

<b>A</b> For the 2023 calendar year, or tax year beginning 07/01/2023 and ending 06/30/2024			
<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization PRINCETON HEALTHCARE SYSTEM, A NEW JERSEY NONPROFIT CORPORATION		<b>D</b> Employer identification number 21-0635009
	Doing business as		<b>E</b> Telephone number (609) 853-7107
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		
	ONE PLAINSBORO ROAD		<b>G</b> Gross receipts \$ 612,316,567.
	City or town, state or province, country, and ZIP or foreign postal code		
	PLAINSBORO, NJ 08536		
<b>F</b> Name and address of principal officer: GUILHERME VALLADARES ONE PLAINSBORO ROAD, PLAINSBORO, NJ 08536			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: WWW.PRINCETONHCS.ORG		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	<b>L</b> Year of formation: 1919	<b>M</b> State of legal domicile: NJ	
<b>H(c)</b> Group exemption number			

<b>Part I Summary</b>			
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: TO PROVIDE EXCEPTIONAL, COMPASSIONATE CARE TO ENHANCE THE HEALTH AND WELLNESS OF OUR PATIENTS, THEIR FAMILIES AND OUR COMMUNITY.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	18
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	15
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	3,742
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	510
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	NONE
<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	NONE	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year 3,165,968.	Current Year 1,836,899.
	<b>9</b> Program service revenue (Part VIII, line 2g)	562,497,298.	596,943,406.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,372,949.	12,720,252.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,125,738.	816,010.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	575,161,953.	612,316,567.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	NONE
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		NONE	NONE
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		249,343,263.	270,697,672.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		NONE	NONE
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		NONE	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		316,086,426.	351,542,194.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		565,429,689.	622,239,866.
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	9,732,264.	-9,923,299.
	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 797,475,879.	End of Year 804,392,430.
	<b>21</b> Total liabilities (Part X, line 26)	332,198,080.	333,085,366.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	465,277,799.	471,307,064.

<b>Part II Signature Block</b>					
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.					
<b>Sign Here</b>	Signature of officer			Date	
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	ANTONIO C RUSSO		Antonio C Russo	05/08/2025	P00858539
	Firm's name PWC US TAX LLP			Firm's EIN	92-0460586
	Firm's address 2001 MARKET ST, SUITE 1800 PHILADELPHIA, PA 19103			Phone no.	267-330-3000
May the IRS discuss this return with the preparer shown above? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ ☒ **X****1** Briefly describe the organization's mission:

SEE SCHEDULE O

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 \$ 474,993,263. including grants of \$ NONE ) (Revenue \$ 491,311,888. )

PRINCETON MEDICAL CENTER PROVIDES COMPREHENSIVE PATIENT CARE AND SUPPORT SERVICES RELATING TO PATIENT CARE. IT IS AN ACUTE CARE FACILITY WITH 319 BEDS COMPRISED OF 288 ACUTE CARE, 17 PHYSICAL REHABILITATION AND 14 SPECIAL CARE NURSERY BASSINETS. IN 2024, PATIENT DAYS TOTALED 71,285 AND OUTPATIENT VISITS/ENCOUNTERS TOTALED 153,069 PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT.

**4b** (Code: ) (Expenses \$ 81,347,502. including grants of \$ NONE ) (Revenue \$ 90,703,414. )

PRINCETON HOUSE BEHAVIORAL HEALTH PROVIDES COMPREHENSIVE PSYCHIATRIC AND SUBSTANCE ABUSE RECOVERY PROGRAMS. ITS 116 BEDS PRODUCED 32,216 PATIENT DAYS IN FY2024. OUTPATIENT VISITS AND TREATMENTS ACROSS MULTIPLE SITES AMOUNTED TO 85,638. PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT.

**4c** (Code: ) (Expenses \$ 15,324,945. including grants of \$ NONE ) (Revenue \$ 14,928,104. )

PRINCETON HOMECARE SERVICES IS A HOME CARE AND VISITING NURSE, AND HOSPICE SERVICE. IN FY2024, THERE WERE 62,485 OCCASIONS OF SERVICE AND 9,830 HOSPICE VISITS RECORDED. THIS GROWING SERVICE IS VITAL IN THE CAPACITY TO PROVIDE CARE AT THE PATIENT'S HOME RATHER THAN REQUIRING A STAY IN THE HOSPITAL. PRINCETON HOMECARE SERVICES ALSO OPERATES A HOSPICE. PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT.

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

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

**4e** Total program service expenses 571,665,710.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<input checked="" type="checkbox"/>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. . . . .	<input checked="" type="checkbox"/>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<input checked="" type="checkbox"/>	
<b>5</b> 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? If "Yes," complete Schedule C, Part III . . . . .		<input checked="" type="checkbox"/>
<b>6</b> 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? If "Yes," complete Schedule D, Part I . . . . .		<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .		<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		<input checked="" type="checkbox"/>
<b>9</b> 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? If "Yes," complete Schedule D, Part IV . . . . .		<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V . . . . .	<input checked="" type="checkbox"/>	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<input checked="" type="checkbox"/>	
<b>b</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? If "Yes," complete Schedule D, Part VII . . . . .	<input checked="" type="checkbox"/>	
<b>c</b> 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? If "Yes," complete Schedule D, Part VIII . . . . .		<input checked="" type="checkbox"/>
<b>d</b> 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? If "Yes," complete Schedule D, Part IX . . . . .	<input checked="" type="checkbox"/>	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<input checked="" type="checkbox"/>	
<b>f</b> 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)? If "Yes," complete Schedule D, Part X . . . . .	<input checked="" type="checkbox"/>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .		<input checked="" type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .	<input checked="" type="checkbox"/>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		<input checked="" type="checkbox"/>
<b>b</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? If "Yes," complete Schedule F, Parts I and IV . . . . .		<input checked="" type="checkbox"/>
<b>15</b> 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? If "Yes," complete Schedule F, Parts II and IV . . . . .		<input checked="" type="checkbox"/>
<b>16</b> 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? If "Yes," complete Schedule F, Parts III and IV . . . . .		<input checked="" type="checkbox"/>
<b>17</b> 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? If "Yes," complete Schedule G, Part I. See instructions . . . . .		<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .		<input checked="" type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input checked="" type="checkbox"/>	
<b>21</b> 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? If "Yes," complete Schedule I, Parts I and II . . . . .		<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules** (continued)

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

X

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

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 3,742		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?			
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	<b>17</b>		

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

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	<b>1a</b> 18	
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent. . . . .	<b>1b</b> 15	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>	<input checked="" type="checkbox"/> X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . .	<b>3</b>	<input checked="" type="checkbox"/> X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>	<input checked="" type="checkbox"/> X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . .	<b>5</b>	<input checked="" type="checkbox"/> X
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>	<input checked="" type="checkbox"/> X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<b>7a</b>	<input checked="" type="checkbox"/> X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>	<input checked="" type="checkbox"/> X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	<b>8a</b>	<input checked="" type="checkbox"/> X
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	<input checked="" type="checkbox"/> X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. . . . .	<b>9</b>	<input checked="" type="checkbox"/> X

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

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

**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.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**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.  
 GUILHERME VALLADARES, MBA ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536

(609) 853-7107

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☒ **X****Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week (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			
<b>(1) KEVIN B. MAHONEY</b> CEO - UPHS	1.00 54.00	X		X				NONE	2,777,146.	20,761.
<b>(2) ROBERT VONDERHEIDE, M.D.</b> TRUSTEE	1.00 54.00	X						NONE	964,230.	62,315.
<b>(3) JAMES G. DEMETRIADES</b> PRESIDENT & CEO	47.00 8.00	X		X				827,126.	NONE	97,668.
<b>(4) CRAIG GRONCZEWSKI, M.D.</b> SENIOR VP MEDICAL AFFAIRS	55.00 NONE				X			512,003.	NONE	23,808.
<b>(5) GUILHERME VALLADARES, MBA</b> SVP & CFO - ASST. TREAS.	34.00 21.00			X				469,003.	NONE	22,718.
<b>(6) PAUL ORTIZ</b> VP BUS. SVC. LINE DEV.	55.00 NONE				X			421,952.	NONE	52,214.
<b>(7) NANCY FLETCHER</b> VP CORP. COMPL. & REG. AFFAIRS	55.00 NONE				X			392,602.	NONE	26,857.
<b>(8) SILKY SHARMA</b> PHYSICIAN CARE COORDINATION	55.00 NONE					X		378,012.	NONE	24,811.
<b>(9) REINALDINE FLEURY</b> FORMER CHRO & VP HUMAN RESOUR.	NONE 55.00						X	NONE	387,599.	9,070.
<b>(10) STEPHANIE D. TIEKU</b> NURSE MANAGER	55.00 NONE					X		346,392.	NONE	38,770.
<b>(11) HYONA REVERE</b> SENIOR VP DEVELOPMENT	54.00 1.00				X			349,823.	NONE	24,755.
<b>(12) YISRAEL KRAUS</b> VP PHYSICIAN ALIGNMENT	55.00 NONE				X			351,529.	NONE	20,484.
<b>(13) KARYN BOOK</b> VP PAT. SVS & CNO	55.00 NONE				X			352,939.	NONE	7,157.
<b>(14) MARGUERITE PEDLEY</b> SENIOR VICE PRESIDENT PHBH	55.00 NONE				X			339,179.	NONE	20,519.

**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 ) DURGA BODALA PHYSICIAN CARE COORDINATION	55.00 NONE					X		339,847.	NONE	19,260.
( 16 ) SIDDIQ G. FAISAL, M.D. MED. DIR., OCCUPATIONAL HEALTH	55.00 NONE					X		330,420.	NONE	18,223.
( 17 ) PETER THOMAS VP, OUTPATIENT ADMINISTRATION	55.00 NONE				X			263,966.	NONE	22,449.
( 18 ) JONATHAN WOO VP MEDICAL AFFAIRS CMO	55.00 NONE					X		265,587.	NONE	19,648.
( 19 ) CAROL NORRIS-SMITH VP PR - MARKETING	55.00 NONE				X			253,852.	NONE	24,667.
( 20 ) CHING-YI LIU VP, FINANCE	55.00 NONE				X			241,296.	NONE	26,659.
( 21 ) DEBORAH CASARELLA FORMER ASSOC. CHIEF INFO. OFF.	NONE 55.00						X	NONE	250,402.	820.
( 22 ) BARBARA YOST FMR. VP NETWORK DEVELOPMENT	55.00 NONE						X	232,600.	NONE	17.
( 23 ) AMY REIGNER CHIEF HR OFFICER	55.00 NONE			X				211,788.	NONE	20,364.
( 24 ) SHEILA G. KEMPF FORMER CNO&VP PATIENT SVS	55.00 NONE						X	173,393.	NONE	1,893.
( 25 ) ROSEMARIE COSTAGLIOLA DIR. OF CORPORATE GOVERNANCE	44.00 11.00			X				133,860.	NONE	12,132.
<b>1b Sub-total</b> . . . . .								7,187,169.	4,379,377.	618,039.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								NONE	NONE	NONE
<b>d Total (add lines 1b and 1c)</b> . . . . .								7,187,169.	4,379,377.	618,039.

**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 ► 504

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .		
<b>4</b> 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 . . . . .		
<b>5</b> 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 ) ANTHONY KUCZINSKI TRUSTEE - CHAIRMAN	1.00 4.00	X		X				NONE	NONE	NONE
( 27 ) CALVIN L. BUTTS, JR. TRUSTEE	1.00 1.00	X						NONE	NONE	NONE
( 28 ) HEATHER M. VAN RAALTE, M.D. TRUSTEE	1.00 1.00	X						NONE	NONE	NONE
( 29 ) KIM PIMLEY EX-OFFICIO TRUSTEE	1.00 1.00	X						NONE	NONE	NONE
( 30 ) LEONARD GROSSMAN, M.D. TRUSTEE	1.00 1.00	X						NONE	NONE	NONE
( 31 ) LORI FELDSSTEIN TRUSTEE	1.00 1.00	X						NONE	NONE	NONE
( 32 ) MICHAEL MARDY TRUSTEE - TREASURER	1.00 3.00	X		X				NONE	NONE	NONE
( 33 ) MYRON M. GELLMAN TRUSTEE & VC - AS OF 3/23	1.00 1.00	X		X				NONE	NONE	NONE
( 34 ) PHILIP CARCHMAN TRUSTEE - SECRETARY	1.00 1.00	X		X				NONE	NONE	NONE
( 35 ) SAMIT HIRAWAT, M.D. TRUSTEE	1.00 1.00	X						NONE	NONE	NONE
( 36 ) W. THOMAS GUTOWSKI, M.D. TRUSTEE	1.00 2.00	X						NONE	NONE	NONE
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .		
<b>4</b> 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 . . . . .		
<b>5</b> 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 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
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	1,836,899.			
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		1,836,899.			
	<b>Program Service Revenue</b>				Business Code		
<b>2a</b>		NET PATIENT SERVICE REVENUES		541900	591,816,356.	591,816,356.	
<b>b</b>		OTHER HEALTHCARE RELATED REVENUES		541900	5,127,050.	5,127,050.	
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b>		All other program service revenue . . . . .					
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .		596,943,406.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .			2,833,528.		2,833,528.
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . .			NONE		
	<b>5</b>	Royalties . . . . .			NONE		
			(i) Real	(ii) Personal			
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	776,290.			
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>	776,290.	NONE		
	<b>d</b>	Net rental income or (loss) . . . . .			776,290.		776,290.
	<b>7a</b>	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
			<b>7a</b>	9,886,724.			
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>				
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	9,886,724.			
	<b>d</b>	Net gain or (loss) . . . . .			9,886,724.		9,886,724.
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>	NONE			
	<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>	NONE			
	<b>c</b>	Net income or (loss) from fundraising events . . . . .			NONE		
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>	NONE			
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>	NONE				
<b>c</b>	Net income or (loss) from gaming activities . . . . .			NONE			
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>	NONE				
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>	NONE				
<b>c</b>	Net income or (loss) from sales of inventory . . . . .			NONE			
<b>Miscellaneous Revenue</b>				Business Code			
	<b>11a</b>	VENDING MACHINE REVENUES		900099	39,720.		39,720.
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue . . . . .					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			39,720.		
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .				612,316,567.	596,943,406.	13,536,262.

