

990

Form

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation). Do not enter social security numbers on this form as it may be made public.
Go to [www.irs.gov/Form990](#) for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 07-01-2022 , and ending 06-30-2023

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

C Name of organization
PRINCETON HEALTHCARE SYSTEM A NEW JERSEY
NONPROFIT CORPORATION
% GUILHERME VALLADARES MBA
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
ONE PLAINSBORO ROAD
City or town, state or province, country, and ZIP or foreign postal code
PLAINSBORO, NJ 08536
F Name and address of principal officer:
GUILHERME VALLADARES
ONE PLAINSBORO ROAD
PLAINSBORO, NJ 08536

D Employer identification number
21-0635009
E Telephone number
(609) 853-7107
G Gross receipts \$ 575,161,953

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

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

J Website: WWW.PRINCETONHCS.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1919

M State of legal domicile: NJ

Part I Summary

Activities & Governance

1 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.

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

3 Number of voting members of the governing body (Part VI, line 1a) 3 14

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 11

5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 3,898

6 Total number of volunteers (estimate if necessary) 6 696

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 8 3,149,539

9 Program service revenue (Part VIII, line 2g) 9 562,497,298

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 8,372,949

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,125,738

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 575,161,953

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0

14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 249,343,263

16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0

16b Total fundraising expenses (Part IX, column (D), line 25) 16b 0

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 316,086,426

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 565,429,689

19 Revenue less expenses. Subtract line 18 from line 12 19 9,732,264

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 20 797,475,879

21 Total liabilities (Part X, line 26) 21 332,198,080

22 Net assets or fund balances. Subtract line 21 from line 20 22 465,277,799

Part II Signature Block

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

Sign Here

Signature of officer
GUILHERME VALLADARES MBA SR VP & CFO
Type or print name and title

2024-05-14
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name PwC US Tax LLP
Firm's address 2001 MARKET ST SUITE 1800
PHILADELPHIA, PA 19103

Preparer's signature
Firm's EIN
Phone no. (267) 330-3000

Date 2024-05-10
Check if self-employed
PTIN P00858539

May the IRS discuss this return with the preparer shown above? See Instructions. Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2022)

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission:

THE MISSION OF 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.

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 \$ 437,167,652 including grants of \$ 0) (Revenue \$ 468,179,434)

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 2023, PATIENT DAYS TOTALED 72,390 AND OUTPATIENT VISITS/ENCOUNTERS TOTALED 146,168 PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT.

4b

(Code:) (Expenses \$ 71,188,599 including grants of \$ 0) (Revenue \$ 80,557,812)

PRINCETON HOUSE BEHAVIORAL HEALTH PROVIDES COMPREHENSIVE PSYCHIATRIC AND SUBSTANCE ABUSE RECOVERY PROGRAMS. ITS 116 BEDS PRODUCED 29,423 PATIENT DAYS IN FY2023. OUTPATIENT VISITS AND TREATMENTS ACROSS MULTIPLE SITES AMOUNTED TO 78,835. PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT.

4c

(Code:) (Expenses \$ 12,734,805 including grants of \$ 0) (Revenue \$ 13,760,052)

PRINCETON HOMECARE SERVICES IS A HOME CARE AND VISITING NURSE, AND HOSPICE SERVICE. IN FY2023, THERE WERE 52,444 OCCASIONS OF SERVICE AND 11,765 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 in Schedule O.)

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

4e

Total program service expenses

521,091,056

Part IV

Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V		Statements Regarding Other IRS Filings and Tax Compliance (continued)					
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	3,898				
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Yes				
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a					No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b					
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a					No
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).							
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a					No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b					No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c					
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a					No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b					
7 Organizations that may receive deductible contributions under section 170(c).							
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a					No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b					
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c					No
d If "Yes," indicate the number of Forms 8282 filed during the year		7d					
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e					No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f					No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g					
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h					
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8					
9 Sponsoring organizations maintaining donor advised funds.							
a Did the sponsoring organization make any taxable distributions under section 4966?		9a					
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b					
10 Section 501(c)(7) organizations. Enter:							
a Initiation fees and capital contributions included on Part VIII, line 12		10a					
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b					
11 Section 501(c)(12) organizations. Enter:							
a Gross income from members or shareholders		11a					
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b					
13 Section 501(c)(29) qualified nonprofit health insurance issuers.							
a Is the organization licensed to issue qualified health plans in more than one state?		13a					
Note. See the instructions for additional information the organization must report on Schedule O.							
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		13b					
c Enter the amount of reserves on hand		13c					
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a					No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b					
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		15					No
16 Is the organization subject to the section 4968 excise tax on net investment income?		16					No
17 Section 501(c)(21) organizations. 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?		17					
If "Yes," complete Form 6069.							

