. PERCENTAGE OF PATIENTS, IN THE PRIMARY CARE SETTING WITH CHRONIC OPIOID PRESCRIPTIONS IN WHICH THE PHYSICIAN HAS DOCUMENTED IN THE EHR USING THE NJ RX MONITORING PROGRAM. 2019 - 89.26% AND 2020 - 92.91%.

2. PERCENTAGE OF PATIENTS 18 & OVER, IN THE PRIMARY CARE SETTING WITH A SIGNED CONTROLLED SUBSTANCE AGREEMENT. 2019 - 89.52% AND 2020 - 89.43%.

3. PERCENTAGE OF PATIENTS AGE 13 & OVER, IN THE PRIMARY CARE SETTING SCREENED FOR VAPING. 2019 - 23.79% AND 2020 - 48.76%.

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

Part V Facility Information (continued)

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

LAST 12 MONTHS, MUST SIGN A CONTROLLED SUBSTANCES AGREEMENT. THE PHYSICIAN REVIEWS THE DANGERS OF OPIOID USE, ALTERNATIVES TO OPIOIDS AND PROPER DISPOSAL. THIS DATA IS TRACKED IN THE EHR AND EACH PRACTICE RECEIVES A DASHBOARD WITH METRICS DEFINING THEIR PRESCRIBING PATTERNS AND COMPARES THEM TO OTHER PRACTICES IN OUR HEALTHCARE SYSTEM. METRICS INCLUDE USE OF THE NEW JERSEY PRESCRIPTION MONITORING PROGRAM. A PATIENT REGISTRY IS PROVIDED MONTHLY TO PRACTICES THAT IDENTIFY ANY PATIENT WHERE CHECKING THE NJ PMP PROGRAM HAS NOT BEEN DOCUMENTED IN THE ELECTRONIC HEALTH RECORD. A TOOLKIT WAS CREATED THAT PROVIDES RESOURCES ON ALTERNATIVES TO OPIOIDS FOR PAIN MANAGEMENT. THE RUTGER'S OPIOID ABUSE TOOLKIT INCLUDES NON-PHARMACOLOGIC TREATMENT OPTIONS.

SUBSTANCE ABUSE HAS LONG BEEN ON THE RADAR OF THE PARTNERSHIP FOR HEALTH BECAUSE OF THE UNFORTUNATE INCIDENCE OF SUBSTANCE MISUSE IN OUR COUNTY- ALCOHOL AND HEROIN BEING AMONG THE TOP TWO THAT PEOPLE WERE ADMITTED TO TREATMENT FOR ACCORDING TO NJ STATE MONITORING SYSTEMS (NJ-SAMS). THE COALITION HAS A SUBSTANCE MISUSE ISSUE WATCH THAT REPORTS QUARTERLY TO THE FULL PFH MEMBERSHIP. THE SUBSTANCE MISUSE ISSUE WATCH TEAM REPORTS ON DRUG AND ALCOHOL ACTIVITY IN THE COUNTY, AND UPDATES THE MEMBERS ON TRENDS IN MISUSE AND PREVENTION STRATEGIES. THE MENTAL HEALTH ACTION TEAM ALTHOUGH FOCUSED ON GOALS SURROUNDING HEALTHY WEIGHT IS ALSO INVOLVED IN INITIATIVES THAT TEACH STRESS MANAGEMENT AND HEALTHY COPING SKILLS. THESE ARE STRATEGIES THAT MAY PREVENT SUBSTANCE ABUSE.

TOBACCO USE IS THE LEADING CAUSE OF PREVENTABLE DEATH, CHRONIC DISEASE,

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.

HEALTHCARE CRISIS, ECONOMIC BURDEN, CAUSE OF LOST PRODUCTIVITY, AND SOURCE FOR POOR HEALTH OUTCOMES AND QUALITY PERFORMANCE MEASURES. ACCORDING TO THE WISCONSIN UNIVERSITY AND THE ROBERT WOOD JOHNSON FOUNDATION COUNTY HEALTH RANKINGS AND ROADMAPS 13% OF HUNTERDON COUNTY RESIDENTS ARE SMOKERS COMPARED TO THE NEW JERSEY RATE OF 14%. ALTHOUGH CIGARETTE USE HAS LONG BEEN A CONCERN, VAPING, A NEWER METHOD OF TOBACCO DELIVERY, IS BECOMING INCREASINGLY POPULAR AND IS ESPECIALLY TROUBLING BECAUSE OF ITS POPULARITY WITH OUR NATION'S YOUTH. MARIJUANA USE IS ALSO INCREASING ACCORDING TO THE 2019 PRIDE SURVEY OF LOCAL HIGH SCHOOL STUDENTS. LEGALIZATION OF CANNABIS IS DECREASING OUR YOUTH'S PERCEPTION OF HARM. THIS IS A PROBLEM WE ARE WORKING TO ADDRESS BY EXPLAINING THE EFFECTS ON A YOUNG BRAIN AND BRINGING TO LIGHT HOW COMPANIES ARE PROFITING OFF OUR YOUTH.

OUR ANNUAL COMPETITION BETWEEN PRIMARY CARE PRACTICES FOR THE GREAT AMERICAN SMOKEOUT WAS NOT DONE IN 2020 DUE TO THE PANDEMIC AND ITS IMPACT ON THE PRACTICES. INSTEAD, THE LUNG CANCER PREVENTION WORKING GROUP DECIDED TO FOCUS ON PROVIDING PRACTICES WITH SMALL POSTERS DEVELOPED BY STANFORD UNIVERSITY WHICH WERE AN INFOGRAPHIC ON HOW SMOKING OR VAPING INCREASES THE SEVERITY OF COVID-19. THEY ALSO PROVIDED AN UPDATED WORKFLOW ON HOW TO USE THE NEW JERSEY QUITLINE REFERRAL PROCESS WHICH IS EMBEDDED IN OUR ELECTRONIC HEALTH RECORD SYSTEM.

MENTAL HEALTH:

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.

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

MEASURE:

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

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

DATA SOURCE:

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

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

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.

OUTCOME DATA:

1. PERCENTAGE OF PATIENTS AGE 65 AND ABOVE IN THE PRIMARY CARE SETTING WHO HAVE BEEN SCREENED FOR DEPRESSION AND HAVE A PLAN TO ADDRESS DEPRESSION WITHIN THE LAST 12 MONTHS. 2019 - 77.47% AND 2020 - 72.38%.

2. PERCENTAGE OF PATIENTS AGE 12-19 IN THE PRIMARY CARE SETTING WHO HAVE BEEN SCREENED FOR DEPRESSION. 2019 - 67.35% AND 2020 - 66.27%.

PATIENTS WHO STRUGGLE WITH THEIR MENTAL HEALTH OFTEN HAVE PROBLEMS WITH THEIR PHYSICAL HEALTH AS WELL. MENTAL HEALTH MUST BE ADDRESSED IN EACH PATIENT SO THAT WE PROVIDE A COMPREHENSIVE ASSESSMENT. THE HUNTERDON HEALTHCARE POPULATION HEALTH TEAM IS WORKING TO BRING AWARENESS TO MENTAL HEALTH AND TRACKING SCREENING METRICS. WORKING CLOSELY WITH THE PHYSICIAN PRACTICES, WE WERE ABLE TO INCREASE OUR DEPRESSION SCREENING OF PATIENTS AGE 65 AND ABOVE IN THE PRIMARY CARE SETTING FROM 47.22% IN 2016 TO 77.47% IN 2019. THIS METRIC WILL CONTINUE TO BE TRACKED AND MONTHLY REPORTS WILL BE SENT TO INDIVIDUAL PRACTICES SO THAT THEY CAN MONITOR THEIR SUCCESS.

THE MENTAL HEALTH ACTION TEAM CONTINUED TO FOCUS ON STRESS AS A SIGNIFICANT FACTOR IMPACTING EMOTIONAL WELLNESS IN 2020 ESPECIALLY RELATED TO THE PANDEMIC. PEOPLE WHO DEVELOP COPING SKILLS AND KNOW HOW TO MANAGE STRESS WILL BE LESS LIKELY TO TURN TO UNHEALTHY COPING STRATEGIES LIKE DRUGS OR OVEREATING. THEY WILL ALSO EXPERIENCE FEWER

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.

INCIDENCES OF DEPRESSION AND ANXIETY WHICH UNFORTUNATELY CAN BE BROUGHT ON BY A CRISIS SUCH AS THIS PANDEMIC. THESE ARE SKILLS THAT WILL BE BENEFICIAL THROUGHOUT THE ENTIRE LIFESPAN. THE TEAM EXPANDED ITS SCHOOLS PROJECT TO TARGET MIDDLE AND HIGH SCHOOL AGED INDIVIDUALS. THE TEAM PLANNED AN EVENT CALLED HEALTHY HARMONY WHICH OCCURRED ON MARCH 7, 2020 AT HUNTERDON CENTRAL HIGH SCHOOL. HEALTHY HARMONY WAS PLANNED TO COINCIDE WITH MUSIC IN OUR SCHOOLS MONTH. THE EVENT ATTENDED BY OVER 100 PEOPLE, PROVIDED EXAMPLES OF MUSIC INSPIRED COPING MECHANISMS FOR STRESS AS WELL AS AN EMOTIONAL HEALTH FAIR FEATURING VARIOUS VENDORS. THREE SCHOOL CONTRIBUTED PERFORMERS OR MUSIC GROUPS. ALSO FEATURED WAS A GUITAR JAM SESSION FROM A SENIOR GROUP WHO SHARED PERSONAL EXPERIENCES AS TO THE IMPACT OF MUSIC ON THEIR LIVES AND EMOTIONAL HEALTH. HUNTERDON HEALTHCARE'S WELLNESS CENTERS PROVIDED A POUND EXERCISE SESSION.

AGING RELATED ISSUES:

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

MEASURE:

1. INCREASE THE PERCENTAGE OF PATIENTS, AGE 65 AND ABOVE IN THE PRIMARY CARE SETTING WHO SEEK PREVENTIVE CARE WITHIN THE LAST 12 MONTHS, BY 4 PERCENTAGE POINTS FROM 2019 TO 2022.

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.

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

3. INCREASE THE PERCENTAGE OF PATIENTS, AGE 65 AND ABOVE IN THE PRIMARY CARE SETTING WITH A FALLS RISK ASSESSMENT BY 3 PERCENTAGE POINTS FROM 2019 TO 2022.

DATA SOURCE:

1. PERCENTAGE OF PATIENTS AGE 65 AND ABOVE IN THE PRIMARY CARE SETTING WHO SEEK PREVENTIVE CARE WITHIN THE LAST 12 MONTHS IN HUNTERDON HEALTHCARE PRIMARY CARE PHYSICIAN PRACTICES EHR (NEXTGEN).

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

3. PERCENTAGE OF PATIENTS, AGE 65 AND ABOVE IN THE PRIMARY CARE SETTING WHO RECEIVED A FALLS RISK ASSESSMENT IN THE LAST 12 MONTHS IN HUNTERDON HEALTHCARE PRIMARY CARE PHYSICIAN PRACTICES EHR (NEXTGEN).

OUTCOME DATA:

1. PERCENTAGE OF PATIENTS AGE 65 AND ABOVE IN THE PRIMARY CARE SETTING

Part V Facility Information (continued)

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

WHO SEEK PREVENTIVE CARE WITHIN THE LAST 12 MONTHS. 2019 - 66.08% AND
2020 - 60.80%.

2. PERCENTAGE OF PATIENTS AGE 65 AND ABOVE WHO RECEIVED A MINI-COG IN THE
PRIMARY CARE SETTING IN THE LAST 12 MONTHS. 2019 - 72.41% AND 2020 -
45.76%.

3. PERCENTAGE OF PATIENTS, AGE 65 AND ABOVE IN THE PRIMARY CARE SETTING
WHO RECEIVED A FALLS RISK ASSESSMENT IN THE LAST 12 MONTHS. 2019 - 74.68%
AND 2020 - 72.44%.

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

PATIENTS WHO ARE 65 AND ABOVE OR WHO HAVE CONDITIONS THAT PUT THEM AT
HIGH RISK FOR FALLS ARE EVALUATED. IN ADDITION TO THE PRIMARY CARE
EVALUATION, OUR OUT-PATIENT PHYSICAL THERAPY DEPARTMENTS CAN DO A NO-COST
ASSESSMENT TO SEE WHETHER SOMEONE SHOULD SEEK ADDITIONAL THERAPY OR SEE A
PHYSICIAN ABOUT THEIR MOBILITY ISSUES. THESE ASSESSMENTS CAN BE
SELF-REFERRED AND ARE AVAILABLE TO ANYONE WHO WANTS TO BE EVALUATED.

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 MINI-COG IS A QUICK SCREENING TOOL THAT CAN INCREASE DETECTION OF COGNITIVE IMPAIRMENT IN OLDER ADULTS. ALTHOUGH IT DOES NOT SUBSTITUTE FOR A COMPLETE DIAGNOSTIC WORK-UP, IT IS HELPFUL IN IDENTIFYING THE NEED FOR FURTHER ASSESSMENT. IF A PATIENT'S SCREENING INDICATES THE NEED FOR FURTHER ASSESSMENT THEY CAN BE REFERRED TO OUR CENTER FOR HEALTHY AGING. THE MATURING INTEGRATED BEHAVIORAL HEALTH PROGRAM IN PRIMARY CARE PRACTICES PROVIDES COUNSELING WITHIN THE PRIMARY CARE SETTING FOR INDIVIDUALS SCREENING POSITIVE FOR DEPRESSION. THE DECREASE IN WELLNESS VISITS DUE TO THE SHUTDOWN AND FEAR OF THE PANDEMIC HAS LED TO A SLIGHT DECLINE IN OUR DATA. IN-PERSON VISITS CONTINUE TO INCREASE AND WE WILL WORK TO ENCOURAGE THIS TREND.

IN SPITE OF THE 2020 COVID-19 PANDEMIC, THE HUNTERDON NJ CANCER EDUCATION AND EARLY DETECTION (NJCEED) GRANT PROGRAM STAFF AT THE HUNTERDON REGIONAL CANCER CENTER WAS ABLE TO ENROLL UNINSURED AND UNDERINSURED ELIGIBLE RESIDENTS TO GET FREE BREAST, CERVICAL, COLORECTAL AND PROSTATE CANCER ANNUAL SCREENINGS.

THROUGH THE COLLABORATION WITH HUNTERDON HEALTHCARE PARTNERS AND HUNTERDON HEALTHCARE PRIMARY CARE PROVIDERS, UNINSURED AND ELIGIBLE POPULATIONS WERE IDENTIFIED THROUGH A QUERY OF PATIENT ELECTRONIC MEDICAL RECORDS VIA THE ELECTRONIC HEALTH SYSTEM (NEXTGEN) AT TEN FAMILY CARE PRACTICES, AS WELL AS FROM REFERRALS FROM PRIMARY CARE PROVIDERS, GYNECOLOGISTS, AND NJCEED ANNUAL SCREENINGS REMINDER CARDS.

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 2020 THE CEED PROGRAM SCREENING DATA WERE AS FOLLOWS: 62 WOMEN HAD SCREENING MAMMOGRAMS, 29 WOMEN HAD DIAGNOSTIC MAMMOGRAMS, AND 45 OF 62 WOMEN WERE IDENTIFIED AS LATINO ORIGIN; 120 WOMEN HAD THEIR CERVICAL SCREENINGS (PAP), 76 OF THOSE WOMEN WERE IDENTIFIED AS LATINO ORIGIN; 49 PEOPLE WERE FIT (FECAL IMMUNOCHEMICAL TEST) SCREENED AND 5 HAD DIAGNOSTIC COLONOSCOPIES, 38 OF 49 WERE IDENTIFIED AS LATINO ORIGIN; 8 MEN HAD THEIR PROSTATE SCREENINGS (DRE-PSA), 6 OF THOSE MEN WERE IDENTIFIED AS LATINO ORIGIN. THE CEED PROGRAM CONTINUES TO BE AN ESSENTIAL MEANS TO CONNECT OUR LATINO POPULATION WITH ACCESS TO VITAL CANCER SCREENINGS. OUR SPANISH-SPEAKING COORDINATOR IS WELL-KNOWN AND TRUSTED IN THIS COMMUNITY.

EMPLOYEE WELLNESS

HUNTERDON HEALTHCARE OCCUPATIONAL HEALTH DEPARTMENT PROVIDES ANNUAL PHYSICAL ASSESSMENTS FOR ALL EMPLOYEES IN ORDER TO MAINTAIN A HEALTHY WORKFORCE. OCCUPATIONAL HEALTH HAS DONE A GREAT JOB DOCUMENTING WHETHER OUR EMPLOYEES HAVE A PRIMARY CARE PHYSICIAN AND IN 2020, OVER 99% OF OUR EMPLOYEES HAD A DOCUMENTED PRIMARY DOCTOR. WE KNOW THAT PRIMARY CARE PHYSICIANS HELP US MAINTAIN OUR GENERAL WELLNESS THROUGHOUT THE LIFESPAN THROUGH PREVENTIVE SCREENINGS, VACCINES, AND IDENTIFYING AND TREATING ILLNESS AND CHRONIC DISEASE. BUILDING A RELATIONSHIP WITH A PRIMARY CARE PHYSICIAN PROVIDES BETTER CONTINUITY OF CARE.

AS AN ACUTE CARE HOSPITAL WITH MORE THAN 40 PHYSICIAN PRACTICES AND

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.

SATELLITE LOCATIONS INCLUDING THREE WELLNESS CENTERS, HUNTERDON MEDICAL CENTER SERVES THE HEALTH NEEDS OF NOT ONLY ITS PATIENTS, BUT THOSE OF ITS EMPLOYEES AS WELL. FOR EXAMPLE, HUNTERDON OFFERS EMPLOYEES A POINT-BASED WELLNESS REWARD PROGRAM IN WHICH ELIGIBLE EMPLOYEES CAN RECEIVE BETWEEN \$800 AND \$1,200 IN ANNUAL PREMIUM REDUCTIONS DEPENDING ON THEIR LEVEL OF COVERAGE. HUNTERDON REGULARLY PROMOTES HEALTHY EATING WITH A SALAD BAR DISCOUNT TO ALL STAFF, IN ADDITION TO FRIENDLY WELLNESS COMPETITIONS, SUCH AS 'HEALTHY HABITS AT HUNTERDON' TO ENGAGE STAFF IN HEALTHY BEHAVIORS.

FOOD INSECURITY

HUNTERDON HEALTHCARE IS ADDRESSING FOOD INSECURITY IN SEVERAL WAYS. THE FIRST GOAL WAS TO START COLLECTING FOOD INSECURITY DATA WHICH WE HAVE INCORPORATED INTO OUR ELECTRONIC HEALTH RECORD. PATIENTS ARE ASKED TWO QUESTIONS DEVELOPED BY THE CDC TO SCREEN FOR FOOD INSECURITY. IF A PATIENT HAS A POSITIVE TRIGGER THEY ARE GIVEN A LIST OF FOOD PANTRIES THROUGHOUT THE COUNTY WHERE THEY CAN ACCESS FOOD THROUGHOUT THE YEAR. ALTHOUGH HUNTERDON COUNTY IS KNOWN AS A WEALTHY COUNTY, WE KNOW THAT DISPARITIES EXIST. DATA HELPS US TO LOCALIZE THE AREAS OF GREATEST RISK AND TARGET OUR RESOURCES. COLLECTING THIS DATA HAS LED TO SEVERAL GRANTS TO HELP SUPPORT THOSE IN OUR COMMUNITY SUFFERING FROM FOOD INSECURITY.

THIS YEAR HUNTERDON HEALTHCARE AND THE PARTNERSHIP FOR HEALTH CONTINUED TO WORK WITH SCHOOL NURSES THROUGHOUT THE COUNTY TO COORDINATE FOOD

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.

EFFORTS. SCHOOLS RECEIVED MORE FEDERAL/STATE FOOD RESOURCES BECAUSE OF THE PANDEMIC SO WE SHIFTED OUR FOCUS TO SUPPORTING FOOD PANTRIES, ORGANIZATIONS PROVIDING MEALS TO HOMEBOUND RESIDENTS AND FOOD DELIVERY SERVICES SUCH AS MEALS ON WHEELS. IN THE EARLY STAGES OF COVID-19 THESE ORGANIZATIONS WERE OVERWHELMED. THEY WERE SERVING UPWARDS OF 30% MORE CLIENTS THAN THEY TYPICALLY SERVE. THIS PUT A STRAIN ON THESE ORGANIZATIONS THAT DID NOT BUDGET FOR SUCH A CRISIS. WORKING TOGETHER WITH OUR COMMUNITY PARTNERS WE WERE ABLE TO ASSIST THESE ORGANIZATIONS BY PROVIDING FOOD, SUPPLIES, PPE AND COORDINATING FOOD DONATIONS. THE PARTNERSHIP FOR HEALTH AND ITS MULTI-SECTOR MEMBERSHIP WAS ABLE TO ACTIVATE OUR COMMUNICATION NETWORK AND PULL TOGETHER NEEDED RESOURCES QUICKLY. IN SOME INSTANCES THESE EFFORTS HELPED VITAL ORGANIZATIONS FROM HAVING TO TEMPORARILY CLOSE. WE WERE ALSO ABLE TO DEPLOY VOLUNTEERS TO MANY OF THE ORGANIZATIONS WHO ARE STAFFED BY SENIOR CITIZEN VOLUNTEERS WHO COULD NOT WORK BECAUSE OF FEAR OF CONTRACTING COVID.

