

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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

C Name of organization
KENNEDY UNIVERSITY HOSPITAL INC

% RONALD C KELLER CPA
Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
1101 MARKET STREET STE 2004

City or town, state or province, country, and ZIP or foreign postal code
PHILADELPHIA, PA 19107

D Employer identification number
22-1773439

E Telephone number
(856) 661-5100

G Gross receipts \$ 644,686,232

F Name and address of principal officer
JOSEPH DEVINE FACHE
1099 WHITEHORSE ROAD
VOORHEES, NJ 08043

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ NEWJERSEY JEFFERSONHEALTH ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1965

M State of legal domicile NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO FUNCTION AS AN ACADEMIC MEDICAL CENTER THAT PROVIDES THE FINEST HEALTHCARE SERVICES WITH EXCELLENT OUTCOMES TO PEOPLE LIVING IN OUR COMMUNITIES

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

3 Number of voting members of the governing body (Part VI, line 1a)	17
4 Number of independent voting members of the governing body (Part VI, line 1b)	11
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	4,699
6 Total number of volunteers (estimate if necessary)	400
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	772,478	1,326,578
9 Program service revenue (Part VIII, line 2g)	288,705,670	639,671,667
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	46,131,822	2,283,468
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	738,987	1,404,519
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	336,348,957	644,686,232
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	637,000	695,612
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	145,446,398	289,826,597
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	132,026,586	280,344,399
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	278,109,984	570,866,608
19 Revenue less expenses Subtract line 18 from line 12	58,238,973	73,819,624
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	859,356,133	1,199,906,759
21 Total liabilities (Part X, line 26)	430,248,133	713,534,590
22 Net assets or fund balances Subtract line 21 from line 20	429,108,000	486,372,169

Part II Signature Block

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

Sign Here

Signature of officer: ***** Date: 2020-07-10

PETER L DEANGELIS JR EVP CFO/CAO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: WithumSmithBrown PC
Preparer's signature: _____ Date: _____
Check if self-employed PTIN: P00642486
Firm's EIN: _____
Firm's address: TWO LOGAN SQUARE
PHILADELPHIA, PA 191032726
Phone no: (215) 546-2140

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

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

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 \$ 516,721,759 including grants of \$ 695,612) (Revenue \$ 639,671,667)
See Additional Data

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 ▶ 516,721,759

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Answer (Yes/No). Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
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>	Yes	
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>		No
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	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>		No
25b	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>		No
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>		No
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>		No
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)		
28a	a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
28b	b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
28c	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>	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
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>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
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>		No
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>		No
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>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
35b	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>		No
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>		No
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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	2a	4,699			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>	2b		Yes		
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>	3a		Yes		
<p>b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O</p>	3b		Yes		
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>	4a			No	
<p>b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>	5a			No	
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	5b			No	
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>	5c				
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>	6a			No	
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>	6b				
7 Organizations that may receive deductible contributions under section 170(c).					
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>	7a			No	
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>	7b				
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>	7c			No	
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	7e			No	
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>	7f			No	
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>	7g				
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>	7h				
8 Sponsoring organizations maintaining donor advised funds.					
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>	8				
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>	9a				
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>	9b				
10 Section 501(c)(7) organizations. Enter					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>	13a				
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>	14a			No	
<p>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</p>	14b				
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>	15			No	
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>	16			No	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (17); 1b Enter the number of voting members included in line 1a, above, who are independent (11); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (Yes); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (Yes).

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request (checked), Other (explain in Schedule O); 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 (RONALD C KELLER CPA 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 (215) 503-8344).

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

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, or 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			
See Additional Data Table										

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			
See Additional Data Table										

1b Sub-Total	▶			
1c Total from continuation sheets to Part VII, Section A	▶			
1d Total (add lines 1b and 1c)	▶	7,421,442	0	1,727,682

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 ▶ 413

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

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
ROWAN UNIVERSITY - SOM, 1 MEDICAL CENTER DRIVE STRATFORD, NJ 08084	RESIDENCY/MEDICAL	15,227,725
CALLISONRTKL ARCHITECTS PC, 233 BROADWAY 16TH FLOOR NEW YORK, NY 10279	ARCHITECTURE	6,680,490
P AGNES, 2101 PENROSE AVE PHILADELPHIA, PA 19145	CONSTRUCTION	6,157,489
LF DISCOLL COMPANY LLC, 401 CITY AVE SUITE 500 BALA CYNWYD, PA 19004	CONSTRUCTION	5,159,169
ARAMARK, 2400 MARKET STREET PHILADELPHIA, PA 19103	FOOD SVCS/CATERING	4,490,385

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 149

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1f for various contributions and 1g for noncash contributions, totaling 1,326,578.

Table for Program Service Revenue with 6 rows (2a-2f) and 5 columns. Includes Business Code and revenue amounts for NET PATIENT SERVICE REVENUE (580,077,310) and OTHER HEALTHCARE RELATED REVENUE (59,594,357), totaling 639,671,667.

Main revenue table with 5 columns. Rows include 3 Investment income (1,775,988), 4 Income from investment of tax-exempt bond proceeds (0), 5 Royalties (0), 6a-6d Rental income (1,384,632), 7a-7d Net gain from sales of assets (507,480), 8a-8c Net income from fundraising events (0), 9a-9c Net income from gaming activities (0), 10a-10c Net income from sales of inventory (0), 11a-11d Miscellaneous Revenue (19,887), and 12 Total revenue (644,686,232).

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	695,612	695,612		
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, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	6,864,403	6,177,963	686,440	
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	227,386,682	204,648,014	22,738,668	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	16,086,917	14,478,225	1,608,692	
9 Other employee benefits	24,512,541	22,061,287	2,451,254	
10 Payroll taxes	14,976,054	13,478,449	1,497,605	
11 Fees for services (non-employees)				
a Management	0			
b Legal	179,133	161,220	17,913	
c Accounting	57,356	51,620	5,736	
d Lobbying	83,999	75,599	8,400	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	608,300	547,470	60,830	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	88,120,866	79,308,781	8,812,085	0
12 Advertising and promotion	1,429,013	1,286,112	142,901	
13 Office expenses	5,586,244	5,027,620	558,624	
14 Information technology	10,030	9,027	1,003	
15 Royalties	0			
16 Occupancy	9,155,733	8,240,160	915,573	
17 Travel	932,028	838,825	93,203	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	31,580	28,422	3,158	
20 Interest	7,364,106	6,627,695	736,411	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	27,434,780	24,691,302	2,743,478	
23 Insurance	3,039,308	2,735,377	303,931	
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	82,842,051	74,557,846	8,284,205	
b JMG RELATED 501(C)(3) EXP	9,322,622	9,322,622	0	
c CLINICAL & ACADEMIC SUPPORT	19,399,846	19,399,846	0	
d CORPORATE SERVICES	8,775,549	7,897,995	877,554	
e All other expenses	15,971,855	14,374,670	1,597,185	
25 Total functional expenses. Add lines 1 through 24e	570,866,608	516,721,759	54,144,849	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	300,238	1	5,075
	2 Savings and temporary cash investments	18,113,241	2	26,276,556
	3 Pledges and grants receivable, net	435,809	3	0
	4 Accounts receivable, net	70,363,012	4	93,212,422
	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	10,465,840	8	11,359,858
	9 Prepaid expenses and deferred charges	6,823,720	9	2,881,982
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 515,372,306		
	b Less accumulated depreciation	10b 47,572,010	340,891,205	10c 467,800,296
	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	382,776,368	13	577,079,585
	14 Intangible assets	0	14	6,358,406
	15 Other assets See Part IV, line 11	29,186,700	15	14,932,579
16 Total assets. Add lines 1 through 15 (must equal line 34)	859,356,133	16	1,199,906,759	
Liabilities	17 Accounts payable and accrued expenses	72,385,581	17	71,862,105
	18 Grants payable	0	18	0
	19 Deferred revenue	454,980	19	266,798
	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	4,785,757	23	2,426,272
	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	352,621,815	25	638,979,415
	26 Total liabilities. Add lines 17 through 25	430,248,133	26	713,534,590
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	428,614,746	27	486,372,169
	28 Temporarily restricted net assets	493,254	28	0
	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	429,108,000	33	486,372,169	
34 Total liabilities and net assets/fund balances	859,356,133	34	1,199,906,759	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	644,686,232
2	Total expenses (must equal Part IX, column (A), line 25)	2	570,866,608
3	Revenue less expenses Subtract line 2 from line 1	3	73,819,624
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	429,108,000
5	Net unrealized gains (losses) on investments	5	12,364,513
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-28,919,968
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	486,372,169

Part XII Financial Statements and Reporting

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

	Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	Yes	
<p>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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	Yes	
<p>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?</p>		No
<p>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</p>		

Additional Data

Software ID:

Software Version:

EIN: 22-1773439

Name: KENNEDY UNIVERSITY HOSPITAL INC

Form 990 (2018)

Form 990, Part III, Line 4a:

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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
JOHN F DURANTE CHAIRMAN - TRUSTEE	50	X		X				0	0	0
JOHN P SILVESTRI VICE CHAIRMAN - TRUSTEE	50	X		X				0	0	0
JUSTICE JOHN E WALLACE JR SECRETARY - TRUSTEE	50	X		X				0	0	0
JOSEPH A MARESSA JR ESQ TREASURER - TRUSTEE	50	X		X				0	0	0
MELANIE ANGELO DO TRUSTEE	50	X						0	0	0
WILLIAM BARKER TRUSTEE	50	X						0	0	0
RONALD L CAPUTO TRUSTEE	50	X						0	0	0
THOMAS A CAVALIERI DO TRUSTEE	50	X						0	0	0
DANIEL J DALTON TRUSTEE	50	X						0	0	0
JOSEPH W DEVINE FACHE TRUSTEE - PRESIDENT/CEO	550	X		X				1,189,072	0	94,745

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
ROBERT DISTANISLAO TRUSTEE	5 0 0 0	X						0	0	0
THOMAS J GALLIA EDD TRUSTEE	5 0 0 0	X						0	0	0
JEFFREY HOAG MD TRUSTEE	5 0 0 0	X						0	0	0
BRUCE J PAPANONE TRUSTEE	5 0 0 0	X						0	0	0
DANIEL J RAGONE CPA TRUSTEE	5 0 0 0	X						0	0	0
HENRY SCHUITEMA DO TRUSTEE	5 0 0 0	X						0	0	0
ALBERT E SMITH CPA TRUSTEE	5 0 0 0	X						0	0	0
ANTHONY BROWN DO TRUSTEE (TERMED 12/31/2018)	5 0 0 0	X						0	0	0
EDWARD SULLIVAN ESQ ASST SECRETARY-SVP/GEN COUNSEL	55 0 0 0			X				526,393	0	242,888
JILL C OSTREM ASST SECRETARY-SVP OPERATIONS	55 0 0 0			X				511,721	0	59,060

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
CARMAN CIERVO DO FACOPP EVP/CHIEF PHYSICIAN EXECUTIVE	55 0 0 0			X				1,026,876	0	181,321
GLENN A ZIRBSER SVP/CHIEF FINANCIAL OFFICER	55 0 0 0			X				534,208	0	63,685
THOMAS J BALCAVAGE SVP TECHNOLOGY & PROGRAM SVCS	55 0 0 0				X			416,696	0	119,044
KELLY A WALENDA SVP LEGAL SVCS/CHIEF COUNSEL	55 0 0 0				X			388,511	0	123,703
DAVID CONDLUCI DO MACOI SVP/CHIEF PATIENT SAFETY OFF	55 0 0 0				X			345,990	0	1,379
H TIMOTHY DOMBOWSKI DOMPH VP/CHIEF MEDICAL OFFICER	55 0 0 0				X			389,900	0	166,434
HELENE BURNS DNP RN VP CLIN SVCS/CHIEF NURSE EXEC	55 0 0 0				X			332,811	0	149,965
ANTHONY WEHBE DO MBA FACOI CHIEF POPULATION HEALTH EXEC	55 0 0 0					X		401,524	0	70,234
ANNELIESE MCMENAMIN SPHR SHRM-SCP VP HUMAN RESOURCES(TERM 11/18)	55 0 0 0					X		368,515	0	187,047
RICARDO PEREZ DO JD FACOI CHIEF CLINICAL OFFICER	55 0 0 0					X		331,795	0	57,187

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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	Insttutional Trustee	Officer	Key employee	Highest compensated employee	Former				
MARYANN LAULETTA MD VP MEDICAL OPERATIONS	55 0 0 0					X		328,791	0	94,604	
LISA A DUTTERER CHIEF ADMINSTRATIVE OFFICER	55 0 0 0					X		328,639	0	116,386	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2018

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **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		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	

13 First 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

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

- 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)	1	
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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 22-1773439

Name: KENNEDY UNIVERSITY HOSPITAL INC

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)

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No 1545-0047

2018
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 the 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				

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

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?