**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 . . . . .	NONE			
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 . . . . .	6,642,630.	5,978,368.	664,262.	NONE
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 . . . . .	206,072,007.	185,464,806.	20,607,201.	NONE
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	8,419,713.	7,577,742.	841,971.	NONE
9 Other employee benefits . . . . .	33,601,470.	30,241,323.	3,360,147.	NONE
10 Payroll taxes . . . . .	15,961,852.	14,365,667.	1,596,185.	NONE
11 Fees for services (nonemployees):				
a Management . . . . .	4,212,816.	3,791,534.	421,282.	NONE
b Legal . . . . .	744,494.	670,045.	74,449.	NONE
c Accounting . . . . .	NONE			
d Lobbying . . . . .	76,288.	68,659.	7,629.	NONE
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 156,113,038.	141,981,713.	14,131,325.	NONE
12 Advertising and promotion . . . . .	172,128.	154,915.	17,213.	NONE
13 Office expenses . . . . .	791,614.	712,453.	79,161.	NONE
14 Information technology . . . . .	2,028,192.	1,825,373.	202,819.	NONE
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	22,778,366.	20,500,529.	2,277,837.	NONE
17 Travel . . . . .	713,151.	641,836.	71,315.	NONE
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	NONE			
19 Conferences, conventions, and meetings . . . . .	29,099.	26,189.	2,910.	NONE
20 Interest . . . . .	9,378,916.	8,441,024.	937,892.	NONE
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . . . .	31,169,057.	28,052,151.	3,116,906.	NONE
23 Insurance . . . . .	2,240,881.	2,016,793.	224,088.	NONE
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	101,698,514.	101,698,514.	NONE	NONE
b REPAIRS & MAINTENANCE	11,300,858.	10,170,772.	1,130,086.	NONE
c DUES & LICENSES	1,045,846.	941,261.	104,585.	NONE
d TAXES	181,310.	163,179.	18,131.	NONE
e All other expenses	6,867,626.	6,180,864.	686,762.	
25 Total functional expenses. Add lines 1 through 24e	622,239,866.	571,665,710.	50,574,156.	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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	56,259,367.	<b>1</b>	29,881,314.
	<b>2</b> Savings and temporary cash investments. . . . .	836,393.	<b>2</b>	NONE
	<b>3</b> Pledges and grants receivable, net . . . . .	NONE	<b>3</b>	NONE
	<b>4</b> Accounts receivable, net . . . . .	64,939,088.	<b>4</b>	71,487,573.
	<b>5</b> 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	<b>5</b>	NONE
	<b>6</b> 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	<b>6</b>	NONE
	<b>7</b> Notes and loans receivable, net . . . . .	NONE	<b>7</b>	NONE
	<b>8</b> Inventories for sale or use . . . . .	7,967,186.	<b>8</b>	9,950,155.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,413,135.	<b>9</b>	1,510,276.
	<b>10 a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 847,725,648.		
	<b>b</b> Less: accumulated depreciation. . . . .	<b>10b</b> 495,569,141.		
		353,043,344.	<b>10c</b>	352,156,507.
	<b>11</b> Investments - publicly traded securities. . . . .	NONE	<b>11</b>	NONE
	<b>12</b> Investments - other securities. See Part IV, line 11. . . . .	231,925,215.	<b>12</b>	247,287,987.
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	NONE	<b>13</b>	NONE
	<b>14</b> Intangible assets . . . . .	22,000,000.	<b>14</b>	22,000,000.
<b>15</b> Other assets. See Part IV, line 11 . . . . .	59,092,151.	<b>15</b>	70,118,618.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	797,475,879.	<b>16</b>	804,392,430.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses. . . . .	31,626,668.	<b>17</b>	37,479,460.
	<b>18</b> Grants payable . . . . .	NONE	<b>18</b>	NONE
	<b>19</b> Deferred revenue . . . . .	3,674,777.	<b>19</b>	3,609,737.
	<b>20</b> Tax-exempt bond liabilities . . . . .	253,810,917.	<b>20</b>	246,309,566.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	NONE	<b>21</b>	NONE
	<b>22</b> 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	<b>22</b>	NONE
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	NONE	<b>23</b>	NONE
	<b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .	NONE	<b>24</b>	NONE
	<b>25</b> 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 . . . . .	43,085,718.	<b>25</b>	45,686,603.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25. . . . .	332,198,080.	<b>26</b>	333,085,366.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input checked="" type="checkbox"/>			
	<b>27</b> Net assets without donor restrictions. . . . .	434,343,381.	<b>27</b>	429,002,067.
	<b>28</b> Net assets with donor restrictions. . . . .	30,934,418.	<b>28</b>	42,304,997.
	<b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <input type="checkbox"/>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	465,277,799.	<b>32</b>	471,307,064.
	<b>33</b> Total liabilities and net assets/fund balances. . . . .	797,475,879.	<b>33</b>	804,392,430.

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	612,316,567.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	622,239,866.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	-9,923,299.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	<b>4</b>	465,277,799.
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	4,101,801.
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O). . . . .	<b>9</b>	11,850,763.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . .	<b>10</b>	471,307,064.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. ☐

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

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2023)

SCHEDULE A  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization PRINCETON HEALTHCARE SYSTEM, A NEW JERSEY  
NONPROFIT CORPORATION

Employer identification number  
21-0635009

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

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

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

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

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

Schedule A (Form 990) 2023

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> <b>Total.</b> Add lines 1 through 3. . . . .						
<b>5</b> 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). . . . .						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b> <b>First 5 years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a</b> <b>33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>b</b> <b>33 1/3% support test - 2022.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a</b> <b>10%-facts-and-circumstances test - 2023.</b> 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 <b>stop here</b> . 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>b</b> <b>10%-facts-and-circumstances test - 2022.</b> 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 <b>stop here</b> . 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>18</b> <b>Private foundation.</b> 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**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First 5 years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . ☐

**b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> 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>b</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 <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b> 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>b</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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> 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 <b>Part VI</b> 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>		
<b>5a</b> 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 <b>Part VI</b>, 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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 <b>Part VI</b>.</i>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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 <b>Part VI</b>.</i>		
<b>b</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 <b>Part VI</b>.</i>		
<b>c</b> 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 <b>Part VI</b>.</i>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? If "No," describe in <b>Part VI</b> 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.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> 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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

**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)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

  

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

  

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

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

Schedule A (Form 990) 2023

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b>	Distributable amount for 2023 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2023			
<b>a</b>	From 2018 . . . . .			
<b>b</b>	From 2019 . . . . .			
<b>c</b>	From 2020 . . . . .			
<b>d</b>	From 2021 . . . . .			
<b>e</b>	From 2022 . . . . .			
<b>f</b>	<b>Total</b> of lines 3a through 3e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2023 distributable amount			
<b>i</b>	Carryover from 2018 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b>	Distributions for 2023 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2023 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b>	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b>	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2019 . . . .			
<b>b</b>	Excess from 2020 . . . .			
<b>c</b>	Excess from 2021 . . . .			
<b>d</b>	Excess from 2022 . . . .			
<b>e</b>	Excess from 2023 . . . .			

**SCHEDULE C**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

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

**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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

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

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

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

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

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

Name of organization	PRINCETON HEALTHCARE SYSTEM, A NEW JERSEY NONPROFIT CORPORATION	Employer identification number	21-0635009
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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) 2023

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

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .			
<b>d</b> Other exempt purpose expenditures . . . . .			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .			
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
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.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .			
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .			
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .			
<b>j</b> 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? . . . . .		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? . . . . .		X	
<b>c</b> Media advertisements? . . . . .		X	
<b>d</b> Mailings to members, legislators, or the public? . . . . .		X	
<b>e</b> Publications, or published or broadcast statements? . . . . .		X	
<b>f</b> Grants to other organizations for lobbying purposes? . . . . .		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? . . . . .		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? . . . . .	X		76,288.
<b>i</b> Other activities? . . . . .		X	
<b>j</b> Total. Add lines 1c through 1i . . . . .			76,288.
<b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? . . . . .		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 . . . . .			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . . . . .			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? . . . . .			

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

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

**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."**

<b>1</b> Dues, assessments and similar amounts from members . . . . .	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year . . . . .	<b>2a</b>	
<b>b</b> Carryover from last year. . . . .	<b>2b</b>	
<b>c</b> Total . . . . .	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. . . . .	<b>3</b>	
<b>4</b> 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 expenditures next year? . . . . .	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions. . . . .	<b>5</b>	

**Part IV Supplemental Information**

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

SEE PAGE 4



**Part IV** Supplemental Information (continued)

SCHEDULE C, PART II-B; LINE 1G

DETAIL OF LOBBYING ACTIVITIES

PRINCETON HEALTHCARE SYSTEM, A NEW JERSEY NONPROFIT CORPORATION, IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION, THE NEW JERSEY HOSPITAL ASSOCIATION AND THE FAIR SHARE HOSPITALS COLLABORATIVE. EACH ENGAGE IN LOBBYING EFFORTS ON BEHALF OF THEIR MEMBER HOSPITALS. A PORTION OF THE DUES PAID TO THESE ORGANIZATIONS HAS BEEN ALLOCATED TO LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE ORGANIZATION. THIS ALLOCATION AMOUNTED TO \$76,288 FOR FY2024.

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization PRINCETON HEALTHCARE SYSTEM, A NEW JERSEY  
NONPROFIT CORPORATION

Employer identification number  
21-0635009

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

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

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

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Preservation of a certified historic structure											
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	<table><thead><tr><th></th><th>Held at the End of the Tax Year</th></tr></thead><tbody><tr><td>a Total number of conservation easements . . . . .</td><td>2a</td></tr><tr><td>b Total acreage restricted by conservation easements . . . . .</td><td>2b</td></tr><tr><td>c Number of conservation easements on a certified historic structure included on line 2a . . . . .</td><td>2c</td></tr><tr><td>d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . .</td><td>2d</td></tr></tbody></table>		Held at the End of the Tax Year	a Total number of conservation easements . . . . .	2a	b Total acreage restricted by conservation easements . . . . .	2b	c Number of conservation easements on a certified historic structure included on line 2a . . . . .	2c	d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . .	2d
	Held at the End of the Tax Year										
a Total number of conservation easements . . . . .	2a										
b Total acreage restricted by conservation easements . . . . .	2b										
c Number of conservation easements on a certified historic structure included on line 2a . . . . .	2c										
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . .	2d										
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year . . . . .											
4 Number of states where property subject to conservation easement is located . . . . .											
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No										
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . .											
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . .											
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No										
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.											

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. . . . . \$ (ii) Assets included in Form 990, Part X. . . . . \$	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1. . . . . \$ b Assets included in Form 990, Part X. . . . . \$	

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

Schedule D (Form 990) 2023

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

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

**Part IV Escrow and Custodial Arrangements**

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

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

**Part V Endowment Funds**

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

- |  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance . . . . .                     | 221,826,007.     | 219,519,347.   | 220,229,853.       | 156,468,152.         | 151,517,441.        |
| b Contributions . . . . .                                  | 11,414,073.      | NONE           | 11,442,469.        | 10,129,993.          | 8,757,911.          |
| c Net investment earnings, gains, and losses . . . . .     | 15,336,076.      | 2,446,795.     | 92,658.            | 64,669,242.          | 5,071,531.          |
| d Grants or scholarships . . . . .                         | NONE             | NONE           | NONE               | NONE                 | NONE                |
| e Other expenditures for facilities and programs . . . . . | 11,567,848.      | 140,135.       | 12,245,633.        | 11,037,534.          | 8,878,731.          |
| f Administrative expenses . . . . .                        | NONE             | NONE           | NONE               | NONE                 | NONE                |
| g End of year balance . . . . .                            | 237,008,308.     | 221,826,007.   | 219,519,347.       | 220,229,853.         | 156,468,152.        |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100.0000 %
- b Permanent endowment NONE %
- c Term endowment NONE %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations? . . . . .   | 3a(i)  | X  |
| (ii) Related organizations? . . . . .  | 3a(ii) | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | 3b     | X  |
- 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 . . . . .		41,322,800.		41,322,800.
b Buildings . . . . .		535,176,888.	305,890,318.	229,286,570.
c Leasehold improvements . . . . .		22,530,422.	10,202,796.	12,327,626.
d Equipment . . . . .		186,608,209.	142,114,300.	44,493,909.
e Other . . . . .		62,087,329.	37,361,727.	24,725,602.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) . . . . .				352,156,507.

Schedule D (Form 990) 2023

**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) FIXED INCOME & MUTUAL FUNDS	237,008,308.	FMV
(B) BOND PROCEEDS HELD BY TRUSTEE	10,279,679.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .	247,287,987.	

**Part VIII Investments - Program Related**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . .		

**Part IX Other Assets**

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

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	8,840,157.
(2) INVESTMENT IN PHS FOUNDATION	42,177,196.
(3) RIGHT TO USE LEASED ASSETS	19,101,265.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)). . . . .	70,118,618.

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED INTEREST PAYABLE	4,071,749.
(3) ACCRUED BENEFIT LIABILITY	3,902,898.
(4) EST 3RD-PARTY RETRO PAYABLE	2,341,079.
(5) PARK ASSESSMENT BOND	205,581.
(6) OTHER LIABILITIES	8,346,376.
(7) LEASE LIABILITIES	20,074,148.
(8) WORKER'S COMP LIABILITY	3,477,772.
(9) MEDICAL MALPRACTICE	3,267,000.
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)). . . . .	45,686,603.

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.

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

**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.

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

**Part XIII Supplemental Information**

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

SEE SUPPLEMENTAL PAGE

**Part XIII** Supplemental Information *(continued)*

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SCHEDULE D, PART V, LINE 4

INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS

ALL ENDOWMENT FUNDS ARE USED IN FURTHERANCE OF THE ORGANIZATION'S  
TAX-EXEMPT PURPOSES.

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SCHEDULE D, PART X, LINE 2

TEXT OF FIN 48 (ASC 740) FOOTNOTE

THIS ORGANIZATION IS AN AFFILIATE OF THE TRUSTEES OF THE UNIVERSITY OF  
PENNSYLVANIA ("UNIVERSITY"). THE FIN 48 (ASC 740) FOOTNOTE BELOW DERIVES  
FROM THE CONSOLIDATED JUNE 30, 2024 FINANCIAL STATEMENTS OF THE  
UNIVERSITY:

THE UNIVERSITY REGULARLY EVALUATES ITS TAX POSITION AND DOES NOT BELIEVE  
IT HAS ANY UNCERTAIN TAX POSITIONS THAT REQUIRE DISCLOSURE OR ADJUSTMENT  
TO THE CONSOLIDATED FINANCIAL STATEMENTS.

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization **PRINCETON HEALTHCARE SYSTEM, A NEW JERSEY  
NONPROFIT CORPORATION**

Employer identification number  
**21-0635009**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	<input checked="" type="checkbox"/>	
<b>1b</b> If "Yes," was it a written policy? . . . . .	<input checked="" type="checkbox"/>	
<b>2</b> 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		
<b>3</b> 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.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500.0000</u> %	<input checked="" type="checkbox"/>	
<b>c</b> 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.		
<b>4</b> 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"/>	
<b>5a</b> 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>5b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .		<input checked="" type="checkbox"/>
<b>5c</b> 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? . . . . .		
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	<input checked="" type="checkbox"/>	
<b>6b</b> If "Yes," did the organization make it available to the public? . . . . .	<input checked="" type="checkbox"/>	

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

**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
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . .			6,235,023.	2,248,981.	3,986,042.	0.64
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			63,414,083.	47,613,679.	15,800,403.	2.54
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . .						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs . . .			69,649,106.	49,862,660.	19,786,445.	3.18
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .			1,595,903.	95,721.	1,500,182.	0.24
<b>f</b> Health professions education (from Worksheet 5) . . . .			14,515,281.	2,988,150.	11,527,131.	1.85
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			1,361,535.	763,804.	597,731.	0.10
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .						
<b>j Total.</b> Other Benefits . . . .			17,472,719.	3,847,675.	13,625,044.	2.19
<b>k Total.</b> Add lines 7d and 7j .			87,121,825.	53,710,335.	33,411,489.	5.37

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

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

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	1	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .	2	16,408,955.	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit . . . . .	3	492,269.	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) . . . . .	5	121,654,777.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	143,398,825.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	-21,744,048.
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 checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1UMCP SURGICENTER	MEDICAL SERVICES	0.26470		0.73530
2PARTNERS, LLC				
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? 1

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
<b>1</b> PENN MEDICINE PRINCETON MEDICAL CTR ONE PLAINSBORO ROAD PLAINSBORO NJ 08536 WWW.PRINCETONHCS.ORG	LICENSE	#	11103							1
<b>2</b>	X	X		X			X			
<b>3</b>										
<b>4</b>										
<b>5</b>										
<b>6</b>										
<b>7</b>										
<b>8</b>										
<b>9</b>										
<b>10</b>										

**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: PENN MEDICINE PRINCETON MEDICAL CTRLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

		Yes	No
<b>Community Health Needs Assessment</b>			
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? . . . . .	1	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 . . . . .	2	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 . . . . .	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):			
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 . . . . .	5	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 . . . . .	6a	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 . . . . .	6b	X
7	Did the hospital facility make its CHNA report widely available to the public? . . . . .	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCH H, PART V, SECTION C</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 . . . . .	8	X
9	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>2022</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	10	X
a	If "Yes," (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	10b	X
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	12a	X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	12b	
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: PENN MEDICINE PRINCETON MEDICAL CTR

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> 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:	<b>13</b> 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)		
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> X	
<b>15</b> Explained the method for applying for financial assistance? . . . . .	<b>15</b> 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 their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" 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)		
<b>16</b> Was widely publicized within the community served by the hospital facility? . . . . .	<b>16</b> 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>SCH H, PART V, SECT. C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SCH H, PART V, SECT. C</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SCH H, PART V, SECT. C</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)		

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**Part V Facility Information (continued)****Billing and Collections**

Name of hospital facility or letter of facility reporting group: PENN MEDICINE PRINCETON MEDICAL CTR

		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:	21	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)			

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**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: PENN MEDICINE PRINCETON MEDICAL CTR		Yes	No
<b>22</b>	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:		
<b>a</b>	<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>b</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		
<b>c</b>	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b>	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b>	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.	<b>23</b>	<b>X</b>
<b>24</b>	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.	<b>24</b>	<b>X</b>

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**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.