ALTHOUGH THE BACKPACK PROGRAM THAT TYPICALLY SERVES WEEKEND MEALS TO IN-NEED SCHOOL AGE CHILDREN WAS NOT NEEDED WE STILL HAD A GAP IN THE SUMMER MONTHS- MOSTLY DUE TO TRANSPORTATION ISSUES. MANY FAMILIES WERE UNABLE TO PICK UP FREE MEALS AND NEEDED DELIVERY. THE PFH IN COLLABORATION WITH THE SALVATION ARMY WAS ABOUT TO UTILIZE A USDA SUMMER FEEDING PROGRAM AND DELIVERED OVER 6,800 MEALS TO CHILDREN, THEIR FAMILIES AND ADULT RESIDENTS. WE ALSO USED THE DELIVERIES TO DISTRIBUTE INFORMATION ABOUT THE VIRUS, SAFETY PRECAUTIONS, THERMOMETERS AND EVENTUALLY VACCINE INFORMATION. THESE EFFORTS WILL CONTINUE IN 2021.

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.

HOUSING INSECURITY

HUNTERDON COUNTY IS KNOWN FOR ITS AFFLUENCE HOWEVER WE DO HAVE AREAS OF NEED AND PEOPLE WHO ARE NOT ABLE TO AFFORD THE HIGH COST OF LIVING HERE. THIS IS PARTICULARLY EVIDENT WITH HOUSING. COVID-19 LEFT MANY OF OUR LOWER INCOME RESIDENTS HAVING TO MAKE TOUGH DECISIONS ABOUT PAYING RENT AND UTILITY BILLS OR BUYING FOOD AND PAYING OTHER LIVING EXPENSES. WORKING WITH OUR COMMUNITY PARTNERS WE WERE ABLE TO REFER PEOPLE WHO WERE IN-NEED OF HOUSING SUPPORT TO LOCAL AGENCIES. WE ALSO SOUGHT GRANTS TO ASSIST THESE AGENCIES TO GET UNRESTRICTED FUNDS TO SUPPORT THOSE WHO WERE NOT LOW-INCOME ENOUGH TO QUALIFY FOR FEDERAL OR STATE PROGRAMS BUT WERE AT HIGH RISK FOR LOSING THEIR HOUSING. WE WERE ABLE TO CONNECT THESE RESIDENTS WITH OTHER COMMUNITY RESOURCES FOR FOOD, SUPPLIES, TRANSLATORS, JOB SUPPORT AND MORE.

TRANSPORTATION

PUBLIC TRANSPORTATION OPTIONS WITHIN THE COUNTY ARE VERY LIMITED. THIS MAKES IT DIFFICULT FOR A SIGNIFICANT SEGMENT OF THE COMMUNITY TO ENGAGE IN COMMUNITY ACTIVITIES AND ACCESS SERVICES. LOW-INCOME INDIVIDUALS, SENIOR CITIZENS, PERSONS WITH DISABILITIES AND THOSE THAT ARE OTHERWISE TRANSPORTATION DEPENDENT ARE PARTICULARLY NEGATIVELY IMPACTED.

THE HUNTERDON COUNTY LINK TRANSPORTATION SYSTEM PROVIDES DEVIATED FIXED

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.

ROUTE AND DEMAND RESPONSE SERVICE WITHIN HUNTERDON COUNTY; WITH LIMITED CONNECTIONS TO SERVICES OUTSIDE OF THE COUNTY. LINK FARES RANGE FROM \$2.00- \$8.00, WITH DISCOUNTED FARES AVAILABLE FOR ELIGIBLE RIDERS. RIDERS MUST REQUEST DEMAND RESPONSE SERVICE AT LEAST ONE DAY IN ADVANCE. WAIT TIMES AND RIDE TIMES CAN BE LONG ON THE DEMAND RESPONSE SERVICE, WHICH ARE NOT IDEAL FOR PERSONS WITH DISABILITIES OR SENIOR CITIZENS. THROUGHOUT THE PANDEMIC, THE LINK DID NOT SHUT DOWN BUT LIMITED TRIPS TO MEDICAL LOCATIONS (NOT COVID TESTING SITES), SHOPPING AND EMPLOYMENT. THEY OFFERED 50% CAPACITY ON BOARD VEHICLES AND ALL PERSONS WERE AND STILL ARE REQUIRED TO WEAR A MASK. ANYONE WHO APPEARED SICK WAS ASKED NOT TO TRAVEL. IN JULY 2020, THE GOVERNOR OPENED RIDERSHIP TO 100% CAPACITY FOR PUBLIC TRANSIT. THE LINK IS AVAILABLE TO OUR MAIN CAMPUS AND MANY OF OUR LOCATIONS THROUGHOUT THE COUNTY. WE MAINTAIN LINK BROCHURES THROUGHOUT OUR SYSTEM TO ASSIST PATIENTS WITH THE LINK INFORMATION.

WE WORK CLOSELY WITH GOHUNTERDON, A LOCAL NON-PROFIT TRANSPORTATION MANAGEMENT ASSOCIATION, WHO FACILITATED A PARTNERSHIP BETWEEN HUNTERDON HEALTHCARE AND LYFT IN MARCH 2018 TO DESIGNATE THREE GEO-CODED LOCATIONS AT THE HUNTERDON MEDICAL CENTER CAMPUS (MAIN ENTRANCE, EMERGENCY DEPARTMENT AND DOCTOR'S BUILDING) FOR LYFT PICK UP AND DROP OFFS. LYFT USAGE TO AND FROM HUNTERDON MEDICAL CENTER HAD INCREASED SIGNIFICANTLY IN 2019 HOWEVER WE DID SEE A REDUCTION IN DRIVERS DIRECTLY RELATED TO THE STATE SHUTDOWN AND COVID MANDATES. WE HOPE TO SEE A POSITIVE TREND IN THE NUMBER OF DRIVERS AS WELL AS RIDERSHIP IN 2021 AS THE STATE RE-OPENS AND RECOVERS POST-PANDEMIC. WE WILL CONTINUE TO WORK WITH GOHUNTERDON TO

Part V Facility Information (continued)

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

IDENTIFY ADDITIONAL TRANSPORTATION OPTIONS AND OPPORTUNITIES TO SECURE FUNDING TO SUPPORT TRANSPORTATION SERVICE THAT CAN PROVIDE ACCESS TO HEALTHCARE. THIS EFFORT WILL BE ONGOING.

COMMUNITY HEALTH COMMITTEE

IN 2020, THE HUNTERDON HEALTHCARE SYSTEM BOARD DEVELOPED A COMMUNITY HEALTH COMMITTEE. THE PURPOSE OF THIS COMMITTEE IS TO ENSURE THE HOSPITAL/SYSTEM EXECUTES ITS MISSION AND PROVIDES BENEFIT TO THE COMMUNITIES IT SERVES BASED ON AN ASSESSMENT OF COMMUNITY HEALTH NEEDS AND TO OVERSEE THAT THE ORGANIZATION'S COMMUNITY BENEFIT IS MET. THE COMMITTEE IS RESPONSIBLE FOR REVIEWING AND RECOMMENDING TO THE HUNTERDON HEALTHCARE SYSTEM BOARD. THE COMMITTEE MEETS QUARTERLY TO REVIEW THE COMMUNITY HEALTH IMPROVEMENT PLAN DASHBOARDS, RECEIVE AN UPDATE ON ALL COMMUNITY BENEFIT ACTIVITIES, AND PROVIDE GUIDANCE AND OVERSIGHT.

COVID-19 COMMUNITY RESPONSE

APRIL 3, 2020, HUNTERDON HEALTHCARE OPENED THE RESPIRATORY ASSESSMENT TENT STATIONED DIRECTLY BEHIND HUNTERDON MEDICAL CENTER. THE TENT WAS OPEN DAILY FROM 10 A.M. - 6 P.M. THE PURPOSE OF THE RESPIRATORY ASSESSMENT TENT WAS TO: OFFER INDIVIDUALS EXPERIENCING SYMPTOMS POTENTIALLY RELATED TO THE COVID-19 VIRUS A DIRECT AND CONVENIENT CONNECTION TO ASSESSMENT AND ALLEVIATE VOLUME STRAIN ON THE EMERGENCY DEPARTMENT TO ALLOW THEM TO FOCUS ON PATIENTS WHO PRESENT WITH CONDITIONS

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.

NOT PRESUMABLY RELATED TO THE COVID-19 VIRUS. ALTHOUGH A WRITTEN ORDER WAS NOT REQUIRED FOR SOMEONE TO VISIT THE RESPIRATORY ASSESSMENT TENT WE ENCOURAGED PEOPLE WITH EXISTING PRIMARY CARE PHYSICIANS TO CONTACT THEIR DOCTOR FIRST TO RECEIVE THEIR DIRECTION AS TO THE BEST LOCATION FOR THEM TO BE FURTHER EVALUATED AND/OR TESTED. COMMUNICATION BETWEEN OUR PATIENTS AND THEIR PRIMARY CARE PHYSICIANS WAS ESSENTIAL FOR CONTINUITY OF CARE.

FOLLOWING CDC GUIDANCE, HUNTERDON HEALTHCARE ACTIVELY SHARED TESTING CRITERIA AND INSTRUCTIONS TO RECEIVE CARE WITH ITS PATIENTS AND THE COMMUNITY THROUGH THEIR PATIENT PORTALS, SOCIAL MEDIA OUTLETS, WEBSITE (HUNTERDONHEALTHCARE.ORG), AND LOCAL MEDIA PARTNERS. ALL HUNTERDON HEALTHCARE PROVIDERS AND AFFILIATES PROVIDED EXISTING PATIENTS ACCESS TO VIRTUAL VISITS AND HAD STRATEGICALLY IDENTIFIED SPECIFIC LOCATIONS AS UPPER RESPIRATORY SITES WHERE PATIENTS WHO MEET COVID-19 SCREENING CRITERIA ARE DIRECTED TO RECEIVE A CORONAVIRUS TEST.

ADDITIONALLY, IN MARCH, HUNTERDON HEALTHCARE LAUNCHED THE HUNTERDON HEALTHCARE COVID HOTLINE, STAFFED BY NURSES WHO WERE AVAILABLE FROM 8 A.M. - 8 P.M., 7 DAYS-A-WEEK TO ANSWER QUESTIONS AND/OR TRIAGE POTENTIAL PATIENTS TO THE APPROPRIATE LOCATION FOR CARE. ON AVERAGE, THE HOTLINE RECEIVED APPROXIMATELY 130 CALLS PER DAY. HUNTERDON HEALTHCARE PROACTIVELY PLANNED AND TRAINED STAFF FOR WEEKS TO ENSURE THE HIGHEST LEVEL OF CARE AND PROTECTION FOR ALL EMPLOYEES, PROVIDERS, AND PATIENTS.

OUR COMMUNICATION WITH COMMUNITY PARTNERS INCREASED SIGNIFICANTLY

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.

THROUGHOUT 2020. AS THE CENTRAL HUB FOR HEALTH INFORMATION AND RESOURCES IN THE COUNTY THE HOSPITAL BECAME AN IMPORTANT RESOURCE FOR SCHOOLS, NON-PROFITS, HOUSES OF WORSHIP, BUSINESSES AND THE COMMUNITY AS A WHOLE. WE HOSTED WEEKLY CALLS WITH THE HUNTERDON COUNTY SUPERINTENDENT'S ASSOCIATION WHICH INCLUDED ALL SCHOOL ADMINISTRATION AND SCHOOL NURSES WHEN APPROPRIATE. HUNTERDON HEALTHCARE PURCHASED AND DONATED OVER 5,000 MASKS FOR EVERY SCHOOL EMPLOYEE ACROSS THE COUNTY AND PROVIDED EDUCATIONAL VIDEOS HIGHLIGHTING "SAFE RETURN TO SCHOOL PRACTICES". WE WORKED COLLABORATIVELY WITH THE HUNTERDON COUNTY HEALTH DEPARTMENT WHO WAS AN ESSENTIAL PARTNER THROUGHOUT 2020.

THROUGH OUR COMMUNITY PARTNERSHIPS WE WERE ABLE TO ASSIST WITH THE PURCHASE AND/OR DISTRIBUTION OF FOOD, MASKS, GLOVES, AND CLEANING SUPPLIES. WE PROVIDED EDUCATION, ACCESS TO OUR PROFESSIONAL STAFF FOR MEDICAL INFORMATION AND ON-GOING SUPPORT TO OUR COMMUNITY. THE OUTPOURING OF THANKS AND APPRECIATION TO THE HEALTHCARE SYSTEM STAFF WAS BOTH AMAZING AND HUMBLING. WE WILL CONTINUE TO MEET AND EXCEED THE NEEDS OF OUR COMMUNITY AS A VITAL RESOURCE AND BEACON OF HOPE TO THOSE WE SERVE AS WE CONTINUE TO NAVIGATE COVID-19.

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

NOT APPLICABLE.

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 16A, 16B & 16C

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

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

[HTTP://WWW.HUNTERDONHEALTHCARE.ORG/FINANCIAL-ASSISTANCE-POLICY/](http://WWW.HUNTERDONHEALTHCARE.ORG/FINANCIAL-ASSISTANCE-POLICY/)

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

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

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

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

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

Schedule H (Form 990) 2020

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

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

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

Schedule H (Form 990) 2020

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

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

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

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

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

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

Schedule H (Form 990) 2020

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 3C

THE INCOME BASED CRITERIA USED TO DETERMINE ELIGIBILITY IS PER NEW JERSEY ADMINISTRATIVE CODE 10:52 SUB CHAPTERS 11, 12 AND 13, AND BASED UPON THE 2019 POVERTY GUIDELINES (DEPARTMENT OF HEALTH AND SENIOR SERVICES). FPG ARE INCLUDED IN THE CRITERIA FOR DETERMINING ELIGIBILITY FOR CHARITY AND DISCOUNTED CARE.

SCHEDULE H, PART I; QUESTION 6A

NOT APPLICABLE.

SCHEDULE H, PART I; QUESTION 7G

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

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 7

WORKSHEET 2 WAS USED FOR THE COST TO CHARGE RATIO.

SCHEDULE H, PART II

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

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

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

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

Part VI Supplemental Information

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PATIENT ACCOUNTS RECEIVABLE THE MEDICAL CENTER ASSESSES COLLECTABILITY ON
 PATIENT CONTRACTS PRIOR TO THE RECOGNITION OF NET PATIENT SERVICE
 REVENUES. PATIENT ACCOUNTS RECEIVABLE ARE RECORDED AT NET REALIZABLE
 VALUE. ACCOUNTS ARE WRITTEN OFF THROUGH BAD DEBT EXPENSE WHEN THE MEDICAL
 CENTER HAS EXHAUSTED ALL COLLECTION EFFORTS AND DETERMINES ACCOUNTS ARE
 IMPAIRED BASED ON CHANGES IN PATIENT CREDIT WORTHINESS.

CHARITY CARE AND UNCOMPENSATED CARE

IN FURTHERANCE OF ITS CHARITABLE PURPOSE, THE MEDICAL CENTER PROVIDES A
 WIDE VARIETY OF BENEFITS TO THE COMMUNITY MANY OF WHICH ADDRESS THE
 SOCIAL DETERMINANTS OF HEALTH INCLUDING VARIOUS COMMUNITY-BASED PROGRAMS:
 HEALTH SCREENINGS, TRAINING FOR EMERGENCY SERVICE PERSONNEL, SOCIAL
 SERVICE, SUPPORT COUNSELING FOR PATIENTS AND FAMILIES, PASTORAL CARE, AND
 CRISIS INTERVENTION. ADDITIONALLY, A LARGE NUMBER OF HEALTH-RELATED
 EDUCATIONAL PROGRAMS ARE PROVIDED FOR THE BENEFIT OF THE COMMUNITY,
 INCLUDING HEALTH ENHANCEMENTS AND WELLNESS, CLASSES ON SPECIFIC

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CONDITIONS, AND TELEPHONE INFORMATION SERVICES DESIGNED TO IMPROVE THE
GENERAL STANDARDS OF THE HEALTH OF THE COMMUNITY.

THE MEDICAL CENTER ALSO PROVIDES MEDICAL CARE WITHOUT CHARGE OR AT
REDUCED COSTS TO RESIDENTS OF ITS COMMUNITY WHO MEET THE CRITERIA UNDER
STATE REGULATION FOR CHARITY CARE. THE MEDICAL CENTER'S DEFINITION OF
CHARITY CARE INCLUDES SERVICES PROVIDED AT NO CHARGE OR AT A REDUCED
CHARGE TO PATIENTS WHO ARE UNINSURED OR UNDERINSURED. THE MEDICAL CENTER
MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE IT
PROVIDES. THESE RECORDS INCLUDE THE AMOUNT OF CHARGES FORGONE FOR
SERVICES AND SUPPLIES FURNISHED UNDER ITS CHARITY CARE POLICY. AN OVERALL
COST TO CHARGE RATIO WAS APPLIED TO ARRIVE AT THE COST OF CHARITY CARE,
AND AS A RESULT THE COST OF CHARITY CARE AMOUNTED TO \$4,176,854 AND
\$4,616,546 IN 2020 AND 2019, RESPECTIVELY. BECAUSE THE MEDICAL CENTER
DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY
CARE, THEY ARE NOT REPORTED AS REVENUE.

THE STATE PROVIDES CERTAIN SUBSIDY PAYMENTS TO QUALIFIED HOSPITALS TO

Part VI Supplemental Information

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PARTIALLY FUND UNCOMPENSATED CARE AND CERTAIN OTHER COSTS. SUBSIDY
 PAYMENTS RECOGNIZED AS REVENUE AMOUNTED TO \$250,229 AND \$317,892 IN 2020
 AND 2019, RESPECTIVELY, AND ARE INCLUDED IN OTHER REVENUE IN THE
 ACCOMPANYING CONSOLIDATED STATEMENT OF OPERATIONS.

SCHEDULE H, PART III, SECTION B; QUESTION 8

MEDICARE COSTS WERE DERIVED FROM THE 2020 MEDICARE COST REPORT.

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

THE ORGANIZATION DID NOT INCLUDE MEDICARE UNDERPAYMENTS (SHORTFALL) AND
 BAD DEBT IN THE CALCULATION OF THEIR COMMUNITY BENEFIT PERCENTAGE.

HOWEVER THE ORGANIZATION FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL)
 AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS SHOULD BE
 INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. AS OUTLINED MORE FULLY
 BELOW THE ORGANIZATION BELIEVES THAT THESE SERVICES AND RELATED COSTS

Part VI Supplemental Information

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PROMOTE THE HEALTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES AND MISSION IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUAL'S IN A NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY AND CONSISTENT WITH THE COMMUNITY BENEFIT STANDARD PROMULGATED BY THE IRS. THE COMMUNITY BENEFIT STANDARD IS THE CURRENT STANDARD FOR A HOSPITAL FOR RECOGNITION AS A TAX-EXEMPT AND CHARITABLE ORGANIZATION UNDER INTERNAL REVENUE CODE ("IRC") §501(C)(3).

THE ORGANIZATION IS RECOGNIZED AS A TAX-EXEMPT ENTITY AND CHARITABLE ORGANIZATION UNDER §501(C)(3) OF THE IRC. ALTHOUGH THERE IS NO DEFINITION 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

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EXPLICITLY ADDRESS THE ACTIVITIES OF HOSPITALS. IN THE ABSENCE OF EXPLICIT STATUTORY OR REGULATORY REQUIREMENTS APPLYING THE TERM "CHARITABLE" TO HOSPITALS, IT HAS BEEN LEFT TO THE IRS TO DETERMINE THE CRITERIA HOSPITALS MUST MEET TO QUALIFY AS IRC §501(C)(3) CHARITABLE ORGANIZATIONS. THE ORIGINAL STANDARD WAS KNOWN AS THE CHARITY CARE STANDARD. THIS STANDARD WAS REPLACED BY THE IRS WITH THE COMMUNITY BENEFIT STANDARD WHICH IS THE CURRENT STANDARD.

CHARITY CARE STANDARD

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

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OF CHARITY CARE DID NOT NECESSARILY MEAN THAT A HOSPITAL HAD FAILED TO MEET THE REQUIREMENT SINCE THAT LEVEL COULD REFLECT ITS FINANCIAL ABILITY TO PROVIDE SUCH CARE. THE RULING ALSO NOTED THAT PUBLICLY SUPPORTED COMMUNITY HOSPITALS WOULD NORMALLY QUALIFY AS CHARITABLE ORGANIZATIONS BECAUSE THEY SERVE THE ENTIRE COMMUNITY, AND A LOW LEVEL OF CHARITY CARE WOULD NOT AFFECT A HOSPITAL'S EXEMPT STATUS IF IT WAS DUE TO THE SURROUNDING COMMUNITY'S LACK OF CHARITABLE DEMANDS.