Yes No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(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?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?	Yes		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		83,999
j Total Add lines 1c through 1i			83,999
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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 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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINES 1B, 1F, 1G & 1I	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 \$52,500 DURING THE FISCAL YEAR ENDED JUNE 30, 2019 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 ACTIVITES PERFORMED ON BEHALF OF THE ORGANIZATION THIS ALLOCATION AMOUNTED TO \$31,499 DURING THE FISCAL YEAR ENDED JUNE 30, 2019

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
KENNEDY UNIVERSITY HOSPITAL INC

Employer identification number
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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that 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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

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		239,944,571	12,902,555	227,042,016
c Leasehold improvements		40,000	24,444	15,556
d Equipment		91,761,255	33,396,423	58,364,832
e Other		171,386,480	1,248,588	170,137,892
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				467,800,296

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) SHORT-TERM INVESTMENTS	214,977,372	F
(2) LONG-TERM INVESTMENTS	14,317,070	F
(3) ASSETS WHOSE USE IS LIMITED	347,785,143	F
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶	577,079,585	

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	0
DUE TO AFFILIATES	582,142,845
ACCRUED PENSION COSTS	41,125,000
ACCRUED MALPRACTICE LIABILITY	12,060,000
ACCRUED WORKERS COMPENSATION CLAIMS	3,651,570
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	638,979,415

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation	
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Part XIII **Supplemental Information (continued)**

Return Reference	Explanation
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SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

OMB No 1545-0047
2018
Open to Public Inspection

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	Yes	
b If "Yes," was it a written policy?	1b	Yes	
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 <i>free</i> 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	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> 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 _____ 500 %	3b	Yes	
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	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
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		No
b If "Yes," did the organization make it available to the public?	6b		

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			9,874,199	2,243,895	7,630,304	1 340 %
b Medicaid (from Worksheet 3, column a)			112,590,625	84,612,786	27,977,839	4 900 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			122,464,824	86,856,681	35,608,143	6 240 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			847,771	170,160	677,611	0 120 %
f Health professions education (from Worksheet 5)			31,986,948	14,556,798	17,430,150	3 050 %
g Subsidized health services (from Worksheet 6)			23,716,794	9,566,682	14,150,112	2 480 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			405,693		405,693	0 070 %
j Total. Other Benefits			56,957,206	24,293,640	32,663,566	5 720 %
k Total. Add lines 7d and 7j			179,422,030	111,150,321	68,271,709	11 960 %

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?	1	Yes
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	28,620,000
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	10,017,000
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME).	5	160,363,788
6	Enter Medicare allowable costs of care relating to payments on line 5.	6	177,467,239
7	Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-17,103,451
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?	9a	Yes
9b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes

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)

See Additional Data Table	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

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)
 KUH (FACILITY REPORTING GROUP A)

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ **13**

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
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		No
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)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	Yes	
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)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>NEWJERSEY JEFFERSONHEALTH ORG</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>NEWJERSEY JEFFERSONHEALTH ORG</u>	Yes	
a			
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)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

KUH (FACILITY REPORTING GROUP A)

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>500</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 discount		
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?	14 Yes	
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)	15 Yes	
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)	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>NEWJERSEY JEFFERSONHEALTH ORG</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>NEWJERSEY JEFFERSONHEALTH ORG</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE ABOVE</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**

KUH (FACILITY REPORTING GROUP A)

Name of hospital facility or letter of facility reporting group _____

		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?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
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? If "No," indicate why	21	Yes	
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)

KUH (FACILITY REPORTING GROUP A)

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

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

	Yes	No
23		No
24		No

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.

Form and Line Reference	Explanation
See Add'l Data	

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 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	<p>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 KUHS ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE IS OUTLINED BELOW NEW JERSEY HOSPITAL CARE PAYMENT ASSISTANCE PROGRAM ("CHARITY CARE")</p> <p>=====</p> <p>CHARITY CARE IS A NEW JERSEY PROGRAM IN WHICH FREE OR DISCOUNTED CARE IS 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 ----- 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 ----- 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")</p> <p>=====</p> <p>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 AMOUNTS GENERALLY BILLED =====</p> <p>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 ORGANIZATIONS FINANCIAL ASSISTANCE POLICY ("FAP") WILL NOT BE 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 HOSPITALS FAP</p>

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Form and Line Reference	Explanation
SCHEDULE H, PART I, QUESTION 6A	NOT APPLICABLE

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Form and Line Reference	Explanation
SCHEDULE H, PART II	NOT APPLICABLE

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Form and Line Reference	Explanation
SCHEDULE H, PART III, QUESTION 2, 3 & 4	BAD DEBT EXPENSE WAS CALCULATED USING THE PROVIDERS' BAD DEBT EXPENSE FROM ITS INTERNAL FINANCIAL STATEMENTS 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 EFFECTIVE JULY 1, 2018, THE SYSTEM ADOPTED ASU 2014-09 USING A FULL RETROSPECTIVE METHOD OF APPLICATION THE ADOPTION OF ASU 2014-09 RESULTED IN CHANGES TO THE PRESENTATION AND DISCLOSURE OF REVENUE PRIMARILY RELATED TO UNINSURED OR UNDERINSURED PATIENTS UNDER ASU 2014- 09, THE ESTIMATED UNCOLLECTIBLE AMOUNTS DUE FROM THESE PATIENTS ARE GENERALLY CONSIDERED IMPLICIT PRICE CONCESSIONS THAT ARE A DIRECT REDUCTION TO NET PATIENT SERVICE REVENUES FOR THE YEARS ENDED JUNE 30, 2019 AND 2018, THE SYSTEM RECORDED \$142.9 MILLION AND \$132.8 MILLION, RESPECTIVELY OF IMPLICIT PRICE CONCESSIONS AS A DIRECT REDUCTION OF NET PATIENT SERVICE REVENUES THAT WOULD HAVE BEEN RECORDED AS PROVISION FOR BAD DEBTS PRIOR TO THE ADOPTION OF ASU 2014-09 PLEASE REFER TO THE NET PATIENT SERVICE REVENUE SECTION WITHIN FOOTNOTE 1 (PAGES 9 & 10) OF THE SYSTEM'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS FOR ADDITIONAL INFORMATION ON THIS TOPIC AND THE REPORTING OF THE NETWORK'S REVENUE RECOGNITION

Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, SECTION B, QUESTION 8</p>	<p>MEDICARE COSTS WERE DERIVED FROM THE ORGANIZATION'S MEDICARE COST REPORT. MEDICARE UNDERPAYMENTS AND BAD DEBT ARE CONSIDERED TO BE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDE ABLE 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 INCLUDEABLE ON THE FORM 990, SCHEDULE H, PART I. AS OUTLINED MORE FULLY BELOW, THE ORGANIZATION BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE HEALTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES AND MISSION IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL 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, PROVIDES EXAMPLES OF CHARITABLE PURPOSES, INCLUDING THE RELIEF OF THE POOR OR UNPRIVILEGED, THE PROMOTION OF SOCIAL WELFARE, AND THE ADVANCEMENT OF EDUCATION, RELIGION, AND SCIENCE. NOTE IT DOES NOT EXPLICITLY ADDRESS THE ACTIVITIES OF HOSPITALS. IN THE ABSENCE OF EXPLICIT STATUTORY OR REGULATORY REQUIREMENTS APPLYING THE TERM "CHARITABLE" TO HOSPITALS, IT HAS BEEN LEFT TO THE IRS TO DETERMINE THE CRITERIA HOSPITALS MUST MEET TO QUALIFY AS IRC 501(C)(3) CHARITABLE ORGANIZATIONS. THE ORIGINAL STANDARD WAS KNOWN AS THE CHARITY CARE STANDARD. THIS STANDARD WAS REPLACED BY THE IRS WITH THE COMMUNITY BENEFIT STANDARD WHICH IS THE CURRENT STANDARD. 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 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 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 EMERGENCY ROOM WAS OPEN TO ALL AND IT PROVIDED CARE TO EVERYONE WHO COULD PAY, WHETHER DIRECTLY OR THROUGH THIRD-PARTY REIMBURSEMENT. OTHER CHARA</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, SECTION B, QUESTION 8</p>	<p>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 - 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 NOT ABLY 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 THOSE MEDICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID -- SO CALLED 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 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 THE</p>

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Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B, QUESTION 9B	<p>IT IS THE POLICY OF THE ORGANIZATION TO TREAT ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY FOR ALL EMERGENCY AND MEDICALLY NECESSARY HEALTHCARE 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 ORGANIZATIONS 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 PATIENTS 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 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 ECAS. ALL OF THEIR ACTIVITIES ARE DOCUMENTED WITHIN THE BILLING SYSTEM AND WILL FOLLOW ALL GUIDELINES OF STATE REGULATIONS GOVERNING COLLECTION AGENCIES. 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 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.</p>

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Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 2	<p>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 ORGANIZATIONS 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 ORGANIZATIONS CHNA</p> <ol style="list-style-type: none">1 AMERICAN FACTFINDER - BURLINGTON COUNTY, CAMDEN COUNTY, GLOUCESTER2 CENTER FOR DISEASE CONTROL AND PREVENTION3 CHOOSE NEW JERSEY4 LOCAL AREA UNEMPLOYMENT STATISTICS5 NJCARES - A REALTIME DASHBOARD OF OPIOID-RELATED DATA AND INFORMATION6 NJLWD - QUARTERLY CENSUS OF EMPLOYMENT AND WAGES7 NEW JERSEY STATE POLICE - UNIFORM CRIME REPORT8 ROBERT WOOD JOHNSON FOUNDATION - COUNTY HEALTH RANKINGS AND ROADMAPS9 TRUST FOR AMERICAS HEALTH AND ROBERT WOOD JOHNSON FOUNDATION - THE STATE OF OBESITY10 NJ NALOXONE ADMINISTRATIONS11 NJ SUSPECTED OVERDOSE DEATHS <p>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</p>

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Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 3	<p>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 ORGANIZATIONS FINANCIAL ASSISTANCE POLICY ("FAP"), FINANCIAL ASSISTANCE APPLICATION ("APPLICATION") AND PLAIN LANGUAGE SUMMARY ("PLS") ARE ALL AVAILABLE ON-LINE AT THE FOLLOWING WEBSITE HTTPS //NEWJERSEY JEFFERSONHEALTH ORG/PATIENTS/PREPARING-YOUR-VISIT/FINANCIAL-ASSISTANCE 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 EMERGENT 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 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</p>

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Form and Line Reference	Explanation
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 FOR ADDITIONAL INFORMATION REGARDING THE COMMUNITY THIS ORGANIZATION SERVES PLEASE REFER TO THE ORGANIZATIONS CHNA AVAILABLE ON ITS WEBSITE

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Form and Line Reference	Explanation
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 INVESTMENTS FOR FUTURE CAPITAL PROJECTS THAT BENEFIT THE HOSPITAL AND COMMUNITY

