

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

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.

1806

A For the 2017 calendar year, or tax year beginning 01/01, 2018, and ending 06/30, 20 18

Form 990 header section containing organization name (KENNEDY UNIVERSITY HOSPITAL, INC.), EIN (22-1773439), address (500 MARLBORO AVENUE, CHERRY HILL, NJ 08002), and principal officer (JOSEPH DEVINE, FACHE).

Part I Summary

Table with 22 rows detailing financial and operational data. Includes sections for Governance (mission statement), Revenue (total revenue of 336,348,957), Expenses (total expenses of 278,109,984), and Net Assets (total assets of 859,356,133).

RECEIVED stamp dated MAY 21 2019 from IRS, SCOTTSDALE, UT.

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 containing the signature of Joseph W. Devine, President, dated 5/9/2019.

Preparer information section for SCOTT J MARIANI, WITHUMSMITH+BROWN, PC, dated 5/9/2019.

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 (2017)

SCANNED JUL 25 2019

Handwritten numbers and letters: 5161 H 3

Part III Statement of Program Service Accomplishments

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

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 \$ 250,362,685 including grants of \$ 637,000) (Revenue \$ 288,705,670)
EXPENSES INCURRED IN PROVIDING EMERGENCY AND MEDICALLY NECESSARY
HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY
MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR
ABILITY TO PAY. PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S
COMMUNITY BENEFIT STATEMENT (STATEMENT OF PROGRAM SERVICES) WHICH
INCLUDES DETAILED INFORMATION REGARDING THE VARIOUS SERVICES
PROVIDED BY THIS ORGANIZATION.

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

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

4d Other program services (Describe in Schedule O)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ▶ 250,362,685.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-19 with various questions about organizational requirements and schedules. Includes handwritten 'X' marks in the Yes/No columns.

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes, and No. Contains various tax compliance questions and their corresponding responses.

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 in 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 columns for line numbers (1a, 1b, 2-9), Yes, and No. Contains questions about governing body members, family relationships, and documentation.

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

Table with columns for line numbers (10a-16b), Yes, and No. Contains questions about local chapters, conflict of interest policies, whistleblower policies, and compensation review.

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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection
19 Describe in 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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) JOHN F. DURANTE CHAIRMAN - TRUSTEE	1.00 0.	X		X			0.	0.	0.	
(2) JOHN P. SILVESTRI VICE CHAIRMAN - TRUSTEE	1.00 0.	X		X			0.	0.	0.	
(3) JUSTICE JOHN E. WALLACE, JR. SECRETARY - TRUSTEE	1.00 0.	X		X			0.	0.	0.	
(4) JOSEPH A. MARESSA, JR., ESQ. TREASURER - TRUSTEE	1.00 0.	X		X			0.	0.	0.	
(5) MELANIE ANGELO, D.O. TRUSTEE	1.00 0.	X					0.	0.	0.	
(6) WILLIAM BARKER TRUSTEE	1.00 0.	X					0.	0.	0.	
(7) ANTHONY BROWN, D.O. TRUSTEE	1.00 0.	X					0.	0.	0.	
(8) RONALD L. CAPUTO TRUSTEE	1.00 0.	X					0.	0.	0.	
(9) THOMAS A. CAVALIERI, D.O. TRUSTEE	1.00 0.	X					0.	0.	0.	
(10) DANIEL J. DALTON TRUSTEE	1.00 0.	X					0.	0.	0.	
(11) JOSEPH W. DEVINE, FACHE TRUSTEE - PRESIDENT/CEO	55.00 0.	X					0.	0.	0.	
(12) ROBERT DISTANISLAO TRUSTEE	1.00 0.	X					0.	0.	0.	
(13) THOMAS J. GALLIA, ED.D. TRUSTEE	1.00 0.	X					0.	0.	0.	
(14) BRUCE J. PAPANONE TRUSTEE	1.00 0.	X					0.	0.	0.	

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) DANIEL J. RAGONE, CPA ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(16) ALBERT E. SMITH, CPA ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(17) CARMAN CIERVO, D.O., FACOFP ----- EVP/CHIEF PHYSICIAN EXECUTIVE	55.00 0.			X				0.	0.	0.
(18) GLENN A. ZIRBSER ----- SVP/CHIEF FINANCIAL OFFICER	55.00 0.			X				0.	0.	0.
(19) EDWARD SULLIVAN, ESQ. ----- SVP/GENERAL COUNSEL	55.00 0.			X				0.	0.	0.
(20) JILL C. OSTREM ----- SVP OPERATIONS	55.00 0.			X				0.	0.	0.
(21) THOMAS J. BALCAVAGE ----- SVP TECHNOLOGY & PROGRAM SVCS	55.00 0.				X			0.	0.	0.
(22) DAVID CONDOLUCI, D.O., MACOI ----- SVP/CHIEF PATIENT SAFETY OFF.	55.00 0.				X			0.	0.	0.
(23) KELLY A. WALENDA ----- SVP LEGAL SVCS/CHIEF COUNSEL	55.00 0.				X			0.	0.	0.
(24) HELENE BURNS, DNP, RN ----- VP CLIN SVCS/CHIEF NURSE EXEC	55.00 0.				X			0.	0.	0.
(25) H. TIMOTHY DOMBOWSKI, D.O., MPH ----- VP/CHIEF MEDICAL OFFICER	55.00 0.				X			0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.

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 **0.**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
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 **91**

Part VIII Statement of Revenue

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

		(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				
	1b Membership dues	1b				
	1c Fundraising events	1c				
	1d Related organizations	1d				
	1e Government grants (contributions)	1e	772,478			
	1f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		772,478			
Program Service Revenue	Business Code					
	2a NET PATIENT SERVICE REVENUE	621400	287,931,212	287,931,212		
	b OTHER HEALTHCARE RELATED REVENUE	621400	774,458	774,458		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		288,705,670			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 3		46,131,822		46,131,822	
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
	6a Gross rents	(i) Real				
		(ii) Personal				
		738,987				
	b Less rental expenses					
	c Rental income or (loss)	738,987				
	d Net rental income or (loss)		738,987		738,987	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)		0			
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events		0			
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities		0			
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		0				
12 Total revenue. See instructions		336,348,957	288,705,670		46,870,809	

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 X

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	637,000.	637,000.		
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	0.			
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	114,835,235.	103,351,711.	11,483,524.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,357,155.	5,721,440.	635,715.	
9 Other employee benefits	15,682,928.	14,114,635.	1,568,293.	
10 Payroll taxes	8,571,080.	7,713,972.	857,108.	
11 Fees for services (non-employees)				
a Management	0.			
b Legal	200,751.	180,675.	20,076.	
c Accounting	121,500.	109,350.	12,150.	
d Lobbying	68,529.	61,676.	6,853.	
e Professional fundraising services See Part IV, line 17.	0.			
f Investment management fees	314,826.	283,343.	31,483.	
g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). ATCH 4	34,403,438.	30,963,094.	3,440,344.	
12 Advertising and promotion	632,328.	569,096.	63,232.	
13 Office expenses	2,961,243.	2,665,119.	296,124.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	5,335,448.	4,801,903.	533,545.	
17 Travel	381,073.	342,966.	38,107.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	1,928,029.	1,735,226.	192,803.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	11,655,669.	10,490,102.	1,165,567.	
23 Insurance	2,383,677.	2,145,309.	238,368.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	43,469,298.	39,122,368.	4,346,930.	
b KHA RELATED 501(C)(3) EXP	12,366,831.	11,130,148.	1,236,683.	
c ROWAN SOM SUBSIDY	7,951,004.	7,155,903.	795,101.	
d REPAIRS & MAINTENANCE	3,301,976.	2,971,779.	330,197.	
e All other expenses _____	4,550,966.	4,095,870.	455,096.	
25 Total functional expenses. Add lines 1 through 24e	278,109,984.	250,362,685.	27,747,299.	
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. X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	300,238.	1	300,238.
	2	Savings and temporary cash investments	55,954,642.	2	18,113,241.
	3	Pledges and grants receivable, net	308,709.	3	435,809.
	4	Accounts receivable, net	68,587,667.	4	70,363,012.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0.	6	0.
	7	Notes and loans receivable, net	0.	7	0.
	8	Inventories for sale or use	10,249,585.	8	10,465,840.
	9	Prepaid expenses and deferred charges	5,821,711.	9	6,823,720.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 361,687,022.		
	b	Less accumulated depreciation	10b 20,795,817.	10c	340,891,205.
	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	203,355,383.	13	382,776,368.
	14	Intangible assets	0.	14	0.
	15	Other assets See Part IV, line 11	15,800,021.	15	29,186,700.
16	Total assets. Add lines 1 through 15 (must equal line 34)	653,004,165.	16	859,356,133.	
Liabilities	17	Accounts payable and accrued expenses	72,272,793.	17	72,385,581.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	456,817.	19	454,980.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	0.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	76,831,649.	23	4,785,757.
	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	120,400,307.	25	352,621,815.
	26	Total liabilities. Add lines 17 through 25	269,961,566.	26	430,248,133.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> X and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	382,549,736.	27	428,614,746.
	28	Temporarily restricted net assets	492,863.	28	493,254.
	29	Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	383,042,599.	33	429,108,000.	
34	Total liabilities and net assets/fund balances	653,004,165.	34	859,356,133.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	336,348,957.
2	Total expenses (must equal Part IX, column (A), line 25)	2	278,109,984.
3	Revenue less expenses Subtract line 2 from line 1	3	58,238,973.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	383,042,599.
5	Net unrealized gains (losses) on investments	5	-46,504,000.
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 in Schedule O)	9	34,330,428.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	429,108,000.

Part XII Financial Statements and Reporting

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

- 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 in 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 in Schedule O and describe any steps taken to undergo such audits

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2017

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization: **KENNEDY UNIVERSITY HOSPITAL, INC.**
Employer identification number: **22-1773439**

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)

03

- 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) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (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) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (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, etc; 13 First five 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 2 columns: Line number, Description and percentage. Rows include: 14 Public support percentage for 2017; 15 Public support percentage from 2016 Schedule A; 16a 33 1/3% support test - 2017; 16b 33 1/3% support test - 2016; 17a 10%-facts-and-circumstances test - 2017; 17b 10%-facts-and-circumstances test - 2016; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II
If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five 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. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶
- b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <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 government entity (see instructions).			
2 Activities Test. Answer (a) and (b) 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? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons that the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI.			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)		

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

Section D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7	Excess distributions carryover to 2018 Add lines 3j and 4c			
8	Breakdown of line 7			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

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

2017

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

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

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

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

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

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

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

Name of organization KENNEDY UNIVERSITY HOSPITAL, INC.	Employer identification number 22-1773439
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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) 2017

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 (grass roots 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		33,529.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		35,000.
j Total Add lines 1c through 1i			68,529.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, LINES 1G & 1H

DURING THE YEAR ENDED JUNE 30, 2018 THE ORGANIZATION PAID AN INDEPENDENT LOBBYING FIRM TO PROVIDE SERVICES WHICH INCLUDED ADVISEMENT, REPRESENTATION AND ADVOCACY ON BEHALF OF THE ORGANIZATION AND ITS SUBSIDIARIES REGARDING STRATEGIC INITIATIVES. THE ORGANIZATION PAID THIS LOBBYING FIRM A TOTAL OF \$10,000 FOR LOBBYING CONSULTING SERVICES DURING THE FISCAL YEAR ENDED JUNE 30, 2018.

IN ADDITION, THE ORGANIZATION HAS ALLOCATED TOWARD LOBBYING ACTIVITY A PERCENTAGE OF COMPENSATION PAID TO ITS VICE PRESIDENT OF GOVERNMENT & EXTERNAL RELATIONS TO REPRESENT TIME SPENT ADDRESSING FEDERAL AND STATE HEALTHCARE MATTERS. THIS ALLOCATION AMOUNTED TO \$25,000 DURING THE FISCAL YEAR ENDED JUNE 30, 2018.

THE ORGANIZATION IS A MEMBER OF THE NEW JERSEY HOSPITAL ASSOCIATION AND THE AMERICAN HOSPITAL ASSOCIATION WHICH BOTH ENGAGE IN LOBBYING EFFORTS ON BEHALF OF THEIR MEMBER. A PORTION OF THE DUES PAID TO THESE ORGANIZATIONS HAS BEEN ALLOCATED TO LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE ORGANIZATION. THIS ALLOCATION AMOUNTED TO \$33,529 DURING THE FISCAL YEAR ENDED JUNE 30, 2018.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

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.

2017

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

KENNEDY UNIVERSITY HOSPITAL, INC.

22-1773439

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: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and 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: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, number of easements held, and monitoring details.

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: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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

Schedule D (Form 990) 2017

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 are a 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 programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 _____%
- c Temporarily restricted endowment _____%

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

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		12,240,000.		12,240,000.
b Buildings		216,929,436.	5,703,557.	211,225,879.
c Leasehold improvements		40,000.	11,111.	28,889.
d Equipment		73,044,414.	11,794,930.	61,249,484.
e Other		59,433,172.	3,286,219.	56,146,953.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c).				340,891,205.

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) BOARD DESIGNATED FUNDS	217,776,368.	FMV
(2) FUNDS HELD BY TRUSTEES	165,000,000.	FMV
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		382,776,368.

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

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) DUE TO AFFILIATES	310,492,967.
(3) DUE TO THIRD PARTIES	3,482,698.
(4) ACCRUED PENSION COSTS	29,598,000.
(5) ACCRUED MALPRACTICE LIABILITY	9,048,150.
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	352,621,815.

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 FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XIII Supplemental Information *(continued)*

**SCHEDULE H
(Form 990)**

Hospitals

OMB No 1545-0047

2017

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 KENNEDY UNIVERSITY HOSPITAL, INC.	Employer identification number 22-1773439
--	---

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	1a	X	
b If "Yes," was it a written policy?	1b	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the 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 _____ %	3a	X	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <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> %	3b	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4 Did the organization's 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"?	4	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a Did the organization prepare a community benefit report during the tax year?	6a		X
b If "Yes," did the organization make it available to the public?	6b		

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

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)			3,894,771.	969,192.	2,925,579.	1.05
b Medicaid (from Worksheet 3, column a)			54,339,357.	41,488,422.	12,850,935.	4.62
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			58,234,128.	42,457,614.	15,776,514.	5.67
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,551.		1,551.	
f Health professions education (from Worksheet 5)			8,965,050.	7,414,153.	1,550,897.	.56
g Subsidized health services (from Worksheet 6)			8,505,146.	2,507,652.	5,997,494.	2.16
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			250.		250.	
j Total Other Benefits			17,471,997.	9,921,805.	7,550,192.	2.72
k Total Add lines 7d and 7j.			75,706,125.	52,379,419.	23,326,706.	8.39

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	86,237,515.
6 Enter Medicare allowable costs of care relating to payments on line 5	91,012,809.
7 Subtract line 6 from line 5 This is the surplus (or shortfall)	-4,775,294.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	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	X

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

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

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 3

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

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 JEFFERSON CHERRY HILL HOSPITAL 2201 CHAPEL AVENUE WEST CHERRY HILL NJ 08002 WWW.KENNEDYHEALTH.ORG 10401	X	X		X			X			A
2 JEFFERSON STRATFORD HOSPITAL 18 EAST LAUREL ROAD STRATFORD NJ 08084 WWW.KENNEDYHEALTH.ORG 10403	X	X		X			X			A
3 JEFFERSON WASHINGTON TOWNSHIP HOSPITAL 435 HURFFVILLE-CROSS KEYS ROAD TURNERSVILLE NJ 08012 WWW.KENNEDYHEALTH.ORG 10802	X	X		X			X			A
4										
5										
6										
7										
8										
9										
10										

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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 5

WHILE CONDUCTING ITS MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") KENNEDY UNIVERSITY HOSPITALS, INC. ("KUH") TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTEREST OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITIES.

THE ORGANIZATION'S CHNA INCORPORATES DATA FROM BOTH QUANTITATIVE AND QUALITATIVE SOURCES. THE 2016 CHNA WAS CONDUCTED FROM FEBRUARY TO OCTOBER 2016, AND USED BOTH PRIMARY AND SECONDARY RESEARCH TO ILLUSTRATE AND COMPARE HEALTH TRENDS AND DISPARITIES ACROSS THE REGION. PRIMARY RESEARCH SOLICITED INPUT FROM KEY COMMUNITY STAKEHOLDERS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY, INCLUDING EXPERTS IN PUBLIC HEALTH AND INDIVIDUALS REPRESENTING MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. SECONDARY RESEARCH IDENTIFIED DEMOGRAPHIC AND HEALTH TRENDS ACROSS GEOGRAPHIC AREAS AND POPULATIONS.

PARTNER FORUMS

AS PART OF THE 2016 CHNA, FIVE PARTNER FORUMS WERE CONDUCTED WITHIN THE SOUTHERN NEW JERSEY COUNTIES, ONE EACH WITHIN BURLINGTON, GLOUCESTER, AND OCEAN COUNTIES AND TWO WITHIN CAMDEN COUNTY. CAMDEN PARTNER FORUMS WERE CONDUCTED IN CAMDEN CITY AND IN THE SOUTHERN PORTION OF THE COUNTY IN RECOGNITION OF THE UNIQUE SOCIOECONOMIC AND HEALTH DISPARITIES 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, 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

CITY. THE OBJECTIVE OF THE FORUMS WAS TO SOLICIT FEEDBACK FROM REPRESENTATIVES OF KEY STAKEHOLDER GROUPS ABOUT PRIORITY HEALTH NEEDS, INCLUDING IDENTIFYING UNDERSERVED POPULATIONS, EXISTING RESOURCES TO ADDRESS THE PRIORITY NEEDS, AND BARRIERS TO ACCESSING SERVICES. THE FORUM ALSO SERVED TO FACILITATE COLLABORATION TO ADDRESS COMMUNITY HEALTH NEEDS.

PARTNER FORUM LOCATIONS AND DATES INCLUDED:

SOUTHERN CAMDEN COUNTY

MAY 23, 2016, 8.30-11.00AM

VIRTUA HEALTH EDUCATION CENTER, 106 CARNIE BLVD, VOORHEES TOWNSHIP, NJ

ATTENDANCE: 50 PARTNERS

CAMDEN CITY

MAY 24, 2016, 8:30-11:00AM

COOPER UNIVERSITY HEALTH CARE, 1 FEDERAL STREET, CAMDEN, NJ

ATTENDANCE: 35 PARTNERS

GLOUCESTER COUNTY

MAY 25, 2016, 8:30-11:00AM

KENNEDY HEALTH & WELLNESS BUILDING, 405 HURFFVILLE CROSSKEYS RD, SEWELL,

NJ

ATTENDANCE: 16 PARTNERS

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, 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.

OCEAN COUNTY

MAY 26, 2016, 9:30-12:00PM

RUTGERS AGRICULTURAL BUILDING, 1623 WHITESVILLE RD, TOM'S RIVER, NJ

ATTENDANCE: 21 PARTNERS

BURLINGTON COUNTY

JUNE 3, 2016, 8:30-11:00AM

HEALTH AND HUMAN SERVICES OFFICES, 795 WOODLANE ROAD, WESTAMPTON, NJ

ATTENDANCE: 40 PARTNERS

COMMUNITY MEMBER FOCUS GROUPS

FACILITATED MEETINGS WERE HELD WITH RESIDENTS ACROSS THE FOUR STUDY COUNTRIES. A TOTAL OF 72 ADULTS ATTENDED FIVE SESSIONS HELD IN SEPTEMBER 2016 IN BURLINGTON, CAMDEN, GLOUCESTER, AND OCEAN COUNTIES AND CAMDEN CITY. PARTICIPANTS WERE RECRUITED BY SOUTH JERSEY HEALTH PARTNERSHIP MEMBER ORGANIZATIONS AND WERE PRESCREENED TO HAVE A CHRONIC CONDITION DIAGNOSIS.

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

THE 2016 CHNA WAS CONDUCTED BY THE SOUTH JERSEY HEALTH PARTNERSHIP ("SJHP"), WITHIN FOUR SOUTHERN NEW JERSEY COUNTIES: BURLINGTON, CAMDEN, GLOUCESTER, AND OCEAN. THROUGH A COORDINATED APPROACH, THE PARTNERSHIP

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, 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

WORKED WITH COUNTY HEALTH DEPARTMENTS AND LOCAL COMMUNITY PARTNERS TO GATHER FEEDBACK AND CONDUCT REGIONAL RESEARCH AND PLANNING EFFORTS TO ENSURE COMMUNITY HEALTH IMPROVEMENT INITIATIVES WERE ALIGNED.

THE 2016 SJHP CHNA INCLUDED THE FOLLOWING MEMBER HOSPITALS:

- COOPER UNIVERSITY HOSPITAL
- DEBORAH HEART AND LUNG CENTER
- KENNEDY UNIVERSITY HOSPITALS - CHERRY HILL, STRATFORD, WASHINGTON TOWNSHIP
- LOURDES MEDICAL CENTER OF BURLINGTON COUNTY; OUR LADY OF LOURDES MEDICAL CENTER
- VIRTUA MARLTON, VIRTUA MEMORIAL, VIRTUA VORHEES

THE ABOVE HOSPITAL WORKED IN COOPERATION WITH BURLINGTON, CAMDEN, GLOUCESTER, AND OCEAN COUNTY HEALTH DEPARTMENTS.

