
FEDERAL FORM 990
RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
FOR THE YEAR ENDED JUNE 30, 2022

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

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

A For the 2021 calendar year, or tax year beginning 07/01/2021 and ending 06/30/2022

B Check if applicable: C Name of organization: KENNEDY UNIVERSITY HOSPITAL, INC. D Employer identification number: 22-1773439 E Telephone number: (856) 661-5100 G Gross receipts \$: 722,110,488. H(a) Is this a group return for subordinates? Yes No H(b) Are all subordinates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 J Website: WWW.JEFFERSONHEALTH.ORG K Form of organization: X Corporation Trust Association Other L Year of formation: 1965 M State of legal domicile: NJ

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Activities & Governance 8-12 Revenue 13-19 Expenses 20-22 Net Assets or Fund Balances

Part II Signature Block

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

Sign Here: Signature of officer, Date, Type or print name and title. Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 \$ 589,939,863. including grants of \$ 132,778.) (Revenue \$ 707,752,577.)

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.

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

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

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

4e Total program service expenses ▶ 589,939,863.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, foreign accounts, and various IRS forms.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (16), 1b (10), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NJ,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOSEPH W. DEVINE, FACHE FORMER OFFICER	NONE NONE						X	949,223.	NONE	16,878.
(2) BRIAN SWEENEY, RN, MBA, FACHE TRUSTEE - PRESIDENT/COO	55.00 NONE	X		X				NONE	810,585.	19,177.
(3) HENRY R. SCHUITEMA, D.O. ER PHYSICIAN	55.00 NONE					X		668,441.	NONE	25,004.
(4) THOMAS J. BALCAVAGE SVP TECHNOLOGY & PROGRAM SVCS	55.00 NONE					X		390,370.	206,297.	20,836.
(5) CARMAN CIERVO, DO, FACOFP FORMER OFFICER	NONE NONE						X	NONE	429,477.	19,595.
(6) HELENE BURNS, DNP, RN, NEA-BC SVP/CHIEF NURSING OFFICER	55.00 NONE					X		430,133.	NONE	17,703.
(7) KELLY A. WALENDA, ESQ. SVP LEGAL SVCS	55.00 NONE					X		411,503.	NONE	27,332.
(8) JOSEPH G. GAMBALE, D.O. HOSPITALIST	55.00 NONE					X		405,385.	NONE	23,102.
(9) TODD P. LEVIN, D.O. PHYSICIAN	55.00 NONE					X		359,306.	11,680.	10,516.
(10) TUDOR VLAD, M.D. HOSPITALIST	55.00 NONE					X		371,681.	NONE	1,193.
(11) STEPHEN V. DESTEFANO, CPA VP FINANCE - JHNJ	55.00 NONE			X				NONE	317,429.	19,637.
(12) BRUCE J. PAPANONE CHAIR - TRUSTEE	5.00 NONE	X		X				NONE	NONE	NONE
(13) JOHN P. SILVESTRI VICE CHAIR - TRUSTEE	5.00 NONE	X		X				NONE	NONE	NONE
(14) JOHN E. WALLACE, JR., ESQ. SECRETARY - TRUSTEE	5.00 NONE	X		X				NONE	NONE	NONE

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) WILLIAM R. BARKER TREASURER - TRUSTEE	5.00 NONE	X		X				NONE	NONE	NONE
(16) RONALD L. CAPUTO TRUSTEE	5.00 NONE	X						NONE	NONE	NONE
(17) THOMAS A. CAVALIERI, D.O. TRUSTEE; EX-OFFICIO	5.00 NONE	X						NONE	NONE	NONE
(18) DANIEL J. DALTON TRUSTEE	5.00 NONE	X						NONE	NONE	NONE
(19) ROBERT DISTANISLAO TRUSTEE	5.00 NONE	X						NONE	NONE	NONE
(20) JOHN F. DURANTE TRUSTEE	5.00 NONE	X						NONE	NONE	NONE
(21) THOMAS J. GALLIA, ED.D. TRUSTEE	5.00 NONE	X						NONE	NONE	NONE
(22) JEFFREY HOAG, M.D. TRUSTEE	55.00 NONE	X						NONE	NONE	NONE
(23) XIHAO HU TRUSTEE	5.00 NONE	X						NONE	NONE	NONE
(24) JOSEPH A. MARESSA, JR., ESQ. TRUSTEE	5.00 NONE	X						NONE	NONE	NONE
(25) MARK SCHUSTER, D.O. TRUSTEE	5.00 NONE	X						NONE	NONE	NONE
1b Sub-total								3,986,042.	1,775,468.	200,973.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								3,986,042.	1,775,468.	200,973.

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 ▶ 570

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) ALBERT E. SMITH, CPA TRUSTEE	5.00 NONE	X						NONE	NONE	NONE
(27) DANIEL J. RAGONE, CPA TRUSTEE (TERMED 12/2021)	5.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions) . .	1e	7,526,300.					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	54,903.					
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f ▶			7,581,203.				
	Program Service Revenue				Business Code			
2a NET PATIENT SERVICE REVENUE			622110	690,569,086.	690,569,086.			
b OTHER HEALTHCARE RELATED REVENUE			622110	17,183,491.	17,183,491.			
c _____								
d _____								
e _____								
f All other program service revenue								
g Total. Add lines 2a-2f ▶			707,752,577.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			1,652,960.			1,652,960.	
	4 Income from investment of tax-exempt bond proceeds . ▶			NONE				
	5 Royalties ▶			NONE				
	6a Gross rents	6a	(i) Real	2,630,465.				
			(ii) Personal					
	b Less: rental expenses	6b						
	c Rental income or (loss)	6c	2,630,465.	NONE				
	d Net rental income or (loss) ▶			2,630,465.			2,630,465.	
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	2,468,685.				
			(ii) Other					
	b Less: cost or other basis and sales expenses . .	7b						
	c Gain or (loss)	7c	2,468,685.					
	d Net gain or (loss) ▶			2,468,685.			2,468,685.	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		NONE					
		b Less: direct expenses	8b	NONE				
		c Net income or (loss) from fundraising events ▶		NONE				
9a Gross income from gaming activities. See Part IV, line 19	9a		NONE					
		b Less: direct expenses	9b	NONE				
		c Net income or (loss) from gaming activities ▶		NONE				
10a Gross sales of inventory, less returns and allowances	10a		NONE					
		b Less: cost of goods sold	10b	NONE				
		c Net income or (loss) from sales of inventory ▶		NONE				
Miscellaneous Revenue				Business Code				
	11a VENDING MACHINE		454210	24,598.			24,598.	
	b _____							
	c _____							
	d All other revenue							
e Total. Add lines 11a-11d ▶			24,598.					
12 Total revenue. See instructions ▶			722,110,488.	707,752,577.		6,776,708.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	132,778.	132,778.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	886,671.	886,671.		
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	264,452,580.	216,927,953.	47,524,627.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,216,074.	9,294,565.	1,921,509.	
9 Other employee benefits	36,241,422.	30,024,919.	6,216,503.	
10 Payroll taxes	20,440,525.	16,938,707.	3,501,818.	
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	2,225,691.	500,000.	1,725,691.	
c Accounting	316,671.		316,671.	
d Lobbying	100,604.	100,604.		
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	SEE SCHE O 116,124,410.	92,407,710.	23,716,700.	NONE
12 Advertising and promotion	3,003,270.	157,146.	2,846,124.	
13 Office expenses	10,435,666.	7,515,269.	2,920,397.	
14 Information technology.	11,454,324.	254,989.	11,199,335.	
15 Royalties.	NONE			
16 Occupancy	12,815,883.	10,325,166.	2,490,717.	
17 Travel	353,773.	237,568.	116,205.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	184,833.	93,798.	91,035.	
20 Interest	16,678,464.	16,675,375.	3,089.	
21 Payments to affiliates.	NONE			
22 Depreciation, depletion, and amortization	47,020,635.	46,941,866.	78,769.	
23 Insurance	3,631,685.	3,622,963.	8,722.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	113,294,960.	113,013,518.	281,442.	
b MA TAX ASSESS/MODERNIZATION	9,041,383.	9,041,383.	NONE	
c FOOD & RELATED PRODUCTS	3,550,567.	3,541,307.	9,260.	
d DUES & SUBSCRIPTIONS	2,707,884.	1,298,460.	1,409,424.	
e All other expenses	12,113,199.	10,007,148.	2,106,051.	
25 Total functional expenses. Add lines 1 through 24e	698,423,952.	589,939,863.	108,484,089.	NONE
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	24,984,017.	1	27,058,127.
	2 Savings and temporary cash investments	NONE	2	NONE
	3 Pledges and grants receivable, net	NONE	3	NONE
	4 Accounts receivable, net	63,603,019.	4	85,973,563.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	5	NONE
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	16,542,566.	8	15,802,203.
	9 Prepaid expenses and deferred charges	1,077,635.	9	1,119,645.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 894,678,712.		
	b Less: accumulated depreciation	10b 165,156,302.		
		722,958,433.	10c	729,522,410.
	11 Investments - publicly traded securities	NONE	11	NONE
	12 Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13 Investments - program-related. See Part IV, line 11	345,219,449.	13	271,248,866.
	14 Intangible assets	5,658,398.	14	5,308,394.
15 Other assets. See Part IV, line 11	61,786,339.	15	44,579,853.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,241,829,856.	16	1,180,613,061.	
Liabilities	17 Accounts payable and accrued expenses	80,722,486.	17	83,605,960.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	375,568.	19	37,359.
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	60,993.	23	2,771,799.
	24 Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	698,953,281.	25	618,658,376.
	26 Total liabilities. Add lines 17 through 25	780,112,328.	26	705,073,494.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	461,717,528.	27	475,539,567.
	28 Net assets with donor restrictions	NONE	28	NONE
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	461,717,528.	32	475,539,567.
33 Total liabilities and net assets/fund balances	1,241,829,856.	33	1,180,613,061.	

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	722,110,488.
2	Total expenses (must equal Part IX, column (A), line 25)	2	698,423,952.
3	Revenue less expenses. Subtract line 2 from line 1	3	23,686,536.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	461,717,528.
5	Net unrealized gains (losses) on investments	5	-24,844,981.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	14,980,484.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	475,539,567.

Part XII Financial Statements and Reporting

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

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

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

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

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

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

Schedule A (Form 990) 2021

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2021. 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.		<input type="checkbox"/>
b 33 1/3% support test - 2020. 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		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2021. 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.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2020. 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.		<input type="checkbox"/>
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		<input type="checkbox"/>

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

Name of organization KENNEDY UNIVERSITY HOSPITAL, INC.	Employer identification number 22-1773439
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

Schedule C (Form 990) 2021

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? <input type="checkbox"/> Yes <input type="checkbox"/> No															

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Blank lines for supplemental information.

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, LINES 1B & 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 \$60,500 DURING THE FISCAL YEAR ENDED JUNE 30, 2022.

THE ORGANIZATION IS A MEMBER OF THE NEW JERSEY HOSPITAL ASSOCIATION AND THE AMERICAN HOSPITAL ASSOCIATION WHICH BOTH ENGAGE IN LOBBYING EFFORTS ON BEHALF OF THEIR MEMBER. A PORTION OF THE DUES PAID TO THESE ORGANIZATIONS HAS BEEN ALLOCATED TO LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE ORGANIZATION. THIS ALLOCATION AMOUNTED TO \$40,104 DURING THE FISCAL YEAR ENDED JUNE 30, 2022.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

KENNEDY UNIVERSITY HOSPITAL, INC.

22-1773439

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

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

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

Part II Conservation Easements.

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

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

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

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

Table with 3 columns: Line number, Description, and Amount. Includes rows for art collections and financial gain reporting.

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

Schedule D (Form 990) 2021

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ _____ %
 - c Term endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		13,946,623.		13,946,623.
b Buildings		623,977,364.	52,658,685.	571,318,679.
c Leasehold improvements		35,385.	35,385.	
d Equipment		239,456,589.	109,291,617.	130,164,972.
e Other		17,262,751.	3,170,615.	14,092,136.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				729,522,410.

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	99,019,164.	FMV
(2) LONG-TERM INVESTMENTS	172,229,702.	FMV
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		271,248,866.

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) TJU OBLIGATED GROUP LIABILITY	555,548,865.
(3) ACCRUED PENSION LIABILITY	20,455,124.
(4) ACCRUED MALPRACTICE LIABILITY	27,109,000.
(5) ACCRUED WORKERS COMP CLAIMS	6,639,930.
(6) ACCELERATED MEDICARE PAYMENTS LIAB.	8,905,457.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-column (2a-2d, 4a-4b), and total column (1-5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-column (2a-2d, 4a-4b), and total column (1-5).

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.

Multiple horizontal lines provided for entering supplemental information.

Part XIII Supplemental Information *(continued)*

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2021

Open to Public Inspection

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

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

KENNEDY UNIVERSITY HOSPITAL, INC.

Employer identification number

22-1773439

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			9,872,295.	1,133,649.	8,738,646.	1.25
b Medicaid (from Worksheet 3, column a)			123,415,669.	118,507,015.	4,908,654.	0.70
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			133,287,964.	119,640,664.	13,647,300.	1.95
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			116,433.	15,755.	100,678.	0.01
f Health professions education (from Worksheet 5)			59,819,922.	16,066,088.	43,753,834.	6.27
g Subsidized health services (from Worksheet 6)			35,328,674.	10,056,607.	25,272,067.	3.63
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			171,092.		171,092.	0.02
j Total. Other Benefits			95,436,121.	26,138,450.	69,297,671.	9.93
k Total. Add lines 7d and 7j			228,724,085.	145,779,114.	82,944,971.	11.88

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	170,049,719.
6 Enter Medicare allowable costs of care relating to payments on line 5	192,787,651.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	-22,737,932.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities

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

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

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: <u>2021</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.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	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 21</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>WWW.JEFFERSONHEALTH.ORG</u>		
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)?		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group KUH (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:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0000</u> % and FPG family income limit for eligibility for discounted care of <u>500.0000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<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?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.JEFFERSONHEALTH.ORG</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.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 Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group KUH (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?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

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

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

Part V Facility Information (continued)

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

SCHEDULE H, PART V, SECTION B, QUESTION 5

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

THE SOUTH JERSEY HEALTH COLLABORATIVE ("SJHC") - CONSISTING OF HOSPITALS, HEALTH SYSTEMS, AND HEALTH DEPARTMENTS WITHIN BURLINGTON, CAMDEN, AND GLOUCESTER COUNTIES - CAME TOGETHER TO UNDERTAKE A COMPREHENSIVE REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). THE SOUTH JERSEY HEALTH PARTNERSHIP INCLUDED THE FOLLOWING PARTNERS: COOPER UNIVERSITY HEALTH CARE, JEFFERSON HEALTH, VIRTUA HEALTH, AND THE HEALTH DEPARTMENTS OF BURLINGTON, CAMDEN, AND GLOUCESTER COUNTIES. A WIDE VARIETY OF METHODS AND TOOLS WERE USED TO ANALYZE THE DATA COLLECTED BOTH FROM COMMUNITY MEMBERS AND OTHER SOURCES THROUGHOUT THE REGION LEVERAGING SOCIALLY DISTANCED IN PERSON CONVERSATIONS, VIDEO CONFERENCING, PHONE CALLS AND SURVEY TOOLS. THE FINDINGS GATHERED THROUGH THIS COLLABORATIVE, INCLUSIVE PROCESS WILL BE USED TO GUIDE COMMUNITY BENEFIT INITIATIVES AT JEFFERSON HEALTH'S NEW JERSEY HOSPITALS AND WILL ENGAGE THE SOUTH JERSEY HEALTH COLLABORATIVE AGENCIES AND OTHER COMMUNITY PARTNERS TO ADDRESS IDENTIFIED NEEDS.

PRIMARY RESEARCH AND COMMUNITY ENGAGEMENT

THROUGH THIS COMPREHENSIVE VIEW OF STATISTICAL HEALTH INDICATORS AND COMMUNITY STAKEHOLDER FEEDBACK, A PROFILE WAS CREATED OF HEALTH INDICATORS AND SOCIOECONOMIC FACTORS THAT INFLUENCE THE HEALTH AND WELL-BEING OF PEOPLE LIVING IN BURLINGTON, CAMDEN AND GLOUCESTER COUNTIES. PRIMARY RESEARCH METHODS THEN USED TO SOLICIT INPUT FROM PUBLIC HEALTH EXPERTS AND KEY COMMUNITY STAKEHOLDERS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY UTILIZING INTERVIEWS, AN ONLINE KEY INFORMANT SURVEY AND THROUGH FOCUS GROUPS. THESE FINDINGS WILL GUIDE JEFFERSON HEALTH, THE SOUTH JERSEY HEALTH COLLABORATIVE AND THEIR COMMUNITY PARTNERS IN CREATING A COLLABORATIVE, COORDINATED EFFORT TO ADDRESS COMMUNITY HEALTH NEEDS. THE 2022 CHNA PRIMARY RESEARCH AND COMMUNITY ENGAGEMENT STUDY METHODS INCLUDE:

- AN ANALYSIS OF EXISTING SECONDARY DATA SOURCES, INCLUDING PUBLIC HEALTH STATISTICS, DEMOGRAPHIC AND SOCIAL MEASURES, AND HEALTHCARE UTILIZATION
- ONE ON ONE KEY INFORMANT INTERVIEWS WITH KEY INDIVIDUALS REPRESENTING DIVERSE HEALTH, POLICY AND COMMUNITY PERSPECTIVES
- A KEY INFORMANT SURVEY COMPLETED BY 206 INDIVIDUALS THROUGHOUT THE AREA WHO REPRESENT FIRST RESPONDERS, HEALTH CARE PROVIDERS, SOCIAL SERVICES

Part V Facility Information (continued)

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

PROFESSIONALS, EDUCATORS, FAITH-BASED LEADERS AND COMMUNITY LEADERS

- 14 FOCUS GROUPS WITH 74 INDIVIDUALS REPRESENTING DIVERSE, UNDERSERVED, MINORITY AND HISTORICALLY DISADVANTAGED POPULATIONS INCLUDING YOUTH
- AN ANALYSIS OF EMERGENCY DEPARTMENT UTILIZATION DATA FROM 2019, 2020 AND 2021

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

THE 2022 CHNA WAS CONDUCTED BY THE SOUTH JERSEY HEALTH COLLABORATIVE ("SJHC"), 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.

THE 2022 SOUTH JERSEY HEALTH COLLABORATIVE CHNA INCLUDES THE FOLLOWING MEMBER HOSPITALS, HEALTH SYSTEMS, AND HEALTH DEPARTMENTS:

- COOPER UNIVERSITY HEALTH CARE (COOPER UNIVERSITY HOSPITAL)
- JEFFERSON HEALTH (JEFFERSON CHERRY HILL, JEFFERSON STRATFORD, JEFFERSON WASHINGTON TOWNSHIP)
- VIRTUA HEALTH (VIRTUA MARLTON, VIRTUA MOUNT HOLLY, VIRTUA VOORHEES, VIRTUA WILLINGBORO, VIRTUA OUR LADY OF LOURDES)
- BURLINGTON, CAMDEN, AND GLOUCESTER COUNTY HEALTH DEPARTMENTS

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

THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM, WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN PART V, SECTION B, QUESTION 7A, IS THE HOME PAGE FOR THE SYSTEM. THE 2022 CHNA CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE:

[HTTPS://WWW.JEFFERSONHEALTH.ORG/ABOUT-US/COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT](https://www.jeffersonhealth.org/about-us/community/community-health-needs-assessment)

Part V Facility Information (continued)

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

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

THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM, WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN PART V, SECTION B, QUESTION 10, IS THE HOME PAGE FOR THE SYSTEM. THE IMPLEMENTATION STRATEGY CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE:
 HTTPS://WWW.JEFFERSONHEALTH.ORG/ABOUT-US/COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

SCHEDULE H, PART V, SECTION B, QUESTION 11

THE ORGANIZATION'S MOST RECENT REQUIRED CHNA WAS COMPLETED IN JUNE 2022. IN AN EFFORT TO ADDRESS THE NEEDS IDENTIFIED IN THE FY22 REGIONAL CHNA ("RCHNA"), JEFFERSON HEALTH CONVENED ACTION TEAMS CONSISTING OF KEY COMMUNITY STAKEHOLDERS AND ENTERPRISE ADMINISTRATIVE AND CLINICAL LEADERS TO DEVELOP AND IMPLEMENT GOALS AND ACTION PLANS OR IMPLEMENTATION PLANS. LEADERS OF THESE TEAMS WILL REPORT ON PROGRESS ON A QUARTERLY BASIS.

AFTER THE COMPLETION OF THE RCHNA, A LIST OF 12 COMMUNITY HEALTH PRIORITIES WAS PRESENTED TO THE STEERING COMMITTEE. USING A MODIFIED HANLON RANKING METHOD, EACH PARTICIPATING HOSPITAL AND HEALTH SYSTEM RATED THE PRIORITIES. AN AVERAGE RATING WAS CALCULATED, AND THE COMMUNITY HEALTH PRIORITIES WERE ORGANIZED IN PRIORITY ORDER BASED ON:

- SIZE OF HEALTH PROBLEM
- IMPORTANCE TO COMMUNITY
- CAPACITY OF HOSPITALS/HEALTH SYSTEMS TO ADDRESS
- ALIGNMENT WITH MISSION AND STRATEGIC DIRECTION
- AVAILABILITY OF EXISTING COLLABORATIVE EFFORTS

THE COMMUNITY HEALTH PRIORITIES FOR THE REGION ARE PRESENTED BELOW IN RANKED ORDER:

- 1) MENTAL HEALTH CONDITIONS
- 2) ACCESS TO CARE (PRIMARY & SPECIALTY)
- 3) CHRONIC DISEASE PREVENTION & MANAGEMENT
- 4) SUBSTANCE ABUSE AND RELATED DISORDERS
- 5) HEALTHCARE & HEALTH RESOURCES NAVIGATION
- 6) RACISM & DISCRIMINATION IN HEALTHCARE
- 7) FOOD ACCESS
- 8) CULTURALLY & LINGUISTICALLY APPROPRIATE SERVICES
- 9) COMMUNITY VIOLENCE

Part V Facility Information (continued)

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

- 10) HOUSING
- 11) SOCIOECONOMIC DISADVANTAGE
- 12) NEIGHBORHOOD CONDITIONS

BASED ON ITS PRIMARY SERVICE AREAS, THE ENTERPRISE CREATED FIVE COMMUNITY HEALTH IMPLEMENTATION PLANS ("CHIP") WHICH INCLUDE ALL OF THE ENTERPRISE'S HOSPITAL FACILITIES:

- CENTER CITY CHIP (THOMAS JEFFERSON UNIVERSITY HOSPITAL, MAGEE REHABILITATION HOSPITAL, JEFFERSON METHODIST HOSPITAL);
- ABINGTON CHIP (JEFFERSON ABINGTON HOSPITAL, JEFFERSON LANSDALE HOSPITAL);
- NORTHEAST CHIP (JEFFERSON BUCKS HOSPITAL, JEFFERSON FRANKFORD HOSPITAL, JEFFERSON TORRESDALE HOSPITAL, ROTHMAN ORTHOPAEDIC SPECIALTY HOSPITAL);
- NEW JERSEY CHIP (JEFFERSON CHERRY HILL HOSPITAL, JEFFERSON STRATFORD HOSPITAL AND JEFFERSON WASHINGTON TOWNSHIP HOSPITAL); AND
- EINSTEIN CHIP (EINSTEIN MEDICAL CENTER PHILADELPHIA AND EINSTEIN MEDICAL CENTER ELKINS PARK).

THE ENTERPRISE CHIP'S WERE DEVELOPED IN COLLABORATION WITH KEY COMMUNITY STAKEHOLDERS, ADMINISTRATIVE AND CLINICAL LEADERS. EACH PLAN IS REVIEWED ANNUALLY AND REVISED BASED ON CHANGING COMMUNITY NEEDS, BEST PRACTICES AND SHORT-TERM/INTERMEDIATE OUTCOMES.

JEFFERSON HEALTH PLANS TO ADDRESS THE FOLLOWING NEEDS IDENTIFIED WITHIN THE RCHNA: 1) MENTAL HEALTH CONDITIONS; 2) ACCESS TO CARE; 3) CHRONIC DISEASE PREVENTION & MANAGEMENT; 4) SUBSTANCE ABUSE AND RELATED DISORDERS; AND 5) HEALTHCARE AND HEALTH RESOURCES NAVIGATION.

USING A LOGIC MODEL FOR EACH PRIORITY HEALTH NEED, EACH CHIP PROVIDES AN OVERVIEW OF THE OBJECTIVES, PROPOSED STRATEGIES/ACTIVITIES, OUTPUTS/IMPACT MEASURES, AND POTENTIAL PARTNERS. PROPOSED STRATEGIES/ACTIVITIES WERE CONSIDERED BASED ON THEIR ALIGNMENT WITH NATIONAL, STATE, AND COUNTY HEALTH IMPROVEMENT PLANS, AND NATIONAL BEST PRACTICES CITED BY ORGANIZATIONS SUCH AS THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES, AGENCY FOR HEALTH RESEARCH AND QUALITY, HEALTHY PEOPLE 2020, THE AMERICAN MEDICAL ASSOCIATION, NATIONAL COUNCIL ON AGING, THE JOINT COMMISSION, THE AMERICAN HEART ASSOCIATION, THE NATIONAL PREVENTION STRATEGY, THE GUIDE TO COMMUNITY PREVENTIVE SERVICES, AND THE GUIDE TO CLINICAL PREVENTIVE SERVICES.

IN ADDITION, THE FOLLOWING TWO IDENTIFIED PRIORITIES ARE ADDRESSED WITHIN NORMAL HOSPITAL OPERATIONS: LINGUISTICALLY AND CULTURALLY APPROPRIATE SERVICES AND RACISM AND DISCRIMINATION IN HEALTHCARE SETTINGS.

THE FOLLOWING FOUR PRIORITIES WILL NOT BE ADDRESSED SPECIFICALLY BY EACH HOSPITAL BUT ARE ADDRESSED THROUGH WORK WITH LOCAL AND REGIONAL COLLABORATIVES AND REFERRALS TO COMMUNITY OR GOVERNMENT RESOURCES:

Part V Facility Information (continued)

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

COMMUNITY VIOLENCE; HOUSING; SOCIOECONOMIC DISADVANTAGE (E.G. POVERTY, UNEMPLOYMENT); NEIGHBORHOOD CONDITIONS (E.G. BLIGHT, GREENSPACE, AIR/WATER QUALITY, ETC.). IN ADDITION, THE ORGANIZATION'S HEALTH PROFESSIONALS COLLABORATE WITH JEFFERSON COLLEAGUES TO IMPROVE HEALTH STATUS IN CONJUNCTION WITH THE HOSPITAL'S PARTNERSHIPS. BEST AND PROMISING PRACTICES ARE SHARED WITH THE AIM OF ENHANCING INFRASTRUCTURE, STRETCHING RESOURCES, AND INCORPORATING KNOWLEDGE ABOUT SOCIAL DETERMINANTS OF HEALTH AND HEALTH LITERACY TO BETTER THE POPULATION'S HEALTH AND WELL-BEING. COMMUNITY BENEFIT LEADERS WILL CONTINUE TO MONITOR THE CHANGING LANDSCAPE AND REQUIREMENTS INITIATED THROUGH FUTURE HEALTH REFORM AND THE IRS INCLUDING FINANCIAL ASSISTANCE REQUIREMENTS.

THE JEFFERSON HEALTH CHIP'S ARE POSTED ON THE ENTERPRISE'S WEBSITE AND AVAILABLE FREE OF CHARGE. PLEASE REFER TO THE FOLLOWING URL FOR ADDITIONAL INFORMATION:
[HTTPS://WWW.JEFFERSONHEALTH.ORG/ABOUT-US/COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT](https://www.jeffersonhealth.org/about-us/community/community-health-needs-assessment)

SCHEDULE H, PART V, SECTION B, QUESTION 16

THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM, WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. 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, FINANCIAL ASSISTANCE APPLICATION AND PLAIN LANGUAGE SUMMARY ARE MADE WIDELY AVAILABLE ON THE SYSTEM'S WEBSITE:
[HTTPS://WWW.JEFFERSONHEALTH.ORG/PAY-MY-BILL/FINANCIAL-ASSISTANCE](https://www.jeffersonhealth.org/pay-my-bill/financial-assistance)

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 10

Name and address	Type of Facility (describe)
1 KENNEDY HOME HEALTH CARE CENTER 1099 WHITE HORSE ROAD VOORHEES NJ 08043	HOME HEALTH
2 KENNEDY DIAGNOSTIC & TREATMENT CENTER 900 MEDICAL CENTER DRIVE STE 100 SEWELL NJ 08080	RADIATION ONCOLOGY CENTER
3 KENNEDY DIAGNOSTIC & TREATMENT CENTER 900 MEDICAL CENTER DRIVE SEWELL NJ 08080	MEDICAL IMAGING CENTER
4 KENNEDY BEHAVIORAL HEALTH 454 HURFFVILLE CROSSKEYS ROAD TURNERSVILLE NJ 08012	BEHAVIORAL HEALTH SERVICES
5 THE CENTER FOR WOUND HEALING 543 EGG HARBOR ROAD TURNERSVILLE NJ 08012	WOUND CARE CENTER
6 KENNEDY SLEEP CENTER (WASHINGTON) 400 MEDICAL CENTER DRIVE SEWELL NJ 08080	SLEEP STUDY CENTER
7 KENNEDY SLEEP CENTER (STRATFORD) 19 EAST LAUREL ROAD STRATFORD NJ 08084	SLEEP STUDY CENTER
8 KENNEDY SURGICAL CENTER 540 EGG HARBOR ROAD SEWELL NJ 08080	SURGICAL CENTER
9 KENNEDY PHYSICAL THERAPY (WASHINGTON) 405 HURFFVILLE CROSSKEYS ROAD SEWELL NJ 08080	OUTPATIENT PHYSICAL THERAPY
10 WASHINGTON TOWNSHIP INFUSION CENTER 900 MEDICAL CENTER DRIVE SEWELL NJ 08080	OUTPATIENT SERVICES

Schedule H (Form 990) 2021

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
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- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART I, LINE 3C

KUH IS COMMITTED TO PROVIDING MEDICAL CARE IN A CARING AND COMPASSIONATE MANNER REGARDLESS OF THE PATIENT'S FINANCIAL CIRCUMSTANCES, IN COMPLIANCE WITH THE DEPARTMENT OF TREASURY INTERNAL REVENUE SERVICE SECTION 501(R).

THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY ("FAP") EXISTS TO OFFER FINANCIAL ASSISTANCE FOR MEDICALLY NECESSARY CARE TO BOTH UNINSURED AND UNDER-INSURED INDIVIDUALS BASED UPON THEIR ABILITY TO PAY. THE GRANTING OF FINANCIAL ASSISTANCE WILL NOT TAKE INTO ACCOUNT AGE, GENDER, RACE, SOCIAL STATUS, SEXUAL ORIENTATION OR RELIGIOUS AFFILIATION. PATIENTS SEEKING EMERGENCY CARE SHALL BE TREATED WITHOUT REGARD TO ABILITY TO PAY FOR SUCH CARE.

AS REFLECTED IN SCHEDULE H, PART V, SECTION B, QUESTION 13, IN ADDITION TO FEDERAL POVERTY GUIDELINES ("FPG") KUH USES THE FOLLOWING CRITERIA WHEN DETERMINING A PATIENT'S ELIGIBILITY FOR FREE OR DISCOUNTED FINANCIAL ASSISTANCE:

Part VI Supplemental Information

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

IN ACCORDANCE WITH THE ORGANIZATION'S FAP, A PATIENT MAY QUALIFY FOR DISCOUNTS ON MEDICAL CARE IF THERE IS NO HEALTH INSURANCE AVAILABLE, OR HAS HEALTH INSURANCE, BUT THAT INSURANCE DOES NOT FULLY COVER THE MEDICAL CARE NEEDED, SUCH AS EXHAUSTED BENEFITS, AND ALL OF THE FOLLOWING APPLY:

- THE PATIENT IS NOT ELIGIBLE FOR STATE MEDICAL ASSISTANCE OR OTHER AVAILABLE ASSISTANCE PROGRAMS;
- THE PATIENT MEETS THE CRITERIA FOR FINANCIAL ASSISTANCE DESCRIBED IN THIS POLICY; AND
- THE PATIENT PROVIDES THE NECESSARY DOCUMENTS AND COMPLETES NECESSARY PAPERWORK.

Part VI Supplemental Information

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ELIGIBILITY FOR FINANCIAL ASSISTANCE IS BASED UPON FINANCIAL NEED.

PATIENTS WITH FAMILY GROSS INCOME LESS THAN OR EQUAL TO 200% OF FEDERAL POVERTY LEVEL ("FPL") ARE ELIGIBLE FOR 100% COMPASSIONATE CARE (FREE CARE).

PATIENTS WITH FAMILY GROSS INCOME GREATER THAN 200% BUT LESS THAN OR EQUAL TO 500% OF FEDERAL POVERTY LEVEL ("FPL") ARE ELIGIBLE FOR PARTIAL COMPASSIONATE CARE (DISCOUNTED CARE).

ELIGIBILITY FOR FINANCIAL ASSISTANCE IS ALSO DETERMINED BY THE PATIENT'S OR GUARANTOR'S ABILITY TO PAY AFTER ALL INSURANCE HAS BEEN UTILIZED OR LIQUID RESOURCES EXHAUSTED (EXCLUDING RETIREMENT FUNDS). KUH WILL NOT CONSIDER THE PATIENT'S HOUSE, CAR, RETIREMENT ACCOUNTS, AND OTHER "NON-LIQUID" ASSETS. HOWEVER, IT IS RECOGNIZED THAT THERE IS A SMALL PERCENT OF THE UNINSURED PATIENT POPULATION THAT HAS SUBSTANTIAL ASSETS AND COULD EASILY AFFORD TO PAY FOR HEALTHCARE SERVICES, BUT WHOM, BECAUSE

Part VI Supplemental Information

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OF HAVING TAX-EXEMPT INCOME, WILL NOT HAVE INCOME REFLECTED ON A TAX RETURN. SUCH INDIVIDUALS MAY NOT QUALIFY FOR FINANCIAL ASSISTANCE.

FOR UNINSURED PATIENTS, THERE IS AN AUTOMATIC INITIAL DISCOUNT WHICH SHALL EQUATE TO AN AMOUNT NO GREATER THAN 115% OF THE MEDICARE FEE SCHEDULE. A PATIENT UNABLE TO PAY THE UNINSURED RATE IS ELIGIBLE TO APPLY FOR FINANCIAL ASSISTANCE.

SCHEDULE H, PART I; QUESTION 6A

NOT APPLICABLE.

Part VI Supplemental Information

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART I, LINE 7

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

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

(1) THE SERVICE WOULD BE UNAVAILABLE IN THE COMMUNITY; (2) THE COMMUNITY'S CAPACITY TO PROVIDE THE SERVICE WOULD BE BELOW THE COMMUNITY'S NEED; OR (3) THE SERVICE WOULD BECOME THE RESPONSIBILITY OF GOVERNMENT OR ANOTHER TAX-EXEMPT ORGANIZATION. SUBSIDIZED HEALTH SERVICES INCLUDE FUNDING TO SUPPORT CERTAIN PROFESSIONAL PHYSICIAN SERVICES AND VARIOUS OTHER HOSPITAL AND HEALTHCARE SYSTEM PROGRAMS IN ACCORDANCE WITH

Part VI Supplemental Information

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

THE ABOVE CRITERIA.

SCHEDULE H, PART II

NOT APPLICABLE.

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

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

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

Part VI Supplemental Information

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PLEASE REFER TO THE NET PATIENT SERVICE REVENUE SECTION WITHIN FOOTNOTE 1
(PAGES 10 & 11) OF THE SYSTEM'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS
FOR ADDITIONAL INFORMATION ON THIS TOPIC AND THE REPORTING OF THE
NETWORK'S REVENUE RECOGNITION.

SCHEDULE H, PART III, SECTION B; QUESTION 8

MEDICARE COSTS WERE DERIVED FROM THE MEDICARE COST REPORT FILED BY THE
ORGANIZATION.

THE ORGANIZATION FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD
DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE
FORM 990, SCHEDULE H, PART I. AS OUTLINED MORE FULLY BELOW THE
ORGANIZATION BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE
HEALTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH
THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES AND MISSION IN
PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A

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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 INTERNAL REVENUE SERVICE ("IRS"). THE COMMUNITY BENEFIT STANDARD IS THE CURRENT STANDARD FOR A HOSPITAL FOR RECOGNITION AS A TAX-EXEMPT AND CHARITABLE ORGANIZATION UNDER INTERNAL REVENUE CODE ("IRC") §501(C)(3).

THE ORGANIZATION IS RECOGNIZED AS A TAX-EXEMPT ENTITY AND CHARITABLE ORGANIZATION UNDER §501(C)(3) OF THE IRC. ALTHOUGH THERE IS NO DEFINITION IN THE TAX CODE FOR THE TERM "CHARITABLE", A REGULATION PROMULGATED BY THE DEPARTMENT OF THE TREASURY PROVIDES SOME GUIDANCE AND STATES THAT "[T]HE TERM CHARITABLE IS USED IN §501(C)(3) IN ITS GENERALLY ACCEPTED LEGAL SENSE," AND PROVIDES EXAMPLES OF CHARITABLE PURPOSES, INCLUDING THE RELIEF OF THE POOR OR UNPRIVILEGED; THE PROMOTION OF SOCIAL WELFARE; AND THE ADVANCEMENT OF EDUCATION, RELIGION, AND SCIENCE. NOTE: IT DOES NOT EXPLICITLY ADDRESS THE ACTIVITIES OF HOSPITALS. IN THE ABSENCE OF EXPLICIT STATUTORY OR REGULATORY REQUIREMENTS APPLYING THE TERM "CHARITABLE" TO HOSPITALS, IT HAS BEEN LEFT TO THE IRS TO DETERMINE THE

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CRITERIA HOSPITALS MUST MEET TO QUALIFY AS IRC §501(C)(3) CHARITABLE ORGANIZATIONS. THE ORIGINAL STANDARD WAS KNOWN AS THE CHARITY CARE STANDARD. THIS STANDARD WAS REPLACED BY THE IRS WITH THE COMMUNITY BENEFIT STANDARD WHICH IS THE CURRENT STANDARD.

CHARITY CARE STANDARD

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

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COMMUNITY HOSPITALS WOULD NORMALLY QUALIFY AS CHARITABLE ORGANIZATIONS
BECAUSE THEY SERVE THE ENTIRE COMMUNITY AND A LOW LEVEL OF CHARITY CARE
WOULD NOT AFFECT A HOSPITAL'S EXEMPT STATUS IF IT WAS DUE TO THE
SURROUNDING COMMUNITY'S LACK OF CHARITABLE DEMANDS.

COMMUNITY BENEFIT STANDARD

IN 1969, THE IRS ISSUED REVENUE RULING 69-545, WHICH "REMOVE[D]" FROM
REVENUE RULING 56-185 "THE REQUIREMENTS RELATING TO CARING FOR PATIENTS
WITHOUT CHARGE OR AT RATES BELOW COST." UNDER THE STANDARD DEVELOPED IN
REVENUE RULING 69-545, WHICH IS KNOWN AS THE "COMMUNITY BENEFIT
STANDARD," HOSPITALS ARE JUDGED ON WHETHER THEY PROMOTE THE HEALTH OF A
BROAD CLASS OF INDIVIDUALS IN THE COMMUNITY.

THE RULING INVOLVED A HOSPITAL THAT ONLY ADMITTED INDIVIDUALS WHO COULD
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

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CHARITABLE ORGANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUNITY. THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A CHARITABLE PURPOSE ACCORDING TO THE GENERAL LAW OF CHARITY, IT FELL WITHIN THE "GENERALLY ACCEPTED LEGAL SENSE" OF THE TERM "CHARITABLE," AS REQUIRED BY TREAS. REG. § 1.501(C)(3) 1(D)(2). THE IRS RULING STATED THAT THE PROMOTION OF HEALTH, LIKE THE RELIEF OF POVERTY AND THE ADVANCEMENT OF EDUCATION AND RELIGION, IS ONE OF THE PURPOSES IN THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE EVEN THOUGH THE CLASS OF BENEFICIARIES ELIGIBLE TO RECEIVE A DIRECT BENEFIT FROM ITS ACTIVITIES DOES NOT INCLUDE ALL MEMBERS OF THE COMMUNITY, SUCH AS INDIGENT MEMBERS OF THE COMMUNITY, PROVIDED THAT THE CLASS IS NOT SO SMALL THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUNITY.

THE IRS CONCLUDED THAT THE HOSPITAL WAS "PROMOTING THE HEALTH OF A CLASS OF PERSONS THAT IS BROAD ENOUGH TO BENEFIT THE COMMUNITY" BECAUSE ITS EMERGENCY ROOM WAS OPEN TO ALL AND IT PROVIDED CARE TO EVERYONE WHO COULD PAY, WHETHER DIRECTLY OR THROUGH THIRD-PARTY REIMBURSEMENT. OTHER CHARACTERISTICS OF THE HOSPITAL THAT THE IRS HIGHLIGHTED INCLUDED THE

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

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- MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE. RECENTLY, MEDICARE REIMBURSES HOSPITALS ONLY 92 CENTS FOR EVERY DOLLAR THEY SPEND TO TAKE CARE OF MEDICARE PATIENTS. THE MEDICARE PAYMENT ADVISORY COMMISSION ("MEDPAC") IN ITS MARCH 2007 REPORT TO CONGRESS CAUTIONED THAT UNDERPAYMENT WILL GET EVEN WORSE, WITH MARGINS REACHING A 10-YEAR LOW AT NEGATIVE 5.4 PERCENT.

- MANY MEDICARE BENEFICIARIES, LIKE THEIR MEDICAID COUNTERPARTS, ARE POOR. MORE THAN 46 PERCENT OF MEDICARE SPENDING IS FOR BENEFICIARIES WHOSE INCOME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL. MANY OF THOSE MEDICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID -- SO CALLED "DUAL ELIGIBLES."

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

Part VI Supplemental Information

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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. THERE 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

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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 10% OF BAD DEBT IS PENDING CHARITY CARE.

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

AS OUTLINED BY THE AHA, DESPITE THE HOSPITAL'S BEST EFFORTS AND DUE DILIGENCE, PATIENT BAD DEBT IS A PART OF THE HOSPITAL'S MISSION AND

Part VI Supplemental Information

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

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

KUH PROVIDES INPATIENT, OUTPATIENT, AND EMERGENCY SERVICES WITHOUT REGARD TO A PATIENT'S ABILITY TO PAY. TO FULFILL ITS MISSION OF PROVIDING COMPASSIONATE, HIGH QUALITY CARE TO ALL PATIENTS IT SERVES, KUH MUST ALSO ENSURE ITS OWN FINANCIAL VIABILITY. IN ORDER TO SECURE REIMBURSEMENT OF COSTS FOR SERVICES PROVIDED, EVERY EFFORT IS MADE TO ASSIST PATIENTS IN OBTAINING INSURANCE COVERAGE THROUGH MEDICAL ASSISTANCE (MA), CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) OR OTHER FEDERAL, STATE, OR CITY CARE COVERAGE SOURCES.

KUH PROVIDES FINANCIAL ASSISTANCE TO THOSE PATIENTS WHO ARE UNABLE TO PAY

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BASED UPON THE ELIGIBILITY CRITERIA INCLUDED IN THEIR FINANCIAL ASSISTANCE POLICY.

BILLING & COLLECTION EFFORTS

WHILE QUALIFICATION FOR FINANCIAL ASSISTANCE IS IDEALLY DETERMINED PRIOR TO, OR AT THE TIME OF SERVICE, KUH CONTINUES TO REVIEW SUCH DETERMINATIONS AS OTHER FINANCIAL RESOURCES ARE DISCOVERED DURING THE BILLING AND COLLECTION PROCESS.

AFTER AN UNINSURED OR UNDER-INSURED PATIENT'S ACCOUNT IS REDUCED TO THE UNINSURED DISCOUNT OR THE FINANCIAL ASSISTANCE DISCOUNT RATE, WHICHEVER IS APPLICABLE, THE PATIENT IS RESPONSIBLE FOR THE REMAINDER OF ANY OUTSTANDING PATIENT BALANCES. PATIENTS WILL RECEIVE AN INITIAL STATEMENT INDICATING THEIR BALANCE DUE ALONG WITH INFORMATION REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE AND WHO TO CONTACT.

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SELF-PAY BALANCES GO THROUGH A PRE-COLLECTION AGENCY PLACEMENT PROCESS THAT MAY ENTAIL THE MAILING OF STATEMENTS OR LETTERS AND/OR PHONE CALLS IN ORDER TO COLLECT PAYMENT ON OPEN BALANCES. ONCE OPEN BALANCE ACCOUNTS COMPLETE THE PRE-COLLECTION DUNNING CYCLE, (120 DAYS OR MORE) WITH NO PAYMENT OR PROOF OF ELIGIBILITY FOR FINANCIAL ASSISTANCE OR OTHER PROGRAMS, THE ACCOUNTS WILL BE TRANSFERRED TO A PROFESSIONAL COLLECTION AGENCY. IF A FINANCIAL ASSISTANCE APPLICATION AND APPROPRIATE SUPPORTING DOCUMENTS HAVE BEEN SUBMITTED AND A DECISION IS PENDING, THE ACCOUNT WILL BE HELD FROM AGENCY PLACEMENT.

IN SOME CASES, A PATIENT ELIGIBLE FOR FINANCIAL ASSISTANCE MAY NOT HAVE BEEN IDENTIFIED PRIOR TO SENDING THE ACCOUNT TO AN EXTERNAL COLLECTION AGENCY. EACH AGENCY WILL BE MADE AWARE OF THE FINANCIAL ASSISTANCE POLICY AND WILL WORK WITH THE PROVIDER TO ASCERTAIN PATIENT ELIGIBILITY.

EXTRAORDINARY COLLECTION ACTIONS ("ECAS") WILL NOT BE UNDERTAKEN DURING THE INITIAL NOTIFICATION PERIOD OF THE 120 DAYS FROM THE FIRST POST-DISCHARGE BILLING STATEMENT AND UNTIL SUCH TIME AS A 30 DAY

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INITIATION OF ECA NOTICE HAS BEEN SENT TO THE INDIVIDUAL. THE 30 DAY ECA INITIATION NOTICE WILL CONTAIN THE ECA ACTION THAT THE PROVIDER INTENDS TO UNDERTAKE AND THE DATE AT WHICH TIME THIS WOULD OCCUR. A COPY OF THE ORGANIZATION'S PLAIN LANGUAGE SUMMARY WILL ACCOMPANY THE 30 DAY ECA INITIATION NOTICE. IF THE PATIENT SUBMITS A FINANCIAL ASSISTANCE APPLICATION, KUH WILL SUSPEND ANY ECAS UNTIL THE PATIENT'S FINANCIAL ASSISTANCE ELIGIBILITY IS DETERMINED AND THE PATIENT IS INFORMED OF THEIR ELIGIBILITY.

IF A PATIENT ACCOUNT IS REFERRED TO AN OUTSIDE AGENCY, THAT AGENCY MUST FIRST AGREE TO ABIDE BY KUH'S FINANCIAL ASSISTANCE POLICY IN RELATION TO ITS COLLECTION EFFORTS. NO EXTERNAL COLLECTION AGENCY ARE PERMITTED TO ENGAGE IN ECAS UNLESS AUTHORIZED BY KUH.

AFTER THE ABOVE-DESCRIBED STEPS HAVE BEEN TAKEN, KUH MAY USE ECAS WITH THE RESPECT TO THE PATIENT ACCOUNT OF AN UNINSURED OR UNDER-INSURED AND MAY FURTHER CONSIDER CREDIT BUREAU REPORTING AND/OR LEGAL ACTION AS APPROPRIATE. THE SYSTEM'S GENERAL COUNSEL IS REQUIRED TO APPROVE ALL

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LAWSUITS PRIOR TO THE ECA COMMENCING. FINAL AUTHORITY FOR DETERMINING THAT KUH HAS MADE ADEQUATE ATTEMPTS TO INFORM A PATIENT OF THE FINANCIAL ASSISTANCE POLICY, AND THUS MAY INITIATE THE USE ECAS, RESTS WITH THE ORGANIZATION'S VICE PRESIDENT DIRECTOR OF REVENUE CYCLE OPERATIONS.

SCHEDULE H, PART VI; QUESTION 2

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

1. AMERICAN FACTFINDER - BURLINGTON COUNTY, CAMDEN COUNTY, GLOUCESTER
2. CENTER FOR DISEASE CONTROL AND PREVENTION

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3. CHOOSE NEW JERSEY

4. LOCAL AREA UNEMPLOYMENT STATISTICS

5. NJCARES - A REALTIME DASHBOARD OF OPIOID-RELATED DATA AND INFORMATION

6. NJLWD - QUARTERLY CENSUS OF EMPLOYMENT AND WAGES

7. NEW JERSEY STATE POLICE - UNIFORM CRIME REPORT

8. ROBERT WOOD JOHNSON FOUNDATION - COUNTY HEALTH RANKINGS AND ROADMAPS

9. TRUST FOR AMERICA'S HEALTH AND ROBERT WOOD JOHNSON FOUNDATION - THE STATE OF OBESITY

10. NJ NALOXONE ADMINISTRATIONS

11. NJ SUSPECTED OVERDOSE DEATHS

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.

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SCHEDULE H, PART VI; QUESTION 3

KUH IS COMMITTED TO PROVIDING MEDICAL CARE IN A CARING AND COMPASSIONATE MANNER REGARDLESS OF THE PATIENT'S FINANCIAL CIRCUMSTANCES. ADDITIONALLY, THE ORGANIZATION WIDELY PUBLICIZES THE AVAILABILITY OF FINANCIAL ASSISTANCE IN ORDER TO ENCOURAGE ITS PATIENTS TO APPLY, IF THEY ARE ELIGIBLE.

THE FOLLOWING MEASURES ARE USED TO PUBLICIZE THIS POLICY TO THE COMMUNITY AND PATIENTS. COMMUNICATION IS WRITTEN IN CONSUMER-FRIENDLY TERMINOLOGY AND IN LANGUAGES THAT PATIENTS CAN UNDERSTAND. KUH PROVIDES TRAINING TO APPROPRIATE ADMINISTRATIVE AND CLINICAL STAFF THAT INTERACTS WITH PATIENTS ABOUT FINANCIAL ASSISTANCE AVAILABILITY, HOW TO COMMUNICATE THAT AVAILABILITY TO PATIENTS, AND HOW TO DIRECT PATIENTS TO APPROPRIATE FINANCIAL ASSISTANCE STAFF.

COMMUNITY NOTIFICATION

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THIS ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, APPLICATION FORMS AND A PLAIN LANGUAGE SUMMARY ARE MADE AVAILABLE TO THE COMMUNITY IN ENGLISH AS WELL AS ANY PRIMARY LANGUAGE OF POPULATIONS WITH LIMITED PROFICIENCY IN ENGLISH THAT CONSTITUTE THE LESSER OF 5% OR 1,000 INDIVIDUALS, WHICHEVER IS LESS, OF THE PRIMARY COMMUNITIES SERVED AND POSTED TO THE HEALTH SYSTEM'S WEBSITE.

THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORMS, AND PLAIN LANGUAGE SUMMARY ARE ALSO MADE AVAILABLE, FREE OF CHARGE AS FOLLOWS:

1) ON THE KUH WEBSITE AT

[HTTPS://WWW.JEFFERSONHEALTH.ORG/PAY-MY-BILL/FINANCIAL-ASSISTANCE](https://www.jeffersonhealth.org/pay-my-bill/financial-assistance)

2) BY MAIL WHEN A PATIENT CALLS OR CONTACTS KUH'S FINANCIAL SERVICES UNIT

AT: CHERRY HILL HOSPITAL (856)922-5115, STRATFORD HOSPITAL (856)346-7810

AND WASHINGTON TOWNSHIP HOSPITAL (856)582-2638

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3) IN PERSON, WITHOUT APPOINTMENT, AT THE FOLLOWING HOSPITAL LOCATIONS:

JEFFERSON CHERRY HILL HOSPITAL

2211 CHAPEL AVE WEST

CHERRY HILL, NJ 08002

JEFFERSON STRATFORD HOSPITAL

18 EAST LAUREL ROAD

STRATFORD, NJ 08084

JEFFERSON WASHINGTON TOWNSHIP HOSPITAL

435 HURFFVILLE-CROSS KEYS ROAD

TURNERSVILLE, NJ 08012

4) AS PART OF THE INTAKE OR DISCHARGE PROCESS, PAPER COPIES OF THE PLAIN LANGUAGE SUMMARY ARE OFFERED TO INDIVIDUALS WHO ARE PROVIDED CARE BY THE FACILITY.

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PERSONAL NOTIFICATION

KUH USES REASONABLE EFFORTS TO NOTIFY PATIENTS OF ITS FINANCIAL ASSISTANCE POLICY. THE FOLLOWING METHODS TO NOTIFY PATIENTS:

1) AT THE TIME OF SCHEDULING, PRE-REGISTRATION, OR REGISTRATION OF ELECTIVE SERVICES, THE PATIENT WILL BE ASKED FOR INSURANCE COVERAGE. IF THE PATIENT IS AN UNINSURED PATIENT, THE PATIENT WILL BE INFORMED OF THE FINANCIAL ASSISTANCE POLICY AND, IF REQUESTED, WILL BE PROVIDED A PLAIN LANGUAGE SUMMARY OF THE POLICY UNLESS THE TREATING PHYSICIAN ADVISES THE FINANCIAL COUNSELOR OR REGISTRATION REPRESENTATIVE THAT SUCH TREATMENT IS MEDICALLY NECESSARY, PATIENTS REQUESTING NON-EMERGENT ADMISSIONS OR OUTPATIENT SERVICES WILL NOT BE SCHEDULED FOR SERVICES UNTIL THE PATIENT HAS COMPLIED WITH MEETING THEIR FINANCIAL OBLIGATIONS.

2) IN THE CASE OF EMERGENCY OR URGENT SERVICES THAT ARE NOT SCHEDULED, A FINANCIAL COUNSELOR OR PATIENT REPRESENTATIVE WILL VISIT AS NECESSARY,

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- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

WITH PATIENTS, IN PERSON, AT SERVICE SITES.

3) ALL BILLING STATEMENTS INCLUDE A REFERENCE TO THE FINANCIAL ASSISTANCE POLICY AND A CONTACT NUMBER AND EMAIL ADDRESS AS WELL AS REFERENCE TO A WEB SITE FOR ACCESS TO MORE INFORMATION.

4) STAFF WILL DISCUSS THE FINANCIAL ASSISTANCE POLICY, WHEN APPROPRIATE, DURING BILLING AND CUSTOMER SERVICE PHONE CONTACTS WITH PATIENTS.

ADDITIONALLY, KUH PROVIDES FINANCIAL COUNSELING SERVICES TO GO OVER PATIENT BILLS AND ANSWER ANY QUESTIONS A PATIENT MAY HAVE.

Part VI Supplemental Information

Provide the following information.

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

SCHEDULE H, PART VI; QUESTION 4

THE ORGANIZATION SERVICES PATIENTS FROM THE FOLLOWING THREE COUNTIES IN SOUTHERN NEW JERSEY: BURLINGTON, CAMDEN AND GLOUCESTER. THE SYSTEM'S 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 ORGANIZATION'S CHNA AVAILABLE ON ITS WEBSITE.

SCHEDULE H, PART VI; QUESTION 5

THE ORGANIZATION IS CONTINUOUSLY INVESTING IN PROGRAMS AND SERVICES TO PROVIDE THE FINEST HEALTHCARE TO THE INDIVIDUALS AND FAMILIES WHO MAKE UP OUR COMMUNITIES. AS PART OF OUR COMMITMENT TO ENHANCE THE HEALTH STATUS OF EVERYONE IN OUR COMMUNITIES, THE ORGANIZATION OFFERS SEVERAL FREE OUTREACH PROGRAMS AND SUPPORT SERVICES INCLUDING HIV COUNSELING AND

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.

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.

SCHEDULE H, PART VI; QUESTION 6

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

TJUH SYSTEM, ABINGTON HEALTH, JEFFERSON HEALTH - NORTHEAST SYSTEM,

Part VI Supplemental Information

Provide the following information.

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

KENNEDY HEALTH SYSTEM, MAGEE REHABILITATION HOSPITAL AND ALBERT EINSTEIN HEALTHCARE NETWORK ARE INTEGRATED HEALTHCARE ORGANIZATIONS THAT PROVIDE INPATIENT, OUTPATIENT AND EMERGENCY CARE SERVICES THROUGH ACUTE CARE, AMBULATORY CARE, PHYSICIAN AND OTHER PRIMARY CARE SERVICES FOR THE RESIDENTS OF SOUTHERN NEW JERSEY AND THE GREATER PHILADELPHIA REGION. TJU IS THE SOLE CORPORATE MEMBER OF THESE ORGANIZATIONS.

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

THOMAS JEFFERSON UNIVERSITY

THOMAS JEFFERSON UNIVERSITY ("TJU") IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1). TJU IS THE PARENT COMPANY THAT FINANCIALLY AND CORPORATELY INTEGRATES THOMAS JEFFERSON UNIVERSITY AMONG ITS SUBSIDIARY ENTITIES.

Part VI Supplemental Information

Provide the following information.

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

TJU IS AN INNOVATIVE HEALTH SCIENCES UNIVERSITY THAT CONDUCTS RESEARCH AND OFFERS UNDERGRADUATE AND GRADUATE INSTRUCTION THROUGH THE SIDNEY KIMMEL MEDICAL COLLEGE AT THOMAS JEFFERSON UNIVERSITY ("SKMC") AS WELL AS THE JEFFERSON COLLEGES OF NURSING, PHARMACY, HEALTH PROFESSIONS, POPULATION HEALTH, REHABILITATION SCIENCES AND LIFE SCIENCES. TJU'S EDUCATIONAL PROGRAMS ARE FULLY ACCREDITED AND IT EDUCATES OVER 4,000 STUDENTS ANNUALLY.

TJUH SYSTEM

TJUH SYSTEM ("TJUHS") IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). TJUHS IS THE HOLDING COMPANY TO PROVIDE OVERALL PLANNING, MANAGEMENT AND SUPPORT SERVICES FOR VARIOUS OTHER HOSPITALS AND OTHER ORGANIZATIONS.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC.

THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC. INCLUDES THOMAS JEFFERSON UNIVERSITY HOSPITAL, JEFFERSON HOSPITAL FOR NEUROSCIENCE AND METHODIST HOSPITAL (COLLECTIVELY REFERRED TO AS TJUH).

TJUH PROMOTES THE HEALTH OF THE COMMUNITIES IT SERVES IN SOUTHEASTERN PENNSYLVANIA, SOUTHERN NEW JERSEY, AND DELAWARE PRIMARILY BY PROVIDING HOSPITAL, SUB-ACUTE, OUTPATIENT, AND PHYSICIAN SERVICES AND BY PROVIDING FACILITIES IN WHICH STUDENTS, PHYSICIANS, NURSES, AND OTHER HEALTHCARE PROFESSIONALS ARE TRAINED IN A CLINICAL SETTING.

TJUH IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, TJUH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR,

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

NATIONAL ORIGIN, GENDER, GENDER IDENTITY OR EXPRESSION, SEXUAL ORIENTATION, AGE, STATUS AS AN INDIVIDUAL WITH A HANDICAP/DISABILITY OR ABILITY TO PAY. MOREOVER, NO INDIVIDUALS ARE DENIED NECESSARY MEDICAL CARE, TREATMENT OR SERVICES. TJUH OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

EMERGENCY TRANSPORT ASSOCIATES, INC.

EMERGENCY TRANSPORT ASSOCIATES, INC. ("ETA") IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(2). ETA SEEKS TO PROVIDE HIGH QUALITY AIR AND GROUND MEDICAL TRANSPORTATION SERVICES TO PATIENTS WHO ARE ADMITTED TO OR DISCHARGED FROM JEFFERSON FACILITIES.

JEFFEX, INC.

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.

JEFFEX, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3).
JEFFEX, INC. IS A SUPPORTING ORGANIZATION OF THE SYSTEM WHOSE ACTIVITIES INCLUDE OPERATING A PHARMACY FOR PATIENTS AND EMPLOYEES.

JEFFERSON PHYSICIAN SERVICES

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

Part VI Supplemental Information

Provide the following information.

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

PRACTICING MEDICINE, ENGAGING IN MEDICAL EDUCATION AND WORKING TO IMPROVE THE WELFARE OF INDIVIDUALS, THE ORGANIZATION COMPRISES A COMPONENT OF THE CLINICAL SERVICE PHYSICIAN PRACTICE PLANS OF THE SYSTEM'S TEACHING HOSPITALS AND IS AN INTEGRAL PART OF THESE INSTITUTIONS.

JEFFERSON MEDICAL CARE

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

Part VI Supplemental Information

Provide the following information.

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

CLINICAL SERVICE PHYSICIAN PRACTICE PLANS OF THE SYSTEM'S TEACHING
HOSPITALS AND IS AN INTEGRAL PART OF THESE INSTITUTIONS.

THE JEFFERSON CLUB (A/K/A JEFFERSON FACULTY CLUB)

THE JEFFERSON CLUB A/K/A JEFFERSON FACULTY CLUB ("JC") IS AN ORGANIZATION
RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO
INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT
TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION IS CURRENTLY
INACTIVE.