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, QUESTION 6</p>	<p>THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH, A COMPREHENSIVE PROFES SIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE TJUH SYSTEM, ABINGTON HEALTH, ARIA HEALTH, KENNEDY HEALTH SYSTEM AND MAGEE REHABILITATION HOSPITAL ARE INTEGRATED HEALTH CARE ORGANIZATIONS THAT PROVIDE INPATIENT, OUTPATIENT AND EMERGENCY CARE SERVICES THROUGH ACUTE CARE, AMBULATORY CARE, PHYSICIAN AND OTHER PRIMARY CARE SERVICES FOR THE RESIDENTS O F SOUTHERN NEW JERSEY AND THE GREATER PHILADELPHIA REGION TJU IS THE SOLE CORPORATE MEMBE R OF THESE ORGANIZATIONS OUTLINED BELOW IS A SUMMARY OF THE ENTITIES WHICH COMPRISE THE S YSTEM NOT-FOR-PROFIT HEALTH SYSTEM ENTITIES ===== THOMAS JEFFERSON UNIVERSITY ----- THOMAS JEFFERSON UNIVERSITY ("TJU") IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNA L 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 J EFFERSON UNIVERSITY AMONG ITS SUBSIDIARY ENTITIES TJU IS AN INNOVATIVE HEALTH SCIENCES UN IVERSITY THAT CONDUCTS RESEARCH AND OFFERS UNDERGRADUATE AND GRADUATE INSTRUCTION THROUGH THE SIDNEY KIMMEL MEDICAL COLLEGE AT THOMAS JEFFERSON UNIVERSITY ("SKMC") AS WELL AS THE J EFFERSON COLLEGES OF NURSING, PHARMACY, HEALTH PROFESSIONS, POPULATION HEALTH, REHABILITAT ION SCIENCES AND LIFE SCIENCES TJUS EDUCATIONAL PROGRAMS ARE FULLY ACCREDITED AND IT EDUC ATES OVER 4,000 STUDENTS ANNUALLY TJUH SYSTEM, INC ----- TJUH SYSTEM, INC ("TJUHS") IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSU ANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNA L REVENUE CODE 509(A)(3) TJUHS IS THE HOLDING COMPANY TO PROVIDE OVERALL PLANNING, MANAGE MENT AND SUPPORT SERVICES FOR ALL OTHER HOSPITAL ENTERPRISE ORGANIZATIONS THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC ----- JEFFERSON UNIVERSITY HOSPITAL, JEFFERSON HOSPITAL FOR NEUROSCIENCE AND METHODIST HOSPITAL (COLLECTIVELY REFERRED TO AS T JUH) 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 FACILITIES IN WHICH STUDENTS, PHYSICIANS, NURSES, AND OTHER HEALTHCARE PROFESSIONALS ARE TRAINED IN A CLINICAL SETTING TJUH IS RECOGNIZED B Y THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATI ON PURSUANT TO ITS CHARITABLE PURPOSES, TJUH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERV ICES 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 INDI VIDUAL WITH A HANDICAP/DISABILITY OR ABILITY TO PAY MOREOVER, NO INDIVIDUALS ARE DENIED N ECESSARY 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 RE COGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 5 01(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 ----- JEFF EX, INC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX- EXEMPT PURSU ANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNA L 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 ----- JEFFERSON PHYSICIAN SERVICES IS AN ORGANIZ ATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENU E 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 INTE RNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATIONS JEFFERSON MEDICAL CARE ----- JEFFERSON MEDICAL CARE ("JMC") IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REV ENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVAT E 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 UNIVERISI TY PHYSICIANS ----- JEFF</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, QUESTION 6</p>	<p>ERSON 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 -----</p> <p>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 -----</p> <p>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 -----</p> <p>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 -----</p> <p>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 -----</p> <p>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 MEDICATIONS THAT TREAT RARE AND CHRONIC CONDITIONS ABINGTON HEALTH -----</p> <p>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) ABINGTON MEMORIAL HOSPITAL -----</p> <p>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</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 7	NOT APPLICABLE THE ENTITY AND RELATED PROVIDER ORGANIZATIONS ARE LOCATED IN PENNSYLVANIA AND NEW JERSEY NO COMMUNITY BENEFIT REPORT IS REQUIRED TO BE FILED WITH EITHER PENNSYLVANIA OR NEW JERSEY

Additional Data

Software ID:
Software Version:
EIN: 22-1773439
Name: KENNEDY UNIVERSITY HOSPITAL INC

Form 990 Schedule H, Part V Section A. Hospital Facilities

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		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 NEWJERSEY JEFFERSONHEALTH ORG 10401	X	X		X			X			A
2	JEFFERSON STRATFORD HOSPITAL 18 EAST LAUREL ROAD STRATFORD, NJ 08084 NEWJERSEY JEFFERSONHEALTH ORG 10403	X	X		X			X			A
3	JEFFERSON WASHINGTON TOWNSHIP HOSPITAL 435 HURFFVILLE-CROSS KEYS ROAD TURNERSVILLE, NJ 08012 NEWJERSEY JEFFERSONHEALTH ORG 10802	X	X		X			X			A

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, QUESTION 5</p>	<p>WHILE CONDUCTING ITS MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") KENNEDY UNIVER SITY HOSPITALS, INC ("KUH") TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTEREST OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITIES THE SOUTH JERSEY HEALTH PARTN ERSHIP ("SJHC") - CONSISTING OF HOSPITALS, HEALTH SYSTEMS, AND HEALTH DEPARTMENTS WITHIN B URLINGTON, CAMDEN, AND GLOUCESTER COUNTIES CAME TOGETHER TO UNDERTAKE A COMPREHENSIVE REGI ONAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) THE SOUTH JERSEY HEALTH PARTNERSHIP INCLUDE D THE FOLLOWING PARTNERS COOPER UNIVERSITY HEALTH CARE, JEFFERSON HEALTH, LOURDES HEALTH SYSTEM, VIRTUA HEALTH, AND THE HEALTH DEPARTMENTS OF BURLINGTON, CAMDEN, AND GLOUCESTER CO UNTIES THE CHNA EMPLOYED A MIXED-METHODS ITERATIVE STRATEGY OF DATA COLLECTION THAT COMBI NED QUANTITATIVE AND QUALITATIVE ANALYSIS OF PRIMARY DATA COLLECTED FROM COMMUNITY MEMBERS AND STAKEHOLDERS, WITH QUANTITATIVE ANALYSIS OF SECONDARY DATA THE TWO FUNDAMENTALS TO T HE APPROACH ARE RIGOROUS DATA ANALYSIS AND COMMUNITY VOICE TO THAT END, A VARIETY OF METH ODS AND TOOLS WERE USED TO ANALYZE THE DATA COLLECTED BOTH FROM COMMUNITY MEMBERS AND OTHE R SOURCES IDENTIFIED THROUGH CONSULTATION WITH TRUSTED COMMUNITY PARTNERS IN EACH COUNTY STAKEHOLDER INTERVIEWS ----- INTERVIEWS WITH FIVE KEY STAKEHOLDERS IN THE COUNTIES WHO WERE IDENTIFIED BY SJHC WERE HELD THE INTERVIEWS WERE COMPLETED USING A SEM I-STRUCTURED RESEARCH INSTRUMENT, AND THE GOALS OF THE INTERVIEW WERE SIMILAR TO THOSE OF THE FOCUS GROUPS THE PURPOSE OF THE RESEARCH PROJECT WAS EXPLAINED TO POTENTIAL PARTICIPA NTS AND INFORMED CONSENT WAS OBTAINED PRIOR TO THE DATA COLLECTION PROCESS, FOLLOWING THE APPROVED IRB PROTOCOL INTERVIEWS WERE CONDUCTED IN A PRIVATE SETTING RESEARCH TEAM MEMBERS TOOK NOTES, AND SOME INTERVIEWS WERE ALSO AUDIO-RECORDED INTERVIEW PARTICIPANTS WERE ASKED TO THINK ABOUT AND SHARE THEIR PERSPECTIVES ON ACCESS TO CARE, HEALTH EDUCATION AND C OMMUNICATION, AS WELL AS THE BARRIERS RESIDENTS FACE IN OBTAINING CARE OTHER AREAS OF INQ UIRY INCLUDED THE STRENGTHS AND WEAKNESSES OF THE HEALTHCARE DELIVERY SYSTEM, AS WELL POTE NTIAL AREAS OF IMPROVEMENT BOTH THE RESEARCH INSTRUMENT AND THE PROTOCOL FOR THE INTERVIE W WERE DEVELOPED BASED ON THE GROUNDED THEORY APPROACH WITHIN THE QUALITATIVE RESEARCH FRA MEWORK COMMUNITY MEMBER FOCUS GROUPS AND STAKEHOLDER INTERVIEWS ----- A TOTAL OF 23 FOCUS GROUPS ACROSS BURLINGTON, CAMDEN, AND GLOUCESTER COUNTIES WERE HELD OF THESE, 11 WERE WITH COMMUNITY MEMBERS AND 12 WERE WITH S TAKEHOLDERS (LEADERS AND STAFF OF RELEVANT ORGANIZATIONS) OUR MAIN OBJECTIVE WAS TO GATHE R THE THOUGHTS OF COMMUNITY MEMBERS AND STAKEHOLDERS ON HEALTH ISSUES (SUCH AS ACCESS TO C ARE, HEALTH EDUCATION, AND COMMUNICATION), AND ANY BARRIERS RESIDENTS MAY CONFRONT IN OBTAINING CARE ADDITIONAL AREAS OF INQUIRY INCLUDED THE STRENGTHS AND WEAKNESSES OF THE HEALT H CARE DELIVERY SYSTEM, AS WEL</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUESTION 5	L POTENTIAL AREAS OF IMPROVEMENT THE FOCUS GROUP FORMAT ALLOWED PARTICIPANTS TO EXPRESS THEIR OPINIONS, SUGGESTIONS, AND RECOMMENDATIONS IN A CONFIDENTIAL FORMAT BECAUSE THEY LIVE AND WORK WITHIN THE SOUTH JERSEY HEALTH COLLABORATIVE (SJHC) SERVICE AREA, COMMUNITY MEMBER AND STAKEHOLDER INPUT WAS CRUCIAL TO THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUESTIONS 6A & 6B	THE 2019 CHNA WAS CONDUCTED BY THE SOUTH JERSEY HEALTH PARTNERSHIP ("SJHP"), WITHIN THREE SOUTHERN NEW JERSEY COUNTIES BURLINGTON, CAMDEN, AND GLOUCESTER THROUGH A COORDINATED APPROACH, THE PARTNERSHIP 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 2019 SOUTH JERSEY HEALTH PARTNERSHIP COMMUNITY HEALTH NEEDS ASSESSMENT INCLUDES THE FOLLOWING MEMBER HOSPITALS - COOPER UNIVERSITY HEALTH CARE (COOPER UNIVERSITY HOSPITAL) - JEFFERSON HEALTH (CHERRY HILL, STRATFORD, WASHINGTON TOWNSHIP) FORMERLY KENNEDY HEALTH - LOURDES HEALTH SYSTEM (OUR LADY OF LOURDES MEDICAL CENTER OF BURLINGTON COUNTY, OUR LADY OF LOURDES MEDICAL CENTER) - VIRTUA HEALTH (MARLTON, VIRTUA MEMORIAL, VIRTUA VOORHEES) - BURLINGTON, CAMDEN, AND GLOUCESTER COUNTY HEALTH DEPARTMENTS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
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 HTTPS //NEWJERSEY JEFFERSONHEALTH ORG/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSM ENT