PART V, SECTION B, LINE 5 (INPUT FROM COMMUNITY)

IMPROVING THE HEALTH OF THE COMMUNITY IS ESSENTIAL TO ENHANCING THE QUALITY OF LIFE FOR RESIDENTS IN THE REGION AND SUPPORTING FUTURE SOCIAL AND ECONOMIC WELL-BEING. IN 2021, PRINCETON HEALTHCARE SYSTEM (PRINCETON HEALTH) ENGAGED HEALTH RESOURCES IN ACTION (HRIA), A NON-PROFIT PUBLIC HEALTH CONSULTANCY ORGANIZATION, TO CONDUCT A COMMUNITY HEALTH PLANNING PROCESS TO GATHER INFORMATION ABOUT THE HEALTH OF RESIDENTS IN PRINCETON HEALTH'S THREE-COUNTY REGION (MERCER, MIDDLESEX, AND SOMERSET). THIS EFFORT INCLUDED TWO PHASES: (1) A COMMUNITY NEEDS HEALTH ASSESSMENT (CHNA) TO IDENTIFY THE HEALTH-RELATED NEEDS AND STRENGTHS OF THE REGION AND (2) A STRATEGIC IMPLEMENTATION PLAN (SIP) TO IDENTIFY MAJOR HEALTH PRIORITIES, DEVELOP GOALS, AND SELECT STRATEGIES AND IDENTIFY PARTNERS TO ADDRESS THESE PRIORITY ISSUES ACROSS THE REGION.

THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS GUIDED BY A PARTICIPATORY, COLLABORATIVE APPROACH, WHICH EXAMINED HEALTH IN ITS BROADEST SENSE. THIS PROCESS INCLUDED INTEGRATING EXISTING SECONDARY DATA ON SOCIAL, ECONOMIC, AND HEALTH ISSUES IN THE REGION WITH QUANTITATIVE INFORMATION FROM A COMMUNITY HEALTH SURVEY AND QUALITATIVE INFORMATION FROM 9 FOCUS GROUPS WITH COMMUNITY RESIDENTS AND SERVICE PROVIDERS AND 14 INTERVIEWS WITH COMMUNITY STAKEHOLDERS. FOCUS GROUPS WERE CONDUCTED WITH SENIORS, PARENTS, EMTs, MEMBERS OF PRINCETON HEALTH'S CANCER COMMITTEE, PUBLIC HEALTH OFFICERS, HOSPITAL STAFF AND VOLUNTEERS, SCHOOL NURSES AND GUIDANCE COUNSELORS, AND MEMBERS OF THE PENN MEDICINE PRINCETON HEALTH MEDICAL ADVISORY BOARD.

INTERVIEWEES INCLUDED LOCAL PUBLIC HEALTH OFFICIALS, SOCIAL SERVICE PROVIDERS, HEALTH CARE PROVIDERS, COMMUNITY LEADERS, AND PRINCETON HEALTH STAFF. THE COMMUNITY HEALTH SURVEY WAS ADMINISTERED ONLINE AND DISSEMINATED THROUGH MULTIPLE CHANNELS TO INDIVIDUALS WHO LIVE OR WORK IN MERCER, MIDDLESEX, AND SOMERSET COUNTIES. A TOTAL OF 1,037 PEOPLE COMPLETED THE SURVEY.

FOR MORE INFORMATION, PLEASE SEE:

[HTTPS://WWW.PRINCETONHCS.ORG/COMMUNITY?\\_GA=2.182835430.1738351937.1648747859-861487823.1582304010](https://www.princetonhcs.org/community?_ga=2.182835430.1738351937.1648747859-861487823.1582304010)

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PART V, SECTION B, LINE 6B (JOINT CHNA)

**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.

AS A WAY TO ENSURE THAT PRINCETON HEALTH IS ACHIEVING ITS MISSION AND MEETING THE NEEDS OF THE COMMUNITY, AND IN FURTHERANCE OF ITS OBLIGATIONS UNDER THE AFFORDABLE CARE ACT, PRINCETON HEALTH ENGAGED HEALTH RESOURCES IN ACTION (HRIA), A NON-PROFIT PUBLIC HEALTH CONSULTANCY ORGANIZATION, TO CONDUCT THE CHNA.

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PART V, SECTION B, LINE 7 (CHNA PUBLIC AVAILABILITY)

A COPY OF THE ORGANIZATION'S CHNA CAN BE ACCESSED AT:

[HTTPS://WWW.PRINCETONHCS.ORG/-/MEDIA/FILES/COMMUNITY-WELLNESS/PMPH-CHNA-FINAL-REPORT\\_2021.PDF?LA=EN](https://www.princetonhcs.org/-/media/files/community-wellness/pmph-chna-final-report_2021.pdf?LA=EN)

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PART V, SECTION B, LINE 11 (ADDRESSING SIGNIFICANT NEEDS)

FOR A COMPLETE DESCRIPTION ON HOW THE ORGANIZATION IS ADDRESSING THE NEEDS IDENTIFIED IN THE MOST RECENTLY COMPLETED CHNA, SEE THE FOLLOWING:

[HTTPS://WWW.PRINCETONHCS.ORG/-/MEDIA/FILES/COMMUNITY-WELLNESS/PMPH-CHNA-FINAL-REPORT\\_2021.PDF?LA=EN](https://www.princetonhcs.org/-/media/files/community-wellness/pmph-chna-final-report_2021.pdf?LA=EN)

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PART V, SECTION B, LINE 16 (FINANCIAL ASSISTANCE POLICY AVAILABILITY)

A COPY OF THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, APPLICATION AND PLAIN LANGUAGE SUMMARY CAN BE ACCESSED AT:

[HTTPS://WWW.PRINCETONHCS.ORG/OUR-LOCATIONS/PMC/BILLING-AND-INSURANCE/BILLING](https://www.princetonhcs.org/our-locations/pmc/billing-and-insurance/billing)

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**Part V Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 16

Name and address	Type of facility (describe)
<b>1</b> PRINCETON HOUSE BEHAVIORAL HEALTH 351 NEW ALBANY ROAD MOORESTOWN NJ 08057	OUTPATIENT BEHAVIORAL PROGRAM
<b>2</b> PRINCETON HOUSE BEHAVIORAL HEALTH 1460 LIVINGSTON AVENUE NORTH BRUNSWICK NJ 08902	OUTPATIENT BEHAVIORAL PROGRAM
<b>3</b> PRINCETON HOUSE BEHAVIORAL HEALTH 300 CLOCKTOWER ROAD, SUITE 101 HAMILTON NJ 08690	OUTPATIENT BEHAVIORAL PROGRAM
<b>4</b> PRINCETON HOUSE BEHAVIORAL HEALTH 1000 HERRONTOWN ROAD PRINCETON NJ 08542	OUTPATIENT BEHAVIORAL PROGRAM
<b>5</b> PRINCETON HOUSE BEHAVIORAL HEALTH 741 MOUNT LUCAS ROAD PRINCETON NJ 08542	OUTPATIENT BEHAVIORAL PROGRAM
<b>6</b> PRINCETON HOMECARE SERVICES 88 PRINCETON HIGHTSTOWN ROAD WEST WINDSOR NJ 08550	HOMECARE & VISITING NURSE
<b>7</b> BREAST HEALTH CENTER 300B PRINCETON HIGHTSTOWN ROAD EAST WINDSOR NJ 08512	OUTPATIENT DIAGNOSIS & TREATMENT
<b>8</b> PRINCETON HOUSE BEHAVIORAL HEALTH 615 HOPE ROAD EATONTOWN NJ 07742	OUTPATIENT BEHAVIORAL PROGRAM
<b>9</b> UMCPP OUTPATIENT REHABILITATION 1225 STATE ROAD PRINCETON NJ 08542	PHYSICAL THERAPY & OCCUPATIONAL MEDICINE
<b>10</b> UMCPP OUTPATIENT REHAB AT MONROE 2 CENTRE DRIVE, SUITE 500 MONROE NJ 08831	PHYSICAL THERAPY & OCCUPATIONAL MEDICINE

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

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

Name and address	Type of facility (describe)
<b>1</b> UMCPP OUTPATIENT REHAB AT HAMILTON 1315 WHITEHORSE-MERCERVILLE RD, STE 100 HAMILTON NJ 08619	PHYSICAL THERAPY & OCCUPATIONAL MEDICINE
<b>2</b> UMCPP EAST WINDSOR PATIENT SVC. CENTER 300A PRINCETON HIGHTSTOWN ROAD EAST WINDSOR NJ 08512	LAB DRAW CENTER
<b>3</b> SOUTH BRUNSWICK WELLNESS CENTER 540 RIDGE ROAD MONMOUTH JUNCTION NJ 08852	LAB DRAW CENTER
<b>4</b> UMCPP LAWRENCEVILLE PATIENT SVC. CENTER 132 FRANKLIN CORNER ROAD LAWRENCEVILLE NJ 08648	LAB DRAW CENTER
<b>5</b> UMCPP ALEXANDER ROAD PATIENT SVC. CENTER 731 ALEXANDER ROAD, SUITE 103 PRINCETON NJ 08540	LAB DRAW CENTER
<b>6</b> UMCPP PRINCETON PATIENT SVC. CENTER 281 WITHERSPOON STREET, SUITE 100 PRINCETON NJ 08540	LAB DRAW CENTER
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

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**Part VI Supplemental Information**

Provide the following information.

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

PART I, LINE 3C (OTHER FACTORS IN DETERMINING ELIGIBILITY)

IN ADDITION TO THE FEDERAL POVERTY GUIDELINES, PRINCETON HEALTHCARE  
SYSTEM ("PHCS") USES OTHER FACTORS IN DETERMINING ELIGIBILITY CRITERIA  
FOR FREE AND DISCOUNTED CARE. OTHER FACTORS TO DETERMINE ELIGIBILITY  
INCLUDE:

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

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

CHARITY CARE

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**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.

CHARITY CARE ASSISTANCE IS FREE OR REDUCED CHARGE CARE WHICH IS AVAILABLE TO PATIENTS WHO RECEIVE INPATIENT AND OUTPATIENT SERVICES AT ACUTE CARE HOSPITALS THROUGHOUT THE STATE OF NEW JERSEY. CHARITY CARE DISCOUNTS ARE IN COMPLIANCE WITH REGULATIONS ESTABLISHED IN NJAC 10:52, SUBCHAPTERS 11, 12, 13.

CHARITY CARE IS AVAILABLE TO NEW JERSEY RESIDENTS WHO:

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

CHARITY CARE IS AVAILABLE TO THOSE THAT DO NOT QUALIFY FOR STATE OR

**Part VI Supplemental Information**

Provide the following information.

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

FEDERAL PROGRAMS.

INCOME CRITERIA - PATIENTS WITH FAMILY GROSS INCOME LESS THAN OR EQUAL TO  
200% OF THE FEDERAL POVERTY GUIDELINES ("FPG") ARE ELIGIBLE FOR 100%  
CHARITY CARE COVERAGE. PATIENTS WITH FAMILY GROSS INCOME GREATER THAN  
200% BUT LESS THAN OR EQUAL TO 300% OF FPG ARE ELIGIBLE FOR DISCOUNTED  
CARE UNDER THE CHARITY CARE PROGRAM.

FREE OR DISCOUNTED CHARGES ARE DETERMINED BY THE FOLLOWING FEE SCHEDULE:

INCOME AS A PERCENTAGE OF HHS POVERTY INCOME GUIDELINES

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LESS THAN OR EQUAL TO 200% -- 0% OF MEDICAID RATE  
GREATER THAN 200% BUT LESS THAN OR EQUAL TO 225% -- 20% OF MEDICAID RATE  
GREATER THAN 225% BUT LESS THAN OR EQUAL TO 250% -- 40% OF MEDICAID RATE  
GREATER THAN 250% BUT LESS THAN OR EQUAL TO 275% -- 60% OF MEDICAID RATE  
GREATER THAN 275% BUT LESS THAN OR EQUAL TO 300% -- 80% OF MEDICAID RATE  
GREATER THAN 300% -- UNINSURED DISCOUNT RATE AVAILABLE

**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.

ASSETS CRITERIA - A PATIENT'S INDIVIDUAL ASSETS CANNOT EXCEED \$7,500 AND  
FAMILY ASSETS CANNOT EXCEED \$15,000 AS OF THE DATE OF SERVICE IN ORDER TO  
BE ELIGIBLE.

CHARITY CARE MAY BE AVAILABLE TO NON-NEW JERSEY RESIDENTS, SUBJECT TO  
SPECIFIC PROVISIONS (SUCH AS EMERGENCY MEDICAL CONDITIONS).

CHARITY CARE IS AVAILABLE ONLY FOR EMERGENCY OR OTHER MEDICALLY NECESSARY  
HOSPITAL CARE. SOME SERVICES SUCH AS PHYSICIAN FEES, ANESTHESIOLOGY FEES,  
AND RADIOLOGY INTERPRETATION ARE SEPARATE FROM HOSPITAL CHARGES AND MAY  
NOT BE ELIGIBLE FOR REDUCTION.

NEW JERSEY UNINSURED DISCOUNT

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THE NEW JERSEY UNINSURED DISCOUNT (NJ LAW - BILL S-1797/A-2609) IS  
AVAILABLE TO UNINSURED PATIENTS WHOSE FAMILY GROSS INCOME IS LESS THAN

**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.

500% OF FPG. HOWEVER, PRINCETON HAS ELECTED TO APPLY THIS DISCOUNT TO ALL UNINSURED PATIENTS IRRESPECTIVE OF INCOME LEVEL OR RESIDENCY. PRINCETON OFFERS DISCOUNTED RATES TO ALL UNINSURED INDIVIDUALS. UNDER THIS PROGRAM, AN ELIGIBLE PATIENT WILL BE CHARGED AN AMOUNT NO GREATER THAN 115% OF THE MEDICARE FEE SCHEDULE. UNINSURED BILLING LIMITS ARE IN ACCORDANCE WITH NJ P.L. 2008 C60.

MEDICAID

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MEDICAID PROVIDES HEALTH COVERAGE TO MILLIONS OF AMERICANS, INCLUDING CHILDREN, PREGNANT WOMEN, PARENTS, SENIORS AND INDIVIDUALS WITH DISABILITIES. IN GENERAL FOR THIS BENEFIT PROGRAM, A PATIENT MUST BE A UNITED STATES CITIZEN, LEGAL ALIEN OR PERMANENT RESIDENT, AND HAVE LOW INCOME. ADDITIONALLY, PATIENTS MUST ALSO BE A RESIDENT OF THE STATE OF NEW JERSEY. THERE ARE SEVERAL TYPES OF MEDICAID AVAILABLE THROUGH THE NEW JERSEY DEPARTMENT OF HEALTH. PRINCETON FINANCIAL COUNSELORS WILL HELP DETERMINE ELIGIBILITY BASED UPON EACH PATIENT'S CIRCUMSTANCES.

**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.

NJ FAMILYCARE

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NJ FAMILYCARE IS NEW JERSEY'S PUBLICLY FUNDED HEALTH INSURANCE PROGRAM WHICH INCLUDES CHIP, MEDICAID AND MEDICAID EXPANSION POPULATIONS. NJ FAMILYCARE IS A FEDERAL AND STATE FUNDED HEALTH INSURANCE PROGRAM CREATED TO HELP QUALIFIED NEW JERSEY RESIDENTS OF ANY AGE ACCESS TO AFFORDABLE HEALTH INSURANCE. NJ FAMILYCARE IS FOR PEOPLE WHO DO NOT HAVE EMPLOYER INSURANCE. FINANCIAL ELIGIBILITY FOR INDIVIDUALS SEEKING ELIGIBILITY FOR NJ FAMILYCARE WILL BE BASED ON THEIR MODIFIED ADJUSTED GROSS INCOME OR MAGI. NJFAMILYCARE ELIGIBILITY GUIDELINES ARE ESTABLISHED BY THE STATE OF NEW JERSEY AND CAN BE FOUND AT WWW.NJFAMILYCARE.ORG. A PATIENT CAN BE PRESUMED ELIGIBLE FOR NJFAMILYCARE ONLY ONCE IN A TWELVE MONTH PERIOD.

CATASTROPHIC ILLNESS IN CHILDREN'S RELIEF FUND

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**Part VI Supplemental Information**

Provide the following information.

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

THE CATASTROPHIC ILLNESS IN CHILDREN RELIEF FUND PROVIDES FINANCIAL ASSISTANCE TO FAMILIES OF CHILDREN WITH A CATASTROPHIC ILLNESS. IN ORDER TO BE ELIGIBLE HOSPITAL EXPENSES MUST EXCEED 10% OF THE FAMILY'S GROSS INCOME, PLUS 15% OF ANY EXCESS INCOME OVER \$100,000, THE CHILD MUST HAVE BEEN 21 YEARS OR YOUNGER WHEN THE MEDICAL EXPENSES WERE INCURRED AND THE FAMILY MUST HAVE LIVED IN NEW JERSEY FOR 3 MONTHS IMMEDIATELY PRIOR TO THE DATE OF APPLICATION.