Part VI

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year.	14		
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent.	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
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?	16b	Yes	

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 Form 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records: 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

☒

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization’s **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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)	E a com f org an org
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(1) KEVIN B MAHONEY CEO - UPHS	1.0 54.0	X		X				0	2,872,713	
(2) ROBERT VONDERHEIDE MD TRUSTEE	1.0 54.0	X						0	901,747	
(3) JAMES G DEMETRIADES PRESIDENT & CEO	47.0 8.0	X		X				722,687	0	
(4) CRAIG GRONCZEWSKI MD SENIOR VP MEDICAL AFFAIRS	55.0 0.0			X				492,697	0	
(5) GUILHERME VALLADARES MBA SVP & CFO - ASST. TREAS.	34.0 21.0			X				454,602	0	
(6) NANCY FLETCHER VP CORP. COMPL. & REG. AFFAIRS	55.0 0.0				X			403,133	0	
(7) PAUL ORTIZ VP BUS. SVC. LINE DEV.	55.0 0.0				X			392,927	0	
(8) STEPHANIE D TIEKU NURSE MANAGER	55.0 0.0					X		345,865	0	
(9) HYONA REVERE SENIOR VP DEVELOPMENT	54.0 1.0				X			347,263	0	
(10) YISRAEL KRAUS VP PHYSICIAN ALIGNMENT	55.0 0.0				X			326,929	0	
(11) ARUN RAO MED.DIR. CARE COORDIN.	55.0 0.0					X		324,101	0	
(12) SIDDIQ FAISAL MD MED. DIR., OCCUPATIONAL HEALTH	55.0 0.0					X		323,012	0	
(13) MARGUERITE PEDLEY SENIOR VICE PRESIDENT PHBH	55.0 0.0				X			321,299	0	
(14) FAYEZ LABIB CLINICAL NURSE II	55.0 0.0					X		295,669	0	
(15) SHEILA G KEMPF CNO&VP PATIENT SVS - THRU 8/22	55.0 0.0				X			307,245	0	
(16) MARY ANN D SANTOS CLINICAL NURSE II	55.0 0.0					X		295,688	0	
(17) REINALDINE FLEURY VP EMP. RELATIONS - THRU 5/22	55.0 0.0				X			282,178	0	

Part VII

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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			
(18) CHING-YI LIU VP, FINANCE	55.00.0				X			248,485	0	37,137
(19) KARYN BOOK VP PAT. SVS & CNO - AS OF 9/22	55.00.0				X			275,599	0	5,723
(20) CAROL NORRIS-SMITH VP PR - MARKETING	55.00.0				X			242,778	0	36,635
(21) PETER THOMAS VP, OUTPATIENT ADMINISTRATION	55.00.0				X			252,570	0	22,781
(22) JACQUELINE R KAVOURAS VP POP. HEALTH - THRU 3/23	55.00.0				X			237,574	0	10,096
(23) DEBORAH CASARELLA ASSOC. CHIEF INFORMATION OFF.	55.00.0				X			241,127	0	817
(24) ROSEMARIE COSTAGLIOLA DIR. OF CORPORATE GOVERNANCE	44.01.0			X				116,497	0	23,170
(25) ANTHONY KUCZINSKI TRUSTEE - CHAIRMAN	1.04.0	X		X				0	0	0
(26) BARRY PERLEMAN MD EX-OFFICIO TRUSTEE - THRU 3/23	1.03.0	X						0	0	0
(27) CALVIN L BUTTS JR TRUSTEE	1.01.0	X						0	0	0
(28) HEATHER M VAN RAALTE MD TRUSTEE	1.01.0	X						0	0	0
(29) JAMES L DOMINICK TRUSTEE - THRU 3/23	1.03.0	X		X				0	0	0
(30) JESSE I TREU PHD TRUSTEE - THRU 3/23	1.01.0	X						0	0	0
(31) KENNETH A GOLDMAN MD FACS TRUSTEE - THRU 3/23	1.01.0	X						0	0	0
(32) KIM PIMLEY EX-OFFICIO TRUSTEE	1.01.0	X						0	0	0
(33) LEONARD GROSSMAN MD TRUSTEE	1.01.0	X						0	0	0
(34) LORI FELDSTEIN TRUSTEE	1.01.0	X						0	0	0
(35) MARIA JUEGA TRUSTEE - THRU 3/23	1.01.0	X						0	0	0
(36) MARK POLLARD TRUSTEE - THRU 3/23	1.03.0	X		X				0	0	0
(37) MICHAEL MARDY TRUSTEE - TREASURER	1.03.0	X		X				0	0	0
(38) MYRON M GELLMAN TRUSTEE - VICE CHAIRMAN	1.01.0	X						0	0	0
(39) PAUL VON AUTENREID TRUSTEE - THRU 3/23	1.01.0	X						0	0	0
(40) PHILIP CARCHMAN TRUSTEE - SECRETARY	1.01.0	X						0	0	0
(41) ROBERT C DOLL JR TRUSTEE - THRU 3/23	1.01.0	X						0	0	0
(42) SAMIT HIRAWAT MD TRUSTEE	1.01.0	X						0	0	0
(43) W THOMAS GUTOWSKI MD TRUSTEE	1.02.0	X						0	0	0
(44) ALEXANDER WOLFSON TRUSTEE - AS OF 3/23	1.01.0	X						0	0	0