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUESTION 10A	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 10A, IS THE HOME PAGE FOR THE SYSTEM THE ORGANIZATIONS IMPLEMENTATION STRATEGY CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE HTTPS //NEWJERSEY JEFFERSONHEALTH ORG/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, QUESTION 11</p>	<p>THE ORGANIZATIONS CHNA ANALYSIS REVEALED FOUR MAIN HEALTH NEEDS ALONG WITH A CROSS-CUTTING THEME THE FOUR HEALTH NEEDS ARE BEHAVIORAL HEALTH MENTAL HEALTH AND SUBSTANCE ABUSE, ACCESSING CARE, COMMUNICATIONS AND RELATIONSHIPS, AND OBESITY THE CROSS-CUTTING THEME IS POPULATION HEALTH SOCIAL DETERMINANTS OF HEALTH THIS THEME SHOWS HOW THE SPECIFICS OF HEALTH NEEDS VARY WITH POPULATION 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 ADDRESS THE AREAS OF NEED THE SJHP DEVELOPED COMMON GOALS TO ADDRESS EACH PRIORITY AREA AND ENSURE COMMUNITY HEALTH IMPROVEMENT INITIATIVES ARE ALIGNED ACROSS THE REGION JEFFERSON HEALTHS COMMUNITY HEALTH IMPLEMENTATION PLAN, FOR THE PERIOD 2019 TO 2021, WILL SPECIFICALLY GUIDE COMMUNITY BENEFIT AND POPULATION HEALTH IMPROVEMENT ACTIVITIES FOR JEFFERSON CHERRY HILL HOSPITAL, JEFFERSON STRATFORD HOSPITAL AND JEFFERSON WASHINGTON TOWNSHIP HOSPITAL 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 MENTAL HEALTH AND SUBSTANCE ABUSE ----- GOAL OFFER A RANGE OF ACCESSIBLE BEHAVIORAL HEALTH PREVENTION AND TREATMENT OPTIONS THAT FIT THE NEEDS OF INDIVIDUALS OBJECTIVES 1 INCREASE SCREENINGS FOR BEHAVIORAL HEALTH NEEDS IN A VARIETY OF HEALTHCARE SETTINGS 2 INCREASE THE NUMBER OF INDIVIDUALS WHO RECEIVE TREATMENT FOR MENTAL HEALTH AND/OR SUBSTANCE ABUSE STRATEGIES 1 CONTINUE TO BE A PARTNER IN THE SOUTH JERSEY BEHAVIORAL HEALTH INNOVATION COLLABORATIVE TO EVALUATE AND RECOMMEND IMPROVEMENTS TO THE BEHAVIORAL HEALTH SYSTEM 2 IMPLEMENT THE CHEROKEE MODEL IN ADDITIONAL LOCATIONS TO CONTINUE INTEGRATING BEHAVIORAL HEALTH AND SUBSTANCE ABUSE SERVICES INTO OUR PRIMARY CARE PRACTICES 3 CERTIFY ADDITIONAL PRIMARY CARE PROVIDERS IN MEDICATION-ASSISTED THERAPY TO TREAT PATIENTS STRUGGLING OPIOID ABUSE 4 REDUCE OPIOID USE IN OUR EMERGENCY ROOMS THROUGH OUR OPIOID TASK FORCE PRIORITY AREA OBESITY ----- GOAL INCREASE ACCESS TO EDUCATION, HEALTHY FOOD OPTIONS, AND PARTICIPATION IN PHYSICAL ACTIVITY OBJECTIVES 1 PROVIDE ASSISTANCE SO INDIVIDUALS CAN REDUCE UNHEALTHY FOOD CHOICES 2 INCREASE ENGAGEMENT IN PROGRAMMING THAT PROMOTES A HEALTHY LIFESTYLE STRATEGIES 1 PARTICIPATE IN THE DOH EVIDENCE BASED EAT HEALTH, BE ACTIVE PROGRAM OFFERING FREE EDUCATION CLASSES TO THE COMMUNITY FOCUSED ON PHYSICAL ACTIVITY, WEIGHT MANAGEMENT AND CONTROLLING DIABETES 2 INTEGRATE REGISTERED DIETICIANS INTO OUR PRIMARY CARE PRACTICES TO OFFER MEDICAL NUTRITION THERAPY, WEIGHT MANAGEMENT EDUCATION, COMPREHENSIVE DIABETES EDUCATION, INSULIN PUMP TRAINING AND MEDICAL WEIGHT LOSS SERV</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, QUESTION 11</p>	<p>ICES IN CONJUNCTION WITH A PHYSICIAN 3 PARTNER WITH THE FOOD BANK OF SOUTH JERSEY AND TH EIR MOBILE THERAPEUTIC FOOD PANTRY PROGRAM TO DELIVER HEALTHY FOOD AND MEALS TO UNDERSERVE D PATIENTS 4 PARTNER WITH KENNEDY FITNESS, A JEFFERSON HEALTH AFFILIATE, TO OFFER FREE 3 0-DAY MEMBERSHIPS TO ONE OF THE 7 LOCATIONS IN SOUTH JERSEY OFFER DISCOUNT MEMBERSHIPS FO LLOWING FREE TRIAL PRIORITY AREA ACCESSING CARE ----- GOAL OFF ER SUPPORTIVE SERVICES THAT ASSIST THE COMMUNITY WITH ACHIEVING ACCESSIBLE HEALTH CARE OB JECTIVES 1 REDUCE TRANSPORTATION BARRIERS FOR RESIDENTS TO RECEIVE CARE 2 IMPROVE NAVI GATION OF HEALTH CARE SERVICES TO LINK INDIVIDUALS TO APPROPRIATE, TRANSPARENT, AND COST-E FFECTIVE CARE STRATEGIES 1 INTERFACE WITH COMMUNITY AGENCIES TO RAISE AWARENESS OF OUR PRIMARY CARE SERVICES 2 CONTINUE PARTNERSHIP WITH UBER HEALTH TO ASSIST PATIENTS WITH TR ANSPORTATION AND ACCESSING CARE 3 CONTINUE TO PARTICIPATE IN THE CAMDEN COALITION'S ACCO UNTABLE HEALTH COMMUNITIES SOCIAL DETERMINANT OF HEALTH SCREENINGS AND ADD ADDITIONAL SCRE ENING SITES 4 CONDUCT HEALTH CARE EDUCATION SEMINARS TO IMPROVE RESIDENT UNDERSTANDING O F NAVIGATING THE HEALTH SYSTEM, AVAILABLE SOURCES OF CARE, AND APPROPRIATE CARE USAGE 5 CONDUCT INSURANCE EDUCATION SEMINARS TO INCREASE THE PROPORTION OF RESIDENTS WHO UNDERSTAN D THEIR HEALTH CARE OPTIONS AND ARE INSURED 6 EXPLORE THE POTENTIAL TO EXPAND TRANSPORTA TION OPTIONS FOR INDIVIDUALS IN NEED OF MEDICAL SERVICES THROUGH COLLABORATION WITH COMMUN ITY PARTNERS AND CURRENT TRANSPORTATION PROVIDERS 7 PROVIDE NEW JERSEY FAMILYCARE INSURA NCE ENROLLMENT AND INFORMATION ASSISTANCE AT HOSPITAL LOCATIONS AND IN THE COMMUNITY 8 I MPLEMENT NJHAS PATH PROGRAM PRIORITY AREA COMMUNICATION AND RELATIONSHIPS ----- GOAL INCREASE ACCESS TO EDUCATION, HEALTHY FOOD OPTIONS, AND PARTICIPATION IN PHYSICAL ACTIVITY OBJECTIVES 1 IMPROVE COMMUNICATION BETWEEN PROV IDERS AND PATIENTS TO ESTABLISH CLEARER PATIENT UNDERSTANDING OF THE CARE PLAN 2 ASSIST PATIENTS IN OBTAINING AND UNDERSTANDING INFORMATION REGARDING THEIR HEALTH CARE 3 IMPROV E COMMUNICATION BETWEEN HEALTH CARE AGENCIES STRATEGIES 1 CONTINUE WITH OUR DIRECT PRIM ARY CARE MODEL TO OFFER COMPREHENSIVE, CONCIERGE-TYPE MEDICAL SERVICES TO PATIENTS 2 CON TINUE OUR INTEGRATED CARE MANAGEMENT MODEL TO OFFER ADDITIONAL PATIENT SUPPORT AND COMMUNI CATION, AND HELP WITH CARE PLANS, MEDICATION, OBJECTIVES AND TREATMENT INSTRUCTIONS 3 CO NTINUE WORK WITH OUR PATIENT EDUCATION AND ENGAGEMENT COMMITTEE FOCUSED ON DEVELOPING MATE RIALS THAT KEEP APPROPRIATE HEALTH LITERACY IN MIND 4 CONTINUE TO ONBOARD BI-LINGUAL PRO VIDERS AND SUPPORT STAFF WHO CAN DIRECTLY COMMUNICATE TO PATIENTS THEY SERVE 5 IMPLEMENT EPIC AS OUR NEW MEDICAL RECORD THAT WILL FACILITATE INSTANT COMMUNICATION BETWEEN THE INP ATIENT AND OUTPATIENT SETTINGS AND OFFER AN ENHANCED PATIENT PORTAL DELIVERING INFORMATION TO PATIENTS FOCUSED ON DEVEL</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUESTION 11	OPING MATERIALS THAT KEEP APPROPRIATE HEALTH LITERACY IN MIND

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
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

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
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 HTTPS //NEWJERSEY JEFFERSONHEALTH ORG/PATIENTS/PREPARING-YOUR-VISIT/FINANC IAL-ASSISTANCE

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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 HOME HEALTH CARE CENTER 1099 WHITE HORSE ROAD VOORHEES, NJ 08043	HOME HEALTH
1 KENNEDY DIAGNOSTIC & TREATMENT CENTER 900 MEDICAL CENTER DRIVE STE 100 SEWELL, NJ 08080	RADIATION ONCOLOGY CENTER
2 KENNEDY DIAGNOSTIC & TREATMENT CENTER 900 MEDICAL CENTER DRIVE SEWELL, NJ 08080	MEDICAL IMAGING CENTER
3 KENNEDY FAMILY HEALTH CTR (WASHINGTON) 445 HURFFVILLE CROSSKEYS ROAD TURNERSVILLE, NJ 08012	FAMILY HEALTH CENTER
4 KENNEDY FAMILY HEALTH CTR (SOMERDALE) 1 SOMERDALE SQUARE WHITE HORSE SOMERDALE, NJ 08083	FAMILY HEALTH CENTER
5 KENNEDY DIALYSIS CENTER (VOORHEES) 201 LAUREL OAK ROAD VOORHEES, NJ 08043	DIALYSIS CENTER
6 KENNEDY DIALYSIS CENTER (WASHINGTON) 300 MEDICAL CENTER DRIVE SEWELL, NJ 08080	DIALYSIS CENTER
7 KENNEDY BEHAVIORAL HEALTH 454 HURFFVILLE CROSSKEYS ROAD TURNERSVILLE, NJ 08012	BEHAVIORAL HEALTH SERVICES
8 THE CENTER FOR WOUND HEALING 543 EGG HARBOR ROAD TURNERSVILLE, NJ 08012	WOUND CARE CENTER
9 KENNEDY SLEEP CENTER (WASHINGTON) 400 MEDICAL CENTER DRIVE SEWELL, NJ 08080	SLEEP STUDY CENTER
10 KENNEDY SLEEP CENTER (STRATFORD) 19 EAST LAUREL ROAD STRATFORD, NJ 08084	SLEEP STUDY CENTER
11 KENNEDY SURGICAL CENTER 540 EGG HARBOR ROAD SEWELL, NJ 08080	SURGICAL CENTER
12 KENNEDY PHYSICAL THERAPY (WASHINGTON) 405 HURFFVILLE CROSSKEYS ROAD SEWELL, NJ 08080	OUTPATIENT PHYSICAL THERAPY

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2018

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization
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.

(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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(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 ▶ 9

3 Enter total number of other organizations listed in the line 1 table ▶ 4

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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.