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

THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON HEALTH NEW JERSEY (FORMERLY KENNEDY HEALTH 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:

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, 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

WWW.KENNEDYHEALTH.ORG/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

SCHEDULE H, PART V, SECTION B, QUESTION 10A

THE ORGANIZATION'S CHNA INCLUDES IT'S WRITTEN IMPLEMENTATION STRATEGY AS REQUIRED UNDER INTERNAL REVENUE CODE SECTION 501(R)(3). THE IMPLEMENTATION STRATEGY INCLUDES INFORMATION WITH RESPECT TO EACH IDENTIFIED COMMUNITY HEALTH NEED AS WELL AS THE OBJECTIVES AND STRATEGIES RELATED TO EACH IDENTIFIED NEED.

THE ORGANIZATION'S IMPLEMENTATION STRATEGY IS INCLUDED WITHIN ITS CHNA. THESE DOCUMENTS ARE MADE WIDELY AVAILABLE ON THE ORGANIZATION'S WEBSITE. DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN PART V, SECTION B, QUESTION 10, IS THE HOME PAGE FOR THE SYSTEM. THE CHNA AND IMPLEMENTATION STRATEGY CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE: WWW.KENNEDYHEALTH.ORG/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

SCHEDULE H, PART V, SECTION B, QUESTION 11

AS PART OF THE 2016 CHNA, FIVE PARTNER FORUMS WERE CONDUCTED WITH LOCAL HEALTH AND HUMAN SERVICE PROVIDERS AND OTHER COMMUNITY-BASED ORGANIZATIONS TO REVIEW RESEARCH RESULTS FROM THE CHNA AND PROVIDE FEEDBACK ON COMMUNITY HEALTH PRIORITIES. A VOTING SYSTEM BASED ON THE CRITERIA OF SCOPE, SEVERITY, AND ABILITY TO IMPACT WAS USED TO HELP PARTICIPANTS PRIORITIZE LOCAL HEALTH NEEDS. PRIORITY LISTS FROM EACH

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, 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.

FORUM WERE COMPARED TO DEVELOP A PRIORITIZED LIST OF HEALTH NEEDS ACROSS THE REGION AS FOLLOWS:

1. SUBSTANCE ABUSE
2. CHRONIC DISEASE PREVENTION AND MANAGEMENT
3. MENTAL HEALTH
4. CANCER
5. MATERNAL AND CHILD HEALTH

THE SJHP HOSPITAL REPRESENTATIVES HELD A FACILITATED MEETING TO DISCUSS PRIORITY SETTING AND GOALS. THE SJHP CHNA STEERING COMMITTEE CONSIDERED DATA FROM THE CHNA RESEARCH IN CONJUNCTION WITH INPUT FROM COMMUNITY PARTNERS AND PUBLIC HEALTH REPRESENTATIVES TO ADOPT THE FOLLOWING REGIONAL PRIORITY HEALTH NEEDS.

- BEHAVIORAL HEALTH AND CHRONIC DISEASE COMORBIDITIES
- LINKAGES TO CARE
- SUBSTANCE ABUSE

THE SJHP DEVELOPED COMMON GOALS TO ADDRESS EACH PRIORITY AREA AND ENSURE COMMUNITY HEALTH IMPROVEMENT INITIATIVES ARE ALIGNED ACROSS THE REGION. KENNEDY HEALTH'S COMMUNITY HEALTH IMPLEMENTATION PLAN, FOR THE PERIOD 2016 TO 2019, WILL SPECIFICALLY GUIDE COMMUNITY BENEFIT AND POPULATION HEALTH IMPROVEMENT ACTIVITIES FOR KENNEDY UNIVERSITY HOSPITAL-CHERRY HILL, KENNEDY UNIVERSITY HOSPITAL-STRATFORD, AND KENNEDY UNIVERSITY

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, 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.

HOSPITAL-WASHINGTON TOWNSHIP. THE PLAN BUILDS UPON PREVIOUS HEALTH IMPROVEMENT ACTIVITIES, WHILE RECOGNIZING NEW HEALTH NEEDS AND A CHANGING HEALTHCARE DELIVERY ENVIRONMENT, TO ADDRESS THE MOST PRESSING HEALTH NEEDS.

PRIORITY AREA: BEHAVIORAL HEALTH/CHRONIC DISEASE COMORBIDITIES

GOAL: INCREASE IDENTIFICATION AND TREATMENT OF BEHAVIORAL HEALTH AMONG INDIVIDUALS WITH CHRONIC DISEASE.

OBJECTIVES:

- INCREASE SCREENING FOR BEHAVIORAL HEALTH AMONG PATIENTS WITH CHRONIC CONDITIONS.
- INCREASE THE PROPORTION OF ADULTS WITH MENTAL HEALTH DISORDERS WHO ARE PROPERLY DIAGNOSED AND RECEIVE TREATMENT.
- IMPROVE DISEASE MANAGEMENT FOR BEHAVIORAL HEALTH AND CHRONIC CONDITIONS.

STRATEGIES:

- CONTINUE TO BE A PARTNER IN THE SOUTH JERSEY BEHAVIORAL HEALTH INNOVATION COLLABORATIVE TO EVALUATE AND RECOMMEND IMPROVEMENTS TO THE BEHAVIORAL HEALTH SYSTEM

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, 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.

- CONTINUE TO OFFER COMMUNITY SEMINARS ABOUT RISK FACTORS RELATED TO MENTAL HEALTH AND SUBSTANCE ABUSE, TARGETING INDIVIDUALS WITH CHRONIC DISEASE
- ENGAGE KENNEDY HEALTH'S BEHAVIORAL HEALTH NAVIGATOR TO IMPROVE ACCESS TO BEHAVIORAL HEALTH TREATMENT SERVICES AMONG PATIENTS WITH CHRONIC DISEASE
- ENHANCE PARTNERSHIPS WITH COMMUNITY AGENCIES TO SUPPORT BEHAVIORAL HEALTH TREATMENT SERVICES AMONG RESIDENTS
- IMPLEMENT THE USE OF EARLY IDENTIFICATION BEHAVIORAL HEALTH SCREENING TOOLS AMONG CHRONIC DISEASE PATIENTS IN THE HOSPITAL AND THE COMMUNITY
- PROVIDE CHRONIC DISEASE-SPECIFIC COMMUNITY-BASED SCREENINGS, TARGETING UNDERSERVED AND AT-RISK POPULATIONS
- PROVIDE EDUCATION ABOUT HEALTHY LIFESTYLES AND CHRONIC DISEASE MANAGEMENT TECHNIQUES
- PROVIDE SUPPORT GROUPS FOR SPECIFIC HEALTH CONDITIONS AND TARGET POPULATIONS

PRIORITY AREA: LINKAGES TO CARE

GOAL: INCREASE THE PROPORTION OF PERSONS WHO HAVE A SPECIFIC SOURCE OF ONGOING CARE AND ARE ABLE TO OBTAIN SERVICES WHEN THEY NEED THEM.

OBJECTIVES:

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, 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.

- IMPROVE NAVIGATION OF HEALTH CARE SERVICES TO LINK INDIVIDUALS TO APPROPRIATE CARE.

- REDUCE THE PROPORTION OF PERSONS WHO ARE UNABLE TO OBTAIN OR DELAY RECEIVING NECESSARY MEDICAL CARE, DENTAL CARE, OR PRESCRIPTION MEDICINES.

- REDUCE USAGE OF THE EMERGENCY DEPARTMENT AS PRIMARY MEDICAL HOME.

- REDUCE TRANSPORTATION BARRIERS FOR RESIDENTS TO RECEIVE CARE.

- INCREASE THE NUMBER OF PEOPLE WHO HAVE HEALTH INSURANCE.

STRATEGIES:

- COLLABORATE WITH COMMUNITY AGENCIES AND HEALTH CENTERS TO IMPROVE ACCESS POINTS AND REFERRALS FOR PRIMARY AND DENTAL CARE

- CONDUCT HEALTH CARE EDUCATION SEMINARS TO IMPROVE RESIDENT UNDERSTANDING OF NAVIGATING THE HEALTH SYSTEM, AVAILABLE SOURCES OF CARE, AND APPROPRIATE CARE USAGE

- CONDUCT INSURANCE EDUCATION SEMINARS TO INCREASE THE PROPORTION OF RESIDENTS WHO UNDERSTAND THEIR HEALTH CARE OPTIONS AND ARE INSURED

- CONTINUE PARTNERSHIP WITH COMPLETECARE, A FEDERALLY QUALIFIED HEALTH CENTER TO COORDINATE CARE FOR UNDERSERVED AND/OR UNINSURED RESIDENTS

- EXPLORE THE POTENTIAL TO EXPAND TRANSPORTATION OPTIONS FOR INDIVIDUALS IN NEED OF MEDICAL SERVICES THROUGH COLLABORATION WITH COMMUNITY PARTNERS AND CURRENT TRANSPORTATION PROVIDERS

- PROVIDE NEW JERSEY FAMILYCARE INSURANCE ENROLLMENT AND INFORMATION ASSISTANCE AT HOSPITAL LOCATIONS AND IN THE COMMUNITY

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, 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.

PRIORITY AREA: SUBSTANCE ABUSE

GOAL: DEVELOP PARTNERSHIPS TO ENHANCE EDUCATION AND TREATMENT FOR
SUBSTANCE ABUSE.

OBJECTIVES:

- INCREASE COMMUNITY AWARENESS OF SIGNS AND SYMPTOMS RELATED TO SUBSTANCE ABUSE.
- INCREASE THE NUMBER OF INDIVIDUALS THAT ARE SCREENED FOR SUBSTANCE ABUSE.
- INCREASE THE NUMBER OF INDIVIDUALS WHO RECEIVE TREATMENT FOR SUBSTANCE ABUSE.

STRATEGIES:

- CONTINUE TO BE A PARTNER IN THE SOUTH JERSEY BEHAVIORAL HEALTH INNOVATION COLLABORATIVE TO EVALUATE AND RECOMMEND IMPROVEMENTS TO THE BEHAVIORAL HEALTH SYSTEM
- ENGAGE KENNEDY HEALTH'S BEHAVIORAL HEALTH NAVIGATOR TO IMPROVE ACCESS TO SUBSTANCE ABUSE TREATMENT SERVICES AMONG PATIENTS
- ENHANCE PARTNERSHIPS WITH COMMUNITY AGENCIES TO SUPPORT SUBSTANCE ABUSE TREATMENT SERVICES AND REFERRALS AMONG RESIDENTS

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, 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

- IMPLEMENT THE USE OF EARLY IDENTIFICATION SUBSTANCE ABUSE SCREENING TOOLS AMONG PRIMARY CARE AND EMERGENCY DEPARTMENT PATIENTS AND THE COMMUNITY
- PROMOTE COMMUNITY DRUG TAKE BACK PROGRAMS AND DROP BOXES
- PROVIDE COMMUNITY EDUCATION AND OUTREACH REGARDING SUBSTANCE ABUSE RISK FACTORS AND SIGNS AND SYMPTOMS
- PROVIDE EDUCATIONAL TRAINING AND MATERIALS TO DISPENSERS AND PRESCRIBERS ON APPROPRIATE OPIATE PRESCRIBING GUIDELINES

SCHEDULE H, PART V, SECTION B, QUESTION 13

PLEASE NOTE, THE NEW JERSEY UNINSURED DISCOUNT (NJ LAW - BILL S-1797/A-2609) IS AVAILABLE TO UNINSURED PATIENTS WHOSE FAMILY GROSS INCOME IS LESS THAN 500% OF FPG. ELIGIBLE INDIVIDUALS MUST BE NEW JERSEY RESIDENTS. HOWEVER, THIS ORGANIZATION HAS ELECTED TO APPLY THIS DISCOUNT TO ALL UNINSURED PATIENTS IRRESPECTIVE OF INCOME LEVEL OR RESIDENCY.

SCHEDULE H, PART V, SECTION B, QUESTION 16

DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN PART V, SECTION B, QUESTION 16, IS THE HOME PAGE FOR THE SYSTEM. THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, APPLICATION AND PLAIN LANGUAGE SUMMARY ARE MADE WIDELY AVAILABLE ON THE ORGANIZATION'S WEBSITE. THESE DOCUMENTS CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE:
WWW.KENNEDYHEALTH.ORG/PATIENTS/PREPARING-YOUR-VISIT/FINANCE-INSURANCE

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, 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

THE SYSTEM'S TAX ADVISORS REVIEWED THE ORGANIZATION IN ORDER TO EVALUATE ITS COMPLIANCE WITH INTERNAL REVENUE CODE ("IRC") SECTION 501(R). THIS REVIEW IDENTIFIED CERTAIN MINOR DEFICIENCIES. UPON DISCOVERY OF THE MINOR DEFICIENCIES, THE ORGANIZATION IMMEDIATELY EXERCISED DUE DILIGENCE AND TOOK THE PROPER MEASURES TO CORRECT THESE DEFICIENCIES. AS OF THE DATE OF FILING THIS FEDERAL FORM 990, THIS ORGANIZATION IS IN FULL COMPLIANCE WITH IRC §501(R). ADDITIONALLY, THE MINOR DEFICIENCIES IDENTIFIED HAD NO IMPACT ON ANY INDIVIDUALS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S 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? 13

Name and address	Type of Facility (describe)
1 KENNEDY HOME HEALTH CARE CENTER 1099 WHITE HORSE ROAD VOORHEES NJ 08043	HOME HEALTH
2 KENNEDY DIAGNOSTIC & TREATMENT CENTER 900 MEDICAL CENTER DRIVE STE 100 SEWELL NJ 08080	RADIATION ONCOLOGY CENTER
3 KENNEDY DIAGNOSTIC & TREATMENT CENTER 900 MEDICAL CENTER DRIVE SEWELL NJ 08080	MEDICAL IMAGING CENTER
4 KENNEDY FAMILY HEALTH CTR (WASHINGTON) 445 HURFFVILLE CROSSKEYS ROAD TURNERSVILLE NJ 08012	FAMILY HEALTH CENTER
5 KENNEDY FAMILY HEALTH CTR (SOMERDALE) 1 SOMERDALE SQUARE WHITE HORSE SOMERDALE NJ 08083	FAMILY HEALTH CENTER
6 KENNEDY DIALYSIS CENTER (VOORHEES) 201 LAUREL OAK ROAD VOORHEES NJ 08043	DIALYSIS CENTER
7 KENNEDY DIALYSIS CENTER (WASHINGTON) 300 MEDICAL CENTER DRIVE SEWELL NJ 08080	DIALYSIS CENTER
8 KENNEDY BEHAVIORAL HEALTH 454 HURFFVILLE CROSSKEYS ROAD TURNERSVILLE NJ 08012	BEHAVIORAL HEALTH SERVICES
9 THE CENTER FOR WOUND HEALING 543 EGG HARBOR ROAD TURNERSVILLE NJ 08012	WOUND CARE CENTER
10 KENNEDY SLEEP CENTER (WASHINGTON) 400 MEDICAL CENTER DRIVE SEWELL NJ 08080	SLEEP STUDY CENTER

Schedule H (Form 990) 2017

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 KENNEDY SLEEP CENTER (STRATFORD) 19 EAST LAUREL ROAD STRATFORD NJ 08084	SLEEP STUDY CENTER
2 KENNEDY SURGICAL CENTER 540 EGG HARBOR ROAD SEWELL NJ 08080	SURGICAL CENTER
3 KENNEDY PHYSICAL THERAPY (WASHINGTON) 405 HURFFVILLE CROSSKEYS ROAD SEWELL NJ 08080	OUTPATIENT PHYSICAL THERAPY
4	
5	
6	
7	
8	
9	
10	

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group KUH (FACILITY REPORTING GROUP A)

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1-3

Community Health Needs Assessment

- 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?
- 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C
- 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12
If "Yes," indicate what the CHNA report describes (check all that apply)
 - a A definition of the community served by the hospital facility
 - b Demographics of the community
 - c Existing health care facilities and resources within the community that are available to respond to the health needs of the community
 - d How data was obtained
 - e The significant health needs of the community
 - f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
 - g The process for identifying and prioritizing community health needs and services to meet the community health needs
 - h The process for consulting with persons representing the community's interests
 - i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)
 - j Other (describe in Section C)
- 4 Indicate the tax year the hospital facility last conducted a CHNA 20 16
- 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted
- 6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C
- 6b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C
- 7 Did the hospital facility make its CHNA report widely available to the public?
If "Yes," indicate how the CHNA report was made widely available (check all that apply)
 - a Hospital facility's website (list url) WWW.KENNEDYHEALTH.ORG
 - b Other website (list url) _____
 - c Made a paper copy available for public inspection without charge at the hospital facility
 - d Other (describe in Section C)
- 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11
- 9 Indicate the tax year the hospital facility last adopted an implementation strategy 2016
- 10 Is the hospital facility's most recently adopted implementation strategy posted on a website?
 - a If "Yes," (list url) WWW.KENNEDYHEALTH.ORG
 - b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?
- 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed
- 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?
- 12b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?
- c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group KUH (FACILITY REPORTING GROUP A)

		Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that 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 checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
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.KENNEDYHEALTH.ORG</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW.KENNEDYHEALTH.ORG</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW.KENNEDYHEALTH.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 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 KUH (FACILITY REPORTING GROUP A)

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	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?		X
If "Yes," check all actions in which the hospital facility or a third party engaged			
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
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		
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
d	<input type="checkbox"/> Made presumptive eligibility determinations		
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 KUH (FACILITY REPORTING GROUP A)

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input 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 VI Supplemental Information

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- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
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SCHEDULE H, PART I, LINE 3C

IN ADDITION TO THE FEDERAL POVERTY GUIDELINES, KUH USES OTHER FACTORS IN DETERMINING ELIGIBILITY CRITERIA FOR FREE AND DISCOUNTED CARE. OTHER FACTORS TO DETERMINE ELIGIBILITY INCLUDE:

- ASSET LEVEL;
- INSURANCE STATUS;
- UNDERINSURANCE STATUS; AND
- RESIDENCY.

ADDITIONAL INFORMATION WITH RESPECT TO KUH'S ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE IS OUTLINED BELOW.

NEW JERSEY HOSPITAL CARE PAYMENT ASSISTANCE PROGRAM ("CHARITY CARE")

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CHARITY CARE IS A NEW JERSEY PROGRAM IN WHICH FREE OR DISCOUNTED CARE IS

Part VI Supplemental Information

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AVAILABLE TO PATIENTS WHO RECEIVE INPATIENT AND OUTPATIENT SERVICES AT
ACUTE CARE HOSPITALS THROUGHOUT THE STATE OF NEW JERSEY. HOSPITAL
ASSISTANCE AND REDUCED CHARGE CARE ARE ONLY AVAILABLE FOR NECESSARY
EMERGENCY OR OTHER MEDICALLY NECESSARY CARE.

PATIENTS MAY BE ELIGIBLE FOR CHARITY CARE IF THEY ARE NEW JERSEY
RESIDENTS WHO:

- 1) HAVE NO HEALTH COVERAGE OR HAVE COVERAGE THAT PAYS ONLY PART OF THE
HOSPITAL BILL (UNINSURED OR UNDERINSURED);
- 2) ARE INELIGIBLE FOR ANY PRIVATE OR GOVERNMENTAL SPONSORED COVERAGE
(SUCH AS MEDICAID); AND
- 3) MEET THE FOLLOWING INCOME AND ASSET ELIGIBILITY CRITERIA DESCRIBED
BELOW.

INCOME ELIGIBILITY CRITERIA

Part VI Supplemental Information

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PATIENTS WITH FAMILY GROSS INCOME LESS THAN OR EQUAL TO 200% OF THE
 FEDERAL POVERTY GUIDELINES ARE ELIGIBLE FOR 100% CHARITY CARE COVERAGE.

PATIENTS WITH FAMILY GROSS INCOME GREATER THAN 200% BUT LESS THAN OR
 EQUAL TO 300% OF THE FEDERAL POVERTY GUIDELINES ARE ELIGIBLE FOR
 DISCOUNTED CARE.

ASSET CRITERIA

CHARITY CARE INCLUDES ASSET ELIGIBILITY THRESHOLDS WHICH STATES THAT
 INDIVIDUAL ASSETS CANNOT EXCEED \$7,500 AND FAMILY ASSETS CANNOT EXCEED
 \$15,000 AS OF THE DATE OF SERVICE.

RESIDENCY CRITERIA

Part VI Supplemental Information

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CHARITY CARE MAY BE AVAILABLE TO NON-NEW JERSEY RESIDENTS, REQUIRING IMMEDIATE MEDICAL ATTENTION FOR AN EMERGENCY MEDICAL CONDITION.