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	7,249,925	3,774,460	1,220,377

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 ▶ 529

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SYMMETRY WORKFORCE SOLUTIONS, 5930 CORNERSTONE CT STE 300 SAN DIEGO, CA 92121	MEDICAL SERVICES	16,879,378
HART HEALTHCARE, PO BOX 21578 NEW YORK, NY 100871578	PROPERTY LEASE SRVCS	7,220,579
UMCP SURGICENTER PARTNERS LLC, 1 PLAINSBORO RD PLAINSBORO, NJ 085361913	MEDICAL SERVICES	3,334,994
ALLIED UNIVERSAL COMPANY, 1551 N TUSTIN AVE STE 650 SANTA ANA, CA 92705	OUTSOURCED STAFFING	1,589,963
RESPIRATORY SLEEP SPECIALISTS LLC, 252 GRANDVIEW RD SKILLMAN, NJ 08558	MEDICAL SERVICES	1,260,149
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 59		

Part VIII

Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants, and Other		1a Federated campaigns		1a		
Amt Similar Amounts		b Membership dues		1b		
		c Fundraising events		1c		
		d Related organizations		1d 3,165,968		
		e Government grants (contributions)		1e		
		f All other contributions, gifts, grants, and similar amounts not included above		1f		
		g Noncash contributions included in lines 1a - 1f:\$		1g		
		h Total. Add lines 1a-1f		3,165,968		
Program Service Revenue	2a NET PATIENT SERVICE REVENUES	Business Code				
		541900	557,364,370	557,364,370		
	b OTHER HEALTHCARE RELATED REVENUES	541900	5,132,928	5,132,928		
	c					
	d					
	e					
	f All other program service revenue.					
g Total. Add lines 2a-2f.		562,497,298				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,047,296		3,047,296	
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
		(i) Real	(ii) Personal			
	6a Gross rents	6a 1,090,114				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c 1,090,114	0			
	d Net rental income or (loss)			1,090,114		1,090,114
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a 5,325,653				
	b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c 5,325,653				
	d Net gain or (loss)			5,325,653		5,325,653
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a 0				
	b Less: direct expenses	8b 0				
	c Net income or (loss) from fundraising events			0		
	9a Gross income from gaming activities. See Part IV, line 19	9a 0				
	b Less: direct expenses	9b 0				
	c Net income or (loss) from gaming activities			0		
	10a Gross sales of inventory, less returns and allowances	10a 0				
b Less: cost of goods sold	10b 0					
c Net income or (loss) from sales of inventory			0			
Other	11a VENDING MACHINE REVENUES	Business Code				
		900099	35,624		35,624	
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d			35,624		
	12 Total revenue. See instructions			575,161,953	562,497,298	0 9,498,687

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	6,814,420	6,132,978	681,442	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	189,291,694	170,362,525	18,929,169	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,446,401	8,501,761	944,640	0
9 Other employee benefits	28,914,814	26,023,333	2,891,481	0
10 Payroll taxes	14,875,934	13,388,341	1,487,593	0
11 Fees for services (non-employees):				
a Management	3,460,209	3,114,188	346,021	0
b Legal	422,843	380,559	42,284	0
c Accounting	0			
d Lobbying	38,143	34,329	3,814	0
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	130,323,431	120,028,497	10,294,934	0
12 Advertising and promotion	2,374,036	2,136,632	237,404	0
13 Office expenses	669,253	602,328	66,925	0
14 Information technology	995,009	895,508	99,501	0
15 Royalties	0			
16 Occupancy	22,027,864	19,825,078	2,202,786	0
17 Travel	668,908	602,017	66,891	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	47,287	42,558	4,729	0
20 Interest	9,450,770	8,505,693	945,077	0
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	30,997,736	27,897,962	3,099,774	0
23 Insurance	1,882,738	1,694,464	188,274	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	94,669,240	94,669,240	0	0
b REPAIRS & MAINTENANCE	10,182,551	9,164,296	1,018,255	0
c DUES & LICENSES	873,849	786,464	87,385	0
d TAXES	170,350	153,315	17,035	0
e All other expenses	6,832,209	6,148,990	683,219	
25 Total functional expenses. Add lines 1 through 24e	565,429,689	521,091,056	44,338,633	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☐