Return Reference	Explanation
SCHEDULE I, PART I, QUESTION 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 ADDITIONALLY, GRANTS TO OUTSIDE ORGANIZATIONS ARE MONITORED BY THE SYSTEM'S FINANCE PERSONNEL THROUGH THE UTILIZATION OF COST CENTERS AND OTHER INFORMATION, INCLUDING WRITTEN DOCUMENTATION AND RECEIPTS

Additional Data

Software ID:
Software Version:
EIN: 22-1773439
Name: KENNEDY UNIVERSITY HOSPITAL INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AMERICAN HEART ASSOCIATION PO BOX 4002012 DES MOINES, IA 50340	13-5613797	501(C)(3)	20,000				PROGRAM SUPPORT
AMERICAN RED CROSS PO BOX 33093 NEWARK, NJ 07188	53-0196605	501(C)(3)	6,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BREAKAWAY SPORTS 178 MORNINGSIDE DRIVE JACKSON, GA 30233	26-2387327		6,120				PROGRAM SUPPORT
CAMDEN COUNTY 520 MARKET STREET 9TH FLOOR CAMDEN, NJ 08102	26-6000504	GOVT	10,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHERRY HILL TOWNSHIP 820 MERCER STREET CHERRY HILL, NJ 08002	21-6000523		24,700				PROGRAM SUPPORT
KENNEDY HEALTH SYSTEM INC 500 MARLBORO AVENUE CHERRY HILL, NJ 08002	22-2442036	501(C)(3)	428,597				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
KLAMMOR PUBLISHING 1000 LENOLA ROAD MAPLE SHADE, NJ 08052	26-0123101		9,300				PROGRAM SUPPORT
MARCH OF DIMES PO BOX 18819 ATLANTA, GA 31126	13-1846366	501(C)(3)	18,500				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
RONALD MCDONALD HOUSE OF SOUTHERN NJ 550 MICKLE BOULEVARD CAMDEN, NJ 08103	22-2430393	501(C)(3)	20,000				PROGRAM SUPPORT
ROWAN COLLEGE FOUNDATION 1400 TANYARD ROAD SEWELL, NJ 08080	23-7008843	501(C)(3)	5,500				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SAMARITAN HEALTH AND HOSPICE PO BOX 336 CORVALLIS, OR 97339	22-2344036	501(C)(3)	7,500				PROGRAM SUPPORT
SOUTHERN NJ DEVELOPMENT COUNCIL 900 ROUTE 168 N TURNERSVILLE, NJ 08012	21-0666900	501(C)(6)	5,500				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TOWNSHIP OF WASHINGTON 523 EGG HARBOR ROAD SEWELL, NJ 08080	22-2344036		20,100				PROGRAM SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
KENNEDY UNIVERSITY HOSPITAL INC

Employer identification number
22-1773439

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p>					
<p>a Receive a severance payment or change-of-control payment?</p>	4a	Yes			
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes			
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>					
<p>a The organization?</p>	5a		No		
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>					
<p>a The organization?</p>	6a		No		
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	Yes			
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	TAXABLE COMPENSATION REPORTED HEREIN IS DERIVED FROM 2018 FORMS W-2

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 4A	THE FOLLOWING INDIVIDUAL INCLUDED IN SCHEDULE J, PART II RECEIVED A SEVERANCE PAYMENT DURING CALENDAR YEAR 2018 WHICH WAS INCLUDED IN HER 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES ANNELIESE MCMENAMIN, SPHR, SHRM-SCP, \$31,283

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 4B	THE AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES CURRENT YEAR VESTING IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) AS THE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES EDWARD SULLIVAN, ESQ , \$25,113 AND GLENN A ZIRBSER, \$75,192 THE DEFERRED COMPENSATION AMOUNTS REFLECTED IN SCHEDULE J, PART II, COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDE UNVESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES JOSEPH W DEVINE, FACHE, \$37,973, EDWARD SULLIVAN, ESQ , \$24,857, JILL C OSTREM, \$23,844, CARMAN CIERVO, D O , FACOPF, \$43,497, GLENN A ZIRBSER, \$26,530, THOMAS J BALCAVAGE, \$20,943 AND KELLY A WALENDA, \$18,360

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 7	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2018 WHICH AMOUNTS WERE INCLUDED IN SCHEDULE J, PART II, COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT

Return Reference	Explanation
SCHEDULE J, PART II, COLUMN F	THE AMOUNT REPORTED IN SCHEDULE J, PART II, COLUMN F FOR THE FOLLOWING INDIVIDUALS INCLUDES VESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) AS THESE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE THESE AMOUNTS WERE PREVIOUSLY REPORTED IN SCHEDULE J, PART II, COLUMN C AS RETIREMENT AND OTHER DEFERRED COMPENSATION ON PRIOR YEAR'S FORMS 990 ADDITIONALLY, THESE AMOUNTS WERE TREATED AS TAXABLE INCOME AND REPORTED IN EACH INDIVIDUAL'S 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES EDWARD SULLIVAN, ESQ , \$25,113 AND GLENN A ZIRBSER, \$47,392



Additional Data

Software ID:

Software Version:

EIN: 22-1773439

Name: KENNEDY UNIVERSITY HOSPITAL INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
JOSEPH W DEVINE FACHE TRUSTEE - PRESIDENT/CEO	(i)	739,521	428,733	20,818	67,320	27,425	1,283,817	0
	(ii)	0	0	0	0	0	0	0
EDWARD SULLIVAN ESQ ASST SECRETARY-SVP/GEN COUNSEL	(i)	384,807	100,147	41,439	220,144	22,744	769,281	25,113
	(ii)	0	0	0	0	0	0	0
JILL C OSTREM ASST SECRETARY-SVP OPERATIONS	(i)	396,607	86,243	28,871	28,083	30,977	570,781	0
	(ii)	0	0	0	0	0	0	0
CARMAN CIERVO DO FACOPF EVP/CHIEF PHYSICIAN EXECUTIVE	(i)	721,575	289,140	16,161	154,413	26,908	1,208,197	0
	(ii)	0	0	0	0	0	0	0
GLENN A ZIRBSER SVP/CHIEF FINANCIAL OFFICER	(i)	327,286	85,226	121,696	31,334	32,351	597,893	47,392
	(ii)	0	0	0	0	0	0	0
THOMAS J BALCAVAGE SVP TECHNOLOGY & PROGRAM SVCS	(i)	329,155	73,148	14,393	88,530	30,514	535,740	0
	(ii)	0	0	0	0	0	0	0
KELLY A WALENDA SVP LEGAL SVCS/CHIEF COUNSEL	(i)	305,036	70,290	13,185	93,805	29,898	512,214	0
	(ii)	0	0	0	0	0	0	0
DAVID CONDOLUCI DO MACOI SVP/CHIEF PATIENT SAFETY OFF	(i)	273,955	47,015	25,020	0	1,379	347,369	0
	(ii)	0	0	0	0	0	0	0
H TIMOTHY DOMBOWSKI DOMPH VP/CHIEF MEDICAL OFFICER	(i)	321,041	64,546	4,313	164,762	1,672	556,334	0
	(ii)	0	0	0	0	0	0	0
HELENE BURNS DNP RN VP CLIN SVCS/CHIEF NURSE EXEC	(i)	269,533	60,146	3,132	127,491	22,474	482,776	0
	(ii)	0	0	0	0	0	0	0
ANTHONY WEHBE DO MBA FACOI CHIEF POPULATION HEALTH EXEC	(i)	400,942	0	582	37,743	32,491	471,758	0
	(ii)	0	0	0	0	0	0	0
ANNELIESE MCMENAMIN SPHR SHRM-S VP HUMAN RESOURCES (TERM 11/18)	(i)	239,839	62,279	66,397	185,668	1,379	555,562	0
	(ii)	0	0	0	0	0	0	0
RICARDO PEREZ DO JD FACOI CHIEF CLINICAL OFFICER	(i)	284,905	46,620	270	45,360	11,827	388,982	0
	(ii)	0	0	0	0	0	0	0
MARYANN LAULETTA MD VP MEDICAL OPERATIONS	(i)	267,966	60,146	679	64,948	29,656	423,395	0
	(ii)	0	0	0	0	0	0	0
LISA A DUTTERER CHIEF ADMINSTRATIVE OFFICER	(i)	269,030	58,547	1,062	86,780	29,606	445,025	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 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 the latest information.**

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization KENNEDY UNIVERSITY HOSPITAL INC	Employer identification number 22-1773439
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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	116,213	RENTAL REAL ESTATE		No
(2) MARY A DISTANISLAO	FAMILY MEMBER OF TRUSTEE	118,650	EMPLOYEE		No
(3) CHRISTINE DURANTE	FAMILY MEMBER OF TRUSTEE	28,879	EMPLOYEE		No
(4) SHIRLEY SLAYTON	FAMILY MEMBER OF TRUSTEE	25,943	EMPLOYEE		No

Part V Supplemental Information

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

Return Reference	Explanation
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, 2019 AMOUNTED TO \$199,844 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

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

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

2018
Open to Public Inspection

Department of the Treasury

Name of the organization

KENNEDY UNIVERSITY HOSPITAL INC

Employer identification number

22-1773439

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART I, LINES 8-19	PLEASE NOTE, THE ORGANIZATIONS REVENUE AND EXPENSE SUMMARY FOR THE PRIOR YEAR REPRESENTS A SIX-MONTH PERIOD OF JANUARY 1, 2018 THROUGH JUNE 30, 2018

990 Schedule O, Organizational Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>BACKGROUND ===== 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 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</p> <p>===== THE SIGNS OUTSIDE KENNEDY HEALTHS BUILDINGS UNDERWENT A MAKEOVER AS IT TRANSFORMED TO JEFFERSON HEALTH UNDER THE TERMS OF THE ORGANIZATIONS MERGER JEFFERSON HELD A SERIES OF CELEBRATIONS ACROSS THE FORMER KENNEDY HEALTH SITES TO FORMALLY WELCOME EMPLOYEES INTO THE JEFFERSON FAMILY 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 HEALTHS 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 ===== - 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 - BALA</p>