JEFFERSON UNIVERSITY PHYSICIANS

JEFFERSON UNIVERSITY PHYSICIANS ("JUP") IS AN ORGANIZATION RECOGNIZED BY
THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE
CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL

Part VI Supplemental Information

Provide the following information.

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

REVENUE CODE §509(A)(3). THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF THE SYSTEM; PRIMARILY ITS TAX-EXEMPT ACUTE CARE HOSPITALS, WHICH PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. IN ADDITION, BY PRACTICING MEDICINE, ENGAGING IN MEDICAL EDUCATION AND WORKING TO IMPROVE THE WELFARE OF INDIVIDUALS, THE ORGANIZATION COMPRISES A COMPONENT OF THE CLINICAL SERVICE PHYSICIAN PRACTICE PLANS OF THE SYSTEM'S TEACHING HOSPITALS AND IS AN INTEGRAL PART OF THESE INSTITUTIONS.

JEFFERSON UNIVERSITY PHYSICIANS OF NEW JERSEY, P.C.

JEFFERSON UNIVERSITY PHYSICIANS OF NJ, P.C. ("JUPNJ") IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION SUPPORTS THE

Part VI Supplemental Information

Provide the following information.

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

CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF THE SYSTEM; PRIMARILY ITS TAX-EXEMPT ACUTE CARE HOSPITALS, WHICH PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. IN ADDITION, BY PRACTICING MEDICINE, ENGAGING IN MEDICAL EDUCATION AND WORKING TO IMPROVE THE WELFARE OF INDIVIDUALS, THE ORGANIZATION COMPRISES A COMPONENT OF THE CLINICAL SERVICE PHYSICIAN PRACTICE PLANS OF THE SYSTEM'S TEACHING HOSPITALS AND IS AN INTEGRAL PART OF THESE INSTITUTIONS.

METHODIST ASSOCIATES IN HEALTHCARE, INC.

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). THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF THE SYSTEM; PRIMARILY ITS TAX-EXEMPT

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ACUTE CARE HOSPITALS, WHICH PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. IN ADDITION, BY PRACTICING MEDICINE, ENGAGING IN MEDICAL EDUCATION AND WORKING TO IMPROVE THE WELFARE OF INDIVIDUALS, THE ORGANIZATION COMPRISES A COMPONENT OF THE CLINICAL SERVICE PHYSICIAN PRACTICE PLANS OF THE SYSTEM'S TEACHING HOSPITALS AND IS AN INTEGRAL PART OF THESE INSTITUTIONS.

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

METHODIST ASSOCIATES IN HEALTHCARE OF NEW JERSEY, P.C. ("MAHCNJ") IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(2). THE ORGANIZATION IS CURRENTLY INACTIVE.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SUTHBREIT PROPERTIES, LTD.

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
HEALTHCARE RELATED PROPERTIES OF THE SYSTEM.

WALNUT HOME THERAPEUTICS, INC.

WALNUT HOME THERAPEUTICS, INC. ("WHT") IS AN ORGANIZATION RECOGNIZED BY
THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE
CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL
REVENUE CODE §509(A)(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,

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.

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

ABINGTON HEALTH ("AH") IS AN ORGANIZATION THAT SERVES AS THE PARENT
ORGANIZATION OF THE JEFFERSON ABINGTON TAX-EXEMPT AFFILIATES. IN THIS
ROLE 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

Part VI Supplemental Information

Provide the following information.

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

ABINGTON MEMORIAL HOSPITAL ("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, AGE, STATUS AS AN INDIVIDUAL WITH A HANDICAP/DISABILITY OR ABILITY TO PAY. MOREOVER, NO INDIVIDUALS ARE DENIED NECESSARY MEDICAL CARE, TREATMENT OR SERVICES. AMH OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

LANSDALE HOSPITAL CORPORATION

LANSDALE HOSPITAL CORPORATION ("LHC") IS A 140-BED NON-PROFIT ACUTE CARE

Part VI Supplemental Information

Provide the following information.

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

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

ABINGTON HEALTH FOUNDATION

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

Part VI Supplemental Information

Provide the following information.

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

SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF ABINGTON

MEMORIAL HOSPITAL; A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT

HOSPITAL ORGANIZATION.

JEFFERSON HEALTH - NORTHEAST SYSTEM

JEFFERSON HEALTH - NORTHEAST SYSTEM ("JHNES") IS AN ORGANIZATION THAT SERVES AS THE PARENT ORGANIZATION OF THE JEFFERSON NORTHEAST TAX-EXEMPT AFFILIATES. THIS INTEGRATED HEALTHCARE DELIVERY SYSTEM CONSISTS OF A GROUP OF AFFILIATED HEALTHCARE ORGANIZATIONS THROUGHOUT THE COMMONWEALTH OF PENNSYLVANIA. JHNES IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3).

JEFFERSON HEALTH - NORTHEAST

Part VI Supplemental Information

Provide the following information.

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

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

ARIA HEALTH PHYSICIAN SERVICES

ARIA HEALTH PHYSICIAN SERVICES IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE

Part VI Supplemental Information

Provide the following information.

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

§501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §170(B)(1)(A)(III). THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF THE SYSTEM; PRIMARILY ITS TAX-EXEMPT ACUTE CARE HOSPITALS, WHICH PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. IN ADDITION, BY PRACTICING MEDICINE, ENGAGING IN MEDICAL EDUCATION AND WORKING TO IMPROVE THE WELFARE OF INDIVIDUALS, THE ORGANIZATION COMPRISES A COMPONENT OF THE CLINICAL SERVICE PHYSICIAN PRACTICE PLANS OF THE SYSTEM'S TEACHING HOSPITALS AND IS AN INTEGRAL PART OF THESE INSTITUTIONS.

ARIA HEALTH ORTHOPAEDICS

ARIA HEALTH ORTHOPAEDICS IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE

Part VI Supplemental Information

Provide the following information.

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

CODE §509(A)(2). THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF THE SYSTEM; PRIMARILY ITS TAX-EXEMPT ACUTE CARE HOSPITALS, WHICH PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. IN ADDITION, BY PRACTICING MEDICINE, ENGAGING IN MEDICAL EDUCATION AND WORKING TO IMPROVE THE WELFARE OF INDIVIDUALS, THE ORGANIZATION COMPRISES A COMPONENT OF THE CLINICAL SERVICE PHYSICIAN PRACTICE PLANS OF THE SYSTEM'S TEACHING HOSPITALS AND IS AN INTEGRAL PART OF THESE INSTITUTIONS.

JEFFERSON HEALTH - NORTHEAST FOUNDATION

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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 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.

NORTHEAST SYSTEM; A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT

ORGANIZATION.

KENNEDY HEALTH SYSTEM, INC.

KENNEDY HEALTH SYSTEM, INC. ("KHS") IS AN ORGANIZATION THAT SERVES AS THE PARENT ORGANIZATION OF THE JEFFERSON HEALTH - NEW JERSEY AFFILIATES. THIS INTEGRATED HEALTHCARE DELIVERY SYSTEM CONSISTS OF A GROUP OF AFFILIATED HEALTHCARE ORGANIZATIONS THROUGHOUT THE STATE OF NEW JERSEY. KHS IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §170(B)(1)(A)(VI).

KENNEDY UNIVERSITY HOSPITAL, INC.

KENNEDY UNIVERSITY HOSPITAL, INC. ("KUH") IS A NON-PROFIT ACUTE CARE

Part VI Supplemental Information

Provide the following information.

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

MEDICAL CENTER COMPRISED OF THREE HOSPITAL CAMPUSES IN STRATFORD, CHERRY HILL AND TURNERSVILLE (WASHINGTON TOWNSHIP), NEW JERSEY. THE HOSPITAL IS THE MAJOR TEACHING AFFILIATE OF THE ROWAN UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE. KUH IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE ("IRS") AS AN INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, KUH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN, GENDER, GENDER IDENTITY OR EXPRESSION, SEXUAL ORIENTATION, AGE, STATUS AS AN INDIVIDUAL WITH A HANDICAP/DISABILITY OR ABILITY TO PAY. MOREOVER, NO INDIVIDUALS ARE DENIED NECESSARY MEDICAL CARE, TREATMENT OR SERVICES. KUH OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

KENNEDY HEALTH FACILITIES, INC.

KENNEDY HEALTH FACILITIES, INC. IS A NON-PROFIT NURSING HOME CONSISTING OF 190 BEDS (130 LONG-TERM CARE BED AND 60 SUB-ACUTE CARE BEDS). KHF IS

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.

RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO
 INTERNAL REVENUE CODE §501(C)(3) AND AS SUPPORTING ORGANIZATION PURSUANT
 TO INTERNAL REVENUE CODE §509(A)(3).

KENNEDY HEALTH CARE FOUNDATION, INC.

KENNEDY HEALTH CARE FOUNDATION, INC. IS A NOT-FOR-PROFIT CORPORATION
 WHICH IS RESPONSIBLE FOR THE FUNDRAISING ACTIVITIES OF THE SYSTEM. THE
 ORGANIZATION IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT
 PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE
 FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §170(B)(1)(A)(VI).

KENNEDY MEDICAL GROUP PRACTICE, P.C.

KENNEDY MEDICAL GROUP PRACTICE, P.C. IS AN ORGANIZATION RECOGNIZED BY THE
 INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE

Part VI Supplemental Information

Provide the following information.

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

§501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE
 CODE §509(A)(2). THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES,
 PROGRAMS AND SERVICES OF THE SYSTEM; PRIMARILY ITS TAX-EXEMPT ACUTE CARE
 HOSPITALS, WHICH PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL
 INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR,
 CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. IN ADDITION, BY
 PRACTICING MEDICINE, ENGAGING IN MEDICAL EDUCATION AND WORKING TO IMPROVE
 THE WELFARE OF INDIVIDUALS, THE ORGANIZATION COMPRISES A COMPONENT OF THE
 CLINICAL SERVICE PHYSICIAN PRACTICE PLANS OF THE SYSTEM'S TEACHING
 HOSPITALS AND IS AN INTEGRAL PART OF THESE INSTITUTIONS.

KENNEDY PROPERTY CORPORATION

KENNEDY PROPERTY CORPORATION IS AN ORGANIZATION RECOGNIZED BY THE
 INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE
 §501(C)(3) AND AS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE
 CODE §509(A)(3). KPC IS THE HOLDING COMPANY OF VARIOUS PROPERTY AND ALSO

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PROVIDES OVERALL PLANNING, MANAGEMENT AND SUPPORT SERVICES FOR VARIOUS
OTHER SYSTEM ORGANIZATIONS.

STAT MEDICAL TRANSPORT, INC.

STAT MEDICAL TRANSPORT, INC. IS AN ORGANIZATION RECOGNIZED BY THE
INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE
§501(C)(3) AND AS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE
CODE §509(A)(3). THE ORGANIZATION IS CURRENTLY INACTIVE.

PHILADELPHIA UNIVERSITY

PHILADELPHIA UNIVERSITY IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL
REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE
§501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE
CODE §509(A)(1). THE ORGANIZATION FUNCTIONS AS A COMPREHENSIVE UNIVERSITY

Part VI Supplemental Information

Provide the following information.

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

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

MAGEE REHABILITATION HOSPITAL

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

Part VI Supplemental Information

Provide the following information.

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

RULING 69-545.

ALBERT EINSTEIN HEALTHCARE NETWORK

ALBERT EINSTEIN HEALTHCARE NETWORK ("AEHN") IS AN ORGANIZATION THAT SERVES AS THE PARENT ORGANIZATION OF THE ALBERT EINSTEIN HEALTHCARE NETWORK AFFILIATES. THIS INTEGRATED HEALTHCARE DELIVERY SYSTEM CONSISTS OF A GROUP OF AFFILIATED HEALTHCARE ORGANIZATIONS THROUGHOUT THE COMMONWEALTH OF PENNSYLVANIA. AEHN IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3).

ALBERT EINSTEIN MEDICAL CENTER

ALBERT EINSTEIN MEDICAL CENTER ("AEMC") IS A NON-PROFIT ACUTE CARE MEDICAL CENTER COMPRISED OF THREE HOSPITAL CAMPUSES IN PHILADELPHIA,

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.

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

BCCT OVER CORP.

BCCT OVER CORP. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE
SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS
A HOSPITAL OR COOPERATIVE HOSPITAL SERVICE ORGANIZATION PURSUANT TO
INTERNAL REVENUE CODE §170(B)(1)(A)(III).

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.

EINSTEIN COMMUNITY HEALTH ASSOCIATES

EINSTEIN COMMUNITY HEALTH ASSOCIATES IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1). THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF THE SYSTEM; PRIMARILY ITS TAX-EXEMPT ACUTE CARE HOSPITALS, WHICH PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. IN ADDITION, BY PRACTICING MEDICINE, ENGAGING IN MEDICAL EDUCATION AND WORKING TO IMPROVE THE WELFARE OF INDIVIDUALS, THE ORGANIZATION COMPRISES A COMPONENT OF THE CLINICAL SERVICE PHYSICIAN PRACTICE PLANS OF THE SYSTEM'S TEACHING HOSPITALS AND IS AN INTEGRAL PART OF THESE INSTITUTIONS.

EINSTEIN MEDICAL CENTER MONTGOMERY

Part VI Supplemental Information

Provide the following information.

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

EINSTEIN MEDICAL CENTER MONTGOMERY ("EMCM") IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A HOSPITAL OR COOPERATIVE HOSPITAL SERVICE ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE §170(B)(1)(A)(III). PURSUANT TO ITS CHARITABLE PURPOSES, EMCM PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN, GENDER, GENDER IDENTITY OR EXPRESSION, SEXUAL ORIENTATION, AGE, STATUS AS AN INDIVIDUAL WITH A HANDICAP/DISABILITY OR ABILITY TO PAY. MOREOVER, NO INDIVIDUALS ARE DENIED NECESSARY MEDICAL CARE, TREATMENT OR SERVICES. EMCM OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

EINSTEIN PRACTICE PLAN, INC.

EINSTEIN PRACTICE PLAN, INC. IS AN ORGANIZATION RECOGNIZED BY THE

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE
 §501(C)(3) AND AS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE
 CODE §509(A)(1). THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES,
 PROGRAMS AND SERVICES OF THE SYSTEM; PRIMARILY ITS TAX-EXEMPT ACUTE CARE
 HOSPITALS, WHICH PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL
 INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR,
 CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. IN ADDITION, BY
 PRACTICING MEDICINE, ENGAGING IN MEDICAL EDUCATION AND WORKING TO IMPROVE
 THE WELFARE OF INDIVIDUALS, THE ORGANIZATION COMPRISES A COMPONENT OF THE
 CLINICAL SERVICE PHYSICIAN PRACTICE PLANS OF THE SYSTEM'S TEACHING
 HOSPITALS AND IS AN INTEGRAL PART OF THESE INSTITUTIONS.

FORNANCE PHYSICIAN SERVICES, INC.

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

Part VI Supplemental Information

Provide the following information.

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

CODE §509(A)(1). THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF THE SYSTEM; PRIMARILY ITS TAX-EXEMPT ACUTE CARE HOSPITALS, WHICH PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. IN ADDITION, BY PRACTICING MEDICINE, ENGAGING IN MEDICAL EDUCATION AND WORKING TO IMPROVE THE WELFARE OF INDIVIDUALS, THE ORGANIZATION COMPRISES A COMPONENT OF THE CLINICAL SERVICE PHYSICIAN PRACTICE PLANS OF THE SYSTEM'S TEACHING HOSPITALS AND IS AN INTEGRAL PART OF THESE INSTITUTIONS.

GHMC MANAGEMENT, INC.

GHMC MANAGEMENT, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1).

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.

MONTGOMERY HEALTH FOUNDATION

MONTGOMERY HEALTH FOUNDATION IS AN ORGANIZATION RECOGNIZED BY THE
INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE
§501(C)(3) AND AS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE
CODE §509(A)(2).

MONTGOMERY HOSPITAL CO. EINSTEIN MEDICAL CENTER

MONTGOMERY HOSPITAL CO. EINSTEIN MEDICAL CENTER IS AN ORGANIZATION
RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO
INTERNAL REVENUE CODE §501(C)(3) AND AS A HOSPITAL OR COOPERATIVE
HOSPITAL SERVICE ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE
§170(B)(1)(A)(III).

MONTGOMERY HOSPITAL WORKERS COMPENSATION TRUST

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.

MONTGOMERY HOSPITAL WORKERS COMPENSATION TRUST ("MHWCT") IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1).

BROADLINE RISK RETENTION GROUP

BROADLINE RISK RETENTION GROUP ("BRRG") IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1). BRRG PROVIDES PROFESSIONAL, GENERAL AND EXCESS LIABILITY INSURANCE COVERAGE TO THE ALBERT EINSTEIN HEALTHCARE NETWORK AND ITS AFFILIATES.

HEALTH PARTNERS PLANS, INC.

Part VI Supplemental Information

Provide the following information.

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

HEALTH PARTNERS PLANS, INC. ("HPP") IS AN ORGANIZATION RECOGNIZED BY THE
INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE
§501(C)(4). HPP IS A LICENSED HEALTH MAINTENANCE ORGANIZATION COMMITTED
TO IMPROVING HEALTH OUTCOMES FOR PENNSYLVANIA RESIDENTS.

HEALTH PARTNERS FOUNDATION

HEALTH PARTNERS FOUNDATION ("HPF") IS AN ORGANIZATION RECOGNIZED BY THE
INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE
§501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE
CODE §509(A)(3). THIS ORGANIZATION IS ORGANIZED AND OPERATED EXCLUSIVELY
TO SUPPORT AND FOR THE BENEFIT OF HEALTH PARTNERS PLANS, INC. ("HPP"); A
RELATED TAX-EXEMPT ORGANIZATION, AND THE COMMUNITY THAT HPP SERVES.

1100 WALNUT ASSOCIATES, LLC

Part VI Supplemental Information

Provide the following information.

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

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

TMB ENTERPRISE PARTNERSHIP, LLC

TMB ENTERPRISE PARTNERSHIP, LLC IS A LIMITED LIABILITY COMPANY WHICH
ENGAGES IN REAL ESTATE ACTIVITY.

JUNIATA MEDICAL BUILDING PARTNERS, LLC

JUNIATA MEDICAL BUILDING PARTNERS, LLC IS A LIMITED LIABILITY COMPANY
WHICH ENGAGES IN REAL ESTATE ACTIVITY.

ATRIUM CORPORATION

Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ATRIUM CORPORATION IS AN ENTITY THAT IS A HOLDING COMPANY PROVIDING
OVERSIGHT TO RELATED ENTITIES.

HEALTHMARK, INC.

HEALTHMARK, INC. IS AN ENTITY THAT IS CURRENTLY INACTIVE.

JEFFCARE, INC.

JEFFCARE, INC. IS AN ENTITY THAT NEGOTIATES AND COORDINATES MANAGED CARE
CONTRACTS AND SUPPORTS JEFFCARE ALLIANCE, LLC.

JEFFERSON PHYSICIAN SERVICES OF CALIFORNIA, P.C.

Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

JEFFERSON PHYSICIAN SERVICES OF CALIFORNIA, P.C. IS AN ENTITY THAT IS CURRENTLY INACTIVE.

MID-ATLANTIC MATERNAL FETAL INSTITUTE, INC.

MID-ATLANTIC MATERNAL FETAL INSTITUTE, INC. IS AN ENTITY THAT IS CURRENTLY INACTIVE.

MID-ATLANTIC MATERNAL FETAL INSTITUTE, PC

MID-ATLANTIC MATERNAL FETAL INSTITUTE, PC IS AN ENTITY THAT IS CURRENTLY INACTIVE.

TJU, INC.

Part VI Supplemental Information

Provide the following information.

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

TJU, INC. IS AN ENTITY RESPONSIBLE FOR MANAGING AND OPERATING RENTAL SPACE.

WALNUT REALTY COMPANY

WALNUT REALTY COMPANY IS AN ENTITY RESPONSIBLE FOR MANAGING AND OPERATING RENTAL SPACE.

925 WALNUT STREET CORP.

925 WALNUT STREET CORP. IS AN ENTITY RESPONSIBLE FOR MANAGING AND OPERATING A PARKING GARAGE.

SYSTEM SERVICE CORPORATION

Part VI Supplemental Information

Provide the following information.

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

SYSTEM SERVICE CORPORATION IS AN ENTITY INVOLVED IN REAL ESTATE.

T.F. DEVELOPMENT, LTD.

T.F. DEVELOPMENT, LTD. IS AN ENTITY THAT MANAGES RENTAL REAL ESTATE.

HEALTH CARE, INC.

HEALTH CARE, INC. IS AN ENTITY THAT OPERATES A PHARMACY.

KENNEDY MANAGEMENT GROUP, INC.

KENNEDY MANAGEMENT GROUP, INC. IS AN ENTITY THAT ENGAGES IN VARIOUS
HEALTHCARE RELATED BUSINESS ACTIVITIES.

Part VI Supplemental Information

Provide the following information.

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

PROFESSIONAL MEDICAL MANAGEMENT, INC.

PROFESSIONAL MEDICAL MANAGEMENT, INC. IS AN INACTIVE CORPORATION.

KENNEDY ACCESS INCORPORATED

KENNEDY ACCESS INCORPORATED IS AN ENTITY THAT ENGAGES IN VARIOUS
HEALTHCARE RELATED BUSINESS ACTIVITIES.

JEFFERSON HEALTH NEW JERSEY DIRECT PRIMARY CARE, P.C.

JEFFERSON HEALTH NEW JERSEY DIRECT PRIMARY CARE, P.C. IS AN ENTITY THAT
ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE
FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE

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.

PURPOSES OF THE HEALTH CARE SYSTEM.

CMMC, INC.

CMMC, INC. IS AN ENTITY THAT MANAGES RENTAL REAL ESTATE.

EINSTEIN HEALTHCARE SYSTEMS, INC.

EINSTEIN HEALTHCARE SYSTEMS, INC. IS AN INACTIVE CORPORATION.

REHAB VENTURES, INC.

REHAB VENTURES, INC. IS AN INACTIVE CORPORATION.

RIVERVIEW SURGERY CENTER AT THE NAVY YARD, LP

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.

RIVERVIEW SURGERY CENTER AT THE NAVY YARD, LP IS A LIMITED PARTNERSHIP OF WHICH THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC. OWNS A 50.49% MAJORITY INTEREST. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTH CARE SYSTEM.

RIVERVIEW SURGERY CENTER AT THE NAVY YARD, LLC

RIVERVIEW SURGERY CENTER AT THE NAVY YARD, LLC IS A LIMITED LIABILITY COMPANY OF WHICH THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC. OWNS A 51% MAJORITY INTEREST. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTH CARE SYSTEM.

JEFFERSON UNIVERSITY RADIOLOGY ASSOCIATES, LLC

Part VI Supplemental Information

Provide the following information.

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

JEFFERSON UNIVERSITY RADIOLOGY ASSOCIATES, LLC IS A LIMITED LIABILITY COMPANY OF WHICH THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC. OWNS A 80% MAJORITY INTEREST. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTH CARE SYSTEM.

ROTHMAN ORTHOPAEDIC SPECIALTY HOSPITAL, LLC

ROTHMAN ORTHOPAEDIC SPECIALTY HOSPITAL, LLC IS A LIMITED LIABILITY COMPANY OF WHICH THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC. OWNS A 54% MAJORITY INTEREST. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTH CARE SYSTEM.

JEFFHEDGE, LLC

Part VI Supplemental Information

Provide the following information.

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

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

MLJH, LLC

MLJH, LLC IS A LIMITED LIABILITY COMPANY OF WHICH THOMAS JEFFERSON
UNIVERSITY HOSPITALS, INC. HAS A 50% INTEREST TOGETHER WITH ANOTHER
TAX-EXEMPT ORGANIZATION. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES
WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE
COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTH CARE
SYSTEM.

KENNEDY CHERRY HILL SURGICAL CENTER, LLC

Part VI Supplemental Information

Provide the following information.

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

KENNEDY CHERRY HILL SURGICAL CENTER, LLC IS A LIMITED LIABILITY COMPANY OF WHICH KENNEDY UNIVERSITY HOSPITAL, INC. HAS A 51% INTEREST. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTH CARE SYSTEM.

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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2021

Open to Public Inspection

KENNEDY UNIVERSITY HOSPITAL, INC.

Employer identification number

22-1773439

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOSEPH W. DEVINE, FACH FORMER OFFICER	(i)	281,769.	NONE	667,454.	NONE	16,878.	966,101.	190,409.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 BRIAN SWEENEY, RN, MBA TRUSTEE - PRESIDENT/COO	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	481,166.	284,025.	45,394.	1,131.	18,046.	829,762.	12,054.
3 HENRY R. SCHUITEMA, D. ER PHYSICIAN	(i)	594,185.	67,200.	7,056.	NONE	25,004.	693,445.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 THOMAS J. BALCAVAGE SVP TECHNOLOGY & PROGRAM SVCS	(i)	253,936.	NONE	136,434.	NONE	13,101.	403,471.	122,675.
	(ii)	95,017.	109,583.	1,697.	NONE	7,735.	214,032.	NONE
5 CARMAN CIERVO, DO, FAC FORMER OFFICER	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	NONE	NONE	429,477.	NONE	19,595.	449,072.	NONE
6 HELENE BURNS, DNP, RN, SVP/CHIEF NURSING OFFICER	(i)	326,829.	95,732.	7,572.	NONE	17,703.	447,836.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 KELLY A. WALENDA, ESQ. SVP LEGAL SVCS	(i)	303,554.	91,224.	16,725.	NONE	27,332.	438,835.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 JOSEPH G. GAMBALE, D.O. HOSPITALIST	(i)	282,772.	NONE	122,613.	NONE	23,102.	428,487.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9 TODD P. LEVIN, D.O. PHYSICIAN	(i)	313,281.	3,000.	43,025.	NONE	10,516.	369,822.	NONE
	(ii)	11,593.	NONE	87.	NONE	NONE	11,680.	NONE
10 TUDOR VLAD, M.D. HOSPITALIST	(i)	275,000.	NONE	96,681.	NONE	1,193.	372,874.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
11 STEPHEN V. DESTEFANO, VP FINANCE - JHNJ	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	239,840.	69,159.	8,430.	11,300.	8,337.	337,066.	NONE
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

CORE FORM, PART VII AND SCHEDULE J

TAXABLE COMPENSATION REPORTED HEREIN IS DERIVED FROM 2021 FORMS W-2.

SCHEDULE J, PART I; QUESTION 4A

THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS DURING CALENDAR YEAR 2021 WHICH WERE INCLUDED IN EACH INDIVIDUAL'S 2021 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: JOSEPH W. DEVINE, FACHE, \$457,136 AND CARMAN CIERVO, D.O., FACOFP, \$429,477.

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

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.

INDIVIDUAL'S 2021 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: JOSEPH W.
DEVINE, FACHE, \$190,409; BRIAN SWEENEY, RN, MBA, FACHE, \$16,711 AND
THOMAS J. BALCAVAGE, \$122,675.

SCHEDULE J, PART I; QUESTION 7

CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS
DURING CALENDAR YEAR 2021 WHICH WAS INCLUDED IN SCHEDULE J, PART II,
COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2021 FORM W-2, BOX 5, AS
TAXABLE MEDICARE WAGES. EMPLOYEE BONUSES ARE BASED UPON THE ATTAINMENT OF
QUALITY GOALS, STRATEGIC OPERATIONAL INITIATIVES AND FINANCIAL
PERFORMANCE. PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR
THIS INFORMATION BY PERSON BY AMOUNT.

SCHEDULE J, PART II, COLUMN F

THE AMOUNTS REPORTED IN SCHEDULE J, PART II, COLUMN (F) INCLUDE VESTED
BENEFITS IN A DEFERRED COMPENSATION PLAN AS THESE AMOUNTS WERE NO LONGER

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.

SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. THESE AMOUNTS WERE REPORTED AS DEFERRED COMPENSATION ON PRIOR YEARS' FORMS 990 AND ARE NOW BEING REPORTED AGAIN ON THIS YEAR'S FORM 990. THESE HAVE BEEN TREATED AS TAXABLE INCOME AND REPORTED ON EACH INDIVIDUAL'S FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES.

**SCHEDULE L
(Form 990)**

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

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

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

OMB No. 1545-0047

2021

**Open To Public
Inspection**

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

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

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

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

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

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

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

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SHIRLEY SLAYTON	FAMILY MEMBER OF TRUSTEE	19,130.	EMPLOYEE		X
(2) MARY A. DISTANISLAO	FAMILY MEMBER OF TRUSTEE	26,960.	EMPLOYEE		X
(3) CHRISTINE DURANTE	FAMILY MEMBER OF TRUSTEE	70,456.	EMPLOYEE		X
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

KENNEDY UNIVERSITY HOSPITAL, INC.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

22-1773439

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

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 BURLINGTON, CAMDEN, 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;

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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

=====

THE FORMER KENNEDY HEALTH HOSPITALS ARE NOW KNOWN AS JEFFERSON CHERRY
HILL HOSPITAL, JEFFERSON STRATFORD HOSPITAL, AND JEFFERSON WASHINGTON
TOWNSHIP HOSPITAL. THE RENAMING WAS PART OF A UNIFYING CHANGE TO

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HIGHLIGHT JEFFERSON HEALTH'S SOUTHERN NEW JERSEY HUB, AS JEFFERSON
CONTINUES ITS EFFORTS TO BRING WORLD-CLASS HEALTH CARE TO PATIENTS IN THE
COMMUNITIES WHERE THEY LIVE.