COMMUNITY BENEFIT STANDARD

IN 1969, THE IRS ISSUED REVENUE RULING 69-545, WHICH "REMOVE[D]" FROM REVENUE RULING 56-185 "THE REQUIREMENTS RELATING TO CARING FOR PATIENTS 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

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

THE IRS CONCLUDED THAT THE HOSPITAL WAS "PROMOTING THE HEALTH OF A CLASS OF PERSONS THAT IS BROAD ENOUGH TO BENEFIT THE COMMUNITY" BECAUSE ITS

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

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

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

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VALUE OF THE COMMUNITY BENEFIT THAT HOSPITALS PROVIDE BY COUNTING

MEDICARE UNDERPAYMENTS (SHORTFALL) AS QUANTIFIABLE COMMUNITY BENEFIT FOR

THE FOLLOWING REASONS:

- PROVIDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN ESSENTIAL PART OF THE COMMUNITY BENEFIT STANDARD.

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

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"DUAL ELIGIBLES."

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

BOTH THE AHA AND THIS ORGANIZATION ALSO FEEL THAT PATIENT BAD DEBT IS A COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART 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

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

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

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

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

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

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

Part VI Supplemental Information

Provide the following information.

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

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

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

Part VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

NEEDS .

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

- FINANCIAL COUNSELING FOR POSSIBLE ELIGIBILITY FOR MEDICAL ASSISTANCE INCLUDING MEDICAID AND SSI;

- FINANCIAL COUNSELING FOR POSSIBLE ELIGIBILITY FOR THE NEW JERSEY HOSPITAL CARE PAYMENT ASSISTANCE PROGRAM;

- FINANCIAL COUNSELING FOR A HOSPITAL INITIATED DISCOUNT PROGRAM FOR THOSE WITH NO INSURANCE OR WHO ARE UNDERINSURED AND DON'T MEET THE STATEMENT REQUIREMENTS FOR FREE CARE. THE HOSPITAL-INITIATED DISCOUNT PROGRAM RATES ARE REFLECTIVE OF 200% OF MEDICAID; AND

-FINANCIAL ARRANGEMENTS INCLUDING:

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

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.
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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 2

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

DATA COLLECTION FOR THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT BEGAN IN 2018 WHEN QUANTITATIVE AND QUALITATIVE DATA WAS COLLECTED. ELEVEN FOCUS

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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GROUPS WERE CREATED TO IDENTIFY COMMUNITY THEMES AND STRENGTHS. THE LOCAL PUBLIC HEALTH SYSTEM WAS ASSESSED. A GROUP OF COMMUNITY STAKEHOLDERS INCLUDING HIGH SCHOOL SUPERINTENDENT, FREEHOLDER, PHYSICIANS, PROSECUTOR, FAITH LEADER, HEALTHCARE ADMINISTRATORS AND BUSINESS LEADERS ASSESSED THE COMMUNITY'S HEALTH AND IDENTIFIED FIVE FORCES OF CHANGE OCCURRING IN THE COUNTY THAT WAS IMPACTING THE HEALTH OF THE COMMUNITY MEMBERS. FINALLY STATEWIDE DATA SOURCES WERE USED AS BENCHMARKS TO COMPARE THE RESULTS OF HUNTERDON COUNTY IN PARTICULAR. THIS DATA WAS REPORTED IN THE 2019 CHNA AND CHIP AND IS PUBLISHED ON OUR HOSPITAL WEBSITE. THE 2019 CHNA IDENTIFIED FIVE PRIORITY HEALTH NEEDS TO BE ADDRESSED BY HUNTERDON HEALTHCARE SYSTEM IN THE 2020-2022 CHIP: HEALTHY WEIGHT, SUBSTANCE MISUSE, MENTAL HEALTH, ECONOMIC WELL-BEING AND AGE RELATED ISSUES.

SCHEDULE H, PART VI; QUESTION 3

THE MEDICAL CENTER PROVIDES FINANCIAL COUNSELING TO ALL PATIENTS REGARDLESS OF INSURANCE STATUS. THEY RECEIVE A WRITTEN NOTICE IN ENGLISH

Part VI Supplemental Information

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OR SPANISH FORMAT OF THE FINANCIAL ASSISTANCE PROGRAMS AVAILABLE AT THE TIME OF ADMISSION OR DURING THE OUTPATIENT REGISTRATION PROCESS.

FINANCIAL COUNSELING SERVICES ARE AVAILABLE TO ALL PATIENTS THROUGH THE PATIENT ACCOUNTS DEPARTMENT DURING OR AFTER THE PROVISION OF SERVICES.

ALL PATIENTS DEEMED SELF-PAY ARE SCREENED FOR FINANCIAL ASSISTANCE BY A RESOURCE ADVISOR ACCORDING TO THE FEDERAL POVERTY GUIDELINES AND REFERRED TO APPROPRIATE AGENCIES OR PROGRAMS.

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

CHARITY CARE SIGNS ARE ALSO POSTED THROUGHOUT THE FACILITY, MAINLY IN PATIENT REGISTRATION AREAS. SIGNS ARE POSTED IN BOTH ENGLISH AND SPANISH.

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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SCHEDULE H, PART VI; QUESTION 4

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

SCHEDULE H, PART VI; QUESTION 5

HUNTERDON MEDICAL CENTER HAS FURTHERED ITS EXEMPT PURPOSE IN SUCH PROGRAMS AS 1) LATINO HEALTH INITIATIVE FOCUSED ON LOW-INCOME IMMIGRANTS HEALTH NEEDS, 2) CREATION OF A MEDICATION ACCESS PROGRAM IN COLLABORATION WITH THE PHARMACEUTICAL INDUSTRY TO DISTRIBUTE FREE PRESCRIPTION DRUGS TO

Part VI Supplemental Information

Provide the following information.

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PATIENTS UNABLE TO PAY, AND 3) ANNUAL FREE HEALTH SCREENING PROGRAMS FOR THE ENTIRE COUNTY FOR BREAST CANCER, PROSTATE CANCER, COLON CANCER, HEARING LOSS, ALZHEIMER'S DISEASE, PRE-NATAL AND DIABETES CARE, AMONG OTHERS.

THE FOUR PRIORITY HEALTH ISSUES IDENTIFIED THROUGH THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS HAVE BEEN ADDRESSED IN 2019 THROUGH THE 2016 CHIP ADOPTED BY THE MEDICAL CENTER BOARD AT ITS SEPTEMBER 2017 MEETING. THE GOALS INCLUDED: 1) FOCUS ON HEALTHY WEIGHT AMONG HUNTERDON COUNTY RESIDENTS THROUGH THE INCREASE OF THE NUMBER OF ADULTS PARTICIPATING IN WELLNESS AND WEIGHT AND DIABETES MANAGEMENT PROGRAMS. 2) REDUCE THE PREVALENCE OF SUBSTANCE ABUSE OF HUNTERDON COUNTY RESIDENTS THROUGH THE STRENGTHENING OF EXISTING PROGRAMS, THE ENHANCEMENT OF TRAINING AMONG PHYSICIANS TO EFFECTIVELY IDENTIFY THE USE OF SUBSTANCES AMONG THE COMMUNITY'S MEMBERS, AND WITH THE INCREASE IN THE NUMBER OF COMPLETED INPATIENT ADDICTION TREATMENT CONSULTS. 3) REDUCE LATINO HEALTH DISPARITY BY PROVIDING BROCHURES, INFORMATION MATERIALS, EDUCATIONAL SESSIONS IN SPANISH, BY IMPROVING ACCESS TO PRENATAL CARE THROUGH THE

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MEDICAL CENTER'S FAMILY HEALTH CENTER IN LAMBERTVILLE, AND IMPROVING ACCESS TO AGE-APPROPRIATE CANCER SCREENINGS. 4) IMPROVING QUALITY OF LIFE OF SENIORS (65 YEARS AND OVER) LIVING IN HUNTERDON COUNTY BY OFFERING SUPPORT GROUPS, INCREASING THE PERCENTAGE OF SENIORS WHO SEEK PREVENTIVE CARE, INCREASING THE PERCENTAGE OF SENIORS WHO HAVE COMPLETED AN ADVANCED DIRECTIVE, INCREASING THE UTILIZATION OF THE SYSTEM'S ADULT DAY CENTER, INCREASING THE UTILIZATION OF HOSPICE SERVICES TO COMMUNITY MEMBERS, AND EDUCATING NURSES TO PROPERLY ASSESS AND ADDRESS SENIOR HEALTH ISSUES.

SCHEDULE H, PART VI; QUESTION 6

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

Part VI Supplemental Information

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

NOT FOR PROFIT HUNTERDON HEALTHCARE SYSTEM ENTITIES

HUNTERDON HEALTHCARE SYSTEM, INC.

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

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

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CODE §509(A)(3).

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

1. THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS;
2. THE ORGANIZATION OPERATES AN ACTIVE EMERGENCY ROOM FOR ALL PERSONS;

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

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

AVAILABLE TO ALL QUALIFIED PHYSICIANS; AND

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

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

COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE

COMMUNITY.

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

AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE; PROGRAMS AND

ACTIVITIES.

HUNTERDON MEDICAL CENTER

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

COMMUNITY HOSPITAL LOCATED IN FLEMINGTON, NEW JERSEY. HMC IS RECOGNIZED

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BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE §501(C)(3)

TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, HMC

PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A

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

ORIGIN OR ABILITY TO PAY. MOREOVER, HMC OPERATES CONSISTENTLY WITH THE

CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

BRITESIDE ADULT DAY CENTERS, INC.

BRITESIDE ADULT DAY CENTERS, INC. IS AN ORGANIZATION RECOGNIZED BY THE

INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE

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

CODE §509(A)(2). THE ORGANIZATION PROVIDES ADULT DAY CARE SERVICES TO

INDIVIDUALS.

HUNTERDON HEALTHCARE FOUNDATION

HUNTERDON HEALTHCARE FOUNDATION IS AN ORGANIZATION RECOGNIZED BY THE

Part VI Supplemental Information

Provide the following information.

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

INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE
§501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE
CODE §509(A)(1).

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

HUNTERDON REGIONAL COMMUNITY HEALTH, INC.

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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 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 ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF HUNTERDON MEDICAL CENTER; A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

HUNTERDON HOSPICE

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

HUNTERDON HOSPICE HAS PROVIDED EXCEPTIONAL PHYSICAL, EMOTIONAL AND SPIRITUAL SUPPORT TO PATIENTS AND THEIR FAMILIES DURING LIFE'S FINAL STAGES. WHETHER AT HOME, IN THE HOSPITAL, OR IN A LONG-TERM CARE OR

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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ASSISTED LIVING FACILITY, THEIR DEDICATED, HIGHLY SKILLED TEAM STRIVES TO IMPROVE QUALITY OF LIFE WHILE PROVIDING COMFORT, PRESERVING DIGNITY, AND HONORING THE UNIQUE WISHES OF EACH PATIENT AND FAMILY.

VISITING HEALTH & SUPPORTIVE SERVICES

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

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

HUNTERDON PRIMARY CARE, P.C.

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

HUNTERDON SPECIALTY CARE, P.C.

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

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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NON-DISCRIMINATING MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL
ORIGIN OR ABILITY TO PAY.

HUNTERDON URGENT CARE, P.C.

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

OTHER HUNTERDON HEALTHCARE SYSTEM ENTITIES

HUNTERDON IMAGING ASSOCIATES, LLC

Part VI Supplemental Information

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.

A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES.

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

HUNTERDON HEALTHCARE PARTNERS, LLC

A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES.

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

HUNTERDON CENTER FOR SURGERY LLC

A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES.

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

Part VI Supplemental Information

Provide the following information.

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

MIDJERSEY HEALTH ALLIANCE, LLC

A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES.

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

BRIDGEWATER AMBULATORY SURGERY CENTER, LLC

A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES.

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

HUNTERDON AMBULATORY SERVICES, LLC

A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES.

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.

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

BRIDGEWATER ADVANCED IMAGING SERVICES, LLC

A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES.

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

MIDJERSEY HEALTH CORPORATION

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

HUNTERDON REGIONAL PHARMACY, INC.

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.

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

SCHEDULE H, PART VI; QUESTION 7

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2020

**Open to Public
Inspection**

Name of the organization

HUNTERDON MEDICAL CENTER

Employer identification number

22-1537688

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1a		
1b		
2		
3		
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) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PATRICK J. GAVIN, MPH, TRUSTEE - PRESIDENT/CEO	(i)	778,916.	353,525.	33,048.	67,317.	23,580.	1,256,386.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 LAWRENCE N. GRAND EXECUTIVE VP/COO	(i)	321,184.	99,637.	81,593.	49,561.	17,634.	569,609.	44,628.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 SHEHZANA ASHRAF, M.D. PHYSICIAN	(i)	428,081.	87,685.	442.	11,200.	23,721.	551,129.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 NEIL HUDES SVP, OPERATIONS	(i)	334,671.	104,705.	26,722.	45,808.	21,940.	533,846.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 VIOLET T. KOCSIS CHIEF HUMAN RESOURCES OFFICER	(i)	322,364.	89,016.	44,596.	45,032.	30,109.	531,117.	27,169.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 ROBERT G. COATES, M.D. VPMA	(i)	322,437.	60,671.	86,170.	14,000.	24,914.	508,192.	29,288.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 DAVID D. SKILLINGE, M.D. VP, MEDICAL PRACTICES	(i)	328,718.	56,697.	32,548.	37,674.	29,959.	485,596.	25,720.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 DANIEL MORREALE CIO (TERMED 8/1/20)	(i)	182,535.	51,869.	194,198.	10,236.	10,296.	449,134.	46,241.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 PATRICIA STEINGALL, RN VP, PATIENT CARE	(i)	269,817.	85,739.	32,063.	37,114.	17,846.	442,579.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 DEVI SURAPANANI, M.D. PHYSICIAN	(i)	263,547.	101,607.	19,397.	13,618.	0.	398,169.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 LAN CAO, M.D. PHYSICIAN	(i)	245,087.	91,494.	19,620.	10,513.	19,672.	386,386.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 THERESA MISKIMEN, M.D. PHYSICIAN	(i)	353,197.	125.	476.	0.	15,554.	369,352.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 HERBERT WHITE CFO (EFF. 4/6/20)	(i)	274,429.	25,125.	26,505.	25,785.	16,805.	368,649.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 GEORGE ROKSVAAG, M.D. CHIEF MEDICAL OFFICER	(i)	241,005.	90,505.	14,765.	16,800.	2,700.	365,775.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 THOMAS PERCELLO DIR CORP FIN/INT CFO(1/1- 4/6)	(i)	271,380.	60,125.	3,561.	0.	24,103.	359,169.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 WAYNE G. FELLMETH, M.D. CHIEF MEDICAL INFO OFFICER	(i)	297,939.	17,082.	1,299.	16,800.	25,114.	358,234.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JASON VANDIVER CHIEF MARKET/COMM OFF (EFF 2/2)	(i)	202,873.	20,000.	7,810.	18,215.	11,669.	260,567.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 CHRISTAL KOZLOSKI FORMER KEY EMPLOYEE	(i)	0.	0.	216,424.	0.	0.	216,424.	38,770.
	(ii)	0.	0.	0.	0.	0.	0.	0.
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, PART I; QUESTION 4A

THE FOLLOWING INDIVIDUALS RECEIVED A ONE-TIME SEPARATION OF EMPLOYMENT PAYMENT DURING CALENDAR YEAR 2020 WHICH WAS INCLUDED IN EACH INDIVIDUAL'S 2020 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: DANIEL MORREALE, \$118,733 AND CHRISTAL KOZLOSKI, \$148,545.

SCHEDULE J, PART I, QUESTION 4B

THE AMOUNTS REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES PARTICIPATION IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN). THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2020 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: LAWRENCE N. GRAND, \$49,197; ROBERT G. COATES, M.D., \$59,329; VIOLET T. KOCSIS, \$34,187; DANIEL MORREALE, \$67,289; DAVID D. SKILLINGE, M.D., \$25,720; GEORGE ROKSVAAG, M.D., \$14,413 AND CHRISTAL KOZLOSKI, \$67,879.

THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING

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.

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 2020 FORM W-2, AS TAXABLE WAGES: PATRICK J. GAVIN, MPH, MBA, \$67,317; LAWRENCE N. GRAND, \$32,761; NEIL HUDES, \$29,008; VIOLET T. KOCSIS, \$28,491; DAVID D. SKILLINGE, M.D., \$25,074; PATRICIA STEINGALL, RN, \$20,529; HERBERT WHITE, \$25,785 AND JASON VANDIVER, \$18,215.

SCHEDULE J, PART I; QUESTION 7

CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2020 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2020 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 VESTED BENEFITS IN A DEFERRED COMPENSATION PLAN AS THESE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. THESE AMOUNTS WERE REPORTED AS DEFERRED COMPENSATION ON PRIOR YEARS' FORMS 990 AND ARE NOW BEING REPORTED AGAIN ON THIS YEAR'S FORM 990. THESE HAVE BEEN TREATED AS TAXABLE INCOME AND REPORTED ON EACH INDIVIDUAL'S FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES.

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
HUNTERDON MEDICAL CENTER

Employer identification number
22-1537688

Part I Bond Issues

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

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue	45,681,704.		1,626,000.		4,751,432.			
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	33,306.		6,457.		11,262.			
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2015		2008		2014			
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X		X			
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		
16 Has the final allocation of proceeds been made?		X	X		X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

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

Schedule K (Form 990) 2020

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
HUNTERDON MEDICAL CENTER

Employer identification number
22-1537688

Part I Bond Issues

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

Part II Proceeds

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

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

Schedule K (Form 990) 2020

Part III Private Business Use TAX-EXEMPT BOND LIABILITIES

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

Part IV Arbitrage

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

Part III Private Business Use TAX-EXEMPT BOND LIABILITIES

Table with 9 rows and 8 columns (A, B, C, D). Rows include questions about partnership status, lease arrangements, management contracts, research agreements, and percentage of financed property used in private business use.

Part IV Arbitrage

Table with 3 rows and 8 columns (A, B, C, D). Rows include questions about Form 8038-T filing, rebate application, and variable rate issues.

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

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2020

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization HUNTERDON MEDICAL CENTER	Employer identification number 22-1537688
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

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

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

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

1	(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)					

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JONATHAN A. GRAND	OFFICER - FAMILY MEMBER	22,829.	EMPLOYEE		X
(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 O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

HUNTERDON MEDICAL CENTER

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Employer identification number

22-1537688

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

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

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

Name of the organization HUNTERDON MEDICAL CENTER	Employer identification number 22-1537688
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OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE
COMMUNITY;

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

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

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

MISSION

=====

HUNTERDON HEALTHCARE SYSTEM DELIVERS COMPASSIONATE AND EXCEPTIONAL CARE

Name of the organization HUNTERDON MEDICAL CENTER	Employer identification number 22-1537688
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THAT IMPROVES THE HEALTH OF THE COMMUNITY.

VISION

=====

HUNTERDON HEALTHCARE SYSTEM IS RECOGNIZED AS A NATIONAL MODEL FOR PROVIDING COMMUNITY FOCUSED HEALTHCARE THAT IS PATIENT-CENTERED AND DRIVEN BY A PASSION FOR CLINICAL EXCELLENCE.

HUNTERDON MEDICAL CENTER

=====

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

THE CENTERPIECE OF THE HUNTERDON HEALTHCARE SYSTEM IS HUNTERDON MEDICAL CENTER. THE MEDICAL CENTER HAS 178-BEDS, INCLUDING ADVANCED MEDICAL AND

Name of the organization HUNTERDON MEDICAL CENTER	Employer identification number 22-1537688
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SURGICAL UNITS, A 12-BED INTENSIVE CARE UNIT, A 4-BED CORONARY CARE UNIT, A 20-BED SAME DAY SURGERY CENTER, A 20-BED MATERNITY AND NEWBORN CARE CENTER WHICH WAS ONE OF THE FIRST SINGLE-ROOM MATERNITY CENTERS IN NEW JERSEY, A 10-BED PEDIATRIC UNIT AND A 14-BED BEHAVIORAL HEALTH WING.

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

FIRST YEAR RESIDENTS ARE IN A TRUE CALL SITUATION ONLY TO COVER WEEKEND SHIFTS WITH SENIOR RESIDENT SUPERVISION. SECOND AND THIRD YEAR RESIDENTS AVERAGE CALL ONE NIGHT IN SIX THIS GUARANTEES AN ADEQUATE VOLUME AND

Name of the organization HUNTERDON MEDICAL CENTER	Employer identification number 22-1537688
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EXPERIENCE TO DEVELOP MASTERY IN COMMON PROBLEM MANAGEMENT. THEY ALSO HAVE A LONGITUDINAL EXPERIENCE IN THE NURSING HOME SETTING WITH FULL TIME GERIATRICIAN FACULTY SUPERVISING THEIR PATIENT CARE. THIRD YEAR RESIDENTS ALSO COVER OUTPATIENT CALL FOR THE FAMILY HEALTH CENTERS ON AVERAGE ONE NIGHT IN SIX. THE COMBINATION OF NIGHT FLOAT AND THE APPROPRIATE FREQUENCY OF NIGHT CALL COMBINE TO CREATE THE BEST POSSIBLE CALL SCHEDULE.

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

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

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

ON THE GROUNDS OF THE MEDICAL CENTER IS A CHILDCARE FACILITY AVAILABLE TO

Name of the organization HUNTERDON MEDICAL CENTER	Employer identification number 22-1537688
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CHILDREN OF EMPLOYEES AND STAFF AS WELL AS TO OTHER MEMBERS OF THE COMMUNITY.