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		83,392,231	1	56,259,367	
	2	Savings and temporary cash investments		292,813	2	836,393	
	3	Pledges and grants receivable, net		0	3	0	
	4	Accounts receivable, net		57,333,417	4	64,939,088	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0	
	7	Notes and loans receivable, net		0	7	0	
	8	Inventories for sale or use		6,898,232	8	7,967,186	
	9	Prepaid expenses and deferred charges		1,906,813	9	1,413,135	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	817,580,718			
	b	Less: accumulated depreciation	10b	464,537,374	360,374,709	10c	353,043,344
	11	Investments—publicly traded securities		0	11	0	
	12	Investments—other securities. See Part IV, line 11		229,433,468	12	231,925,215	
	13	Investments—program-related. See Part IV, line 11		0	13	0	
	14	Intangible assets		22,000,000	14	22,000,000	
	15	Other assets. See Part IV, line 11		56,930,503	15	59,092,151	
16	Total assets: Add lines 1 through 15 (must equal line 33)		818,562,186	16	797,475,879		
Liabilities	17	Accounts payable and accrued expenses		38,486,604	17	31,626,668	
	18	Grants payable		0	18	0	
	19	Deferred revenue		3,739,817	19	3,674,777	
	20	Tax-exempt bond liabilities		261,126,824	20	253,810,917	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0	
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		71,175,417	25	43,085,718	
	26	Total liabilities: Add lines 17 through 25		374,528,662	26	332,198,080	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		419,590,639	27	434,343,381	
	28	Net assets with donor restrictions		24,442,885	28	30,934,418	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		444,033,524	32	465,277,799	
	33	Total liabilities and net assets/fund balances		818,562,186	33	797,475,879	

Part XI

Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	575,161,953
2	Total expenses (must equal Part IX, column (A), line 25)	2	565,429,689
3	Revenue less expenses. Subtract line 2 from line 1	3	9,732,264
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	444,033,524
5	Net unrealized gains (losses) on investments	5	-3,931,570
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	15,443,581
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	465,277,799

Part XII

Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
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?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

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 **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		
Total						

Part II

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions)

12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	<div>14</div>	
15 Public support percentage for 2020 Schedule A, Part II, line 14	<div>15</div>	

16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) .						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2022. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2021. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

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

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

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

Section C - Distributable Amount

Current Year

- | | | |
|----------|--|----------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 |
| 2 | Enter 85% of line 1 | 2 |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 |
| 4 | Enter greater of line 2 or line 3 | 4 |
| 5 | Income tax imposed in prior year | 5 |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 |

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)		
Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required-- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022:		
a	From 2017.		
b	From 2018.		
c	From 2019.		
d	From 2020.		
e	From 2021.		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018.		
b	Excess from 2019.		
c	Excess from 2020.		
d	Excess from 2021.		
e	Excess from 2022.		

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

Facts And Circumstances Test

Return Reference	Explanation
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Additional Data

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Schedule B (Form 990) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047
		2022
Name of the organization PRINCETON HEALTHCARE SYSTEM A NEW JERSEY NONPROFIT CORPORATION		Employer identification number 21-0635009

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number
21-0635009

Contributors

Schedule B (Form 990) (2022)

Name of organization PRINCETON HEALTHCARE SYSTEM A NEW JERSEY NONPROFIT CORPORATION	Employer identification number 21-0635009
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Part II

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	<div></div>

Name of organization PRINCETON HEALTHCARE SYSTEM A NEW JERSEY NONPROFIT CORPORATION	Employer identification number 21-0635009
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Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	

Additional Data

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Software ID:

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

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

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

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

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

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

Name of the organization 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

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

Part II-A

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

- A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

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

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

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

Part II-B

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		38,144
i	Other activities?		No	
j	Total. Add lines 1c through 1i			38,144
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART II-B; LINE 1 G	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 ACTIVITES PERFORMED ON BEHALF OF THE ORGANIZATION. THIS ALLOCATION AMOUNTED TO \$38,144 FOR FY2023.

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Name of the organization PRINCETON HEALTHCARE SYSTEM A NEW JERSEY NONPROFIT CORPORATION	Employer identification number 21-0635009
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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 (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space											
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>2a</td><td>Total number of conservation easements</td></tr><tr><td>2b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>2c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>2d</td><td>Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</td></tr></table>		Held at the End of the Year	2a	Total number of conservation easements	2b	Total acreage restricted by conservation easements	2c	Number of conservation easements on a certified historic structure included in (a)	2d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register
	Held at the End of the Year											
2a	Total number of conservation easements											
2b	Total acreage restricted by conservation easements											
2c	Number of conservation easements on a certified historic structure included in (a)											
2d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register											
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 2(d) 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 ▶ \$	