JEFFERSON CHERRY HILL HOSPITAL CAMPUS BREAKDOWN

=====

- MAIN CAMPUS FOR INPATIENT BEHAVIORAL HEALTH AND OUTPATIENT SUBSTANCE
ABUSE SERVICES
- JEFFERSON HEALTH PRIMARY AND SPECIALTY CARE MEDICAL PRACTICES
- NJ STATE-DESIGNATED PRIMARY STROKE CENTER
- AMBULATORY SURGERY CENTER
- MAGEE REHABILITATION SERVICES (PHYSICAL, OCCUPATIONAL, AND SPEECH
THERAPY)
- MEDICAL OFFICE BUILDING, A HANDICAPPED-ACCESSIBLE "MEDICAL MALL" WITH
VARIOUS SERVICES THAT INCLUDE: ADVANCED GASTROENTEROLOGY/ENDOSCOPY,
ADVANCED WOUND CARE & HYPERBARIC OXYGEN THERAPY, NEPHROLOGY,
OTOLARYNGOLOGY - ENT, ALLERGY AND AUDIOLOGY CARE; BALANCE & HEARING
CENTER, AND GENERAL SURGERY AND SPECIALTY CARE (BARIATRIC, BREAST,
THORACIC, AND VASCULAR)
- SLEEP CENTER
- BALANCE CENTER
- NUTRITION CENTER

JEFFERSON CHERRY HILL HOSPITAL BY THE NUMBERS (FISCAL YEAR 2022)

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-
- 196 ACUTE CARE BEDS
 - APPROXIMATELY 850 EMPLOYEES
 - 38,778 EMERGENCY DEPARTMENT VISITS
 - 7,063 HOSPITAL ADMISSIONS, INCLUDING 1,192 BEHAVIORAL HEALTH PATIENTS
 - 5,372 SURGICAL PROCEDURES PERFORMED
 - 9,621 BEHAVIORAL HEALTH ENCOUNTERS (OUTPATIENT)

JEFFERSON CHERRY HILL HOSPITAL RECENTLY COMPLETED A \$250 MILLION TRANSFORMATION PROJECT. THE COMPLETED PHASE 1 INCLUDED A NEW HOSPITAL ATRIUM LOBBY, A 102,000-SQUARE-FOOT MEDICAL OFFICE BUILDING, AND A 600-SPACE PARKING FACILITY. PHASE 2, COMPLETED DECEMBER 2020, FEATURED A NEW PATIENT PAVILION WITH 90 ALL-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
- NEW VISION MEDICAL STABILIZATION
- VITAS INNOVATIVE HOSPICE CARE UNIT
- EARLY INTERVENTION PROGRAM FOR HIV/AIDS
- JEFFERSON HEALTH PRIMARY & SPECIALTY CARE MEDICAL PRACTICES

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- SLEEP CENTER
- BALANCE CENTER
- DIALYSIS CENTER
- NUTRITION CENTER
- MEDICAL IMAGING SERVICES
- LABORATORY SERVICES

JEFFERSON STRATFORD HOSPITAL BY THE NUMBERS (FISCAL YEAR 2022)

- 181 ACUTE CARE BEDS
- APPROXIMATELY 600 EMPLOYEES
- 34,920 EMERGENCY DEPARTMENT VISITS
- 5,946 HOSPITAL ADMISSIONS
- 3,403 SURGICAL PROCEDURES PERFORMED

JEFFERSON HEALTH - NEW JERSEY'S BARIATRIC SURGERY PROGRAM CONTINUES TO
GROW. ESTABLISHED IN 2007, MORE THAN 5,000 BARIATRIC PROCEDURES HAVE BEEN
PERFORMED AT THE CENTER FOR SURGICAL WEIGHT LOSS.

JEFFERSON WASHINGTON TOWNSHIP HOSPITAL CAMPUS BREAKDOWN

=====

- SIDNEY KIMMEL CANCER CENTER - WASHINGTON TOWNSHIP
- VICKIE AND JACK FARBER INSTITUTE FOR NEUROSCIENCE

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- NJ STATE-DESIGNATED COMPREHENSIVE STROKE CENTER
- COMPREHENSIVE BREAST CENTER
- CARDIAC CATHETERIZATION LABORATORY
- ROTHMAN INSTITUTE ORTHOPEDIC PROCEDURES
- DAVINCI ROBOTIC SURGERY SYSTEM
- RONALD MCDONALD PEDIATRIC CENTER
- JEFFERSON HEALTH PRIMARY & SPECIALTY CARE MEDICAL PRACTICES
- OUTPATIENT SURGERY CENTER
- SLEEP & BALANCE CENTERS
- NUTRITION 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 (FISCAL YEAR 2022)

-
- 279 ACUTE CARE BEDS
 - APPROXIMATELY 1,400 EMPLOYEES
 - 54,295 EMERGENCY DEPARTMENT VISITS
 - 12,666 HOSPITAL ADMISSIONS
 - 19,262 SURGICAL PROCEDURES PERFORMED
 - 3,270 BEHAVIORAL HEALTH ENCOUNTERS

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- 945 BIRTHS

JEFFERSON WASHINGTON TOWNSHIP HOSPITAL OPENED A \$222 MILLION EXPANSION,
ADDING A NEW, 7-FLOOR HOSPITAL TOWER, KNOWN AS THE SILVESTRI TOWER, WITH
ALL-PRIVATE PATIENT ROOMS IN 2021. A FREE, 8-LEVEL ENCLOSED PARKING
FACILITY OPENED IN 2019.

AWARDS & ACCREDITATIONS

=====

EVERY YEAR, JEFFERSON HEALTH - 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 HEALTHCARE ORGANIZATIONS IN THE WORLD. AND,
EVERY MINUTE, WE'RE HUMBLLED TO PROVIDE CARE TO THE RESIDENTS OF THE
COMMUNITIES WE SERVE.

ACCREDITATIONS

JEFFERSON CHERRY HILL HOSPITAL, JEFFERSON STRATFORD HOSPITAL, AND
JEFFERSON WASHINGTON TOWNSHIP HOSPITAL:

- ACCREDITED BY THE JOINT COMMISSION (TJC)
- ACCREDITED BY THE AMERICAN OSTEOPATHIC ASSOCIATION

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- ACCREDITED AS AN AMERICAN HEART ASSOCIATION TRAINING CENTER FOR BASIC LIFE SUPPORT CPR, ADVANCED CARDIAC LIFE SUPPORT AND PEDIATRIC ADVANCED LIFE SUPPORT
- MAGNET DESIGNATED

JEFFERSON WASHINGTON TOWNSHIP HOSPITAL:

- DESIGNATED AS A NEW JERSEY STATE COMPREHENSIVE STROKE CENTER.

JEFFERSON CHERRY HILL HOSPITAL AND JEFFERSON STRATFORD HOSPITAL:

- EACH WAS DESIGNATED AS A NEW JERSEY STATE PRIMARY STROKE CENTER.

BARIATRIC SURGERY PROGRAM (SURGICAL WEIGHT LOSS PROGRAM):

- ACCREDITED THROUGH THE NATIONAL METABOLIC BARIATRIC SURGERY AND QUALITY IMPROVEMENT PROGRAM (MBSAQIP) AS A COMPREHENSIVE CENTER.

SIDNEY KIMMEL CANCER CENTER - NEW JERSEY:

- ACCREDITATION WITH COMMENDATION FROM THE AMERICAN COLLEGE OF SURGEONS (ACOS) COMMISSION ON CANCER (COC) AND FULL ACCREDITATION DESIGNATION BY THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS (NAPBC).
- DESIGNATED AS A CARE CONTINUUM CENTER OF EXCELLENCE (CCCOE) BY THE GO2 FOUNDATION FOR LUNG CANCER, FORMERLY THE LUNG CANCER ALLIANCE AND THE

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BONNIE J. ADDARIO LUNG CANCER FOUNDATION.

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

BEHAVIORAL HEALTH SERVICES:

- THE JOINT COMMISSION'S GOLD SEAL OF APPROVAL FOR ACCREDITATION BY
DEMONSTRATING COMPLIANCE WITH THE JOINT COMMISSION'S NATIONAL STANDARDS
FOR HEALTHCARE QUALITY AND SAFETY. THE ACCREDITATION AWARDS RECOGNIZE
JEFFERSON HEALTH - NEW JERSEY'S DEDICATION TO CONTINUOUS COMPLIANCE WITH
THE JOINT COMMISSION'S STATE-OF-THE-ART STANDARDS (2019).

MEDICAL IMAGING SERVICES:

- ACCREDITED BY THE AMERICAN COLLEGE OF RADIOLOGY (ACR) FOR CT, MRI,
ULTRASOUND, AND MAMMOGRAPHY AT JEFFERSON HEALTH - NEW JERSEY HOSPITAL
LOCATIONS.
- ACCREDITED BY THE INTERSOCIETAL COMMISSION FOR THE ACCREDITATION 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.

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SURGERY CENTER:

- ACCREDITED BY THE JOINT COMMISSION AND THE AMERICAN OSTEOPATHIC
ASSOCIATION.

JEFFERSON HEALTH - SLEEP CENTERS

- ACCREDITED BY THE AMERICAN ACADEMY OF SLEEP MEDICINE.

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).

MATERNAL-FETAL MEDICINE UNIT (WASHINGTON TOWNSHIP):

- ACCREDITED IN OBSTETRIC ULTRASOUND THROUGH THE AMERICAN INSTITUTE OF
ULTRASOUND IN MEDICINE (AIUM).

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.

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JEFFERSON HEALTH - ADULT INPATIENT MENTAL HEALTH UNIT:

- DESIGNATED AS A SHORT-TERM CARE FACILITY BY THE NJ DIVISION OF MENTAL
HEALTH & ADDICTION SERVICES.

AWARDS & RECOGNITIONS

- JEFFERSON HEALTH - NEW JERSEY WAS NAMED THE WINNER OF AN INTERNATIONAL
PROJECT SEARCH "100% OUTCOMES AWARD" FOR ITS HIGHLY SUCCESSFUL INTERNSHIP
PROGRAM FOR YOUNG ADULTS WITH DISABILITIES. PROJECT SEARCH IS AN
INTERNATIONAL WORK-TRANSITION PROGRAM THAT TEACHES JOB SKILLS TO YOUNG
ADULTS WITH AUTISM AND OTHER DEVELOPMENTAL DISABILITIES OVER A SCHOOL
YEAR, WITH A NEW GROUP OF STUDENT INTERNS STARTING EACH FALL.

- JEFFERSON HEALTH - NJ WAS RANKED AS "HIGH PERFORMING" IN SEVEN CLINICAL
CATEGORIES IN THE 2021-2022 "BEST HOSPITALS" RANKING BY U.S. NEWS & WORLD
REPORT: CONGESTIVE HEART FAILURE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE
(COPD), COLON CANCER SURGERY, DIABETES, KNEE REPLACEMENT, KIDNEY FAILURE,
AND STROKE. JEFFERSON NJ WAS ALSO "RECOGNIZED IN SOUTHERN NEW JERSEY" IN
THE RANKINGS FOR ITS HIGH-QUALITY CARE.

- JEFFERSON HEALTH'S NEW JERSEY HOSPITALS RECEIVED THE AMERICAN HEART
ASSOCIATION/AMERICAN STROKE ASSOCIATION'S GET WITH THE GUIDELINES®-STROKE

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GOLD PLUS QUALITY ACHIEVEMENT AWARD FOR THEIR COMMITMENT TO ENSURING
STROKE PATIENTS RECEIVE THE MOST APPROPRIATE TREATMENT, ACCORDING TO
NATIONALLY RECOGNIZED, RESEARCH-BASED GUIDELINES.

- IN 2022, JEFFERSON HEALTH NJ WAS AWARDED A \$100,000 GRANT FROM THE
NATIONAL CDC FOUNDATION TO ESTABLISH AN OUTREACH PROGRAM WITH
COMMUNITY-BASED MINORITY ORGANIZATIONS TO DISPEL MYTHS ABOUT AND INCREASE
ACCESS TO VACCINATIONS.

- IN 2022, JEFFERSON HEALTH NJ WAS RECOGNIZED BY THE COLLEGE OF
HEALTHCARE INFORMATION MANAGEMENT EXECUTIVES (CHIME) FOR ACHIEVING LEVEL
9 STATUS IN ITS 2021 HEALTHCARE'S MOST WIRED PROGRAM FOR DEPLOYING
INFORMATION TECHNOLOGY TO IMPROVE PATIENT SAFETY AND HEALTH OUTCOMES.

- JEFFERSON'S THREE NEW JERSEY HOSPITALS WERE EACH AWARDED AN 'A' IN THE
LEAPFROG HOSPITAL SAFETY GRADE FOR FALL 2021 AND SPRING 2022, RECOGNIZING
ITS SUCCESS IN PROTECTING PATIENTS FROM HARM AND ERROR.

- JEFFERSON CHERRY HILL HOSPITAL AND JEFFERSON STRATFORD HOSPITAL WERE
BOTH NAMED A TOP TEACHING HOSPITAL BY THE LEAPFROG GROUP.

- JEFFERSON'S THREE NEW JERSEY HOSPITALS WERE AWARDED EXEMPLAR STATUS FOR
ITS NICHE (NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDERS) PROGRAM.

- JEFFERSON'S NEW JERSEY HOSPITALS WERE AWARDED THE NJ DEPARTMENT OF

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HEALTH (NJDOH) NJ GOLD ANTIMICROBIAL STEWARD AWARD IN 2021 AND 2022.

- JEFFERSON HEALTH - NEW JERSEY WAS AWARDED \$30,000, AS PART OF THE CHRISTOPHER & DANA REEVE FOUNDATION NATIONAL PARALYSIS RESOURCE CENTER (NPRC) 2021 PRIORITY IMPACT QUALITY OF LIFE GRANTS IN 2022. THE GRANT WAS USED FOR JEFFERSON NJ'S MARESSA CENTER FOR MS WELLNESS, WHICH ENHANCES THE QUALITY OF LIFE FOR AREA RESIDENTS LIVING WITH MS THROUGH INNOVATIVE, EDUCATIONAL, AND THERAPEUTIC WELLNESS CLASSES.

- JEFFERSON HEALTH - NEW JERSEY WAS AMONG 237 HOSPITALS NATIONWIDE RECOGNIZED BY U.S. NEWS & WORLD REPORT FOR ITS LABOR AND DELIVERY SERVICES, AS PART OF ITS 2022 INAUGURAL BEST HOSPITALS FOR MATERNITY LIST. JEFFERSON NJ WAS RANKED AS "HIGH PERFORMING."

- IN 2022, THE OPERATING ROOMS AT OUR HOSPITALS EARNED THE CERTIFIED PERIOPERATIVE NURSE (CNOR®) STRONG DESIGNATION FROM THE COMPETENCY & CREDENTIALING INSTITUTE (CCI).

- JEFFERSON'S NJ HOSPITALS WERE HONORED WITH A HOSPITAL QUALITY & SAFETY AWARD BY THE GREATER PHILADELPHIA BUSINESS COALITION ON HEALTH (GPBCH).

- JEFFERSON HEALTH - NEW JERSEY ACHIEVED STAGE 7 ON THE HIMSS ANALYTICS ELECTRONIC MEDICAL RECORD ADOPTION MODEL, THE HIGHEST LEVEL, IN RECOGNITION OF ADOPTING AND HARNESSING TECHNOLOGIES TO SUPPORT OPTIMIZED PATIENT CARE.

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- JEFFERSON NJ WAS AWARDED A \$574,503 GRANT IN 2022 FROM THE NJ DEPARTMENT OF HEALTH TO ESTABLISH AN OUTREACH PROGRAM TO PROVIDE EDUCATION, AS WELL AS COVID-19 VACCINATIONS AND BOOSTERS, TO A WIDE ARRAY OF COMMUNITY MEMBERS IN SOUTHERN NEW JERSEY.

- MORE THAN 600 JEFFERSON HEALTH PHYSICIANS WERE NAMED AMONG THE REGION'S BEST IN PHILADELPHIA MAGAZINE'S 2022 TOP DOCTORS ISSUE.

- JEFFERSON NJ PATIENT PAVILION CONSTRUCTION PROJECTS AT OUR CHERRY HILL AND WASHINGTON TOWNSHIP HOSPITALS WERE EACH RECOGNIZED BY THE ACE MENTOR PROGRAM OF GREATER PHILADELPHIA AS ITS PROJECT OF THE YEAR FOR 2020 AND 2021.

- THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS (NAPBC) - A QUALITY PROGRAM ADMINISTERED BY THE AMERICAN COLLEGE OF SURGEONS (ACS) - GRANTED ACCREDITED STATUS TO THE SIDNEY KIMMEL CANCER CENTER IN WASHINGTON TOWNSHIP AND CHERRY HILL, NJ.

- JEFFERSON HEALTH'S THREE NJ HOSPITALS EACH RECEIVED THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION'S (AHA/ASA) GET WITH THE GUIDELINES®-STROKE GOLD PLUS QUALITY ACHIEVEMENT AWARD FOR THEIR COMMITMENT TO ENSURING STROKE PATIENTS RECEIVE THE MOST APPROPRIATE TREATMENT ACCORDING TO NATIONALLY RECOGNIZED, RESEARCH-BASED GUIDELINES.

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- JEFFERSON HEALTH WAS NAMED TO DIVERSITY INC.'S TOP HOSPITALS AND HEALTH SYSTEMS LIST. THIS ACHIEVEMENT WAS BASED ON DATA COLLECTED ACROSS SIX KEY AREAS: LEADERSHIP ACCOUNTABILITY, HUMAN CAPITAL DIVERSITY METRICS, TALENT PROGRAMS, WORKPLACE PRACTICES, SUPPLIER DIVERSITY, AND PHILANTHROPY.

JEFFERSON HEALTH - NEW JERSEY AFFILIATIONS & PARTNERSHIPS

=====

JEFFERSON HEALTH - NJ (KUH) IS A PRIMARY TEACHING HOSPITAL OF ROWAN UNIVERSITY-SCHOOL OF OSTEOPATHIC MEDICINE (ROWANSOM), AND IS ALSO AFFILIATED WITH THE ROTHMAN INSTITUTE.

COMMUNITY SERVICES

SUPPORT GROUPS: TALKING ABOUT ISSUES OR CONCERNS IN A SUPPORTIVE AND CONFIDENTIAL ENVIRONMENT CAN HELP WITH THE LEARNING, HEALING, OR COPING PROCESSES. JEFFERSON HEALTH NJ OFFERS SUPPORT GROUPS ON SEVERAL TOPICS HOSTED IN OR NEAR OUR THREE HOSPITAL LOCATIONS. MOST OF THESE SESSIONS ARE FREE AND OPEN TO THE PUBLIC:

- ALCOHOLICS ANONYMOUS - THESE MEETINGS OFFER HELP, SUPPORT, AND ENCOURAGEMENT FOR THOSE WHO HAVE AN ALCOHOL ADDICTION. THEY ARE FREE AND OPEN TO THE PUBLIC.

- BARIATRIC SUPPORT GROUP - THESE BARIATRIC SUPPORT GROUP MEETINGS ARE

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

- BREASTFEEDING SUPPORT GROUP - THESE SESSIONS ALLOW EXPECTANT OR NURSING
MOTHERS TO MEET NEW MOMS AND HAVE THEIR QUESTIONS ANSWERED.

- CENTER FOR HOPE & HEALING - MANY CANCER EDUCATION AND SUPPORT PROGRAMS
ARE OFFERED AT THE SIDNEY KIMMEL CANCER CENTER - WASHINGTON TOWNSHIP AND
ARE FREE TO CANCER PATIENTS AND THEIR CAREGIVERS.

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

- NARCOTICS ANONYMOUS - THESE FREE MEETINGS, OPEN TO THE PUBLIC, OFFER
HELP, SUPPORT, AND ENCOURAGEMENT FOR THOSE WITH A NARCOTIC ADDICTION.

- SMOKING CESSATION SUPPORT GROUP & COUNSELING - QUITTING SMOKING CAN BE
HARD, BUT JEFFERSON HEALTH - NJ OFFERS SUPPORT AND COUNSELING.

CORE FORM, PART VI, SECTION A; QUESTION 2

JOHN P. SILVESTRI AND JOSEPH A. MARESSA, JR., ESQ. - BUSINESS
RELATIONSHIP.

CORE FORM, PART VI, SECTION A; QUESTION 3

THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON

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UNIVERSITY/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.

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

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

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

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THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON UNIVERSITY/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 PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE ("IRS").

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

THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE 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. FOLLOWING THIS REVIEW, THE FORM 990 WAS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY PRIOR TO FILING WITH THE IRS. IN ADDITION, THE FORM 990 WAS PROVIDED TO THE THOMAS JEFFERSON UNIVERSITY'S FINANCE, ASSURANCE & COMPLIANCE COMMITTEE AND THE

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CPA FIRM MADE A PRESENTATION TO THE COMMITTEE REGARDING THE SYSTEM'S
FORMS 990 TOGETHER WITH A HEALTHCARE INDUSTRY TAX UPDATE.

CORE FORM, PART VI, SECTION B; QUESTION 12

THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON
UNIVERSITY/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

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INCLUDES DISTRIBUTION OF AN ELECTRONIC DISCLOSURE TO ALL PERSONS WHO SERVED AS VOTING MEMBERS OF THE BOARD OF TRUSTEES, MEMBERS OF SENIOR MANAGEMENT AND KEY EMPLOYEES DURING THE PREVIOUS FISCAL YEAR. THE DISCLOSURE FORM ELICITS INFORMATION RELATED TO THE RESPONDENT'S ACTUAL OR POTENTIAL INTERESTS AND ACTIVITIES IN WHICH THEY ENGAGED DURING THE 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

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OF TRUSTEES. THEREAFTER, THE BOARD OF TRUSTEES ITSELF OR THROUGH DELEGATION TO THE FINANCE, ASSURANCE & COMPLIANCE COMMITTEE, EVALUATES ALL ACTUAL OR POTENTIAL CONFLICTS OF INTEREST TO DETERMINE WHETHER ACTIVITIES OR ARRANGEMENTS REQUIRE MANAGEMENT, REDUCTION, OR ELIMINATION OF CERTAIN INTERESTS, ACTIVITIES OR RELATIONSHIPS. WHEN MANAGEMENT OF THE IDENTIFIED CONFLICT IS REQUIRED, THE AFFECTED PERSON(S), MEMBERS OF THE BOARD'S EXECUTIVE COMMITTEE, AND CERTAIN MEMBERS OF EXECUTIVE MANAGEMENT, RECEIVE NOTIFICATION OF THE REQUIREMENTS SET FORTH IN THE MANAGEMENT PLAN. AFFECTED PERSONS ARE EXPECTED TO ABIDE BY THE TERMS OF THE MANAGEMENT PLAN, WHICH MAY INCLUDE, BUT MAY NOT BE LIMITED TO, RECUSAL FROM DELIBERATIONS AND VOTING WHEN APPROPRIATE.

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

CORE FORM, PART VI, SECTION B; QUESTION 15

THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON UNIVERSITY/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

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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 INSTITUTION'S OBJECTIVES.

ON AN ANNUAL BASIS THE COMMITTEE REVIEWS APPROPRIATE COMPARABILITY DATA FOR SIMILAR INSTITUTIONS THAT REFLECT THE MISSION, SCOPE AND COMPLEXITY OF THE ORGANIZATION AND ITS CONSTITUENT ENTITIES. THE COMMITTEE ENGAGES QUALIFIED, INDEPENDENT CONSULTANTS AS NEEDED TO PROVIDE ADVICE ON

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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.

CORE FORM, PART VI, SECTION C; QUESTION 18

PURSUANT TO STATE OF NEW JERSEY P.L. 2019, CHAPTER 513, (WHICH WAS
EFFECTIVE ON JULY 21, 2020), AND AMENDED P.L. 2008, CHAPTER 58 (C.26:
2H-5.1B), THIS ORGANIZATION HAS POSTED ON ITS INTERNET WEBSITE A COPY OF
THIS INTERNAL REVENUE SERVICE (IRS) FORM 990 AND ALL SCHEDULES AND
SUPPORTING DOCUMENTATION REQUIRED TO BE SUBMITTED TO THE IRS IN

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CONJUNCTION WITH THE FORM 990 WITH THE EXCEPTION OF THOSE SCHEDULES NOT
OPEN FOR PUBLIC INSPECTION. SAID FORM 990 WAS POSTED BY THE ORGANIZATION
AFTER FILING ITS FORM 990 WITH THE IRS.

CORE FORM, PART VI, SECTION C; QUESTION 19

THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS
CAN BE OBTAINED AND REVIEWED THROUGH THE STATE OF NEW JERSEY DEPARTMENT
OF THE TREASURY.

CORE FORM, PART VII AND SCHEDULE J

CORE FORM, PART VII AND SCHEDULE J REFLECT CERTAIN BOARD MEMBERS AND
OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM THIS ORGANIZATION 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 GOVERNING BODY.

CORE FORM, PART VII AND SCHEDULE J

JEFFREY HOAG, M.D. IS A VOTING MEMBER OF THIS ORGANIZATION'S GOVERNING
BODY; AN UNCOMPENSATED POSITION. DR. HOAG IS AN EMPLOYED PHYSICIAN AND
RECEIVES A FEDERAL FORM W-2 FROM THOMAS JEFFERSON UNIVERSITY. DR. HOAG
ALSO SERVES AS A VOTING MEMBER OF THE MAGEE REHABILITATION HOSPITAL

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GOVERNING BODY. HIS REPORTABLE COMPENSATION, RETIREMENT/OTHER DEFERRED
COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED WITHIN CORE FORM, PART
VII AND SCHEDULE J OF THE MAGEE REHABILITATION HOSPITAL (EIN: 23-1476328)
FEDERAL FORM 990. PLEASE REFER TO THE MAGEE REHABILITATION HOSPITAL
FEDERAL FORM 990 FOR THIS INFORMATION.

CORE FORM, PART VII, SECTION A, COLUMN B

THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON
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TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A
TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. 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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CORE FORM, PART X; LINE 25

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- 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 2019A;
- AND
- MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY SERIES 2022B.

THE BONDS OUTLINED ABOVE AND VARIOUS OTHER LONG-TERM BORROWINGS ARE ALLOCATED BY THOMAS JEFFERSON UNIVERSITY; THE TAX-EXEMPT PARENT OF THE

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

22-1773439

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 MAY REFLECT A TJU OBLIGATED GROUP LIABILITY. THE MEMBERS OF THE OBLIGATED GROUP CONSIST OF THE FOLLOWING:

- THOMAS JEFFERSON UNIVERSITY, EIN: 23-1352651
- THOMAS JEFFERSON UNIVERSITY HOSPITALS, EIN: 23-2829095
- TJUH SYSTEM, EIN: 23-3026795
- 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
- JEFFERSON HEALTH - NORTHEAST, EIN: 23-0596940
- JEFFERSON HEALTH - NORTHEAST SYSTEM, EIN: 23-2239131
- PHILADELPHIA UNIVERSITY, EIN: 23-1352294
- KENNEDY UNIVERSITY HOSPITAL, INC., EIN: 22-1773439
- KENNEDY HEALTH SYSTEM, EIN: 22-2442036
- KENNEDY HEALTH FACILITIES, INC., EIN: 22-2442032
- KENNEDY MEDICAL GROUP PRACTICE, P.C., EIN: 46-1420853
- MAGEE REHABILITATION HOSPITAL, EIN: 23-1476328
- ALBERT EINSTEIN HEALTHCARE NETWORK, EIN: 23-2290323
- ALBERT EINSTEIN MEDICAL CENTER, EIN: 23-1396794
- EINSTEIN COMMUNITY HEALTH ASSOCIATES, INC., EIN: 23-2760086

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

Department of the Treasury
Internal Revenue Service

Name of the organization

KENNEDY UNIVERSITY HOSPITAL, INC.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

22-1773439

- EINSTEIN MEDICAL CENTER MONTGOMERY, EIN: 20-4193243
- EINSTEIN PRACTICE PLAN, INC., EIN: 23-2664784
- FORNANCE PHYSICIAN SERVICES, EIN: 23-2275991
- MONTGOMERY HOSPITAL, EIN: 23-1352193
- MONTGOMERY HEALTH FOUNDATION, EIN: 22-2456265

SCHEDULE K WAS PREPARED ON A CONSOLIDATED BASIS AND IS INCLUDED WITHIN
THOMAS JEFFERSON UNIVERSITY'S (EIN: 23-1352651) FEDERAL FORM 990 FOR THE
YEAR ENDED JUNE 30, 2022.

CORE FORM, PART XI; QUESTION 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCE INCLUDE:

- CHANGE IN PENSION LIABILITY - \$13,418,698; AND
- EQUITY TRANSFERS FROM RELATED ORGANIZATIONS - \$1,561,786.

CORE FORM, PART XII; QUESTION 2

THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON
UNIVERSITY/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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

KENNEDY UNIVERSITY HOSPITAL, INC.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

22-1773439

FINANCIAL STATEMENTS OF THE SYSTEM FOR THE FISCAL YEARS ENDED JUNE 30,
2022 AND JUNE 30, 2021; RESPECTIVELY, AND ISSUED A CONSOLIDATED AUDITED
FINANCIAL STATEMENT. AN UNMODIFIED OPINION WAS ISSUED EACH YEAR BY THE
INDEPENDENT CPA FIRM.

TJU'S FINANCE, ASSURANCE & COMPLIANCE COMMITTEE HAS ASSUMED
RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED
FINANCIAL STATEMENTS, WHICH INCLUDES THE SELECTION OF AN INDEPENDENT
AUDITOR.

CORE FORM, PART XII; QUESTION 3

THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON
UNIVERSITY/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.

Name of the organization

KENNEDY UNIVERSITY HOSPITAL, INC.

Employer identification number

22-1773439

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
THOMAS JEFFERSON UNIVERSITY 1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	CORPORATE SERVICES	108,484,090.
P. AGNES, INC. 2101 PENROSE AVENUE PHILADELPHIA, PA 19101	CONSTRUCTION	43,307,038.
ROWAN UNIVERSITY 201 MULLICA HILL ROAD GLASSBORO, NJ 08028	RESIDENCY/MEDICAL	18,140,563.
LF DRISCOLL COMPANY, LLC 401 CITY AVENUE BALA CYNWYD, PA 19004	CONSTRUCTION	7,145,245.
ARAMARK CORPORATION 1178 MARCUS ROAD CHERRY HILL, NJ 08034	FOOD SVCS/CATERING	5,394,496.

Name of the organization

Employer identification number

KENNEDY UNIVERSITY HOSPITAL, INC.

22-1773439

FORM 990, PART IX - OTHER FEES

=====

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
-----	-----	-----	-----	-----
PHYSICIAN FEES	53,214,310.	53,200,932.	13,378.	NONE
CONTRACTED SERVICES	23,373,826.	21,246,509.	2,127,317.	NONE
PURCHASED SERVICES	23,098,834.	8,351,517.	14,747,317.	NONE
AGENCY/TEMP FEES	9,732,680.	9,378,932.	353,748.	NONE
CONSULTING FEES	4,625,646.	211,217.	4,414,429.	NONE
COLLECTION FEES	2,050,354.	18,603.	2,031,751.	NONE
TRANSCRIPTION SERVICES	28,760.	NONE	28,760.	NONE
 TOTALS	 ----- 116,124,410. -----	 ----- 92,407,710. -----	 ----- 23,716,700. -----	 ----- NONE -----

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

KENNEDY UNIVERSITY HOSPITAL, INC.

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

22-1773439

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
SEE SUPPLEMENTAL PAGE							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2021

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SEE SUPPLEMENTAL PAGE												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) SEE SUPPLEMENTAL PAGE									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

KENNEDY UNIVERSITY HOSPITAL, INC.