GERIATRICS IS ONE OF THE MAJOR INITIATIVES OF THE HUNTERDON MEDICAL CENTER, WITH A FULL TIME DIRECTOR WITH HER DOCTORATE IN NURSING AND COMPREHENSIVE HOSPITAL AND AMBULATORY SERVICES. ALL SEVEN OF OUR FACULTY PHYSICIANS HOLD THE CERTIFICATE OF ADDED QUALIFICATIONS IN GERIATRICS, (CAQH), AND ALL HAVE COMPLETED A FELLOWSHIP. FOUR OF THESE GERIATRICIANS ARE ALSO CERTIFIED MEDICAL DIRECTORS.

HUNTERDON MEDICAL CENTER HAS RECEIVED ACCREDITATION AND NATIONAL RECOGNITION THAT VERIFIES OUR POSITION AS A LEADING PROVIDER OF QUALITY HEALTHCARE.

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

HUNTERDON MEDICAL CENTER HAS ACHIEVED NUMEROUS AWARDS INCLUDING:

MAGNET RE-DESIGNATION - THE MAGNET RECOGNITION PROGRAM RECOGNIZES HEALTHCARE ORGANIZATIONS THAT PROVIDE NURSING EXCELLENCE. RECOGNIZING QUALITY PATIENT CARE, NURSING EXCELLENCE AND INNOVATIONS IN PROFESSIONAL NURSING PRACTICE, THE MAGNET RECOGNITION PROGRAM PROVIDES CONSUMERS WITH

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THE ULTIMATE BENCHMARK TO MEASURE THE QUALITY OF CARE THAT THEY CAN EXPECT TO RECEIVE. THE PROGRAM IS ADMINISTERED BY THE AMERICAN NURSES CREDENTIALING CENTER. BEING A MAGNET ORGANIZATION HELPS DISTINGUISH HUNTERDON MEDICAL CENTER AS AN ORGANIZATION MARKED BY QUALITY INPATIENT CARE.

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

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

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

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

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HMC WAS ALSO RECENTLY NAMED A RECIPIENT OF THE WOMEN'S CHOICE AWARD AS ONE OF AMERICA'S BEST BREAST CENTERS, ACKNOWLEDGING ITS DEDICATION TO PROVIDING EXCEPTIONAL PATIENT CARE AND TREATMENT. IN ADDITION, HUNTERDON MEDICAL CENTER RECEIVED THE WOMEN'S CHOICE AWARD FOR BEST CANCER CARE AND BEST HEART CARE. HMC RECEIVED THREE-YEAR FULL ACCREDITATION BY THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS (NAPBC).

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

THE NEW JERSEY SMART WORKPLACES PROGRAM (NJSW) IS A STATEWIDE RECOGNITION PROGRAM THAT LAUDS EMPLOYERS WHO DEMONSTRATE LEADERSHIP BY PROVIDING QUALITY COMMUTER BENEFITS TO THEIR EMPLOYEES. EMPLOYERS ARE RECOGNIZED AT ONE OF FOUR LEVELS OF ACHIEVEMENT: BRONZE, SILVER, GOLD, OR PLATINUM, BASED UPON THE LEVEL OF ACTIVITY AT THE WORKSITE. HUNTERDON MEDICAL CENTER WAS AWARDED THE PLATINUM AWARD FOR "OUTSTANDING ACHIEVEMENT" IN CREATING PROGRAMS THAT PROVIDE AND PROMOTE COMMUTING OPTIONS FOR EMPLOYEES.

THE HUNTERDON WOUND HEALING CENTER WAS AWARDED THE ROBERT A. WARRINER III, M.D., CENTER OF EXCELLENCE AWARD AND THE CENTER OF DISTINCTION AWARD WHICH RECOGNIZES A CENTER THAT MEETS THE HIGHEST QUALITY STANDARDS. THIS

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CENTER RECEIVED THESE AWARDS BECAUSE IT HAS ACHIEVED PATIENT SATISFACTION RATES OVER 92% AND A HEALING RATE OF GREATER THAN OR EQUAL TO 91% IN LESS THAN 30 MEDIAN DAYS, AMONG OTHER QUALITY STANDARDS.

CLINICAL SERVICE LINES

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HEART AND VASCULAR CARE

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

THE SERVICE LINE ALSO INCLUDES:

CARDIOPULMONARY REHABILITATION WHICH IS A MEDICALLY SUPERVISED PROGRAM OF HEALTH EDUCATION AND PHYSICAL ACTIVITY FOR WOMEN AND MEN OF ANY AGE. THEIR MISSION IS TO TREAT THE BODY, MIND, AND SPIRIT OF PEOPLE WITH HEART OR LUNG DISEASE SO THEY MAY LEAD SATISFYING, PRODUCTIVE, AND HEALTHY LIVES. THEIR PROFESSIONAL TEAM INCLUDES PHYSICIANS, RESPIRATORY

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THERAPISTS, REGISTERED NURSES, AND EXERCISE PHYSIOLOGISTS SPECIALLY TRAINED IN EXERCISE THERAPY AND DISEASE MANAGEMENT. THE DEPARTMENT ALSO RUNS THE ORNISH REVERSAL PROGRAM, A LIFESTYLE MANAGEMENT PROGRAM TO REVERSE HEART DISEASE.

NATIONAL RECOGNITION:

BOTH THE CARDIAC AND PULMONARY REHABILITATION PROGRAM ARE NATIONALLY CERTIFIED BY THE AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION. THIS CERTIFICATION PROCESS IS DESIGNED TO REVIEW AND MONITOR ADHERENCE TO THE HIGH STANDARDS AND GUIDELINES DEVELOPED BY THE AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION AND OTHER PROFESSIONAL SOCIETIES TO BEST SERVE THE PATIENTS.

PROGRAMS INCLUDE:

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

THE CARDIAC CATHETERIZATION LABORATORY OFFERS STATE-OF-THE-ART TECHNOLOGY TO BRING YOU THE BEST CARDIOVASCULAR CARE IN HUNTERDON COUNTY AND ITS SURROUNDING COUNTIES. SUPERIOR STAFF AND TECHNOLOGICAL SUPPORT ENABLE THE DIAGNOSIS OF HEART AND VASCULAR DISEASE. THE LAB PERFORMS INTERVENTIONAL PROCEDURES ON PATIENTS SUSPECTED OF HEART OR VASCULAR DISEASE. HUNTERDON

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MEDICAL CENTER HAS BEEN DESIGNATED A PRIMARY STROKE CENTER BY THE NEW JERSEY STATE DEPARTMENT OF HEALTH AND SENIOR SERVICES.

CANCER CARE

HUNTERDON REGIONAL CANCER CENTER IS ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS' COMMISSION ON CANCER AS A COMMUNITY HOSPITAL CANCER PROGRAM. THE COMMISSION HAS RECOGNIZED THE CANCER PROGRAM AT HUNTERDON MEDICAL CENTER AS OFFERING HIGH QUALITY CANCER CARE. ONLY ONE IN FOUR HOSPITALS THAT TREAT CANCER RECEIVES THIS SPECIAL APPROVAL. THE RECOGNITION OF THIS QUALITY AND COMMITMENT ALLOWS THE PATIENT ACCESS TO THE EXPERT MEDICAL SPECIALISTS WHO ARE INVOLVED IN DIAGNOSING AND TREATING CANCER.

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

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

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

ORTHOPEDICS

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

THE CIRCLE OF CARE REFERS TO THE COORDINATED, COMPREHENSIVE SERVICES THAT THE CENTER FOR BONE AND JOINT HEALTH OFFERS TO PATIENTS. THE PROGRAM

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COORDINATOR CAN GUIDE PATIENTS THROUGH ALL OF THEIR OPTIONS AND HELP
COORDINATE THESE SERVICES.

BEHAVIORAL HEALTH

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

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

HUNTERDON BEHAVIORAL HEALTH OFFERS:

- EVALUATION, MEDICATION MONITORING AND THERAPY FOR INDIVIDUALS WITH
MENTAL HEALTH ISSUES.
- COUNSELING FOR FAMILIES IN CRISIS TO HELP PROVIDE A STABLE HOME
ENVIRONMENT.
- SUPPORT FOR ADOLESCENTS AND ADULTS STRUGGLING WITH ALCOHOL OR DRUG
ADDICTION.
- EMPLOYEE ASSISTANCE TO WORK WITH EMPLOYERS TO RESOLVE PERSONAL ISSUES.

HUNTERDON BEHAVIORAL HEALTH PROVIDES TREATMENT FOR CHILDREN, ADOLESCENTS

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AND ADULTS WHO EXPERIENCE:

- MENTAL ILLNESS.
- DRUG OR ALCOHOL ADDICTION.
- FAMILY CRISES.
- DIFFICULTIES IN THEIR WORK OR SCHOOL ENVIRONMENT.
- DEPRESSION.
- ANXIETY DISORDERS.
- ATTENTION DISORDERS.
- SLEEP DISORDERS.
- EATING DISORDERS.
- EMOTIONAL AND BEHAVIORAL ISSUES.
- PEER PRESSURE.

OBSTETRICS & GYNECOLOGY

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

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CRITICAL ROLE.

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

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

HIGHLIGHTS OF THE HUNTERDON MEDICAL CENTER MATERNITY AND NEWBORN CARE CENTER:

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

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PRIMARY CARE

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

MEDICAL HOME CERTIFICATION IS GRANTED TO PRACTICES THAT GO THROUGH A VOLUNTARY RECOGNITION PROCESS BY A NON-GOVERNMENTAL ENTITY TO DEMONSTRATE THAT THEY HAVE THE CAPABILITIES TO PROVIDE PATIENT CENTERED SERVICES CONSISTENT WITH THE MEDICAL HOME MODEL. THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) HAS GRANTED PATIENT CENTERED MEDICAL HOME CERTIFICATION AT THE HIGHEST LEVEL TO 24 HUNTERDON HEALTHCARE AFFILIATED PHYSICIAN PRACTICES.

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

HUNTERDON HEALTHCARE IS COMMITTED TO CARE THAT IS COORDINATED AND

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INTEGRATED ACROSS ALL ELEMENTS OF THE COMPLEX HEALTHCARE SYSTEM (SUBSPECIALTY CARE, HOSPITALS, HOME HEALTH AGENCIES, NURSING HOMES) AND THE PATIENT'S COMMUNITY (FAMILY, PUBLIC AND PRIVATE COMMUNITY-BASED SERVICES). HUNTERDON HEALTHCARE'S COLLABORATION GUIDELINE AND AGREEMENT AMONG PRIMARY CARE AND SPECIALTY CARE PHYSICIANS IS INTEGRAL TO THIS, RECOGNIZING THE IMPORTANCE OF TRANSITIONS OF CARE IN THE OUTPATIENT SETTING, THE EMERGENCY DEPARTMENT, AND DURING HOSPITALIZATION.

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

HOME HEALTH SERVICES

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

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

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INCLUDES:

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

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

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

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

IF HOME HEALTH SERVICES ARE NOT INDICATED, A REFERRAL MAY BE MADE TO ANOTHER COMMUNITY AGENCY OR SERVICE THROUGH HUNTERDON REGIONAL COMMUNITY HEALTH (HRCH), A WHOLLY OWNED SUBSIDIARY OF HUNTERDON HEALTHCARE. THEY CAN PROVIDE THE FOLLOWING SERVICES TO THE COMMUNITY:

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- HOME INFUSION.
- HOSPICE.
- RESPITE CARE.
- COMPANION SERVICE.

OTHER SERVICES

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SURGICAL SERVICES

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

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

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

TYPES OF SURGERY INCLUDE, AMONG OTHERS:

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- ABDOMINAL SURGERY.
- APPENDECTOMY.
- ARTHROSCOPY.
- BARIATRIC SURGERY.
- BREAST SURGERY.
- CATARACT SURGERY.
- DILATION & CUTELLAGE (D&C).
- GALLBLADDER SURGERY.
- HERNIA SURGERY.
- HYSTERECTOMY.
- LAMINECTOMY.
- NEUROSURGERY.
- PLASTIC SURGERY.
- SPINE SURGERY.
- TOTAL JOINT REPLACEMENT SURGERY.
- VASCULAR SURGERY.
- UROLOGIC SURGERY.

SLEEP DISORDERS

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

INCLUDING:

- HEART ATTACK.

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

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

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

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

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

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THE LIMBS, KEEPING THE INDIVIDUAL AWAKE.

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

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

HOSPITAL OWNED PHYSICIAN SPECIALTY SERVICES

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- ENDOCRINOLOGY.
- GASTROENTEROLOGY.
- INFECTIOUS DISEASE.
- DERMATOLOGY.
- PSYCHIATRY.
- PODIATRY.
- CENTER FOR HEALTHY AGING.
- PULMONARY & CRITICAL CARE.
- CARDIOLOGY.

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- UROLOGY.
- BREAST SURGERY.
- NEONATOLOGY.

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COMMUNITY CARE SERVICES

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THE HUNTERDON HEALTH AND WELLNESS CENTER

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

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

BRIGHT TOMORROWS CHILD CARE CENTER

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

PROGRAMMING INCLUDES:

- AGE APPROPRIATE THEMATIC CURRICULUM.
- DAILY NUTRITIOUS LUNCH AND SNACKS.
- DIAPERS AND WIPES FOR INFANTS AND TODDLERS.
- MONTHLY THEMES, CLASS TRIPS AND SPECIAL GUESTS.
- ENRICHMENT PROGRAMS.
- PARENTAL EDUCATION.
- AN ANNUAL BACK TO SCHOOL NIGHT AND OTHER FAMILY EVENTS.

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

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

HUNTERDON FAMILY MEDICINE RESIDENCY

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

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

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RELATIONSHIP. OUR COMPETENCY-BASED CURRICULUM IS CENTRAL TO BOTH OUR MISSION AND OUR VISION.

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

UNIVERSITY AFFILIATION

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

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

Name of the organization HUNTERDON MEDICAL CENTER	Employer identification number 22-1537688
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COMMUNITY SUPPORT AND EDUCATION

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- ALCOHOLICS ANONYMOUS MEETINGS.
- ALZHEIMER'S SUPPORT GROUP.
- BEREAVEMENT SUPPORT GROUP.
- BRAIN INJURY SUPPORT GROUP.
- BREASTFEEDING SUPPORT GROUP.
- CAREGIVER SUPPORT GROUPS.
- CHILDREN OF DIVORCE.
- DEPRESSION SUPPORT GROUP.
- DIABETES SUPPORT GROUP.
- FAMILY CANCER RISK ASSESSMENT PROGRAM.
- FAMILY SUPPORT GROUP.
- MENTAL ILLNESS FAMILY SUPPORT GROUPS.
- NARCOTICS ANONYMOUS MEETINGS.
- OVEREATERS ANONYMOUS.
- BABY STEP, FAMILY SUPPORT GROUP.
- TODDLER STEPS, FOR FAMILIES OF TODDLERS.
- ANGER MANAGEMENT GROUP.
- ANGER MANAGEMENT GROUP FOR ADOLESCENTS.
- MULTIFAMILY SUPPORT GROUP, ADDICTIONS TREATMENT.
- NEW BEGINNINGS SUPPORT GROUP FOR POST BARIATRIC SURGERY PATIENTS.
- BARIATRIC SURGERY SUPPORT GROUP FOR POTENTIAL CLIENTS CONSIDERING BARIATRIC SURGERY.

Name of the organization HUNTERDON MEDICAL CENTER	Employer identification number 22-1537688
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- WEIGH TO GO, WEIGHT MANAGEMENT PROGRAM FOR KIDS.
- MONTHLY HEALTH EDUCATION SERIES AT THE HUNTERDON HEALTH AND WELLNESS CENTERS.
- LIVING WITH A MEDICAL CONDITION FOR ADOLESCENTS.
- HOSPICE ART BEREAVEMENT PROGRAM.
- ADULT BEREAVEMENT PROGRAM THROUGH HUNTERDON HOSPICE.

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

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

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

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

Name of the organization HUNTERDON MEDICAL CENTER	Employer identification number 22-1537688
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CORE FORM, PART VI, SECTION B; QUESTION 11B

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

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

THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S FINANCE PERSONNEL AND INTERNAL WORKING GROUP FOR THEIR REVIEW. THE ORGANIZATION'S FINANCE PERSONNEL AND INTERNAL WORKING GROUP REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM. REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S FINANCE PERSONNEL AND INTERNAL WORKING GROUP FOR FINAL

Name of the organization

HUNTERDON MEDICAL CENTER

Employer identification number

22-1537688

REVIEW AND APPROVAL. FOLLOWING THIS REVIEW, THE FINAL FORM 990 WAS PRESENTED TO THE MEMBERS OF HUNTERDON HEALTHCARE SYSTEM, INC.'S FINANCE AND INVESTMENT COMMITTEE FOR REVIEW AND THEREAFTER PROVIDED TO EACH VOTING MEMBER OF THIS ORGANIZATION'S GOVERNING BODY PRIOR TO FILING WITH THE IRS.

CORE FORM, PART VI, SECTION B; QUESTION 12

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

CORE FORM, PART VI, SECTION B; QUESTION 15

Name of the organization HUNTERDON MEDICAL CENTER	Employer identification number 22-1537688
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THE ORGANIZATION'S BOARD OF TRUSTEES HAS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE"). THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND EXECUTIVE VICE PRESIDENT/CHIEF OPERATING OFFICER. THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED. THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE. IN 2020, THE EXECUTIVE COMPENSATION COMMITTEE REPORTED TO THE FULL BOARD FOR RATIFICATION.

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

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

Name of the organization HUNTERDON MEDICAL CENTER	Employer identification number 22-1537688
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2. THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION; AND

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

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

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

Name of the organization HUNTERDON MEDICAL CENTER	Employer identification number 22-1537688
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THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION COMMITTEE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED.

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

CORE FORM, PART VI, SECTION C; QUESTION 19

THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND IS AVAILABLE ONLINE AT WWW.DACBOND.COM. THE ORGANIZATION HAS ISSUED TAX-EXEMPT BONDS TO FINANCE VARIOUS CAPITAL IMPROVEMENT

Name of the organization HUNTERDON MEDICAL CENTER	Employer identification number 22-1537688
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PROJECTS, RENOVATIONS AND EQUIPMENT. THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY.

CORE FORM, PART VII AND SCHEDULE J

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

CORE FORM, PART VII AND SCHEDULE J

THOMAS PERCELLO, SERVED AS THE INTERIM CHIEF FINANCIAL OFFICER OF HUNTERDON MEDICAL CENTER FROM 9/8/2019 THROUGH 4/6/2020 AND CONTINUED TO SERVE AS THE DIRECTOR OF CORPORATE FINANCE OF HUNTERDON MEDICAL CENTER FOR THE REMAINDER OF 2020.

CORE FORM, PART VII, SECTION A, COLUMN B

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

Name of the organization HUNTERDON MEDICAL CENTER	Employer identification number 22-1537688
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PART VII AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH BOTH THIS ORGANIZATION AND OTHER AFFILIATES WITHIN THE SYSTEM. THE HOURS SHOWN ON THIS FORM 990 FOR BOARD MEMBERS WHO RECEIVE NO COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, REPRESENT THE ESTIMATED HOURS DEVOTED PER WEEK FOR THIS ORGANIZATION. TO THE EXTENT THESE INDIVIDUALS SERVE AS A MEMBER OF THE BOARD OF TRUSTEES OF OTHER RELATED ORGANIZATIONS IN THE SYSTEM, THEIR RESPECTIVE HOURS PER WEEK PER ORGANIZATION ARE APPROXIMATELY THE SAME AS REFLECTED IN CORE FORM, PART VII OF THIS FORM 990. THE HOURS REFLECTED ON CORE FORM, PART VII OF THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, PAID OFFICERS AND KEY EMPLOYEES, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF HUNTERDON HEALTHCARE SYSTEM, INC. AND ALL AFFILIATES AND NOT TOTAL HOURS WORKED PER WEEK ON BEHALF OF ONLY HUNTERDON MEDICAL CENTER.

CORE FORM, PART XI; LINE 9

OTHER CHANGES IN FUND BALANCE INCLUDE:

- LOSS ON BOND DEFEASANCE - (\$3,661,360);
- PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST - (\$12,107,130);
- NET ASSETS RELEASED FROM RESTRICTIONS FOR CAPITAL ACQUISITIONS AND OTHER TRANSFERS FROM NET ASSETS WITH DONOR RESTRICTIONS - \$519,072;
- CHANGE IN NET ASSETS WITH DONOR RESTRICTIONS - (\$136,472); AND
- NET TRANSFERS FROM AFFILIATES - \$410,782.

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CORE FORM, PART XII; QUESTION 2

THE ORGANIZATION IS AN AFFILIATE WITHIN HUNTERDON HEALTHCARE SYSTEM, INC. ("SYSTEM"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. HUNTERDON HEALTHCARE SYSTEM, INC. IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM. AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF HUNTERDON HEALTHCARE SYSTEM, INC. AND ALL ENTITIES WITHIN THE SYSTEM FOR THE YEARS ENDED DECEMBER 31, 2020 AND DECEMBER 31, 2019; RESPECTIVELY. THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS. THE INDEPENDENT CPA FIRM ISSUED AN UNMODIFIED OPINION WITH RESPECT TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS.