990 Schedule O, Other Information

Return Reference	Explanation
<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>NCE 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 - 1,180 EMPLOYEES - 40,801 EMERGENCY DEPARTMENT VISITS - 7,014 HOSPITAL ADMISSIONS - 4,124 SURGICAL PROCEDURES PERFORMED - 11,088 BEHAVIORAL HEALTH ENCOUNTERS JEFFERSON CHERRY HILL HOSPITAL IS CURRENTLY UNDERGOING A \$200 MILLION 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 ----- - 181 ACUTE CARE BEDS - 971 EMPLOYEES - 39,575 EMERGENCY DEPARTMENT VISITS - 6,177 HOSPITAL ADMISSIONS - 4,497 SURGICAL PROCEDURES PERFORMED JEFFERSON WASHINGTON TOWNSHIP HOSPITAL CAMPUS BREAKDOWN ----- - NJS ONLY SIDNEY KIMMEL CANCER CENTER - 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 - NUTRITION CENTER - FAMILY HEALTH SERVICES (FAMILY MEDICINE, OB/GYN, & PEDIATRICS) - HEALTH CARE CENTER, A 111-BED LONG-TERM CARE FACILITY WITH A 79-BED SUB-ACUTE REHABILITATION CENTER - 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 - 1,821 EMPLOYEES - 66,914 EMERGENCY DEPARTMENT VISITS - 12,911 HOSPITAL ADMISSIONS - 17,223 SURGICAL PROCEDURES PERFORMED - 65,487 BEHAVIORAL HEALTH ENCOUNTERS - 1,009 BIRTHS JEFFERSON WASHINGTON TOWNSHIP HOSPITAL IS CURRENTLY UNDERGOING A \$222 MILLION EXPANSION, ADDING A NEW, 7-FLOOR HOSPITAL TOWER WITH PRIVATE P</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>ATIEN T ROOMS, AND A FREE, 8-LEVEL ENCLOSED PARKING FACILITY AWARDS & ACCREDITATIONS ===== ===== EVERY YEAR, JEFFERSON HEALTH IN NEW JERSEY IS HONORED TO RECEIVE A WIDE RANGE OF INDUSTRY AWARDS, ACCOLADES AND RECOGNITIONS EVERY DAY, WE ARE 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 HUMBL ED 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 HOSPITALS 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 - THE MATERNAL FETAL MEDICINE DEPARTMENT EARNED REACCREDITATION THROUGH 2021 BY THE AMERICAN INSTITUTE OF ULTRASOUND IN MEDICINES (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 CERTIFICATE OF ACHIEVEMENT AWARD BY THE AMERICAN BOARD OF PERIANESTHESIA NURSING CERTIFICATION, INC (ABPANC) - JHNJ WAS RECOGNIZED AS ONE OF THE "HEALTHIEST COMPANIES IN AMERICA" FOR 2017 BY INTERACTIVE HEALTH FOR EMPOWERING EMPLOYEES TO MAKE SIGNIFICANT HEALTH CHANGES - ALL THREE JHNJ HOSPITALS WERE HONORED WITH THE 2018 HEALTHGRADES PATIENT SAFETY EXCELLENCE AWARD, RECOGNIZING EXCELLENT PERFORMANCE IN SAFEGUARDING PATIENTS - JEFFERSON BECAME THE FIRST HEALTH CARE 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>- 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 - JHNJ WAS NAMED A "CHAMPION OF GOOD WORK" BY THE COMMERCE & INDUSTRY ASSOCIATION OF NJ FOR ITS VETERANS' INITIATIVES - ALL THREE JHNJ HOSPITALS RECEIVED "EXEMPLAR" STATUS FOR THEIR NICHE (NURSES IMPROVING CARE FOR HEALTH SYSTEM ELDERLY) PROGRAM THE JEFFERSON HEALTH CARE CENTER, A SKILLED NURSING FACILITY AND SUB-ACUTE REHABILITATION CENTER, RECEIVED NICHE "MEMBER" STATUS (2019) - ALL THREE JHNJ HOSPITALS EARNED THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION'S GET WITH THE GUIDELINES-STROKE GOLD PLUS QUALITY ACHIEVEMENT AWARD FOR 2019 - JEFFERSON WASHINGTON TOWNSHIP HOSPITAL - A NJ STATE-DESIGNATED COMPREHENSIVE STROKE CENTER - RECEIVED THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION'S GET WITH THE GUIDELINES TARGET-STROKE HONOR ROLL ELITE PLUS AWARD (2019) - JEFFERSON CHERRY HILL AND STRATFORD HOSPITALS WERE AWARDED 'A'S' IN THE LEAPFROG GROUP SPRING 2019 HOSPITAL SAFETY GRADE ALSO, JEFFERSON WASHINGTON TOWNSHIP HOSPITAL RECEIVED A 'B' GRADE IN THE REPORT - JHNJ PHYSICIANS WERE RECOGNIZED IN PHILADELPHIA MAGAZINE'S TOP DOCTORS 2019 LIST AS BEST OF THE BEST IN TERMS OF COMPASSIONATE AND HIGH-QUALITY CARE THROUGHOUT SOUTHEAST PHILADELPHIA, SOUTH JERSEY, AND DELAWARE - ALL THREE JHNJ HOSPITALS WERE HONORED WITH THE 2019 HEALTHGRADES PATIENT SAFETY EXCELLENCE AWARD, RECOGNIZING EXCELLENT PERFORMANCE IN SAFEGUARDING PATIENTS - U S NEWS AND WORLD REPORT RANKS ALL THREE JHNJ HOSPITALS "HIGH PERFORMING" IN HEART FAILURE, COPD CARE, AND KNEE REPLACEMENT FOR 2019-2020 - ALL THREE JHNJ HOSPITALS WERE AWARDED AN 'A' IN THE FALL 2019 LEAPFROG GROUP, A NATIONAL DISTINCTION RECOGNIZING JEFFERSON'S ACHIEVEMENTS PROTECTING PATIENTS FROM HARM AND PROVIDING SAFER HEALTH CARE - JHNJ RANKED 11TH IN STATE FOR U S NEWS AND WORLD REPORT'S "BEST REGIONAL HOSPITALS," 2019-2020 - HEALTH GRADES FIVE-STAR RECIPIENT FOR TOTAL KNEE REPLACEMENT IN 2020 - HEALTH GRADES FIVE-STAR RECIPIENT FOR TOTAL HIP REPLACEMENT FOR TWO YEARS IN A ROW (2019-2020) - HEALTH GRADES FIVE-STAR RECIPIENT FOR HIP FRACTURE TREATMENT IN 2020 - HEALTH GRADES FIVE-STAR RECIPIENT FOR GALLBLADDER REMOVAL SURGERY FOR TWO YEARS IN A ROW (2019-20) - HEALTH GRADES FIVE-STAR RECIPIENT FOR TREATMENT OF SEPSIS FOR TWO YEARS IN A ROW (2019-20) - JEFFERSON HEALTH'S CENTER FOR ADVANCED WOUND CARE & HYPERBARIC OXYGEN THERAPY IN WASHINGTON TOWNSHIP WAS AWARDED THE ROBERT A WARRINER III, M D , CENTER OF EXCELLENCE AWARD BY HEALOGICS, THE NATION'S LARGEST PROVIDER OF ADVANCED WOUND CARE SERVICES (2019) - JHNJ RECEIVED A PROFICIENCY AWARD FROM THE NONPROFIT MID-ATLANTIC ALLIANCE FOR PERFORMANCE EXCELLENCE (MAAPE) (2019) - JEFFERSON HEALTH'S THREE NEW JERSEY-BASED HOSPITALS, IN CHERRY HILL, STRATFORD AND WASHINGTON TOWNSHIP, WERE RECOGN</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>IZED AS 2019 NEW JERSEY ANTIBIOTICS AWARE GOLD STEWARDS, AS PART OF THE NEW JERSEY DEPARTM ENT OF HEALTH (NJDOH) ANTIMICROBIAL STEWARDSHIP RECOGNITION PROGRAM - JEFFERSON CHERRY HI LL HOSPITAL WAS NAMED A TOP TEACHING HOSPITAL NATIONALLY BY THE LEAPFROG GROUP - 2019 - T HE SIDNEY KIMMEL CANCER CENTER - WASHINGTON TOWNSHIP RECEIVED DESIGNATION AS A CARE CONTIN UUM CENTER OF EXCELLENCE (CCCOE) BY THE GO2 FOUNDATION FOR LUNG CANCER, FORMERLY THE LUNG CANCER ALLIANCE AND THE BONNIE J ADDARIO LUNG CANCER FOUNDATION JEFFERSON CHERRY HILL HOS PITAL, JEFFERSON STRATFORD HOSPITAL AND JEFFERSON WASHINGTON TOWNSHIP HOSPITAL - ACCREDITE D BY THE JOINT COMMISSION (TJC) - ACCREDITED BY THE AMERICAN OSTEOPATHIC ASSOCIATION - A CCREDITED AS AN AMERICAN HEART ASSOCIATION TRAINING CENTER FOR BASIC LIFE SUPPORT CPR, ADV ANCED CARDIAC LIFE SUPPORT AND PEDIATRIC ADVANCED LIFE SUPPORT - MAGNET DESIGNATED - NAM ED ONE OF THE NATION'S TOP PERFORMERS ON KEY QUALITY MEASURES BY THE JOINT COMMISSION (TJC) IN 2013 FOR ITS ACHIEVEMENT ON THE FOLLOWING MEASURE SETS HEART ATTACK, HEART FAILURE, PNEUMONIA, AND SURGICAL CARE - JEFFERSON WASHINGTON TOWNSHIP HOSPITAL DESIGNATED AS A NEW JERSEY STATE COMPREHENSIVE STROKE CENTER - JEFFERSON CHERRY HILL HOSPITAL AND JEFFERSON STRATFORD HOSPITAL DESIGNATED AS A NEW JERSEY STATE PRIMARY STROKE CENTER (CHERRY HILL, ST RATFORD) - JEFFERSON HEALTH BARIATRIC SURGERY PROGRAM (SURGICAL WEIGHT LOSS PROGRAM) ACCR EDITED THROUGH THE NATIONAL METABOLIC BARIATRIC SURGERY AND QUALITY IMPROVEMENT PROGRAM (M BSAQIP) AS A COMPREHENSIVE CENTER - SIDNEY KIMMEL CANCER CENTER - WASHINGTON TOWNSHIP ACC REDITATION WITH COMMENDATION FROM THE AMERICAN COLLEGE OF SURGEONS (ACOS) COMMISSION ON CA NCER (COC) AND FULL ACCREDITATION DESIGNATION BY THE NATIONAL ACCREDITATION PROGRAM FOR BR EAST CENTERS (NAPBC) DESIGNATED AS A CARE CONTINUUM CENTER OF EXCELLENCE (CCCOE) BY THE G O2 FOUNDATION FOR LUNG CANCER, FORMERLY THE LUNG CANCER ALLIANCE AND THE BONNIE J ADDARIO LUNG CANCER FOUNDATION - JEFFERSON HEALTH BEHAVIORAL HEALTH RECEIVED THE JOINT COMMISSIO NS GOLD SEAL OF APPROVAL FOR ACCREDITATION BY DEMONSTRATING COMPLIANCE WITH THE JOINT COMM ISSIONS NATIONAL STANDARDS FOR HEALTHCARE QUALITY AND SAFETY THE ACCREDITATION AWARDS REC OGNIZE JEFFERSON HEALTH NEW JERSEY'S DEDICATION TO CONTINUOUS COMPLIANCE WITH THE JOINT CO MMISSIONS STATE-OF-THE-ART STANDARDS (2019) - JEFFERSON HEALTH HOME CARE RECEIVED THE JOI NT COMMISSION'S GOLD SEAL OF APPROVAL FOR ACCREDITATION BY DEMONSTRATING COMPLIANCE WITH T HE JOINT COMMISSION'S NATIONAL STANDARDS FOR HEALTH CARE QUALITY AND SAFETY THE ACCREDITA TION RECOGNIZES JEFFERSON HEALTH NEW JERSEY'S DEDICATION TO CONTINUOUS COMPLIANCE WITH THE JOINT COMMISSIONS STATE-OF-THE-ART STANDARDS (2019) - JEFFERSON HEALTH MEDICAL IMAGING S ERVICES ACCREDITED BY THE AMERICAN COLLEGE OF RADIOLOGY (ACR) FOR CT, MRI, ULTRASOUND AND MAMMOGRAPHY AT JEFFERSON HEALTH NEW JERSEY HOSPITAL LOCATIONS ACCREDITED BY THE INTERSOCI ETAL COMMISSION FOR THE ACCRED</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>ITATION OF NUCLEAR MEDICINE LABORATORIES (ICANL) AT JEFFERSON HEALTH NEW JERSEY HOSPITAL LOCATIONS ACCREDITED BY THE ICANL FOR PET/CT AT JEFFERSON HEALTH NEW JERSEY OUTPATIENT IMAGING CENTER - AMERICAN COLLEGE OF RADIOLOGY BREAST IMAGING CENTER OF EXCELLENCE, HOLDING ACCREDITATIONS IN ULTRASOUND BREAST, ULTRASOUND - BREAST BIOPSY, AND STEREOTACTIC BREAST BIOPSY IMAGING SERVICES - JEFFERSON HEALTH SURGERY CENTER ACCREDITED BY THE JOINT COMMISSION AND THE AMERICAN OSTEOPATHIC ASSOCIATION - JEFFERSON HEALTH SLEEP CENTERS ACCREDITED BY THE AMERICAN ACADEMY OF SLEEP MEDICINE - JEFFERSON HEALTH LABORATORY SERVICES ACCREDITED THROUGH THE INTERNATIONALLY RECOGNIZED COLLEGE OF AMERICAN PATHOLOGISTS (CAP), AND THE CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA), ADMINISTERED THROUGH THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) - JEFFERSON HEALTH MATERNAL-FETAL MEDICINE UNIT (WASHINGTON TOWNSHIP) ACCREDITED IN OBSTETRIC ULTRASOUND THROUGH THE AMERICAN INSTITUTE OF ULTRASOUND IN MEDICINE (AIUM) - JEFFERSON HEALTH CHILD & ADOLESCENT INPATIENT MENTAL HEALTH UNIT (CAPU) DESIGNATED AS A CHILDREN'S CRISIS INTERVENTION SERVICE BY THE NJ DIVISION OF CHILDREN'S BEHAVIORAL HEALTH SERVICES - JEFFERSON HEALTH ADULT INPATIENT MENTAL HEALTH UNIT DESIGNATED AS A SHORT-TERM CARE FACILITY BY THE NJ DIVISION OF MENTAL HEALTH & ADDICTION SERVICES - JEFFERSON HEALTH DIALYSIS PROGRAM 5 DIAMOND PATIENT SAFETY STATUS FROM QUALITY INSIGHTS RENAL NETWORK THREE (QIRN3) IN RECOGNITION OF PATIENT SAFETY AND QUALITY CARE TWO-STAR RECIPIENT, BAXTERS PURSUIT OF EXCELLENCE PROGRAM FOR PERITONEAL DIALYSIS QUALITY STANDARDS - JEFFERSON HEALTH STAT TRANSPORT CERTIFIED IN THE SAFE HANDLING OF BARIATRIC PATIENTS BY TRANSPORT EQUIPMENT MANUFACTURER, TRANSSAFE, INC NJ STATE SAFETY COUNCIL DEFENSIVE DRIVING SUB-AGENCY - JEFFERSON HEALTH DIABETES CONTROL OUTPATIENT EDUCATION PROGRAM RECOGNITION STATUS BY AMERICAN DIABETES ASSOCIATION FOR DIABETES SELF-MANAGEMENT EDUCATION JEFFERSON HEALTH IN NEW JERSEY AFFILIATIONS & PARTNERSHIPS</p> <p>===== JEFFERSON HEALTH NEW JERSEY IS THE PRINCIPAL TEACHING HOSPITAL OF THE ROWAN UNIVERSITY-SCHOOL OF OSTEOPATHIC MEDICINE THROUGH ITS ACADEMIC RELATIONSHIP WITH ROWANSON (FORMERLY UMDNJ-SOM), THE ORGANIZATION HAS TRAINED MORE THAN 2,000 PHYSICIANS SINCE THIS RELATIONSHIP BEGAN IN 1977 THE ORGANIZATION IS ALSO A PROUD MEMBER OF THE SIDNEY KIMMEL CANCER NETWORK AT JEFFERSON AND THE JEFFERSON NEUROSCIENCES NETWORK, BRINGING WORLD-CLASS CANCER AND NEUROSURGICAL CARE TO THE RESIDENTS OF SOUTHERN NEW JERSEY IN ADDITION, JEFFERSON HEALTH NEW JERSEY HAS A CLINICAL AFFILIATION WITH THE ROTHMAN INSTITUTE</p>