NEW JERSEY VICTIMS OF CRIME COMPENSATION OFFICE

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THE STATE OF NEW JERSEY HAS ESTABLISHED THE NEW JERSEY VICTIMS OF CRIME COMPENSATION OFFICE TO COMPENSATE VICTIMS OF CRIME FOR LOSSES AND EXPENSES, INCLUDING CERTAIN MEDICAL EXPENSES, RESULTING FROM CERTAIN CRIMINAL ACTS. IN ORDER TO BE ELIGIBLE FOR NEW JERSEY VICTIMS OF CRIME COMPENSATION OFFICE THE CRIME MUST HAVE OCCURRED IN NEW JERSEY OR MUST RELATE TO A NEW JERSEY RESIDENT VICTIMIZED OUTSIDE OF THE STATE, THE VICTIM MUST HAVE REPORTED THE CRIME TO POLICE WITHIN 9 MONTHS AND THE



**Part VI** Supplemental Information

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VICTIM MUST COOPERATE WITH THE INVESTIGATION AND PROSECUTION OF THE  
CRIME. THE CLAIM MUST BE FILED WITHIN 3 YEARS OF THE DATE OF THE CRIME  
AND THE PATIENT MUST BE AN INNOCENT VICTIM OF THE CRIME.

AMOUNT GENERALLY BILLED ("AGB")  
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PURSUANT TO INTERNAL REVENUE CODE §501(R)(5), IN THE CASE OF EMERGENCY OR  
OTHER MEDICALLY NECESSARY CARE, FAP-ELIGIBLE PATIENTS WILL NOT BE CHARGED  
MORE THAN AN INDIVIDUAL WHO HAS INSURANCE COVERING SUCH CARE.

ALL PATIENTS ELIGIBLE FOR ASSISTANCE UNDER THIS FAP MAY BE ELIGIBLE FOR  
THIS DISCOUNT. THIS INCLUDES UNINSURED PATIENTS AND UNDERINSURED PATIENTS  
IF THEIR FAMILY GROSS INCOME IS GREATER THAN 200% BUT LESS THAN OR EQUAL  
TO 500% OF FPG.  
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**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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PART I, LINE 7 (BAD DEBT EXPENSE, COSTING METHODOLOGY USED)

CONSISTENT WITH PRIOR YEAR, DUE TO THE ADOPTION OF ACCOUNTING

PRONOUNCEMENT ASC 606, IMPLICIT PRICE CONCESSIONS ARE TREATED AS A

CONTRA-REVENUE ITEM ON THE STATEMENT OF REVENUE.

THE COSTING METHODOLOGY USED IN CALCULATING THE AMOUNTS REPORTED ON THE

LINE 7 TABLE ARE BASED ON A COST TO CHARGE RATIO. THE COST TO CHARGE

RATIO WAS DERIVED FROM WORKSHEET 2 OF THE FORM 990, SCHEDULE H

INSTRUCTIONS.

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**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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**PART II (DETAIL OF COMMUNITY BUILDING ACTIVITIES)**

COMMUNITY BUILDING ACTIVITIES UNDERTAKEN BY THIS ORGANIZATION IMPROVE THE MEDICAL AND SOCIOECONOMIC WELL-BEING OF THE COMMUNITIES IN ITS CARE. THIS IS ACCOMPLISHED THROUGH SERVICE ON STATE AND REGIONAL ADVOCACY COMMITTEES AND BOARDS, VOLUNTEERISM WITH LOCAL COMMUNITY-BASED NON-PROFIT ADVOCACY GROUPS, PARTICIPATION IN CONFERENCES AND OTHER EDUCATIONAL ACTIVITIES TO PROMOTE UNDERSTANDING OF THE ROOT CAUSES OF HEALTH CONCERNS.

THIS ORGANIZATION PROVIDES EDUCATIONAL MATERIALS, CONDUCTS COMMUNITY HEALTH FAIRS AND HOLDS HEALTH EDUCATION SEMINARS AND OUTREACH SESSIONS FOR ITS PATIENTS AND FOR COMMUNITY PROVIDERS. PRESENTATIONS ARE PROVIDED BY PHYSICIANS, NURSES AND OTHER HEALTHCARE PROFESSIONALS.

IN ADDITION TO PROVIDING DIRECT PATIENT CHARITY CARE AND IN FURTHERANCE OF ITS EXEMPT PURPOSE TO BENEFIT THE COMMUNITY, THE SYSTEM PROVIDES COMMUNITY EDUCATION, OUTREACH, LECTURES, TRAININGS, HEALTH SCREENINGS AND SPECIAL EVENTS TO PATIENTS RESIDING IN MERCER, MIDDLESEX AND SOMERSET

**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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COUNTIES. MAJOR PROGRAMS INCLUDE SPECIAL HEALTH OUTREACH EFFORTS DIRECTED TO DIVERSE POPULATIONS. THE SYSTEM IS ALSO LIAISONED WITH PARTNERSHIPS IN THE LOCAL YMCAS, YWCAS, SCHOOLS, SENIOR CENTERS, CORPORATIONS, PLACES OF WORSHIP AND PUBLIC LIBRARIES FOR A VARIETY OF HEALTH ISSUES ACROSS ONE'S LIFESPAN.

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PART III, SECTION A, LINE 2 (IMPLICIT PRICE CONCESSIONS/BAD DEBT EXPENSE)

THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNTS REPORTED ON LINES 2 AND 3 ARE BASED ON AN ESTIMATE OF AGED UNCOLLECTIBLE ACCOUNTS RECEIVABLE (AMOUNTS THAT ARE DEEMED TO BE UNCOLLECTIBLE AND RECORDED AS IMPLICIT PRICE CONCESSIONS UNDER ACCOUNTING PRONOUNCEMENT ASC 606).

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PART III, SECTION A, LINE 3 (IMPLICIT PRICE CONCESSIONS ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY)

**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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THE ESTIMATED COST OF PROVIDING CHARITY SERVICES IS BASED ON VALUING ALL CHARITY CARE CLAIMS USING THE SYSTEM'S DECISION SUPPORT SYSTEM THAT UTILIZES COST TO CHARGE RATIOS DERIVED FROM THE MOST RECENTLY FILED MEDICARE COST REPORTS. DEPARTMENT OF HEALTH AND HUMAN SERVICES CHARITY CARE GUIDELINES REQUIRE PARTICIPATION AND SPECIFIC DOCUMENTATION OF THE PATIENT IN ORDER TO BE IDENTIFIED AS A CHARITY CARE ACCOUNT. IN ADDITION TO CHARITY CARE, THE SYSTEM PROVIDES A SIGNIFICANT AMOUNT OF COMMUNITY BENEFIT THAT INCLUDES COMMUNITY OUTREACH PROGRAMS, SUBSIDIZED MEDICAL EDUCATION COSTS AND UNREIMBURSED COSTS OF PROVIDING CARE TO MEDICARE AND MEDICAID BENEFICIARIES.

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PART III, SECTION A, LINE 4 (IMPLICIT PRICE CONCESSION FOOTNOTE)

THE IMPLICIT PRICE CONCESSION (BAD DEBT EXPENSE) FOOTNOTE DISCLOSURE CAN BE FOUND ON PAGE 11 OF THE ELECTRONICALLY ATTACHED CONSOLIDATED FINANCIAL STATEMENTS FOR THE UNIVERSITY OF PENNSYLVANIA.

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**Part VI** Supplemental Information

Provide the following information.

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

PART III, SECTION B, LINE 8 (COSTING METHODOLOGY, MEDICARE SHORTFALL)

THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNT REPORTED ON LINE 6  
IS BASED ON THE ORGANIZATION'S MEDICARE COST REPORT.

CONSISTENT WITH THE CHARTIABLE HEALTHCARE MISSION OF UPHS AND THE  
COMMUNITY BENEFIT STANDARD SET FORTH IN IRS REVENUE RULING 69-545, UPHS  
PROVIDES CARE FOR ALL PATIENTS COVERED BY MEDICARE SEEKING MEDICAL CARE  
AT UPHS. SUCH CARE IS PROVIDED REGARDLESS OF WHETHER THE REIMBURSEMENT  
PROVIDED FOR SUCH SERVICES MEETS OR EXCEEDS THE COSTS INCURRED BY UPHS TO  
PROVIDE SUCH SERVICES.

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PART III, SECTION B, LINE 9B (COLLECTION PRACTICES)

THE PRIMARY MISSION OF THE ORGANIZATION IS TO IMPROVE THE OVERALL HEALTH STATUS OF THE COMMUNITY IT SERVES. PRINCETON HEALTH IS COMMITTED TO PROVIDING HIGH QUALITY AND AFFORDABLE HEALTHCARE TO ALL INDIVIDUALS WHO SEEK SERVICES. THEREFORE, THE ORGANIZATION MAKES EVERY EFFORT TO WORK WITH ITS PATIENTS TO HELP IN THE PAYMENT OF BILLS. THIS ASSISTANCE INCLUDES PROVIDING PATIENTS WITH ACCESS TO A FINANCIAL COUNSELOR, ASSISTING NEW JERSEY STATE RESIDENTS OBTAIN FINANCIAL ASSISTANCE AND ESTABLISHING PAYMENT PLANS FOR EASE OF PAYMENT.

ALL PATIENTS WILL BE SCREENED BY A PRINCETON HEALTH FINANCIAL ASSISTANCE COUNSELOR TO DETERMINE IF THEY QUALIFY FOR INSURANCE PRIOR TO THE DETERMINATION OF FAP-ELIGIBILITY.

THE ORGANIZATION ADHERES TO ALL FEDERAL, STATE, LOCAL AND PFS DEEMED CONTRACTUAL REGULATIONS AND STANDARDS TO ENSURE PROPER AND LEGAL OPERATIONS. THIS ENCOMPASSES, BUT IS NOT LIMITED TO, THE FOLLOWING:

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- 1) BILLING PROCEDURES, BOTH INSURANCE AND INPATIENT;
- 2) COLLECTIONS, BOTH BAD DEBT AND MEDICARE BAD DEBT;
- 3) BAD DEBT RECOVERY, BOTH "REGULAR" BAD DEBT AND MEDICARE BAD DEBT; AND
- 4) MAINTENANCE OF THE CONFIDENTIALITY AND SECURITY OF PROTECTED HEALTH INFORMATION.

PRINCETON HEALTH WILL NOT ENGAGE IN ANY ACTIONS THAT DISCOURAGE INDIVIDUALS FROM SEEKING EMERGENCY MEDICAL CARE, SUCH AS BY DEMANDING THE EMERGENCY DEPARTMENT PATIENTS PAY BEFORE RECEIVING TREATMENT FOR EMERGENCY MEDICAL CONDITIONS OR BY PERMITTING DEBT COLLECTION ACTIVITIES IN THE EMERGENCY DEPARTMENT OR OTHER AREAS WHERE SUCH ACTIVITIES COULD INTERFERE WITH THE PROVISION OF EMERGENCY CARE ON A NON-DISCRIMINATORY BASIS.

PRINCETON HEALTH UTILIZES PRESUMPTIVE ELIGIBILITY DETERMINATIONS FOR PATIENTS IN ITS EMERGENCY DEPARTMENT AND ITS MATERNITY CLINICS. IF A PATIENT IS PRESUMPTIVELY DETERMINED TO BE ELIGIBLE FOR LESS THAN THE MOST



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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.

GENEROUS ASSISTANCE AVAILABLE UNDER THE FAP, PRINCETON HEALTH WILL NOTIFY THE PATIENT, IN WRITING, REGARDING THE BASIS FOR THE PRESUMPTIVE FINANCIAL ASSISTANCE ELIGIBILITY DETERMINATION AND HOW THEY MAY APPLY FOR MORE GENEROUS ASSISTANCE. A COPY OF THE PLS WILL ALSO BE PROVIDED IN THESE INSTANCES.

IN ACCORDANCE WITH INTERNAL REVENUE CODE SECTION 501(R)(6), PRINCETON HEALTH DOES NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTIONS ("ECAS") PRIOR TO THE EXPIRATION OF THE "NOTIFICATION PERIOD". THE NOTIFICATION PERIOD IS DEFINED AS A 120-DAY PERIOD, WHICH BEGINS ON THE DATE OF THE 1ST POST DISCHARGE BILLING STATEMENT, IN WHICH NO ECAS MAY BE INITIATED AGAINST THE PATIENT.

PRINCETON HEALTH MAY AUTHORIZE THIRD PARTIES TO INITIATE ECAS ON DELINQUENT PATIENT ACCOUNTS AFTER THE NOTIFICATION PERIOD. PRINCETON HEALTH WILL ENSURE REASONABLE EFFORTS HAVE BEEN TAKEN TO DETERMINE WHETHER AN INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER ITS FINANCIAL ASSISTANCE PROGRAM. PRINCETON HEALTH WILL TAKE THE FOLLOWING

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ACTIONS AT LEAST 30 DAYS PRIOR TO INITIATING ANY ECA:

1) THE PATIENT HAS BEEN PROVIDED WITH WRITTEN NOTICE WHICH:

- INDICATES THAT FINANCIAL ASSISTANCE IS AVAILABLE FOR ELIGIBLE PATIENTS;
- IDENTIFIES THE ECAS THAT PRINCETON INTENDS TO INITIATE TO OBTAIN  
PAYMENT FOR THE CARE; AND
- STATES A DEADLINE AFTER WHICH SUCH ECAS MAY BE INITIATED.

2) THE PATIENT HAS RECEIVED A COPY OF THE PLAIN LANGUAGE SUMMARY WITH  
THIS WRITTEN NOTIFICATION; AND

3) REASONABLE EFFORTS HAVE BEEN MADE TO ORALLY NOTIFY THE INDIVIDUAL  
ABOUT THE FAP AND HOW THE INDIVIDUAL MAY OBTAIN ASSISTANCE WITH THE  
FINANCIAL ASSISTANCE APPLICATION PROCESS.

SUBSEQUENT TO THE NOTIFICATION PERIOD PRINCETON HEALTH, OR ANY THIRD  
PARTIES ACTING ON THEIR BEHALF, MAY INITIATE THE FOLLOWING ECAS AGAINST A

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PATIENT FOR AN UNPAID BALANCE IF THE PATIENT HASN'T APPLIED FOR OR IS

DEEMED INELIGIBLE FOR FINANCIAL ASSISTANCE:

1) REPORTING ADVERSE INFORMATION ABOUT THE INDIVIDUAL TO CONSUMER CREDIT

REPORTING AGENCIES OR CREDIT BUREAUS;

2) PLACING A LIEN ON AN INDIVIDUAL'S PROPERTY;

3) FORECLOSING ON AN INDIVIDUAL'S REAL PROPERTY;

4) COMMENCING A CIVIL ACTION AGAINST AN INDIVIDUAL; AND

5) CAUSING AN INDIVIDUAL TO BE SUBJECT TO A WRIT OF BODY ATTACHMENT

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PART VI, LINE 2 (NEEDS ASSESSMENT)

FOR MORE INFORMATION REGARDING HOW PRINCETON HEALTH IS ASSESSING THE

NEEDS OF THE COMMUNITIES IT SERVES, PLEASE SEE:

[HTTPS://WWW.PRINCETONHCS.ORG/COMMUNITY?\\_GA=2.182835430.1738351937.16487478](https://www.princetonhcs.org/community?_GA=2.182835430.1738351937.16487478)

59-861487823.1582304010

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PART VI, LINE 3 (PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE)

PRINCETON HEALTH ACTIVELY INFORMS AND EDUCATES PATIENTS ABOUT THE  
AVAILABILITY OF FINANCIAL ASSISTANCE AND PROMOTES ITS PATIENT FRIENDLY  
BILLING AND COLLECTION PROCESS THROUGH MULTIPLE CHANNELS. THIS IS AN  
INTEGRAL PART OF ITS CODE OF ETHICS AND VALUE STATEMENT.

THE ORGANIZATION INFORMS AND EDUCATES PATIENTS WHO MAY BE BILLED FOR  
PATIENT CARE ABOUT THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE IN THE  
FOLLOWING WAYS:

PRINCETON HEALTH HAS CREATED A PLAIN LANGUAGE SUMMARY ("PLS") OF ITS  
FINANCIAL ASSISTANCE POLICY ("FAP"). A PLS IS A WRITTEN STATEMENT THAT  
NOTIFIES AN INDIVIDUAL THAT THE HOSPITAL FACILITY OFFERS FINANCIAL  
ASSISTANCE UNDER THE FAP AND PROVIDES ADDITIONAL INFORMATION IN LANGUAGE  
THAT IS CLEAR, CONCISE AND EASY TO UNDERSTAND.