IN ADDITION, AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF HUNTERDON MEDICAL CENTER AND AFFILIATES FOR THE YEARS ENDED DECEMBER 31, 2020 AND DECEMBER 31, 2019; RESPECTIVELY. THE INDEPENDENT CPA FIRM ISSUED AN UNMODIFIED OPINION WITH RESPECT TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS. THE HUNTERDON MEDICAL CENTER'S AUDIT COMMITTEE HAS ASSUMED RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS, WHICH INCLUDES THIS ORGANIZATION, AND THE SELECTION OF AN INDEPENDENT AUDITOR.

CORE FORM, PART XII; QUESTION 3

THE ORGANIZATION IS AN AFFILIATE WITHIN HUNTERDON HEALTHCARE SYSTEM, INC. ("SYSTEM"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. THE

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

ATTACHMENT 1

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

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

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
HUNTERDON CARDIOVASCULAR ASSOCIATES 1100 WESCOTT DRIVE, SUITE G3 FLEMINGTON, NJ 08822	MEDICAL	6,178,955.
HUNTERDON HEALTHCARE, LLC 114 BROAD STREET FLEMINGTON, NJ 08822	MEDICAL	2,517,222.
PEGASUS EMERGENCY GROUP, PA P.O. BOX 791 FLEMINGTON, NJ 08822	MEDICAL	1,972,558.
PHOENIX MEDICAL CONSTRUCTION 681 CHESTNUT STREET UNION, NJ 07083	CONSTRUCTION	1,721,108.
MAYO COLLABORATIVE SERVICES, INC. P.O. BOX 4100 ROCHESTER, MN 55903-4100	LAB	1,707,849.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

HUNTERDON MEDICAL CENTER

Employer identification number

22-1537688

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HUNTERDON HEALTHCARE SYSTEM, INC. 22-2537411 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822	HEALTHCARE	NJ	501(C)(3)	509(A)(3)	N/A		X
(2) HUNTERDON HOSPICE 22-2276083 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822	HEALTHCARE	NJ	501(C)(3)	509(A)(1)	HRCH		X
(3) VISITING HEALTH & SUPPORTIVE SERVICES 22-1636709 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822	HEALTHCARE	NJ	501(C)(3)	509(A)(1)	HRCH		X
(4) HUNTERDON HEALTHCARE FOUNDATION 22-2526895 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822	FUNDRAISING	NJ	501(C)(3)	509(A)(1)	HHS		X
(5) HUNTERDON REGIONAL COMMUNITY HEALTH, INC 22-3453318 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822	HEALTHCARE	NJ	501(C)(3)	509(A)(3)	HHS		X
(6) BRITESIDE ADULT DAY CENTERS, INC. 22-2113056 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822	ADLT DAY CARE	NJ	501(C)(3)	509(A)(2)	HRCH		X
(7) HUNTERDON PRIMARY CARE, P.C. 47-4931969 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822	HEALTHCARE	NJ	501(C)(3)	509(A)(3)	HMC	X	

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

Schedule R (Form 990) 2020

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

HUNTERDON MEDICAL CENTER

Employer identification number

22-1537688

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

Table with 6 columns: (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. Rows 1-6 are empty.

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.

Table with 8 columns: (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). Rows 1-2 contain data for HUNTERDON SPECIALTY CARE, P.C. and HUNTERDON URGENT CARE, P.C. Rows 3-7 are empty.

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

Schedule R (Form 990) 2020

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) HUNT IMAGING ASSOC 22-3126699 2100 WESCOTT DR FLEMINGTON, NJ	HEALTHCARE	NJ	N/A									
(2) HUNT HEALTHCARE LLC 22-3642089 2100 WESCOTT DR FLEMINGTON, NJ	HEALTHCARE	NJ	N/A									
(3) HC FOR SURGERY LLC 22-3401213 2100 WESCOTT DR FLEMINGTON, NJ	HEALTHCARE	NJ	N/A									
(4) MIDJERSEY HLTH ALLI 81-5198825 2100 WESCOTT DRIVE FLEMINGTON,	HEALTHCARE	NJ	N/A									
(5) BRIDGEWATER AM SURG 82-0860675 2100 WESCOTT DRIVE FLEMINGTON,	HEALTHCARE	NJ	N/A									
(6) HUNTERDON AMB SVCS 81-2462115 2100 WESCOTT DRIVE FLEMINGTON,	HEALTHCARE	NJ	HMC	RELATED	-594,165.	2,405,003.		X	0.	X		50.0000
(7) BRIDGEWATER ADV IMAG 85-424212 2100 WESCOTT DRIVE FLEMINGTON,	HEALTHCARE	NJ	HMC	RELATED	0.	0.		X	0.	X		50.0000

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

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

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

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

	Yes	No
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) HUNTERDON HEALTHCARE SYSTEM, INC.	O	2,540,050.	COST
(2) HUNTERDON HEALTHCARE SYSTEM, INC.	E	617,600.	COST
(3) HUNTERDON PRIMARY CARE, P.C.	D	7,912,745.	COST
(4) HUNTERDON SPECIALTY CARE, P.C.	D	1,462,328.	COST
(5) HUNTERDON URGENT CARE, P.C.	D	1,744,003.	COST
(6)			

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

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

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

Part VII Supplemental Information

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

SCHEDULE R, PART V

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

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

RENTAL INCOME - VARIOUS	795,389.
	<u>795,389.</u>

OTHER DEDUCTIONS

REPAIRS	122,123.
TAXES	60,303.
UTILITIES	72,461.
OFFICE EXPENSES	3,074.
OTHER EXPENSES - VARIOUS	11,543.
	<u>269,504.</u>

RENT AND ROYALTY SUMMARY

<u>PROPERTY</u>	<u>TOTAL INCOME</u>	<u>DEPLETION/ DEPRECIATION</u>	<u>OTHER EXPENSES</u>	<u>ALLOWABLE NET INCOME</u>
VARIOUS PROPERTIES	795,389.	342,024.	269,504.	183,861.
TOTALS	<u>795,389.</u>	<u>342,024.</u>	<u>269,504.</u>	<u>183,861.</u>

**SCHEDULE D
(Form 1041)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

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

OMB No. 1545-0092

2020

Name of estate or trust

HUNTERDON MEDICAL CENTER

Employer identification number

22-1537688

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

Part I Short-Term Capital Gains and Losses - Generally Assets Held One 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 2019 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 line 17, column (3) on the back ▶				7

Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One 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	268,405.			268,405.
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 2019 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 line 18a, column (3) on the back ▶				16 268,405.

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

Schedule D (Form 1041) 2020

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		268,405.
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		268,405.

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
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	()

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

Part V Tax Computation Using Maximum Capital Gains Rates

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

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

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

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

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 \$2,650	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 \$13,150	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 2020 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 2020 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)	44		
45	Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule G, Part I, line 1a (or Form 990-T, Part II, line 2). ▶	45		

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

Social security number or taxpayer identification number

HUNTERDON MEDICAL CENTER

22-1537688

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

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

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

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

- (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	268,405.				268,405.
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) ►				268,405.				268,405.

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.

Hunterdon Medical Center and Affiliates

Consolidated Financial Statements

December 31, 2020 and 2019

Hunterdon Medical Center and Affiliates

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December 31, 2020 and 2019

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Independent Auditors' Report

To the Board of Trustees of
Hunterdon Medical Center and Affiliates

We have audited the accompanying consolidated financial statements of Hunterdon Medical Center and Affiliates (the Medical Center), which comprise the consolidated balance sheets as of December 31, 2020 and 2019 and the related consolidated statements of operations, changes in net assets and cash flows for the years then ended and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Hunterdon Medical Center and Affiliates as of December 31, 2020 and 2019 and the results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Baker Tilly US, LLP

Iselin, New Jersey
May 28, 2021

Hunterdon Medical Center and Affiliates

Consolidated Balance Sheets
December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>		<u>2020</u>	<u>2019</u>
Assets			Liabilities and Net Assets		
Current Assets			Current Liabilities		
Cash and cash equivalents	\$ 112,809,998	\$ 44,421,789	Accounts payable and accrued expenses	\$ 23,364,378	\$ 24,956,363
Short-term investments	37,997,422	38,308,814	Accrued payroll and payroll taxes	24,733,797	16,572,939
Patient accounts receivable	43,864,390	44,325,307	Current portion of long-term debt	2,049,965	1,659,388
Assets whose use is limited	3,800,435	1,021,027	Current portion of finance lease obligation	914,681	895,267
Inventories	5,313,695	3,478,184	Current portion of operating lease obligations	4,431,684	3,964,127
Other receivables, net	5,445,015	2,085,559	Estimated third-party payor settlements	390,130	1,320,654
Prepaid expenses and other current assets	5,887,964	6,158,873	Current portion of contract liability, third-party advances	10,610,709	-
Total current assets	<u>215,118,919</u>	<u>139,799,553</u>	Accrued interest payable	<u>1,038,608</u>	<u>1,041,756</u>
Assets Whose Use is Limited (Exclusive of Current Portion)			Total current liabilities		
Board-designated funds	68,944,397	51,350,032		67,533,952	50,410,494
Donor-restricted assets	<u>18,527,475</u>	<u>16,539,909</u>	Estimated third-party payor settlements, net	2,290,996	4,914,370
Total assets whose use is limited	87,471,872	67,889,941	Contract liability, third-party advances	18,703,534	-
Due from related parties and affiliates	1,097,714	3,058,708	Long-term debt, net	113,472,201	64,125,533
Property and equipment, net	145,317,244	152,011,392	Finance lease obligation, net	1,898,157	2,428,485
Right-of-use assets, operating leases	14,581,607	15,641,516	Operating lease obligations, net	10,525,776	12,183,014
Beneficial interest in trusts	2,707,009	2,424,482	Pension liability	56,212,409	50,232,462
Beneficial interest in net assets of Hunterdon Medical Center Foundation, Inc.	9,595,220	11,108,300	Other liabilities	<u>14,039,903</u>	<u>12,860,157</u>
Real estate held for investment	213,099	213,099	Total liabilities	<u>284,676,928</u>	<u>197,154,515</u>
Other assets	25,558,624	22,592,113	Net Assets		
Total assets	<u>\$ 501,661,308</u>	<u>\$ 414,739,104</u>	Net assets without donor restrictions	188,457,602	188,921,339
			Net assets with donor restrictions	<u>28,526,778</u>	<u>28,663,250</u>
			Total net assets	<u>216,984,380</u>	<u>217,584,589</u>
			Total liabilities and net assets	<u>\$ 501,661,308</u>	<u>\$ 414,739,104</u>

See notes to consolidated financial statements

Hunterdon Medical Center and Affiliates

Consolidated Statements of Operations

Years Ended December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Revenues		
Net patient service revenues	\$ 304,218,894	\$ 336,998,571
Other revenue	41,516,858	18,777,990
Net assets released from restrictions	901,308	519,643
	<u>346,637,060</u>	<u>356,296,204</u>
Expenses		
Salaries and benefits	205,816,788	210,882,461
Physicians' fees	11,114,458	9,113,456
Supplies and services	110,159,205	103,094,051
Depreciation and amortization	17,973,792	20,046,332
Interest	2,584,288	2,660,727
	<u>347,648,531</u>	<u>345,797,027</u>
Total expenses	<u>347,648,531</u>	<u>345,797,027</u>
Operating (loss) income	<u>(1,011,471)</u>	<u>10,499,177</u>
Nonoperating Revenues and Gains (Losses)		
Interest and dividend income	3,725,526	2,117,123
Net periodic pension credit	6,127,183	2,058,424
Net realized gains on investments	268,405	2,240,749
Change in value of derivative financial instruments	(72,954)	(83,104)
Gain on sale of assets	-	2,204,000
Change in net unrealized gains and losses on equity securities	4,001,948	5,204,900
Loss on bond defeasance	(3,661,360)	-
	<u>10,388,748</u>	<u>13,742,092</u>
Total nonoperating revenues and gains, net	<u>10,388,748</u>	<u>13,742,092</u>
Excess of revenues and gains over expenses and losses	9,377,277	24,241,269
Change in Net Unrealized Gains and Losses on Investments, Fixed Income Securities	345,661	1,190,629
Net Transfers From (to) Affiliates	410,782	(661,663)
Pension-Related Changes Other Than Net Periodic Pension Credit	(12,107,130)	(6,495,493)
Net Assets Released From Restrictions for Capital Acquisitions and Other Transfers From Net Assets With Donor Restriction	<u>1,509,673</u>	<u>4,454,074</u>
(Decrease) increase in net assets without donor restrictions	<u>\$ (463,737)</u>	<u>\$ 22,728,816</u>

See notes to consolidated financial statements

Hunterdon Medical Center and Affiliates

Consolidated Statements of Changes in Net Assets
Years Ended December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Net Assets Without Donor Restrictions		
Excess of revenues and gains over expenses and losses	\$ 9,377,277	\$ 24,241,269
Change in net unrealized gains and losses on investments, other than trading equity securities	345,661	1,190,629
Net transfers from (to) affiliates	410,782	(661,663)
Pension-related changes other than net periodic pension cost	(12,107,130)	(6,495,493)
Net assets released from restrictions for capital acquisitions and other transfers from net assets with donor restriction	<u>1,509,673</u>	<u>4,454,074</u>
 (Decrease) increase in net assets without donor restrictions	 <u>(463,737)</u>	 <u>22,728,816</u>
Net Assets With Donor Restrictions		
Investment income from donor-restricted assets	62,238	107,766
Net realized (loss) gain on investments	(5,855)	8,459
Net asset transfers to net assets without donor restriction	-	(4,454,074)
Net assets released from restrictions	(2,410,981)	(519,643)
Change in net unrealized gains and losses on investments	1,037,698	1,910,496
Change in value of beneficial interest in trust	282,527	369,107
Change in value of beneficial interest in net assets of Hunterdon Medical Center Foundation, Inc.	<u>897,901</u>	<u>1,884,651</u>
 Decrease in net assets with donor restrictions	 <u>(136,472)</u>	 <u>(693,238)</u>
 (Decrease) increase in net assets	 (600,209)	 22,035,578
Net Assets, Beginning	<u>217,584,589</u>	<u>195,549,011</u>
Net Assets, Ending	<u><u>\$ 216,984,380</u></u>	<u><u>\$ 217,584,589</u></u>

See notes to consolidated financial statements

Hunterdon Medical Center and Affiliates

Consolidated Statements of Cash Flows
Years Ended December 31, 2020 and 2019

	2020	2019
Cash Flows From Operating Activities		
(Decrease) increase in net assets	\$ (600,209)	\$ 22,035,578
Adjustments to reconcile (decrease) increase in net assets to net cash provided by operating activities:		
Depreciation and amortization	17,973,792	20,046,332
Operating lease expense	3,622,442	4,335,927
Net transfers to (from) affiliates	(410,782)	661,663
Amortization of deferred financing costs	20,703	30,745
Accretion of bond premium, net of amortization of bond discount	(78,138)	(78,139)
Operating lease payments	(3,752,214)	(3,830,302)
Net realized gains on investments	(262,550)	(2,249,208)
Gain on sale of assets	-	(2,204,000)
Loss on defeasance	3,661,360	-
Pension-related changes other than net periodic pension cost	12,107,130	6,495,493
Change in net unrealized gains and losses on investments, other than trading securities	5,039,646	(8,306,025)
Change in value of derivative financial instruments	72,954	83,104
Change in value of beneficial interest in Foundation and trusts, net	1,142,587	(1,826,823)
Changes in assets and liabilities:		
Patient accounts receivable	460,917	(4,295,112)
Due from affiliates	2,271,776	(2,172,690)
Inventories, other receivables, prepaid expenses and other current assets and other assets	(7,890,569)	(8,390,252)
Estimated third-party payor settlements	(3,553,898)	(1,410,448)
Contract liability, third-party advances	29,314,243	-
Accounts payable and accrued expenses, accrued payroll and payroll taxes, accrued interest payable, pension benefit liabilities and other liabilities	1,545,334	8,380,744
Net cash provided by operating activities	<u>60,684,524</u>	<u>27,306,587</u>
Cash Flows From Investing Activities		
Sales of assets whose use is limited and short-term investments, net	(23,644,690)	9,119,196
Purchases of property, plant and equipment	<u>(11,279,644)</u>	<u>(12,120,779)</u>
Net cash used in investing activities	<u>(34,924,334)</u>	<u>(3,001,583)</u>
Cash Flows From Financing Activities		
Payment of deferred financing costs and underwriters discount	(824,820)	-
Repayment of long-term debt	(1,659,389)	(1,547,913)
Proceeds from bond issuance	78,557,000	-
Payments to escrow account for defeased debt	(33,880,698)	-
Proceeds from note payable	3,941,227	1,237,038
Repayment of finance lease obligations	(510,914)	(983,276)
Proceeds from a note receivable	<u>100,000</u>	<u>100,000</u>
Net cash provided by (used in) financing activities	<u>45,722,406</u>	<u>(1,194,151)</u>
Net increase in cash and cash equivalents and restricted cash and cash equivalents	71,482,596	23,110,853
Cash and Cash Equivalents and Restricted Cash and Cash Equivalents, Beginning	<u>47,083,687</u>	<u>23,972,834</u>
Cash and Cash Equivalents and Restricted Cash and Cash Equivalents, Ending	<u>\$ 118,566,283</u>	<u>\$ 47,083,687</u>
Supplemental Disclosure of Cash Flow Information		
Interest paid	<u>\$ 2,644,871</u>	<u>\$ 2,665,006</u>
Right of use assets obtained in exchange for operating lease obligations	<u>\$ 3,094,214</u>	<u>\$ 19,316,020</u>
Supplemental Disclosure of Noncash Investing and Financing Activities		
Finance lease obligation incurred for property and equipment	<u>\$ -</u>	<u>\$ 1,929,045</u>
Reconciliation of Cash and Cash Equivalents and Restricted Cash and Cash Equivalents		
Cash and cash equivalents	\$ 112,809,998	\$ 44,421,789
Assets whose use is limited under bond indenture agreements, cash	3,800,435	1,021,027
Assets whose use is limited, donor-restricted cash	1,925,699	1,522,754
Beneficial interests in trusts, cash	<u>30,151</u>	<u>118,117</u>
	<u>\$ 118,566,283</u>	<u>\$ 47,083,687</u>

See notes to consolidated financial statements

Hunterdon Medical Center and Affiliates

Notes to Consolidated Financial Statements
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1. Organization and Summary of Significant Accounting Policies

Hunterdon Medical Center (HMC), located in Flemington, New Jersey, is a not-for-profit acute care medical center. HMC provides inpatient, outpatient and emergency care services for the residents of Hunterdon County and surrounding areas. HMC is an affiliated member of Hunterdon Healthcare System, Inc. (the System). The System is also the controlling entity for Hunterdon Healthcare Foundation, Inc. (the Foundation); Hunterdon Regional Community Health, Inc. (HRCH); and Midjersey Health Corporation (Midjersey). The System owns 100 percent of the outstanding stock of Midjersey Health Corporation and 50 percent of the outstanding stock of Hunterdon Health Care, LLC, which are for-profit entities.

In 2015, HMC's Board of Trustees authorized the creation of three professional corporations (Captive PCs); Hunterdon Primary Care, P.C., Hunterdon Specialty Care, P.C. and Hunterdon Urgent Care, P.C.

These Captive PCs, which are controlled by HMC, employ certain physicians, nurse practitioners and physician assistants that were previously employed by HMC directly. The Captive PCs became operational January 1, 2016 and provide services at primary care and specialty practices owned by HMC.

In 2016, Hunterdon Ambulatory Services, LLC was created as a sole member LLC with HMC being the sole member. It includes ambulatory nonprovider based diagnostic and therapeutic services. On December 1, 2019, HMC contributed approximately \$2.1 million of assets of Hunterdon Ambulatory Services, LLC to a newly formed joint venture with Atlantic Health System and recognized a gain on sale of assets of approximately \$2.2 million. HMC has a 50 percent investment in the newly created joint venture.

The consolidated financial statements include the accounts of HMC, the Captive PCs and operations through November 30, 2019 of Hunterdon Ambulatory Services, LLC (collectively, the Medical Center). Intercompany transactions and balances have been eliminated.

The following items comprise the significant accounting policies which are followed by the Medical Center.

Basis of Accounting

The consolidated financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates

The preparation of consolidated financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

Cash and cash equivalents and restricted cash and cash equivalents include cash on hand and highly liquid investments with an original maturity of 12 months or less.

The Medical Center has balances with financial institutions that exceed federal depository insurance limits. Management does not believe the credit risk related to these deposits to be significant.

Hunterdon Medical Center and Affiliates

Notes to Consolidated Financial Statements
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Patient Accounts Receivable

The Medical Center assesses collectability on patient contracts prior to the recognition of net patient service revenue. Patient accounts receivable are recorded at net realizable value. Accounts are written off through bad debt expense when the Medical Center has exhausted all collection efforts and determines accounts are impaired based on changes in patient credit worthiness.