NEW JERSEY UNINSURED DISCOUNT PUBLIC LAW 2008, C. 60 ("UNINSURED DISCOUNT")

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THE NEW JERSEY UNINSURED DISCOUNT (NJ LAW - BILL S-1797/A-2609) IS AVAILABLE TO UNINSURED PATIENTS WHOSE FAMILY GROSS INCOME IS LESS THAN 500% OF FPG. ELIGIBLE INDIVIDUALS MUST BE NEW JERSEY RESIDENTS. HOWEVER, THE ORGANIZATION HAS ELECTED TO APPLY THIS DISCOUNT TO ALL UNINSURED PATIENTS IRRESPECTIVE OF INCOME LEVEL OR RESIDENCY AND OFFERS DISCOUNTED RATES TO ALL UNINSURED INDIVIDUALS. UNDER THIS PROGRAM, AN ELIGIBLE PATIENT WILL BE CHARGED AN AMOUNT NO GREATER THAN 115% OF THE MEDICARE FEE SCHEDULE. UNINSURED BILLING LIMITS ARE IN ACCORDANCE WITH NJ P.L.2008 C60.

Part VI Supplemental Information

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AMOUNTS GENERALLY BILLED

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IN ACCORDANCE WITH INTERNAL REVENUE CODE §501(R)(5) THE ORGANIZATION UTILIZES THE LOOK-BACK METHOD TO CALCULATE THE AGB. THE AGB % IS CALCULATED ANNUALLY AND IS CALCULATED BY DIVIDING THE SUM OF THE AMOUNT OF ALL ITS CLAIMS FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE THAT HAVE BEEN ALLOWED BY MEDICARE FEE-FOR-SERVICE + ALL PRIVATE HEALTH INSURERS (COMMERCIAL) OVER A 12-MONTH PERIOD, BY THE GROSS CHARGES ASSOCIATED WITH THOSE CLAIMS. THE APPLICABLE AGB % IS APPLIED TO GROSS CHARGES TO DETERMINE THE AGB.

THE CALCULATED AGB PERCENTAGE, AS WELL AS AN ACCOMPANYING DESCRIPTION OF THE CALCULATION, IS AVAILABLE UPON REQUEST AND FREE OF CHARGE BY CALLING THE FINANCIAL ASSISTANCE COORDINATOR AT (856)346-7873.

ANY INDIVIDUAL DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY ("FAP") WILL NOT BE

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CHARGED MORE THAN THE AGB FOR MEDICALLY NECESSARY HEALTHCARE SERVICES.

ANY FAP-ELIGIBLE INDIVIDUAL WILL ALWAYS BE CHARGED THE LESSER OF AGB OR

ANY DISCOUNT AVAILABLE UNDER THE HOSPITAL'S FAP.

SCHEDULE H, PART I; QUESTION 6A

NOT APPLICABLE.

SCHEDULE H, PART II

NOT APPLICABLE.

SCHEDULE H, PART III, QUESTION 2, 3 & 4

BAD DEBT EXPENSE WAS CALCULATED USING THE PROVIDERS' BAD DEBT EXPENSE FROM ITS FINANCIAL STATEMENTS. THE ORGANIZATION AND ITS AFFILIATES PREPARE AND ISSUE AUDITED CONSOLIDATED FINANCIAL STATEMENTS. THE SYSTEM'S ALLOWANCE FOR DOUBTFUL ACCOUNTS (BAD DEBT EXPENSE) METHODOLOGY AND

Part VI Supplemental Information

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FINANCIAL ASSISTANCE POLICIES ARE CONSISTENTLY APPLIED ACROSS ALL HOSPITAL AFFILIATES. THE ATTACHED TEXT WAS OBTAINED FROM THE FOOTNOTES TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS OF THE ORGANIZATION AND ITS AFFILIATES.

CHARITABLE MEDICAL CARE PROVIDED

TJU PROVIDES MEDICALLY NECESSARY SERVICES TO ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. SOME PATIENTS QUALIFY FOR CHARITY CARE BASED ON POLICIES ESTABLISHED BY TJU AND ARE THEREFORE NOT RESPONSIBLE FOR PAYMENT FOR ALL OR A PART OF THEIR HEALTHCARE SERVICES. THESE POLICIES ALLOW FOR THE PROVISION OF FREE OR DISCOUNTED CARE IN CIRCUMSTANCES WHERE REQUIRING PAYMENT WOULD IMPOSE FINANCIAL HARDSHIP ON THE PATIENT. CHARGES FOR SERVICES RENDERED TO PATIENTS WHO MEET TJU'S GUIDELINES FOR CHARITY CARE ARE NOT SEPARATELY RECORDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

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TJU MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE PROVIDED. THESE RECORDS INCLUDE THE AMOUNT OF CHARGES FOREGONE FOR SERVICES AND SUPPLIES FURNISHED. SUCH AMOUNTS HAVE BEEN EXCLUDED FROM NET PATIENT SERVICE REVENUE. MANAGEMENT ESTIMATES THAT THE COST OF CHARITY CARE PROVIDED BY TJU WAS \$36.9 MILLION AND \$28.6 MILLION FOR THE YEARS ENDED JUNE 30, 2018 AND 2017, RESPECTIVELY. THESE AMOUNTS ARE NOT INCLUDED IN THE PROVISION FOR BAD DEBTS OF \$132.8 MILLION AND \$124.8 MILLION IN 2018 AND 2017, RESPECTIVELY, WHICH ARE REFLECTED AS DEDUCTIONS IN NET PATIENT SERVICE REVENUE. THE ESTIMATED COSTS OF PROVIDING CHARITY SERVICES ARE BASED ON A CALCULATION WHICH APPLIES A RATIO OF COSTS TO CHARGES TO THE GROSS UNCOMPENSATED CHARGES ASSOCIATED WITH PROVIDING CARE TO CHARITY PATIENTS. THE RATIO OF COST TO CHARGES IS CALCULATED BASED ON THE TJU TOTAL EXPENSES DIVIDED BY GROSS PATIENT SERVICE REVENUE.

NET PATIENT SERVICE REVENUE

NET PATIENT SERVICE REVENUE IS REPORTED AT THE ESTIMATED NET REALIZABLE

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AMOUNTS FROM PATIENTS, THIRD-PARTY PAYERS AND OTHERS FOR SERVICES RENDERED, INCLUDING ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT AGREEMENTS WITH THIRD-PARTY PAYERS. RETROACTIVE ADJUSTMENTS ARE CONSIDERED IN THE RECOGNITION OF REVENUE ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ARE ADJUSTED IN FUTURE PERIODS AS FINAL SETTLEMENTS ARE DETERMINED.

REVENUE FROM THE MEDICARE AND MEDICAID FEE-FOR-SERVICE PROGRAMS ACCOUNTED FOR APPROXIMATELY 33.3% AND 8.8%, RESPECTIVELY, AND 34.4% AND 6.5%, RESPECTIVELY OF NET PATIENT SERVICE REVENUE IN 2018 AND 2017, RESPECTIVELY. MOST PAYMENTS TO TJU FROM THE MEDICARE AND PENNSYLVANIA MEDICAID PROGRAMS FOR INPATIENT HOSPITAL SERVICES ARE MADE ON A PROSPECTIVE BASIS. UNDER THESE PROGRAMS, PAYMENTS ARE MADE AT A PRE-DETERMINED SPECIFIC RATE FOR EACH DISCHARGE BASED ON A PATIENT'S DIAGNOSIS. ADDITIONAL PAYMENTS ARE MADE TO TJU TEACHING AND DISPROPORTIONATE SHARE HOSPITALS, AS WELL AS FOR CASES THAT HAVE UNUSUALLY HIGH COSTS. LAWS GOVERNING THE MEDICARE AND MEDICAID PROGRAMS ARE COMPLEX AND SUBJECT TO INTERPRETATION. SERVICES BILLED TO THE

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MEDICARE PROGRAM ARE SUBJECT TO EXTERNAL REVIEW FOR BOTH MEDICAL NECESSITY AND BILLING COMPLIANCE. MEDICARE COST REPORTS FOR ALL YEARS, EXCEPT 2011, 2015, 2016, 2017 AND 2018 HAVE BEEN AUDITED AND FINAL SETTLED AS OF JUNE 30, 2018. NO SIGNIFICANT ADJUSTMENTS ARE EXPECTED.

IN ADDITION, TJU RECEIVED FUNDS FROM THE PHILADELPHIA HOSPITAL ASSESSMENT PROGRAM AND THE MEDICAL ASSISTANCE MODERNIZATION ACT-QUALITY CARE ASSESSMENT PROGRAM IN THE AMOUNT OF \$125.7 MILLION AND \$125.3 MILLION IN 2018 AND 2017, RESPECTIVELY, AND ARE RECORDED IN NET PATIENT SERVICE REVENUE. TJU PAID TAXES IN RESPECT TO THESE PROGRAMS AMOUNTING TO \$96.1 MILLION AND \$95.3 MILLION IN 2018 AND 2017, RESPECTIVELY, AND ARE RECORDED IN OTHER OPERATING EXPENSES. BOTH PROGRAMS WERE DESIGNED TO PROVIDE SUPPLEMENTAL FUNDING FOR LICENSED ACUTE CARE HOSPITALS WITH THE PHILADELPHIA HOSPITAL ASSESSMENT PROGRAM SPECIFICALLY DESIGNATED FOR HOSPITAL EMERGENCY SERVICES.

TJU HAS ALSO ENTERED INTO AGREEMENTS WITH CERTAIN COMMERCIAL INSURANCE CARRIERS, HEALTH MAINTENANCE ORGANIZATIONS AND PREFERRED PROVIDER

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ORGANIZATIONS. THE BASIS FOR PAYMENT TO TJU UNDER THESE AGREEMENTS INCLUDES PROSPECTIVELY DETERMINED RATES PER DISCHARGE, DISCOUNTS FROM ESTABLISHED CHARGES, PROSPECTIVELY DETERMINED DAILY RATES AND CAPITATED RATES. REVENUE FROM BLUE CROSS AND AETNA USHC AMOUNTED TO 21.0% AND 11.7%, RESPECTIVELY, AND 22.1% AND 10.5%, RESPECTIVELY, OF TJU'S NET PATIENT SERVICE REVENUE IN 2018 AND 2017, RESPECTIVELY.

SCHEDULE H, PART III, SECTION B; QUESTION 8

MEDICARE COSTS WERE DERIVED FROM THE 2017 MEDICARE COST REPORT.

MEDICARE UNDERPAYMENTS AND BAD DEBT ARE CONSIDERED TO BE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. THE ORGANIZATION FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL), BAD DEBT AND ASSOCIATED COSTS ARE COMMUNITY BENEFIT AND ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. AS OUTLINED MORE FULLY BELOW, THE ORGANIZATION BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE HEALTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH

Part VI Supplemental Information

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THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES AND MISSION IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN 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 "THE TERM CHARITABLE IS USED IN SECTION 501(C)(3) IN ITS GENERALLY ACCEPTED LEGAL SENSE," AND PROVIDES EXAMPLES OF CHARITABLE PURPOSES, INCLUDING THE RELIEF OF THE POOR OR UNPRIVILEGED; THE PROMOTION OF SOCIAL WELFARE; AND THE ADVANCEMENT OF EDUCATION, RELIGION, AND SCIENCE. NOTE IT DOES NOT EXPLICITLY ADDRESS THE ACTIVITIES OF HOSPITALS. IN THE ABSENCE OF

Part VI Supplemental Information

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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 MUST PROVIDE, TO THE EXTENT OF ITS FINANCIAL ABILITY, FREE OR REDUCED-COST CARE TO PATIENTS WHO CANNOT PAY FOR SUCH SERVICES. A HOSPITAL THAT EXPECTED FULL PAYMENT DID NOT, ACCORDING TO THE RULING, PROVIDE CHARITY CARE BASED ON THE FACT THAT SOME PATIENTS ULTIMATELY FAILED TO PAY. THE RULING EMPHASIZED THAT A LOW LEVEL OF CHARITY CARE DID NOT NECESSARILY MEAN THAT A HOSPITAL HAD

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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 "REMOVED" FROM REVENUE RULING 56-185 "THE REQUIREMENTS RELATING TO CARING FOR PATIENTS WITHOUT CHARGE OR AT RATES BELOW COST." UNDER THE STANDARD DEVELOPED IN REVENUE RULING 69-545, WHICH IS KNOWN AS THE "COMMUNITY BENEFIT STANDARD," HOSPITALS ARE JUDGED ON WHETHER THEY PROMOTE THE HEALTH OF A BROAD CLASS OF INDIVIDUALS IN THE COMMUNITY.

THE RULING INVOLVED A HOSPITAL THAT ONLY ADMITTED INDIVIDUALS WHO COULD PAY FOR THE SERVICES (BY THEMSELVES, PRIVATE INSURANCE, OR PUBLIC

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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 THE DEPARTMENT OF TREASURY 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.

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'S POSITION. AS OUTLINED IN THE AHA'S LETTER TO THE IRS DATED AUGUST 21, 2007 WITH RESPECT TO THE FIRST PUBLISHED DRAFT OF THE NEW FORM 990 AND SCHEDULE H, THE AHA FELT THAT THE IRS SHOULD INCORPORATE THE FULL VALUE OF THE COMMUNITY BENEFIT THAT HOSPITALS PROVIDE BY COUNTING MEDICARE UNDERPAYMENTS (SHORTFALL) AS QUANTIFIABLE COMMUNITY BENEFIT FOR THE FOLLOWING REASONS:

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

- MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE. FROM THE
LATEST DATA PROVIDED BY THE AHA, AS OF 2012, MEDICARE REIMBURSES
HOSPITALS ONLY 86 CENTS FOR EVERY DOLLAR THEY SPEND TO TAKE CARE OF
MEDICARE PATIENTS. THE MEDICARE PAYMENT ADVISORY COMMISSION ("MEDPAC"),
IN ITS MARCH 2013 REPORT TO CONGRESS, STATES THAT BENEFICIARIES WILL GROW
NOTABLY FASTER IN THE NEXT 10 YEARS THAN IN THE PAST DECADE AS THE
BABY-BOOM GENERATION AGES INTO THE PROGRAM. IN ADDITION, THE POPULATION
AGING INTO THE MEDICARE PROGRAM WILL PRESENT A NEW SET OF CHALLENGES
SINCE RISING OBESITY LEVELS PUT THIS POPULATION AT A GREATER RISK THAN
PREVIOUS GENERATIONS FOR CHRONIC DISEASE.

- MANY MEDICARE BENEFICIARIES, LIKE THEIR MEDICAID COUNTERPARTS, ARE
POOR. MORE THAN 42 PERCENT OF MEDICARE SPENDING IS FOR BENEFICIARIES
WHOSE INCOME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL. MANY OF

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THOSE MEDICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID -- SO CALLED

"DUAL ELIGIBLE."

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

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

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

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THE CBO CONCLUDED THAT ITS FINDINGS "SUPPORT THE VALIDITY OF THE USE OF UNCOMPENSATED CARE [BAD DEBT AND CHARITY CARE] AS A MEASURE OF COMMUNITY BENEFIT" 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 HOSPITAL'S BEST EFFORTS AND DUE DILIGENCE, PATIENT BAD DEBT IS A PART OF THE HOSPITAL'S MISSION AND CHARITABLE PURPOSES. BAD DEBT REPRESENTS PART OF THE BURDEN HOSPITALS SHOULD IN SERVING ALL PATIENTS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN 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

IT IS THE POLICY OF THE ORGANIZATION TO TREAT ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY FOR ALL EMERGENCY AND MEDICALLY NECESSARY HEALTHCARE

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SERVICES AND TO BILL AND COLLECT ACCOUNTS RECEIVABLE IN ACCORDANCE WITH ALL FEDERAL AND STATE BILLING AND COLLECTION REGULATIONS. ADDITIONALLY, IN ACCORDANCE WITH INTERNAL REVENUE CODE SECTION 501(R)(6), THE ORGANIZATION'S BILLING AND COLLECTION POLICY DOES CONTAIN PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE AS FURTHER OUTLINED BELOW.

ONCE A PATIENT'S CLAIM IS PROCESSED BY THEIR INSURANCE, PATIENT ACCOUNTS ARE TRANSFERRED TO THE "EARLY-OUT" PROCESS. DURING THIS TIME, THE PATIENT IS PROVIDED A BILL INDICATING THE PATIENT RESPONSIBILITY. ADDITIONALLY, IF A PATIENT HAS NO THIRD PARTY COVERAGE THEY WILL RECEIVE A BILL INDICATING THEIR PATIENT RESPONSIBILITY. THIS WILL BE THE PATIENTS FIRST POST-DISCHARGE BILLING STATEMENT. THE DATE ON THIS STATEMENT WILL BEGIN THE APPLICATION AND NOTIFICATION PERIODS.

DURING THIS TIME PERIOD, THIRD PARTIES ACTING ON BEHALF OF THE ORGANIZATION MAY CONTACT THE PATIENTS VIA TELEPHONE TO COLLECT PAYMENT. NO EXTRAORDINARY COLLECTION ACTIONS ("ECA'S") ARE TAKEN AGAINST THE

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PATIENT WHILE THE ACCOUNT IS IN THE EARLY-OUT CYCLE. AFTER THE PATIENT RECEIVES THEIR FIRST POST-DISCHARGE BILLING STATEMENT, 3 ADDITIONAL STATEMENTS ARE MAILED (4 TOTAL BILLING STATEMENTS, IN 30 DAY INTERVALS).

IF PAYMENT HAS NOT BEEN RECEIVED AFTER 3 BILLING STATEMENTS (90 DAYS FROM THE DATE OF THE FIRST POST-DISCHARGE BILLING STATEMENT), THE ORGANIZATION PROVIDES THE PATIENT WITH A LETTER INFORMING THEM IN WRITING THAT THE ACCOUNT WILL BE SENT TO COLLECTIONS IF PAYMENT IS NOT RECEIVED WITHIN 30 DAYS. ADDITIONALLY, THE LETTER WILL INCLUDE THE ECA'S THAT MAY TAKE PLACE AFTER THE PATIENT ACCOUNT HAS BEEN PLACED IN COLLECTIONS. THE WRITTEN NOTICE ALSO INCLUDES A COPY OF THE PLS.

AFTER THE EXPIRATION OF THE NOTIFICATION PERIOD, THE PATIENT ACCOUNT IS SENT TO COLLECTIONS. COLLECTION AGENCY TECHNIQUES TO COLLECT PAYMENT WILL INCLUDE TELEPHONE CALLS, LETTERS AND CERTAIN ECA'S. ALL OF THEIR ACTIVITIES ARE DOCUMENTED WITHIN THE BILLING SYSTEM AND WILL FOLLOW ALL GUIDELINES OF STATE REGULATIONS GOVERNING COLLECTION AGENCIES.

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IF COLLECTION AGENCIES ARE THEREAFTER UNSUCCESSFUL (FOR A PERIOD NOT TO EXCEED 180 DAYS) THE PATIENT ACCOUNT IS RETURNED TO THE ORGANIZATION. AT THE TIME THE ACCOUNT IS RETURNED, THE COLLECTION AGENCY WILL INCLUDE COMPLETE DOCUMENTATION OF THEIR ACTIVITIES AND FINDINGS WHEN COMMUNICATION IS MADE WITH THE PATIENT AS WELL AS THE DATE THE ACCOUNT IS RETURNED.

IN ACCORDANCE WITH IRC §501(R)(6), THE ORGANIZATION DOES NOT ENGAGE IN ANY ECA'S PRIOR TO THE EXPIRATION OF THE NOTIFICATION PERIOD.

SUBSEQUENT TO THE NOTIFICATION PERIOD THE ORGANIZATION, OR ANY THIRD PARTIES ACTING ON ITS BEHALF, MAY INITIATE THE FOLLOWING ECA'S AGAINST A PATIENT FOR AN UNPAID BALANCE IF A FAP-ELIGIBILITY DETERMINATION HAS NOT BEEN MADE OR IF AN INDIVIDUAL IS INELIGIBLE FOR FINANCIAL ASSISTANCE.

THE ORGANIZATION, AND THIRD PARTY VENDORS ACTING ON THEIR BEHALF, WILL ACCEPT AND PROCESS ALL APPLICATIONS FOR FINANCIAL ASSISTANCE AVAILABLE UNDER THEIR FINANCIAL ASSISTANCE POLICY SUBMITTED DURING THE APPLICATION

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PERIOD. THE REVENUE CYCLE DEPARTMENT HAS FINAL AUTHORITY FOR DETERMINING WHETHER REASONABLE EFFORTS HAVE BEEN MADE TO INFORM THE PATIENT OF THE AVAILABILITY OF FINANCIAL ASSISTANCE PRIOR TO PURSUING EXTRAORDINARY COLLECTION ACTIONS.