22-1773439

990 SCH R, PART III-IDENTIFICATION OF REL. ORG. TAXABLE AS PARTNERSHIP

(A) NAME/ADDRESS/EIN	B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) PREDOMINANT INCOME	(F) SHARE OF TOT INCOME	(G) SHARE EOY	(H) DISPROPORTIONATE		(I) CODE V-UBI	(J) PARTNER		(K) % OWNERSHIP
							YES	NO		YES	NO	
1100 WALNUT ASSOC 23-2332396 1101 MARKET STREET, SUITE 2004	MEDICAL OFFICE	PA	N/A									
JEFF UNIV RAD ASSOC 41-2043518 840 CRESCENT CTR DR FRANKLIN,	HEALTH SVCS.	PA	N/A									
RIVERVIEW SURG CTR LP 26-39103 3 CRESCENT DR PHILADELPHIA, PA	HEALTH SVCS.	PA	N/A									
RIVERVIEW SURG CTR LLC 26-3911 3 CRESCENT DR PHILADELPHIA, PA	HEALTH SVCS.	PA	N/A									
ROTHMAN ORTHO SPEC HOSP 27-026 11221 ROE AVE LEAWOOD, KS 6621	HEALTH SVCS.	PA	N/A									
JEFFHEDGE, LLC 45-3214379 1301 2ND AVE SEATTLE, WA 98101	INVESTMENTS	DE	N/A									
JUNIATA MED BLD 23-2450132 1101 MARKET STREET, SUITE 2004	MEDICAL OFFICE	PA	N/A									
TMB ENTERPRISE 23-2400586 1101 MARKET STREET, SUITE 2004	MEDICAL OFFICE	PA	N/A									
KENNEDY CH SURG. 47-2462625 11221 ROE AVE LEAWOOD, KS 6621	SURGERY CENTER	NJ	KUH	RELATED	762,685.	5,824,924.		X	NONE	X	51.1900	
MLJH, LLC 82-1445171 1101 MARKET STREET, SUITE 2004	MEDICAL SERVICES	PA	N/A									

KENNEDY UNIVERSITY HOSPITAL, INC.

22-1773439

990 SCH R, PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H) % OWNERSHIP	(I) SEC 512(B)(13) YES NO
TJU, INC. 1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	23-2146678 REAL ESTATE	PA	N/A	C CORP.				X
WALNUT REALTY CO. 1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	23-2332416 REAL ESTATE	PA	N/A	C CORP.				X
ATRIUM CORPORATION 1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	23-2075587 HEALTH SVCS.	PA	N/A	C CORP.				X
HEALTHMARK, INC. 1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	23-2259593 HEALTH SVCS.	PA	N/A	C CORP.				X
JEFFCARE, INC. 1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	23-2830152 HEALTH SVCS.	PA	N/A	C CORP.				X
MID-ATLANTIC MATERNAL FETAL INSTITUTE 1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	23-2922471 INACTIVE	PA	N/A	C CORP.				X
MID-ATLANTIC MATERNAL FETAL INSTITUTE PC 1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	22-3536371 INACTIVE	NJ	N/A	C CORP.				X
JEFFERSON PHYSICIAN SVCS OF CALIFORNIA 1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	37-1856786 INACTIVE	CA	N/A	C CORP.				X
925 WALNUT STREET CORP. 1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	84-1657497 REAL ESTATE	PA	N/A	S CORP.				X
SYSTEM SERVICE CORPORATION 1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	23-2218944 HOLDING CO.	DE	N/A	C CORP.				X

990 SCH R, PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H)% OWNERSHIP	(I) SEC 512(B)(13) YES NO
T.F. DEVELOPMENT, LTD. 1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	23-2197865 REAL ESTATE	PA	N/A	C CORP.				X
HEALTH CARE, INC. 1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	20-0214524 HEALTH SVCS.	PA	N/A	C CORP.				X
KENNEDY MANAGEMENT GROUP, INC. 1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	22-3347294 MANAGEMENT	NJ	N/A	C CORP.				X
PROFESSIONAL MEDICAL MANAGEMENT, INC. 1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	22-2559690 INACTIVE	NJ	N/A	C CORP.				X
KENNEDY ACCESS INCORPORATED 1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	47-2661672 INVESTMENTS	NJ	N/A	C CORP.				X
JEFFERSON HLTH NJ DIRECT PRIMARY CARE PC 1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	84-1980055 HEALTH SVCS.	NJ	N/A	C CORP.				X
CMMC, INC. 1330 POWELL STREET NORRISTOWN, PA 19401	23-2256479 REAL ESTATE	PA	N/A	C CORP.				X
EINSTEIN HEALTHCARE SYSTEMS, INC. 101 EAST OLNEY AVENUE PHILADELPHIA, PA 19120	23-2314938 INACTIVE	PA	N/A	C CORP.				X
REHAB VENTURES, INC. 1200 WEST TABOR ROAD PHILADELPHIA, PA 19141	23-2619394 INACTIVE	PA	N/A	C CORP.				X

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

Part VII Supplemental Information

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

SCHEDULE R, PART V

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

Part VII Supplemental Information

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

PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512	
						YES	NO
THOMAS JEFFERSON UNIVERSITY 1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	23-1352651 EDUCATION	PA	501(C)(3)	2	N/A		X
TJUH SYSTEM 1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	23-3026795 HEALTH SVCS.	PA	501(C)(3)	12B	TJU		X
THOMAS JEFFERSON UNIVERSITY HOSPITALS 1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	23-2829095 HEALTH SVCS.	PA	501(C)(3)	3	TJUH SYSTEM		X
JEFFERSON UNIVERSITY PHYSICIANS 1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	23-2809585 HEALTH SVCS.	PA	501(C)(3)	12A	TJUH SYSTEM		X
JEFFERSON UNIVERSITY PHYSICIANS OF NJ PC 1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	46-4855345 HEALTH SVCS.	NJ	501(C)(3)	12A	JUP		X
JEFFERSON PHYSICIAN SERVICES 1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	23-3026939 HEALTH SVCS.	PA	501(C)(3)	12B	TJUH SYSTEM		X
JEFFERSON CLUB A/K/A JEFF. FACULTY CLUB 1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	23-2167488 HEALTH SVCS.	PA	501(C)(3)	12A	TJU		X
JEFFERSON MEDICAL CARE 1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	23-2858320 HEALTH SVCS.	PA	501(C)(3)	12A	JPS		X
METHODIST ASSOCIATES IN HEALTHCARE, INC. 1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	23-2678055 HEALTH SVCS.	PA	501(C)(3)	12A	TJUH SYSTEM		X
METHODIST ASSOC IN HEALTHCARE OF NJ, PC 1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	22-3537847 HEALTH SVCS.	NJ	501(C)(3)	12A	MAHC		X

Part VII Supplemental Information

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

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES NO
JEFFEX, INC. 1101 MARKET STREET, SUITE 2004	23-2622009 PHILADELPHIA, PA 19107 HEALTH SVCS.	PA	501(C)(3)	12A	TJUH SYSTEM	X
EMERGENCY TRANSPORT ASSOCIATES, INC. 1101 MARKET STREET, SUITE 2004	23-2622004 PHILADELPHIA, PA 19107 HEALTH SVCS.	PA	501(C)(3)	10	JEFFEX, INC.	X
WALNUT HOME THERAPEUTICS, INC. 1101 MARKET STREET, SUITE 2004	23-2622006 PHILADELPHIA, PA 19107 HEALTH SVCS.	PA	501(C)(3)	10	JEFFEX, INC.	X
SUTHBREIT PROPERTIES, LTD. 1101 MARKET STREET, SUITE 2004	23-2214351 PHILADELPHIA, PA 19107 REAL ESTATE	PA	501(C)(2)		JEFFEX, INC.	X
ABINGTON HEALTH 1101 MARKET STREET, SUITE 2004	27-1243803 PHILADELPHIA, PA 19107 HEALTH SVCS.	PA	501(C)(3)	12B	TJU	X
ABINGTON MEMORIAL HOSPITAL 1101 MARKET STREET, SUITE 2004	23-1352152 PHILADELPHIA, PA 19107 HEALTH SVCS.	PA	501(C)(3)	3	AH	X
LANSDALE HOSPITAL CORPORATION 1101 MARKET STREET, SUITE 2004	26-3359979 PHILADELPHIA, PA 19107 HEALTH SVCS.	PA	501(C)(3)	3	AH	X
ABINGTON HEALTH FOUNDATION 1101 MARKET STREET, SUITE 2004	23-2188052 PHILADELPHIA, PA 19107 FUNDRAISING	PA	501(C)(3)	7	AH	X
JEFFERSON HEALTH - NORTHEAST SYSTEM 1101 MARKET STREET, SUITE 2004	23-2239131 PHILADELPHIA, PA 19107 HEALTH SVCS.	PA	501(C)(3)	12B	TJU	X
JEFFERSON HEALTH - NORTHEAST 1101 MARKET STREET, SUITE 2004	23-0596940 PHILADELPHIA, PA 19107 HEALTH SVCS.	PA	501(C)(3)	3	JHNES	X

Part VII Supplemental Information

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

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512	
						YES	NO
ARIA HEALTH PHYSICIAN SERVICES 1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	23-2691968 HEALTH SVCS.	PA	501(C)(3)	3	JHNES		X
ARIA HEALTH ORTHOPAEDICS 1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	46-0779942 HEALTH SVCS.	PA	501(C)(3)	10	JHNES		X
JEFFERSON HEALTH - NORTHEAST FOUNDATION 1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	23-7318683 FUNDRAISING	PA	501(C)(3)	12A	JHNE		X
PHILADELPHIA UNIVERSITY 1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	23-1352294 EDUCATION	PA	501(C)(3)	2	TJU		X
KENNEDY HEALTH SYSTEM, INC. 1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	22-2442036 HEALTH SVCS.	NJ	501(C)(3)	7	TJU		X
KENNEDY HEALTH CARE FOUNDATION, INC. 1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	80-0550282 FUNDRAISING	NJ	501(C)(3)	7	KHS		X
KENNEDY PROPERTY CORPORATION 1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	22-2442034 REAL ESTATE	NJ	501(C)(3)	12A	KHS		X
STAT MEDICAL TRANSPORT, INC. 1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	22-2443981 HEALTH SVCS.	NJ	501(C)(3)	10	KHS		X
KENNEDY HEALTH FACILITIES, INC. 1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	22-2442032 HEALTH SVCS.	NJ	501(C)(3)	12A	KHS		X
KENNEDY MEDICAL GROUP PRACTICE, PC 1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	46-1420853 HEALTH SVCS.	NJ	501(C)(3)	10	KHS		X

Part VII Supplemental Information

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

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512	
						YES	NO
MAGEE REHABILITATION HOSPITAL 1101 MARKET STREET, SUITE 2004	23-1476328 PHILADELPHIA, PA 19107 HEALTH SVCS.	PA	501(C)(3)	3	TJU		X
ALBERT EINSTEIN HEALTHCARE NETWORK 5501 OLD YORK ROAD	23-2290323 PHILADELPHIA, PA 19141 MANAGEMENT	PA	501(C)(3)	12A	TJU		X
ALBERT EINSTEIN MEDICAL CENTER 5501 OLD YORK ROAD	23-1396794 PHILADELPHIA, PA 19141 HEALTH SVCS.	PA	501(C)(3)	3	AEHN		X
BCCT OVER CORP. 5501 OLD YORK ROAD	23-1352200 PHILADELPHIA, PA 19141 HEALTH SVCS.	PA	501(C)(3)	3	AEHN		X
EINSTEIN COMMUNITY HEALTH ASSOCIATES 5501 OLD YORK ROAD	23-2760086 PHILADELPHIA, PA 19141 HEALTH SVCS.	PA	501(C)(3)	12A	AEHN		X
EINSTEIN MEDICAL CENTER MONTGOMERY 559 WEST GERMANTOWN PIKE	20-4193243 EAST NORRITON, PA 19403 HEALTH SVCS.	PA	501(C)(3)	3	AEHN		X
EINSTEIN PRACTICE PLAN, INC. 5501 OLD YORK ROAD	23-2664784 PHILADELPHIA, PA 19141 HEALTH SVCS.	PA	501(C)(3)	12A	AEHN		X
FORNANCE PHYSICIAN SERVICES, INC. 1330 POWELL STREET, NO. 509	23-2275991 NORRISTOWN, PA 19401 HEALTH SVCS.	PA	501(C)(3)	12A	AEHN		X
GHMC MANAGEMENT, INC. 101 EAST OLNEY AVENUE	23-2225809 PHILADELPHIA, PA 19120 MANAGEMENT	PA	501(C)(3)	12A	AEMC		X
MONTGOMERY HEALTH FOUNDATION 5501 OLD YORK ROAD	22-2456265 PHILADELPHIA, PA 19141 FUNDRAISING	PA	501(C)(3)	12B	MHC		X

Part VII Supplemental Information

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

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES NO
MONTGOMERY HOSPITAL 5501 OLD YORK ROAD	23-1352193 PHILADELPHIA, PA 19141 HEALTH SVCS.	PA	501(C)(3)	3	AEHN	X
MONTGOMERY HOSPITAL WORKERS COMP. TRUST 5501 OLD YORK ROAD	23-2351775 PHILADELPHIA, PA 19141 HEALTH SVCS.	PA	501(C)(3)	12A	MHC	X
BROADLINE RISK RETENTION GROUP 100 BANK STREET	27-2583356 BURLINGTON, VT 05401 INSURANCE	VT	501(C)(3)	12A	AEHN	X
HEALTH PARTNERS PLANS, INC. 901 MARKET STREET, SUITE 500	23-2379751 PHILADELPHIA, PA 19107 INSURANCE	PA	501(C)(4)		JHNE	X
HEALTH PARTNERS FOUNDATION 901 MARKET STREET, SUITE 500	31-1674587 PHILADELPHIA, PA 19107 FUNDRAISING	PA	501(C)(3)	12A	HPP	X

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE
=====

OTHER INCOME

2,630,465.

2,630,465.
=====

RENT AND ROYALTY SUMMARY
 =====

PROPERTY -----	TOTAL INCOME -----	DEPLETION/ DEPRECIATION -----	OTHER EXPENSES -----	ALLOWABLE NET INCOME -----
RENTAL INCOME	2,630,465.	-----	-----	2,630,465.
TOTALS	2,630,465. =====	=====	=====	2,630,465. =====

**SCHEDULE D
(Form 1041)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

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

OMB No. 1545-0092

2021

Name of estate or trust

Employer identification number

KENNEDY UNIVERSITY HOSPITAL, INC.

22-1773439

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

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

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

Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2020 Capital Loss Carryover Worksheet.				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on the back ▶				7

Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	2,468,685.			2,468,685.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts.				12
13 Capital gain distributions.				13
14 Gain from Form 4797, Part I.				14
15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2020 Capital Loss Carryover Worksheet.				15 ()
16 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on line 18a, column (3) on the back ▶				16 2,468,685.

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

Schedule D (Form 1041) 2021

Part III Summary of Parts I and II		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
Caution: Read the instructions before completing this part.				
17	Net short-term gain or (loss)	17		
18	Net long-term gain or (loss):			
a	Total for year	18a		2,468,685.
b	Unrecaptured section 1250 gain (see line 18 of the worksheet.)	18b		
c	28% rate gain	18c		
19	Total net gain or (loss). Combine lines 17 and 18a. ▶	19		2,468,685.

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

Part IV Capital Loss Limitation		
20	Enter here and enter as a (loss) on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4c, if a trust), the smaller of:	
a	The loss on line 19, column (3) or b \$3,000	20 ()

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

Part V Tax Computation Using Maximum Capital Gains Rates

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

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

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

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

21	Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line 11)	21		
22	Enter the smaller of line 18a or 19 in column (2) but not less than zero.	22		
23	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	23		
24	Add lines 22 and 23	24		
25	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- . . . ▶	25		
26	Subtract line 25 from line 24. If zero or less, enter -0-	26		
27	Subtract line 26 from line 21. If zero or less, enter -0-	27		
28	Enter the smaller of the amount on line 21 or \$2,700	28		
29	Enter the smaller of the amount on line 27 or line 28	29		
30	Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0% ▶	30		
31	Enter the smaller of line 21 or line 26	31		
32	Subtract line 30 from line 26	32		
33	Enter the smaller of line 21 or \$13,250	33		
34	Add lines 27 and 30	34		
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		
36	Enter the smaller of line 32 or line 35	36		
37	Multiply line 36 by 15% (0.15) ▶	37		
38	Enter the amount from line 31	38		
39	Add lines 30 and 36	39		
40	Subtract line 39 from line 38. If zero or less, enter -0-	40		
41	Multiply line 40 by 20% (0.20) ▶	41		
42	Figure the tax on the amount on line 27. Use the 2021 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)	42		
43	Add lines 37, 41, and 42	43		
44	Figure the tax on the amount on line 21. Use the 2021 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)	44		
45	Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule G, Part I, line 1a (or Form 990-T, Part II, line 2). ▶	45		

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

Social security number or taxpayer identification number

KENNEDY UNIVERSITY HOSPITAL, INC.

22-1773439

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	SECURITIES	VARIOUS	VARIOUS	2,468,685.00				2,468,685.00
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ►				2,468,685.				2,468,685.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Thomas Jefferson University

Consolidated Financial Statements

June 30, 2022 and 2021

Thomas Jefferson University
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June 30, 2022 and 2021

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Report of Independent Auditors

To Board of Trustees of Thomas Jefferson University

Opinion

We have audited the accompanying consolidated financial statements of Thomas Jefferson University and its subsidiaries (the "University"), which comprise the consolidated balance sheets as of June 30, 2022 and 2021, and the related consolidated statements of operations and changes in net assets without donor restrictions, of changes in net assets and of cash flows for the years then ended, including the related notes (collectively referred to as the "consolidated financial statements").

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of the University as of June 30, 2022 and 2021, and the results of its operations, changes in its net assets, and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of the University and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Consolidated Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the University's ability to continue as a going concern for one year after the date the financial statements are issued.

Auditors' Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:



- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the University's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the University's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

PricewaterhouseCoopers LLP

October 18, 2022

Thomas Jefferson University
Consolidated Balance Sheets
June 30, 2022 and 2021
(In Thousands)

Assets	2022	2021
Current assets:		
Cash and cash equivalents	\$403,988	\$301,454
Short-term investments	1,350,713	2,531,594
Accounts receivable	761,073	583,790
Insurance premium receivable	479,777	-
Inventory	152,398	119,370
Pledges receivable, current	25,654	31,165
Insurance recoverable, current	90,298	71,971
Assets whose use is limited, current	27,878	737
Other current assets	76,274	51,718
Total current assets	<u>3,368,053</u>	<u>3,691,799</u>
Long-term investments	2,725,639	1,699,470
Assets whose use is limited, noncurrent	375,694	85,630
Assets held by affiliated foundations	42,703	50,670
Pledges receivable, noncurrent	122,312	103,522
Goodwill	216,140	137
Insurance recoverable, noncurrent	302,319	221,032
Loans receivable from students, net	19,885	21,054
Land, buildings and equipment, net	3,954,950	3,066,244
Right-of-use assets	350,412	311,698
Other noncurrent assets	177,941	36,666
Total assets	<u>\$11,656,048</u>	<u>\$9,287,922</u>
Liabilities and Net Assets		
Current liabilities:		
Current portion of:		
Long-term obligations	\$92,281	\$33,739
Accrued professional liability claims	234,404	120,290
Accrued workers' compensation claims	21,570	12,741
Deferred revenues	30,381	28,600
Advances	196,822	317,859
Operating lease obligations	44,869	32,783
Accounts payable and accrued expenses	618,416	421,041
Medical costs payable	122,670	-
DHS insurance program payable	134,276	-
Accrued payroll and related costs	462,999	361,209
Total current liabilities	<u>1,958,688</u>	<u>1,328,262</u>
Long-term obligations	3,356,189	2,133,005
Accrued pension liability	401,111	391,392
Federal student loan advances	5,477	5,867
Deferred revenues	15,347	5,417
Accrued professional liability claims	616,458	459,761
Accrued workers' compensation claims	24,781	25,289
Interest rate hedges	18,211	34,919
Operating lease obligations	357,002	320,082
Advances	-	106,062
Other noncurrent liabilities	79,451	94,948
Total liabilities	<u>6,832,715</u>	<u>4,905,004</u>
Net assets:		
Net assets without donor restriction - Thomas Jefferson University	3,753,482	3,414,189
Noncontrolling interest in joint ventures	12,958	17,501
Total net assets without donor restriction	<u>3,766,440</u>	<u>3,431,690</u>
Net assets with donor restriction	1,056,893	951,228
Total net assets	<u>4,823,333</u>	<u>4,382,918</u>
Total liabilities and net assets	<u>\$11,656,048</u>	<u>\$9,287,922</u>

The accompanying notes are an integral part of the consolidated financial statements.

Thomas Jefferson University
Consolidated Statements of Operations and Changes in Net Assets without Donor Restrictions
For the Years Ended June 30, 2022 and 2021
(In Thousands)

	2022	2021
Operating revenues, gains and other support:		
Net patient service revenue	\$5,603,560	\$4,599,893
Insurance premium revenue	1,155,962	-
Grants and contracts	161,201	160,603
Tuition and fees, net	216,454	208,909
Investment income	88,573	77,474
Contributions	4,499	3,543
Other revenue	497,719	395,159
Government support for COVID-19	119,363	159,344
Net assets released from restrictions	67,154	57,948
Total operating revenues, gains and other support	<u>7,914,485</u>	<u>5,662,873</u>
Operating expenses:		
Salaries and wages	3,315,774	2,585,100
Employee benefits	726,609	549,177
Insurance services medical expenses	862,277	-
Supplies	1,222,440	980,293
Purchased services	750,065	610,143
Depreciation and amortization	328,303	263,796
Interest	83,995	56,043
Insurance	136,204	108,717
Utilities	73,982	69,066
Other	540,675	434,654
Total operating expenses	<u>8,040,324</u>	<u>5,656,989</u>
(Loss) income from operations	<u>(125,839)</u>	<u>5,884</u>
Nonoperating items and other changes in net assets without donor restriction, net:		
Return on investments, net of amounts classified as operating revenue	(374,349)	478,196
Contribution received in Einstein acquisition	490,770	-
Gain on investment in HPP acquisition	175,828	-
Interest rate hedges	16,844	24,629
Reclassification of net assets	(2,117)	(322)
Net assets released from restrictions used for purchase of property and equipment	2,318	7,780
Decrease in pension liability	198,830	379,655
Distributions to noncontrolling interest	(11,727)	(10,036)
Gain (loss) on defeasance of debt	(35,808)	-
Other	-	188
Increase in nonoperating items and other changes in net assets without donor restriction	<u>460,589</u>	<u>880,090</u>
Increase in net assets without donor restriction	<u>\$334,750</u>	<u>\$885,974</u>

The accompanying notes are an integral part of the consolidated financial statements.

Thomas Jefferson University
Consolidated Statements of Changes in Net Assets
For the Years Ended June 30, 2022 and 2021
(In Thousands)

	2022	2021
Net assets without donor restriction:		
Revenues, gains and other support	\$7,914,485	\$5,662,873
Expenses	(8,040,324)	(5,656,989)
Nonoperating items and other changes in net assets without donor restriction, net	<u>460,589</u>	<u>880,090</u>
Increase in net assets without donor restriction	<u>334,750</u>	<u>885,974</u>
Net assets with donor restriction:		
Contributions	85,240	77,951
(Loss) gain on investments, net	(52,819)	97,702
Net (loss) gain on externally held trusts	(20,528)	25,544
Investment income	4,757	4,719
Net assets released from restrictions	(69,472)	(65,728)
Changes in net assets held by affiliated foundations	(7,967)	10,486
Change in value of split interest agreements	(2,285)	3,039
Contribution received in Einstein acquisition	166,410	-
Reclassification of net assets	<u>2,329</u>	<u>322</u>
Increase in net assets with donor restriction	<u>105,665</u>	<u>154,035</u>
Increase in net assets	440,415	1,040,009
Net assets, beginning of year	<u>4,382,918</u>	<u>3,342,909</u>
Net assets, end of year	<u><u>\$4,823,333</u></u>	<u><u>\$4,382,918</u></u>

The accompanying notes are an integral part of the consolidated financial statements.

Thomas Jefferson University
Consolidated Statements of Cash Flows
For the Years Ended June 30, 2022 and 2021
(In Thousands)

	2022	2021
Cash flows from operating activities:		
Increase in net assets	\$440,415	\$1,040,009
Adjustments to reconcile changes in net assets to net cash (used in) provided by operating activities:		
Contributions received in acquisition of Einstein	(657,180)	-
Decrease in pension liability	(198,830)	(379,655)
Depreciation and amortization	329,355	264,695
Bond premium amortization	(9,811)	(8,905)
Change in assets held by affiliated foundation	7,967	(10,487)
Loss (gain) on investments and other, net	387,770	(684,584)
Gain on investment in HPP acquisition	(175,828)	-
Gain on sale of controlling interest	(31,620)	-
Net gain on interest rate hedges	(16,845)	(24,629)
Distribution to noncontrolling interest	11,727	10,036
Funds withheld under the Medicare Accelerated and Advance Payment Program	(368,140)	(52,602)
Loss on defeasance of debt	35,808	-
Contributions designated for acquisition of long-term assets	(37,106)	(19,814)
Net change due to:		
Accounts receivable	(90,754)	(90,418)
Insurance premium receivable	(308,660)	-
Pledges receivable	(8,279)	(5,226)
Inventory	(7,724)	(16,038)
Accounts payable and accrued expenses	9,332	51,552
Medical costs payable	(23,548)	-
DHS insurance program payable	33,262	-
Accrued payroll and related costs	25,489	73,926
Grant and contract advances	37,366	2,186
Accrued pension liability	27,644	(16,375)
Insurance recoverable and accrued professional and workers' compensation claims	(16,441)	40,060
Dividends received from joint ventures	19,563	26,269
Other assets and liabilities	(47,844)	38,290
Net cash (used in) provided by operating activities	<u>(632,912)</u>	<u>238,290</u>
Cash flows from investing activities:		
Cash received in acquisition of Einstein	91,915	-
Acquisition of Health Partners, net of cash acquired	(1,080)	-
Purchase of land, buildings and equipment	(318,803)	(391,965)
Purchases of investments and assets whose use is limited	(9,753,426)	(9,038,031)
Proceeds from sales of investments and assets whose use is limited	10,049,398	8,867,814
Student loans issued	(3,534)	(3,647)
Student loans repaid	4,703	4,650
Net cash provided by (used in) investing activities	<u>69,173</u>	<u>(561,179)</u>
Cash flows from financing activities:		
Distribution to noncontrolling interest	(11,727)	(10,036)
Contributions designated for acquisition of long-lived assets	37,106	19,814
Federal student loan advances	(390)	(1,718)
Deferred financing fees	(11,029)	-
Proceeds from long-term obligations	1,685,672	-
Repayment of long-term obligations	(1,033,359)	(184,735)
Net cash provided by (used in) financing activities	<u>666,273</u>	<u>(176,675)</u>
Net increase (decrease) in cash and cash equivalents	102,534	(499,564)
Cash and cash equivalents at beginning of period	<u>301,454</u>	<u>801,018</u>
Cash and cash equivalents at end of period	<u>\$403,988</u>	<u>\$301,454</u>
Supplemental disclosures:		
Interest paid (net of amount capitalized)	\$80,582	\$75,809
Accounts payable related to buildings and equipment	\$47,412	\$46,658
Operating cash flows for operating leases	\$48,755	\$49,309
Right-of-use assets obtained in exchange for lease obligations	\$28,148	\$332,785
Long-term construction obligation	\$165,290	-

The accompanying notes are an integral part of the consolidated financial statements.

Thomas Jefferson University
Notes to Consolidated Financial Statements
June 30, 2022 and 2021

1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The accompanying financial statements represent the consolidated balance sheet, statement of operations and changes in net assets without donor restrictions and cash flows of Thomas Jefferson University (“TJU”), including TJUH System (“TJUHS”), Abington Health (“Abington”), Jefferson Health Northeast System (“JHNES”), Philadelphia University, Kennedy Health System (“Kennedy”), Magee Rehabilitation Hospital (“Magee”), Albert Einstein Healthcare Network (“Einstein”) and Health Partners Plans (“HPP”).

TJU is an independent, non-profit corporation organized under the laws of the Commonwealth of Pennsylvania (“the Commonwealth”) and recognized as a tax-exempt organization pursuant to Section 501(c) (3) of the Internal Revenue Code. TJU has a tripartite mission of education, research and patient care. TJU conducts research and offers undergraduate and graduate instruction through the Sidney Kimmel Medical College, the Jefferson College of Nursing, the Jefferson College of Pharmacy, the Jefferson College of Health Professions, the Jefferson College of Population Health, the Jefferson College of Biomedical Sciences, the Jefferson College of Rehabilitation Sciences, the Kanbar College of Design, Engineering and Commerce, the School of Continuing and Professional Studies, the College of Architecture and the Built Environment, and the College of Science, Health and the Liberal Arts. The combined institution has approximately 7,500 students and is located in Philadelphia, Pennsylvania, with additional campus locations in the Greater Philadelphia Region.

TJUHS, Abington, Jefferson Health Northeast (“JHNE”), Kennedy, Magee and Einstein are integrated healthcare organizations that provide inpatient, outpatient and emergency care services through acute care, ambulatory care, rehabilitation care, physician and other primary care services for residents of the Greater Philadelphia Region. TJU is the sole corporate member of TJUHS, Abington, Aria, Kennedy, Magee and Einstein.

HPP provides access to healthcare services on a prepaid basis. HPP is licensed by the Commonwealth Departments of Insurance and Health to operate as a Health Maintenance Organization. Pursuant to an agreement effective through August 31, 2022 with the Department of Human Services of the Commonwealth of Pennsylvania (“DHS”), HPP provides for the provision of physical health Medical Assistance (“MA”) Program benefits through its HealthChoices Medicaid Program to enrollees residing in the Southeast Zone (Philadelphia and four surrounding counties – Bucks, Chester, Delaware, and Montgomery). Effective September 1, 2022, HPP entered into the new DHS Expansion contract which covers all HealthChoices zones (Northeast, Northwest, Southeast, Southwest and Lehigh/Capital) in Pennsylvania. Additionally, HPP provides comprehensive physical and behavioral health insurance through the Commonwealth of Pennsylvania’s Children’s Health Insurance Program (CHIP) and its Medicare Advantage program and products through a contract with the Centers for Medicare and Medicaid Services. As of June 30, 2022, there were approximately 276,000, 8,300 and 13,200 members enrolled with Health Partners HealthChoices, CHIP and Medicare programs, respectively.