Net Patient Service Revenues

Net patient service revenues are recognized at the amount that reflects the consideration to which the Medical Center expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including commercial and governmental programs) and others and includes variable consideration for retroactive revenue adjustments due to settlement of audits, reviews and investigations. Generally, the Medical Center bills the patients and third-party payors several days after the services are performed and/or the patient is discharged from the facility. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by the Medical Center. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. The Medical Center believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patients in the Medical Center receiving inpatient acute care services. The Medical Center measures the performance obligation from admission into the Medical Center, or the commencement of an outpatient service, to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge or completion of the outpatient services. Revenue for performance obligations satisfied at a point in time, which generally relates to patients receiving outpatient services, is recognized when goods or services are provided and the Medical Center does not believe it is required to provide additional services to the patient.

All of the Medical Center's performance obligations relate to contracts with a duration of less than one year, therefore the Medical Center has elected to apply the optional exemptions provided in Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 606-10-50-14(a) and as a result is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

The Medical Center determines the transaction price based on standard charges for services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured or underinsured patients in accordance with the Medical Center's policies and/or implicit price concessions provided to uninsured or underinsured patients. The Medical Center determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies and historical experience. The Medical Center determines its estimates of implicit price concessions based on its historical collection experience with a respective class of patient.

The Medical Center has elected the practical expedient allowed under FASB ASC 606-10-32-18 and does not adjust the promised amount of consideration from patients and third-party payors for the effects of a significant financing component due to the Medical Center's expectation that the period between the time the service is provided to a patient and the time that the patient or a third-party payor pays for that service will be one year or less. The Medical Center does, in certain instances, enter into payment agreements with patients that allow payments in excess of one year. However, in these cases the financing component is not deemed to be significant to the contract.

Hunterdon Medical Center and Affiliates

Notes to Consolidated Financial Statements

December 31, 2020 and 2019

Inventories

Inventories are stated at the lower of cost, determined using the first-in, first-out method or net realizable value.

Short-Term Investments, Assets Whose Use is Limited and Investment Risk

Assets whose use is limited primarily include assets held by trustees under indenture agreements; designated assets set aside by the Board of Trustees for future capital improvements, over which the Board retains control and may at its discretion subsequently use for other purposes and donor-restricted assets. Amounts required to meet current liabilities of the Medical Center have been classified as current assets.

Cash and cash equivalents, certificates of deposit, investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value. Investments in commingled funds are recorded at the net asset value (NAV) of the fund as estimated by the external investment managers. The Medical Center reviews and evaluates the values provided by the external investment managers for reasonableness. Investment income or loss (including realized gains and losses on investments and interest and dividends) is included in excess of revenues and gains over expenses and losses unless donor stipulation or law restricts the income or loss. Gains and losses on the sale of investments are based on an identified cost basis. During 2019, unrealized gains and losses on investments are excluded from excess of revenues and gains over expenses and losses unless the investments are trading securities. The Medical Center records unrealized gains and losses on equity investments without donor restrictions within the performance indicator. Donated investments are reported at fair value at the date of receipt.

A decline in the fair value below the cost that is deemed to be other than temporary results in a reduction in the carrying amount to fair value. The impairment is charged to excess of revenues and gains over expenses and losses and a new cost basis for the security is established. There were no impairment losses at December 31, 2020 and 2019.

The Medical Center's investments are comprised of a variety of financial instruments and are managed by investment advisors. They are classified as current assets as they are available for use within one year of the year ended December 31, 2020. The fair values reported in the consolidated balance sheets are subject to various risks, including changes in the equity markets, the interest rate environment and general economic conditions. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the fair value of investment securities, it is reasonably possible that the amounts reported in the accompanying consolidated financial statements could change materially in the near term.

Property and Equipment

Property and equipment are carried at cost, except donated assets, which are recorded at fair market value at the date of donation. Equipment under capital lease obligations is amortized using the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment. Depreciation expense is calculated on all depreciable assets using the straight-line method based on estimated useful lives ranging from 3 to 40 years.

Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Hunterdon Medical Center and Affiliates

Notes to Consolidated Financial Statements

December 31, 2020 and 2019

Impairment of Long-Lived Assets and Long-Lived Assets to be Disposed of

Long-lived assets, such as property plant and equipment, and purchased intangibles subject to amortization, are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of assets to be held and used is measured by a comparison of the carrying amount of an asset to estimated undiscounted future net cash flows expected to be generated by the asset. If the carrying amount of an asset exceeds its estimated future cash flows, an impairment charge is recognized by the amount by which the carrying amount of the asset exceeds the fair value of the asset. Assets to be disposed of would be separately presented in the consolidated balance sheets and reported at the lower of the carrying amount or fair value less costs to sell and are no longer depreciated. The assets and liabilities of a disposed group classified as held for sale would be presented separately in the appropriate asset and liability sections of the consolidated balance sheets.

Leases and Right-of-Use Assets

Under ASC Topic 842, *Leases*, the Medical Center evaluates at contract inception whether a lease exists and recognizes a lease obligation and right-of-use (ROU) asset for all leases with a term greater than 12 months. Leases are classified as either financing or operating. All lease liabilities are measured as the present value of the future lease payments using a discount rate. The future lease payments used to measure the lease liability include fixed payments, as well as the exercise price of any options to purchase the underlying asset that have been deemed reasonably certain of being exercised, if applicable. Future lease payments for optional renewal periods that are not reasonably certain of being exercised are excluded from the measurement of the lease liability. For all leases, the ROU asset is initially derived from the measurement of the lease liability and adjusted for certain items, such as initial direct costs and lease incentives received. ROU assets are subject to long-lived impairment testing.

Amortization of financing lease ROU assets, which is recognized on a straight-line basis over the lesser of the lease term and the estimated useful life of the asset, is included within depreciation and amortization expense in the consolidated statements of operations. Interest expense associated with financing lease obligations is included within interest expense in the consolidated statements of operations. Operating lease expense is recognized on a straight-line basis over the lease term and is included within building and maintenance in the consolidated statements of operations. The lease term is determined based on the date HMC acquires control of the leased premises through the end of the lease term. Optional renewal periods are initially not included in the lease term unless they are deemed to be reasonably certain of being exercised at lease commencement.

Deferred Financing Costs

Costs incurred in connection with the issuance of long-term debt have been deferred and are being amortized over the terms of the related debt using the effective interest method. Deferred financing costs are reported as a direct reduction of long-term debt.

Beneficial Interests in Trusts

Beneficial interests in trusts are arrangements whereby a donor establishes and funds a trust, and the assets are held in perpetuity with the income earned distributed annually to the Medical Center for both restricted and unrestricted use. The Medical Center recognizes the contribution and receivable as net assets with donor restrictions in the period the trust is established at its present value, which equals the fair value of the underlying assets. The fair value of these assets is based on the NAVs reported by the fund manager, which are reviewed by management for reasonableness. Adjustments to the receivable to reflect changes in fair value are recognized as additional contributions to net assets with donor restrictions.

Hunterdon Medical Center and Affiliates

Notes to Consolidated Financial Statements
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Other Assets

Other assets consist primarily of goodwill, and assets related to the Medical Center's deferred compensation and split dollar life insurance plans (see Note 9). The Medical Center elected to test goodwill for impairment at the entity level and will perform such testing upon the occurrence of a triggering event indicating that the fair value of the Medical Center might be less than its carrying amount. There were no triggering events during 2020 or 2019.

Self-Insured Health Benefits

The Medical Center is self-insured for employee health benefits. The provision for estimated employee health benefits includes estimates for the ultimate cost for both reported claims and claims incurred but not reported and are included in accounts payable and accrued expenses in the accompanying consolidated balance sheets.

Beneficial Interest in Foundation

The Foundation raises or holds contributions on behalf of the Medical Center and other affiliates. The Medical Center periodically requests funds from the Foundation for capital and other needs. The Medical Center's beneficial interest in the Foundation's net assets with donor restrictions and its share of the change in those net assets are reported in the accompanying consolidated financial statements in net assets with donor restrictions.

Net Assets

Net assets, revenues, gains and other support are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

Net Assets Without Donor Restrictions - net assets available for use in general operations and not subject to donor restrictions. All revenues, gains, and other support not restricted by donors and donor-restricted contributions whose restrictions are met in the same period in which they are received are accounted for in net assets without donor restrictions.

Net Assets With Donor Restrictions - net assets with donor restrictions are those whose use by the Medical Center have been limited by donors to a specific time period or purpose. When a donor restriction expires, that is when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions. Certain net assets with donor restrictions are required to be maintained by the Medical Center in perpetuity.

Contributions

The Medical Center reports gifts of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets. Donor-restricted contributions whose restrictions are met within the same year as received are reported as contributions without donor restrictions in other revenue.

Excess of Revenues and Gains Over Expenses and Losses

The consolidated statements of operations includes the determination of excess of revenues and gains over expenses and losses, which is the performance indicator. Changes in net assets without donor restrictions that are excluded from the performance indicator, consistent with industry practice, include unrealized gains and losses on investment securities other than equity trading securities, permanent transfers of assets to and from affiliates for other than goods and services, pension-related changes other than net periodic pension cost and contributions of long-lived assets (including assets acquired using contributions that by donor restriction were to be used for the purposes of acquiring such assets).

Hunterdon Medical Center and Affiliates

Notes to Consolidated Financial Statements
December 31, 2020 and 2019

Measure of Operations

The consolidated statements of operations reflect all operating revenues and expenses that are an integral part of the Medical Center's healthcare services and supporting activities and net assets released from donor restrictions to support operating expenditures. Changes in revenues in excess of expenses that are excluded from operating income, consistent with industry practice, include investment and dividend income, net periodic pension credit, net realized gains or losses on investments, change in value of derivative financial instruments, gain and loss on sale of assets in unusual business situations, change in net unrealized gains and losses on other than trading debt securities, and loss on bond defeasance.

Estimated Medical Malpractice Liability

The liability for estimated medical malpractice claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported. Anticipated insurance recoveries associated with reported claims are reported separately in the Medical Center's consolidated balance sheets at net realizable value.

Contract Liability, Third Party Advances

The Coronavirus Aid, Relief and Economic Security (CARES) Act included provisions to expand the Centers for Medicare and Medicaid Services (CMS) Accelerated and Advance Payment Program in order to improve cash flows for providers impacted by the COVID-19 pandemic. In 2020, the Medical Center received \$29,314,243 in advance payments under this program. Repayment of the advances to the government is scheduled to begin one year after receipt of the advances and end 29 months later, at which time the advances are required to be repaid in full or any remaining outstanding amounts will be subject to interest at 4 percent. The Medical Center began repaying the Medicare advances during April 2021. The repayments are expected to occur automatically through a partial reduction in Medicare payments due to the Medical Center for services rendered to Medicare program beneficiaries. The current portion of the contract liability represents the amount the Medical Center believes will be repaid in 2021 based on an estimate of Medicare claims using historical information.

Derivative Instruments and Hedging Activities

Derivative financial instruments are utilized to manage risks. The principal financial instruments used for cash flow hedging purposes are interest rate swaps. The Medical Center enters into interest rate swap agreements to manage its exposure to interest rate changes. The Medical Center recognizes all financial instruments in the consolidated balance sheets at fair value. Changes in the fair value of derivatives are recognized either within the performance indicator or in other changes in net assets without donor restrictions, which is excluded from the performance indicator, depending on whether the derivative financial instrument qualifies for hedge accounting. Gains and losses on derivatives designated as cash flow hedges, to the extent they are effective, are recorded in other changes in the consolidated statements of operations and statements of changes in net assets. Changes in the fair value of derivatives not qualifying for hedge accounting, and for any portion of a hedge that is ineffective, are reported within the performance indicator.

Income Taxes

HMC is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code (the IRC) and is exempt from federal income taxes on its exempt income under Section 501(a) of the IRC.

The Captive PCs are New Jersey professional corporations as described in Section 501(c)(3) of the IRC and are exempt from federal income taxes on exempt income under Section 501(a) of the IRC.

Hunterdon Medical Center and Affiliates

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The Medical Center accounts for uncertainty in income taxes by prescribing a recognition threshold of more-likely-than-not to be sustained upon examination by the appropriate taxing authority. Measurement of the tax uncertainty occurs if the recognition threshold has been met. There were no tax uncertainties that met the recognition threshold in 2020 or 2019.

COVID-19 Grant Income

COVID-19 grant income is comprised of amounts received from federal funding sources related to the COVID-19 pandemic. The Medical Center accounts for this funding in accordance with the FASB ASC 958-605 guidance for conditional contributions, and accordingly, revenues are measured and recognized when barriers are substantially met, which occurs when the Medical Center complies with the terms and conditions related to the purpose of the grant rather than those that are administrative in nature.

In March 2020, the CARES Act was signed into law to combat the financial effects of COVID-19. The CARES Act created a Provider Relief Fund to provide financial support for hospitals and other healthcare providers. The Medical Center received \$21,459,188 in the year ended December 31, 2020 related to this funding. In accordance with the terms and conditions in place at December 31, 2020, the Medical Center could apply the funding first against eligible expenses, and then lost revenues, which the Medical Center's methodology for calculating lost revenues was the difference between 2019 and 2020 actual patient care revenue.

Noncompliance with the terms and conditions could result in repayment of some or all of the support, which can be subject to government review and interpretation. The Department of Health and Human Services (HHS) has indicated Provider Relief Fund payments are subject to future reporting and audit requirements. These matters could cause reversal or claw-back of amounts previously recognized; however, an estimate of the possible effects cannot be made as of the date these combined financial statements were available to be issued. In addition, it is unknown whether there will be further developments in the regulatory guidance.

The Medical Center has incurred lost revenues and eligible expenses in accordance with the terms and conditions of the Provider Relief Fund that were applicable as of December 31, 2020 of \$21,459,188, which were recognized and included in other revenues in the accompanying consolidated statement of operations for the year ended December 31, 2020.

Subsequent Events

The Medical Center evaluated subsequent events for recognition or disclosure through May 28, 2021, the date the consolidated financial statements were issued.

On January 1, 2021, the Medical Center acquired a controlling interest in Raritan Family Medicine, P.A. for \$3,264,000.

On January 7, 2021, the Medical Center loaned Midjersey \$8,856,275 through an unsecured promissory note with monthly payments due through maturity on April 1, 2050 and bearing interest at 3.6 percent.

In the first several months of 2021, COVID-19 continued to spread in the United States. The COVID-19 pandemic is having significant effects on global markets, supply chains, businesses and communities. The Company's evaluation of the effects of these events is ongoing as of the date the accompanying consolidated financial statements were available to be issued. COVID-19 may impact various parts of the Company's fiscal year 2021 operations and financial performance. The extent of the impact will depend on future developments, including the duration and spread of the outbreak and related governmental or other regulatory actions.

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New Accounting Standards

Compensation Retirement Benefits Defined Benefit Plans

During August 2018, the FASB issued Accounting Standards Update (ASU) 2018-14, *Disclosure Framework - Changes to the Disclosure Requirements for Defined Benefit Plans*. The provisions of ASU 2018-14 modifies and clarifies the required disclosures for employers that sponsor defined benefit pension or other postretirement plans. These amendments remove disclosures that are no longer considered cost beneficial, clarify the specific requirements of disclosures and add disclosure requirements identified as relevant. ASU 2018-14 is effective for fiscal years ending after December 15, 2021. Early adoption is permitted. The Medical Center is currently assessing the effect that ASU 2018-14 will have on its consolidated results of operation, financial position and cash flow.

Reference Rate Reform

In January 2021, the FASB issued ASU No. 2021-01, *Reference Rate Reform (Topic 848)*, in response to concerns about the structural risks of interbank offered rates, and particularly, the risk of cessation of the London Interbank Offered Rate (LIBOR). ASU No. 2021-01 adds implementation guidance to clarify that the contract modification relief may be applied to certain derivative instruments that are affected by the discounting transition. The Company will be required to adopt the guidance when LIBOR is discontinued. The Medical Center is currently evaluating the impact of adopting ASU No. 2021-01.

2. Charity and Uncompensated Care

In furtherance of its charitable purpose, the Medical Center provides a wide variety of benefits to the community, including offering various community-based programs, such as health screenings, training for emergency service personnel, social service, support counseling for patients and families, pastoral care and crisis intervention. Additionally, a large number of health-related educational programs are provided for the benefit of the community, including health enhancements and wellness, classes on specific conditions and telephone information services designed to improve the general standards of the health of the community.

The Medical Center also provides medical care without charge or at reduced costs to residents of its community who meet the criteria under state regulation for charity care. The Medical Center's definition of charity care includes services provided at no charge or at a reduced charge to patients who are uninsured or underinsured. The Medical Center maintains records to identify and monitor the level of charity care it provides. These records include the amount of charges forgone for services and supplies furnished under its charity care policy. An overall cost to charge ratio was applied to arrive at the cost of charity care, and as a result the cost of charity care amounted to \$4,176,854 and \$4,616,546 in 2020 and 2019, respectively. Because the Medical Center does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

The state provides certain subsidy payments to qualified hospitals to partially fund uncompensated care and certain other costs. Subsidy payments recognized as revenue amounted to \$250,229 and \$317,892 in 2020 and 2019, respectively, and are included in other revenue in the accompanying consolidated statements of operations.

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3. Net Patient Service Revenue

Agreements with third-party payors typically provide for payments at amounts less than established charges. A summary of payment arrangements with major third-party payors follows:

- **Medicare:** Inpatient acute care, psychiatric and rehabilitation services and outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to patient classification systems that are based on clinical, diagnostic and other factors. In addition, the Medical Center is reimbursed for certain cost reimbursable items at tentative interim rates, with final settlement determined after submission of annual costs reports and audits thereof by the Medicare fiscal intermediary. The Medical Center's Medicare cost reports have been settled through December 31, 2016.
- **Medicaid:** Inpatient acute care services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per discharge based on severity of illness. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. Inpatient nonacute services are paid at prospectively determined per diem rates. Outpatient services are paid based on a published fee schedule. The Medical Center's Medicaid cost reports have been settled through December 31, 2017.
- **Blue Cross:** Inpatient acute care services rendered to Blue Cross subscribers are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. Inpatient nonacute services are paid at prospectively determined per diem rates. Outpatient services are reimbursed based on ambulatory payment classifications.
- **Other Payors:** The Medical Center has also entered into payment arrangements with certain managed care and commercial insurance carriers, Medicare and Medicaid managed care insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment under these agreements includes prospectively determined rates per discharge, discounts from established charges and prospectively determined daily rates.

Laws and regulations concerning government programs, including Medicare and Medicaid, are complex and subject to varying interpretation. As a result of investigations by governmental agencies, various health care organizations have received requests for information and notices regarding alleged noncompliance with those laws and regulations, which, in some instances, have resulted in organizations entering into significant settlement agreements. Compliance with such laws and regulations may also be subject to future government review and interpretation as well as significant regulatory action, including fines, penalties and potential exclusion from the related programs. There can be no assurance that regulatory authorities will not challenge the Medical Center's compliance with these laws and regulations, and it is not possible to determine the impact (if any) such claims or penalties would have upon the Medical Center. In addition, the contracts the Medical Center has with commercial payors also provide for retroactive audit and review of claims.

Settlements with third-party payors for retroactive adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence with the payor and the Medical Center's historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known (that is, new information becomes available), or as years are settled or no longer subject to such audits, reviews and investigations. Net patient service revenue included favorable adjustments of approximately \$6,282,000 and \$1,834,000 in 2020 and 2019, respectively, related to tentative and/or final settlements of prior year cost reports and other third-party payor adjustments.

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Generally, patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. The Medical Center also provides services to uninsured patients, and offers those uninsured or underinsured patients a discount, either by policy or law, from standard charges. The Medical Center estimates the transaction price for patients with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charges by any contractual adjustment, discounts and implicit price concessions. Subsequent changes to the estimate of the transaction price are generally recorded as an adjustment to net patient service revenue in the period of the change. The impact of prior year changes to the consolidated financial statements in estimates of implicit price concessions, discounts and contractual adjustments used to determine the transaction price for the year ended December 31, 2020 related to readjusted transaction price for prior year accounts receivable price concessions was a loss of approximately \$2,600,000. Subsequent changes that are determined to be the result of an adverse change in the patient's ability to pay are recorded as bad debt expense.

Consistent with the Medical Center's mission, care is provided to patients regardless of their ability to pay. Therefore, the Medical Center has determined it has provided implicit price concessions to uninsured patients and other patient balances (for example, copays and deductibles). The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts the Medical Center expects to collect based on its collection history with those patients.

The Medical Center disaggregates revenue from contracts with customers by type of service and payor source as this depicts the nature, amount, timing and uncertainty of its revenue and cash flows as affected by economic factors. Tables providing details of these factors are presented below.