SCHEDULE H, PART VI; QUESTION 2

IN ADDITION TO THE CHNA PROCESS OUTLINED IN SCHEDULE H, PART V, SECTION B, QUESTIONS 1-12 AND THE NARRATIVE RESPONSE TO SCHEDULE H, PART V, SECTION B, QUESTION 5 INCLUDED IN SCHEDULE H, PART V, SECTION C, THE ORGANIZATION'S CHNA ASSESSED THE HEALTHCARE NEEDS OF THE COMMUNITY IT SERVES BY INCORPORATING DATA FROM SECONDARY SOURCES (VITAL STATISTICS AND OTHER EXISTING HEALTH-RELATED DATA). A VARIETY OF EXISTING SECONDARY DATA WAS OBTAINED FROM THE FOLLOWING SOURCES TO COMPLEMENT THE RESEARCH USED FOR THE ORGANIZATION'S CHNA:

- CENTERS FOR DISEASE CONTROL AND PREVENTION
- CENTERS FOR MEDICARE & MEDICAID SERVICES

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

- COUNTY HEALTH RANKINGS & ROADMAPS

- DARTMOUTH INSTITUTE

- FEEDING AMERICA

- HEALTHY PEOPLE 2020

- KIDS COUNT DATA CENTER

- NATIONAL CANCER INSTITUTE.

- NATIONAL CENTER FOR HEALTH STATISTICS.

- NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION

- NEW JERSEY DEPARTMENT OF HEALTH

- NEW JERSEY DEPARTMENT OF HUMAN SERVICES DIVISION OF MENTAL HEALTH AND

ADDICTION SERVICES

- NEW JERSEY DEPARTMENT OF TRANSPORTATION

- NEW JERSEY HOSPITAL ASSOCIATION

- NEW JERSEY OFFICE OF THE ATTORNEY GENERAL DIVISION OF HIGHWAY TRAFFIC

SAFETY

- UNITED STATES CENSUS BUREAU

- UNITED STATES DEPARTMENT OF AGRICULTURE

- UNITED STATES DEPARTMENT OF HEALTH & HUMAN SERVICES

Part VI Supplemental Information

Provide the following information

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
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ADDITIONALLY, THE SYSTEM PURCHASES PROPRIETARY DATABASES INCLUDING PHYSICIAN SUPPLY AND DEMAND STUDIES AND UTILIZES PUBLICLY AVAILABLE HEALTH, NON HEALTH (DEMOGRAPHIC) AND NEW JERSEY STATE STATISTICS SUCH AS DISEASE SPECIFIC INCIDENCE AND PREVALENCE RATES TO IDENTIFY GAPS IN SERVICES. THE SYSTEM WORKS CLOSELY WITH THE SOUTHERN NEW JERSEY PRENATAL COOPERATIVE TO IDENTIFY AND IMPROVE MATERNAL, INFANT, AND PEDIATRIC HEALTH CARE IN THE REGION.

SCHEDULE H, PART VI; QUESTION 3

THE ORGANIZATION INFORMS AND EDUCATES PATIENTS WHO MAY BE BILLED FOR PATIENT CARE ABOUT ELIGIBILITY FOR FINANCIAL ASSISTANCE BY WIDELY PUBLICIZING THE AVAILABILITY OF FINANCIAL ASSISTANCE. IN ACCORDANCE WITH INTERNAL REVENUE CODE SECTION 501(R)(4) THE AVAILABILITY OF FINANCIAL ASSISTANCE IS WIDELY PUBLICIZED IN THE FOLLOWING WAYS:

THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY ("FAP"), FINANCIAL

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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ASSISTANCE APPLICATION ("APPLICATION") AND PLAIN LANGUAGE SUMMARY ("PLS")

ARE ALL AVAILABLE ON-LINE AT THE FOLLOWING WEBSITE:

WWW.KENNEDYHEALTH.ORG/PATIENTS/PREPARING-YOUR-VISIT/FINANCE-INSURANCE

PAPER COPIES OF THE FAP, APPLICATION AND THE PLS ARE AVAILABLE UPON REQUEST WITHOUT CHARGE BY MAIL AND ARE AVAILABLE WITHIN VARIOUS AREAS THROUGHOUT THE VARIOUS HOSPITAL FACILITIES. THIS INCLUDES, BUT IS NOT LIMITED TO, EMERGENCY ROOMS AND PATIENT REGISTRATION/ADMISSION AREAS.

ALL PATIENTS ARE OFFERED A COPY OF THE PLS AS PART OF THE INTAKE PROCESS. IN THE EVENT OF AN EMERGENCY SITUATION, THE PATIENT WILL BE OFFERED THE PLS DURING THE REGISTRATION PROCESS, AFTER THE PATIENT RECEIVES THE REQUIRED MEDICAL ATTENTION.

SIGNS OR DISPLAYS INFORMING PATIENT ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE WILL BE CONSPICUOUSLY POSTED IN PUBLIC LOCATIONS INCLUDING THE EMERGENCY ROOMS AND PATIENT REGISTRATION/ADMISSION AREAS.

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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THE ORGANIZATION ALSO MAKES REASONABLE EFFORTS TO INFORM MEMBERS OF THE COMMUNITY ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE BY SPEAKING TO COMMUNITY MEMBERS ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE DURING COMMUNITY EVENTS HELD THROUGHOUT THE YEAR (I.E HEALTH FAIRS, SCREENINGS, EDUCATION SESSIONS, ETC.)

THE FAP, APPLICATION AND PLS ARE AVAILABLE IN ENGLISH AND IN THE PRIMARY LANGUAGE OF POPULATIONS WITH LIMITED PROFICIENCY IN ENGLISH ("LEP") THAT CONSTITUTES THE LESSER OF 1,000 INDIVIDUALS OR 5% OF THE COMMUNITY SERVED WITHIN THE ORGANIZATION'S PRIMARY SERVICE AREA.

SCHEDULE H, PART VI; QUESTION 4

THE ORGANIZATION SERVICES PATIENTS FROM THE FOLLOWING SEVEN COUNTIES IN SOUTHERN NEW JERSEY: ATLANTIC, BURLINGTON, CAPE MAY, CUMBERLAND, GLOUCESTER, AND SALEM. THE SYSTEMS' PRIMARY SERVICE AREA INCLUDES CAMDEN AND GLOUCESTER COUNTIES. CAMDEN COUNTY IS A DENSELY POPULATED, ETHNICALLY DIVERSE, PRIMARILY URBAN COUNTY.

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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FOR ADDITIONAL INFORMATION REGARDING THE COMMUNITY THIS ORGANIZATION

SERVES PLEASE REFER TO THE ORGANIZATION'S CHNA AVAILABLE ON IT'S WEBSITE.

SCHEDULE H, PART VI; QUESTION 5

THE ORGANIZATION IS CONTINUOUSLY INVESTING IN PROGRAMS AND SERVICES TO PROVIDE THE FINEST HEALTHCARE TO THE INDIVIDUALS AND FAMILIES WHO MAKE UP OUR COMMUNITIES. AS PART OF OUR COMMITMENT TO ENHANCE THE HEALTH STATUS OF EVERYONE IN OUR COMMUNITIES, THE ORGANIZATION OFFERS SEVERAL FREE OUTREACH PROGRAMS AND SUPPORT SERVICES INCLUDING HIV COUNSELING AND TREATMENT. THE HOSPITAL FACILITIES PROVIDE CARE TO ALL PATIENTS WHO PRESENT FOR SERVICES REGARDLESS OF THEIR ABILITY TO PAY AND WHERE REIMBURSEMENT IS LESS THAN COST.

BOARD MEMBERS ARE ALL MEMBERS OF THE COMMUNITY THAT LIVE AND WORK IN THE COMMUNITY. THEY HAVE JOINED THE BOARD AS A WAY TO FURTHER SERVE THEIR COMMITMENT TO THE COMMUNITY. THE HOSPITAL SURPLUS FUNDS ARE MAINTAINED IN

Part VI Supplemental Information

Provide the following information

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INVESTMENTS FOR FUTURE CAPITAL PROJECTS THAT BENEFIT THE HOSPITAL AND
COMMUNITY.

SCHEDULE H, PART VI; QUESTION 6

THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH; A
COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED
HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF
EDUCATION, RESEARCH AND PATIENT CARE. THOMAS JEFFERSON UNIVERSITY
CONDUCTS RESEARCH AND OFFERS UNDERGRADUATE AND GRADUATE INSTRUCTION
THROUGH THE SIDNEY KIMMEL MEDICAL COLLEGE AND THE JEFFERSON COLLEGES OF
NURSING, PHARMACY, HEALTH PROFESSIONS, POPULATION HEALTH, AND BIOMEDICAL
SCIENCES.

THOMAS JEFFERSON UNIVERSITY HOSPITAL, ABINGTON HEALTH, ARIA HEALTH,
KENNEDY HEALTH SYSTEM AND MAGEE REHABILITATION HOSPITAL ARE INTEGRATED
HEALTHCARE ORGANIZATIONS THAT PROVIDE INPATIENT, OUTPATIENT AND EMERGENCY
CARE SERVICES THROUGH ACUTE CARE, AMBULATORY CARE, PHYSICIAN AND OTHER

Part VI Supplemental Information

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PRIMARY CARE SERVICES FOR THE RESIDENTS OF SOUTHERN NEW JERSEY AND THE GREATER PHILADELPHIA REGION. TJU IS THE SOLE CORPORATE MEMBER OF THESE ORGANIZATIONS.

OUTLINED BELOW IS A SUMMARY OF THE ENTITIES WHICH COMPRISE THE SYSTEM:

NOT-FOR-PROFIT ARIA HEALTH SYSTEM ENTITIES

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THOMAS JEFFERSON UNIVERSITY

THOMAS JEFFERSON UNIVERSITY ("TJU") 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). TJU IS THE PARENT COMPANY THAT FINANCIALLY AND CORPORATELY INTEGRATES THOMAS JEFFERSON UNIVERSITY AMONG ITS SUBSIDIARY ENTITIES.

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

THOMAS JEFFERSON UNIVERSITY AND JEFFERSON HEALTH (ALSO KNOWN COLLECTIVELY AS ("JEFFERSON")) IS AN ACADEMIC MEDICAL CENTER DEDICATED TO EDUCATING THE HEALTH PROFESSIONALS OF TOMORROW IN A VARIETY OF DISCIPLINES, DISCOVERING NEW TREATMENTS AND THERAPIES THAT WILL DEFINE THE FUTURE OF CLINICAL CARE; AND PROVIDING EXCEPTIONAL PRIMARY CARE THROUGH COMPLEX QUATERNARY CARE TO PATIENTS IN THE COMMUNITIES SERVED THROUGHOUT THE DELAWARE VALLEY.

FOUNDED IN 1824 AS JEFFERSON MEDICAL COLLEGE (JMC), AND NOW KNOWN AS SIDNEY KIMMEL MEDICAL COLLEGE AT THOMAS JEFFERSON UNIVERSITY (TJU), THE UNIVERSITY ALSO INCLUDES THE JEFFERSON COLLEGES OF BIOMEDICAL SCIENCES, HEALTH PROFESSIONS, NURSING, PHARMACY, AND POPULATION HEALTH. TJU ENROLLS MORE THAN 3,800 FUTURE PHYSICIANS, SCIENTISTS AND HEALTHCARE PROFESSIONALS.

TJUH SYSTEM, INC.

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

TJUH SYSTEM, INC. ("TJUHS") 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). TJUHS IS THE HOLDING COMPANY TO PROVIDE OVERALL PLANNING, MANAGEMENT AND SUPPORT SERVICES FOR ALL OTHER HOSPITAL ENTERPRISE ORGANIZATIONS.

THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC.

JEFFERSON HEALTH IS THE CLINICAL ARM OF THE ORGANIZATION. IT INCLUDES THOMAS JEFFERSON UNIVERSITY HOSPITAL, JEFFERSON HOSPITAL FOR NEUROSCIENCE AND METHODIST HOSPITAL (COLLECTIVELY REFERRED TO AS TJUH).

TJUH PROMOTES THE HEALTH OF THE COMMUNITIES IT SERVES IN SOUTHEASTERN PENNSYLVANIA, SOUTHERN NEW JERSEY, AND DELAWARE PRIMARILY BY PROVIDING HOSPITAL, SUB-ACUTE, OUTPATIENT, AND PHYSICIAN SERVICES AND BY PROVIDING

Part VI Supplemental Information

Provide the following information

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FACILITIES IN WHICH STUDENTS, PHYSICIANS, NURSES, AND OTHER HEALTHCARE PROFESSIONALS ARE TRAINED IN A CLINICAL SETTING.

TJUH IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, TJUH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN, GENDER, GENDER IDENTITY OR EXPRESSION, SEXUAL ORIENTATION, AGE, STATUS AS AN INDIVIDUAL WITH A HANDICAP/DISABILITY OR ABILITY TO PAY. MOREOVER, NO INDIVIDUALS ARE DENIED NECESSARY MEDICAL CARE, TREATMENT OR SERVICES. TJUH OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

EMERGENCY TRANSPORT ASSOCIATES, INC.

EMERGENCY TRANSPORT ASSOCIATES, INC. ("ETA") IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO

Part VI Supplemental Information

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INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(2). ETA SEEKS TO PROVIDE HIGH QUALITY AIR AND GROUND MEDICAL TRANSPORTATION SERVICES TO PATIENTS WHO ARE ADMITTED TO OR DISCHARGED FROM JEFFERSON FACILITIES.

JEFFEX, INC.

JEFFEX, 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). JEFFEX, INC. IS A HOLDING COMPANY PROVIDING PLANNING, MANAGEMENT AND OVERSIGHT FOR CERTAIN NON-ACUTE CARE, NON-PROFIT SUBSIDIARY ORGANIZATIONS.

JEFFERSON PHYSICIAN SERVICES

Part VI Supplemental Information

Provide the following information

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JEFFERSON PHYSICIAN 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)(3). JEFFERSON PHYSICIAN SERVICES PROVIDES SUPPORT TO VARIOUS
 RELATED THOMAS JEFFERSON INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT
 ORGANIZATIONS.

JEFFERSON MEDICAL CARE

JEFFERSON MEDICAL CARE ("JMC") 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). JMC PROVIDES PHYSICIAN SERVICES IN THE AREAS OF FAMILY
 MEDICINE, ORAL SURGERY AND INTEGRATIVE MEDICINE.

JEFFERSON UNIVERSITY PHYSICIANS

Part VI Supplemental Information

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JEFFERSON UNIVERSITY PHYSICIANS ("JUP") 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). JUP IS CHARGED IN SUPPORTING THE MEDICAL CARE, EDUCATION AND RESEARCH OF TJU, SKMC AND TJUHS.

JEFFERSON UNIVERSITY PHYSICIANS OF NEW JERSEY, P.C.

JEFFERSON UNIVERSITY PHYSICIANS OF NJ, P.C. ("JUPNJ") 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). JUPNJ IS CHARGED IN SUPPORTING THE MEDICAL CARE, EDUCATION AND RESEARCH OF TJU, SKMC AND TJUHS.

METHODIST ASSOCIATES IN HEALTHCARE, INC.

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

METHODIST ASSOCIATES IN HEALTHCARE, 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). METHODIST ASSOCIATES IN HEALTHCARE, INC. PROVIDES PROFESSIONAL SERVICES.

METHODIST ASSOCIATES IN HEALTHCARE OF NEW JERSEY, P.C.

METHODIST ASSOCIATES IN HEALTHCARE OF NEW JERSEY, P.C. ("MAHCNJ") 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). MAHCNJ IS A PROFESSIONAL CORPORATION WHOSE STOCK IS NOMINALLY OWNED BY AN EMPLOYED PHYSICIAN OF TJUHS.

SUTHBREIT PROPERTIES, LTD.

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

SUTHBREIT PROPERTIES, LTD. ("SP") IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(2). SP ACTS AS A REAL ESTATE HOLDING COMPANY FOR VARIOUS PROPERTIES.

WALNUT HOME THERAPEUTICS, INC.

WALNUT HOME THERAPEUTICS, INC. ("WHT") IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(2). WHT PROVIDES MEDICATIONS IN THE HOME TO ASSIST IN TRANSITIONING PATIENTS FROM A HOSPITAL OF SKILLED FACILITY TO INDEPENDENT LIVING, PRIMARILY THROUGH INTRAVENOUS DRUG DELIVERY METHODOLOGIES, IN SUPPORT OF TJUH AND OTHER PHILADELPHIA AREA HOSPITALS, AND SERVES AS A SPECIALTY PHARMACY THAT PROVIDES A UNIQUE SERVICE TO CLINICALLY COMPLEX PATIENTS. SPECIALTY MEDICATIONS ARE TYPICALLY BIOTECHNOLOGY-DERIVED

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

MEDICATIONS THAT TREAT RARE AND CHRONIC CONDITIONS.

SCHEDULE H, PART VI; QUESTION 6

ABINGTON HEALTH

ABINGTON HEALTH ("AH") IS A NOT FOR PROFIT HOLDING COMPANY BASED IN ABINGTON, PENNSYLVANIA. AH IS THE SOLE CORPORATE MEMBER OF A NUMBER OF NOT FOR-PROFIT ENTITIES AS OUTLINED HEREIN. AS THE PARENT ORGANIZATION OF A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM, AH STRIVES TO CONTINUALLY DEVELOP AND OPERATE AN INTEGRATED HEALTHCARE DELIVERY SYSTEM WHICH PROVIDES A COMPREHENSIVE SPECTRUM OF MEDICALLY NECESSARY HEALTHCARE SERVICES TO THE RESIDENTS OF PENNSYLVANIA COUNTIES INCLUDING EASTERN MONTGOMERY, PORTIONS OF BUCKS AND PHILADELPHIA COUNTIES, PENNSYLVANIA. AH IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION AND AS A SUPPORTING ORGANIZATION 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

ABINGTON MEMORIAL HOSPITAL

ABINGTON MEMORIAL HOSPITAL ("AMH") IS A 665-BED NON-PROFIT ACUTE CARE MEDICAL CENTER LOCATED IN ABINGTON, MONTGOMERY COUNTY, PENNSYLVANIA. AMH IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, AMH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN, GENDER, GENDER IDENTITY OR EXPRESSION, SEXUAL ORIENTATION, RELIGION, AGE, STATUS AS AN INDIVIDUAL WITH A HANDICAP/DISABILITY OR ABILITY TO PAY. MOREOVER, NO INDIVIDUALS ARE DENIED NECESSARY MEDICAL CARE, TREATMENT OR SERVICES. AMH OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

LANSDALE HOSPITAL CORPORATION

Part VI Supplemental Information

Provide the following information

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

LANSDALE HOSPITAL CORPORATION ("LHC") IS A 140-BED NON-PROFIT ACUTE CARE MEDICAL CENTER LOCATED IN LANSDALE, MONTGOMERY COUNTY, PENNSYLVANIA. LHC IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, LHC PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN, GENDER, GENDER IDENTITY OR EXPRESSION, SEXUAL ORIENTATION, AGE, STATUS AS AN INDIVIDUAL WITH A HANDICAP/DISABILITY OR ABILITY TO PAY. MOREOVER, NO INDIVIDUALS ARE DENIED NECESSARY MEDICAL CARE, TREATMENT OR SERVICES. LHC OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

ABINGTON HEALTH FOUNDATION

ABINGTON HEALTH FOUNDATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE

Part VI Supplemental Information

Provide the following information

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

§501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE
 CODE §509(A)(1). THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION SUPPORTS
 THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF ABINGTON MEMORIAL
 HOSPITAL; A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX EXEMPT HOSPITAL
 ORGANIZATION.

ARIA HEALTH SYSTEM, INC.

ARIA HEALTH SYSTEM, INC. ("AHS") IS THE TAX-EXEMPT PARENT OF THE ARIA
 HEALTH SYSTEM ("SYSTEM"). THIS INTEGRATED HEALTHCARE DELIVERY SYSTEM
 CONSISTS OF A GROUP OF AFFILIATED HEALTHCARE ORGANIZATIONS. THE SOLE
 MEMBER OR STOCKHOLDER OF EACH ENTITY IS EITHER AHS OR ANOTHER AHS
 AFFILIATE CONTROLLED BY AHS. THE SYSTEM IS AN INTEGRATED SYSTEM OF
 HEALTHCARE PROVIDERS THROUGHOUT THE COMMONWEALTH OF PENNSYLVANIA AND IS
 RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO
 INTERNAL REVENUE CODE §501(C)(3) AND AS A SUPPORTING ORGANIZATION
 PURSUANT TO INTERNAL REVENUE CODE §509(A)(3).

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.

ARIA HEALTH D/B/A JEFFERSON HEALTH - NORTHEAST ("JHNE")

JHNE IS COMPRISED OF THREE HOSPITAL CAMPUSES, MULTIPLE OUTPATIENT CENTERS AND A GROWING NETWORK OF PHYSICIANS THAT SERVE THE NORTHEAST PHILADELPHIA AND BUCKS COUNTY COMMUNITIES.

JHNE'S JEFFERSON FRANKFORD HOSPITAL IS A 115-BED HOSPITAL FACILITY WHICH OFFERS AN ARRAY OF EMERGENCY, INPATIENT, OUTPATIENT MEDICAL AND SURGICAL SERVICES. ALSO LOCATED ON JEFFERSON FRANKFORD HOSPITAL IS THE HEALTH CENTER CLINIC WHICH HANDLES MORE THAN 5,000 OUTPATIENT CASES PER YEAR, ALONG WITH THE ARIA HEALTH SCHOOL OF NURSING, WHICH OPENED A YEAR AFTER THE HOSPITAL AND IS NOW THE LARGEST HOSPITAL-BASED NURSING SCHOOL IN PENNSYLVANIA.