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TJU includes the accounts of subsidiaries of Thomas Jefferson University including 1100 Walnut Associates; 925 Walnut Corporation; and the accounts of subsidiaries of TJUHS, including Thomas Jefferson University Hospitals, Inc. (“TJUH”); Jefferson University Physicians (“JUP”); Jefferson Physician Services; the Atrium Corporation; Jeffex, Inc.; Methodist Associates in Healthcare, Inc.; JeffCare, Inc.; JeffCare Alliance, LLC; Jefferson University Radiology Associates (“JURA”, an 80% owned joint venture); the Riverview Surgery Center at the Navy Yard, LP (“Riverview”, a 51% owned joint venture); Rothman Orthopaedic Specialty Hospital, LLC (“ROSH”, a 54% owned joint venture); and the accounts of subsidiaries of Abington including Abington Memorial Hospital; Lansdale Hospital Corporation; and Abington Health Foundation; and the accounts of subsidiaries of JHNES including JHNE; Aria Physician Services; Aria Health Orthopaedics; System Service Corporation; Aria IPE, LLC; Medical Imaging Associates (an 83% owned joint venture; liquidated in January 2021); T.F. Development, Inc.; Health Care, Inc.; TMB Enterprises and Jefferson Health – Northeast Foundation; and the accounts of Philadelphia University; and the accounts of subsidiaries of Kennedy including Kennedy University Hospital, Inc.; Kennedy Health Care Foundation; STAT Medical Transport, Inc.; Kennedy Property Corporation; Kennedy Health Facilities, Inc.; Kennedy Medical Group Practice PC, d/b/a Kennedy Health Alliance; Kennedy Management Group, Inc.; Professional Medical Management Group, Inc.; and Garden State Radiology Network, LLC (“GSRN”, a 51% owned joint venture); and the accounts of Magee; and the accounts of subsidiaries of Einstein including Albert Einstein Medical Center; Einstein Practice Plan, Inc.; Einstein Community Health Associates; Einstein Medical Center Montgomery; Montgomery Hospital Center; Fornance Physician Services; BCCT Over Corp; Einstein Healthcare Systems, Inc.; Einstein Care Partners, Inc.; and Broadline Risk Retention Group, Inc.; and the accounts of HPP including SelectScripts, LLC; Health Partners Solutions, LLC and Health Partners Foundation.

Subsequent Events

TJU has performed an evaluation of subsequent events through October 18, 2022, which is the date the consolidated financial statements were issued.

Principles of Consolidation

The accompanying consolidated financial statements include the accounts of TJU and its subsidiaries. All significant intercompany accounts and transactions have been eliminated.

Financial Statement Presentation

The accompanying consolidated financial statements have been prepared on an accrual basis.

TJU classifies net assets as follows:

Net Assets without Donor Restrictions are those assets that are not subject to donor-imposed restrictions and may be expended for any purpose in fulfilling the mission of TJU. These net assets may be used at the discretion of TJU’s management and the Board of Trustees.

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Net Assets with Donor Restrictions are those assets whose use by TJU has been limited by donors to a specific time period or purpose. Some donor restrictions are temporary in nature; those restrictions will be met by actions of TJU and/or the passage of time. Other donor restrictions are perpetual in nature, where the funds are to be maintained in perpetuity by TJU, per the stipulation of the donor.

Donor restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the consolidated statements of operations and changes in net assets without donor restrictions.

TJU's operating activities within the consolidated statements of operations includes revenues and expenses from providing education, research, patient and insurance services, grants and contracts, unrestricted contributions, net assets released from restriction, government support for Covid-19, distributions of investment returns based on TJU's spending policy and other revenue.

TJU's non-operating activities within the consolidated statements of operations and changes in net assets without donor restrictions include investment returns and other activities related to endowment, contribution received in Einstein transaction, gain on investment in HPP acquisition, interest rate hedges, net assets released from restrictions used for the purchase of property and equipment, distributions to noncontrolling interest, loss on defeasance of debt, reclassification of net assets and long-term benefit plan obligation funding changes that are not part of the TJU's operating activities.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Management considers critical accounting policies to be those that require more significant judgments and estimates in the preparation of the financial statements including, but not limited to, recognition of net patient service revenue, which includes implicit price concessions; recognition of estimates for healthcare professional and general liabilities; determination of fair values of certain financial instruments; recognition of medical costs payable and assumptions for measurement of pension obligations. Management relies on historical experience and other assumptions believed to be reasonable relative to the circumstances in making judgments and estimates. Actual results could differ from those estimates.

Cash and Cash Equivalents

Cash and cash equivalents consist of cash and investments in highly liquid debt instruments with a maturity of three months or less when purchased and are carried at cost, which approximates fair value. All short-term, highly liquid investments, including any such investments purchased with funds on deposit with bond trustees, otherwise qualifying as cash

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equivalents or restricted cash equivalents, within TJU's investments and assets whose use is limited are treated as investments, at fair value and are therefore excluded from Cash and cash equivalents in the consolidated statements of cash flows.

Short-term investments

Investments classified as short-term investments are available to fund current operations as needed and exclude quasi-endowment funds, donor restricted endowment funds (including beneficial interests in perpetual trusts administered by third parties), investments held under split-interest agreements and investments subject to the equity method.

Charitable Medical Care Provided

TJU provides medically necessary services to all patients regardless of their ability to pay. Some patients qualify for charity care based on policies established by TJU and are therefore not responsible for payment for all or a part of their healthcare services. These policies allow for the provision of free or discounted care in circumstances where requiring payment would impose financial hardship on the patient.

TJU maintains records to identify and monitor the level of charity care provided. These records include the amount of charges foregone for services and supplies furnished. Such amounts have been excluded from net patient service revenue. Management estimates that the cost of charity care provided by TJU was \$46.7 million and \$37.1 million for the years ended June 30, 2022 and 2021, respectively. The estimated costs of providing charity services are based on a calculation which applies a ratio of costs to charges to the gross uncompensated charges associated with providing care to charity patients. The ratio of cost to charges is calculated based on the TJU total expenses divided by gross charges.

Net Patient Service Revenue

Net patient service revenue is reported at the amount that reflects the consideration to which TJU expects to be entitled in exchange for providing patient care.

TJU determines the transaction price based on gross charges for services provided, less contractual adjustments provided to third-party payers based upon agreements, discounts provided to uninsured patients pursuant to TJU's policies, and implicit price concessions provided to uninsured patients and patients with insurance that are responsible for co-pay and/or deductible amounts. TJU determines its estimate of implicit price concessions based upon historical collection experience using a portfolio approach as a practical expedient. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to net patient service revenues in the period of change.

TJU determines performance obligations based upon the nature of the services provided. Net patient service revenue is recognized as performance obligations are satisfied. TJU recognizes revenues for performance obligations satisfied over time based on actual charges incurred in relation to total expected charges. Generally, performance obligations satisfied over time relate to patients in our hospitals receiving inpatient acute care services or patients receiving services

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in our outpatient centers. TJU measures the performance obligation from admission into the hospital, or the commencement of an outpatient service, to point when there are no further services required for the patient, which is generally at the time of discharge or completion of the outpatient services. Revenue for performance obligations satisfied at a point in time is generally recognized when goods are provided to our patients and customers in a retail setting (for example, pharmaceuticals and medical equipment) and TJU does not believe it is required to provide additional goods or services to the patient.

As substantially all of TJU's patient service performance obligations relate to contracts with a duration of less than one year, TJU has elected to not disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks after the end of the reporting period.

Net patient service revenue includes estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and are adjusted in future periods as final settlements are determined.

Revenue from the Medicare and Medicaid programs accounted for approximately 42.4% and 16.7%, respectively, and 40.9% and 12.9%, respectively of net patient service revenue in 2022 and 2021, respectively. Most payments to TJU from the Medicare and Medicaid programs for inpatient hospital services are made on a prospective basis. Under these programs, payments are made at a pre-determined specific rate for each discharge based on a patient's diagnosis. Additional payments are made to TJU teaching and disproportionate share hospitals, as well as for cases that have unusually high costs. Laws governing the Medicare and Medicaid programs are complex and subject to interpretation. Services billed to the Medicare program are subject to external review for both medical necessity and billing compliance. Medicare cost reports for all years, except 2011, 2018, 2019, 2020 and 2021 have been audited and final settled as of June 30, 2022. No significant adjustments are expected. In addition, TJU received funds from the Philadelphia Hospital Assessment program and the Medical Assistance Modernization Act-Quality Care Assessment program in the amount of \$266.8 million and \$175.7 million in 2022 and 2021, respectively, and are recorded in net patient service revenue. TJU paid taxes in respect to these programs amounting to \$148.7 million and \$114.7 million in 2022 and 2021, respectively, and are recorded in other operating expenses. Both programs were designed to provide supplemental funding for licensed acute care hospitals with the Philadelphia Hospital Assessment program specifically designated for hospital emergency services.

TJU has also entered into agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to TJU under these agreements includes prospectively determined rates per discharge, discounts from

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established charges, prospectively determined daily rates and capitated rates. In addition, incentives are paid for high performance with regard to clinical outcome, patient quality, patient

satisfaction and efficiency. Revenue from Blue Cross and Aetna USHC amounted to 23.5% and 8.1%, respectively, and 26.1% and 10.5%, respectively, of TJU's net patient service revenue in 2022 and 2021, respectively.

Insurance Premium Revenue

Healthcare insurance premiums are recognized as revenue in the month in which the enrollee is entitled to receive health care services and are reported net of an allowance for estimated terminations and uncollectible amounts. Additionally, certain premium revenue subject to the minimum medical loss ratio ("MLR") rebate requirements of the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 is recorded net of the estimated minimum MLR rebates. Insurance premium revenue includes MA, Medicare and CHIP contracts.

Medical Costs Payable

Medical costs payable consists principally of unpaid fee-for-service medical and pharmacy claims and capitation costs related to HPP's products. Unpaid healthcare claims included an estimate of payments to be made on claims reported but not yet paid and for healthcare services rendered to members but not yet reported to HPP as of the date of the Consolidated Balance Sheets, collectively, referred to as incurred but not reported (IBNR). Also included in these estimates is the cost of services that will continue to be rendered after the Consolidated Balance Sheet date if HPP is obligated to pay for such services in accordance with contractual or regulatory requirements.

Such estimates are developed using actuarial principles and assumptions which consider, among other things, historical and projected claim submission and processing patterns, assumed and historical medical cost trends, historical utilization of healthcare services, claim inventory levels, changes in membership and product mix, seasonality, and other relevant factors. HPP reflects changes in these estimates in healthcare costs in operating results in the period they are determined. While the ultimate amounts of claims and related expenses are dependent on future developments, it is managements opinion that the liabilities that been established are adequate to cover such costs.

Grants and Contracts

Grants and contracts revenue primarily represents research activity sponsored by governmental and private sources. TJU's primary source of federal sponsored support is the Department of Health and Human Services. In 2022 and 2021, revenue earned from federal sources totaled \$124.9 million and \$125.7 million, respectively. Facilities and administrative costs recovered on federally sponsored programs are generally based on predetermined rates negotiated with the Federal Government while recovery on all other sponsored projects is based on rates negotiated with the respective sponsor. Funds received for sponsored research activity are subject to audit. Based upon information currently available, management believes that any

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liability resulting from such audits will not materially affect the financial position or operations of TJU.

Tuition and Fees

Tuition and fees revenue is recognized in the fiscal year in which the academic programs are delivered. Tuition and fees received in advance of services to be rendered are reported as deferred revenue on the consolidated balance sheets. TJU provides financial aid to eligible students in the form of institutional scholarships, loans and employment during the academic year. Tuition and fees have been reduced by certain institutional grants and scholarships in the amount of \$81.7 million and \$74.8 million in 2022 and 2021, respectively.

Contributions

Contributions, including unconditional promises to donate cash and other assets, are recognized at fair value on the date of receipt, recognized as revenue in the period received and are reported as increases in the appropriate net asset category based on with or without donor restrictions. Pledges received which are to be paid in future periods, and contributions restricted by the donor for specific purposes are reported as net assets with donor restriction support. When a donor restriction expires, that is, when a time restriction ends or stipulated purpose restriction is accomplished, net assets with donor restriction are reclassified to net assets without donor restriction.

Collections

TJU capitalizes works of art, historical treasures, or similar assets (collectively, Collections). Collections are recorded at fair value at the date of the contribution. Collections of approximately \$5.7 million are included in other noncurrent assets on the consolidated balance sheets at June 30, 2022 and 2021.

Investments

Investments are stated at fair value. The fair value of all debt and equity securities with a readily determinable fair value are based on quotations obtained from national securities exchanges. The alternative investments, which are not readily marketable, are carried at estimated fair values as provided by the investment managers. As a practical expedient, TJU is permitted under the *Fair Value Measurement* standard to estimate the fair value of an investment in an investment company at the measurement date using the reported net asset value (NAV). Adjustment is required if TJU expects to sell the investment at a value other than NAV or if the NAV is not calculated in accordance with US generally accepted accounting principles (US GAAP). TJU's investments are valued based on the most current NAV adjusted for cash flows when the reported NAV is not at the measurement date. This amount represents fair value of these investments at June 30, 2022 and 2021. TJU performs additional procedures including due diligence reviews on its alternative investments and other procedures with respect to the capital account or NAV provided to ensure conformity and compliance with valuation procedures in place, the ability to redeem at NAV at the TJU measurement date and existence of certain redemption restrictions at the measurement date. TJU reviews the values as provided by the investment managers and believes that the carrying amount of these investments is a reasonable estimate of fair value. Because alternative investments are not readily marketable,

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Notes to Consolidated Financial Statements
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their estimated values are subject to uncertainty and therefore may differ from the value that would have been used had a ready market for such investments existed.

The Commonwealth of Pennsylvania has not adopted the Uniform Management of Institutional Funds Act (UMIFA) or the Uniform Prudent Management of Institutional Funds Act (UPMIFA). Rather, the Pennsylvania Act governs the investment, use and management of TJU's endowment funds. The Pennsylvania Act allows a nonprofit to elect to appropriate for expenditure an investment policy that seeks the long-term preservation of the real value of the investments. In accordance with the Pennsylvania Act, the objectives of TJU's investment policy is to provide a level of spendable income which is sufficient to meet the current and future budgetary requirements of TJU and which is consistent with the goal of protecting the purchasing power of the investments. As a result of the negative financial impact to nonprofit organizations from COVID-19, the Pennsylvania Act was amended to permit nonprofit organizations to increase the calculation of spendable income from endowment funds up to 10% of the calculated three year average of the endowment market value for fiscal years ending within 2020, 2021 and 2022. For 2022 and 2021, TJU's calculation of spendable income for endowment funds was based on 10% of a calculated three year average.

TJU's financial instruments that are exposed to concentrations of credit risk consist primarily of cash and cash equivalents and investments. These funds are held in various high-quality financial institutions managed by TJU personnel and outside advisors. TJU maintains its cash and cash equivalents in financial institutions, which at times exceed federally insured limits.

Assets Held by Affiliated Foundations

The Methodist Hospital Foundation ("MHF") and Magee Rehabilitation Hospital Foundation ("MRHF") are separate entities not under the control of TJU. MHF and MRHF accept gifts and bequests and engage in fundraising activities for the benefit of Methodist Hospital and Magee, respectively. The Board of Trustees of MHF and MRHF, at their sole discretion, are authorized to contribute funds to Methodist Hospital and Magee, respectively.

While the sole purpose of MHF and MRHF are to support Methodist Hospital and Magee, this accounting treatment does not imply that MHF and MRHF assets or investment income are those of TJU. The consolidated balance sheets do not reflect or establish the legal relationship, agency or otherwise, between MHF, MRHF and TJU, or any right to assets owned by MHF and MRHF. The by-laws of MHF and MRHF provide that all assets they hold shall not be subject to attachments, execution, or sequestration for any debt, obligation or liability of TJU or any other person or entity. In particular, MHF and MRHF are not party to or obligated by any debt instrument of TJU, and assets owned by MHF and MRHF, are not subject to the lien of any such debt instrument.

Underlying investments held by MHF and MRHF with restrictions benefiting only Methodist Hospital and Magee, respectively, are presented in the consolidated balance sheets as follows (in thousands):

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	<u>2022</u>	<u>2021</u>
Methodist Hospital Foundation	\$11,025	\$12,249
Magee Rehabilitation Hospital Foundation	31,678	38,421
Total	<u>\$42,703</u>	<u>\$50,670</u>

Split Interest Agreements

TJU's split-interest agreements consist of charitable gift annuities, pooled income funds, charitable remainder trusts and charitable lead trusts. Contribution revenue for charitable gift annuities and charitable remainder trusts is recognized at the date the agreement is established, net of the liability recorded for the present value of the estimated future payments. Contribution revenue for pooled income funds is recognized upon establishment of the agreement at the fair value of the estimated future receipts discounted for the estimated time period to complete the agreement.

Loans Receivable from Students

Many students receive financial aid that consists of scholarship grants, work-study opportunities and student loans. TJU participates in various federal revolving loan programs, in addition to administering institutional loan programs. Student loan programs are funded by donor contributions, other institutional sources, and governmental programs, primarily the Federal Perkins Loan Program.

The amounts received from the federal government's portion of federal loan programs are ultimately refundable to the federal government and are reported as a liability on TJU's consolidated balance sheets as federal student loan advances. Determination of the fair value of student loans receivable is not practicable.

Student loans receivable, net of allowance for doubtful accounts, consists of the following at June 30, 2022 and 2021 (in thousands):

	<u>2022</u>	<u>2021</u>
Direct student loans	\$20,405	\$20,989
Allowance for doubtful accounts	<u>(4,877)</u>	<u>(4,577)</u>
Net	15,528	16,412
Federally-sponsored student loans	<u>4,357</u>	<u>4,642</u>
Total	<u>\$19,885</u>	<u>\$21,054</u>

TJU assesses the adequacy of the allowance for doubtful accounts related to direct student loans receivable by performing evaluations of the student loan portfolio, including a review of the aging of the student loan receivable balances and of the default rate by loan program in comparison to prior years. The level of allowance is adjusted based on the results of this analysis. The federally-sponsored student loans receivable represents amounts due from current and former students under various Federal Government loan programs. For direct student loans it is TJU's policy to reserve 100% of a loan when the loan is delinquent 2 years or more; a

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reserve of 85% is recorded for loans delinquent more than 270 days and less than 2 years. TJU considers the allowance recorded at June 30, 2022 and 2021 to be reasonable and adequate to absorb potential credit losses inherent in the student loan portfolio.

Land, Buildings, and Equipment, net

Land, buildings, and equipment are carried at cost on the date of acquisition or fair value on the date of donation in the case of gifts. Depreciation expense is computed on a straight-line basis over the estimated useful lives of the assets, excluding land. All gifts of land, buildings, and equipment are recorded as unrestricted non-operating activities unless explicit donor stipulations specify how the donated assets must be used. Interest expense on borrowed funds used for construction, net of interest income earned on unexpended amounts, is capitalized through the completion of construction.

Leases

TJU leases property and equipment under finance and operating leases. TJU determines whether an arrangement is a lease at inception. For leases with terms greater than 12 months, TJU records the related right-of-use (ROU) assets and lease liabilities at the present value of lease payment over the term. The determination of lease payments factors in rental escalation clauses and options to extend or terminate the lease, if the clauses are reasonably certain to be exercised. TJU separates the lease and non-lease components of contracts. TJU's incremental borrowing rate, which is based on information available at the adoption date for existing leases and the commencement date for leases commencing after the adoption date, is used to determine the present value of lease of payments.

Operating leases are included in ROU assets, current portion of operating lease obligations and operating lease obligations on the consolidated balance sheets. Operating lease expense is recognized on the straight-line basis over the lease term and is included in the other operating expense line on the consolidated statements of operations and changes in net assets without donor restrictions.

Finance leases are included in land, buildings and equipment, net, current portion of long term obligations and long term obligations on the consolidated balance sheets. Amortization of finance leases is included in depreciation expense on the consolidated statements of operations and changes in net assets without donor restrictions.

Goodwill

Goodwill is an asset representing the future economic benefits arising from other assets acquired in a business combination that are not individually identified and separately recognized. Any excess of the purchase price over the estimated fair value of the identifiable net assets acquired is recorded as goodwill. The determination of the estimated fair value of net assets acquired requires management's judgment and often involves the use of significant estimates and assumptions.

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The change in the carrying amount of goodwill for the year ended June 30, 2021 and 2020 is as follows (in thousands):

	<u>2022</u>	<u>2021</u>
Beginning balance:		
Goodwill	\$137	-
Accumulated impairment losses	-	-
	<u>137</u>	<u>-</u>
Goodwill acquired	216,003	\$137
Ending balance:		
Goodwill	216,140	137
Accumulated impairment losses	-	-
	<u>\$216,140</u>	<u>\$137</u>

Sale of Controlling Interest

In June 2022, TJU entered into a joint venture with an unrelated entity to provide home care and hospice services. TJU contributed to the joint venture certain assets used to operate its home health and hospice programs in exchange for a 49% ownership interest. TJU recognized its non-controlling investment in the joint venture at fair value of \$24.1 million and recorded a gain of \$31.7 million included in other operating revenue.

Reclassifications

Certain amounts in the prior year have been reclassified to conform to the current year presentation.

New Accounting Standards

There were no new accounting standards adopted during the period.

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Notes to Consolidated Financial Statements
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2. REGULATORY REQUIREMENTS FOR HPP

Commonwealth of Pennsylvania Insurance Law provides that dividends and other distributions may be paid only to the extent of statutory surplus is in excess of \$1.5 million as reported in the most recent financial statements filed with the Pennsylvania Insurance Department (PID) and may be paid only out of positive net worth. In addition, legislation requires PID approval of any dividend or other distribution exceeding the greater of (i) 10% of net worth (as of December 31) or (ii) net income for the prior year. The National Association of Insurance Commissioners (NAIC) also requires that insurance companies, including health maintenance organizations, file annually a risk-based capital report to measure the financial health of the entity. DHS also requires HealthChoices contractors to be subject to minimum levels of statutory equity. DHS requires contractors' statutory equity to exceed the highest amounts determined by the following:

- \$20 million;
- 7% of revenue earned by the licensed HMO during the most recent four (4) calendar quarters; and
- 7% of revenue earned by the licensed HMO during the current quarter multiplied by three (3).

With the exception of payments for claims, HealthChoices contractors may not pay or transfer assets to a related party without the prior approval of DHS, if the contractor's statutory equity is less than the minimum stipulated in the HealthChoices contract. In addition to the statutory net worth requirement, the PID has adopted the NAIC Risk-Based Capital (RBC) requirements. RBC is a method of measuring the minimum amount of capital appropriate for a managed care organization to support its overall business operations in consideration of its size and risk profile. The managed care organization's RBC is calculated by applying factors to various asset, premium, and reserve items. The adequacy of a managed care organization's actual capital can then be measured by a comparison to its RBC as determined by the formula. When an organization's net worth falls below 200% of RBC, which is known as the Company Action Level, a company must file a Comprehensive Action Plan with the applicable state regulators describing its plans to increase its net worth above the 200% threshold.

HPP's statutory net worth has exceeded the NAIC Company Action Level calculated for its RBC requirements as of December 31, 2021 and 2020. HPP's recorded capital and surplus under statutory accounting principles was \$219.8 million and \$190.7 million as of December 31, 2021 and 2020, respectively.

As of December 31, 2021 and 2020 HPP's RPB percentage and filed with PID was 366% and 332%, respectively.

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3. BUSINESS COMBINATIONS

Einstein

On October 4, 2021, pursuant to the terms of an integration agreement, TJU became the sole corporate member of Einstein. Einstein is a not for profit healthcare organization located in Pennsylvania. TJU acquired all of the assets and liabilities of Einstein and transferred no consideration. The TJU board was reconstituted to include two voting members and one non-voting member designated by Einstein. This business combination was accounted for as an acquisition. The acquisition of Einstein is intended to enhance access to high quality, cost effective care to the communities served by both organizations and to enhance the educational and research mission of TJU. The following table summarizes the fair value of assets, liabilities and net assets contributed by Einstein at the acquisition date (in thousands):

Cash and cash equivalents	\$91,915
Accounts receivable	125,393
Investments	697,547
Land, buildings and equipment	679,358
Other assets	309,672
Total assets acquired	<u>\$1,903,885</u>
Accrued payroll and related costs	\$64,483
Accrued professional liability and workers' compensation claims	244,660
Long-term obligations	433,671
Accrued pension obligations	180,905
Accounts payable, accrued expenses and other liabilities	322,986
Total liabilities assumed	<u>1,246,705</u>
Net assets without donor restriction	490,770
Net assets with donor restriction	166,410
Total net assets contributed	<u>\$1,903,885</u>

HPP

At June 30, 2021, JHNE held a 25% noncontrolling membership interest in HPP. Additionally, Einstein held a 25% noncontrolling membership interest in HPP when acquired by TJU on October 4, 2021. On November 1, 2021, JHNE purchased the remaining 50% membership interest in HPP for \$305.0 million. The purchase included cash acquired of \$303.9 million and assumed debt of \$7.7 million. JHNE allocated \$112.3 million of the purchase price to certain intangible assets with definite lives. The goodwill of \$214.5 million arising from the acquisition consists of the excess of the estimated aggregate value of HPP over the estimated fair value of the identifiable net assets and existing JHNE and Einstein equity interests. The enterprise value of HPP was estimated using the income approach. The valuation of acquisition date fair value

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of JHNE and Einstein’s previously held equity noncontrolling interests is based upon their proportionate share of the value of the aggregate equity, The following table summarizes the consideration paid for HPP and the amounts of the assets acquired and liabilities assumed recognized at the acquisition date (in thousands):

Consideration:	
Cash	\$305,000
Fair value of equity interest in HPP held	
before the acquisition (book value of \$82,450)	<u>258,278</u>
	<u>\$563,278</u>
Recognized amounts of identifiable assets	
acquired and liabilities assumed:	
Cash	\$303,919
Accounts receivable	171,117
Land, buildings, and equipment	35,211
Investments	120,973
Other assets	42,711
Intangible assets	112,310
Liabilities	<u>(437,465)</u>
	348,776
Goodwill	<u>214,502</u>
	<u>\$563,278</u>

TJU’s pro forma unaudited operating revenues, gains and other support, changes in net assets without donor restriction and changes in net assets with donor restriction for the year ended June 30, 2022, as if the acquisition of Einstein and HPP had occurred at July 1, 2021 are (in thousands):

Operating Revenues, Gains and Other Support	Change in Net Assets Without Donor Restriction	Change in Net Assets With Donor Restriction
<u>\$8,820,006</u>	<u>\$329,317</u>	<u>\$104,783</u>

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4. NET ASSETS

Net assets consisted of the following at June 30, 2022 and 2021 (in thousands):

Detail of net assets	2022			2021		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
Operating	\$1,932,035	\$259,583	\$2,191,618	\$2,501,889	\$198,637	\$2,700,526
Capital gifts	-	40,152	40,152	-	28,648	28,648
Student loan funds	23,602	25,285	48,887	24,472	29,575	54,047
Endowment funds	1,810,803	676,754	2,487,557	905,329	627,834	1,533,163
Assets held by affiliated foundations	-	42,703	42,703	-	50,670	50,670
Deferred giving	-	12,416	12,416	-	15,864	15,864
Total	<u>\$3,766,440</u>	<u>\$1,056,893</u>	<u>\$4,823,333</u>	<u>\$3,431,690</u>	<u>\$951,228</u>	<u>\$4,382,918</u>

5. ASSETS WHOSE USE IS LIMITED

Assets whose use is limited presented in the consolidated balance sheets at June 30, 2022 and 2021 consist of the following (in thousands):

	2022	2021
Held by trustee under indenture agreement	\$229,778	\$71,464
Designated for insurance	136,430	-
Women's Board and Medical Staff funds	2,140	908
Restricted for capital purposes	32,975	11,752
Deferred compensation fund	660	672
Other	1,589	1,571
Total	<u>\$403,572</u>	<u>\$86,367</u>
Less current portion	<u>(27,878)</u>	<u>(737)</u>
Noncurrent portion	<u>\$375,694</u>	<u>\$85,630</u>

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6. INVESTMENTS

Investments are presented in the consolidated balance sheets under the following classifications (in thousands):

	<u>2022</u>	<u>2021</u>
Short-term investments	\$1,350,713	\$2,531,594
Assets whose use is limited, current	27,878	737
Long-term investments	2,725,639	1,699,470
Assets whose use is limited, noncurrent	<u>375,694</u>	<u>85,630</u>
	<u>\$4,479,924</u>	<u>\$4,317,431</u>

A summary of investments at June 30, 2022 and 2021 is as follows (in thousands):

	<u>2022</u>	<u>2021</u>
Cash equivalents	\$337,305	\$157,044
Equity securities	69,196	21,159
Fixed income securities	437,312	597,004
Funds:		
Global equity	1,481,296	1,570,316
Fixed income	1,142,349	1,070,370
Real estate	135,379	137,356
Other mutual funds	13,086	34,481
Private equity	475,402	324,941
Real estate	2,257	3,309
Hedge funds	101,565	102,255
External trusts	170,202	145,052
Investments subject to equity method and other	<u>114,575</u>	<u>154,144</u>
	<u>\$4,479,924</u>	<u>\$4,317,431</u>

Most private investment funds (private equity, real asset funds) are structured as closed-end, commitment-based investment funds where TJU commits a specified amount of capital upon inception of the fund (i.e., committed capital) which is then drawn down over a specified period of the fund's life. Such funds generally do not provide redemption options for investors and, subsequent to final closing, do not permit subscriptions by new or existing investors. Accordingly, TJU generally holds interests in such funds for which there is no active market, although in some situations, a transaction may occur in the "secondary market" where an investor purchases a limited partner's existing interest and remaining commitment. The fund managers may value the underlying private investment based on an appraised value, discounted

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cash flow, industry comparable or some other method. TJU values these limited partnerships at NAV.

Unlike private investment funds, hedge funds are generally open-end funds as they typically offer subscription and redemption options to investors. The frequency of such subscriptions or redemptions is dictated by such fund's governing documents. The amount of liquidity provided to investors in a particular fund is generally consistent with the liquidity and risk associated with the underlying portfolio (i.e., the more liquid the investments in the portfolio, the greater the liquidity provided to the investors). The fund managers invest in a variety of securities which may not be quoted in an active market. Illiquid investments may be valued based on appraised value, discounted cash flow, industry comparable or some other method.

The methods described above may produce a fair value calculation that may not be indicative of a net realized value or reflective of future fair values. Furthermore, while TJU believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

TJU's direct investments in equity and fixed income securities are considered liquid assets because they are traded on established markets with enough participants to absorb sale transactions without materially impacting the current price of the asset. The underlying assets in TJU's investments in equity and fixed income funds are traded on established markets with enough participants to absorb sale transactions without materially impacting the current price. The funds are priced daily and provide next day availability on all transaction requests. TJU's investment in real asset funds provide for monthly liquidity on transaction requests.