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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	219,519,347	220,229,853	156,468,152	151,517,441	141,836,854
b Contributions	0	11,442,469	10,129,993	8,757,911	1,457,785
c Net investment earnings, gains, and losses	2,446,795	92,658	64,669,242	5,071,531	8,431,963
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	140,135	12,245,633	11,037,534	8,878,731	209,161
f Administrative expenses	0	0	0	0	0
g End of year balance	221,826,007	219,519,347	220,229,853	156,468,152	151,517,441

2

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

a

Board designated or quasi-endowment ▶ 100.000 %

b

Permanent endowment ▶ 0 %

c

Term endowment ▶ 0 %

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

3a

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

(i) Unrelated organizations

(ii) Related organizations

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

	Yes	No
3a(i)		No
3a(ii)	Yes	
3b	Yes	

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		531,172,310	283,341,171	247,831,139
c Leasehold improvements		22,530,422	9,641,884	12,888,538
d Equipment		180,480,595	137,779,976	42,700,619
e Other		42,074,591	33,774,343	8,300,248
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				353,043,344

Schedule D (Form 990) 2021

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	221,826,607	F
(B) BOND PROCEEDS HELD BY TRUSTEE	10,098,608	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	231,925,215	

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)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

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	9,011,617
(2)INVESTMENT IN PHS FOUNDATION	30,806,617
(3)RIGHT TO USE LEASED ASSETS	19,273,917
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	59,092,151

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	43,085,718

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII

Supplemental Information

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

Return Reference	Explanation
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. ----- ----- 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, 2023 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.

Additional Data

Return to Form

Software ID:

Software Version:

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	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 500 %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
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
a Financial Assistance at cost (from Worksheet 1)			5,198,620	2,118,167	3,080,453	0.540 %
b Medicaid (from Worksheet 3, column a)			60,390,453	45,490,560	14,899,893	2.640 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			65,589,073	47,608,727	17,980,346	3.180 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			1,808,759	157,496	1,651,263	0.290 %
f Health professions education (from Worksheet 5)			11,557,417	2,965,483	8,591,934	1.520 %
g Subsidized health services (from Worksheet 6)			1,561,860	763,440	798,420	0.140 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			512,294		512,294	0.090 %
j Total. Other Benefits			15,440,330	3,886,419	11,553,911	2.040 %
k Total. Add lines 7d and 7j			81,029,403	51,495,146	29,534,257	5.220 %

Part II

Community Building Activities

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

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

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	No
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	19,635,897	
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	589,077	
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	120,412,480	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	151,560,315	
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-31,147,835	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:			
	<input checked="" type="checkbox"/> Cost accounting system			
	<input type="checkbox"/> Cost to charge ratio			
	<input type="checkbox"/> Other			

Section C. Collection Practices

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

Part IV

Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 UMCP SURGICENTER	MEDICAL SERVICES	24.67 %		73.53 %
2 PARTNERS 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?

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)
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Facility
reporting group

1	PENN MEDICINE PRINCETON MEDICAL CTR ONE PLAINSBORO ROAD PLAINSBORO,NJ 08536 www.princetonhcs.org LICENSE # 11103	X	X		X			X		
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1

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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)
PENN MEDICINE PRINCETON MEDICAL CTR

Name of hospital facility or letter of facility reporting group

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply): 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)	3 Yes	
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>21</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 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
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 Yes	
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply): 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)	7 Yes	
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 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>22</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	No
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 Yes	
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	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V **Facility Information** *(continued)*

Financial Assistance Policy (FAP)

PENN MEDICINE PRINCETON MEDICAL CTR

Name of hospital facility or letter of facility reporting group

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
	a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200. _____ %		
	b <input type="checkbox"/> Income level other than FPG (describe in Section C) _____ %		
	c <input checked="" type="checkbox"/> Asset level		
	d <input checked="" type="checkbox"/> Medical indigency		
	e <input checked="" type="checkbox"/> Insurance status		
	f <input checked="" type="checkbox"/> Underinsurance discount		
	g <input checked="" type="checkbox"/> Residency		
	h <input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance?	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
	a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
	b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
	c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
	d <input 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)		
16	Was widely publicized within the community served by the hospital facility?	Yes	
	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): SCH H, PART V, SECT. C		
	b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): SCH H, PART V, SECT. C		
	c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): SCH H, PART V, SECT. C		
	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		
	h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
	i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
	j <input type="checkbox"/> Other (describe in Section C)		

Part V

Facility Information (continued)

Billing and Collections

PENN MEDICINE PRINCETON MEDICAL CTR

Name of hospital facility or letter of facility reporting group

		Yes	No	
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous d <input type="checkbox"/> Actions that required 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: 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 d <input type="checkbox"/> Actions that required a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)	19		No
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 b <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the ECA and SAP 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	Yes	
	a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information *(continued)*

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

PENN MEDICINE PRINCETON MEDICAL CTR

Name of hospital facility or letter of facility reporting group

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** ☒ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** ☐ The hospital facility used a prospective Medicare or Medicaid method
- 23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?
If "Yes," explain in Section C.
- 24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?
If "Yes," explain in Section C.