JHNE'S JEFFERSON TORRESDALE HOSPITAL IS A 258-BED HOSPITAL FACILITY THAT OFFERS AN ARRAY OF INPATIENT AND OUTPATIENT MEDICAL, SURGICAL AND

Part VI Supplemental Information

Provide the following information.

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

EMERGENCY SERVICES. ARIA HEALTH - TORRESDALE IS ALSO A STATE-ACCREDITED
 LEVEL II TRAUMA CENTER, ONE OF THE ORIGINAL NINE TRAUMA SITES DESIGNATED
 BY THE COMMONWEALTH OF PENNSYLVANIA.

JHNE'S JEFFERSON BUCKS HOSPITAL IS A 112-BED HOSPITAL FACILITY THAT
 OFFERS AN ARRAY OF EMERGENCY, INPATIENT, OUTPATIENT, MEDICAL AND SURGICAL
 SERVICES.

JHNE IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE ("IRS") AS AN INTERNAL
 REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS
 CHARITABLE PURPOSES, JHNE PROVIDES EMERGENCY AND 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, JHNE OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS
 REVENUE RULING 69-545.

ARIA HEALTH PHYSICIAN SERVICES

Part VI Supplemental information

Provide the following information

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

ARIA HEALTH PHYSICIAN 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 §170(B)(1)(A)(III). THE ORGANIZATION SUPPORTS JHNE, A RELATED
 INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT HOSPITAL ORGANIZATION.

ARIA HEALTH ORTHOPAEDICS

ARIA HEALTH ORTHOPAEDICS IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL
 REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE
 §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE
 CODE §509(A)(2). THE ORGANIZATION SUPPORTS JHNE, A RELATED INTERNAL
 REVENUE CODE §501(C)(3) TAX-EXEMPT HOSPITAL ORGANIZATION.

JEFFERSON HEALTH - NORTHEAST FOUNDATION

Part VI Supplemental Information

Provide the following information

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

JEFFERSON HEALTH - NORTHEAST FOUNDATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THIS ORGANIZATION IS ORGANIZED AND OPERATED EXCLUSIVELY TO SUPPORT AND FOR THE BENEFIT OF ARIA HEALTH SYSTEM, INC.; A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION.

KENNEDY HEALTH SYSTEM, INC.

KENNEDY HEALTH SYSTEM, INC. ("KHS") IS THE TAX-EXEMPT PARENT OF THE KENNEDY HEALTH SYSTEM ("SYSTEM"). THIS INTEGRATED HEALTHCARE DELIVERY SYSTEM CONSISTS OF A GROUP OF AFFILIATED HEALTHCARE ORGANIZATIONS. THE SOLE MEMBER OR STOCKHOLDER OF EACH ENTITY IS KHS. THE SYSTEM IS AN INTEGRATED SYSTEM OF HEALTHCARE PROVIDERS THROUGHOUT NEW JERSEY AND IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT

Part VI Supplemental Information

Provide the following information

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

TO INTERNAL REVENUE CODE §170(B)(1)(A)(VI).

KENNEDY UNIVERSITY HOSPITAL, INC.

KENNEDY UNIVERSITY HOSPITAL, INC. ("KUH") IS A NON-PROFIT NEW JERSEY CORPORATION WHICH OWNS AND OPERATES A 607-BED MULTI-CAMPUS HOSPITAL SYSTEM WITH HOSPITAL FACILITIES IN STRATFORD, CHERRY HILL AND TURNERSVILLE (WASHINGTON TOWNSHIP), NEW JERSEY. THE HOSPITAL IS THE MAJOR TEACHING AFFILIATE OF THE ROWAN UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE. THE HOSPITAL PROVIDES INPATIENT, OUTPATIENT AND EMERGENCY CARE SERVICES, AS WELL AS HOME HEALTH, DIALYSIS, RADIATION ONCOLOGY AND REHABILITATION SERVICES, PRINCIPALLY TO RESIDENTS OF CAMDEN AND GLOUCESTER COUNTIES, NEW JERSEY.

KUH IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE ("IRS") AS AN INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, KUH PROVIDES HEALTHCARE SERVICES TO ALL INDIVIDUALS

Part VI Supplemental Information

Provide the following information

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

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

KENNEDY HEALTH FACILITIES, INC.

KENNEDY HEALTH FACILITIES, INC. IS A NON-PROFIT NURSING HOME CONSISTING OF 190 BEDS (130 LONG-TERM CARE BED AND 60 SUB-ACUTE CARE BEDS). KHF IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3).

KENNEDY HEALTH CARE FOUNDATION, INC.

KENNEDY HEALTH CARE FOUNDATION, INC. IS A NOT-FOR-PROFIT CORPORATION WHICH IS RESPONSIBLE FOR THE FUNDRAISING ACTIVITIES OF THE SYSTEM. THE

Part VI Supplemental Information

Provide the following information

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

ORGANIZATION IS 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 §170(B)(1)(A)(VI).

SCHEDULE H, PART VI; QUESTION 6

KENNEDY MEDICAL GROUP PRACTICE, P.C.

KENNEDY MEDICAL GROUP PRACTICE, P.C. D/B/A KENNEDY HEALTH ALLIANCE, IS A
 TAX-EXEMPT PROFESSIONAL CORPORATION AND OPERATES AS A NETWORK OF PRIMARY
 PHYSICIAN GROUPS AND SPECIALISTS WITH OFFICES LOCATED THROUGHOUT THE
 SOUTH JERSEY REGION. 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).

KENNEDY PROPERTY CORPORATION

Part VI Supplemental Information

Provide the following information

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

KENNEDY PROPERTY CORPORATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). KPC IS THE HOLDING COMPANY TO PROVIDE OVERALL PLANNING, MANAGEMENT AND SUPPORT SERVICES FOR ALL OTHER HOSPITAL ENTERPRISE ORGANIZATIONS.

STAT MEDICAL TRANSPORT, INC.

STAT MEDICAL TRANSPORT, INC. IS A NOT-FOR-PROFIT AMBULANCE COMPANY WHICH OWNS AND OPERATES AMBULANCES THAT SERVICE THE HOSPITAL AND THE COMMUNITY. THE ORGANIZATION IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3).

PHILADELPHIA UNIVERSITY

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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- 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
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PHILADELPHIA UNIVERSITY 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 FUNCTIONS AS A COMPREHENSIVE UNIVERSITY WITH PREEMINENCE IN TRANSDISCIPLINARY, EXPERIENTIAL PROFESSIONAL EDUCATION, RESEARCH AND DISCOVERY, DELIVERING EXCEPTIONAL VALUE FOR THE 21ST CENTURY STUDENTS WITH EXCELLENCE IN ARCHITECTURE, BUSINESS, DESIGN, FASHION, ENGINEERING, HEALTH, MEDICINE, SCIENCE AND TEXTILES - INFUSED WITH THE LIBERAL ARTS.

MAGEE REHABILITATION HOSPITAL

MAGEE REHABILITATION IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE ("IRS") AS AN INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, MAGEE REHABILITATION PROVIDES

Part VI Supplemental Information

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

FOR-PROFIT HEALTH SYSTEM ENTITIES

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1100 WALNUT ASSOCIATES, LLC

1100 WALNUT ASSOCIATES, LLC IS A LIMITED LIABILITY COMPANY WHICH ENGAGES
 IN REAL ESTATE ACTIVITY.

TMB ENTERPRISE PARTNERSHIP, LLC

TMB ENTERPRISE PARTNERSHIP, LLC IS A PARTNERSHIP OWNED BY ARIA HEALTH

Part VI Supplemental Information

Provide the following information

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SYSTEM AFFILIATES. THIS ORGANIZATION ENGAGES IN REAL ESTATE ACTIVITY.

JUNIATA MEDICAL BUILDING PARTNERS, LLC

JUNIATA MEDICAL BUILDING PARTNERS, LLC IS A PARTNERSHIP OWNED BY ARIA HEALTH SYSTEM AFFILIATES. THIS ORGANIZATION ENGAGES IN REAL ESTATE ACTIVITY.

MEDICAL IMAGING ASSOCIATES, LLC

MEDICAL IMAGING ASSOCIATES, LLC IS A PARTNERSHIP WHICH IS OWNED 83% BY ARIA HEALTH SYSTEM; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. THIS ORGANIZATION RENTS MEDICAL EQUIPMENT TO SYSTEM AFFILIATES.

ATRIUM CORPORATION

Part VI Supplemental Information

Provide the following information

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ATRIUM CORPORATION IS A FOR-PROFIT ENTITY WHOSE SOLE SHAREHOLDER IS
 TJUHS. THE ORGANIZATION IS LOCATED IN PHILADELPHIA, PENNSYLVANIA. THE
 ORGANIZATION IS A TAXABLE HOLDING COMPANY PROVIDING OVERSIGHT FOR OWNED
 FOR-PROFIT SUBSIDIARY ORGANIZATIONS.

HEALTHMARK, INC.

HEALTHMARK, INC. IS A FOR-PROFIT ENTITY WHOSE SOLE SHAREHOLDER IS THE
 ATRIUM CORPORATION. THE ORGANIZATION IS LOCATED IN PHILADELPHIA,
 PENNSYLVANIA. THE ORGANIZATION PROVIDES WORKERS COMPENSATION SERVICES AND
 EMPLOYEE PHYSICALS AND TESTING.

JEFFCARE, INC.

Part VI Supplemental Information

Provide the following information

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JEFFCARE, INC. IS A FOR-PROFIT ENTITY WHOSE SOLE SHAREHOLDER IS TJUHS.

THE ORGANIZATION IS LOCATED IN PHILADELPHIA, PENNSYLVANIA. THE

ORGANIZATION NEGOTIATES AND COORDINATES MANAGED CARE CONTRACTS AND

SUPPORTS JEFFCARE ALLIANCE, LLC. THE ORGANIZATION IS A PHYSICIAN-HOSPITAL

ORGANIZATION ("PHO").

JEFFERSON ACUTE CARE PHYSICIANS, P.C.

JEFFERSON ACUTE CARE PHYSICIANS, P.C. IS A FOR-PROFIT ENTITY. THE

ORGANIZATION IS LOCATED IN PHILADELPHIA, PENNSYLVANIA. THE ORGANIZATION

PROVIDES MEDICAL SERVICES.

JEFFERSON PHYSICIAN SERVICES OF CALIFORNIA, P.C.

JEFFERSON PHYSICIAN SERVICES OF CALIFORNIA, P.C. IS A FOR-PROFIT ENTITY.

THE ORGANIZATION WAS ORGANIZED TO PROVIDE TELEMEDICINE SERVICES.

Part VI Supplemental Information

Provide the following information

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
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TELEMEDICINE SEEKS TO IMPROVE A PATIENT'S HEALTH BY PERMITTING TWO-WAY,
 REAL TIME INTERACTIVE COMMUNICATION BETWEEN THE PATIENT, AND THE
 PHYSICIAN OR PRACTITIONER AT THE DISTANT SITE. THIS ORGANIZATION IS
 CURRENTLY INACTIVE.

MID-ATLANTIC MATERNAL FETAL INSTITUTE, INC.

MID-ATLANTIC MATERNAL FETAL INSTITUTE, INC. IS A FOR-PROFIT ENTITY. THE
 ORGANIZATION IS LOCATED IN PHILADELPHIA, PENNSYLVANIA. THE ORGANIZATION
 IS CURRENTLY INACTIVE.

MID-ATLANTIC MATERNAL FETAL INSTITUTE, PC

MID-ATLANTIC MATERNAL FETAL INSTITUTE, PC IS A FOR-PROFIT ENTITY. THE
 ORGANIZATION IS LOCATED IN PHILADELPHIA, PENNSYLVANIA. THE ORGANIZATION
 IS CURRENTLY INACTIVE.

Part VI Supplemental Information

Provide the following information

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TJU, INC.

TJU, INC. IS A FOR-PROFIT ENTITY. THE ORGANIZATION IS LOCATED IN PHILADELPHIA, PENNSYLVANIA. THE ORGANIZATION IS RESPONSIBLE FOR MANAGING AND OPERATING RENTAL SPACE.

WALNUT REALTY

WALNUT REALTY IS A FOR-PROFIT ENTITY. THE ORGANIZATION IS LOCATED IN PHILADELPHIA, PENNSYLVANIA. THE ORGANIZATION IS RESPONSIBLE FOR MANAGING AND OPERATING RENTAL SPACE.

925 WALNUT STREET CORP.

Part VI Supplemental Information

Provide the following information

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
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- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

925 WALNUT STREET CORP. IS A FOR-PROFIT ENTITY. THE ORGANIZATION IS
 LOCATED IN WILMINGTON, DELAWARE. THE ORGANIZATION IS RESPONSIBLE FOR
 MANAGING AND OPERATING A PARKING GARAGE.

SYSTEM SERVICE CORPORATION

SYSTEM SERVICE CORPORATION IS A FOR-PROFIT HOLDING CORPORATION LOCATED IN
 DELAWARE.

T.F. DEVELOPMENT, INC.

T.F. DEVELOPMENT, INC. IS A FOR-PROFIT CORPORATION WHOSE SOLE SHAREHOLDER
 IS SYSTEM SERVICE CORPORATION. THE ORGANIZATION MANAGES RENTAL REAL
 ESTATE.

HEALTH CARE, INC.

Part VI Supplemental Information

Provide the following information

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HEALTH CARE, INC. IS A FOR-PROFIT CORPORATION WHOSE SOLE SHAREHOLDER IS SYSTEM SERVICE CORPORATION. THE ORGANIZATION OPERATES A PHARMACY IN BUCKS COUNTY, PENNSYLVANIA.

KENNEDY MANAGEMENT GROUP, INC.

KENNEDY MANAGEMENT GROUP, INC. IS A FOR-PROFIT CORPORATION THAT INVESTS IN FOR-PROFIT BUSINESSES TO FURTHER ITS MISSION. KMG ACCOUNTS FOR INVESTMENTS UNDER THE EQUITY METHOD AND HAS A 50% INTEREST IN THE OPERATIONS OF HEALTHTRAX FITNESS GYM, LLC, A 20% INTEREST IN MAB BUILDING ASSOCIATES, AND A 26% INTEREST IN KHS AMBULATORY SURGERY CENTER, LLC. KMG FILES ITS FEDERAL TAX RETURN IN CONSOLIDATION WITH PROFESSIONAL MEDICAL MANAGEMENT, INC.

PROFESSIONAL MEDICAL MANAGEMENT, INC.

Part VI Supplemental Information

Provide the following information

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PROFESSIONAL MEDICAL MANAGEMENT, INC. IS A SUBSIDIARY OF KENNEDY
MANAGEMENT GROUP, INC. THIS CORPORATION IS A FOR-PROFIT COLLECTION
SERVICE COMPANY.

KENNEDY ACCESS INCORPORATED

KENNEDY ACCESS INCORPORATED IS A FOR-PROFIT CORPORATION WHOSE SOLE
SHAREHOLDER IS KENNEDY HEALTH SYSTEM, INC. THE ORGANIZATION IS CURRENTLY
INACTIVE.

SCHEDULE H, PART VI; QUESTION 6

JOINT VENTURES

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Part VI Supplemental Information

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RIVERVIEW SURGERY CENTER AT THE NAVY YARD, LP

RIVERVIEW SURGERY CENTER AT THE NAVY YARD, LP IS A LIMITED PARTNERSHIP OF WHICH THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC. OWNS A 50.49% MAJORITY INTEREST.

RIVERVIEW SURGERY CENTER AT THE NAVY YARD, LLC

RIVERVIEW SURGERY CENTER AT THE NAVY YARD, LLC IS A LIMITED LIABILITY COMPANY OF WHICH THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC. OWNS A 51% MAJORITY INTEREST.

JEFFERSON UNIVERSITY RADIOLOGY ASSOCIATES, LLC

JEFFERSON UNIVERSITY RADIOLOGY ASSOCIATES, LLC IS A LIMITED LIABILITY

Part VI Supplemental Information

Provide the following information

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COMPANY OF WHICH THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC. OWNS A 80% MAJORITY INTEREST.

JEFFERSON COMPREHENSIVE CONCUSSION CENTER, LLC

JEFFERSON COMPREHENSIVE CONCUSSION CENTER, LLC IS A LIMITED LIABILITY COMPANY OF WHICH THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC. HOLDS A 32.5% INTEREST IN AND JEFFERSON UNIVERSITY PHYSICIANS HOLDS A 33.9% INTEREST IN.

ROTHMAN ORTHOPAEDIC SPECIALTY HOSPITAL, LLC

ROTHMAN ORTHOPAEDIC SPECIALTY HOSPITAL, LLC IS A LIMITED LIABILITY COMPANY OF WHICH THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC. OWNS A 54% MAJORITY INTEREST.

Part VI Supplemental Information

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JEFFHEDGE, LLC

JEFFHEDGE, LLC IS A LIMITED LIABILITY COMPANY OF WHICH THOMAS JEFFERSON UNIVERSITY HOLDS A 70% MAJORITY INTEREST.

MLJH, LLC

MLJH, LLC IS A LIMITED LIABILITY COMPANY OF WHICH THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC. HAS A 50% INTEREST. THIS ORGANIZATION WAS CREATED TO INVEST IN PHYSICIAN'S CARE SURGICAL HOSPITAL, LP, A PENNSYLVANIA LIMITED PARTNERSHIP WHICH OPERATES A SPECIALTY SURGICAL HOSPITAL.

GARDEN STATE RADIOLOGY NETWORK, LLC

Part VI Supplemental Information

Provide the following information

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GARDEN STATE RADIOLOGY NETWORK, LLC WILL DEVELOP, OWN, OPERATE AND MANAGE
A DIAGNOSTIC IMAGING NETWORK FOR THE SYSTEM. KENNEDY HEALTH SYSTEM, INC.
HAS A 51% INTEREST IN THE ORGANIZATION.

KENNEDY CHERRY HILL SURGICAL CENTER, LLC

KENNEDY CHERRY HILL SURGICAL CENTER, LLC IS A LIMITED LIABILITY COMPANY
OF WHICH KENNEDY UNIVERSITY HOSPITAL, INC. HAS A 51% INTEREST. THIS
ORGANIZATION OPERATES A SURGICAL CENTER.

SCHEDULE H, PART VI; QUESTION 7

NOT APPLICABLE. THIS ORGANIZATION IS LOCATED IN THE STATE OF NEW JERSEY.
NO COMMUNITY BENEFIT REPORT IS REQUIRED TO BE FILED BY THIS STATE.

**SCHEDULE I
(Form 990)**

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

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

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

KENNEDY UNIVERSITY HOSPITAL, INC.

Employer identification number

22-1773439

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) KENNEDY HEALTH SYSTEM, INC 500 MARLBORO AVENUE CHERRY HILL, NJ 08002	22-2442036	501 (C) (3)	637,000				PROGRAM SUPPORT
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Schedule I (Form 990) (2017)

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

PART I, LINE 2

THE FUNDS TRANSFERRED TO RELATED INTERNAL REVENUE CODE SECTION 501(C) (3)

TAX-EXEMPT AFFILIATES ARE INTENDED TO SUPPORT THESE RELATED

ORGANIZATIONS. THE USE OF FUNDS IS MONITORED THROUGH COMMON MANAGEMENT

WITH RELATED ORGANIZATIONS.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

2017

Open To Public Inspection

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization: **KENNEDY UNIVERSITY HOSPITAL, INC.**
Employer identification number: **22-1773439**

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) SOMERDALE EQUITIES	TRUSTEE - SILVESTRI	101,857	RENTAL REAL ESTATE		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 L, PART IV

JOHN P. SILVESTRI IS A TRUSTEE OF THE ORGANIZATION. MR. SILVESTRI IS A SHAREHOLDER OF SOMERDALE EQUITIES. THE ORGANIZATION LEASED OFFICE SPACE FROM SOMERDALE EQUITIES. TOTAL FEES PAID TO SOMERDALE EQUITIES DURING THE FISCAL YEAR ENDING JUNE 30, 2018 AMOUNTED TO \$101,857. THESE LEASES HAVE BEEN REVIEWED AND APPROVED BY INDEPENDENT MEMBERS OF THE BOARD OF TRUSTEES. THE LEASES WERE RENDERED AT FAIR MARKET VALUE RATES PURSUANT TO ARM'S LENGTH NEGOTIATIONS.