Private equity investments have limited liquidity or redemption options. Liquidity for private investments can be accomplished via a secondary sale transaction. When available, distributions typically take place on a quarterly basis. TJU has made commitments to various private equity and real asset limited partnerships. The total amount of unfunded commitments is \$646.5 million and \$454.1 million at June 30, 2022 and 2021, respectively. TJU expects these funds to be called over the next 3 to 5 years (in thousands):

	<u>2022</u>	<u>2021</u>
Private equity	\$646,423	\$441,390
Real estate	<u>81</u>	<u>12,670</u>
	<u>\$646,504</u>	<u>\$454,060</u>

Hedge funds provide quarterly liquidity with 60 to 90 days' notice prior to the quarter's end limiting TJU's ability to respond quickly to changes in market conditions. Liquidity of individual hedge funds vary based on various factors and may include "gates", "holdbacks" and

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"side pockets" imposed by the manager of the hedge fund, as well as redemption fees which may also apply. Depending on the redemption options available, it may be possible that the reported NAV represents fair value based on observable data such as ongoing redemption and/or subscription activity. In the cases of a holdback, TJU considers the significance of the holdback, its impact on the overall valuation and the associated risk that the holdback amount will not be fully realized based on a prior history of adjustments to the initially reported NAV.

For those private equity, real estate limited partnerships, or hedge-fund of fund transactions where valuations dated on the last business day of the calendar year are available, the valuations will be based on the most recent capital account statement (monthly/quarterly), adjusted for interim cash flow activity (contributions, distributions, fees).

Beneficial interests in perpetual trusts, which are administered by independent trustees, are mainly comprised of domestic and international equity securities and domestic fixed income securities.

TJU accounts for investments in the following entities under the equity method: Five Pointe Professional Liability Insurance Company ("Five Pointe") (50% owned joint venture insurance entity); Mountain Laurel Risk Retention Group, Inc. ("MLRRG") (50% owned joint venture insurance entity); Delaware Valley Accountable Care Organization ("DVACO") (50% owned joint venture); MLJH, LLC (50% owned joint venture); Health Partners Plans ("HPP") (25% membership interest joint venture at June 30, 2021 and a consolidated subsidiary at June 30, 2022 (refer to Note 2 Business Combinations)); Fresenius Medical Care Voorhees, LLC ("FMCV") (30% owned joint venture); JeffHome PA-NJ ("JeffHome") (49% owned joint venture) and Einstein-SMS, LLC (50% owned joint venture). A summary of investments subject to the equity method and other investments is as follows at June 30, 2022 and 2021 (in thousands):

	<u>2022</u>	<u>2021</u>
Equity method:		
Five Pointe	\$14,060	\$42,902
MLRRG	3,481	4,207
HPP, Inc.	-	38,081
DVACO, LLC	383	5,309
MLJH, LLC	30,553	31,118
FMCV, LLC	13,681	14,158
JeffHome, LLC	24,140	-
Einstein-SMS, LLC	9,829	-
Other equity method investments	8,953	5,749
Other	9,495	12,620
	<u>\$114,575</u>	<u>\$154,144</u>

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A summary of investments held under split-interest agreements is as follows at June 30, 2022 and 2021 (in thousands):

	<u>2022</u>	<u>2021</u>
Charitable gift annuities	\$13,952	\$15,791
Pooled income funds	597	998
Charitable lead trusts	-	777
Charitable remainder trusts	8,545	10,702
	<u>\$23,094</u>	<u>\$28,268</u>

Investment income, realized gains (losses) and unrealized gains (losses) included in the consolidated statements of operations and changes in net assets without donor restrictions are comprised of the following in 2022 and 2021 (in thousands):

	<u>2022</u>	<u>2021</u>
Investment income included in operating income (losses):		
Interest and dividends	\$6,778	\$7,341
Endowment payout	79,527	62,774
DVACO	(2,113)	(3,365)
HPP	5,923	6,076
MLJH, LLC	1,935	2,179
Other joint ventures	(3,477)	2,469
	<u>88,573</u>	<u>77,474</u>
Investment income included in nonoperating income (losses):		
Net realized and unrealized gains (losses)	(296,466)	540,797
Interest and dividends	1,644	173
Endowment payout	(79,527)	(62,774)
	<u>(374,349)</u>	<u>478,196</u>
Total	<u>(\$285,776)</u>	<u>\$555,670</u>

7. ENDOWMENT FUNDS

TJU's endowments consist of approximately 1,680 individual funds established for a variety of purposes. The endowment includes both donor-restricted endowment funds and funds designated by the Board of Trustees to function as endowments. Net assets associated with each of these groups of funds are classified and reported based upon the existence or absence of donor-imposed restrictions. The University reports all endowment investments at fair value. Cash equivalents in endowments are treated as investments.

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At June 30, 2022, the endowment net asset composition by type of fund consisted of the following (in thousands):

	Without Donor Restriction	With Donor Restriction	Total
Donor-restricted funds	-	\$676,754	\$676,754
Quasi-endowment funds	\$1,810,803	-	1,810,803
Total funds	<u>\$1,810,803</u>	<u>\$676,754</u>	<u>\$2,487,557</u>

Changes in endowment net assets for the fiscal year ended June 30, 2022, consisted of the following (in thousands):

	Without Donor Restriction	With Donor Restriction	Total
Endowment net assets, beginning of year	\$905,329	\$627,834	\$1,533,163
Investment returns	(68,968)	(71,552)	(140,520)
Contributions	86	20,260	20,346
Acquisition of Einstein	16,529	129,227	145,756
Appropriation of assets for expenditure	(79,527)	(29,277)	(108,804)
Transfers of University resources and other	1,037,354	262	1,037,616
Endowment net assets, end of year	<u>\$1,810,803</u>	<u>\$676,754</u>	<u>\$2,487,557</u>

At June 30, 2021, the endowment net asset composition by type of fund consisted of the following (in thousands):

	Without Donor Restriction	With Donor Restriction	Total
Donor-restricted funds	-	\$627,834	\$627,834
Quasi-endowment funds	\$905,329	-	905,329
Total funds	<u>\$905,329</u>	<u>\$627,834</u>	<u>\$1,533,163</u>

Changes in endowment net assets for the fiscal year ended June 30, 2021, consisted of the following (in thousands):

	Without Donor Restriction	With Donor Restriction	Total
Endowment net assets, beginning of year	\$413,630	\$527,395	\$941,025
Investment returns	151,488	113,959	265,447
Contributions	510	13,622	14,132
Appropriation of assets for expenditure	(62,774)	(27,835)	(90,609)
Transfers of University resources and other	402,475	693	403,168
Endowment net assets, end of year	<u>\$905,329</u>	<u>\$627,834</u>	<u>\$1,533,163</u>

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From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor requires TJU to retain as a fund of perpetual duration. Shortfalls of this nature are classified as a reduction of donor-restricted net assets and were \$5.4 million and \$0.6 million as of June 30, 2022 and 2021, respectively. These shortfalls resulted from unfavorable market fluctuations that occurred shortly after the investment of new permanently restricted contributions and continued appropriation for certain programs that was deemed prudent by TJU.

8. FINANCIAL ASSETS AND LIQUIDITY RESOURCES

TJU's financial assets available within one year of the balance sheet date for general expenditure are as follows (in thousands):

	<u>2022</u>	<u>2021</u>
Financial assets:		
Cash and cash equivalents	\$403,988	\$301,454
Accounts receivable	761,073	583,790
Insurance premium receivable	479,777	-
Pledge payments available for operations	14,344	15,030
Short-term investments	1,273,002	2,326,501
Subsequent year's endowment payout	<u>156,010</u>	<u>106,207</u>
Total financial assets available within one year	<u>3,088,194</u>	<u>3,332,982</u>
Liquidity resources:		
Bank lines of credit	735,900	547,000
Total financial assets and liquidity resources available within one year	<u><u>\$3,824,094</u></u>	<u><u>\$3,879,982</u></u>

TJU's endowment funds consist of donor-restricted and quasi-endowment funds. Income from donor-restricted endowment funds is restricted for specific purposes and therefore, is not available for general expenditures. Although TJU does not intend to spend from its quasi-endowment funds in excess of the endowment payout amount calculated pursuant to its spendable income policy described in Note 1, additional amounts from its quasi-endowment could be made available with Board approval.

As part of TJU's liquidity management, it has a practice to structure its financial assets in a manner to be available to satisfy general expenditures and other obligations as they come due. To manage unanticipated liquidity needs, TJU had available unsecured lines of credit from various banks of \$788.0 million and \$638.0 million at June 30, 2022 and 2021, respectively, under which there was borrowing of \$52.1 million and \$91.0 million at June 30, 2022 and 2021, respectively.

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9. FAIR VALUE MEASUREMENT

The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

Level 1 Inputs that reflect unadjusted quoted prices in active markets for identical assets or liabilities that TJU has the ability to access at the measurement date;

Level 2 Inputs other than quoted prices that are observable for the asset or liability either directly or indirectly, including inputs in markets that are not considered to be active;

Level 3 Inputs that are not currently observable.

Inputs are used in applying the various valuations techniques and broadly refer to the assumption that market participants use to make valuation decisions. An investments level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. However, the determination of what constitutes “observable” requires significant judgment. The categorization of an investment within the hierarchy is based upon the pricing transparency of the instrument and does not necessarily correspond to TJU’s perceived risk of that instrument.

Level 1 - Investments, whose values are based on quoted market prices in active markets, are therefore classified within Level 1. Typically, securities traded on the NYSE, AMEX, NASDAQ and other major exchanges will be classified as Level 1. These assets include active listed equities, certain U.S. government obligations, mutual funds and certain money market securities. For investments regularly traded on any recognized securities or commodities exchange, the closing price on such exchange (or, if applicable, as reported on the consolidated transactions reporting system) on the last trading date at the end of the fiscal year is used. In the case of securities regularly traded in the over-the-counter market, the closing bid quotations for long positions and the closing asked quotation for short positions on the trading date ending on or preceding the end of the fiscal year is used.

Level 1 - Liquidity – Daily based on quoted market value at time of transaction or at daily NAV.

Level 2 - Investments that trade in markets that are not considered to be active, but are valued based on quoted market prices, dealer quotations or alternative pricing sources supported by observable inputs are classified within Level 2. They include investments in common trust equity and fixed income funds, corporate grade bonds, high yield bonds and certain mortgage products. These assets are valued based on quoted market prices in active markets or dealer quotations and are categorized as Level 2. There were no transfers between Levels 1 and 2 during 2022 and 2021.

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Level 2 - Liquidity – Daily based on quoted market value at time of transaction or at daily NAV.

Level 3 - Investments classified within Level 3 have significant unobservable inputs, as they trade infrequently or not at all. Level 3 instruments include externally held trust funds.

Level 3 - Liquidity – No liquidity available as the assets are mainly comprised of donor restricted externally held trust funds of which TJU has a perpetual interest in the annual income stream.

The following table presents the short term and long term investments, and assets whose use is limited carried on the consolidated balance sheets by level within the valuation hierarchy or NAV as of June 30, 2022 and 2021 (in thousands):

	Level 1	Level 2	Level 3	NAV	2022
Cash and cash equivalents	\$311,803	\$25,502	-	-	\$337,305
Equity securities	25,012	13,952	-	\$30,232	69,196
Fixed income securities	10,348	409,992	-	16,972	437,312
Funds:					
Global equity	30,260	-	-	1,451,036	1,481,296
Fixed income	-	19	-	1,142,330	1,142,349
Real asset	-	5,115	-	130,264	135,379
Other mutual funds	13,086	-	-	-	13,086
Private equity	-	-	-	475,402	475,402
Real estate	-	-	-	2,257	2,257
Hedge funds	-	-	-	101,565	101,565
External trusts	-	-	\$170,202	-	170,202
Total	\$390,509	\$454,580	\$170,202	\$3,350,058	\$4,365,349
	Level 1	Level 2	Level 3	NAV	2021
Cash and cash equivalents	\$157,044	-	-	-	\$157,044
Equity securities	5,368	\$15,791	-	-	21,159
Fixed income securities	63,018	515,006	-	\$18,980	597,004
Funds:					
Global equity	43,063	-	-	1,527,253	1,570,316
Fixed income	-	-	-	1,070,370	1,070,370
Real asset	-	5,939	-	131,417	137,356
Other mutual funds	34,481	-	-	-	34,481
Private equity	-	-	-	324,941	324,941
Real estate	-	-	-	3,309	3,309
Hedge funds	-	-	-	102,255	102,255
External trusts	-	-	\$145,052	-	145,052
Total	\$302,974	\$536,736	\$145,052	\$3,178,526	\$4,163,287

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Investments not subject to fair value leveling or fair value at NAV at June 30, 2022 and 2021 totaled \$114.6 million and \$154.1 million, respectively.

The fair value of TJU's interest rate swaps related to its debt obligations are based on third-party valuations independent of the counterparties. As the fair values of interest rate swaps are determined based on inputs that are readily available or can be derived from information available in public markets, TJU has categorized interest rate swaps as Level 2.

The following table presents the other liabilities carried on the consolidated balance sheets by level within the valuation hierarchy as of June 30, 2022 and 2021 (in thousands):

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>NAV</u>	<u>2022</u>
Interest rate hedges	<u>-</u>	<u>\$18,211</u>	<u>-</u>	<u>-</u>	<u>\$18,211</u>
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>NAV</u>	<u>2021</u>
Interest rate hedges	<u>-</u>	<u>\$34,919</u>	<u>-</u>	<u>-</u>	<u>\$34,919</u>

The following tables include a roll-forward of the amounts for the year ended June 30, 2022 and 2021 (in thousands) for external trust investments classified within Level 3.

	<u>2022</u>	<u>2021</u>
Beginning balance	\$145,052	\$119,660
Unrealized (loss)/gains, net	(30,328)	25,544
Contribution received in a business combination	56,423	-
Transfers	(945)	(152)
Ending balance	<u>\$170,202</u>	<u>\$145,052</u>

10. PLEDGES RECEIVABLE

A summary of pledges receivable is as follows at June 30, 2022 and 2021, respectively (in thousands):

	<u>2022</u>	<u>2021</u>
Unconditional promises expected to be collected in:		
Less than one year	\$25,654	\$31,165
One year to five years	86,843	53,625
Over five years	71,722	86,213
	<u>184,219</u>	<u>171,003</u>
Less: unamortized discount and allowance for doubtful accounts	<u>(36,253)</u>	<u>(36,316)</u>
	<u>\$147,966</u>	<u>\$134,687</u>

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The discount rate ranges from 0.0% to 4.0%. TJU's largest pledge comprises 37% and 43% of the pledge receivable at June 30, 2022 and 2021, respectively.

At June 30, 2022, TJU was the recipient of a conditional pledge of \$70.0 million for the construction of a building. This conditional pledge is not included as an asset in the consolidated balance sheets.

11. LAND, BUILDINGS AND EQUIPMENT

A summary of land, buildings and equipment is as follows at June 30, 2022 and 2021, respectively (in thousands):

	<u>2022</u>	<u>2021</u>
Land and land improvements	\$233,560	\$202,487
Buildings and building improvements	3,836,030	3,017,372
Equipment	2,694,198	2,384,850
Leasehold improvements	177,508	177,251
Construction in progress	454,434	421,622
Less: accumulated depreciation	<u>(3,440,780)</u>	<u>(3,137,338)</u>
Total land, buildings and equipment, net	<u>\$3,954,950</u>	<u>\$3,066,244</u>

TJU uses straight-line depreciation over the assets' estimated lives, which are as follows:

Land improvements	10-20 years
Buildings and building improvements	18-40 years
Equipment	3-15 years
Leasehold improvements	5-20 years

Depreciation expense is \$321.2 million and \$263.0 million at June 30, 2022 and 2021, respectively.

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12. Medical Costs Payable

The following table shows the components of the change in medical costs payable for the year ended June 30, 2022 (in thousands):

Medical costs payable, November 1, 2021	\$146,218
Claims occurring in:	
Current year	973,253
Prior years	<u>(6,469)</u>
Net incurred benefit expenses	<u>966,784</u>
Claim payments:	
Current year	(860,232)
Prior years	<u>(130,100)</u>
Net payments	<u>(990,332)</u>
Medical costs payable, June 30, 2022	<u>\$122,670</u>

The negative amount noted as “prior year” claims in 2022 is favorable development for claim estimates being settled for amounts less than originally anticipated. This favorable development from original estimates occur due to changes in medical utilization, the mix of provider rates, other components of medical cost trends, and claim payment patterns.

The net incurred medical expense amount for 2022 reported above excludes approximately \$54.7 million that primarily represents amounts due to contracted risk hospitals reported as amounts due to affiliates in the accompanying consolidated balance sheet.

HPP's estimate of the IBNR liabilities is primarily based on trend and completion factors. Claim frequency is not used in the calculation of its liability.

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13. LONG-TERM OBLIGATIONS

A summary of long-term obligations is as follows at June 30, 2022 and 2021, respectively (in thousands):

	Final Maturity	Interest Rate at June 30, 2022	2022	2021
Revenue bonds:				
Fixed rate obligations:				
1993 Series A Revenue Bonds	2022	6.00%	-	\$5,730
Unamortized issue costs			-	(18)
2012 Series Revenue Bonds	2042	4.00% - 5.00%	-	35,895
Unamortized premium and issue costs			-	1,539
2012 Series A Revenue Bonds	2032	3.25% - 5.00%	-	29,210
Unamortized premium and issue costs			-	1,318
2015 Series A Revenue Bonds	2051	3.00% - 5.25%	\$301,805	301,805
Unamortized premium and issue costs			17,608	18,511
2017 Series A Revenue Bonds	2048	3.00% - 5.00%	257,270	262,270
Unamortized premium and issue costs			10,649	11,318
2018 Series A Revenue Bonds	2050	4.00% - 5.00%	351,835	353,370
Unamortized premium and issue costs			19,322	21,855
2018 Series B Revenue Bonds	2030	3.28% - 3.88%	33,275	34,140
Unamortized issue costs			(145)	(181)
2019 Series A Revenue Bonds	2052	4.00% - 5.00%	449,745	449,745
Unamortized premium and issue costs			32,239	35,828
2022 Series A Revenue Bonds	2057	1.725%-3.847%	590,155	-
Unamortized issue costs			(4,985)	-
2022 Series B Revenue Bonds	2057	3.25%-5.00%	672,750	-
Unamortized premium and issue costs			77,235	-
Total fixed rate obligations			2,808,758	1,562,335
Variable rate obligations:				
2015 Series B Revenue Bonds	2046	0.38%	60,000	60,000
Unamortized issue costs			(440)	(461)
2015 Series C Revenue Bonds	2042	0.85%	32,825	33,670
Unamortized issue costs			(91)	(100)
2015 Series D Revenue Bonds	2042	0.89%	32,590	33,435
Unamortized issue costs			(91)	(99)
2015 Series E Revenue Bonds	2042	0.91%	32,820	33,670
Unamortized issue costs			(91)	(100)
2015 Series F Revenue Bonds	2042	0.95%	32,590	33,435
Unamortized issue costs			(91)	(99)
2015 Series G Revenue Bonds	2042	0.88%	19,580	20,085
Unamortized issue costs			(54)	(60)
2015 Series H Revenue Bonds	2042	1.40%	27,145	27,845
Unamortized issue costs			(79)	(86)
2017 Series B Revenue Bonds	2051	0.38%	50,565	50,565
Unamortized issue costs			(467)	(485)
2017 Series C Revenue Bonds	2051	0.81%	50,000	50,000
Unamortized issue costs			(262)	(271)
2018 Series C Revenue Bonds	2052	0.77%	-	100,000
Unamortized issue costs			-	(799)
2018 Series D Revenue Bonds	2051	0.38%	49,950	49,950
Unamortized issue costs			(385)	(397)
Total variable rate obligations			386,014	489,698
Total Revenue bonds			3,194,772	2,052,033
Line of credit	2023	1.45%	52,092	91,000
Finance lease obligations	2037		28,439	23,572
Other			173,167	139
Total long-term debt obligations			\$3,448,470	\$2,166,744

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Other long term obligations of \$173.2 million at June 30, 2022 includes \$165.4 million related to a development agreement with an unrelated party for the construction costs related to the core and shell of an ambulatory care facility on land leased by TJU. Construction of the facility is anticipated to be completed in 2024. TJU has the option to purchase or lease the facility.

TJU is a party to the Amended and Restated Master Trust Indenture (the “MTI”), dated as of February 1, 2022, by and among TJU, each other Member of the Obligated Group (as described below) and Master Trustee. The MTI provides for the issuance from time to time of obligations.

To secure its payment obligations under the MTI, each Member of the Obligated Group has granted to the Master Trustee for the equal and ratable benefit of the holders of all obligations issued and outstanding under the MTI (other than subordinated obligations) a first lien on and security interest in the gross revenues of each Member of the Obligated Group on a joint and several basis.

The Members of the Obligated Group consist of the following: TJU, TJUHS, TJUH, JUP, Abington Health, Abington Memorial Hospital, Abington Health Foundation, Lansdale Hospital, Jefferson Health-Northeast System, Jefferson Health-Northeast, Philadelphia University, Kennedy Health System, Kennedy Health Facilities, Inc., Kennedy University Hospital, Inc., Kennedy Medical Group Practice, PC, Magee, Albert Einstein Health Network, Albert Einstein Medical Center, Einstein Community Health Associates, Inc., Einstein Medical Center Montgomery, Einstein Practice Plan, Inc., Fornance Physician Services, Montgomery Hospital, and Montgomery Health Foundation.

TJU and each other Member of the Obligated Group have agreed to comply with certain financial and operational covenants contained in the MTI, certain continuing covenant agreements (the “CCAs”) associated with several series of bonds as well as a standby letter of credit agreement (the SBLOC”) and a revolving credit agreement (the “Revolver”, and collectively with the CCAs and the SBLOC, the “Credit Agreements”). TJU was in compliance with the covenants in the MTI and Credit Agreements at June 30, 2022.

The Series 2022A and 2022B Revenue Bonds were issued in February 2022. The proceeds were used to fund the costs of (i) certain capital projects, (ii) the acquisition by TJU of a membership interest in Albert Einstein Health Network related to the payment or defeasance in whole of certain indebtedness previously issued for the benefit of Albert Einstein Health Network, (iii) repayment of draws on TJU’s lines of credit, the proceeds of which were used by Jefferson Health – Northeast for the acquisition of the remaining interest in Health Partners Plans, and (iv) refunding the Series A of 2012, Series 2012, Series 2017A stated to mature on September 1, 2040 and September 1, 2042, and Series 2018C.

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Maturities for long-term debt are as follows (in thousands):

	<u>Revenue Bonds and Other</u>	<u>Finance Lease Obligations</u>	<u>Total</u>
2023	75,022	6,837	81,859
2024	192,075	7,182	199,257
2025	49,325	6,425	55,750
2026	19,785	4,307	24,092
2027	37,795	1,723	39,518
Thereafter	2,896,156	1,967	2,898,123

14. DERIVATIVE FINANCIAL INSTRUMENTS

TJU entered into derivative transactions for the purpose of reducing the impact of fluctuations in interest rates and hedging interest rate risk. The fair value of these derivative instruments at June 30, 2022 and 2021 in the consolidated balance sheets is as follows (in thousands):

Expiration Date	TJU Receives	TJU Pays	Notional Amount at June 30, 2022	Notional Amount at June 30, 2021	Balance Sheet Location	Fair Value at June 30, 2022	Fair Value at June 30, 2021
Expiration 2/1/34	67% of United States Dollar LIBOR (one Month)	2.980%	\$60,650	\$64,010	Noncurrent Liability	\$1,176	\$5,576
Expiration 9/1/45	67% of United States Dollar LIBOR (one Month)	3.925%	\$32,900	\$27,385	Noncurrent Liability	\$15,296	\$26,465
Expiration 5/1/27	68% of United States Dollar LIBOR (one Month)	3.980%	\$25,225	\$29,675	Noncurrent Liability	\$1,383	\$3,604
Expiration 5/1/27	68% of United States Dollar LIBOR (Five Year minus 0.293%)	68% of United States Dollar LIBOR (one Month)	\$43,900	\$51,625	Noncurrent Liability	\$212	(\$481)
Expiration 5/1/27	68% of United States Dollar LIBOR (Five Year minus 0.325%)	68% of United States Dollar LIBOR (one Month)	\$25,225	\$29,675	Noncurrent Liability	\$145	(\$245)

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The LIBOR with a one-month maturity ranged from 0.08% to 1.79% (average rate of 0.35%) in 2022. The LIBOR rate with the five-year maturity ranged from 0.73% to 3.64% (average rate of 1.76%) in 2022. Non-operating gains of \$16.8 million and non-operating losses of \$24.6 million at June 30, 2022 and 2021, respectively, are included in the consolidated statements of operations and changes in net assets without donor restrictions for interest rate swap contracts (in thousands).

	<u>2022</u>	<u>2021</u>
Change in valuation of interest rate swap contracts	\$16,708	\$28,735
Net settlement receipts (payments) with counterparties	<u>137</u>	<u>(4,106)</u>
Nonoperating gain on interest rate swap contracts	<u>\$16,845</u>	<u>\$24,629</u>

Accumulated losses on interest rate hedges of \$18.2 million and \$34.9 million at June 30, 2022 and 2021, respectively, are reflected in the consolidated balance sheets.

15. LEASE COMMITMENTS

TJU has operating lease obligations primarily for ambulatory facilities, office space and land expiring through 2099. The components of lease expense was as follows (in thousands):

	<u>2022</u>	<u>2021</u>
Amount of rent expense related to amortization of right-of-use assets	\$59,047	\$54,100
Short-term and variable lease costs	<u>35,556</u>	<u>33,417</u>
Rent expense	<u>\$94,603</u>	<u>\$87,517</u>
Weighted average remaining lease term (years)	12.2	13.6
Weighted average discount rate	2.52%	2.41%

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A summary of future minimum commitments under operating leases, at June 30, 2022, is as follows (in thousands):

2023	\$60,648
2024	56,579
2025	53,939
2026	47,449
2027	40,738
Thereafter	<u>205,777</u>
Total minimum lease payments	<u>465,130</u>
Less imputed interest	<u>(63,259)</u>
Net present value of minimum lease payments	<u><u>\$401,871</u></u>

Future minimum lease payments at June 30, 2021 were as follows (in thousands):

2022	\$46,603
2023	43,805
2024	42,342
2025	40,473
2026	35,179
Thereafter	<u>211,896</u>
Total minimum lease payments	<u>420,298</u>
Less imputed interest	<u>(67,432)</u>
Net present value of minimum lease payments	<u><u>\$352,866</u></u>

16. EMPLOYEE BENEFIT PLANS

TJU has non-contributory defined benefit pension plans for certain full-time employees. The plans are frozen to new entrants. Certain existing employees that met certain age and years of service thresholds were eligible to remain in the plans and continue to earn benefits. The Magee plan is frozen for all participants. Benefits under the non-contributory defined benefit plans are based on the employee's years of service and compensation during the years preceding retirement. Contributions to the plan are designed to meet the minimum funding requirements of the Employee Retirement Income Security Act of 1974.

The accounting guidance for defined benefit pension plans requires employers to recognize the overfunded or underfunded projected benefit obligation ("PBO") of a defined benefit pension plan as an asset or liability in the balance sheet. The PBO represents the actuarial present value of benefits attributable to employee service rendered to date, including the effects of estimated future salary increases. The accounting guidance also requires employers to recognize annual changes in gains or losses, prior service costs, or other credits that have not been recognized as a component of net periodic pension cost through net assets without donor restriction. The calculation of service cost and PBO utilizes a split discount rate approach, where separate

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discount rates are calculated for determining each based on their respective expected cash flows. Additionally, the calculation of the interest cost will begin to utilize an approach that applies the individual spot rates from the full yield curve against the expected benefit payments for each year rather than using the single equivalent discount rate applied to all future years. This change will be accounted for as a change in accounting estimate that is reflected prospectively. These changes do not impact the calculation of the PBO or the discount rate.

The components of the net pension plan financial position on the consolidated balance sheets are as follows (in thousands):

	<u>2022</u>	<u>2021</u>
Change in projected benefit obligation:		
Benefit obligation, beginning of year	\$2,403,325	\$2,411,088
Acquisition	763,057	-
Service cost	49,775	6,640
Interest cost	70,249	57,263
Net experience (gain)/loss	(614,682)	11,831
Benefits paid	(97,152)	(73,043)
Plan amendment	-	(10,454)
Projected benefit obligation, end of year	<u>2,574,572</u>	<u>2,403,325</u>
Change in plan assets:		
Fair value of plan assets, beginning of year	2,011,933	1,623,666
Acquisition	582,152	-
Actual return of plan assets	(345,604)	438,293
Employer contributions	22,132	23,017
Benefit payments	(97,152)	(73,043)
Fair value of plan assets, end of year	<u>2,173,461</u>	<u>2,011,933</u>
Plan funded status	<u><u>(\$401,111)</u></u>	<u><u>(\$391,392)</u></u>

Amounts recognized in net assets without donor restriction consist of (in thousands):

	<u>2022</u>	<u>2021</u>
Net actuarial loss	\$230,941	\$370,032
Net unrecognized prior service costs	(8,511)	(9,806)
	<u><u>\$222,430</u></u>	<u><u>\$360,226</u></u>

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The accumulated benefit obligation at June 30, 2022 and 2021 was as follows (in thousands):

	<u>2022</u>	<u>2021</u>
Accumulated benefit obligation	<u>\$2,455,480</u>	<u>\$2,276,852</u>

The components of net periodic benefit cost for the plans for the years ended June 30, 2022 and 2021 were as follows (in thousands):

	<u>2022</u>	<u>2021</u>
Service cost	\$49,775	\$6,640
Interest cost	70,249	57,263
Expected return on plan assets	(146,260)	(98,229)
Amortization of actuarial loss	16,273	62,233
Amortization of prior service (credit) cost	<u>(1,295)</u>	<u>(648)</u>
Net periodic benefit (credit) cost	(11,258)	27,259
Other changes in plan assets and benefit obligations recognized in net assets without donor restriction:		
Net actuarial loss (gain)	(122,818)	(328,234)
Amortization of net actuarial (loss)	(16,273)	(62,233)
Prior service cost/(credit)	-	(10,454)
Amortization of prior service (cost)/credit	<u>1,295</u>	<u>648</u>
Total recognized in net assets without donor restriction	(137,796)	(400,273)
Total recognized in net periodic benefit cost and net assets without donor restriction	<u>(\$149,054)</u>	<u>(\$373,014)</u>

The estimated actuarial loss that will be amortized from net assets without donor restriction during the upcoming fiscal year is \$7.9 million.

The weighted average assumptions used to estimate the June 30 pension obligation were as follows:

	<u>2022</u>	<u>2021</u>
Discount rate	4.83%	3.07%
Rate of compensation increase	1.50% to 4.50%	3.25% to 4.00%
Expected return on plan assets	6.09%	6.14%

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The weighted average assumptions used to determine net periodic benefit costs were as follows:

	<u>2022</u>	<u>2021</u>
Discount rate - service cost	3.37%	3.90%
Discount rate - interest cost	2.39%	3.32%
Rate of compensation increase	1.50% to 4.75%	3.25% to 4.00%
Expected return on plan assets	6.05%	6.14%

A summary of the plans' targeted and actual asset allocations are as follows:

	<u>Targeted Range</u>	<u>Percentage of Plan Assets June 30, 2022</u>	<u>Percentage of Plan Assets June 30, 2021</u>
Cash	0-5%	5%	2%
Bonds	25-45%	33%	26%
Global equity	45-65%	52%	64%
Real estate and other	5-10%	10%	9%
		<u>100%</u>	<u>100%</u>

The portfolios utilize a long-term asset allocation strategy that allows management to rebalance the asset allocation back to target levels on a monthly basis. Short-term compliance with the target ranges can be impacted by the severity of market conditions. The expected long-term rate of return for the plan's assets are based on the historical return of each of the above categories, weighted based on the target allocations for each class. The assets of the defined benefit pension plan are invested in a manner that is intended to preserve the purchasing power of the plan's assets and provide payments to beneficiaries. Thus, a rate of return objective of inflation plus 5% is targeted.