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Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>VOLUNTEERS ===== JEFFERSON HEALTH IS GRATEFUL TO HAVE THE HELP AND SUPPORT OF HUNDREDS OF COMMUNITY MEMBERS WHO VOLUNTEER AT OUR NJ FACILITIES IN 2019. MORE THAN 350 VOLUNTEERS OF ALL AGES CONTRIBUTED 33,000 HOURS OF SERVICE TO OUR PATIENTS, VISITORS AND EMPLOYEES IN NEARLY 65 LOCATIONS AND DEPARTMENTS THROUGHOUT OUR HEALTH SYSTEM FY2019 WELLNESS COMMUNITY OUTREACH ===== WELLNESS PROGRAMS = 183 MORE THAN 4,700 TOTAL CLASSES AND PROGRAMS OFFERED OTHER COMMUNITY OUTREACH EFFORTS INCLUDE THE FOLLOWING - PRESENTED A \$10,000 CHECK TO BENEFIT RONALD MCDONALD HOUSE CHARITIES, - PARTNERED WITH WASHINGTON TOWNSHIP TO LAUNCH A FREE BIKE-SHARE PROGRAM AT WASHINGTON LAKE PARK, MADE POSSIBLE BY OUR \$20,000 DONATION, - JEFFERSON FAMILY HEALTH SERVICES GAVE NEARLY 300 BOOK BAGS TO YOUNG PATIENTS AT ITS HELPING HANDS TO HEALTH GIVEAWAY, - NEARLY 200 COMMUNITY WELLNESS PROGRAMS WERE OFFERED THROUGH OUR HEALTHVIEW NEWSLETTER, - HEALTHVIEW REACHES NEARLY 150,000 HOUSEHOLDS, THREE TIMES EACH YEAR, - HEALTHVIEW E-NEWS REACHES NEARLY 110,000 INBOXES EACH MONTH, - THE MARESSA CENTER FOR MS WELLNESS LAUNCHED AT JEFFERSON CHERRY HILL HOSPITAL, OFFERING A FREE THERAPEUTIC RETREAT FOR MS PATIENTS IN SOUTHERN NJ, - CONTINUE TO PARTNER WITH KENNEDY FITNESS A JEFFERSON HEALTH AFFILIATE AND OFFER EDUCATIONAL LECTURES AND HEALTH FAIRS DESIGNED TO EDUCATE THE COMMUNITY ABOUT HEALTH AND WELLNESS AND THE MEDICAL MODEL FITNESS SERVICES, - OUR WEIGHT-LOSS SURGERY FALL FASHION SHOW AT THE CHERRY HILL MALL FEATURED BARIATRIC SUCCESS STORIES AMONG 19 PATIENTS WHO LOST A COMBINED TOTAL OF MORE THAN AN 2,000 POUNDS, - BRIAN DUFFY, DIRECTOR OF REHABILITATION, RAISED MORE THAN \$10,000 AS OUR AMERICAN, - CANCER SOCIETY REAL MEN WEAR PINK FUNDRAISING CAMPAIGN REPRESENTATIVE, - THE SIDNEY KIMMEL CANCER CENTER - WASHINGTON TOWNSHIP RAISED MORE THAN \$2,800 FOR THE AMERICAN CANCER SOCIETY'S MAKING STRIDES AGAINST BREAST CANCER EVENT HELD IN OCTOBER, - AREA VETERANS RECEIVED THE CAMDEN COUNTY MILITARY SERVICE MEDAL AT OUR 18TH ANNUAL VETERANS AWARDS CEREMONY, - MORE THAN 250 JEFFERSON NJ MANAGERS CREATED 24 NEW ELECTRIC GUITARS FOR DONATION TO SOUTHERN NJ SCHOOL SYSTEMS MUSIC PROGRAMS, - PARTNERED WITH DUFFIELDS FARM IN WASHINGTON TWP FOR OUR 5TH ANNUAL FARM TO FORK FESTIVAL WHICH EDUCATES THE COMMUNITY ABOUT JEFFERSON HEALTH SERVICES, EATING WELL, MANAGING DISEASE, INCREASING EXERCISE, AND HOW TO INCORPORATE LOCAL PRODUCE INTO ONES DIET, - SPONSORED AND ATTENDED THE HADDONFIELD FARMERS MARKET, WHICH IS OPEN EVERY SATURDAY BETWEEN MAY-OCTOBER, TO GIVE INFORMATION TO THE COMMUNITY ABOUT JEFFERSON HEALTH SERVICES, - CURRENTLY FULFILLING THE "EAT HEALTHY BE ACTIVE" GRANT, WHICH IS FOCUSED ON EDUCATING THE COMMUNITY ABOUT EATING WELL, INCORPORATING PHYSICAL ACTIVITY, AND MANAGING CHRONIC DISEASE WE CURRENTLY OFFER 4 SEPARATE COURSES OF A SIX CLASS SERIES, TOTALING AT 24 TOTAL CLASSES PER YEAR, - OFFER THE "STRAIGHT UP FOOD - A PLANT BASED EATING SERIES" WHICH FOCUSE</p>

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Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>S ON EDUCATING THE COMMUNITY ON THE BENEFITS OF EATING MORE WHOLE-FOOD, PLANT-BASED FOODS, AND - CURRENTLY OFFERING DIABETES EDUCATION COURSES TAUGHT BY JMGS REGISTERED DIETITIANS THIS A COMPREHENSIVE, THREE-COURSE PROGRAM OFFERED MULTIPLE TIMES THROUGHOUT THE YEAR AT ALL THREE HOSPITAL CAMPUSES FOR COMMUNITY MEMBERS WITH A DIABETES DIAGNOSES COMMUNITY SERVICES ===== SUPPORT GROUPS TALKING ABOUT ISSUES OR CONCERNS IN A SUPPORTIVE AND CONFIDENTIAL ENVIRONMENT CAN HELP WITH THE LEARNING, HEALING OR COPING PROCESS THATS WHY JEFFERSON HEALTH NEW JERSEY OFFERS SUPPORT GROUPS ON A NUMBER OF TOPICS HOSTED IN OR N EAR 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 REQ UIRED 2) BEREAVEMENT SUPPORT GROUP - THESE MONTHLY MEETINGS OFFER COMPASSIONATE SUPPORT A ND PROVIDE EFFECTIVE COPING SKILLS FOR THOSE GRIEVING A LOSS THEY ARE FREE AND OPEN TO TH E 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 F REE AND OPEN TO BOTH PRE- AND POST- OPERATIVE PATIENTS AND THE FAMILY MEMBERS AND FRIENDS WHO SUPPORT THEM 4) BREASTFEEDING SUPPORT GROUP - THESE SESSIONS PROVIDE AN OPPORTUNITY FO R EXPECTANT OR NURSING MOTHERS TO MEET NEW MOMS AND HAVE THEIR QUESTIONS ANSWERED 5) CENT ER FOR HOPE & HEALING MANY CANCER EDUCATION AND SUPPORT PROGRAMS ARE HELD IN THE CENTER FO R HOPE & HEALING AND 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, EN HANCING SELF- IMAGE AND LEARNING NEW PROBLEM-SOLVING SKILLS 8) DIALYSIS SUPPORT GROUP A LI CENSED SOCIAL WORKER FACILITATES A MONTHLY SUPPORT GROUP WITH FELLOW DIALYSIS PATIENTS AND FAMILY MEMBERS IN A NON-JUDGMENTAL, SUPPORTIVE ENVIRONMENT 9) NARCOTICS ANONYMOUS - THES E MEETINGS OFFER HELP, SUPPORT AND ENCOURAGEMENT FOR THOSE WHO HAVE A NARCOTIC ADDICTION THEY ARE FREE AND OPEN TO THE PUBLIC 10) PARENTS BEREAVEMENT SUPPORT GROUP - JEFFERSON HE ALTH 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 SOM E WAYS TO HELP MANAGE THEIR HEARTACHE 11) SMOKING CESSATION SUPPORT GROUP & COUNSELING - QUITTING SMOKING CAN BE HARD, BUT JEFFERSON HEALTH NEW JERSEY OFFERS SUPPORT AND COUNSELIN G JEFFERSON'S STRONG LINKAGE TO NEW JERSEY ===== MORE THAN 6,500 ALUMNI FROM OUR MEDICAL SCHOOL, AND MANY OF OUR RESIDENTS AND FELLOWS CURRENTLY LIVE OR WORK IN NJ NEARLY 4,</p>

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Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	500 OF OUR EAST FALLS CAMPUS ALUMNI LIVE OR WORK IN NJ JEFFERSONS ECONOMIC IMPACT ACROSS THE REGION FOR FY19 IS \$8.6 BILLION, WITH A NJ-SPECIFIC ECONOMIC IMPACT OF \$2.4 BILLION. IN 2019, JEFFERSON PROVIDED MORE THAN \$7.7 MILLION IN CHARITY CARE TO LOW INCOME, UNINSURED PATIENTS IN NJ.