MARY A. DISTANISLAO IS AN EMPLOYEE WITHIN THIS ORGANIZATION. MS. DISTANISLAO HAS A FAMILY MEMBER, WHO IS A VOTING BOARD MEMBER OF THE ORGANIZATION'S BOARD OF TRUSTEES. THE ORGANIZATION CHANGED ITS YEAR-END FROM DECEMBER 31 TO JUNE 30. THIS RETURN IS FOR THE SIX MONTH PERIOD BEGINNING JANUARY 1, 2018 AND ENDING JUNE 30, 2018. AS THERE IS NO CALENDAR YEAR WHICH ENDED WITHIN THE ORGANIZATION'S REPORTING PERIOD, MS. DISTANISLAO'S COMPENSATION IS NOT INCLUDED WITHIN SCHEDULE L, PART IV. PLEASE REFER TO THE ORGANIZATION'S PREVIOUSLY FILED 2017 FEDERAL FORM 990 FOR THE YEAR ENDED DECEMBER 31, 2017 FOR THIS INFORMATION.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

KENNEDY UNIVERSITY HOSPITAL, INC.

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

2017

**Open to Public
Inspection**

Employer identification number

22-1773439

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THIS ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH; A
COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED
HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF
EDUCATION, RESEARCH AND PATIENT CARE.

THIS MILESTONE MARKS THE FIRST TIME THAT A PHILADELPHIA HEALTH SYSTEM HAS
FULLY MERGED WITH A SOUTHERN NEW JERSEY HEALTH SYSTEM. UNLIKE AN
ACQUISITION, THIS PARTNERSHIP BUILDS ON JEFFERSON'S INNOVATIVE
HUB-AND-HUB MODEL, WHERE KENNEDY HEALTH WILL SERVE AS THE SOUTHERN NEW
JERSEY CORE OF JEFFERSON HEALTH.

SOUTH JERSEY RESIDENTS WILL RECEIVE CARE FROM THE SAME TRUSTED
PHYSICIANS, NURSES AND STAFF, BUT ALSO HAVE ACCESS TO JEFFERSON'S
ADVANCED CLINICAL SERVICES AND PROMISING CLINICAL TRIALS.

THE BOARDS OF JEFFERSON AND KENNEDY UNANIMOUSLY APPROVED THE MERGER,
WHICH EXTENDS THE SHARED GOVERNANCE MODEL THAT WAS ESTABLISHED WITH
ABINGTON, ARIA AND JEFFERSON.

BACKGROUND

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Name of the organization KENNEDY UNIVERSITY HOSPITAL, INC.	Employer identification number 22-1773439
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JEFFERSON HEALTH NEW JERSEY ("JHNJ") IS AN INTEGRATED HEALTHCARE DELIVERY SYSTEM PROVIDING A FULL CONTINUUM OF HEALTHCARE SERVICES, RANGING FROM ACUTE-CARE HOSPITALS TO A BROAD SPECTRUM OF OUTPATIENT AND WELLNESS PROGRAMS. AS A MULTI-SITE HEALTHCARE PROVIDER, THE SYSTEM SERVES THE RESIDENTS OF CAMDEN, BURLINGTON AND GLOUCESTER COUNTIES.

KENNEDY UNIVERSITY HOSPITAL, INC. ("KUH") IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE ("IRS") AS AN INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, THE ORGANIZATION PROVIDES HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, IT OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545:

- 1) PROVIDES HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS;
- 2) OPERATES 3 ACTIVE EMERGENCY DEPARTMENTS FOR ALL PERSONS; WHICH ARE OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR;
- 3) MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS;
- 4) CONTROL OF KUH RESTS WITH ITS BOARD OF TRUSTEES AND THE BOARD OF

Name of the organization KENNEDY UNIVERSITY HOSPITAL, INC.	Employer identification number 22-1773439
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TRUSTEES OF ITS ULTIMATE PARENT THOMAS JEFFERSON UNIVERSITY, BOTH BOARDS ARE COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY; AND

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

THE OPERATIONS OF THIS ORGANIZATION AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THAT THE USE AND CONTROL OF KUH 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.

JEFFERSON HEALTH NEW JERSEY
=====

KENNEDY HEALTH HOSPITALS ARE NOW KNOWN AS JEFFERSON CHERRY HILL HOSPITAL, JEFFERSON STRATFORD HOSPITAL AND JEFFERSON WASHINGTON TOWNSHIP HOSPITAL. THE RENAMING IS PART OF A UNIFYING CHANGE TO HIGHLIGHT JEFFERSON HEALTH'S SOUTHERN NEW JERSEY HUB AS JEFFERSON CONTINUES ITS EFFORTS TO BRING WORLD CLASS HEALTH CARE TO PATIENTS IN THE COMMUNITIES WHERE THEY LIVE.

JEFFERSON CHERRY HILL HOSPITAL CAMPUS BREAKDOWN

Name of the organization KENNEDY UNIVERSITY HOSPITAL, INC.	Employer identification number 22-1773439
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- MAIN CAMPUS FOR INPATIENT BEHAVIORAL HEALTH AND OUTPATIENT SUBSTANCE ABUSE SERVICES

- NJ STATE-DESIGNATED PRIMARY STROKE CENTER

- JEFFERSON HEALTH PRIMARY & SPECIALTY CARE MEDICAL PRACTICES

- OUTPATIENT SURGERY CENTER

- SLEEP CENTER

- BALANCE CENTER

- NUTRITION CENTER

- MEDICAL OFFICE BUILDING WITH VARIOUS SERVICES, INCLUDING: ROTHMAN

INSTITUTE ORTHOPEDICS, WOUND CARE, OPHTHALMOLOGY, DERMATOLOGY, MEDICAL

IMAGING & LABORATORY

JEFFERSON CHERRY HILL HOSPITAL BY THE NUMBERS

- 196 ACUTE CARE BEDS

- 1,149 EMPLOYEES

- 41,761 EMERGENCY ROOM VISITS

- 7,099 HOSPITAL ADMISSIONS

- 4,779 SURGICAL PROCEDURES PERFORMED

- 11,896 BEHAVIORAL HEALTH ENCOUNTERS

JEFFERSON CHERRY HILL HOSPITAL IS CURRENTLY UNDERGOING A \$200 MILLION

Name of the organization KENNEDY UNIVERSITY HOSPITAL, INC.	Employer identification number 22-1773439
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TRANSFORMATION PROJECT. THE COMPLETED PHASE 1 INCLUDES A NEW HOSPITAL ATRIUM LOBBY, A 102,000-SQUARE-FOOT MEDICAL OFFICE BUILDING AND A 600-SPACE PARKING FACILITY. PHASE 2, WHICH IS EXPECTED TO BE COMPLETED IN 2020, WILL FEATURE A NEW INPATIENT TOWER WITH PRIVATE PATIENT ROOMS.

JEFFERSON STRATFORD HOSPITAL CAMPUS BREAKDOWN

=====

- ACCREDITED CENTER FOR SURGICAL WEIGHT LOSS
- NJ STATE-DESIGNATED PRIMARY STROKE CENTER
- ACUTE CARE FOR ELDERLY (ACE) UNIT
- VITAS INNOVATIVE HOSPICE CARE UNIT
- EARLY INTERVENTION PROGRAM FOR HIV/AIDS
- JEFFERSON HEALTH PRIMARY & SPECIALTY CARE MEDICAL PRACTICES
- SLEEP CENTER
- BALANCE CENTER
- DIALYSIS CENTER
- NUTRITION CENTER
- MEDICAL IMAGING SERVICES
- LABORATORY SERVICES
- FAMILY HEALTH SERVICES (FAMILY MEDICINE, OB/GYN, & PEDIATRICS)

JEFFERSON STRATFORD HOSPITAL BY THE NUMBERS

Name of the organization KENNEDY UNIVERSITY HOSPITAL, INC.	Employer identification number 22-1773439
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- 181 ACUTE CARE BEDS
- 821 EMPLOYEES
- 39,000 EMERGENCY ROOM VISITS
- 5,661 HOSPITAL ADMISSIONS
- 5,938 SURGICAL PROCEDURES PERFORMED
- 26,828 DIALYSIS CENTER VISITS (VOORHEES)

JEFFERSON HEALTH NEW JERSEY'S BARIATRIC SURGERY PROGRAM CONTINUES TO GROW. ESTABLISHED IN 2007, THERE HAVE BEEN MORE THAN 3,800 BARIATRIC PROCEDURES PERFORMED AT THE CENTER FOR SURGICAL WEIGHT LOSS.

JEFFERSON WASHINGTON TOWNSHIP HOSPITAL CAMPUS BREAKDOWN

=====

- SIDNEY KIMMEL CANCER CENTER (WASHINGTON TOWNSHIP)
- JEFFERSON NEUROSCIENCE CENTER OF SOUTHERN NEW JERSEY
- NJ STATE-DESIGNATED COMPREHENSIVE STROKE CENTER
- COMPREHENSIVE BREAST CENTER
- CARDIAC CATHETERIZATION LABORATORY
- ROTHMAN INSTITUTE ORTHOPEDIC PROCEDURES
- ROBOTIC SURGERY
- RONALD MCDONALD PEDIATRIC CENTER
- JEFFERSON HEALTH PRIMARY & SPECIALTY CARE MEDICAL PRACTICES
- OUTPATIENT SURGERY CENTER
- SLEEP & BALANCE CENTERS

Name of the organization KENNEDY UNIVERSITY HOSPITAL, INC.	Employer identification number 22-1773439
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- DIALYSIS CENTER
- NUTRITION CENTER
- FAMILY HEALTH SERVICES (FAMILY MEDICINE, OB/GYN, & PEDIATRICS)
- HEALTH CARE CENTER, A 130-BED LONG-TERM CARE FACILITY WITH A 60-BED SUB-ACUTE WING
- CENTER FOR ADVANCED WOUND CARE & HYPERBARIC OXYGEN THERAPY
- MATERNITY CENTER & GLOUCESTER COUNTY'S ONLY NEONATAL INTENSIVE CARE UNIT (NICU)
- BEHAVIORAL HEALTH SERVICES (MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT)
- PEDIATRICIANS ONSITE IN THE ER 24/7

JEFFERSON WASHINGTON TOWNSHIP HOSPITAL BY THE NUMBERS

- 230 ACUTE CARE BEDS
- 1,655 EMPLOYEES
- 66,735 EMERGENCY ROOM VISITS
- 13,233 HOSPITAL ADMISSIONS
- 17,057 SURGICAL PROCEDURES PERFORMED
- 29,029 DIALYSIS CENTER VISITS
- 6,322 BEHAVIORAL HEALTH ENCOUNTERS
- 1,015 BIRTHS

JEFFERSON WASHINGTON TOWNSHIP HOSPITAL IS CURRENTLY UNDERGOING A \$205 MILLION EXPANSION, ADDING A NEW 7-FLOOR HOSPITAL TOWER WITH PRIVATE ROOMS

Name of the organization KENNEDY UNIVERSITY HOSPITAL, INC.	Employer identification number 22-1773439
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AND A FREE 8-LEVEL ENCLOSED PARKING FACILITY.

AWARDS & ACCREDITATIONS

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EVERY YEAR JEFFERSON HEALTH IN NEW JERSEY IS HONORED TO RECEIVE A WIDE RANGE OF INDUSTRY AWARDS, ACCOLADES AND RECOGNITIONS. EVERY DAY WE'RE PROUD OF THE AFFILIATIONS, ACCREDITATIONS, DESIGNATIONS AND PARTNERSHIPS WE HAVE WITH SOME OF THE TOP HEALTH CARE ORGANIZATIONS IN THE WORLD. AND EVERY MINUTE WE'RE HUMBLLED TO PROVIDE CARE TO THE RESIDENTS OF THE COMMUNITIES WE SERVE.

- JHNJ EARNED CEO CANCER GOLD STANDARD RECOGNITION FOR ITS EFFORTS TO REDUCE CANCER RISK FOR ASSOCIATES AND COVERED FAMILY MEMBERS.

- JHNJ WAS HONORED AT THE AMERICAN CANCER SOCIETY (ACS) REGIONAL "CELEBRATION OF HOPE" AWARDS FOR ITS SUPPORT OF ACS INITIATIVES.

- JEFFERSON WASHINGTON TOWNSHIP HOSPITAL'S MATERNITY CENTER WAS RECOGNIZED BY HORIZON BLUE CROSS BLUE SHIELD-NJ WITH A BLUE DISTINCTION CENTER FOR MATERNITY CARE DESIGNATION FOR CLINICAL EXCELLENCE.

- JHNJ'S HUMAN RESOURCES DEPARTMENT WON THE HR.COM LEAD AWARD FOR ITS SERVANT LEADERSHIP TRAINING.

Name of the organization KENNEDY UNIVERSITY HOSPITAL, INC.	Employer identification number 22-1773439
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- ALL THREE JHNJ HOSPITALS RECEIVED "EXEMPLAR" STATUS FOR THEIR NICHE (NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDERS) PROGRAM.
 - THE MATERNAL FETAL MEDICINE DEPARTMENT EARNED REACCREDITATION THROUGH 2021 BY THE AMERICAN INSTITUTE OF ULTRASOUND IN MEDICINE'S (AIUM) ULTRASOUND PRACTICE ACCREDITATION COUNCIL.
 - JHNJ WAS NAMED A PHILLY.COM TOP WORKPLACE FOR THE 5TH CONSECUTIVE YEAR, BASED ON EMPLOYEE FEEDBACK.
 - THE JEFFERSON STRATFORD HOSPITAL POST-ANESTHESIA CARE UNIT (PACU) TEAM WAS AWARDED A 2018 CERTIFICATION ACHIEVEMENT AWARD BY THE AMERICAN BOARD OF PERIANESTHESIA NURSING CERTIFICATION, INC. (ABPANC).
 - JHNJ WAS NAMED A "CHAMPION OF GOOD WORK" BY THE COMMERCE & INDUSTRY ASSOCIATION OF NJ FOR ITS VETERANS INITIATIVES.
 - JHNJ WAS RECOGNIZED AS ONE OF THE "HEALTHIEST COMPANIES IN AMERICA" FOR 2017 BY INTERACTIVE HEALTH FOR EMPOWERING EMPLOYEES TO MAKE SIGNIFICANT HEALTH CHANGES.
- CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS
- ALL THREE JHNJ HOSPITALS EARNED THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION'S GET WITH THE GUIDELINES STROKE GOLD PLUS QUALITY ACHIEVEMENT AWARD.

Name of the organization KENNEDY UNIVERSITY HOSPITAL, INC.	Employer identification number 22-1773439
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- ALL THREE JHNJ HOSPITALS WERE HONORED WITH THE 2018 HEALTHGRADES PATIENT SAFETY EXCELLENCE AWARD, RECOGNIZING EXCELLENT PERFORMANCE IN SAFEGUARDING PATIENTS.

- JEFFERSON BECAME THE FIRST HEALTHCARE SYSTEM IN CAMDEN AND GLOUCESTER COUNTIES TO ACHIEVE MAGNET RECOGNITION BY THE AMERICAN NURSES CREDENTIALING CENTER FOR NURSING EXCELLENCE.

- JHNJ'S PROJECT SEARCH INTERN-TO-EMPLOYMENT PROGRAM WAS HONORED WITH AN "EMPLOYMENT OUTCOME AWARD" AT PROJECT SEARCH'S NATIONAL CONFERENCE.

- JHNJ WAS HONORED BY THE FOOD BANK OF SOUTH JERSEY WITH THE "CHAMPION AGAINST HUNGER AWARD" FOR ITS COMMITMENT TO FIGHTING HUNGER IN SOUTH JERSEY.

- JHNJ RECEIVED THE "OUTSTANDING EMPLOYER RECOGNITION AWARD," IN RECOGNITION OF ITS SUPPORT TO PROVIDE EMPLOYMENT OPPORTUNITIES FOR INDIVIDUALS WITH DISABILITIES, FROM THE SAMOST JEWISH FAMILY AND CHILDREN'S SERVICE (JFCS) OF SOUTHERN NEW JERSEY.

JEFFERSON HEALTH IN NEW JERSEY AFFILIATIONS & PARTNERSHIPS

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KUH IS THE PRIMARY TEACHING HOSPITAL OF ROWAN UNIVERSITY-SCHOOL OF

Name of the organization KENNEDY UNIVERSITY HOSPITAL, INC.	Employer identification number 22-1773439
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OSTEOPATHIC MEDICINE (ROWANSOM), FORMERLY UMDNJ-SOM AND IS ALSO
AFFILIATED WITH THE ROTHMAN INSTITUTE.

COMMUNITY SERVICES

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SUPPORT GROUPS: TALKING ABOUT ISSUES OR CONCERNS IN A SUPPORTIVE AND
CONFIDENTIAL ENVIRONMENT CAN HELP WITH THE LEARNING, HEALING OR COPING
PROCESS. THAT'S WHY JEFFERSON HEALTH NEW JERSEY OFFERS SUPPORT GROUPS ON
A NUMBER OF TOPICS HOSTED IN OR NEAR OUR THREE HOSPITAL LOCATIONS. MOST
OF THESE SESSIONS ARE FREE AND OPEN TO THE PUBLIC.

1) ALCOHOLICS ANONYMOUS - THESE MEETINGS OFFER HELP, SUPPORT AND
ENCOURAGEMENT FOR THOSE WHO HAVE AN ALCOHOL ADDICTION. THEY ARE FREE AND
OPEN TO THE PUBLIC, NO REGISTRATION IS REQUIRED.

2) BEREAVEMENT SUPPORT GROUP - THESE MONTHLY MEETINGS OFFER COMPASSIONATE
SUPPORT AND PROVIDE EFFECTIVE COPING SKILLS FOR THOSE GRIEVING A LOSS.
THEY ARE FREE AND OPEN TO THE PUBLIC.

3) BARIATRIC SUPPORT GROUP - THESE BARIATRIC SUPPORT GROUP MEETINGS ARE
FOR THOSE WHO ARE EITHER CONSIDERING OR HAVE ALREADY UNDERGONE
WEIGHT-LOSS SURGERY. MEETINGS ARE FREE AND OPEN TO BOTH PRE- AND
POST-OPERATIVE PATIENTS AND THE FAMILY MEMBERS AND FRIENDS WHO SUPPORT
THEM.

Name of the organization

KENNEDY UNIVERSITY HOSPITAL, INC.

Employer identification number

22-1773439

4) BREASTFEEDING SUPPORT GROUP - THESE SESSIONS PROVIDE AN OPPORTUNITY FOR EXPECTANT OR NURSING MOTHERS TO MEET NEW MOMS AND HAVE THEIR QUESTIONS ANSWERED.

5) CENTER FOR HOPE & HEALING - CANCER SUPPORT GROUP - THESE CANCER EDUCATION AND SUPPORT PROGRAMS ARE FREE TO CANCER PATIENTS AND THEIR CAREGIVERS. SPACE IS LIMITED, SO PLEASE REGISTER IN ADVANCE.

6) CHRONIC PAIN SUPPORT GROUP - THESE SUPPORT GROUP SESSIONS TEACH RELAXATION TECHNIQUES AND COPING METHODS. THEY ARE FREE AND OPEN TO THE PUBLIC.

7) DIABETES SUPPORT GROUP - THESE SUPPORT GROUP SESSIONS FOCUS ON IMPROVING COPING SKILLS, ENHANCING SELF-IMAGE AND LEARNING NEW PROBLEM-SOLVING SKILLS.

8) DIALYSIS SUPPORT GROUP - JOIN JEFFERSON HEALTH NEW JERSEY'S LICENSED SOCIAL WORKER HILLARY SCOTT FOR A MONTHLY SUPPORT GROUP WITH FELLOW DIALYSIS PATIENTS AND FAMILY MEMBERS IN A NON-JUDGMENTAL, SUPPORTIVE ENVIRONMENT.

9) NARCOTICS ANONYMOUS - THESE MEETINGS OFFER HELP, SUPPORT AND ENCOURAGEMENT FOR THOSE WHO HAVE A NARCOTIC ADDICTION. THEY ARE FREE AND OPEN TO THE PUBLIC.

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10) PARENTS BEREAVEMENT SUPPORT GROUP - JEFFERSON HEALTH NEW JERSEY IS INTRODUCING A NEW, PROFESSIONALLY FACILITATED SUPPORT GROUP FOR PARENTS WHO HAVE LOST A CHILD TO SHARE THEIR FEELINGS, RECEIVE MUTUAL SUPPORT AND LEARN ABOUT SOME WAYS TO HELP MANAGE THEIR HEARTACHE.

11) SMOKING CESSATION SUPPORT GROUP & COUNSELING - QUITTING SMOKING CAN BE HARD, BUT JEFFERSON HEALTH NEW JERSEY IS HERE TO HELP!

CORE FORM, PAGE 1, BOX C

PLEASE NOTE, THIS ORGANIZATION ADOPTED THE FOLLOWING ALTERNATIVE TRADE NAMES BY FILING THE APPROPRIATE DOCUMENTS WITH THE STATE OF NEW JERSEY:

- 1) JEFFERSON HEALTH;
- 2) JEFFERSON HOME CARE; AND
- 3) SIDNEY KIMMEL CANCER CENTER, JEFFERSON HEALTH.