TJU expects to contribute \$70.2 million during fiscal year 2022.

Projected benefit payments are as follows (in thousands):

2023	\$150,390
2024	132,733
2025	139,889
2026	146,997
2027	153,851
Thereafter	839,034
	<u>\$1,562,894</u>

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The following table presents the fair value of plan assets by level within the valuation hierarchy, as discussed in Note 8, as of June 30, 2022 and 2021 (in thousands):

	Level 1	Level 2	Level 3	NAV	2022
Cash and cash equivalents	\$69,333	\$44,203	\$1,206	-	\$114,742
Equity securities	1,957	-	-	-	1,957
Fixed income securities	-	1	-	-	1
Funds:					
Global equity	-	-	-	\$1,113,181	1,113,181
Fixed income	21	-	-	727,478	727,499
Real assets	-	-	-	116,335	116,335
Private equity	-	-	-	73,469	73,469
Hedge funds	-	-	-	26,277	26,277
Total	\$71,311	\$44,204	\$1,206	2,056,740	\$2,173,461

	Level 1	Level 2	Level 3	NAV	2021
Cash and cash equivalents	\$2,871	\$36,792	-	-	\$39,663
Equity securities	16	-	-	-	16
Fixed income securities	-	1	-	-	1
Funds:					
Global equity	58,735	-	-	\$1,208,765	1,267,500
Fixed income	19,386	-	-	494,496	513,882
Real assets	-	-	-	108,055	108,055
Private equity	-	-	-	56,336	56,336
Hedge funds	-	-	-	26,480	26,480
Total	\$81,008	\$36,793	-	\$1,894,132	\$2,011,933

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Retirement benefits are also provided to certain employees through direct payments to various funds. Employees not subject to TJU's defined benefit plans may be eligible to participate in one of the following defined contribution arrangements. TJU's share of the cost of these benefits for the year ended June 30, 2022 and 2021 was as follows (in thousands):

Plan	Description	2022	2021
TJU: Faculty and senior administrators	9% to 13% of eligible compensation based upon age	\$13,090	\$11,766
TJU: Non-faculty and non-union	4.5% of eligible compensation, plus matching contribution of 25% of the first 6% of employee contributions	17,239	13,832
JUP	10% of eligible compensation for physicians and 3.5% to 5.5% of eligible compensation for non-physicians based upon years of service	12,642	11,851
Abington	2% to 5% of eligible compensation based upon years of service, plus matching contribution of 50% of the first \$2,000 of employee contributions	5,296	3,224
Aria	Matching contribution of 50% of the first 4% of employee contributions plus 1% to 7% based on age and years of service	4,733	6,250
Philadelphia University	9% of eligible compensation	1,478	1,129
Kennedy	Matching contribution of 50% to 100% of the first 4% of employee contributions starting in year 3. For those that started after 7/1/15, another 2.75% to 4.75% of their annual salary in lieu of a defined benefit plan	4,096	3,755
Magee	2% to 4% of eligible compensation, plus matching contribution of 25% of the first 6% of employee contributions	1,148	841
HPP	4% of eligible compensation, plus matching contribution of 100% of the first 3% of employee contributions and 50% of employee contributions greater than 3% up to a maximum of 5%	3,294	-
Einstein	For Philadelphia employees earning less than \$100,000, a matching contribution of 20%, up to 4% of pay, with an annual maximum of \$400. For Montgomery County employees, a matching contribution of 50%, up to 2.5% of salary.	2,773	-
		\$65,789	\$52,648

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Participation in Multiemployer Defined Benefit Pension Plan

TJU is a participating employer in The Pension Fund for Hospital and Health Care Employees – Philadelphia and Vicinity (the Pension Fund), a jointly-trusted multiemployer defined benefit pension plan. The Pension Fund is operated for the benefit of Chapter 1199C of the American Federation of State, County and Municipal Employees (the Union). Information about the Pension Fund and the TJU’s participation is summarized as follows.

The employer identification number for the Pension Fund is 23-2627428. At the date the financial statements were issued Form 5500 was not available for the plan year ending in 2022. TJU’s contribution to the Pension Fund was \$7.1 million and \$7.5 million for the years ended June 30, 2022 and 2021. The contributions represent approximately 31.0% and 24.4% of the contributions to the Pension Fund, respectively. A five year collective bargaining agreement was approved by the Union effective July 1, 2022 and extends through June 30, 2027. TJU contributions as a percentage of covered payroll to the Pension Fund for the year ending June 30, 2023 will be 21.55%.

The Pension Fund was determined to be in critical status (also referred to as red zone status) under the Pension Protection Act of 2006 for the plan years beginning January 1, 2020 and 2019. Accordingly, the Pension Fund is subject to a funding improvement plan. The zone status is based on information that TJU received from the plan and is certified by the plan’s actuary. Among other factors, plans in the red zone status are generally less than 65% funded.

At January 1, 2021, the most recent date for which such information is available the projected benefit obligation exceeded plan assets of the Pension Fund by \$298.4 million.

17. PROFESSIONAL LIABILITY CLAIMS

TJU maintains professional liability insurance under both self-insured and alternative risk financing insurance programs to fund for their potential professional and general liability claims. For all self-insured programs TJU accrues for estimated retained risk liability arising from both asserted and unasserted claims. The estimate of liability is based upon an analysis of historical claims data as prepared by independent actuaries.

For Kennedy, Magee, TJU and TJUHS, including JUP the primary layer of professional liability coverage is provided by MLRRG. MLRRG is a licensed captive insurance company qualified as a risk retention group domiciled in Vermont. TJU is a 50% owner of MLRRG. The remaining ownership interest is held by another regional healthcare system. MLRRG is reinsured by a non-profit 501(c) (3) protected cell insurance company, Five Pointe, domiciled in Delaware. Five Pointe reinsures 100% of the professional liability risks insured by MLRRG pursuant to a reinsurance agreement between Five Pointe and MLRRG that limits MLRRG’s recourse for payment of any reinsured claims against Kennedy, Magee, TJU, JUP and/or TJUHS to the assets in the TJUH protected cell.

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For Abington and JHNES the primary layer of professional liability coverage is provided by Cassatt RRG (“CRRG”). CRRG is a licensed captive insurance company qualified as a risk retention group domiciled in Vermont. CRRG is owned and governed by various regional non-profit hospitals including a 25% voting interest by Abington and a 25% voting interest by JHNES. CRRG is reinsured by Cassatt Insurance Company Ltd. (“CICL”). CICL is owned by the same various regional non-profit hospitals and is incorporated as an insurance company under the laws of Bermuda.

For Einstein the primary layer of professional liability coverage is provided through Broadline Risk Retention Group (“BRRG”). BRRG is a licensed captive insurance company qualified as a risk retention group domiciled in Vermont.

Pennsylvania’s Medical Care Availability and Reduction of Error Fund (the “MCARE Fund”) provides limits excess of the primary layer of coverage. The annual assessments for MCARE Fund coverage are based on the schedule of occurrence rates approved by the Insurance Commissioner of Pennsylvania for the Pennsylvania Professional Liability Joint Underwriting Association multiplied by an annual assessment percentage. This assessment is recognized as an expense in the period incurred. No provision has been made for future MCARE Fund assessments as the unfunded portion of the MCARE Fund liability cannot be reasonably estimated.

For losses in excess of the primary and MCARE layers of coverage TJU accrues for potential liabilities for self-insured amounts. Additionally, TJU maintains claims-made excess catastrophic professional liability insurance coverage through Five Pointe, CICL and BRRG. For excess layer coverage purchased through CICL, coverage limits are shared with the various regional non-profit hospital owners of CRRG and CICL. Five Pointe, CICL and BRRG all purchase reinsurance with commercial carriers rated at least “A-“ by AM Best.

For MLRRG the premiums charged for the primary professional layer of coverage are determined by an independent actuary, based on loss and loss adjustment expense experience and other factors, at a 65% confidence level and a 3% discount rate for 2022 and 2021 and include a charge for premium tax and operating expenses.

For CRRG and CICL the premiums charged for the primary professional layer of coverage are determined by an independent actuary, based on loss and loss adjustment expense experience and other factors, at an expected confidence interval and a 3.5% discount rate for 2022 and 2021.

TJU has accrued professional liability claims of \$850.9 million and \$580.1 million at June 30, 2022 and 2021, respectively, at an expected confidence interval and a 3.0% to 3.5% discount rate, of which \$234.4 million and \$120.3 million were current.

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Anticipated medical malpractice insurance recoveries associated with these liabilities for June 30, 2022 and 2021 is \$378.3 million and \$282.1 million, respectively, at an expected confidence interval and a 3.0% to 3.5% discount rate.

18. WORKERS' COMPENSATION CLAIMS

TJU is self-insured for its workers' compensation exposures. TJU accrues for its workers' compensation liability based upon actuarial estimates using a discount rate of 3%. Accrued workers' compensation liabilities were \$46.4 million and \$38.0 million at June 30, 2022 and 2021, respectively. These amounts are presented in the accompanying consolidated balance sheets.

19. COMMITMENTS AND CONTINGENCIES

Letters of Credit

TJU had open letters of credit aggregating \$68.9 million and \$43.9 million at June 30, 2022 and 2021, respectively, primarily related to self-insurance arrangements for workers' compensation. The letters of credit expire between October 15, 2023 and February 20, 2024.

Litigation

TJU is involved in litigation and regulatory investigations arising in the ordinary course of business. In the opinion of management, all such matters are adequately covered by commercial insurance or by accruals, and if not so covered, are without merit or are of such kind, or involve such amounts, as would not have a material adverse effect on the financial position or results of operations of TJU.

Thomas Jefferson University
Notes to Consolidated Financial Statements
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20. FUNCTIONAL CLASSIFICATION

Expenses for the years ended June 30, 2022 and 2021 are categorized on a functional basis as follows (in thousands):

	2022				
	Education and Research	Clinical Operations	Insurance	General, Administrative, Operations and Maintenance	Total
Salaries and wages	\$266,941	\$2,685,158	\$51,714	\$311,961	\$3,315,774
Employee benefits	58,158	561,624	12,392	94,435	726,609
Insurance services medical expenses	-	-	862,277	-	862,277
Supplies	32,998	1,179,871	-	9,571	1,222,440
Purchased services	41,788	482,525	29,636	196,116	750,065
Depreciation and amortization	39,139	277,453	10,481	1,230	328,303
Interest	13,584	69,848	540	23	83,995
Insurance	2,990	131,293	1,133	788	136,204
Utilities	10,274	57,620	727	5,361	73,982
Other expenses	56,798	233,117	4,124	246,636	540,675
Total	\$522,670	\$5,678,509	\$973,024	\$866,121	\$8,040,324

	2021				
	Education and Research	Clinical Operations	Insurance	General, Administrative, Operations and Maintenance	Total
Salaries and wages	\$246,324	\$2,094,282	-	\$244,494	\$2,585,100
Employee benefits	50,927	420,275	-	77,975	549,177
Supplies	36,397	936,298	-	7,598	980,293
Purchased services	46,629	387,581	-	175,933	610,143
Depreciation and amortization	37,603	226,051	-	142	263,796
Interest	14,294	41,219	-	530	56,043
Insurance	2,462	106,238	-	17	108,717
Utilities	10,103	51,533	-	7,430	69,066
Other expenses	47,655	75,457	-	311,542	434,654
Total	\$492,394	\$4,338,934	-	\$825,661	\$5,656,989

21. NONCONTROLLING INTEREST

TJU has a controlling interest in certain joint ventures in healthcare related organizations; Riverview, a 51% owned joint venture; JURA, an 80% owned joint venture and ROSH, a 54% owned joint venture. The amount not owned by TJU is shown as a non-controlling interest. The following table presents the changes in consolidated net assets without donor restriction attributable to the controlling financial interest of TJU and the non-controlling interest (in thousands):

Thomas Jefferson University
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June 30, 2022 and 2021

	Controlling Interest	Non-controlling Interest	Consolidated Total
Balance, June 30, 2020	\$2,525,219	\$20,496	\$2,545,715
Income from Operations	(4,243)	10,127	5,884
Distributions to NCI	-	(10,036)	(10,036)
Other changes, net	893,213	(3,086)	890,127
Balance, June 30, 2021	<u>\$3,414,189</u>	<u>\$17,501</u>	<u>\$3,431,690</u>
Income from Operations	(133,023)	7,184	(125,839)
Distributions to NCI	-	(11,727)	(11,727)
Other changes, net	472,316	-	472,316
Balance, June 30, 2022	<u><u>\$3,753,482</u></u>	<u><u>\$12,958</u></u>	<u><u>\$3,766,440</u></u>

22. RISKS AND UNCERTAINTIES

In January 2020, the World Health Organization declared the novel coronavirus (COVID-19) a Public Health Emergency of International Concern. Beginning in March 2020, TJU's operations were significantly impacted by the COVID-19 pandemic. As a result of the Coronavirus Aid, Relief, and Economic Security (CARES) Act signed into law on March 27, 2020, TJU has received significant government support primarily to reimburse for COVID-19 related expenses and lost operating income. During fiscal year 2022, TJU's operations continued to be impacted by variants of the SARS-CoV-2 virus. While management expects COVID-19 to continue to impact operations in fiscal year 2023, it believes TJU will have sufficient liquidity to meet its operating and financing requirements

23. GOVERNMENT SUPPORT

The Coronavirus Aid, Relief, and Economic Security (CARES) Act was signed into law on March 27, 2020 to provide economic relief to individuals and organizations from the effects of COVID-19. The CARES Act included the following key provisions impacting TJU:

Provider Relief Fund - provided general funding to providers that participated in the Medicare and Medicaid programs and targeted funding to providers in areas particularly impacted by the COVID-19 outbreak and hospitals that treated a high volume of COVID-19 admissions.

Higher Education Emergency Relief Fund – provided funding to higher education institutions for certain costs incurred or amounts refunded to students related to cessation of housing and dining services due to COVID-19. Additionally, \$5.1 million and \$2.1 million of the funding received by TJU in 2022 and 2021 was required to be paid directly to currently enrolled students in the form of emergency grants.

Employee Retention Credit - provided funding to eligible employers in the form of a refundable tax credit on qualifying wages paid to employees during a period of government shut-down due to the COVID-19 pandemic.

Thomas Jefferson University
Notes to Consolidated Financial Statements
June 30, 2022 and 2021

Disaster Relief Fund - provided additional funding to the Federal Emergency Management Agency (FEMA) and Pennsylvania Emergency Management Agency (PEMA) to support medical providers for the costs of treating COVID-19 patients.

The following table summarizes the amounts recognized as revenue from government support for COVID-19 in the accompanying consolidated statements of operations and changes in net assets without donor restrictions for June 30, 2022 and 2021 (in thousands):

	<u>2022</u>	<u>2021</u>
Provider Relief Fund	\$88,294	\$150,818
Higher Education Emergency Relief	9,649	6,354
Employee Retention Credit	(2,580)	-
Disaster Relief (FEMA/PEMA)	24,000	2,172
Total	<u>\$119,363</u>	<u>\$159,344</u>

Revenue recognition of government support for COVID-19 was based upon substantially satisfying all terms and conditions related to the applicable awards. Significant terms and conditions included that payments will only be reimbursement for health care or educational related expenses or lost revenue attributable to COVID-19 and limitations on billing patients for deductibles and coinsurance.

TJU recognized revenue related to the CARES Act provider relief funding based on information contained in laws and regulations, as well as interpretations issued by the Department of Health and Human Services (HHS), governing the funding that was publicly available at June 30, 2022. HHS has made multiple changes to its guidance during the COVID-19 pandemic. The potential financial impacts of future changes in guidance may impact TJU's ability to retain some or all of the distributions received.

Accrued receivables of \$18.9 million and \$22.0 million are included in the accompanying consolidated balance sheets for the years ended June 30, 2022 and 2021 related to the Employee Retention Credit.

Additionally, the CARES act included a provision for deferring payment of the employer portion of social security taxes that would be otherwise due between March 27, 2020 and December 31, 2020. The law permits payment of these taxes to be extended to December 31, 2021 for 50% of the amount due and December 31, 2022 for the remaining 50%. At June 30, 2022, TJU has recorded a liability of \$43.9 million within accrued payroll on the consolidated balance sheet.

Thomas Jefferson University
Notes to Consolidated Financial Statements
June 30, 2022 and 2021

24. ADVANCES

The Centers for Medicare & Medicaid Services (CMS) established the CMS Accelerated and Advance Payment (CMSAAP) program to increase the cash flow to Medicare providers impacted by COVID-19. The advances received from CMSAAP will be repaid through 2023. The following table presents the CMSAAP liability included in the advances line item in the accompanying consolidated balance sheets (in thousands):

Balance, June 30, 2020	\$447,993
Repayments	<u>(52,602)</u>
Balance, June 30, 2021	<u>\$395,391</u>
Acquisition of Einstein	102,513
Repayments	<u>(368,140)</u>
Balance, June 30, 2022	<u><u>\$129,764</u></u>



Report of Independent Auditors

To the Board of Trustees of Thomas Jefferson University

We have audited the consolidated financial statements of Thomas Jefferson University and its subsidiaries as of and for the years ended June 30, 2022 and 2021 and our report thereon appears on page 1 of this document which included an unmodified opinion on those consolidated financial statements. That audit was conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The consolidating information as of and for the year ended June 30, 2022 is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating information is fairly stated, in all material respects, in relation to the consolidated financial statements taken as a whole. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position, results of operations and cash flows of the individual entities and is not a required part of the consolidated financial statements. Accordingly, we do not express an opinion on the financial position, results of operations and cash flows of the individual entities.

PricewaterhouseCoopers LLP

October 18, 2022

**Thomas Jefferson University
Consolidating Balance Sheet
June 30, 2022 (In Thousands)**

	<u>TJU</u>	<u>TJUHS</u>	<u>Abington</u>	<u>JHNES</u>	<u>Kennedy</u>	<u>Magee</u>	<u>Einstein</u>	<u>HPP</u>	<u>Adjustments & Eliminations</u>	<u>Consolidated</u>
Assets										
Current assets:										
Cash and cash equivalents	(\$205,135)	\$195,766	\$113,763	\$90,596	(\$29,023)	\$2,647	\$180,464	\$54,910	-	\$403,988
Short-term investments	368,892	187,932	415,004	95,970	104,071	37,853	140,991	-	-	1,350,713
Accounts receivable	40,839	298,786	99,397	63,373	93,050	30,380	152,207	-	(\$16,959)	761,073
Insurance premium receivable	-	-	-	-	-	-	-	479,777	-	479,777
Inventory	24,462	58,357	12,242	15,335	16,164	542	25,296	-	-	152,398
Pledges receivable	20,126	2,391	2,801	97	239	-	-	-	-	25,654
Insurance recoverable	1,334	40,819	19,831	18,089	8,912	1,313	-	-	-	90,298
Assets whose use is limited, current	-	424	1,191	-	33	-	26,230	-	-	27,878
Other current assets	45,520	8,224	1,719	1,334	1,455	207	11,250	6,565	-	76,274
Total current assets	<u>296,038</u>	<u>792,699</u>	<u>665,948</u>	<u>284,794</u>	<u>194,901</u>	<u>72,942</u>	<u>536,438</u>	<u>541,252</u>	<u>(16,959)</u>	<u>3,368,053</u>
Long-term investments	744,845	443,756	829,609	425,788	173,236	62,552	371,730	125,727	(451,604)	2,725,639
Assets whose use is limited, noncurrent	24,356	229,509	9,279	1,571	50	-	110,929	-	-	375,694
Assets held by affiliated foundations	-	11,025	-	-	-	31,678	-	-	-	42,703
Pledges receivable	106,456	9,131	1,285	172	268	-	5,000	-	-	122,312
Goodwill, net	-	138	-	1,500	-	-	-	214,502	-	216,140
Insurance recoverable	2,516	131,178	43,074	51,617	19,473	2,613	51,848	-	-	302,319
Loans receivable from students, net	19,818	-	67	-	-	-	-	-	-	19,885
Land, buildings and equipment, net	684,785	975,983	473,937	266,235	775,369	69,548	673,779	35,314	-	3,954,950
Right-of-use assets	84,722	169,285	22,354	6,025	7,146	3,414	21,532	35,934	-	350,412
Other noncurrent assets	15,392	9,938	-	1,150	5,308	4,340	35,702	106,111	-	177,941
Total assets	<u>\$1,978,928</u>	<u>\$2,772,642</u>	<u>\$2,045,553</u>	<u>\$1,038,852</u>	<u>\$1,175,751</u>	<u>\$247,087</u>	<u>\$1,806,958</u>	<u>\$1,058,840</u>	<u>(\$468,563)</u>	<u>\$11,656,048</u>
Liabilities and Net Assets										
Current liabilities:										
Current portion of:										
Long-term obligations	\$34,176	\$3,404	\$1,165	\$276	\$728	-	2,532	\$50,000	-	\$92,281
Accrued professional liability claims	-	93,213	19,667	16,759	8,947	1,407	94,411	-	-	234,404
Accrued workers' compensation claims	6,127	-	1,639	3,141	2,242	318	8,103	-	-	21,570
Deferred revenues	21,293	4,607	963	59	1,306	-	2,153	-	-	30,381
Advances	26,603	57,315	42,103	17,564	8,906	-	44,331	-	-	196,822
Operating lease obligations	-	1,819	-	-	-	-	5,235	4,229	\$33,586	44,869
Accounts payable and accrued expenses	183,656	111,080	47,906	46,127	52,503	1,054	116,788	59,302	-	618,416
Medical costs payable	-	-	-	-	-	-	-	181,196	(58,526)	122,670
DHS insurance program payable	-	-	-	-	-	-	-	134,276	-	134,276
Accrued payroll and related costs	106,648	126,913	66,016	45,373	47,736	6,633	55,265	8,415	-	462,999
Total current liabilities	<u>378,503</u>	<u>398,351</u>	<u>179,459</u>	<u>129,299</u>	<u>122,368</u>	<u>9,412</u>	<u>328,818</u>	<u>437,418</u>	<u>(24,940)</u>	<u>1,958,688</u>
Long-term obligations	357,432	1,136,783	364,523	425,449	570,069	39,511	454,677	20,252	(12,507)	3,356,189
Accrued pension liability	97,820	-	102,693	26,763	20,455	(9,458)	162,838	-	-	401,111
Federal student loan advances	5,477	-	-	-	-	-	-	-	-	5,477
Deferred revenues	4,641	684	-	-	-	30	9,992	-	-	15,347
Accrued professional liability claims	168	312,371	54,227	73,341	25,720	4,704	145,927	-	-	616,458
Accrued workers' compensation claims	5,574	-	3,457	5,174	4,398	299	5,879	-	-	24,781
Interest rate hedges	18,211	-	-	-	-	-	-	-	-	18,211
Operating lease obligations	111,843	187,989	23,520	6,236	7,452	3,525	18,104	31,919	(33,586)	357,002
Other noncurrent liabilities	25,182	2,072	9,951	-	107	4,422	35,643	5,419	(3,345)	79,451
Total liabilities	<u>1,004,851</u>	<u>2,038,250</u>	<u>737,830</u>	<u>666,262</u>	<u>750,569</u>	<u>52,445</u>	<u>1,161,878</u>	<u>495,008</u>	<u>(74,378)</u>	<u>6,832,715</u>
Net assets:										
Net assets without donor restriction	375,050	638,807	1,150,436	367,860	420,603	137,168	494,250	563,493	(394,185)	3,753,482
Noncontrolling interest in joint ventures	-	12,958	-	-	-	-	-	-	-	12,958
Net assets with donor restriction	599,027	82,627	157,287	4,730	4,579	57,474	150,830	339	-	1,056,893
Total net assets	<u>974,077</u>	<u>734,392</u>	<u>1,307,723</u>	<u>372,590</u>	<u>425,182</u>	<u>194,642</u>	<u>645,080</u>	<u>563,832</u>	<u>(394,185)</u>	<u>4,823,333</u>
Total liabilities and net assets	<u>\$1,978,928</u>	<u>\$2,772,642</u>	<u>\$2,045,553</u>	<u>\$1,038,852</u>	<u>\$1,175,751</u>	<u>\$247,087</u>	<u>\$1,806,958</u>	<u>\$1,058,840</u>	<u>(\$468,563)</u>	<u>\$11,656,048</u>

Thomas Jefferson University
Consolidating Statement of Operations and Net Assets Without Donor Restrictions
For the Year Ended June 30, 2022
(In Thousands)

	<u>TJU</u>	<u>TJUHS</u>	<u>Abington</u>	<u>JHNES</u>	<u>Kennedy</u>	<u>Magee</u>	<u>Einstein</u>	<u>HPP</u>	<u>Adjustments & Eliminations</u>	<u>Consolidated</u>
Operating revenues, gains and other support:										
Net patient service revenue	-	\$2,338,746	\$891,542	\$649,222	\$768,909	\$67,227	\$1,004,711	-	(\$116,797)	\$5,603,560
Insurance premium revenue	-	-	-	-	-	-	-	\$1,155,962	-	1,155,962
Grants and contracts	\$140,533	2,221	1,550	330	3,793	54	12,720	-	-	161,201
Clinical component support	94,569	4,292	-	-	-	-	-	-	(98,861)	-
Tuition and fees, net	216,003	451	-	-	-	-	-	-	-	216,454
Investment income	32,250	31,315	13,002	23,667	2,237	58	46,165	1,435	(61,556)	88,573
Contributions	1,493	155	-	-	12	1,247	1,592	-	-	4,499
Other revenue	62,904	370,239	36,881	14,759	22,329	4,049	27,344	-	(40,786)	497,719
Government support for COVID-19	9,590	56,564	15,316	5,434	5,325	46	27,088	-	-	119,363
Net assets released from restrictions	42,763	7,966	8,863	228	806	-	6,414	114	-	67,154
Total operating revenues, gains and other support	<u>600,105</u>	<u>2,811,949</u>	<u>967,154</u>	<u>693,640</u>	<u>803,411</u>	<u>72,681</u>	<u>1,126,034</u>	<u>1,157,511</u>	<u>(318,000)</u>	<u>7,914,485</u>
Operating expenses:										
Salaries and wages	540,371	1,041,473	444,224	326,270	335,112	42,903	533,303	51,714	404	3,315,774
Employee benefits	143,375	227,477	107,089	49,482	76,117	7,453	103,224	12,392	-	726,609
Insurance services medical expenses	-	-	-	-	-	-	-	1,033,480	(171,203)	862,277
Supplies	42,180	641,572	146,448	101,651	128,808	4,129	157,652	-	-	1,222,440
Clinical and academic support	3,814	94,146	-	-	-	-	-	-	(97,960)	-
Purchased services	234,437	140,563	72,480	55,791	83,384	5,299	128,475	29,636	-	750,065
Depreciation and amortization	39,709	100,351	51,760	29,244	49,945	4,209	42,604	10,481	-	328,303
Interest	13,607	15,878	11,688	8,855	18,522	1,281	13,624	540	-	83,995
Insurance	3,055	69,641	9,561	15,960	5,903	483	30,468	1,133	-	136,204
Utilities	15,499	17,604	12,447	6,244	13,230	491	7,740	727	-	73,982
Other	(443,600)	550,448	155,406	119,048	113,906	10,315	73,119	4,124	(42,091)	540,675
Total operating expenses	<u>592,447</u>	<u>2,899,153</u>	<u>1,011,103</u>	<u>712,545</u>	<u>824,927</u>	<u>76,563</u>	<u>1,090,209</u>	<u>1,144,227</u>	<u>(310,850)</u>	<u>8,040,324</u>
Income (Loss) from operations	<u>7,658</u>	<u>(87,204)</u>	<u>(43,949)</u>	<u>(18,905)</u>	<u>(21,516)</u>	<u>(3,882)</u>	<u>35,825</u>	<u>13,284</u>	<u>(7,150)</u>	<u>(125,839)</u>
Nonoperating items and other changes in net assets without donor restriction, net:										
Return on investments, net of amounts classified as operating revenue	(88,034)	(82,237)	(105,790)	(21,204)	(22,751)	(7,045)	(34,634)	(12,654)	-	(374,349)
Contribution received in Einstein acquisition	-	-	-	-	-	-	490,770	-	-	490,770
Gain on investment in HPP acquisition	-	-	-	-	-	-	-	-	175,828	175,828
Interest rate hedges	16,844	-	-	-	-	-	-	-	-	16,844
Reclassification of net assets	(569)	(1,573)	-	-	27	-	(2)	-	-	(2,117)
Net assets released from restrictions used for purchase of property and equipment	2,154	164	-	-	-	-	-	-	-	2,318
Decrease in pension liability	58,141	-	67,367	17,557	13,419	3,695	38,651	-	-	198,830
Distributions to noncontrolling interest	-	(11,727)	-	-	-	-	-	-	-	(11,727)
Loss on defeasance of debt	552	-	-	-	-	-	(36,360)	-	-	(35,808)
(Decrease) Increase in nonoperating items and other changes in net assets without donor restriction	<u>(10,912)</u>	<u>(95,373)</u>	<u>(38,423)</u>	<u>(3,647)</u>	<u>(9,305)</u>	<u>(3,350)</u>	<u>458,425</u>	<u>(12,654)</u>	<u>175,828</u>	<u>460,589</u>
(Decrease) Increase in net assets without donor restriction	<u>(\$3,254)</u>	<u>(\$182,577)</u>	<u>(\$82,372)</u>	<u>(\$22,552)</u>	<u>(\$30,821)</u>	<u>(\$7,232)</u>	<u>\$494,250</u>	<u>\$630</u>	<u>\$168,678</u>	<u>\$334,750</u>

Thomas Jefferson University
Notes to Consolidating Financial Information
June 30, 2022

1. The supplemental consolidating financial information of Thomas Jefferson University includes the Consolidating Balance Sheet as of June 30, 2022 and Consolidating Statement of Operations and Net Assets without Donor Restrictions, for the year ended June 30, 2022. It has been prepared in a manner consistent with generally accepted accounting principles and is presented only for the purpose of additional analysis and not as a presentation of financial position and results of operations of each component of the consolidated group. The supplemental combining financial information was derived from the accounting records used to prepare the consolidated financial statements. All material consolidating entries and intracompany/intercompany eliminations have been properly recorded. This accompanying note is an integral part of the accompanying supplemental combining financial information.