**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.

PRINCETON HEALTH'S FAP, APPLICATION AND PLS ARE AVAILABLE IN ENGLISH AND IN THE PRIMARY LANGUAGE OF POPULATIONS WITH LIMITED PROFICIENCY IN ENGLISH ("LEP") THAT CONSTITUTE THE LESSER OF 1,000 INDIVIDUALS OR 5% OF THE ORGANIZATION'S PRIMARY SERVICE AREA. ADDITIONALLY, PRINCETON HEALTH PROVIDES LANGUAGE INTERPRETING AND TRANSLATION SERVICES, AND PROVIDES INFORMATION TO PATIENTS WITH VISION, SPEECH, HEARING OR COGNITIVE IMPAIRMENTS IN A MANNER THAT MEETS THE PATIENT'S NEEDS.

THE FAP, APPLICATION AND PLS ARE ALL POSTED ON THE FOLLOWING PRINCETON HEALTH WEBSITE: WWW.PRINCETONHCS.ORG, AND ARE AVAILABLE FREE OF CHARGE, UPON REQUEST. PAPER COPIES OF THESE DOCUMENTS ARE ALSO AVAILABLE IN VARIOUS AREAS THROUGHOUT THE HOSPITAL, WHICH INCLUDE THE EMERGENCY DEPARTMENT AND ADMISSION/REGISTRATION DEPARTMENTS.

SIGNS AND DISPLAYS, TO INFORM PATIENTS ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE, ARE POSTED IN EMERGENCY ROOMS AND THE ADMITTING/REGISTRATION DEPARTMENTS. THESE SIGNS ARE POSTED IN ENGLISH 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.
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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.

IN SPANISH.

ALL PATIENTS WILL BE OFFERED A COPY OF THE PLS AS PART OF THE INTAKE OR  
DISCHARGE PROCESS.

THE AVAILABILITY OF ALL PROGRAMS APPEARS ON BILLING STATEMENTS. EACH  
BILLING STATEMENT INCLUDES CONSPICUOUS WRITTEN NOTICE WHICH INFORMS THE  
RECIPIENT ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE. THE STATEMENT  
ALSO INCLUDES THE WEBSITE OF WHERE AN INDIVIDUAL CAN OBTAIN COPIES OF THE  
FAP, APPLICATION AND PLS. ADDITIONALLY, IT INCLUDES THE TELEPHONE NUMBER  
THAT PATIENTS CAN CALL IF THEY HAVE QUESTIONS REGARDING THE AVAILABILITY  
OF FINANCIAL ASSISTANCE AND THE APPLICATION PROCESS.

IN AN EFFORT TO ENSURE THAT THE COMMUNITY SERVICED BY PRINCETON IS AWARE  
OF THE FINANCIAL ASSISTANCE PROGRAMS AVAILABLE UNDER THIS FAP, PRINCETON  
HEALTH DISSEMINATES INFORMATION TO THE COMMUNITY THROUGH ITS COMMUNITY  
EDUCATION DEPARTMENT.

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**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
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PART VI, LINE 4 (COMMUNITY INFORMATION)

FOR INFORMATION REGARDING THE COMMUNITY BEING SERVED BY PRINCETON HEALTH,

PLEASE SEE:

[HTTPS://WWW.PRINCETONHCS.ORG/COMMUNITY?\\_GA=2.182835430.1738351937.16487578](https://www.princetonhcs.org/community?_ga=2.182835430.1738351937.16487578)

59-861487823.1582304010

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PART VI, LINE 5 (INFORMATION REGARDING PROMOTION OF COMMUNITY HEALTH)

DETAILS REGARDING THE VARIOUS COMMUNITY OUTREACH ACTIVITIES CONDUCTED BY  
PRINCETON HEALTH DESIGNED TO PROMOTE COMMUNITY HEALTH IS INCLUDED IN OUR  
RESPONSE TO SCHEDULE H, PART VI, LINE 2, AS WELL AS IN FORM 990, PART  
III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS.

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**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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PART VI, LINE 6 (AFFILIATED HEALTHCARE SYSTEM INFORMATION)

THIS ORGANIZATION IS AN AFFILIATE OF THE UNIVERSITY OF PENNSYLVANIA  
HEALTH SYSTEM.

THE MISSION OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM IS EXCELLENCE  
IN EDUCATION, RESEARCH, AND CLINICAL CARE. WE STRIVE TO ACHIEVE THESE  
GOALS BY HAVING THE BEST PEOPLE IN MEDICAL EDUCATION, HEALTH-RELATED  
RESEARCH, AND PATIENT CARE; MAKING USE OF KNOWLEDGE GAINED FROM NEARLY  
TWO AND A HALF CENTURIES OF LEARNING AND DISCOVERY AS PART OF A  
WORLD-CLASS UNIVERSITY; DELIVERING HIGH-QUALITY MEDICINE TO PATIENTS  
ACROSS A FULLY-INTEGRATED ACADEMIC HEALTH SYSTEM; AND FULFILLING A  
COMMITMENT TO IMPROVE THE HEALTH OF PEOPLE IN THE COMMUNITIES SERVED BY  
THE HEALTH SYSTEM AND AROUND THE WORLD.

AS PART OF AN AFFILIATED HEALTHCARE SYSTEM, THE UNIVERSITY OF  
PENNSYLVANIA HEALTH SYSTEM CONSISTS OF CERTAIN OPERATING DIVISIONS OF THE  
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA (THE "UNIVERSITY") 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.
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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.

AFFILIATED ENTITIES, INCLUDING:

- THE CHESTER COUNTY HOSPITAL ("CCH"), INCLUDES A 245 BED COMPLEX IN WEST CHESTER, PENNSYLVANIA, AND SATELLITE LOCATIONS IN EXTON, WEST GOSHEN, NEW GARDEN, JENNERSVILLE, AND KENNETT SQUARE, PENNSYLVANIA;
- THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA ("HUP"), A 727 LICENSED BED QUATERNARY CARE HOSPITAL AND ACADEMIC MEDICAL CENTER LOCATED ON THE CAMPUS OF THE UNIVERSITY IN THE WEST PHILADELPHIA AREA OF PHILADELPHIA, PENNSYLVANIA;
- PENN PRESBYTERIAN MEDICAL CENTER OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM ("PRESBYTERIAN"), A 317 LICENSED BED ACUTE CARE HOSPITAL LOCATED ADJACENT TO THE CAMPUS OF THE UNIVERSITY IN THE WEST PHILADELPHIA AREA OF PHILADELPHIA, PENNSYLVANIA;
- PENNSYLVANIA HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM ("PENNSYLVANIA HOSPITAL"), A 550 LICENSED BED ACUTE CARE HOSPITAL LOCATED

**Part VI Supplemental Information**

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

IN THE CENTER CITY AREA OF PHILADELPHIA, PENNSYLVANIA;

- THE CLINICAL PRACTICES OF THE UNIVERSITY OF PENNSYLVANIA ("CPUP"), THE APPROVED FACULTY PRACTICE PLAN FOR THE CLINICAL PRACTICES OF MEMBERS OF THE MEDICAL FACULTY OF THE UNIVERSITY'S PERELMAN SCHOOL OF MEDICINE;

- CLINICAL CARE ASSOCIATES OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM ("CCA"), A PRIMARY CARE PHYSICIAN NETWORK THAT INCLUDES LOCATIONS IN SOUTHEASTERN PENNSYLVANIA AND SOUTHERN NEW JERSEY THROUGH ITS NEW JERSEY AFFILIATE;

- LANCASTER GENERAL HEALTH ("LGH") AND ITS AFFILIATES. LGH OPERATES THREE HOSPITALS IN SOUTH CENTRAL PENNSYLVANIA, INCLUDING LANCASTER GENERAL HOSPITAL, A 533-BED GENERAL ACUTE CARE HOSPITAL, WOMEN & BABIES HOSPITAL, A 98-BED FACILITY SPECIALIZING IN WOMEN'S HEALTH AND MATERNITY SERVICES, AND LANCASTER REHABILITATION HOSPITAL, A 59-BED REHABILITATION HOSPITAL, AS WELL AS 14 OUTPATIENT CENTERS, THREE URGENT CARE SITES, AND A PHYSICIAN PRACTICE NETWORK WITH NEARLY 200 PRIMARY CARE AND SPECIALTY

**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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PRACTICES AT 40 PRACTICE SITES;

- WISSAHICKON HOSPICE, A HOSPICE CARE FACILITY SERVING THE TERMINALLY ILL, LOCATED IN BALA CYNWYD, PENNSYLVANIA; AND

- PRINCETON HEALTHCARE SYSTEM ("PRINCETON") AND ITS AFFILIATES. PRINCETON INCLUDES A COMPREHENSIVE HEALTHCARE PROVIDER LOCATED IN CENTRAL NEW JERSEY THAT PRINCIPALLY INCLUDES THE MEDICAL CENTER OF PRINCETON, A GENERAL ACUTE CARE HOSPITAL FACILITY IN PLAINSBORO, NJ, WITH 319 INPATIENT BEDS (PLUS 24 NEWBORN BASSINETS), AND PRINCETON HOUSE BEHAVIORAL HEALTH, WHICH INCLUDES A 116 BED INPATIENT FACILITY IN PRINCETON, NJ, AS WELL AS FOUR ADDITIONAL OUTPATIENT LOCATIONS.

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**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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PART VI, LINE 7 (STATE FILING OF COMMUNITY BENEFIT REPORT)

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

SCHEDULE J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization PRINCETON HEALTHCARE SYSTEM, A NEW JERSEY  
NONPROFIT CORPORATION

Employer identification number  
21-0635009

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		
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) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
AMY REIGNER 1 CHIEF HR OFFICER	(i)	192,709.	18,942.	137.	NONE	20,364.	232,152.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
BARBARA YOST 2 FMR. VP NETWORK DEVELOPMENT	(i)	155,700.	76,900.	NONE	NONE	17.	232,617.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CAROL NORRIS-SMITH 3 VP PR - MARKETING	(i)	209,345.	42,416.	2,091.	NONE	24,667.	278,519.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CHING-YI LIU 4 VP, FINANCE	(i)	208,073.	32,431.	792.	NONE	26,659.	267,955.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CRAIG GRONCZEWSKI, M.D. 5 SENIOR VP MEDICAL AFFAIRS	(i)	423,748.	87,410.	845.	NONE	23,808.	535,811.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DEBORAH CASARELLA 6 FORMER ASSOC. CHIEF INFO. OFF.	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	202,152.	47,464.	786.	NONE	820.	251,222.	NONE
DURGA BODALA 7 PHYSICIAN CARE COORDINATION	(i)	272,852.	66,370.	625.	NONE	19,260.	359,107.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
GUILHERME VALLADARES, 8 SVP & CFO - ASST. TREAS.	(i)	389,615.	78,004.	1,384.	NONE	22,718.	491,721.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
HYONA REVERE 9 SENIOR VP DEVELOPMENT	(i)	289,437.	59,399.	987.	NONE	24,755.	374,578.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JAMES G. DEMETRIADES 10 PRESIDENT & CEO	(i)	514,858.	219,383.	92,885.	79,500.	18,168.	924,794.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JONATHAN WOO 11 VP MEDICAL AFFAIRS CMO	(i)	227,811.	37,288.	488.	NONE	19,648.	285,235.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KARYN BOOK 12 VP PAT. SVS & CNO	(i)	295,269.	57,090.	580.	NONE	7,157.	360,096.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARGUERITE PEDLEY 13 SENIOR VICE PRESIDENT PHBH	(i)	281,359.	54,909.	2,911.	NONE	20,519.	359,698.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
NANCY FLETCHER 14 VP CORP. COMPL. & REG. AFFAIRS	(i)	109,212.	NONE	283,390.	NONE	26,857.	419,459.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PAUL ORTIZ 15 VP BUS. SVC. LINE DEV.	(i)	302,238.	77,255.	42,459.	31,202.	21,012.	474,166.	25,806.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PETER THOMAS 16 VP, OUTPATIENT ADMINISTRATION	(i)	229,769.	31,857.	2,340.	NONE	22,449.	286,415.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE

Schedule J (Form 990) 2023

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

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 REINALDINE FLEURY FORMER CHRO & VP HUMAN RESOUR.	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	297,578.	89,336.	685.	NONE	9,070.	396,669.	NONE
2 ROBERT VONDERHEIDE, M. TRUSTEE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	623,395.	270,682.	70,153.	44,764.	17,551.	1,026,545.	NONE
3 SHEILA G. KEMPF FORMER CNO&VP PATIENT SVS	(i)	46,417.	69,205.	57,771.	NONE	1,893.	175,286.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 SIDDIQ G. FAISAL, M.D. MED. DIR., OCCUPATIONAL HEALTH	(i)	329,755.	NONE	665.	NONE	18,223.	348,643.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 SILKY SHARMA PHYSICIAN CARE COORDINATION	(i)	327,951.	49,450.	611.	NONE	24,811.	402,823.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 STEPHANIE D. TIEKU NURSE MANAGER	(i)	254,772.	91,165.	455.	NONE	38,770.	385,162.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 YISRAEL KRAUS VP PHYSICIAN ALIGNMENT	(i)	292,093.	58,762.	674.	NONE	20,484.	372,013.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 KEVIN B. MAHONEY CEO - UPHS	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	1,801,543.	938,400.	37,203.	NONE	20,761.	2,797,907.	NONE
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

SCHEDULE J, PART I, QUESTION 4B

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PARTICIPATION

CERTAIN TRUSTEES, OFFICERS AND/OR KEY EMPLOYEES OF THIS ORGANIZATION ARE COMPENSATED BY A RELATED ORGANIZATION, THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA ("UNIVERSITY").

THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM ("HEALTH SYSTEM") MAINTAINS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") DESIGNED FOR SENIOR ADMINISTRATORS OF THE HEALTH SYSTEM, AS DESIGNATED BY THE BOARD OF TRUSTEES, WHO ARE ACTIVELY EMPLOYED BY THE HEALTH SYSTEM WHEN THE CONTRIBUTIONS ARE MADE.

VESTING IN THE SERP OCCURS AFTER EACH THREE YEARS OF PARTICIPATION AND UPON THE OCCURRENCE OF CERTAIN EVENTS (ATTAINMENT OF AGE 65, DEATH, DISABILITY, OR INVOLUNTARY TERMINATION WITHOUT "CAUSE"). CONTRIBUTIONS FOR THOSE WHO HAVE REACHED AGE 65 WILL BE FULLY VESTED WHEN MADE. UPON



**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.

REACHING A VESTING DATE, PARTICIPANTS WILL AUTOMATICALLY RECEIVE A FULL DISTRIBUTION WHICH IS TAXABLE AS EARNED INCOME. PARTICIPANTS WHO VOLUNTARILY TERMINATE BEFORE VESTING WILL FORFEIT THE BALANCE IN THEIR ACCOUNTS.

THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A PARTICIPATED IN THE UNIVERSITY/HEALTH SYSTEM SERP PLAN DURING THE YEAR AND/OR RECEIVED DISTRIBUTIONS DURING THE YEAR:

KEVIN B. MAHONEY - NO DISTRIBUTION

JAMES G. DEMETRIADES - NO DISTRIBUTION

PAUL ORTIZ - \$25,806

THE HEALTH SYSTEM ALSO MAINTAINS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN DESIGNED FOR SENIOR FACULTY OF THE SCHOOL OF MEDICINE OF THE UNIVERSITY, AS DESIGNATED BY THE BOARD OF TRUSTEES, WHO ARE ACTIVELY EMPLOYED BY THE UNIVERSITY WHEN THE CONTRIBUTIONS ARE MADE (THE "CPUP SERP"). VESTING IN THE MED SERP OCCURS AFTER EVERY TEN YEARS OF PARTICIPATION AND UPON THE

**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.

OCCURRENCE OF CERTAIN EVENTS (ATTAINMENT OF AGE 60, DEATH, DISABILITY, OR INVOLUNTARY TERMINATION WITHOUT "CAUSE"). CONTRIBUTIONS FOR THOSE WHO HAVE REACHED AGE 60 (WITH 2 OR MORE YEARS OF PARTICIPATION) WILL BE FULLY VESTED WHEN MADE. UPON REACHING A VESTING DATE, TAXES OWED WILL BE WITHDRAWN FROM THE PLAN, AND THE REMAINING AFTER-TAX BALANCE WILL REMAIN IN THE PLAN. PARTICIPANTS WILL AUTOMATICALLY RECEIVE A FULL DISTRIBUTION THE SUMMER AFTER THE YEAR IN WHICH THEY TERMINATE EMPLOYMENT, AT WHICH TIME ANY EARNINGS NOT YET TAXED WILL BE TREATED AS TAXABLE INCOME. PARTICIPANTS WHO VOLUNTARILY TERMINATE BEFORE VESTING WILL FORFEIT THE NON-VESTED BALANCE IN THEIR ACCOUNTS.

THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A PARTICIPATED IN THE CPUP SERP PLAN DURING THE YEAR:

ROBERT VONDERHEIDE, M.D. - NO DISTRIBUTION

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**Part III Supplemental Information**

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

SCHEDULE J, PART I, QUESTION 7

PROVISION OF NON-FIXED PAYMENTS

PRINCETON HEALTH PROVIDES DISCRETIONARY BONUS AND/OR INCENTIVE

COMPENSATION PAYMENTS TO ELIGIBLE EMPLOYEES. PAYMENTS MADE TO ANY

DISQUALIFIED PERSON IS APPROVED BY THE COMPENSATION COMMITTEE THROUGH THE

PROCESS DESCRIBED IN FORM 990, PART VI, SECTION B, LINE 15.

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization **PRINCETON HEALTHCARE SYSTEM, A NEW JERSEY  
NONPROFIT CORPORATION**

Employer identification number  
**21-0635009**

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> NJ HEALTH CARE FACILITIES ATHRTY SERIES 2016 A,B,C	22-1487148	64579F8G1	01/20/2016	303,785,061.	REFUND SERIES 2010B,C,D; CAP EXP		X		X		X
<b>B</b>											
<b>C</b>											
<b>D</b>											

**Part II Proceeds**

	A		B		C		D	
<b>1</b> Amount of bonds retired . . . . .	48,346,180.							
<b>2</b> Amount of bonds legally defeased . . . . .	NONE							
<b>3</b> Total proceeds of issue . . . . .	303,884,205.							
<b>4</b> Gross proceeds in reserve funds . . . . .	NONE							
<b>5</b> Capitalized interest from proceeds . . . . .	NONE							
<b>6</b> Proceeds in refunding escrows . . . . .	NONE							
<b>7</b> Issuance costs from proceeds . . . . .	3,282,231.							
<b>8</b> Credit enhancement from proceeds . . . . .	NONE							
<b>9</b> Working capital expenditures from proceeds . . . . .	NONE							
<b>10</b> Capital expenditures from proceeds . . . . .	2,000,000.							
<b>11</b> Other spent proceeds . . . . .	298,601,974.							
<b>12</b> Other unspent proceeds . . . . .	NONE							
<b>13</b> Year of substantial completion . . . . .	2016							
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	X							
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X						
<b>16</b> Has the final allocation of proceeds been made? . . . . .	X							
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X							

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

Schedule K (Form 990) 2023

**Part III Private Business Use****TAX-EXEMPT BONDS**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X						
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X						
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? . . . . .								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? . . . . .								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .	NONE %							
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .	NONE %							
<b>6</b> Total of lines 4 and 5 . . . . .	NONE %							
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X							

**Part IV Arbitrage**

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

**Part IV Arbitrage** *(continued)*

## TAX-EXEMPT BONDS

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .		X						
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge. . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? . . . . .		X						
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? . . . . .		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X							

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? . . . . .	X							

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

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

## ADDITIONAL CUSIP INFORMATION

FORM 990, SCHEDULE K, PART I, COLUMN (C) - ROW A

THE FOLLOWING ADDITIONAL CUSIP NUMBER RELATES TO THE NEW JERSEY  
HEALTHCARE FACILITIES AUTHORITY SERIES 2016 A, B, C REVENUE BONDS:

64579F8P1, 64579F7R8, 64579F7S6, 64579F7T4, 64579F7U1, 64579F7V9,  
64579F7W7, 64579F7X5, 64579F7Y3, 64579F7Z0, 64579F8A4, 64579F8B2,  
64579F8C0, 64579F8D8, 64579F8E6, 64579F8F3, 64579F8H9, 64579F8J5,  
64579F8K2, 64579F8L0, 64579F8M8, 64579F8N6

## ADDITIONAL DETAIL FOR PROCEEDS OF ISSUE

FORM 990, SCHEDULE K, PART II, LINE 3

FOR NJ HEALTH CARE FACILITIES AUTHORITY SERIES A, B, C OF 2016, THE TOTAL  
PROCEEDS OF ISSUE REPORTED INCLUDES \$99,144 IN TOTAL INVESTMENT EARNINGS.

## SUPPLEMENTAL INFORMATION ON TAX EXEMPT BONDS

FORM 990, SCHEDULE K

PRINCETON HEALTHCARE SYSTEM HAS BEEN ALLOCATED A PORTION OF THE PA HIGHER  
ED FACILITIES AUTHORITY- UPHS SERIES A 2021 BOND ISSUE FROM THE TRUSTEES  
OF THE UNIVERSITY OF PENNSYLVANIA (EIN: 23-1352685) ("UNIVERSITY"), A  
RELATED IRC SECTION 501(C)(3) ORGANIZATION. SINCE THE UNIVERSITY REMAINS  
AS THE PRIMARY OBLIGOR OF THE BOND, ALL INFORMATION REGARDING THE UPHS  
SERIES A 2021 BOND ISSUE HAS BEEN REPORTED ON THE FORM 990, SCHEDULE K OF  
THE UNIVERSITY. THE TOTAL ALLOCATED OUTSTANDING BALANCE FOR PRINCETON  
HEALTHCARE SYSTEM WAS \$205,581 AS OF JUNE 30, 2024.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2023**

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Inspection**

Employer identification number

PRINCETON HEALTHCARE SYSTEM, A NEW JERSEY

21-0635009

**FORM 990, PART III**

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THIS ORGANIZATION IS AN AFFILIATE OF PRINCETON HEALTHCARE SYSTEM HOLDING,  
INC. AND AFFILIATES (COLLECTIVELY "PRINCETON HEALTH").

PRINCETON MEDICAL CENTER IS PART OF THE UNIVERSITY OF PENNSYLVANIA HEALTH  
SYSTEM (UPHS). IN KEEPING WITH ITS CHARITABLE PURPOSE, UPHS ACCEPTS  
PATIENTS IN SERIOUS NEED OF MEDICAL CARE REGARDLESS OF THEIR FINANCIAL  
STATUS. UPHS MAINTAINS RECORDS TO IDENTIFY AND MONITOR LEVELS OF CHARITY  
CARE PROVIDED, INCLUDING THE AMOUNT OF PAYMENT FORGONE, BASED ON  
ESTABLISHED RATES, FOR SERVICES AND SUPPLIES FURNISHED UNDER ITS CHARITY  
CARE POLICY. UPHS ALSO PROVIDES CARE TO PATIENTS WHO DO NOT HAVE HEALTH  
INSURANCE OR MEET THE CRITERIA TO QUALIFY FOR ITS CHARITY CARE POLICY,  
AND CERTAIN AMOUNTS CHARGED FOR SUCH SERVICES ARE DEEMED TO BE  
UNCOLLECTIBLE. IN FY 2024, UPHS PROVIDED \$394.4 MILLION IN CHARITY AND  
UNDERFUNDED CARE FOR MEDICAID FAMILIES.

IN KEEPING WITH ITS CHARITABLE MISSION, PRINCETON HEALTH HAS A ROBUST  
COMMUNITY WELLNESS PROGRAM. PRINCETON HEALTH'S COMMUNITY-BASED WORK  
SERVES AS ANOTHER EXAMPLE OF HOW PRINCETON HEALTH IS REDEFINING CARE BY  
OFFERING A DYNAMIC CURRICULUM OF INNOVATIVE HEALTH- AND LIFESTYLE-RELATED  
PROGRAMMING, SCREENINGS AND SUPPORT AT LITTLE OR NO COST TO THE  
COMMUNITIES WE SERVE. PRINCETON HEALTH IS DEDICATED TO PROMOTING HEALTHY  
LIVING AT EVERY STAGE OF LIFE AND TO ENHANCING QUALITY OF LIFE BY



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

Department of the Treasury  
Internal Revenue Service

Name of the organization

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PRINCETON HEALTHCARE SYSTEM, A NEW JERSEY

21-0635009

ADDRESSING THE UNIQUE NEEDS OF WOMEN, MEN, SENIORS, CHILDREN, ADOLESCENTS  
AND DIVERSE POPULATIONS.

PROGRAMS ARE DEVELOPED AND FACILITATED BY THE OUTSTANDING PHYSICIANS,  
NURSES AND HEALTH PROFESSIONALS OF PRINCETON HEALTH. PRINCETON HEALTH  
ALSO WORK CLOSELY WITH LEADING HEALTH ORGANIZATIONS - THE AMERICAN CANCER  
SOCIETY, THE AMERICAN HEART ASSOCIATION AMONG OTHERS - TO RAISE FUNDS,  
HEIGHTEN AWARENESS AND DELIVER COMPREHENSIVE COMMUNITY HEALTH  
PROGRAMMING. FOLLOWING PLEASE FIND SERVICES AND PROGRAMS COLLECTIVELY  
BENEFITING THE COMMUNITY AND SERVICE AREA OF PRINCETON HEALTH. THESE  
SERVICES AND PROGRAMS ARE PARTIALLY OR FULLY SUBSIDIZED BY PENN MEDICINE:

- CHILDBIRTH AND FAMILY CARE: PRINCETON HEALTH'S COMPLETE RANGE OF  
CHILDBIRTH AND FAMILY PROGRAMS ENSURES THAT EXPECTANT AND NEW PARENTS, AS  
WELL AS EVERY MEMBER OF THE FAMILY, HAVE IMPORTANT INFORMATION AND  
SUPPORT SO THEY CAN SHARE IN THE JOY OF ONE OF LIFE'S MOST PRECIOUS  
MOMENTS. PRINCETON HEALTH'S PROGRAMS HELP FAMILIES FEEL FULLY PREPARED TO  
CARE FOR THEIR NEW BABIES IN THE FIRST YEARS OF LIFE. WE OFFER;  
CHILDBIRTH PREPARATION AND BIRTHING OPTIONS, BABY CARE; INCLUDING  
SPECIALTY CLASSES SUCH AS HYPNOBIRTHING, AND MINDFETALNESS; BRIGHT  
BEGINNINGS; COURSES FOR GRANDPARENTS AND BABYSITTERS; DADDY BOOT CAMP;  
INFANT MASSAGE; LACTATION SERVICES INCLUDING PRENATAL BREASTFEEDING  
CLASSES, ALL ABOUT BREAST PUMPS, BREASTFEEDING SUPPORT GROUPS, AND PHONE  
OUTPATIENT CONSULTATIONS; VIRTUAL MATERNITY UNIT TOURS; PREGNANCY &  
POSTPARTUM SUPPORT GROUP. NEW CHILDBIRTH PROGRAMS IN 2024 INCLUDED INFANT

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

Department of the Treasury  
Internal Revenue Service

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PRINCETON HEALTHCARE SYSTEM, A NEW JERSEY

21-0635009

SAFETY CLASS.

- CPR AND FIRST-AID: PRINCETON HEALTH'S EXPERT EDUCATORS TEACH THE LATEST FIRST AID TECHNIQUES AND LIFE-SAVING SKILLS SO THAT YOU CAN PROTECT YOURSELF AND YOUR FAMILY. PRINCETON HEALTH IS AN ACCREDITED AMERICAN HEART ASSOCIATION BASIC LIFE SUPPORT TRAINING CENTER. PRINCETON HEALTH OFFERS PEDIATRIC AND ADULT CPR AND FIRST AID TRAINING, PET CPR AND FIRST AID, HEARTSAVER CPR CERTIFICATION COURSE, AS WELL AS BLS FOR HEALTHCARE PROVIDERS. WE ALSO OFFER STRESS INJURY COURSES AND MENTAL HEALTH FIRST AID TRAININGS ADULT, TEEN-TO-TEEN, YOUTH, OLDER ADULTS, AND FIRE/EMS), RESILIENCY TRAININGS AND STOP THE BLEED AS WELL. IN 2024 WE CONTINUED TO SUPPORT THE AMERICAN HEART ASSOCIATION AT THEIR ANNUAL WALK THIS YEAR, AND PROVIDED EVIDENCE BASED PULMONARY AND CARDIAC WELLNESS LECTURES TO THE COMMUNITY TO BRING AWARENESS AND PREVENTATIVE INFORMATION TO INCREASE THE HEALTH AND WELLBEING OF THE COMMUNITIES WE SERVE. IN 2024, WE ALSO OFFERED OUR ANNUAL FREE CPR MONTH TRAINING TO CONTINUALLY HELP COMMUNITY MEMBERS LEARN LIFESAVING TECHNIQUES.

- CANCER CARE AND SCREENINGS: PRINCETON MEDICAL CENTER'S CANCER PROGRAM AND THE COMMUNITY WELLNESS PROGRAM ARE DEDICATED TO OFFERING PATIENTS WITH CANCER AND THEIR LOVED ONES HIGH-QUALITY, INDIVIDUALIZED SERVICES WITH A FOCUS ON PREVENTION, LIVING WITH CANCER, PEER SUPPORT AND MORE. PRINCETON HEALTH OFFERS EDUCATIONAL SEMINARS CONDUCTED BY LEADING PHYSICIANS AND HEALTH PROFESSIONALS, AS WELL AS SUPPORT GROUPS FOR PATIENTS AND THEIR LOVED ONES, AND FREE SCREENINGS AND PREVENTIVE

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PRINCETON HEALTHCARE SYSTEM, A NEW JERSEY

21-0635009

MEASURES FOR COMMUNITY MEMBERS. WE ALSO OFFER REIKI, NUTRITION TIPS FOR  
BREAST CANCER AND WEEKLY A MINDFUL MOVEMENT CLASS FOR THOSE GOING THROUGH  
CANCER.

- SENIOR SERVICES: PRINCETON HEALTH REGULARLY OFFERS PROGRAMS AT LOCAL  
SENIOR CENTERS AND ACTIVE ADULT COMMUNITIES, INCLUDING MONROE TOWNSHIP  
SENIOR CENTER, WEST WINDSOR SENIOR CENTER, SOUTH BRUNSWICK SENIOR CENTER,  
AND CENTER FOR MONDER AGING PRINCETON (FORMERLY: PRINCETON SENIOR  
RESOURCE CENTER). IN 2024, WE ALSO PROVIDED PROGRAMS AT ROBBINSVILLE  
TOWNSHIP SENIOR CENTER AND EAST WINDSOR SENIOR CENTER.

- PATIENT AND COMMUNITY SUPPORT GROUPS: PRINCETON HEALTH OFFERS A NUMBER  
OF SUPPORT GROUPS FOR PATIENTS AND THEIR FAMILIES TO LEARN FROM AND SHARE  
EXPERIENCES WITH OTHERS. THESE SUPPORT GROUPS INCLUDE: BARIATRIC SURGERY,  
BREAST CANCER, BREASTFEEDING, DIABETES, HEAD & NECK CANCER, BEREAVEMENT,  
POST-CANCER TREATMENT, PREGNANCY AND POSTPARTUM, STROKE, UNITE -PERINATAL  
LOSS BEREAVEMENT, AND WEIGHT LOSS. IN 2024, WE ALSO ADDED TWO NEW GROUPS:  
SPIRITUALITY GROUP AND FAMILY-GAREGIVERS GROUP FOR ANYONE WITH A CANCER  
DIAGNOSIS WHO IS LOOKING FOR A DEEPER SPIRITUAL CONNECTION AND MEANING.

- HEALTH FAIRS AND SCREENINGS: THROUGH PROACTIVE COMMUNITY HEALTH  
EDUCATION AND AN ONGOING EFFORT TO INCREASE ACCESS TO FREE OR LOW-COST  
SCREENINGS, PRINCETON HEALTH IS HELPING TO SAVE LIVES BY CREATING  
AWARENESS OF THE SIGNS AND SYMPTOMS OF CHRONIC CONDITIONS AND PROMOTING  
EARLY DETECTION AND TREATMENT. IN 2024, PRINCETON HEALTH OFFERED VISION

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

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Inspection**

Employer identification number

PRINCETON HEALTHCARE SYSTEM, A NEW JERSEY

21-0635009

AND BLOOD PRESSURE SCREENINGS; PROSTATE CANCER SCREENINGS; MEMORY  
SCREENINGS; PELVIC WELLNESS SCREENINGS; EDUCATIONAL SEMINARS FOR  
CHILDREN, ADULTS AND SENIORS. IN 2024, WE ALSO BEGAN OFFERING VIRTUAL  
DEMENTIA TOURS (VDT) WHICH IS AN INTERACTIVE AND EVIDENCE BASED  
EXPERIENCE DESIGNED TO HELP PARTICIPANTS BETTER EMPATHIZE AND UNDERSTAND  
THOSE LIVING WITH DEMENTIA.