CORE FORM, PART I, LINES 3 & 4 & PART VI, SECTION A; Q'S 1A & 1B

THIS ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. AS REFLECTED ON CORE FORM, PART I, LINES 3 AND 4 AND ALSO IN CORE FORM, PART VI, LINES 1A AND 1B, THERE ARE A TOTAL OF SIXTEEN VOTING MEMBERS ON THE BOARD OF TRUSTEES. OF THESE

Name of the organization KENNEDY UNIVERSITY HOSPITAL, INC.	Employer identification number 22-1773439
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SIXTEEN VOTING MEMBERS, THREE ARE NON-INDEPENDENT DUE TO THE FACT THAT THEY ARE EITHER EMPLOYED BY THIS ORGANIZATION OR BY AN AFFILIATE WITHIN THE SYSTEM AND RECEIVE COMPENSATION IN THEIR RESPECTIVE ROLES OR ARE NON-INDEPENDENT DUE TO A BUSINESS TRANSACTION BETWEEN THEIR 35% CONTROLLED ENTITY AND AN AFFILIATE WITHIN THE SYSTEM. IN ACCORDANCE WITH CURRENT INTERNAL REVENUE SERVICE FORM 990 INSTRUCTIONS, NO COMPENSATION OR EMPLOYEE BENEFIT AMOUNTS ARE REPORTED HEREIN AS THIS RETURN IS A SHORT-PERIOD RETURN, BUT NOT A FINAL RETURN. THE ORGANIZATION CHANGED ITS YEAR-END FROM DECEMBER 31 TO JUNE 30. THIS RETURN IS FOR THE SIX-MONTH PERIOD BEGINNING JANUARY 1, 2018 AND ENDING JUNE 30, 2018 AND, ACCORDINGLY, THERE IS NO REPORTABLE COMPENSATION FROM FEDERAL FORMS W-2 OR 1099 SINCE NO CALENDAR YEAR ENDS WITHIN THE ORGANIZATION'S REPORTING PERIOD.

CORE FORM, PART I, LINE 5 & PART V, QUESTION 2A

IN ACCORDANCE WITH CURRENT INTERNAL REVENUE SERVICE FORM 990 INSTRUCTIONS, THE ORGANIZATION ENTERED -0- FOR THE NUMBER OF EMPLOYEES REPORTED ON FORM W-3, TRANSMITTAL OF WAGE AND TAX STATEMENTS, AS THIS RETURN IS A SHORT-PERIOD RETURN, BUT NOT A FINAL RETURN. THE ORGANIZATION CHANGED ITS YEAR-END FROM DECEMBER 31 TO JUNE 30. THIS RETURN IS FOR THE SIX-MONTH PERIOD BEGINNING JANUARY 1, 2018 AND ENDING JUNE 30, 2018 AND, ACCORDINGLY, THERE IS NO CALENDAR YEAR WHICH ENDED WITHIN THE ORGANIZATION'S REPORTING PERIOD.

CORE FORM, PART V, QUESTION 1A

Name of the organization KENNEDY UNIVERSITY HOSPITAL, INC.	Employer identification number 22-1773439
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IN ACCORDANCE WITH CURRENT INTERNAL REVENUE SERVICE FORM 990 INSTRUCTIONS, THE ORGANIZATION ENTERED -0- FOR THE NUMBER REPORTED IN BOX 3 OF FORM 1096, AS THIS RETURN IS A SHORT-PERIOD RETURN, BUT NOT A FINAL RETURN. THE ORGANIZATION CHANGED ITS YEAR-END FROM DECEMBER 31 TO JUNE 30. THIS RETURN IS FOR THE SIX-MONTH PERIOD BEGINNING JANUARY 1, 2018 AND ENDING JUNE 30, 2018 AND, ACCORDINGLY, THERE IS NO CALENDAR YEAR WHICH ENDED WITHIN THE ORGANIZATION'S REPORTING PERIOD.

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

KENNEDY HEALTH SYSTEM, INC. ("KHS") IS THE SOLE MEMBER OF THIS ORGANIZATION. THOMAS JEFFERSON UNIVERSITY ("TJU") IS THE SOLE CORPORATE MEMBER OF KHS. TJU HAS THE ULTIMATE AUTHORITY AND RIGHT TO ELECT THE MEMBERS OF THIS ORGANIZATION'S BOARD OF TRUSTEES AND HAS CERTAIN RESERVED POWERS AS DEFINED IN THIS ORGANIZATION'S BYLAWS.

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

THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY, ITS BOARD OF TRUSTEES, PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE ("IRS"). THE ORGANIZATION'S GOVERNING BODY HAS ASSUMED THE RESPONSIBILITY TO OVERSEE AND COORDINATE THE FEDERAL FORM 990 PREPARATION, REVIEW AND

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FILING PROCESS.

AS PART OF THE SYSTEM'S FEDERAL FORM 990 TAX RETURN PREPARATION PROCESS THE SYSTEM HIRED A PROFESSIONAL CERTIFIED PUBLIC ACCOUNTING ("CPA") FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990. THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE SYSTEM'S FINANCE PERSONNEL AND VARIOUS OTHER INDIVIDUALS INCLUDING, BUT NOT LIMITED TO, THE EXECUTIVE VICE PRESIDENT/CHIEF FINANCIAL & ADMINISTRATIVE OFFICER, SENIOR VICE PRESIDENT OF CORPORATE FINANCE & CHIEF INVESTMENT OFFICER, VICE PRESIDENT OF CORPORATE FINANCE AND THE ASSOCIATE VICE PRESIDENT & ENTERPRISE CONTROLLER ("INTERNAL WORKING GROUP") TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE SYSTEM'S INTERNAL WORKING GROUP FOR THEIR REVIEW. THE 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 INTERNAL WORKING GROUP FOR FINAL REVIEW AND APPROVAL. FOLLOWING THIS REVIEW, THE FORM 990 WAS THEN PRESENTED TO THE SYSTEM'S AUDIT, RISK AND COMPLIANCE COMMITTEE AND PROVIDED TO THE ORGANIZATION'S GOVERNING BODY PRIOR TO FILING WITH THE IRS.

CORE FORM, PART VI, SECTION B; QUESTION 12

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THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE SYSTEM HAS A WRITTEN CONFLICT OF INTEREST POLICY WITH WHICH ALL AFFILIATES REGULARLY MONITOR AND ENFORCE COMPLIANCE.

THE CONFLICT OF INTEREST POLICY GOVERNS CONFLICT OF INTEREST DISCLOSURE AND MONITORING OF ALL VOTING MEMBERS OF THE SYSTEM'S BOARD OF TRUSTEES. THE CONFLICT OF INTEREST POLICY IS DESIGNED TO ASSIST THE ORGANIZATION IN EVALUATING ARRANGEMENTS, CONTRACTS OR TRANSACTIONS THAT MAY BENEFIT THE PRIVATE INTEREST OF A TRUSTEE, THEIR FAMILY MEMBER(S), A MEMBER OF A COMMITTEE OR SUBCOMMITTEE THAT EXERCISES BOARD-DELEGATED POWERS OF THE UNIVERSITY, OR SENIOR MANAGEMENT. THE POLICY IS INTENDED TO SUPPLEMENT BUT NOT REPLACE APPLICABLE STATE AND FEDERAL LAWS GOVERNING NONPROFIT CHARITABLE CORPORATIONS.

IN ACCORDANCE WITH THE CONFLICT OF INTEREST POLICY, EACH VOTING MEMBER OF THE BOARD OF TRUSTEES MUST COMPLETE, AT LEAST ANNUALLY, THE SYSTEM'S CONFLICT OF INTEREST DISCLOSURE PROCESS. THE CONFLICT OF INTEREST PROCESS INCLUDES DISTRIBUTION OF AN ELECTRONIC DISCLOSURE TO ALL PERSONS WHO SERVED AS VOTING MEMBERS OF THE BOARD OF TRUSTEES, MEMBERS OF SENIOR MANAGEMENT AND KEY EMPLOYEES DURING THE PREVIOUS FISCAL YEAR. THE DISCLOSURE FORM ELICITS INFORMATION RELATED TO THE RESPONDENT'S ACTUAL OR POTENTIAL INTERESTS AND ACTIVITIES IN WHICH THEY ENGAGED DURING THE

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REPORTING PERIOD. THE PROCESS ALSO REQUIRES COVERED PERSONS TO DISCLOSE SUCH INFORMATION ABOUT THEIR FAMILY MEMBERS.

IN ADDITION TO ATTESTING TO THE VERACITY OF INFORMATION CONTAINED WITHIN THE DISCLOSURE, THE VOTING MEMBER OF THE BOARD OF TRUSTEES MUST CERTIFY THAT THEY WILL ABIDE BY THE SYSTEM'S CONFLICTS OF INTEREST AND OTHER RELEVANT POLICIES AND WILL DISCLOSE ALL INTERESTS AND ACTIVITIES RELATED TO THEIR ONGOING SERVICE ON THE BOARD OF TRUSTEES. MEMBERS OF SENIOR MANAGEMENT AND INDIVIDUALS IDENTIFIED AS KEY EMPLOYEES RECEIVE DISCLOSURE QUESTIONS REQUIRED OF MEMBERS OF THE BOARD OF TRUSTEES. ALL PERSONS COVERED UNDER THE ORGANIZATION'S BOARD OF TRUSTEES AND EMPLOYEE-RELATED CONFLICT OF INTEREST POLICIES MAINTAIN A CONTINUING OBLIGATION TO DISCLOSE ALL CHANGES IN INTERESTS, ACTIVITIES AND RELATIONSHIPS THROUGHOUT THE YEAR.

THE SYSTEM MAINTAINS ALL ORIGINAL DISCLOSURE FORMS AND CERTIFICATIONS IN ACCORDANCE WITH ITS RECORD RETENTION POLICY. THE SYSTEM ALSO COMPILES AND ISSUES A COMPREHENSIVE REPORT OF ALL ACTUAL OR POTENTIAL INTERESTS AND ACTIVITIES REPORTED DURING THE BOARD OF TRUSTEES CONFLICTS OF INTEREST DISCLOSURE PROCESS TO THE ORGANIZATION'S EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES. THEREAFTER, THE BOARD OF TRUSTEES ITSELF OR THROUGH DELEGATION TO THE AUDIT, RISK AND COMPLIANCE COMMITTEE, EVALUATES ALL ACTUAL OR POTENTIAL CONFLICTS OF INTEREST TO DETERMINE WHETHER ACTIVITIES OR ARRANGEMENTS REQUIRE MANAGEMENT, REDUCTION, OR ELIMINATION OF CERTAIN INTERESTS, ACTIVITIES OR RELATIONSHIPS. WHEN MANAGEMENT OF THE IDENTIFIED

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CONFLICT IS REQUIRED, THE AFFECTED PERSON(S), MEMBERS OF THE BOARD'S EXECUTIVE COMMITTEE, AND CERTAIN MEMBERS OF EXECUTIVE MANAGEMENT, RECEIVE NOTIFICATION OF THE REQUIREMENTS SET FORTH IN THE MANAGEMENT PLAN. AFFECTED PERSONS ARE EXPECTED TO ABIDE BY THE TERMS OF THE MANAGEMENT PLAN, WHICH MAY INCLUDE, BUT MAY NOT BE LIMITED TO, RECUSAL FROM DELIBERATIONS AND VOTING WHEN APPROPRIATE.

IN ADDITION TO THE ABOVE-OUTLINED INTERNAL REPORTING AND EVALUATION OF ACTIVITIES, TRANSACTIONS AND RELATIONSHIPS, ALL REQUIRED DISCLOSURES IN ACCORDANCE WITH THE INTERNAL REVENUE SERVICE'S REGULATIONS AND INSTRUCTIONS ARE REPORTED ON THE ORGANIZATION'S FEDERAL FORM 990.

CORE FORM, PART VI, SECTION B; QUESTION 15

THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE SYSTEM IS COMMITTED TO ENSURING THAT ITS EXECUTIVE COMPENSATION PROGRAM ADHERES TO THE HIGHEST STANDARDS OF REGULATORY COMPLIANCE AND BEST PRACTICES IN CORPORATE GOVERNANCE. THOMAS JEFFERSON UNIVERSITY'S BOARD OF TRUSTEES HAS A COMPENSATION AND HUMAN CAPITAL COMMITTEE ("COMMITTEE"). THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF THE SYSTEM'S EXECUTIVE COMPENSATION, INCLUDING ARRANGEMENTS COVERING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, SENIOR EXECUTIVES AND OTHER KEY

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KENNEDY UNIVERSITY HOSPITAL, INC.

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EMPLOYEES (INCLUDING CLINICAL DEPARTMENT CHAIRS AND SELECT FACULTY).

THE COMMITTEE MEETS MULTIPLE TIMES DURING THE YEAR AND IS COMPRISED OF INDIVIDUALS WHO ARE INDEPENDENT AND DO NOT HAVE CONFLICTS OF INTEREST WITH REGARD TO THE COMPENSATION ARRANGEMENTS THAT FALL WITHIN ITS PURVIEW. THE COMMITTEE'S PROCESS IS DESIGNED TO SATISFY THE REBUTTABLE PRESUMPTION OF REASONABLENESS THAT IS AVAILABLE UNDER THE INTERMEDIATE SANCTIONS LAW, AND INCLUDES THE REVIEW OF COMPARABILITY DATA AND THE CONTEMPORANEOUS SUBSTANTIATION OF ITS DELIBERATIONS AND DECISIONS.

THE COMMITTEE'S DECISIONS ARE MADE IN ACCORDANCE WITH SYSTEM'S COMPENSATION PHILOSOPHY, WHICH SUPPORTS THE OBJECTIVE OF ATTRACTING, RETAINING AND MOTIVATING TALENTED INDIVIDUALS WHO HAVE THE APPROPRIATE EXPERIENCE AND SKILLS TO ACHIEVE THE INSTITUTION'S OBJECTIVES.

ON AN ANNUAL BASIS THE COMMITTEE REVIEWS APPROPRIATE COMPARABILITY DATA FOR SIMILAR INSTITUTIONS THAT REFLECT THE MISSION, SCOPE AND COMPLEXITY OF THE ORGANIZATION AND ITS CONSTITUENT ENTITIES. THE COMMITTEE ENGAGES QUALIFIED, INDEPENDENT CONSULTANTS AS NEEDED TO PROVIDE ADVICE ON COMPENSATION MATTERS AND TO PREPARE THE COMPARABILITY DATA, WHICH ARE REVIEWED BY THE COMMITTEE IN ADVANCE OF MAKING ITS DECISIONS.

THE COMMITTEE REVIEWS AND APPROVES COMPENSATION FOR THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND OTHER SENIOR EXECUTIVES BASED ON MARKET PRACTICES, AN ASSESSMENT OF PERFORMANCE AND OTHER BUSINESS JUDGMENT FACTORS. THE

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EXECUTIVE COMPENSATION INCLUDES INCENTIVE PAY, PURSUANT TO WHICH EXECUTIVES ARE REWARDED BASED ON THE ACHIEVEMENT OF THE SYSTEM, ENTITY AND INDIVIDUAL PERFORMANCE GOALS THAT ARE ESTABLISHED IN ADVANCE OF THE PERFORMANCE PERIOD. THESE GOALS ARE LINKED TO SYSTEM'S MISSION, STRATEGIC AND OPERATING OBJECTIVES, AND HAVE PREDETERMINED WEIGHTS. AT THE END OF THE YEAR, THE COMMITTEE APPROVES THE RESULTING AWARDS BASED ON A REVIEW OF PERFORMANCE ACHIEVEMENTS RELATIVE TO THE GOALS; IN APPROPRIATE CIRCUMSTANCES, OTHER DISCRETIONARY FACTORS MAY BE CONSIDERED WHEN INCENTIVES ARE DETERMINED. THE COMMITTEE MAKES A DETERMINATION OF THE REASONABLENESS OF COMPENSATION AND MAINTAINS MINUTES THAT DOCUMENT ITS DELIBERATIONS AND DECISIONS.

CORE FORM, PART VI, SECTION C; QUESTION 19

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, SECTION A AND SCHEDULE J

IN ACCORDANCE WITH CURRENT INTERNAL REVENUE SERVICE FORM 990 INSTRUCTIONS, NO COMPENSATION OR EMPLOYEE BENEFIT AMOUNTS ARE REPORTED HEREIN AS THIS RETURN IS A SHORT-PERIOD RETURN, BUT NOT A FINAL RETURN. THE ORGANIZATION CHANGED ITS YEAR-END FROM DECEMBER 31 TO JUNE 30. THIS RETURN IS FOR THE SIX-MONTH PERIOD BEGINNING JANUARY 1, 2018 AND ENDING JUNE 30, 2018 AND, ACCORDINGLY, THERE IS NO REPORTABLE COMPENSATION FROM

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FEDERAL FORMS W-2 OR 1099 IN WHICH A CALENDAR YEAR FALLS WITHIN THIS REPORTING PERIOD. FOR CALENDAR YEAR 2017 COMPENSATION AND BENEFITS INFORMATION, PLEASE REFER TO THE ORGANIZATION'S FEDERAL FORM 990 FOR THE YEAR ENDED DECEMBER 31, 2017, WHICH WAS PREVIOUSLY FILED WITH THE INTERNAL REVENUE SERVICE.

THE ORGANIZATION ENTERED -0- FOR THE TOTAL NUMBER OF INDIVIDUALS (INCLUDING BUT NOT LIMITED TO THOSE LISTED ABOVE) WHO RECEIVED MORE THAN \$100,000 OF REPORTABLE COMPENSATION FROM THE ORGANIZATION SINCE THERE IS NO REPORTABLE COMPENSATION FROM FEDERAL FORMS W-2 OR 1099 SINCE NO CALENDAR YEAR ENDS WITHIN THE ORGANIZATION'S REPORTING PERIOD.

CORE FORM, PART VII, SECTION A, COLUMN B

THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE SYSTEM INCLUDES BOTH FOR-PROFIT AND NOT FOR-PROFIT ORGANIZATIONS. CERTAIN BOARD OF TRUSTEE MEMBERS, KEY EMPLOYEES AND OFFICERS LISTED ON CORE FORM, PART VII AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH BOTH THIS ORGANIZATION AND OTHER AFFILIATES WITHIN THE SYSTEM. THE HOURS SHOWN ON THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE NO COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, REPRESENT THE ESTIMATED HOURS DEVOTED PER WEEK FOR THIS ORGANIZATION. TO THE EXTENT THESE INDIVIDUALS SERVE AS A MEMBER OF THE BOARD OF TRUSTEES OF OTHER RELATED ORGANIZATIONS IN THE SYSTEM, THEIR

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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 INDIVIDUALS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, PAID OFFICERS OR KEY EMPLOYEES, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF THE SYSTEM; NOT SOLELY THIS ORGANIZATION.

CORE FORM, PART X; LINE 25

THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE SYSTEM HAS A NUMBER OF OUTSTANDING LONG-TERM OBLIGATED GROUP DEBT LIABILITIES, INCLUDING THE FOLLOWING BOND ISSUANCES:

- PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2006B;
- PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2009A;
- PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2012;
- PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2012A;
- PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2012B;
- PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2015A;
- PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2015B;
- PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2015C-G;
- PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2015H;
- PHILADELPHIA AUTHORITY FOR INDUSTRIAL DEVELOPMENT SERIES 2017A;

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- PHILADELPHIA AUTHORITY FOR INDUSTRIAL DEVELOPMENT SERIES 2017B;
- PHILADELPHIA AUTHORITY FOR INDUSTRIAL DEVELOPMENT SERIES 2017C;
- MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY SERIES 2018A,
- MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY SERIES 2018B;
- MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY SERIES 2018C;

AND

- MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY SERIES 2018D.

THE BONDS OUTLINED ABOVE AND VARIOUS OTHER LONG-TERM BORROWINGS ARE ALLOCATED BY THOMAS JEFFERSON UNIVERSITY; THE TAX-EXEMPT PARENT OF THE SYSTEM AND SOLE MEMBER OF VARIOUS TAX-EXEMPT AFFILIATES WITHIN THE SYSTEM, TO THE FOLLOWING SYSTEM MEMBER HOSPITALS AND CERTAIN OTHER AFFILIATES. THE BALANCE SHEET OF THESE RESPECTIVE MEMBER HOSPITALS AND CERTAIN OTHER AFFILIATES REFLECTS A TJU OBLIGATED GROUP LIABILITY. ACCORDINGLY, THIS TJU OBLIGATED GROUP LIABILITY IS REFLECTED ON THE BALANCE SHEET OF THE FOLLOWING SUBSIDIARY ORGANIZATIONS:

- THOMAS JEFFERSON UNIVERSITY HOSPITALS, EIN: 23-2829095
- TJUH SYSTEM, INC., EIN: 26-3026795
- JEFFERSON UNIVERSITY PHYSICIANS, EIN: 23-2809585
- ABINGTON HEALTH, EIN: 27-1243803
- ABINGTON HEALTH FOUNDATION, EIN: 23-2188052
- ABINGTON MEMORIAL HOSPITAL, EIN: 23-1352152
- LANSDALE HOSPITAL CORPORATION, EIN: 26-3359979
- ARIA HEALTH, EIN: 23-0596940

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- ARIA HEALTH SYSTEM, EIN: 23-2239131
- PHILADELPHIA UNIVERSITY, EIN: 23-1352294
- KENNEDY UNIVERSITY HOSPITAL, INC., EIN: 22-1773439
- MAGEE REHABILITATION HOSPITAL, EIN: 23-1476328

SCHEDULE K WAS PREPARED ON A CONSOLIDATED BASIS AND IS INCLUDED IN THE FORM 990 OF THOMAS JEFFERSON UNIVERSITY, EIN: 23-1352651.