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Return Reference	Explanation
CORE FORM, PART V, QUESTIONS 3A & 3B	AS OF MAY 15, 2020, THE DUE DATE OF THE ORGANIZATION'S 2018 FEDERAL FORM 990, THE ORGANIZATION DID NOT HAVE ANY UNRELATED BUSINESS INCOME ("UBI") PLEASE NOTE, QUESTIONS 3A AND 3B WITHIN CORE FORM, PART V OF THIS FORM 990 ARE MARKED "YES" BECAUSE AS OF NOVEMBER 15, 2019, THE ORGANIZATION ANTICIPATED HAVING UBI IN EXCESS OF \$1,000 THEREFORE, THE ORGANIZATION PROPERLY FILED A FORM 8868, APPLICATION FOR EXTENSION OF TIME TO FILE, FOR ITS FORM 990-T ON DECEMBER 20, 2019 CONGRESS PASSED TWO BILLS WHICH INCLUDED THE RETROACTIVE REPEAL OF INTERNAL REVENUE CODE ("IRC") 512(A)(7) AS A RESULT OF THIS TAX REPEAL, QUALIFIED TRANSPORTATION BENEFITS WOULD NO LONGER BE TREATED AS UBI AND REPORTED WITHIN THE FORM 990-T SINCE THE ORGANIZATION PREVIOUSLY FILED AN EXTENSION FOR ITS FORM 990-T, BUT DOES NOT ENGAGE IN ANY ADDITIONAL UBI ACTIVITIES, IT HAS FILED A FINAL FORM 990-T WHICH REFLECTS NO UBI FOR THE YEAR ENDED JUNE 30, 2019

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Return Reference	Explanation
CORE FORM, PART VI, SECTION A, QUESTION 2	JOHN P SILVESTRI AND JOSEPH MARESSA, JR ESQ - BUSINESS RELATIONSHIP

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Return Reference	Explanation
CORE FORM, PART VI, SECTION A, 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 THOMAS JEFFERSON UNIVERSITY ("TJU") IS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION AND SERVES AS THE PARENT ORGANIZATION OF THE SYSTEM AS THE PARENT ORGANIZATION OF THE SYSTEM TJU PROVIDES VARIOUS CORPORATE RELATED SERVICES FOR THE BENEFIT OF VARIOUS SYSTEM ENTITIES, INCLUDING THIS ORGANIZATION THESE CORPORATE SERVICES, INCLUDE, BUT ARE NOT LIMITED TO, EXECUTIVE, LEGAL AND RISK MANAGEMENT, COMPLIANCE AND GOVERNANCE, HUMAN RESOURCES AND FINANCE TJU ALLOCATES A PERCENTAGE OF ITS TOTAL CORPORATE RELATED SERVICES COSTS TO VARIOUS SYSTEM ENTITIES, INCLUDING THIS ORGANIZATION, AS REIMBURSEMENT FOR THESE CORPORATE RELATED SERVICES THE REIMBURSEMENT TO TJU IS REFLECTED AS AN EXPENSE FOR THESE ORGANIZATIONS

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Return Reference	Explanation
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

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Return Reference	Explanation
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 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

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Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 12	<p>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 RESPONDENTS ACTUAL OR POTENTIAL INTERESTS AND ACTIVITIES IN WHICH THEY ENGAGED DURING THE 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</p>

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Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 12	N INTERESTS, ACTIVITIES OR RELATIONSHIPS WHEN MANAGEMENT OF THE IDENTIFIED CONFLICT IS RE QUIRED, THE AFFECTED PERSON(S), MEMBERS OF THE BOARDS EXECUTIVE COMMITTEE, AND CERTAIN MEM BERS OF EXECUTIVE MANAGEMENT, RECEIVE NOTIFICATION OF THE REQUIREMENTS SET FORTH IN THE MA NAGEMENT 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 ACTIVI TIES, TRANSACTIONS AND RELATIONSHIPS, ALL REQUIRED DISCLOSURES IN ACCORDANCE WITH THE INTE RNAL REVENUE SERVICE'S REGULATIONS AND INSTRUCTIONS ARE REPORTED ON THE ORGANIZATION'S FED ERAL FORM 990

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Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 15	<p>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 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 INSTITUTIONS 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 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</p>

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Return Reference	Explanation
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

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Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	CORE FORM, PART VII AND SCHEDULE J REFLECT CERTAIN BOARD MEMBERS AND OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM THIS ORGANIZATION OR A RELATED ORGANIZATION PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OF THE ORGANIZATION OR A RELATED ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER OR OFFICER OF THIS ORGANIZATION'S BOARD OF TRUSTEES

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Return Reference	Explanation
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 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

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Return Reference	Explanation
<p>CORE FORM, PART X, LINE 25</p>	<p>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, - 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, - MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY SERIES 2018D, AND - MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY SERIES 2019A 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 - ARIA HEALTH SYSTEM, EIN 23-2239131 - PHILADELPHIA UNIVERSITY, EIN 23-1352294 - KENNEDY UNIVERSITY HOSPITAL, INC , EIN 22-1773439 - KENNEDY HEALTH SYSTEM, INC , EIN 22-2442036 - 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XI, QUESTION 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCE INCLUDE - CHANGE IN PENSION LIABILITY - (\$13,021,000), - TRANSFER TO KENNEDY HEALTH CARE FOUNDATION, INC , A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - (\$362,770), - TRANSFER TO KENNEDY MEDICAL GROUP PRACTICE, P C , A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - (\$15,415,244), - OTHER CHANGES IN NET ASSETS - \$372,300, AND - CHANGE IN DONOR RESTRICTED NET ASSETS - (\$493,254)

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 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, 2019 AND JUNE 30, 2018, RESPECTIVELY, AND ISSUED A CONSOLIDATED AUDITED FINANCIAL STATEMENT AN UNMODIFIED OPINION WAS ISSUED BY THE INDEPENDENT CPA FIRM TJU'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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PROFESSIONAL SERVICES TOTAL FEES 44336872

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHYSICIAN CONTRACTED SERVICES TOTAL FEES 23942910

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED SERVICES TOTAL FEES 8901985

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION AGENCY/TEMP FEES TOTAL FEES 6843165

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION COLLECTION FEES TOTAL FEES 2636023

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTING FEES TOTAL FEES 1459911

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
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

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.

See Additional Data Table

(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

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.

See Additional Data Table

(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	

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.

See Additional Data Table

(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

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		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)	Yes	
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) KENNEDY HEALTH SYSTEM INC	B	428,597	COST
(2) KENNEDY HEALTH SYSTEM INC	O	1,770,219	COST

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	

Part VII **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R, PART V	THOMAS JEFFERSON UNIVERSITY ROUTINELY PAYS EXPENSES FOR ITS AFFILIATES IN 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. THESE ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY HEALTHCARE AND WELLNESS SERVICES TO THE COMMUNITIES IN WHICH THEY ARE SITUATED.

Additional Data

Software ID:

Software Version:

EIN: 22-1773439

Name: KENNEDY UNIVERSITY HOSPITAL INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-1352651	EDUCATION	PA	501(C)(3)	509(A)(1)	NA		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 26-3026795	HEALTH SVCS	PA	501(c)(3)	509(A)(3)	TJU		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2829095	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	TJUH SYSTEM		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2809585	HEALTH SVCS	PA	501(C)(3)	509(A)(3)	TJUH SYSTEM		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 46-4855345	HEALTH SVCS	NJ	501(C)(3)	509(A)(3)	JUP		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-3026939	HEALTH SVCS	PA	501(c)(3)	509(A)(3)	TJUH SYSTEM		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2858320	HEALTH SVCS	PA	501(c)(3)	509(A)(3)	JPS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2678055	HEALTH SVCS	PA	501(c)(3)	509(A)(3)	TJUH SYSTEM		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-3537847	HEALTH SVCS	NJ	501(c)(3)	509(A)(2)	MAHC		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2622009	HEALTH SVCS	PA	501(c)(3)	509(A)(3)	TJUH SYSTEM		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2622004	HEALTH SVCS	PA	501(c)(3)	509(A)(2)	JEFFEX INC		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2622006	HEALTH SVCS	PA	501(c)(3)	509(A)(2)	JEFFEX INC		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2214351	REAL ESTATE	PA	501(c)(2)		JEFFEX INC		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 27-1243803	HEALTH SVCS	PA	501(c)(3)	509(A)(3)	TJU		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-1352152	HEALTH SVCS	PA	501(c)(3)	HOSPITAL	AH		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 26-3359979	HEALTH SVCS	PA	501(c)(3)	HOSPITAL	AH		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2188052	FUNDRAISING	PA	501(C)(3)	509(A)(1)	AH		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2239131	SUPPORTING	PA	501(C)(3)	509(A)(3)	TJU		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-0596940	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	AHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2691968	HEALTH SVCS	PA	501(C)(3)	170B1AIII	AHS		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 46-0779942	HEALTH SVCS	PA	501(C)(3)	509(A)(2)	AHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-1352294	EDUCATION	PA	501(C)(3)	509(A)(1)	TJU		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-2442036	HEALTH SVCS	NJ	501(C)(3)	509(A)(1)	TJU		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-2442034	REAL ESTATE	NJ	501(C)(3)	509(A)(3)	KHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-2443981	HEALTH SVCS	NJ	501(C)(3)	509(A)(2)	KHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-2442032	HEALTH SVCS	NJ	501(C)(3)	509(A)(3)	KHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 46-1420853	HEALTH SVCS	NJ	501(C)(3)	509(A)(2)	KHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 80-0550282	FUNDRAISING	NJ	501(C)(3)	509(A)(1)	KHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-1476328	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	TJU		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-7318683	FUNDRAISING	PA	501(C)(3)	509(A)(3)	AH		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2332396	MEDICAL OFFICE	PA	NA									
(1) JEFF UNIV RAD ASSOC 840 CRESCENT CTR DR FRANKLIN, TN 37067 41-2043518	HEALTH SVCS	PA	NA									
(2) JEFF COMP CONC CTR 4050 S 26TH ST PHILADELPHIA, PA 19145 46-4254983	HEALTH SVCS	PA	NA									
(3) RIVERVIEW SURG CTR LP 3 CRESCENT DR PHILADELPHIA, PA 19112 26-3910345	HEALTH SVCS	PA	NA									
(4) RIVERVIEW SURG CTR LLC 3 CRESCENT DR PHILADELPHIA, PA 19112 26-3911509	HEALTH SVCS	PA	NA									
(5) ROTHMAN ORTHO SPEC HOSP 11221 ROE AVE LEAWOOD, KS 66211 27-0260289	HEALTH SVCS	PA	NA									
(6) JUNIATA MED BLD 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2450132	MEDICAL OFFICE	PA	NA									
(7) TMB ENTERPRISE 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2400586	MEDICAL OFFICE	PA	NA									
(8) MED IMAGING ASSOC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2491498	HEALTH SVCS	PA	NA									
(9) JEFFHEDGE LLC 1301 2ND AVE SEATTLE, WA 98101 45-3214379	INVESTMENTS	DE	NA									
(10) GARDEN ST RAD LLC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 47-1323463	RADIOLOGY	NJ	NA									
(11) KENNEDY CH SURG 11221 ROE AVE LEAWOOD, KS 66211 47-2462625	SURGERY CENTER	NJ	KUH	RELATED	-1,870,694	7,442,465		No	0	Yes		51 000 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2146678	REAL ESTATE	PA	NA	C CORP					No
(1) WALNUT REALTY CO 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2332416	REAL ESTATE	PA	NA	C CORP					No
(2) ATRIUM CORPORATION 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2075587	HEALTH SVCS	PA	NA	C CORP					No
(3) HEALTHMARK INC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2259593	HEALTH SVCS	PA	NA	C CORP					No
(4) JEFFERSON ACUTE CARE PHYSICIANS PC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 47-2639286	HEALTH SVCS	PA	NA	C CORP					No
(5) JEFFCARE INC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2830152	HEALTH SVCS	PA	NA	C CORP					No
(6) MID-ATLANTIC MATERNAL FETAL INSTITUTE 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2922471	HEALTH SVCS	PA	NA	C CORP					No
(7) MID-ATLANTIC MATERNAL FETAL INSTITUTE PC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-3536371	HEALTH SVCS	NJ	NA	C CORP					No
(8) JEFFERSON PHYSICIAN SVCS OF CALIFORNIA 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 37-1856786	HEALTH SVCS	CA	NA	C CORP					No
(9) 925 WALNUT STREET CORP 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 84-1657497	REAL ESTATE	PA	NA	S CORP					No
(10) SYSTEM SERVICE CORPORATION 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2218944	HOLDING CO	DE	NA	C CORP					No
(11) HEALTH CARE INC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 20-0214524	HEALTH SVCS	PA	NA	C CORP					No
(12) TF DEVELOPMENT LTD 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2197865	REAL ESTATE	PA	NA	C CORP					No
(13) KENNEDY MANAGEMENT GROUP INC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-3347294	MANAGEMENT	NJ	NA	C CORP					No
(14) PROFESSIONAL MEDICAL MANAGEMENT INC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-2559690	COLLECTION SVCS	NJ	NA	C CORP					No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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	Yes	No
(16) KENNEDY ACCESS INCORPORATED 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 47-2661672	INVESTMENTS	NJ	NA	C CORP						No
(1) JEFFERSON HLTH NJ DIRECT PRIMARY CARE PC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 84-1980055	HEALTH SVCS	NJ	NA	C CORP						No