	Yes	No
23		No
24		No

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.

[illegible]

Part V

Facility Information (continued)

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(Report on all facilities, 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)
1 PRINCETON HOUSE BEHAVIORAL HEALTH 351 NEW ALBANY ROAD moorestown,NJ 08057	OUTPATIENT BEHAVIORAL PROGRAM
2 PRINCETON HOUSE BEHAVIORAL HEALTH 1460 LIVINGSTON AVENUE NORTH BRUNSWICK,NJ 08902	OUTPATIENT BEHAVIORAL PROGRAM
3 PRINCETON HOUSE BEHAVIORAL HEALTH 300 CLOCKTOWER ROAD SUITE 101 hamilton,NJ 08690	OUTPATIENT BEHAVIORAL PROGRAM
4 PRINCETON HOUSE BEHAVIORAL HEALTH 1000 HERRONTOWN ROAD PRINCETON,NJ 08542	OUTPATIENT BEHAVIORAL PROGRAM
5 PRINCETON HOUSE BEHAVIORAL HEALTH 741 MOUNT LUCAS ROAD princeton,NJ 08542	OUTPATIENT BEHAVIORAL PROGRAM
6 PRINCETON HOMECARE SERVICES 88 PRINCETON HIGHTSTOWN ROAD WEST WINDSOR,NJ 08550	HEMOCARE & VISITING NURSE
7 BREAST HEALTH CENTER 300B PRINCETON HIGHTSTOWN ROAD EAST WINDSOR,NJ 08512	OUTPATIENT DIAGNOSIS & TREATMENT
8 PRINCETON HOUSE BEHAVIORAL HEALTH 615 HOPE ROAD EATONTOWN,NJ 07742	OUTPATIENT BEHAVIORAL PROGRAM
9 UMCPP OUTPATIENT REHABILITATION 1225 STATE ROAD PRINCETON,NJ 08542	PHYSICAL THERAPY & OCCUPATIONAL MEDICINE
10 UMCPP OUTPATIENT REHAB AT MONROE 2 CENTRE DRIVE SUITE 500 MONROE,NJ 08831	PHYSICAL THERAPY & OCCUPATIONAL MEDICINE
11 UMCPP OUTPATIENT REHAB AT HAMILTON 1315 WHITEHORSE-MERCERVILLE RD STE HAMILTON,NJ 08619	PHYSICAL THERAPY & OCCUPATIONAL MEDICINE
12 UMCPP EAST WINDSOR PATIENT SVC CENTER 300A PRINCETON HIGHTSTOWN ROAD EAST WINDSOR,NJ 08512	LAB DRAW CENTER
13 SOUTH BRUNSWICK WELLNESS CENTER 540 RIDGE ROAD MONMOUTH JUNCTION,NJ 08852	LAB DRAW CENTER
14 UMCPP LAWRENCEVILLE PATIENT SVC CENTER 132 FRANKLIN CORNER ROAD LAWRENCEVILLE,NJ 08648	LAB DRAW CENTER
15 UMCPP ALEXANDER ROAD PATIENT SVC CENTER 731 ALEXANDER ROAD SUITE 103 PRINCETON,NJ 08540	LAB DRAW CENTER
16 UMCPP PRINCETON PATIENT SVC CENTER 281 WITHERSPOON STREET SUITE 100 PRINCETON,NJ 08540	LAB DRAW CENTER

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.

Form and Line Reference	Explanation
PART I, LINE 3C (OTHER FACTORS IN DETERMINING ELIGIBILITY)	<p>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 ----- 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 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 -----</p> <p>----- 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 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 -----</p> <p>----- THE NEW JERSEY UNINSURED DISCOUNT (NJ LAW - BILL S-1797/A-2609) IS AVAILABLE TO UNINSURED PATIENTS WHOSE FAMILY GROSS INCOME IS LESS THAN 500% OF FPG. 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 ----- 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. NJ FAMILYCARE ----- 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 -----</p> <p>----- 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 -----</p> <p>----- THE STATE OF NEW JERSEY HAS ESTABLISHED THE NEW JERSEY VICTIMS OF CRIME COMPENSATION OFFICE TO</p>

Form and Line Reference	Explanation
	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 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") ----- 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. -----
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. -----
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 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. -----
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). ----- PART III, SECTION A, LINE 3 (IMPLICIT PRICE CONCESSIONS ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY) 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. ----- -- 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. -----
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. -----
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: 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 GENEROUS ASSISTANCE AVAILABLE UNDER THE FAP, PRINCETON HEALTH WILL NOTIFY THE PATIENT, IN WRITING, REGARDING THE BASIS FOR THE PRESUMPTIVE

Form and Line Reference	Explanation
	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 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 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 -----
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.XXX-XX-XXXX.1738351937.1648747859-XXX-XX-XXXX.1582304010 -----
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. 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 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. -----
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.XXX-XX-XXXX.1738351937.1648757859-XXX-XX-XXXX.1582304010
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. -----
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 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

Form and Line Reference	Explanation
	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 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 JERSRY 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 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. -----
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.