CORE FORM, PART XI; QUESTION 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCE INCLUDE:

- LOSS ON EXTINGUISHMENT OF DEBT - (\$394,572);
- CHANGE IN MINIMUM PENSION LIABILITY - \$12,261,000;
- FIXED ASSET REVALUATION - \$18,506,000;
- CERTIFICATE OF NEED - \$7,000,000;
- ACCOUNTS RECEIVABLE ADJUSTMENT - (\$2,125,000); AND
- EQUITY TRANSFER TO KENNEDY HEALTH CARE FOUNDATION, INC.; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - (\$917,000).

CORE FORM, PART XII; QUESTION 2

THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF

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EDUCATION, RESEARCH AND PATIENT CARE. THE SYSTEM'S PARENT ENTITY IS THOMAS JEFFERSON UNIVERSITY ("TJU"). AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING ("CPA") FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE SYSTEM FOR THE FISCAL YEAR ENDED JUNE 30, 2018 AND ISSUED A CONSOLIDATED AUDITED FINANCIAL STATEMENT. AN UNMODIFIED OPINION WAS ISSUED BY THE INDEPENDENT CPA FIRM.

THOMAS JEFFERSON UNIVERSITY'S AUDIT, RISK AND COMPLIANCE COMMITTEE HAS ASSUMED RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS, WHICH INCLUDES THE SELECTION OF AN INDEPENDENT AUDITOR.

CORE FORM, PART XII; QUESTION 3

THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. TJU'S AUDIT, RISK AND COMPLIANCE COMMITTEE ENGAGED AN INDEPENDENT ACCOUNTING FIRM TO PREPARE AND ISSUE A SYSTEM WIDE CONSOLIDATED AUDIT UNDER THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133 AUDIT. THIS ORGANIZATION WAS INCLUDED IN THE SYSTEM WIDE A-133 AUDIT.

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

THE MISSION OF KENNEDY UNIVERSITY HOSPITAL, INC. IS TO FUNCTION AS AN ACADEMIC MEDICAL CENTER THAT PROVIDES THE FINEST HEALTHCARE SERVICES WITH EXCELLENT OUTCOMES TO PEOPLE LIVING IN OUR COMMUNITIES. PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT.

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ROWAN SOM 1 MEDICAL CENTER DRIVE STRATFORD, NJ 08084	RESIDENCY	8,609,668.
CALLISONRTKL ARCHITECTS, P.C. 233 BROADWAY, 16TH FLOOR NEW YORK, NY 10279	DESIGN	4,334,883.
EASTERN REHABILITATION ASSOCIATES, INC. 485 MORRIS AVENUE NEWFIELD, NJ 08344	MEDICAL	2,770,190.
STAT MEDICAL TRANSPORT. INC. 701 COOPER ROAD VOORHEES TOWNSHIP, NJ 08043	TRANSPORTATION	2,066,746.
RA PAIN SERVICES 15000 MIDLANTIC DRIVE, SUITE 102 MOUNT LAUREL, NJ 08054	MEDICAL	1,999,780.

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ATTACHMENT 3FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
INTEREST INCOME	45,233,617.			45,233,617.
INVESTMENT IN JOINT VENTURE	-512,033.			-512,033.
INVESTMENT INCOME - OPERATING	1,410,238.			1,410,238.
TOTALS	<u>46,131,822.</u>			<u>46,131,822.</u>

ATTACHMENT 4FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
CONTRACTED SERVICES	23,635,067.	21,271,560.	2,363,507.	0.
PHYSICIAN FEES	5,036,178.	4,532,560.	503,618.	0.
PURCHASED SERVICES	3,158,712.	2,842,841.	315,871.	0.
COLLECTION FEES	1,451,323.	1,306,191.	145,132.	0.
CONSULTING FEES	1,122,158.	1,009,942.	112,216.	0.
TOTALS	<u>34,403,438.</u>	<u>30,963,094.</u>	<u>3,440,344.</u>	<u>0.</u>

ATTACHMENT 5FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
DEFERRED REVENUE	456,817.	454,980.
TOTALS	<u>456,817.</u>	<u>454,980.</u>

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ATTACHMENT 6

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: TD BANK
ORIGINAL AMOUNT: 71,000,000.
INTEREST RATE: 2.0800 %
DATE OF NOTE: 09/01/2015
MATURITY DATE: 09/01/2025
PURPOSE OF LOAN: CONSTRUCTION - PARKING GARAGE, MOB & JCH CAMPUS

BEGINNING BALANCE DUE	70,688,586.
ENDING BALANCE DUE	_____

LENDER: CAPITAL LEASE OBLIGATIONS

BEGINNING BALANCE DUE	6,143,063.
ENDING BALANCE DUE	4,785,757.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	<u>76,831,649.</u>
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TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	<u>4,785,757.</u>
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**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

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OMB No. 1545-0047

2017

Open to Public
Inspection

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

(1)	(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

(1)	(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)	THOMAS JEFFERSON UNIVERSITY 601 WALNUT STREET, SUITE 925E PHILADELPHIA, PA 19106 23-1352651	EDUCATION	PA	501 (C) (3)	509 (A) (1)	N/A		X
(2)	TJUH SYSTEM, INC C/O TJU, 601 WALNUT ST, STE 925E PHILADELPHIA, PA 19106 26-3026795	HEALTH SVCS.	PA	501 (C) (3)	509 (A) (3)	TJU		X
(3)	THOMAS JEFFERSON UNIVERSITY HOSPITALS C/O TJU, 601 WALNUT ST, STE 925E PHILADELPHIA, PA 19106 23-2829095	HEALTH SVCS.	PA	501 (C) (3)	HOSPITAL	TJUH SYSTEM		X
(4)	JEFFERSON UNIVERSITY PHYSICIANS C/O TJU, 601 WALNUT ST, STE 925E PHILADELPHIA, PA 19106 23-2809585	HEALTH SVCS.	PA	501 (C) (3)	509 (A) (3)	TJUH SYSTEM		X
(5)	JEFFERSON UNIVERSITY PHYSICIANS OF NJ PC C/O TJU, 601 WALNUT ST, STE 925E PHILADELPHIA, PA 19106 46-4855345	HEALTH SVCS.	NJ	501 (C) (3)	509 (A) (3)	JUP		X
(6)	JEFFERSON PHYSICIAN SERVICES C/O TJU, 601 WALNUT ST, STE 925E PHILADELPHIA, PA 19106 23-3026939	HEALTH SVCS.	PA	501 (C) (3)	509 (A) (3)	TJUH SYSTEM		X
(7)	JEFFERSON MEDICAL CARE C/O TJU, 601 WALNUT ST, STE 925E PHILADELPHIA, PA 19106 23-2858320	HEALTH SVCS.	PA	501 (C) (3)	509 (A) (3)	JPS		X

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

Schedule R (Form 990) 2017

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

KENNEDY UNIVERSITY HOSPITAL, INC.

Employer identification number

22-1773439

Open to Public
Inspection

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

(1)	(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)	METHODIST ASSOCIATES IN HEALTHCARE, INC 23-2678055 C/O TJU, 601 WALNUT ST, STE 925E PHILADELPHIA, PA 19106	HEALTH SVCS.	PA	501 (C) (3)	509 (A) (3)	TJUH SYSTEM		X
(2)	METHODIST ASSOC IN HEALTHCARE OF NJ, PC 23-3537847 C/O TJU, 601 WALNUT ST, STE 925E PHILADELPHIA, PA 19106	HEALTH SVCS.	NJ	501 (C) (3)	509 (A) (2)	MAHC		X
(3)	JEFFEX, INC 23-2622009 C/O TJU, 601 WALNUT ST, STE 925E PHILADELPHIA, PA 19106	HEALTH SVCS.	PA	501 (C) (3)	509 (A) (3)	TJUH SYSTEM		X
(4)	EMERGENCY TRANSPORT ASSOCIATES, INC 23-2622004 C/O TJU, 601 WALNUT ST, STE 925E PHILADELPHIA, PA 19106	HEALTH SVCS.	PA	501 (C) (3)	509 (A) (2)	JEFFEX, INC.		X
(5)	WALNUT HOME THERAPEUTICS, INC 23-2622006 C/O TJU, 601 WALNUT ST, STE 925E PHILADELPHIA, PA 19106	HEALTH SVCS.	PA	501 (C) (3)	509 (A) (2)	JEFFEX, INC.		X
(6)	SUTHBREIT PROPERTIES, LTD 23-2214351 C/O TJU, 601 WALNUT ST, STE 925E PHILADELPHIA, PA 19106	REAL ESTATE	PA	501 (C) (2)	509 (A) (2)	JEFFEX, INC.		X
(7)	ABINGTON HEALTH 27-1243803 1200 OLD YORK ROAD ABINGTON, PA 19001	HEALTH SVCS.	PA	501 (C) (3)	509 (A) (3)	TJU		X

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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

KENNEDY UNIVERSITY HOSPITAL, INC.

Employer identification number

22-1773439

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)	ABINGTON MEMORIAL HOSPITAL 1200 OLD YORK ROAD ABINGTON, PA 19001 23-1352152	HEALTH SVCS.	PA	501 (C) (3)	HOSPITAL	AH		X
(2)	LANSDALE HOSPITAL CORPORATION 100 MEDICAL CAMPUS DRIVE LANSDALE, PA 19446 26-3359979	HEALTH SVCS.	PA	501 (C) (3)	HOSPITAL	AH		X
(3)	ABINGTON HEALTH FOUNDATION 1200 OLD YORK ROAD ABINGTON, PA 19001 23-2188052	FUNDRAISING	PA	501 (C) (3)	509 (A) (1)	AH		X
(4)	ARIA HEALTH SYSTEM 10800 KNIGHTS ROAD PHILADELPHIA, PA 19114 23-2239131	SUPPORTING	PA	501 (C) (3)	509 (A) (3)	TJU		X
(5)	ARIA HEALTH 10800 KNIGHTS ROAD PHILADELPHIA, PA 19114 23-0596940	HEALTH SVCS.	PA	501 (C) (3)	HOSPITAL	AHS		X
(6)	ARIA HEALTH PHYSICIAN SERVICES 10800 KNIGHTS ROAD PHILADELPHIA, PA 19114 23-2691968	HEALTH SVCS.	PA	501 (C) (3)	170B1AIII	AHS		X
(7)	ARIA HEALTH ORTHOPAEDICS 380 NORTH OXFORD VALLEY ROAD LANGHORNE, PA 19047 46-0779942	HEALTH SVCS.	PA	501 (C) (3)	509 (A) (2)	AHS		X

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

Schedule R (Form 990) 2017

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

KENNEDY UNIVERSITY HOSPITAL, INC.

Employer identification number

22-1773439

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) PHILADELPHIA UNIVERSITY SCHOOL HOUSE LN AND HENRY AVE PHILADELPHIA, PA 19144	EDUCATION	PA	501 (C) (3)	509 (A) (1)	TJU		X
(2) KENNEDY HEALTH SYSTEM, INC 500 MARLBORO AVENUE CHERRY HILL, NJ 08002	HEALTH SVCS.	NJ	501 (C) (3)	509 (A) (1)	TJU		X
(3) KENNEDY PROPERTY CORPORATION 500 MARLBORO AVENUE CHERRY HILL, NJ 08002	REAL ESTATE	NJ	501 (C) (3)	509 (A) (3)	KHS		X
(4) STAT MEDICAL TRANSPORT, INC 500 MARLBORO AVENUE CHERRY HILL, NJ 08002	HEALTH SVCS.	NJ	501 (C) (3)	509 (A) (2)	KHS		X
(5) KENNEDY HEALTH FACILITIES, INC 500 MARLBORO AVENUE CHERRY HILL, NJ 08002	HEALTH SVCS.	NJ	501 (C) (3)	509 (A) (3)	KHS		X
(6) KENNEDY MEDICAL GROUP PRACTICE, PC 500 MARLBORO AVENUE CHERRY HILL, NJ 08002	HEALTH SVCS.	NJ	501 (C) (3)	509 (A) (2)	KHS		X
(7) KENNEDY HEATH CARE FOUNDATION, INC 500 MARLBORO AVENUE CHERRY HILL, NJ 08002	FUNDRAISING	NJ	501 (C) (3)	509 (A) (1)	KHS		X

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

Name of the organization

KENNEDY UNIVERSITY HOSPITAL, INC.

Employer identification number

22-1773439

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) MAGEE REHABILITATION HOSPITAL 23-1476328 1513 RACE STREET PHILADELPHIA, PA 19102	HEALTH SVCS.	PA	501(C)(3)	HOSPITAL	TJU		X
(2) JEFFERSON HEALTH - NORTHEAST FOUNDATION 23-7318683 2780 BRISTOL PIKE BENSALEM, PA 19020	FUNDRAISING	PA	501(C)(3)	509(A)(3)	AH		X
(3)							
(4)							
(5)							
(6)							
(7)							

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

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) 1100 WALNUT ASSOC 23-2332396 C/O TJU, 601 WALNUT ST, STE 925E MEDICAL OFFICE		PA	N/A									
(2) JEFF UNIV RAD ASSOC 41-2043518 840 CRESCENT CTR DR FRANKLIN, HEALTH SVCS		PA	N/A									
(3) JEFF COMP CONC CTR 46-4254983 4050 S 26TH ST PHILADELPHIA, P HEALTH SVCS		PA	N/A									
(4) RIVERVIEW SURG CTR LP 26-39103 RIVERVIEW SURG CTR LP 26-39103 HEALTH SVCS		PA	N/A									
(5) RIVERVIEW SURG CTR LLC 26-3911 RIVERVIEW SURG CTR LLC 26-3911 HEALTH SVCS		PA	N/A									
(6) ROTHMAN ORTHO SPEC HOSP 27-026 11221 ROE AVE LEAWOOD, KS 6621 HEALTH SVCS		PA	N/A									
(7) JUNIATA MED BLD 23-2450132 3 VILLAGE RD HORSHAM, PA 19044 MEDICAL OFFICE		PA	N/A									

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

(a) 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) TJU, INC 23-2146678 C/O TJU, 601 WALNUT ST, STE 925E PHILADELPHIA, PA 19106 REAL ESTATE		PA	N/A	C CORP				X
(2) WALNUT REALTY CO 23-2332416 C/O TJU, 601 WALNUT ST, STE 925E PHILADELPHIA, PA 19106 REAL ESTATE		PA	N/A	C CORP				X
(3) ATRIUM CORPORATION 23-2075587 C/O TJU, 601 WALNUT ST, STE 925E PHILADELPHIA, PA 19106 HEALTH SVCS		PA	N/A	C CORP				X
(4) HEALTHMARK, INC 23-2259593 C/O TJU, 601 WALNUT ST, STE 925E PHILADELPHIA, PA 19106 HEALTH SVCS		PA	N/A	C CORP				X
(5) JEFFERSON ACUTE CARE PHYSICIANS, P C 47-2639286 C/O TJU, 601 WALNUT ST, STE 925E PHILADELPHIA, PA 19106 HEALTH SVCS		PA	N/A	C CORP				X
(6) JEFFCARE, INC. 23-2830152 C/O TJU, 601 WALNUT ST, STE 925E PHILADELPHIA, PA 19106 HEALTH SVCS		PA	N/A	C CORP				X
(7) MID-ATLANTIC MATERNAL FETAL INSTITUTE 23-2922471 C/O TJU, 601 WALNUT ST, STE 925E PHILADELPHIA, PA 19106 HEALTH SVCS		PA	N/A	C CORP				X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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) TMB ENTERPRISE 23-2400586 3 VILLAGE RD HORSHAM, PA 19044	MEDICAL OFFICE	PA	N/A									
(2) MED IMAGING ASSOC 23-2491498 2451 GRANT AVE PHILADELPHIA, P	HEALTH SVCS	PA	N/A									
(3) JEFFHEDGE, LLC 45-3214379 1301 2ND AVE SEATTLE, WA 98101	INVESTMENTS	DE	N/A									
(4) GARDEN ST RAD, LLC 47-1323463 1099 WHITE HORSE ROAD VOORHEES	RADIOLOGY	NJ	N/A									
(5) KENNEDY CH SURG 47-2462625 11221 ROE AVE LEAWOOD, KS 6621	SURGERY CENTER	NJ	KUH									
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) MID-ATLANTIC MATERNAL FETAL INSTITUTE PC C/O TJU, 601 WALNUT ST, STE 925E PHILADELPHIA, PA 19106	HEALTH SVCS	NJ	N/A	C CORP					X
(2) JEFFERSON PHYSICIAN SVCS OF CALIFORNIA C/O TJU, 601 WALNUT ST, STE 925E PHILADELPHIA, PA 19106	HEALTH SVCS	CA	N/A	C CORP					X
(3) 925 WALNUT STREET CORP C/O TJU, 601 WALNUT ST, STE 925E PHILADELPHIA, PA 19106	REAL ESTATE	PA	N/A	S CORP					X
(4) SYSTEM SERVICE CORPORATION 1105 N MARKET STREET WILMINGTON, DE 19801	HOLDING CO	DE	N/A	C CORP					X
(5) HEALTH CARE, INC 10800 KNIGHTS ROAD PHILADELPHIA, PA 19114	HEALTH SVCS	PA	N/A	C CORP					X
(6) T F DEVELOPMENT, LTD 3 VILLAGE ROAD HORSHAM, PA 19044	REAL ESTATE	PA	N/A	C CORP					X
(7) KENNEDY MANAGEMENT GROUP, INC 500 MARLBORO AVENUE CHERRY HILL, NJ 08002	MANAGEMENT	NJ	N/A	C CORP					X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) PROFESSIONAL MEDICAL MANAGEMENT, INC 500 MARLBORO AVENUE CHERRY HILL, NJ 08002	COLLECTION SVCS	NJ	N/A	C CORP					X
(2) KENNEDY ACCESS INCORPORATED 500 MARLBORO AVENUE CHERRY HILL, NJ 08002	INACTIVE	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	

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
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				
(1)	KENNEDY HEALTH SYSTEM, INC.	B	637,000.	COST
(2)	KENNEDY HEALTH SYSTEM, INC.	O	558,942.	COST
(3)				
(4)				
(5)				
(6)				

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

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

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

Part VII Supplemental Information

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

SCHEDULE R, PART III

IN ACCORDANCE WITH CURRENT INTERNAL REVENUE SERVICE FORM 990 INSTRUCTIONS, NO SHARE OF TOTAL INCOME, SHARE OF END-OF-YEAR ASSETS, OR PERCENTAGE OWNERSHIP AMOUNTS ARE REPORTED HEREIN AS THIS RETURN IS A SHORT-PERIOD RETURN, BUT NOT A FINAL RETURN. THIR ORGANIZATION CHANGED ITS YEAR-END FROM DECEMBER 31 TO JUNE 30. THIS RETURN IS FOR THE SIX-MONTH PERIOD BEGINNING JANUARY 1, 2018 AND ENDING JUNE 30, 2018 AND ACCORDINGLY, THERE IS NO REPORTABLE SHARE OF TOTAL INCOME, SHARE OF END-OF-YEAR ASSETS OR PERCENTAGE OWNERSHIP LISTED IN SCHEDULE R, PART III, FOR KENNEDY CHERRY HILL SURGERY CENTER (EIN: 47-2462625). THE AMOUNTS FOR SHARE OF TOTAL INCOME, SHARE OF END-OF-YEAR ASSETS AND PERCENTAGE OWNERSHIP WERE LISTED ON THE ORGANIZATION'S FEDERAL FORM 990 FOR THE YEAR ENDED DECEMBER 31, 2017, WHICH WAS PREVIOUSLY FILED WITH THE INTERNAL REVENUE SERVICE.

SCHEDULE R, PART V

THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON HEALTH NEW JERSEY; AN INTEGRATED HEALTHCARE DELIVERY SYSTEM. THE ORGANIZATION ROUTINELY PAYS EXPENSES FOR VARIOUS AFFILIATES WITHIN THE ORDINARY COURSE OF BUSINESS. THESE RELATED PARTY TRANSACTIONS ARE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND ITS AFFILIATES.

ADDITIONALLY, THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED

Part VII Supplemental Information

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

HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THOMAS JEFFERSON UNIVERSITY ("TJU") IS THE TAX-EXEMPT PARENT OF THE SYSTEM. TJU ROUTINELY PAYS EXPENSES FOR ITS AFFILIATES IN THE ORDINARY COURSE OF BUSINESS. THESE ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY HEALTHCARE AND WELLNESS SERVICES TO THE COMMUNITIES IN WHICH THEY ARE SITUATED.