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

PRINCETON HEALTH AFFIRMS ITS COMMITMENT TO THE COMMUNITY BY WAY OF A  
DYNAMIC CURRICULUM AND INNOVATIVE HEALTH AND LIFESTYLE-RELATED SERVICES  
OFFERED THROUGH ITS COMMUNITY WELLNESS PROGRAM. TO ENSURE THAT THESE  
ACTIVITIES ARE MEETING THE HEALTH NEEDS IN THE COMMUNITY, PRINCETON  
HEALTH CONDUCTED A COMPREHENSIVE COMMUNITY NEEDS ASSESSMENT. THE REPORTS  
PROVIDE AN OVERVIEW OF THE KEY FINDINGS OF THE COMMUNITY HEALTH  
ASSESSMENT, WHICH EXPLORES A RANGE OF HEALTH BEHAVIORS AND OUTCOMES,  
SOCIAL AND ECONOMIC ISSUES, HEALTH CARE ACCESS, AND GAPS AND STRENGTHS OF  
EXISTING RESOURCES AND SERVICES WITH A PRIMARY FOCUS ON PRINCETON HEALTH  
AS A WHOLE.

THE COMMUNITY HEALTH ASSESSMENT UTILIZED A PARTICULARLY, COLLABORATIVE  
APPROACH TO LOOK AT HEALTH IN ITS BROADEST CONTEXT. THE ASSESSMENT  
PROCESS INCLUDED SYNTHESIZING EXISTING DATA ON SOCIAL, ECONOMIC AND  
HEALTH INDICATORS IN THE REGION AS WELL AS INFORMATION FROM FOCUS GROUPS  
CONDUCTED WITH COMMUNITY RESIDENTS, INTERVIEWS WITH COMMUNITY

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

PRINCETON HEALTHCARE SYSTEM, A NEW JERSEY

21-0635009

STAKEHOLDERS, AND AN ONLINE SURVEY EXAMINING LARGER EXTERNAL FACTORS THAT  
AFFECT HEALTH. IN 2024, WE CONTINUED WORKING WITH OUR COMMUNITY HEALTH  
ADVISORY BOARD TO ASSIST WITH THE RESEARCH, PLANNING AND DEVELOPMENT OF  
THE 2024 COMMUNITY HEALTH NEEDS ASSESSMENT AND STRATEGIC IMPLEMENTATION  
PLAN INITIATIVES.

-----

**FORM 990, PART V, LINE 1A**

FORMS 1099

THIS ORGANIZATION IS AN AFFILIATE OF THE TRUSTEES OF THE UNIVERSITY OF  
PENNSYLVANIA ("TRUSTEES"). THE FORMS 1099 DISTRIBUTED AS PART OF THIS  
ENTITY'S ACTIVITIES ARE DONE SO THROUGH THE UNIVERSITY HEALTH SYSTEM AND  
CONSOLIDATED WITH TRUSTEES.

-----

**FORM 990, PART VI, SECTION A, LINES 6 & 7**

FORM 990 REVIEW PROCESS

INFORMATION RELATED TO THIS ORGANIZATION'S FORM 990 FILING IS GATHERED BY  
FINANCE STAFF AND PROVIDED TO PWC US TAX LLP FOR REVIEW AND RETURN  
PREPARATION. A DRAFT COPY OF THE JUNE 30, 2024 FORM 990 WAS REVIEWED BY  
VARIOUS SENIOR FINANCIAL MANAGEMENT OFFICIALS BEFORE IT WAS SUBMITTED TO  
THE BOARD FOR THEIR REVIEW. A COPY OF THE FINAL JUNE 30, 2024 FORM 990  
WAS THEN MADE AVAILABLE TO EACH BOARD MEMBER PRIOR TO THE FILING  
DEADLINE.

-----

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

**PRINCETON HEALTHCARE SYSTEM, A NEW JERSEY**

**21-0635009**

**FORM 990, PART VI, SECTION B, LINE 11B**

FORM 990 REVIEW PROCESS

INFORMATION RELATED TO THIS ORGANIZATION'S FORM 990 FILING IS GATHERED BY  
FINANCE STAFF AND PROVIDED TO PWC US TAX LLP FOR REVIEW AND RETURN  
PREPARATION. A DRAFT COPY OF THE JUNE 30, 2024 FORM 990 WAS REVIEWED BY  
VARIOUS SENIOR FINANCIAL MANAGEMENT OFFICIALS BEFORE IT WAS SUBMITTED TO  
THE BOARD FOR THEIR REVIEW. A COPY OF THE FINAL JUNE 30, 2024 FORM 990  
WAS THEN MADE AVAILABLE TO EACH BOARD MEMBER PRIOR TO THE FILING  
DEADLINE.

-----

**FORM 990, PART VI, SECTION B, LINE 12C**

CONFLICT OF INTEREST POLICY

THIS ORGANIZATION IS AN AFFILIATE OF THE TRUSTEES OF THE UNIVERSITY OF  
PENNSYLVANIA ("UNIVERSITY").

EACH COVERED PERSON\* ANNUALLY SHALL COMPLETE A CONFLICT OF INTEREST  
QUESTIONNAIRE PROVIDED BY THE UNIVERSITY AND SHALL UPDATE SUCH  
QUESTIONNAIRE PROMPTLY AS NECESSARY TO REFLECT CHANGES DURING THE COURSE  
OF THE YEAR. FORMER BOARD MEMBERS WHO ARE NOT TRUSTEE EMERITI ARE  
ENCOURAGED BUT NOT REQUIRED TO COMPLETE THE QUESTIONNAIRE DURING THE  
FIVE-YEAR PERIOD FOLLOWING COMPLETION OF THEIR TERMS. COMPLETED  
QUESTIONNAIRES SHALL BE RETURNED TO THE OFFICE OF THE SECRETARY AND SHALL  
BE SUBJECT TO REVIEW BY SUCH OFFICE AND THE OFFICE OF THE GENERAL

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

PRINCETON HEALTHCARE SYSTEM, A NEW JERSEY

21-0635009

COUNSEL, AS WELL AS BY ANY OUTSIDE LEGAL COUNSEL AND/OR AUDITORS WHO MAY  
BE APPOINTED TO ADVISE THE COMPENSATION COMMITTEE OF THE BOARD OF  
TRUSTEES APPOINTED TO OVERSEE THIS POLICY. COMPLETED QUESTIONNAIRES ALSO  
SHALL BE AVAILABLE FOR INSPECTION BY ANY BOARD MEMBER.

\*COVERED PERSONS INCLUDE: (1) VOTING MEMBERS OF THE BOARD OF TRUSTEES  
(INCLUDING CHARTER TRUSTEES, TERM TRUSTEES, ALUMNI TRUSTEES, AND  
COMMONWEALTH TRUSTEES); (2) TRUSTEE EMERITI WHO HAVE SERVED IN THAT  
CAPACITY FOR FIVE YEARS OR LESS; (3) OTHER FORMER VOTING TRUSTEES FOR A  
PERIOD OF FIVE YEARS FROM THE END OF THEIR TERM AS SUCH; (4) OFFICERS AS  
DEFINED IN THE STATUTES; AND (5) MEMBERS OF THE INVESTMENT BOARD. EACH  
COVERED PERSON (EXCEPT FORMER BOARD MEMBERS WHO ARE NOT TRUSTEE EMERITI)  
SHALL BE REQUIRED TO ACKNOWLEDGE, NOT LESS THAN ANNUALLY, THAT HE OR SHE  
HAS READ AND IS IN COMPLIANCE WITH THIS POLICY.

-----

**FORM 990, PART VI, SECTION B, LINE 15**

COMPENSATION PROCESS

THIS ORGANIZATION IS AN AFFILIATE OF THE TRUSTEES OF THE UNIVERSITY OF  
PENNSYLVANIA ("UNIVERSITY"). COMPENSATION ARRANGEMENTS INVOLVING ANY OF  
OUR OFFICERS AND/OR KEY EMPLOYEES ARE ESTABLISHED BY THE UNIVERSITY  
PURSUANT TO A PROCESS THAT SATISFIES THE REBUTTABLE PRESUMPTION PROCEDURE  
AVAILABLE FOR SECTION 4958 EXCESS BENEFIT TRANSACTION TAX PURPOSES (WHICH  
REQUIRES A REVIEW OF COMPENSATION DETERMINATIONS BY DISINTERESTED  
PERSONS, USE OF APPROPRIATE COMPARABILITY DATA, AND CONTEMPORANEOUS

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2023**

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PRINCETON HEALTHCARE SYSTEM, A NEW JERSEY

21-0635009

DOCUMENTATION OF THE PROCESS).

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**FORM 990, PART VI, SECTION C, LINE 19**

DOCUMENTS AVAILABILITY TO PUBLIC

OUR FORMS 1023 AND 990, GOVERNING DOCUMENTS, AUDITED FINANCIAL  
STATEMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC  
UPON REQUEST.

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**FORM 990, PART XI, LINE 9**

DETAIL OF OTHER CHANGES IN NET ASSETS OR FUND BALANCE:

CHANGE IN PERMANENTLY RESTRICTED ASSETS	\$	11,964
CHANGE IN TEMPORARILY RESTRICTED ASSETS		11,358,615
CHANGE IN NET PERIODIC DB PENSION		583,440
NJ GRANT COLLECTED IN PRIOR YEAR ADJUSTMENT		(62,500)
OTHER		(40,756)

-----

TOTAL OTHER CHANGE IN NET ASSETS	\$	11,850,763
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Name of the organization

PRINCETON HEALTHCARE SYSTEM, A NEW JERSEY

Employer identification number

21-0635009

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

=====

THE MISSION OF PRINCETON HEALTHCARE SYSTEM IS TO PROVIDE EXCEPTIONAL, COMPASSIONATE CARE TO ENHANCE THE HEALTH AND WELLNESS OF OUR PATIENTS, THEIR FAMILIES AND OUR COMMUNITY.

PRINCETON HEALTHCARE SYSTEM PROVIDES INPATIENT AND OUTPATIENT CARE, COMMUNITY HEALTH EDUCATION, MEDICAL EDUCATION AND ALSO PROMOTES MEDICAL AND SCIENTIFIC RESEARCH WHEN APPROPRIATE.

IT IS INTEGRAL TO THE MISSION OF PRINCETON HEALTHCARE SYSTEM TO CONTINUALLY IMPROVE QUALITY OF SERVICE TO OUR PATIENTS AND COMMUNITY AND TO PROVIDE APPROPRIATE HEALTHCARE TO ALL.

PLEASE REFER TO THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT INCLUDED IN SCHEDULE O FOR ADDITIONAL INFORMATION.

Name of the organization

Employer identification number

PRINCETON HEALTHCARE SYSTEM, A NEW JERSEY

21-0635009

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

NAME AND ADDRESS -----	DESCRIPTION OF SERVICES -----	COMPENSATION -----
SYMMETRY WORKFORCE SOLUTIONS 5930 CORNERSTONE CT, STE 300 SAN DIEGO, CA 92121	MEDICAL SERVICES	31,516,942.
HART HEALTHCARE P.O. BOX 21578 NEW YORK, NY 10087-1578	PROPERTY LEASE SRVCS	6,739,903.
UMCP SURGICENTER PARTNERS LLC 1 PLAINSBORO RD PLAINSBORO, NJ 08536-1913	MEDICAL SERVICES	3,399,447.
DRISCOLL BALFOUR BEATTY 401 CITY AVE, STE 500 BALA CYNWYD, PA 19004	CONSTRUCTION	2,285,437.
AXIS CONSTRUCTION MANAGEMENT 215 W CHURCH RD, STE 111 KING OF PRUSSIA, PA 19406	CONSTRUCTION	1,325,155.

Name of the organization

Employer identification number

**PRINCETON HEALTHCARE SYSTEM, A NEW JERSEY****21-0635009**

## FORM 990, PART IX - OTHER FEES

=====

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
-----	-----	-----	-----	-----
CORPORATE SERVICES	53,104,641.	47,794,177.	5,310,464.	NONE
TEMPORARY EMPLOYMENT	14,799,784.	14,799,784.	NONE	NONE
STATE & CITY ASSESSMENTS	14,217,073.	12,795,366.	1,421,707.	NONE
PROFESSIONAL FEES - MEDIC	9,835,563.	8,852,007.	983,556.	NONE
PROFESSIONAL FEES - OTHER	5,734,283.	5,160,855.	573,428.	NONE
OUTSOURCED LABOR	3,005,597.	2,705,037.	300,560.	NONE
OTHER FEES	55,416,097.	49,874,487.	5,541,610.	NONE
TOTALS	-----	-----	-----	-----
	156,113,038.	141,981,713.	14,131,325.	NONE
	=====	=====	=====	=====

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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](https://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization PRINCETON HEALTHCARE SYSTEM, A NEW JERSEY  
NONPROFIT CORPORATION

Employer identification number  
21-0635009

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) 2023

## 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
-----							
AFFILIA HOME HEALTH 1811 OLDE HOMESTEAD LANE	23-1352572 LANCASTER, PA 17601 HOME HEALTH	PA	501(C)(3)	10	LG HEALTH		X
CARL V S PATTERSON IRR 116 ALLEGHENY CENTER MAIL P8YB	23-6415355 PITTSBURGH, PA 15212 SUPPORT TRUST	PA	4947(A)(1)	N/A	N/A		X
CHESTER COUNTY HOSPITAL 701 E. MARSHALL STREET	23-0469150 WEST CHESTER, PA 19380 HEALTHCARE	PA	501(C)(3)	3	CCH&HS		X
CHESTER COUNTY HOSPITAL & HEALTH SYSTEM 701 E. MARSHALL STREET	26-4233321 WEST CHESTER, PA 19380 MGMT SRVCS	PA	501(C)(3)	12, I	TRUSTEES		X
CLINICAL CARE ASSOCIATES OF UPHS 250 KING OF PRUSSIA RD, 4TH FL	23-2729852 RADNOR, PA 19087 HEALTHCARE	PA	501(C)(3)	10	TRUSTEES		X
HAJOCA 3025, INC. 3451 WALNUT STREET, ROOM 737	84-3379653 PHILADELPHIA, PA 19104 SUPPORT ORG	PA	501(C)(3)	12, I	TRUSTEES		X
LAISE, CA TUW FBO UNIV. OF PENN 3451 WALNUT STREET, SUITE 305	82-3434615 PHILADELPHIA, PA 19104 SUPPORT TRUST	PA	4947(A)(1)	N/A	N/A		X
LANCASTER GENERAL HEALTH 555 NORTH DUKE STREET	23-2250941 LANCASTER, PA 17602 SUPPORT ORG	PA	501(C)(3)	12, II	TRUSTEES		X
LANCASTER GENERAL HEALTH COLUMBIA CENTER 306 NORTH 7TH STREET	23-0485650 COLUMBIA, PA 17512 FACILITY MGMT	PA	501(C)(3)	3	LG HOSPITAL		X
LANCASTER GENERAL HEALTH FOUNDATION 555 NORTH DUKE STREET	20-5767147 LANCASTER, PA 17602 FUNDRAISING	PA	501(C)(3)	7	N/A		X

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT	(G) SEC 512	
					CONTROLLING	YES	NO
-----							
LANCASTER GENERAL HEALTH HOLDINGS	20-4943109						
555 NORTH DUKE STREET	LANCASTER, PA 17602						
	HEALTHCARE	PA	501(C)(3)	3	LG HEALTH		X
LANCASTER GENERAL HOSPITAL	23-1365353						
555 NORTH DUKE STREET	LANCASTER, PA 17602						
	HEALTHCARE	PA	501(C)(3)	3	LG HEALTH		X
LANCASTER GENERAL MEDICAL GROUP	23-2777286						
1097 COMMERCIAL AVE	EAST PETERSBURG, PA 17520						
	HEALTHCARE	PA	501(C)(3)	3	LG HEALTH		X
MORRIS EST LYDIA T DECD T/W	23-6210940						
6325 S RAINBOW BLVD STE 300	LAS VEGAS, NV 89118						
	SUPPORT TRUST	NV	501(C)(3)	12, III-FI	N/A		X
NEIGHBORHOOD HEALTH AGENCIES, INC.	23-2324782						
795 E. MARSHALL STREET	WEST CHESTER, PA 19380						
	NURSING	PA	501(C)(3)	12, I	CCH&HS		X
NEIGHBORHOOD LEAGUE HEALTH SERVICES	23-2324787						
795 E. MARSHALL STREET	WEST CHESTER, PA 19380						
	HEALTH SRVCS	PA	501(C)(3)	10	CCH&HS		X
NEIGHBORHOOD VISITING NURSE ASSOCIATION	23-1352243						
795 E. MARSHALL STREET	WEST CHESTER, PA 19380						
	NURSING	PA	501(C)(3)	7	CCH&HS		X
OAP, INC.	23-1986931						
3451 WALNUT STREET, ROOM 748	PHILADELPHIA, PA 19104						
	SUPPORT ORG	PA	501(C)(3)	12, I	TRUSTEES		X
PENN CENTER FOR REHAB AND CARE	23-2422635						
3609 CHESTNUT STREET	PHILADELPHIA, PA 19104						
	HEALTHCARE	PA	501(C)(3)	3	PMC		X
PENN CLUB OF NEW YORK, INC.	23-2726687						
30 WEST 44TH STREET	NEW YORK, NY 10036						
	CLUB	NY	501(C)(7)	N/A	N/A		X