Additional Data

[Return to Form](#)

Software ID:

Software Version:

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.
- ☐ First-class or charter travel

☐ Housing allowance or residence for personal use
- ☐ Travel for companions

☐ Payments for business use of personal residence
- ☐ Tax idemnification and gross-up payments

☐ Health or social club dues or initiation fees
- ☐ Discretionary spending account

☐ Personal services (e.g., 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, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?
- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- ☒ Compensation committee

☐ Written employment contract
- ☒ Independent compensation consultant

☒ Compensation survey or study
- ☐ Form 990 of other organizations

☒ 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 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 in 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
1b		
2		
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7	Yes	
8		No
9		

Part II

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(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				
1ARUN RAO MED.DIR. CARE COORDIN.	(i)	304,953	18,000	1,148	0	36,898	360,999	0
	(ii)	0	0	0	0	- 0	- 0	0
2CAROL NORRIS-SMITH VP PR - MARKETING	(i)	204,260	36,538	1,980	0	36,635	279,413	0
	(ii)	0	0	0	0	- 0	- 0	0
3CHING-YI LIU VP, FINANCE	(i)	218,872	28,862	751	0	37,137	285,622	0
	(ii)	0	0	0	0	- 0	- 0	0
4CRAIG GRONCZEWSKI MD SENIOR VP MEDICAL AFFAIRS	(i)	414,622	78,075	0	0	13,732	506,429	0
	(ii)	0	0	0	0	- 0	- 0	0
5DEBORAH CASARELLA ASSOC. CHIEF INFORMATION OFF.	(i)	196,841	43,530	756	0	817	241,944	0
	(ii)	0	0	0	0	- 0	- 0	0
6FAYEZ LABIB CLINICAL NURSE II	(i)	222,297	73,173	199	0	36,875	332,544	0
	(ii)	0	0	0	0	- 0	- 0	0
7GUILHERME VALLADARES MBA SVP & CFO - ASST. TREAS.	(i)	381,377	71,983	1,242	0	34,174	488,776	0
	(ii)	0	0	0	0	- 0	- 0	0
8HYONA REVERE SENIOR VP DEVELOPMENT	(i)	282,007	64,387	869	0	36,644	383,907	0
	(ii)	0	0	0	0	- 0	- 0	0
9JACQUELINE R KAVOURAS VP POP. HEALTH - THRU 3/23	(i)	161,901	0	75,673	0	10,096	247,670	0
	(ii)	0	0	0	0	- 0	- 0	0
10JAMES G DEMETRIADES PRESIDENT & CEO	(i)	495,587	205,800	21,300	73,500	17,754	813,941	0
	(ii)	0	0	0	0	- 0	- 0	0
11KARYN BOOK VP PAT. SVS & CNO - AS OF 9/22	(i)	236,895	38,268	436	0	5,723	281,322	0
	(ii)	0	0	0	0	- 0	- 0	0
12MARGUERITE PEDLEY SENIOR VICE PRESIDENT PHBH	(i)	274,051	44,484	2,764	0	20,793	342,092	0
	(ii)	0	0	0	0	- 0	- 0	0
13MARY ANN D SANTOS CLINICAL NURSE II	(i)	198,155	97,533	0	0	11	295,699	0
	(ii)	0	0	0	0	- 0	- 0	0
14NANCY FLETCHER VP CORP. COMPL. & REG. AFFAIRS	(i)	371,143	31,990	0	47,989	18,831	469,953	0
	(ii)	0	0	0	0	- 0	- 0	0
15PAUL ORTIZ VP BUS. SVC. LINE DEV.	(i)	278,146	83,018	31,763	0	25,933	418,860	16,897
	(ii)	0	0	0	0	- 0	- 0	0
16PETER THOMAS VP, OUTPATIENT ADMINISTRATION	(i)	224,129	26,223	2,218	0	22,781	275,351	0
	(ii)	0	0	0	0	- 0	- 0	0
17REINALDINE FLEURY VP EMP. RELATIONS - THRU 5/22	(i)	232,839	48,985	354	0	4,645	286,823	0
	(ii)	0	0	0	0	- 0	- 0	0
18ROBERT VONDERHEIDE MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	650,836	249,600	1,311	38,636	- 18,073	- 958,456	0
19SHEILA G KEMPF CNO&VP PATIENT SVS - THRU 8/22	(i)	208,036	0	99,209	0	17,948	325,193	0
	(ii)	0	0	0	0	- 0	- 0	0
20SIDDIQ FAISAL MD MED. DIR., OCCUPATIONAL HEALTH	(i)	322,508	0	504	0	34,007	357,019	0
	(ii)	0	0	0	0	- 0	- 0	0
21STEPHANIE D TIEKU NURSE MANAGER	(i)	247,135	98,344	386	0	38,150	384,015	0
	(ii)	0	0	0	0	- 0	- 0	0
22YISRAEL KRAUS VP PHYSICIAN ALIGNMENT	(i)	270,390	55,943	596	0	45,195	372,124	0
	(ii)	0	0	0	0	- 0	- 0	0
23KEVIN B MAHONEY CEO - UPHS	(i)	0	0	0	0	0	0	0
	(ii)	1,716,661	840,000	316,052	504,000	- 20,230	- 3,396,943	281,027