The composition of patient care service revenue by primary payor for the years ended December 31 is as follows:

	<u>2020</u>	<u>2019</u>
Medicare and Medicare managed care	\$ 101,038,499	\$ 108,157,967
Medicaid and Medicaid managed care	19,794,968	22,058,823
Aetna	43,397,097	53,066,963
Blue Cross all products except Medicaid/Medicare	96,642,531	97,538,395
Self-pay/uninsured	1,955,718	2,978,915
Other third-party commercial	41,390,081	53,197,508
	<u>\$ 304,218,894</u>	<u>\$ 336,998,571</u>
Total		

Revenue from patient's deductibles and coinsurance are included in the categories presented above based on the primary payor. The composition of patient care service revenue by type of service for the years ended December 31 is as follows:

	<u>2020</u>	<u>2019</u>
Inpatient	\$ 100,805,806	\$ 87,928,748
Outpatient	129,546,808	180,383,038
Physician services	73,866,280	68,686,785
	<u>\$ 304,218,894</u>	<u>\$ 336,998,571</u>
Total		

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4. Other Revenue

The composition of other revenue for the years ended December 31, 2020 and 2019 is set forth in the following table:

	<u>2020</u>	<u>2019</u>
CARES Act	\$ 21,459,188	\$ -
Miscellaneous	9,954,863	11,683,500
Value-based payments	7,155,910	3,935,500
Other grant income	2,946,897	3,158,990
Total	<u>\$ 41,516,858</u>	<u>\$ 18,777,990</u>

5. Short-Term Investments and Assets Whose Use is Limited

The composition of short-term investments and assets whose use is limited at December 31, 2020 and 2019 is set forth in the following table:

	<u>2020</u>	<u>2019</u>
Short-term investments:		
Cash and cash equivalents	\$ 586,807	\$ 187,347
Certificates of deposit	-	1,701,745
Government bonds	2,449,718	2,696,195
Investment-grade corporate bonds	34,797,101	33,544,308
Mutual funds, fixed income	161,291	154,064
Accrued interest receivable	2,505	25,155
Total short-term investments	<u>\$ 37,997,422</u>	<u>\$ 38,308,814</u>
Assets whose use is limited:		
Board-designated funds:		
Cash and cash equivalents	\$ 2,524,924	\$ 3,933,699
Certificates of deposit	-	2,827,818
Mutual funds, international equity	9,088,912	7,049,172
Mutual funds, fixed income	26,824,696	15,115,815
Mutual funds, domestic equity	30,473,828	22,398,516
Accrued interest receivable	32,037	25,012
Total	<u>68,944,397</u>	<u>51,350,032</u>
Donor-restricted assets:		
Cash and cash equivalents	1,925,699	1,522,754
Commingled funds, U.S. large cap equities	6,777,678	6,249,873
Commingled funds, U.S. bonds	4,471,698	3,985,709
Mutual funds, international equity	2,685,759	2,413,440
Mutual funds, fixed income	495,160	459,609
Mutual funds, domestic equity	2,171,481	1,908,524
Total	<u>18,527,475</u>	<u>16,539,909</u>
Funds held by trustee under bond indenture agreements:		
Cash and cash equivalents	<u>3,800,435</u>	<u>1,021,027</u>
Total assets whose use is limited	91,272,307	68,910,968
Less current portion	<u>3,800,435</u>	<u>1,021,027</u>
Noncurrent portion of assets whose use is limited	<u>\$ 87,471,872</u>	<u>\$ 67,889,941</u>

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Investment return includes the following for the years ended December 31, 2020 and 2019:

	<u>2020</u>	<u>2019</u>
Interest and dividend income, net	\$ 3,787,764	\$ 2,224,889
Net realized gains on investments	262,550	2,249,208
Change in net unrealized gains (losses) on investments	<u>5,385,307</u>	<u>8,306,025</u>
Total investment return	<u>\$ 9,435,621</u>	<u>\$ 12,780,122</u>

6. Fair Value Measurements and Financial Instruments

The Medical Center measures its short-term investments and assets whose use is limited on a recurring basis in accordance with GAAP.

Fair value is defined as the price that would be received to sell an asset or the price that would be paid to transfer a liability in an orderly transaction between market participants at the measurement date. The framework that the authoritative guidance establishes for measuring fair value includes a hierarchy used to classify the inputs used in measuring fair value. The hierarchy prioritizes the inputs used in determining valuations into three levels. The level in the fair value hierarchy within which the fair value measurement falls is determined based on the lowest level input that is significant to the fair value measurement.

The levels of the fair value hierarchy are as follows:

Level 1 - Fair value is based on unadjusted quoted prices in active markets that are accessible to the Medical Center for identical assets. These generally provide the most reliable evidence and are used to measure fair value whenever available.

Level 2 - Fair value is based on significant inputs, other than Level 1 inputs, that are observable either directly or indirectly for substantially the full term of the asset through corroboration with observable market data. Level 2 inputs include quoted market prices in active markets for similar assets, quoted market prices in markets that are not active for identical or similar assets and other observable inputs.

Level 3 - Fair value would be based on significant unobservable inputs. Examples of valuation methodologies that would result in Level 3 classification include option pricing models, discounted cash flows and other similar techniques.

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The following tables present financial instruments measured at fair value at December 31, 2020 and 2019:

	Fair Value as of December 31, 2020			
	Total	Level 1	Level 2	Level 3
Reported at Fair Value				
Assets:				
Short-term investments:				
Government bonds	\$ 2,449,718	\$ -	\$ 2,449,718	\$ -
Investment-grade corporate bonds	34,797,101	-	34,797,101	-
Mutual funds, fixed income	161,291	161,291	-	-
Assets whose use is limited:				
Mutual funds, international equity	11,774,671	11,774,671	-	-
Mutual funds, fixed income	27,319,856	27,319,856	-	-
Mutual funds, domestic equity	32,645,309	32,645,309	-	-
Beneficial interest in trusts	2,707,009	-	-	2,707,009
Total assets in the fair value hierarchy	111,854,955	\$ 71,901,127	\$ 37,246,819	\$ 2,707,009
Assets recorded at NAV (a)	11,249,376			
Cash and cash equivalents	8,872,407			
Total assets at fair value	\$ 131,976,738			
Liabilities:				
Swap agreements	\$ 319,344	\$ -	\$ 319,344	\$ -
Fair Value as of December 31, 2019				
	Total	Level 1	Level 2	Level 3
Reported at Fair Value				
Assets:				
Short-term investments:				
Certificates of deposit	\$ 1,701,745	\$ 1,701,745	\$ -	\$ -
Government bonds	2,696,195	-	2,696,195	-
Investment-grade corporate bonds	33,544,308	-	33,544,308	-
Mutual funds, fixed income	154,064	154,064	-	-
Assets whose use is limited:				
Certificates of deposit	2,827,818	2,827,818	-	-
Mutual funds, international equity	9,462,612	9,462,612	-	-
Mutual funds, fixed income	15,575,424	15,575,424	-	-
Mutual funds, domestic equity	24,307,040	24,307,040	-	-
Beneficial interest in trusts	2,424,482	-	-	2,424,482
Total assets in the fair value hierarchy	92,693,688	\$ 54,028,703	\$ 36,240,503	\$ 2,424,482
Assets recorded at NAV (a)	10,235,582			
Cash and cash equivalents	6,714,994			
Total assets at fair value	\$ 109,644,264			
Liabilities:				
Swap agreements	\$ 246,391	\$ -	\$ 246,391	\$ -

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- (a) In accordance with ASU 2015-07, certain investments that are measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the consolidated balance sheets.

Investments Measured Using NAV per Share Practical Expedient

Commingled funds are valued at the quoted NAV of shares held by the Medical Center at year-end. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Purchases and sales may occur daily.

The following table summarizes investments for which fair value is measured using NAV per share practical expedient as of December 31, 2020 and 2019, respectively.

Fund	December 31, 2020			
	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
State Street Passive Bond				
Market Index Strategy	\$ 4,471,698	N/A	Daily	30 days
S&P 500 Index Strategy	2,475,299	N/A	Daily	30 days
State Street FTSE RAFI				
U.S. 1000 Index	4,302,379	N/A	Daily	30 days
Total NAV investments	<u>\$ 11,249,376</u>			
Fund	December 31, 2019			
	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
State Street Passive Bond				
Market Index Strategy	\$ 3,985,709	N/A	Daily	30 days
S&P 500 Index Strategy	2,092,243	N/A	Daily	30 days
State Street FTSE RAFI				
U.S. 1000 Index	4,157,630	N/A	Daily	30 days
Total NAV investments	<u>\$ 10,235,582</u>			

Fair Value of Financial Instruments

The carrying amounts of certificates of deposit approximate fair value at December 31, 2020 and 2019 due to the short maturity of those financial instruments.

Mutual funds are valued at the quoted NAV of shares held by the Medical Center at year-end.

Government bonds and investment-grade corporate bonds are valued at fair value, which are the amounts reported in the consolidated balance sheets, based on quoted market prices, if available, or estimated using quoted market process of similar securities.

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Beneficial interest in perpetual trusts is valued using discounted cash flow methodologies.

The fair value of the interest rate swap derivative financial instruments is determined by an independent third-party valuation specialist based on proprietary models of discounted cash flow. The fair value takes into consideration the prevailing interest rate environment and the specific terms and conditions of the derivative financial instruments and the credit risk of the Medical Center. The value represents the estimated exit price the Medical Center would pay or receive upon termination of the agreements.

Changes to the beneficial interest in trusts in 2020 and 2019 were as follows:

	<u>2020</u>	<u>2019</u>
Balance, beginning	\$ 2,424,482	\$ 2,055,375
Investment income from beneficial interest in trusts	14,257	35,509
Distributions from beneficial interest in trusts	(81,774)	(76,254)
Change in value of beneficial interest in trusts	<u>350,044</u>	<u>409,852</u>
Balance, ending	<u>\$ 2,707,009</u>	<u>\$ 2,424,482</u>

Change in value of beneficial interest in trusts is reported as changes in net assets with donor restrictions within the consolidated statements of changes in net assets.

7. Property and Equipment

Property and equipment and accumulated depreciation at December 31, 2020 and 2019 are as follows:

	<u>2020</u>	<u>2019</u>
Land	\$ 6,796,849	\$ 6,796,849
Land improvements	7,932,624	7,932,624
Buildings	164,444,143	160,657,172
Fixed equipment	41,233,770	41,224,062
Major moveable equipment	188,006,363	186,362,494
Leasehold improvements	9,094,937	9,094,937
Minor equipment	51,244	51,244
Construction in progress	<u>9,540,275</u>	<u>3,701,179</u>
	427,100,205	415,820,561
Less accumulated depreciation and amortization	<u>281,782,961</u>	<u>263,809,169</u>
Property and equipment, net	<u>\$ 145,317,244</u>	<u>\$ 152,011,392</u>

Property and equipment includes finance lease assets of \$4,527,787 as of December 31, 2020 and 2019, on which there was accumulated depreciation of \$1,535,586 and \$887,236, respectively.

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8. Long-Term Debt and Finance Lease Obligations

Bonds Payable

Bonds payable at December 31, 2020 and 2019 consist of the following:

	<u>2020</u>	<u>2019</u>
New Jersey Health Care Facilities Financing Authority (Authority) Revenue Bonds, Series 2020A, Serial Bonds payable annually through July 1, 2050, bearing interest at a rates ranging from 2.57% to 3.51% (a)	\$ 44,460,000	\$ -
Authority Refunding Bonds, Series 2020B, Serial Bonds payable annually through July 1, 2050, bearing interest at a variable rate (a)	34,097,000	-
Authority Revenue and Refunding Bonds, Series 2014A, Serial Bonds payable annually through July 1, 2030, bearing interest at a rate of 5% (b)	-	1,845,000
Authority Revenue and Refunding Bonds, Series 2014A, Serial Bonds, maturing July 1, 2031, bearing interest at a rate of 5% (b)	-	1,940,000
Authority Revenue and Refunding Bonds, Series 2014A, Serial Bonds, maturing July 1, 2032, bearing interest at a rate of 5% (b)	-	2,035,000
Authority Revenue and Refunding Bonds, Series 2014A, Serial Bonds, maturing July 1, 2033, bearing interest at a rate of 5% (b)	-	2,140,000
Authority Revenue and Refunding Bonds, Series 2014A, Serial Bonds, maturing July 1, 2034, bearing interest at a rate of 5% (b)	-	2,245,000
Authority Revenue and Refunding Bonds, Series 2014A, Term Bonds, maturing July 1, 2036, bearing interest at a rate of 4% (b)	4,805,000	4,805,000
Authority Revenue and Refunding Bonds, Series 2014A, Term Bonds, maturing July 1, 2045, bearing interest at a rate of 5% (b)	-	18,225,000
Authority Revenue and Refunding Bonds, Series 2014A, Term Bonds, maturing July 1, 2045, bearing interest at a rate of 4% (b)	9,500,000	9,500,000
Authority Refunding Bonds, Series 2014B, payable monthly through December 1, 2029, bearing interest at a fixed rate of 2.44% (b)	14,806,485	16,260,000
Authority Refunding Bonds, Series 2014D, payable monthly through December 1, 2034, bearing interest at a variable rate of 2.59% (b)	3,789,386	3,995,260
New Jersey Economic Development Authority Energy Resilience Bank (ERB) loan promissory note payable upon completion of COGEN project (accrueable up to \$9,527,715 (c))	5,178,265	1,237,038
	<u>116,636,136</u>	<u>64,227,298</u>
Less current portion due within one year	<u>2,049,965</u>	<u>1,659,388</u>
Long-term debt, excluding deferred financing costs, bond premium and original issue discount	114,586,171	62,567,910
Deferred financing costs	(763,403)	(395,816)
Unamortized net bond original issue (discount) premium	<u>(350,567)</u>	<u>1,953,439</u>
Long-term debt, net	<u>\$ 113,472,201</u>	<u>\$ 64,125,533</u>

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Finance Lease Obligations

Finance lease obligations at December 31, 2020 and 2019 consist of the following:

	<u>2020</u>	<u>2019</u>
TD Equipment Finance/Equipment (d)	\$ 1,269,602	\$ 1,780,516
US Bank Beds (e)	<u>1,543,236</u>	<u>1,543,236</u>
Subtotal	2,812,838	3,323,752
Less current portion due within one year	<u>914,681</u>	<u>895,267</u>
Long-term portion, net	<u>\$ 1,898,157</u>	<u>\$ 2,428,485</u>

- (a) On December 23, 2020, the Medical Center issued \$44,460,000 of Revenue Bonds, Series 2020A (Series 2020A bonds) pursuant to a loan agreement between the Medical Center and the Authority. The Series 2020A bonds include \$4,175,000 of Term Bonds maturing July 1, 2022 through 2030, \$8,215,000 maturing July 1, 2031 through 2040, and \$32,070,000 maturing July 1, 2041 through 2050 with interest ranging from 2.57 percent to 3.51 percent.

The Medical Center also entered into an Amended and Restated Master Trust Indenture, dated as of December 1, 2020 with U.S. Bank National Association, as Master Trustee in connection with issuance of the Series 2020A bonds. As security for the repayment of the bonds, the Medical Center has granted a security interest in and a first lien on its gross revenues. The Master Trust Indenture requires the Medical Center to comply with certain covenants and ratios.

Proceeds from the Series 2020A bonds will be used to fund various capital improvements and equipment purchases related to the expansion of and renovations to various healthcare related facilities at the Medical Center and to pay costs incurred in connection with the issuance and sale of the Series 2020A bonds.

The Medical Center also issued \$34,097,000 of Refunding Bonds, Series 2020B (Series 2020B bonds) pursuant to a loan agreement between the Medical Center and the Authority on December 23, 2020. The bonds pay variable interest rates based on LIBOR plus 1.26 percent which was 1.41 percent at December 31, 2020. \$33,880,697 of the series 2020B bonds were put into escrow to legally defease certain 2014A Series bonds in the amount of \$28,430,000. The Medical Center is no longer liable for those debt issuances, and therefore, have been removed from the financial statements. \$568,025 of unamortized underwriters discount and deferred financing costs and \$2,357,363 of unamortized underwriters premium were written off and included in the total loss on bond defeasance of \$3,661,360 in the consolidated statement of operations. Cost of issuance and underwriter's discount for the Series 2020A and 2020B bonds were \$824,820. The Series 2020 bonds are payable annually maturing July 1, 2021 through December 31, 2045.

- (b) On December 1, 2014, the Medical Center issued \$42,735,000 of Revenue and Refunding Bonds, Series 2014A (Series 2014A bonds) pursuant to a loan agreement between the Medical Center and the Authority. The Series 2014A bonds include \$10,205,000 of Serial Bonds maturing July 1, 2030 through 2034, bearing interest at 5 percent and \$32,530,000 of Term Bonds maturing July 1, 2036 through 2045, with interest ranging from 4 percent to 5 percent. Interest is payable semiannually on July 1 and January 1.

The Medical Center also entered into a Master Trust Indenture and First Supplemental Indenture, both dated as of December 1, 2014 (Master Trust Indenture), with U.S. Bank National Association, as Master Trustee in connection with the issuance of the Series 2014A bonds. As security for the repayment of the bonds, the Medical Center has granted a security interest in and a first lien on its gross revenues. The Master Trust Indenture requires the Medical Center to comply with certain covenants and ratios.

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Proceeds from the Series 2014A bonds were used to refund and redeem the Series 2006A bonds and approximately \$15,204,000 of 2014 bonds issued by the Authority on January 1, 2014; to finance a portion of the costs of various capital improvements to the Medical Center's acute care facility; and to pay costs of issuance of the Series 2014A bonds. As noted above, \$28,430,000 of Series 2014A bonds were legally defeased with the issuance of the Series 2020B bonds.

The Medical Center also issued \$16,260,000, \$6,360,000 and \$4,935,000 of Refunding Bonds, Series 2014B, C and D, respectively, (Series 2014B-D bonds) pursuant to a loan agreement between the Medical Center and the Authority on December 1, 2014. The Series 2014B-D bonds were special and limited obligations of the Authority, payable in monthly installments ranging from \$29,000 to \$153,000 from January 2016 to December 2034.

TD Bank N.A. (the Bank) purchased the Series 2014B-D bonds pursuant to a Direct Bond Purchase Agreement dated December 23, 2014. The Medical Center has entered into a Continuing Covenants Agreement with the Bank which requires the Medical Center to comply with certain covenants and ratios.

Proceeds from the Series 2014B and C bonds were used to refund and redeem the Series 2006B bonds and Series 2009 bonds, respectively, and the proceeds from the Series 2014D bonds were used to refinance an existing bank loan issued by Midjersey.

Effective December 23, 2014, the Medical Center entered into a novation agreement with TD Bank, N.A. and the Toronto-Dominion Bank. Under this agreement, an interest rate swap was transferred from Midjersey to the Medical Center and The Toronto-Dominion Bank replaced TD Bank, N.A. as the counterparty. The novated swap agreement has a notional amount of \$3,807,001 and requires the Medical Center to pay a fixed rate of 1.5 percent to the bank in exchange for the bank agreeing to pay the Medical Center a variable rate equal to 69 percent of one-month LIBOR (0.14 percent at December 31, 2020).

At December 31, 2020 and 2019, the fair value of the derivative financial instruments is \$(319,344) and \$(246,390), respectively, and is included in other liabilities in the accompanying consolidated balance sheets. The change in fair value recognized during the years ended December 31, 2020 and 2019, in the amount of \$(72,954) and \$(83,104), respectively, is recorded in the consolidated statements of operations and is included in the performance indicator.

Future principal debt payments at December 31, 2020 are as follows:

Years ending December 31:

2021	\$ 2,049,965
2022	2,475,313
2023	2,537,836
2024	2,650,264
2025	2,747,532
Thereafter	<u>104,175,226</u>
Total	<u>\$ 116,636,136</u>

Future minimum lease payments at December 31, 2020 are as follows:

Years ending December 31:

2021	\$ 914,681
2022	934,835
2023	577,513
2024	<u>385,809</u>
Total	<u>\$ 2,812,838</u>

Hunterdon Medical Center and Affiliates

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- (c) On December 21, 2018, the Medical Center entered into a funding agreement with the New Jersey Economic Development Authority to construct a one and a half megawatt natural gas-fired combined heat and power plant on its campus. As part of the agreement, the Medical Center obtained a \$9,527,715 loan from the New Jersey Energy Resilience Bank (the ERB Loan) bearing interest at 2 percent. Principal payments are due beginning the first day of the seventh month following the project completion date and monthly thereafter for 12 years.
- (d) During 2018, the Medical Center entered into a finance lease with TD Equipment Finance for an MRI system, an Ultrasound and other radiology equipment. The term of the lease is five years with a total monthly lease payment of \$47,419, including interest, required monthly beginning May 31, 2018. The lease includes interest at 3.746 percent and a purchase option of \$1 at the end of the lease term.
- (e) During 2019, the Medical Center entered into a finance lease with US Bank for beds. The terms of both leases is five years with a total yearly rent payments of \$385,809, which does not include interest, required yearly beginning December 1, 2019. There is a purchase option of \$1 at the end of the lease term.

The Medical Center has a \$6,000,000 Working Capital line of credit and a separate \$7,000,000 unsecured Advised Equipment Lease line of credit with TD Bank. The interest rate is 4.00 percent and 4.75 percent at December 31, 2020 and 2019, respectively, and the term was extended to December 31, 2021. There are no amounts outstanding on the lines of credit as of December 31, 2020 and 2019.

9. Pension Plans

Defined Benefit Pension Plan

The Medical Center sponsors a noncontributory defined benefit pension plan (the Plan) that covers all eligible employees. The Plan provides for benefits to be paid to eligible employees at retirement, based primarily upon years of service and compensation. Contributions are intended to provide not only for benefits attributed to service to date but also for those expected to be earned in the future. The Medical Center's funding policy is to contribute annually an amount equal to or greater than the minimum funding requirements of the Employee Retirement Income Security Act of 1974 (ERISA). The Medical Center uses a December 31 measurement date. In November 2013, the Board of Trustees approved an amendment to freeze the Plan effective January 15, 2014.