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES	NO
-----							
PENN PRAXIS, INC. 210 SOUTH 34TH STREET	75-2974931 PHILADELPHIA, PA 19104 SUPPORT ORG	PA	501(C)(3)	12, I	TRUSTEES		X
PENNSYLVANIA COLLEGE OF HEALTH SCIENCES 850 GREENFIELD ROAD	06-1645496 LANCASTER, PA 17601 HEALTH EDU	PA	501(C)(3)	2	LG HOSPITAL		X
PENNSYLVANIA HOSPITAL OF UPHS 800 SPRUCE STREET	31-1538725 PHILADELPHIA, PA 19107 HEALTHCARE	PA	501(C)(3)	3	TRUSTEES		X
PGH DEVELOPMENT CORP. 426 CURIE BLVD	23-2351015 PHILADELPHIA, PA 19104 SUPPORT ORG	PA	501(C)(3)	12, I	N/A		X
PHOENIXVILLE HOSPITAL OF UPHS 3001 MARKET STREET, 3RD FLOOR	23-2901089 PHILADELPHIA, PA 19104 SUPPORT ORG	PA	501(C)(3)	3	TRUSTEES		X
PRESBYTERIAN MEDICAL CENTER OF UPHS 51 NORTH 39TH STREET	23-2810852 PHILADELPHIA, PA 19104 HEALTHCARE	PA	501(C)(3)	3	TRUSTEES		X
PRINCETON CAREGIVERS, INC. ONE PLAINSBORO ROAD	22-2842773 PLAINSBORO, NJ 08536 HOMECARE SVCS	NJ	501(C)(3)	3	PHCS HOLDING		X
PRINCETON HEALTHCARE AFFILIATED PHYS, PC ONE PLAINSBORO ROAD	26-4203938 PLAINSBORO, NJ 08536 HEALTHCARE	NJ	501(C)(3)	10	PHCS HOLDING		X
PRINCETON HEALTHCARE SYSTEM FDN, INC. ONE PLAINSBORO ROAD	22-2225911 PLAINSBORO, NJ 08536 SUPPORT PHCS	NJ	501(C)(3)	7	PHCS HOLDING		X
PRINCETON HLTHCARE SYSTEM HOLDING, INC. ONE PLAINSBORO ROAD	22-3493256 PLAINSBORO, NJ 08536 SUPPORT ORG	NJ	501(C)(3)	12, I	TRUSTEES		X

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES	NO
-----							
PRINCETON MEDICAL PROPERTIES, INC.	22-0022702						
ONE PLAINSBORO ROAD	PLAINSBORO, NJ 08536						
	REAL ESTATE	NJ	501(C)(2)	N/A	PHCS HOLDING		X
THE ASC TRUST OF THE UNIV OF PA	81-0550464						
1500 MARKET ST, STE 3500E	PHILADELPHIA, PA 19102						
	BUS. TRUST	PA	501(C)(3)	8	N/A		X
THE HEART GROUP OF LANCASTER GEN. HEALTH	30-0634510						
217 HARRISBURG AVENUE	LANCASTER, PA 17603						
	CARDIOLOGY	PA	501(C)(3)	3	LG HEALTH		X
THE LEONARD AND MADLYN ABRAMSON INST.	23-2929823						
421 CURIE BLVD, 450 BRB II/III	PHILADELPHIA, PA 19104						
	MED RESEARCH	PA	501(C)(3)	4	N/A		X
TRUSTEES OF THE UNIVERSITY OF PENN.	23-1352685						
3451 WALNUT STREET, ROOM 305	PHILADELPHIA, PA 19104						
	EDUCATION	PA	501(C)(3)	2	N/A		X
UNIVERSITY CITY ASSOCIATES INC.	23-3021159						
3451 WALNUT STREET, ROOM 329	PHILADELPHIA, PA 19104						
	SUPPORT ORG	PA	501(C)(3)	12, I	TRUSTEES		X
UNIVERSITY CLUB AT PENN, INC.	23-6299508						
3611 WALNUT STREET	PHILADELPHIA, PA 19104						
	FAC. CLUB	PA	501(C)(3)	12, I	TRUSTEES		X
UPENN INTERNATIONAL	45-4985731						
3451 WALNUT STREET, SUITE 731	PHILADELPHIA, PA 19104						
	SUPPORT ORG	PA	501(C)(3)	12, I	TRUSTEES		X
UPENN MASTER RETIREMENT TRUST	04-3574136						
3451 WALNUT STREET, ROOM 305	PHILADELPHIA, PA 19104						
	RETIRE TRUST	PA	501(A)	N/A	TRUSTEES		X
UPENN RETIREE BENEFITS TRUST	23-2769744						
3451 WALNUT STREET, ROOM 329	PHILADELPHIA, PA 19104						
	BENEFITS	PA	501(C)(3)	12, I	TRUSTEES		X



(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES NO
WISSAHICKON HOSPICE OF UPHS 150 MONUMENT ROAD, SUITE 300	23-2152662 BALA CYNWYD, PA 19004 HOSPICE CARE	PA	501(C)(3)	10	TRUSTEES	X
PENN MEDICINE-PMA 5 ATRIUM, 3400 CIVIC CTR BLVD	86-3800365 PHILADELPHIA, PA 19104 HEALTHCARE	PA	501(C)(3)	10	CCA	X

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

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

21-0635009

(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 YES NO	(I) CODE V-UBI	(J) PARTNER YES NO	(K) % OWNERSHIP
-----										
PDCP 1740 FUND LP 32-0472404										
311 S WACKER DR, STE 2620 CHIC	INVESTMENT	IL	N/A							X
CYRUS 1740 FUND, LP 82-1211542										
65 E 55TH STREET, 35TH FLOOR N	INVESTMENT	NY	N/A							X
CYRUS 1740 MASTER FUND LP 98-1										
89 NEXUS WAY CAMANA BAY, GR K	INVESTMENT	CJ	N/A							X
DVG 1740 FUND, LP 80-0961539										
ONE FAWCETT PLACE GREENWICH, C	INVESTMENT	CT	N/A							X
EAST MARSHALL STREET PARTNERSH										
701 E. MARSHALL STREET WEST CH	INVESTMENT	PA	N/A							X
FERN HILL PARTNERSHIP III, LP										
701 E. MARSHALL STREET WEST CH	RENTAL	PA	N/A							X
FERN HILL, LLC 23-3005147										
701 E. MARSHALL STREET WEST CH	RENTAL	PA	N/A							X
GALLOPAVO, LP 46-4621967										
4215 WEST LOVERS LANE, SUITE 1	INVESTMENT	TX	N/A							X
JOG V C LIMITED PARTNERSHIP										
STE 2370 440 2ND AVE SW CALGAR	INVESTMENT	CA	N/A							X
JOG VI C LIMITED PARTNERSHIP										
STE 2370 440 2ND AVE SW CALGAR	INVESTMENT	CA	N/A							X

21-0635009

(A) NAME/ADDRESS/EIN	(B) PRIMARY	(C) LEGAL	(D) DIRECT	(E) PREDOMINANT	(F) SHARE OF	(G) SHARE EOY	(H) DISPROPORTIONATE	(I) CODE V-UBI	(J) PARTNER	(K) %
	ACTIVITY	DOMICILE	CONTROLLING	INCOME	TOT INCOME		YES NO		YES NO	OWNERSHIP

KINGSTOWN 1740 FUND LP 84-3119				
167 MADISON AVE, ST 205 #1033	INVESTMENT	NY	N/A	X
LANCASTER PET PARTNERSHIP, LLP				
PO BOX 4216 LANCASTER, PA 1760	MEDICAL SERVICES	PA	N/A	X
LG HEALTH COMM. CARE COLLAB. I				
555 NORTH DUKE STREET LANCASTE	ACO	PA	N/A	X
LG HEALTH COMMUNITY CARE COLLA				
555 NORTH DUKE STREET LANCASTE	ACO	PA	N/A	X
MRI GROUP, LLP 33-1011386				
PO BOX 4216 LANCASTER, PA 1760	MEDICAL SERVICES	PA	N/A	X
NEIGHBRHD PRES & DEV FUND, LP				
240 NEW YORK DR, STE 1 FORT WA	RENTAL	PA	N/A	X
OAKLANDS WAY MEDICAL BUILDING				
701 E. MARSHALL STREET WEST CH	RENTAL	PA	N/A	X
SRP INVESTORS FUND A, LP 61-17				
2001 ROSS AVE, SUITE 400 DALLA	INVESTMENT	TX	N/A	X
TURK'S HEAD SURGERY CENTER 20-				
915 OLD FERN HILL ROAD, BLDG B	MEDICAL SERVICES	PA	N/A	X
ST-TO RIBBIT OPPORTUNITY V, LL				
364 UNIVERSITY AVENUE PALO ALT	INVESTMENT	CA	N/A	X

PRINCETON HEALTHCARE SYSTEM, A NEW JERSEY

21-0635009

## 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 YES NO	(I) CODE V-UBI	(J) PARTNER YES NO	(K) % OWNERSHIP
-----										
UNIVERSA BLACK SWAN PROTECTION 2601 S. BAYSHORE DR, SUITE 203	INVESTMENT	FL	N/A						X	
AXIS UKA GP LLC 27-3617178 240 NEW YORK DRIVE, SUITE 1 FO	INVESTMENT	PA	N/A						X	
LIFT REAL ESTATE PARTNERS FUND 180 SUTTER STREET, SUITE 400 S	INVESTMENT	CA	N/A						X	
BEXP II (PARALLEL), LP 87-3188 5914 W COURTYARD DRIVE AUSTIN,	INVESTMENT	TX	N/A						X	
FORERUNNER BUILDERS F-G, LP 87 ONE LETTERMAN DRIVE, BLDG. C,	INVESTMENT	CA	N/A						X	
GCM CARRIAGE SPV, L.P. 87-2075 250 WEST 55TH STREET, 36TH FLO	INVESTMENT	NY	N/A						X	
INITIALIZED CBH SPV LLC 87-112 464 TEHAMA STREET SAN FRANCISC	INVESTMENT	CA	N/A						X	
SAILINGSTONE GLOBAL NATURAL RE 100 WAUGH DRIVE, SUITE 600 HOU	INVESTMENT	TX	N/A						X	
AUSTIN 512, LP 92-1329561 5914 W COURTYARD DRIVE, SUITE	INVESTMENT	TX	N/A						X	
BLACKSTONE REAL ESTATE PARTNER C/O THE BLACKSTONE GROUP 345 P	INVESTMENT	NY	N/A						X	

21-0635009

(A) NAME/ADDRESS/EIN	B) PRIMARY	(C) LEGAL	(D) DIRECT	(E) PREDOMINANT	(F) SHARE OF	(G) SHARE EOY	(H) DISPROPORTIONATE	(I) CODE V-UBI	(J) PARTNER	(K) %
	ACTIVITY	DOMICILE	CONTROLLING	INCOME	TOT INCOME		YES NO		YES NO	OWNERSHIP
-----										
KEYFRAME 1740 FUND, LP 88-3210										
65 E 55TH STREET, 35TH FLOOR N	INVESTMENT	NY	N/A							X
LIFT REAL ESTATE PARTNERS FUND										
180 SUTTER STREET, SUITE 400 S	INVESTMENT	CA	N/A							X
NEUBERGER BERMAN HEDGED CRYPTO										
1290 AVENUE OF THE AMERICAS, 2	INVESTMENT	NY	N/A							X

## PRINCETON HEALTHCARE SYSTEM, A NEW JERSEY

21-0635009

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
ARCM 1740 LTD 27 HOSPITAL ROAD , GRAND CAYMAN CJ KY1-9008	INVESTMENTS	CJ	TRUSTEES	C-CORP				X
CYRUS 1740 FUND LTD 98-1361907 89 NEXUS WAY CAMANA BAY, GRAND CAYMAN CJ KY1-9009	INVESTMENTS	CJ	TRUSTEES	LIMITED COMPANY				X
CLINICAL HEALTH CARE ASSOC OF NJ, PC 23-2865181 250 KING OF PRUSSIA RD, 4TH FL RADNOR, PA 19087	PHYS MGMT	PA	CCA	C-CORP				X
DELANCEY CORPORATION 23-2060159 800 SPRUCE STREET PHILADELPHIA, PA 19106	RENTAL	PA	PA HOSPITAL	C-CORP				X
FRANKLIN CASUALTY INSURANCE CO. 04-3378984 P.O. BOX 530 BURLINGTON, VT 05402	INSURANCE	VT	TRUSTEES	C-CORP				X
LANCASTER GENERAL 457 DEFERRED COMP PLAN 23-2250941 555 NORTH DUKE STREET LANCASTER, PA 17602	TRUST	PA	LG HEALTH	TRUST				X
LANCASTER GENERAL SERVICES INC. 23-2250128 555 NORTH DUKE STREET LANCASTER, PA 17602	PROPERTY SVCS	PA	LG HEALTH	C-CORP				X
NAYA 1740 FUND LTD. P.O. BOX 309 UGLAND HOUSE, GRAND CAYMAN CJ KY1-1104	INVESTMENTS	CJ	TRUSTEES	C-CORP				X
PENN MEDICINE LONDON LIMITED VISTRA STE 2 1ST FLR 10 TEMPL BACK BRISTOL, UK BS1 6FL	NETWORKING	UK	UPENN INT'L	LIMITED COMPANY				X
PENN WHARTON CONSULTING (BEIJING) CO LTD UNIT 3106 LEVEL 31, YINTAI OFFICE T , CHAOYANG DIST CH 10	BUS. CONSULTING	CH	UPENN INT'L	C-CORP				X

PRINCETON HEALTHCARE SYSTEM, A NEW JERSEY

21-0635009

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
PHI PHARMACY, INC. ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536	22-3467899 INACTIVE	NJ	PHCS HOLDING	C-CORP				X
PRINCETON HEALTH, INC. & SUBS ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536	22-3450093 MEDICAL	NJ	PHCS HOLDING	C-CORP				X
QUAKER INSURANCE COMPANY LTD VICTORIA STREET, PO BOX HM 1826 VICTORIA HALL, HAMILTON B	30-0708282 SELF-INSURANCE	BD	TRUSTEES	C-CORP				X
THE PAM 1740 FUND LTD. P.O. BOX 309 GEORGE TOWN, GRAND CAYMAN CJ KYI-1104	INVESTMENTS	CJ	TRUSTEES	C-CORP				X
TURK'S HEAD HEALTH SERVICES, INC. 701 E. MARSHALL STREET WEST CHESTER, PA 19380	23-2329753 MEDICAL SERVICES	PA	CCH&HS	C-CORP				X
UPENN HOSPITALITY, INC. 3401 WALNUT STREET, SUITE 440A PHILADELPHIA, PA 19104	23-3076589 HOTEL/RESTAURANT	PA	TRUSTEES	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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	X
<b>2</b> 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) PRINCETON HEALTHCARE SYSTEM HOLDING, INC.	S	4,581,618.	FMV
(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

PRINCETON HEALTHCARE SYSTEM, A NEW JERSEY NONPROFIT CORPORATION ("PHCS") AND ITS AFFILIATES CONSTITUTE A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. PRINCETON HEALTHCARE SYSTEM HOLDING, INC. IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM. PHCS ROUTINELY PAYS EXPENSES FOR VARIOUS AFFILIATES WITHIN THE SYSTEM IN THE ORDINARY COURSE OF BUSINESS. THESE RELATED PARTY TRANSACTIONS ARE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND ITS AFFILIATES. THESE ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY HEALTHCARE AND WELLNESS SERVICES TO THE COMMUNITIES IN WHICH THEY ARE SITUATED.