The Medical Center recognizes the funded status of the Plan, which is measured as the difference between plan assets at fair value and the benefit obligation, in the consolidated balance sheets. Additionally, the Medical Center recognizes changes in the funded status of the Plan in the year in which the changes occur through a separate line within changes in net assets without donor restrictions, apart from expenses, to the extent those changes are not included in the net periodic benefit cost.

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The following tables set forth the Plan's funded status, amounts recognized in the Medical Center's consolidated balance sheets and components of net periodic pension cost for 2020 and 2019.

	<u>2020</u>	<u>2019</u>
Change in benefit obligation:		
Benefit obligation, beginning	\$ 269,866,183	\$ 238,867,952
Interest cost	7,455,448	9,177,906
Amendments/curtailments/special termination benefits	-	1,545,177
Benefits paid	(14,929,028)	(12,575,932)
Actuarial loss	28,165,504	32,851,080
Benefit obligation, ending	<u>290,558,107</u>	<u>269,866,183</u>
Change in plan assets:		
Fair value of plan assets, beginning	219,633,721	193,072,559
Actual return on plan assets	29,641,005	39,137,094
Benefits paid	(14,929,028)	(12,575,932)
Fair value of plan assets, ending	<u>234,345,698</u>	<u>219,633,721</u>
Funded status	<u>\$ (56,212,409)</u>	<u>\$ (50,232,462)</u>
Accumulated benefit obligation	<u>\$ 290,558,107</u>	<u>\$ 269,866,183</u>
Amounts recognized in accumulated net assets without donor restrictions consist of:		
Net actuarial loss	<u>\$ 102,257,452</u>	<u>\$ 90,150,322</u>

The actuarial loss of \$28,165,504 in 2020 is primarily attributed to a decrease in the discount rate.

	<u>2020</u>	<u>2019</u>
Weighted average assumptions used to determine benefit obligations at December 31:		
Discount rate	2.41 %	3.19 %
Rate of compensation increases	N/A	N/A
Weighted average assumptions used to determine net periodic benefit cost:		
Discount rate	3.19 %	4.20 %
Expected long-term rate of return on plan assets	7.50	8.00
Rate of compensation increases	N/A	N/A
Components of net periodic benefit (credit) cost:		
Interest cost	\$ 7,455,448	\$ 9,177,906
Expected return on plan assets	(16,061,529)	(15,043,361)
Effect of special termination benefits	-	1,545,177
Amortization of unrecognized actuarial loss	2,478,898	2,261,854
Net periodic benefit (credit) cost	<u>\$ (6,127,183)</u>	<u>\$ (2,058,424)</u>
Amounts recognized as changes in net assets without donor restrictions consist of:		
Net actuarial loss	<u>\$ 12,107,130</u>	<u>\$ 6,495,493</u>

The estimated net actuarial loss that is expected to be amortized from other changes in net assets without donor restrictions into net pension cost for the year ending December 31, 2021 is \$2,987,456.

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The expected long-term rate of return on pension assets is selected by taking into account the expected duration of the projected benefit obligation (PBO) for the plan and the asset mix of the plan. The rate of return is expected to be the rate earned over the period until the benefits represented by the current PBO are paid. The expected return on plan assets is based on the Medical Center's expectation of historical long-term average rates of return on the different asset classes held in the pension fund. This is reflective of the current and projected asset mix of the funds and considers the historical returns earned on the Medical Center's asset allocation and the duration of the plan liabilities. Thus, the Medical Center has taken a historical approach to the development of the expected return on asset assumption. The Medical Center believes the fundamental changes in the markets cannot be predicted over the long term. Rather, historical returns, realized across numerous economic cycles, should be representative of the market return expectations applicable to the funding of a long-term benefit obligation.

Actual year-by-year returns can deviate substantially from the long-term expected return assumption. However, over time it is expected that the amount of over-performance will equal the amount of under-performance.

The fair value hierarchy for the Medical Center's pension plan assets at December 31, 2020 are as follows:

	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Pension assets:				
Mutual funds, domestic fixed income	\$ 80,902,192	\$ 80,902,192	\$ -	\$ -
Mutual funds, domestic equity	91,933,384	91,933,384	-	-
Mutual funds, international equity	<u>60,496,463</u>	<u>60,496,463</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	233,332,039	<u>\$ 233,332,039</u>	<u>\$ -</u>	<u>\$ -</u>
Cash and cash equivalents	<u>1,013,659</u>			
Total assets at fair value	<u>\$ 234,345,698</u>			

The fair value hierarchy for the Medical Center's pension plan assets at December 31, 2019 are as follows:

	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Pension assets:				
Mutual funds, domestic fixed income	\$ 78,851,775	\$ 78,851,775	\$ -	\$ -
Mutual funds, domestic equity	84,182,578	84,182,578	-	-
Mutual funds, international equity	<u>55,623,499</u>	<u>55,623,499</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	218,657,852	<u>\$ 218,657,852</u>	<u>\$ -</u>	<u>\$ -</u>
Cash and cash equivalents	<u>975,869</u>			
Total assets at fair value	<u>\$ 219,633,721</u>			

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The Plan's actual weighted average asset allocations and target asset allocations by asset category are as follows:

<u>Asset Category</u>	<u>2020 Target Allocations</u>	<u>2020</u>	<u>2019 Target Allocations</u>	<u>2019</u>
Mutual funds invested in equity securities	60 %	65 %	60 %	64 %
Mutual funds invested in debt securities	40	35	40	36
		<u>100 %</u>		<u>100 %</u>

In determining the asset allocation, the investment manager recognizes the Medical Center's desire for funding and expense stability, the long-term nature of the pension obligation and current and projected cash needs for retiree benefit payments. An asset allocation analysis is performed to determine the long-term targets for the major asset classes of equity, debt and cash using an efficient frontier model. The asset allocation is reviewed quarterly and rebalanced if the variance to the targets exceeds 2.5 percent.

The Medical Center does not expect to contribute to the Plan during 2020.

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid as follows:

Years ending December 31:

2021	\$ 12,106,180
2022	12,992,263
2023	13,576,211
2024	13,926,507
2025	14,385,005
Thereafter	74,933,718

In addition to the defined benefit plan, the Medical Center also provides a deferred compensation plan for certain employees and physicians. At December 31, 2020 and 2019, the assets related to this plan are included in other assets and the related liability is included in other liabilities in the amount of \$2,194,010 and \$2,162,249, respectively.

In addition, certain of the Medical Center's key employees participate in a split dollar life insurance plan. Under the insurance policy, all premium payments are divided between the participant's portion and the Medical Center's portion. Any withdrawal or death benefit must first be used to repay the Medical Center's portion of the policy. At December 31, 2020 and 2019, the assets related to this plan are included in other assets in the amount of \$4,979,321 and \$4,891,279, respectively.

Defined Contribution Pension Plan

On January 1, 2010, the Medical Center established the Hunterdon Healthcare 403(B) Retirement Savings Plan. Certain System employees are eligible for participation in the plan. The Medical Center will make a core annual contribution between 2 percent and 4 percent of each employee's annual compensation based on years of service and a 50 percent match of each employee's annual individual contribution to the plan to a maximum of 2 percent. Total expense recorded by the Medical Center for contributions into the plan in 2020 and 2019 was approximately \$5,757,000 and \$5,908,000, respectively.

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10. Related-Party Transactions

Distributions of restricted funds from the Foundation are recorded as decreases to beneficial interest in net assets of Hunterdon Medical Center Foundation, Inc. in the consolidated balance sheets. These restricted distributions consisted of the following for the years ended December 31, 2020 and 2019:

	<u>2020</u>	<u>2019</u>
Restricted for capital acquisitions	\$ 1,509,673	\$ -
Restricted for program support	901,308	325,129
Total	<u>\$ 2,410,981</u>	<u>\$ 325,129</u>

The Medical Center has entered into various financing and operating arrangements with its related parties and affiliates. Interest is not charged under these arrangements. The following net amounts are due from (to) affiliates at December 31, 2020 and 2019:

	<u>2020</u>	<u>2019</u>
Hunterdon Healthcare System, Inc.	\$ 2,284,172	\$ 1,666,572
Hunterdon Medical Center Foundation, Inc.	(2,082,226)	796,740
Hunterdon Regional Community Health, Inc.	632,001	815,222
Midjersey Health Corporation and Subsidiaries	(156,932)	(344,442)
Hunterdon Ambulatory Services, LLC	420,699	124,616
	<u>\$ 1,097,714</u>	<u>\$ 3,058,708</u>

The System has entered into a noninterest-bearing loan agreement with the Medical Center. The System used the funds borrowed to purchase all of the outstanding stock of Midjersey Health Corporation. The outstanding balance of this note is \$230,000 and \$330,000 at December 31, 2020 and 2019, respectively. The System makes payments on this note to the Medical Center as Midjersey Health Corporation declares dividends to the System. Payments made during 2020 and 2019 were \$100,000. The remaining balance owed by the System of \$2,054,172 and \$1,336,572 at December 31, 2020 and 2019, respectively, primarily represents operating expenses paid by the Medical Center on the System's behalf.

The amounts due from (to) the Foundation, HRCH and Midjersey primarily represent salaries and benefits paid by the Medical Center on the affiliate organization's behalf.

HRCH provides certain services on behalf of the Medical Center. Fees associated with these services in the amounts of \$194,704 and \$300,303 were recorded by the Medical Center during 2020 and 2019, respectively, and are included in supplies and services expenses in the accompanying consolidated statements of operations. These amounts represent fair value for services charged.

Space lease amounts were billed by Midjersey to the Medical Center under a sublease agreement in the amounts of \$1,253,545 and \$943,236 for the years ended December 31, 2020 and 2019, respectively, and were recorded in supplies and services expenses in the accompanying consolidated statements of operations.

On May 13, 2016, Midjersey entered into a loan agreement with Fulton Bank of New Jersey to finance leasehold improvements in the System's secondary service area. These leasehold improvements include the fit-out of several physician practices which will be operated by the Medical Center. In addition, on August 7, 2017, Midjersey entered into a capital lease arrangement for medical equipment for \$183,494. On behalf of Midjersey, the Medical Center is the guarantor of the loan and the capital lease. The guaranty on the loan is limited to \$10,200,000 in principal, together with any scheduled interest thereon and shall continue to be effective for the life of the loan, currently a term of 20 years. The outstanding loan balance was \$8,847,468 and \$9,233,724 at December 31, 2020 and 2019, respectively.

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11. Professional Liability Insurance

The Medical Center has annually purchased a claims-made professional liability insurance policy, which provides coverage of \$1,000,000 per occurrence and \$3,000,000 annual aggregate. In addition, the Medical Center has purchased an additional layer of insurance above the base policy of \$15,000,000. Beginning July 1, 2015, the Medical Center's professional liability insurance policy includes a deductible of \$100,000 per occurrence and a \$300,000 annual aggregate. Each individual employed physician is provided an individual limit of coverage in the amount of \$3,000,000 per occurrence and \$5,000,000 annual aggregate through a group purchased policy. Employed physicians are not covered by the Medical Center's policy or additional layer of insurance. The Medical Center has estimated losses and recorded an undiscounted liability of \$362,000 and \$452,000 at December 31, 2020 and 2019, respectively, relating to unasserted claims and incidents not yet reported to the insurance carrier, which are included in other liabilities in the accompanying consolidated balance sheets. In addition, the Medical Center has recorded a receivable (included in other assets), and related claim liability (included in other liabilities), for anticipated insurance recoveries of \$2,865,000 and \$2,666,000 at December 31, 2020 and 2019, respectively.

12. Operating Leases

As described in Note 1, the Medical Center adopted ASU 2016-02 effective January 1, 2019. The Medical Center leases certain medical offices, administrative offices and equipment under finance and operating leases. At the inception of a contract, a determination is made if the arrangement is or contains a lease. Leases are classified as either finance or operating leases based on the underlying terms of the agreement and certain criteria, such as the term of the lease relative to the useful life of the asset and the total lease payments to be made as compared to the fair value of the asset, amongst other criteria.

The Medical Center's ROU assets pertaining to operating leases represent the right to use the agreement's underlying assets for the lease term, and the corresponding lease liabilities represent the obligation to make lease payments arising from the lease. Such ROU assets and lease liabilities are recognized at the lease's commencement date at the present value of lease payments over the lease term for leases with initial terms greater than a year. The present value of lease payments is calculated by utilizing the discount rate stated in the lease, when readily determinable. For leases for which this rate is not readily available, the Medical Center has elected to use a discount rate comparable to the Medical Center's incremental borrowing rate for financing over a comparable period, which was 3.76 percent as of December 31, 2020 and 2019. A ROU asset and lease liability are not recognized for leases with an initial term of 12 months or less, and the Medical Center recognizes lease expense for such leases over the lease term within supplies and services in the consolidated statements of operations.

The Medical Center's operating and finance leases have remaining lease terms ranging from less than one year to ten years, some of which may include options to extend. Weighted-average remaining lease term is 6.02 years and 5.71 years at December 31, 2020 and 2019, respectively. Lease payments related to periods subject to renewal options are excluded from the amounts used to determine the ROU leased assets and liabilities, unless the Medical Center is reasonably certain to exercise the option to extend the lease. The Medical Center's leases may also include variable lease payments. Variable lease payments are excluded from the amounts used to determine the ROU leased assets and liabilities, unless the variable lease payments depend on an index or rate or are in substance fixed payments.

The Medical Center has made an election for all leases to not separate lease components from nonlease components in contracts in the accounting for its lease payments, as permitted by ASU 2016-02. As such, the Medical Center accounts for the applicable nonlease components (e.g. fixed common area maintenance costs) together with the related lease components when determining the ROU assets and lease liabilities.

The Medical Center's lease agreements do not contain material residual value guarantees. There are also no covenants.

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The components of lease cost included in the accompanying consolidated statements of operations for the years ended December 31, 2020 and 2019 are as follows:

	<u>2020</u>	<u>2019</u>
Operating lease cost:		
Lease cost, leases with terms greater than one year	\$ 4,277,896	\$ 4,335,927
Short-term lease cost	276,928	2,142,250
Total lease cost	<u>\$ 4,554,824</u>	<u>\$ 6,478,177</u>

Future minimum payments under operating leases as of December 31, 20120 were as follows:

Years ending December 31:	
2021	\$ 4,506,458
2022	4,146,093
2023	3,232,849
2024	3,017,953
2025	2,129,044
Thereafter	2,504,385
Interest	<u>(4,579,322)</u>
Total operating lease obligations	<u>\$ 14,957,460</u>

13. Net Assets With Donor Restrictions

Net assets with donor restrictions in the amount of \$2,676,484 and \$4,234,235 at December 31, 2020 and 2019, respectively, are available for use by the Medical Center, as specified by the donor, for capital acquisitions, research and education. During 2019, as a result of management's review of these donor-restricted accounts, it was determined that a portion of amounts previously classified as net assets with donor restrictions were not donor-restricted and \$4,454,074 was transferred from net assets with donor restrictions to net assets without donor restriction. Net assets with donor restrictions of \$25,850,294 and \$24,429,015 at December 31, 2020 and 2019, respectively, are funds to be held in perpetuity by the Medical Center and consist of the Medical Center's beneficial interest in trusts and donor-restricted endowments. The income earned on these funds is expendable either to support patient care services or as specified by the donor. Realized gains and losses are retained in either net assets without donor restrictions or net assets with donor restrictions in accordance with the donors' wishes. The Medical Center's endowment consists of eight funds that have been established by the Medical Center and are invested by the Medical Center and five funds that have been established by the Medical Center and are invested by the Foundation on behalf of the Medical Center. The endowment also includes three trusts where the Medical Center has a beneficial interest only and for which the funds have been invested based upon the trust's direction. These funds are invested by the Medical Center and Foundation. As required by GAAP, net assets associated with endowment funds are classified and reported based upon the existence or absence of donor-imposed restrictions.

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor requires the Medical Center to retain as a fund of perpetual duration. In accordance with GAAP, deficiencies of this nature are to be reported in net assets without donor restrictions as of year-end. There were no such deficiencies as of December 31, 2020 and 2019.

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Interpretation of Relevant Law

The Board of Trustees of the Medical Center and the Foundation have interpreted the New Jersey Uniform Prudent Management of Institutional Funds Act as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. The Medical Center classifies as net assets with donor restrictions (a) the original value of gifts donated to the donor-restricted endowment, (b) the original value of subsequent gifts to the donor-restricted endowment and (c) accumulations to the donor-restricted endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The interest and dividend income earned on the accumulations to the donor-restricted endowment funds is classified as net assets with donor restrictions until the donor-imposed restrictions have been met and the amounts have been appropriated for expenditure.

Spending Policy

The Foundation distributes to the Medical Center funds from its endowment account when donor-imposed restrictions have been met. The Medical Center spends earnings on donor-restricted endowment funds when expenses have been incurred that satisfy the donor-imposed restrictions.

Return Objectives and Risk Parameters

The Foundation and Medical Center have adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of income and growth, while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Medical Center and Foundation must hold in perpetuity under this policy, as approved by the Medical Center's and Foundation's Boards of Trustees, the endowment assets are invested in a manner that is intended to produce moderate to high rates of return while assuming a moderate to low level of investment risk.

The Medical Center has no board-designated endowment funds. The following represents the net asset classes of the Medical Center's donor-restricted endowment funds at December 31, 2020 and 2019:

	<u>2020</u>	<u>2019</u>
Endowment net assets	\$ 23,143,285	\$ 22,004,533

The following table presents changes in endowments for the years ended December 31, 2020 and 2019:

Endowment net assets, December 31, 2018	\$ 20,086,349
Change in net unrealized gains (losses) on investments	1,910,496
Net realized gains on investments	<u>7,688</u>
Endowment net assets, December 31, 2019	22,004,533
Change in net unrealized gains (losses) on investments	1,136,700
Net realized gains on investments	<u>2,052</u>
Endowment net assets, December 31, 2020	<u>\$ 23,143,285</u>

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14. Liquidity and Availability of Resources

For the years ended December 31, 2020 and 2019, the Medical Center has working capital of \$147,584,967 and \$89,389,059, respectively, as well as days cash on hand of 220 and 151, respectively.

Financial assets available for general expenditure within one year of the consolidated balance sheet dates consist of the following:

	<u>2020</u>	<u>2019</u>
Cash and cash equivalents	\$ 112,809,998	\$ 44,421,789
Accounts receivable	43,864,390	44,325,307
Short-term investments	37,997,422	38,308,814
Assets whose use is limited, board designated	68,944,397	51,350,032
Total	<u>\$ 263,616,207</u>	<u>\$ 178,405,942</u>

The Medical Center has other assets whose use is limited that are externally designated under bond indenture agreements and endowments that have donor-restricted purposes. These assets are not available for general expenditure within the next year and are not reflected in the amounts above.

Additionally, the Medical Center maintains lines of credit of \$6,000,000 and \$7,000,000, as discussed in more detail in Note 8. As of December 31, 2020, \$13,000,000 remained available on the Medical Center's lines of credit.

As part of the Medical Center's liquidity management it has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due.

15. Functional Expenses

The Medical Center provides general healthcare services to residents within its geographic location. Expenses related to providing these services for the years ended December 31, 2020 and 2019 are as follows:

	<u>2020</u>		
	<u>Healthcare Services</u>	<u>General and Administrative</u>	<u>Total</u>
Salaries and benefits	\$ 190,657,425	\$ 15,159,363	\$ 205,816,788
Physicians' fees	11,114,458	-	11,114,458
Supplies and services	87,624,115	22,535,090	110,159,205
Depreciation and amortization	10,140,151	7,833,641	17,973,792
Interest	2,584,288	-	2,584,288
Total	<u>\$ 302,120,437</u>	<u>\$ 45,528,094</u>	<u>\$ 347,648,531</u>
	<u>2019</u>		
	<u>Healthcare Services</u>	<u>General and Administrative</u>	<u>Total</u>
Salaries and benefits	\$ 196,001,553	\$ 14,880,908	\$ 210,882,461
Physicians' fees	9,113,456	-	9,113,456
Supplies and services	83,011,182	20,082,869	103,094,051
Depreciation and amortization	11,583,946	8,462,386	20,046,332
Interest	2,660,727	-	2,660,727
Total	<u>\$ 302,370,864</u>	<u>\$ 43,426,163</u>	<u>\$ 345,797,027</u>

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The consolidated financial statements report certain expense categories that are attributable to more than one health care service or support function. Therefore, these expenses require an allocation on a reasonable basis that is consistently applied. Certain costs not directly attributable to a function, including depreciation and amortization, are allocated to a function based on a square footage basis.

16. Concentration of Risk

The Medical Center grants credit without collateral to its patients, most of whom are local residents and are insured under third-party agreements. The significant concentrations of accounts receivable for services to patients include the following at December 31, 2020 and 2019:

	<u>2020</u>	<u>2019</u>
Medicare	19.9 %	26.6 %
Medicaid	2.8	2.8
Blue Cross	15.6	14.9
Aetna	18.3	16.0
HMO/PPO payors	22.6	18.4
Other third-party payors	5.7	8.2
Self-pay patients	<u>15.1</u>	<u>13.1</u>
	<u>100.0 %</u>	<u>100.0 %</u>