Part III **Supplemental Information**

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

Return Reference	Explanation
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 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 - \$281,027 JAMES G. DEMETRIADES - NO DISTRIBUTION PAUL ORTIZ - \$16,897 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 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 -----
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.

Additional Data

Return to Form

Software ID:
Software Version:

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

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) Pool financing	
						Yes	No	Yes	No	Yes	No
A NJ HEALTH CARE FACILITIES ATHRTY SERIES 2016 ABC	22-1487148	64579F8G1	01-20-2016	303,785,061	REFUND SERIES 2010B,C,D; CAP EXP		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	48,346,180							
2	Amount of bonds legally defeased	0							
3	Total proceeds of issue	303,884,205							
4	Gross proceeds in reserve funds	0							
5	Capitalized interest from proceeds	0							
6	Proceeds in refunding escrows	0							
7	Issuance costs from proceeds	3,282,231							
8	Credit enhancement from proceeds	0							
9	Working capital expenditures from proceeds	0							
10	Capital expenditures from proceeds	2,000,000							
11	Other spent proceeds	298,601,974							
12	Other unspent proceeds	0							
13	Year of substantial completion	2016							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)?	X							
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %							
6	Total of lines 4 and 5	0 %							
7	Does the bond issue meet the private security or payment test? . . .		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X						
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV

Arbitrage

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

Part IV

Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider	0							
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider	0							
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 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 is not available under applicable regulations?	X							

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
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 \$580,250 AS OF JUNE 30, 2023.

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Name of the organization

PRINCETON HEALTHCARE SYSTEM A NEW JERSEY NONPROFIT CORPORATION

Employer identification number

21-0635009

Return Reference	Explanation
FORM 990, PART III	<p>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 2023, UPHS PROVIDED \$392.8 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 THE QUALITY OF LIFE BY 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 WORKS 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, CAR SEATS SAFETY CHECKS; INCLUDING SPECIALTY CLASSES SUCH AS LABOR FUNDAMENTALS, HYPNOBIRTHING, AND MINDFETALNESS; BRIGHT BEGINNINGS; COURSES FOR GRANDPARENTS AND BABYSITTERS; DADDY BOOT CAMP; FITNESS CLASSES INCLUDING BUMPS, BANDS & BALLS, PRENATAL YOGA AND POSTPARTUM POWER; 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 2023 INCLUDE TEA AND TRANSITIONS DISCHARGE CLASS; SPANISH PRENATAL BREASTFEEDING AND SUPPORT; WHAT IS A DOULA, GESTATIONAL DIABETES, SAFE SLEEP FOR YOU AND BABY, HELPING YOUR FAMILY BE LEAD FREE, TUMMY TIME, LOVING YOUR POSTPARTUM BODY, AND STROLLER WALK. COMMUNITY WELLNESS ALSO COLLABORATES WITH POST PARTUM SUPPORT INTERNATIONAL (PSI) AND NJ CHAPTER PREECLAMPSIA FOUNDATION FOR TRAINING AND REFERRALS AS WELL AS PENN MEDICINE PRINCETON HOUSE BEHAVIORAL HEALTH (WOMAN'S EMOTIONAL REGULATION PROGRAM) AND THE CJFHC PREGNANCY AND PARENTING WELLNESS. - 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 MENTAL HEALTH FIRST AID TRAININGS, STRESS INJURY COURSES, AND MENTAL HEALTH FIRST AID (ADULT, YOUTH, OLDER ADULTS, AND FIRE/EMS). IN 2023, WE ADDED MENTAL HEALTH FIRST AID "TEEN-TO-TEEN", RESILIENCY TRAINING TO THE COMMUNITY, AND PRINCETON HEALTH WAS THE CHAIR OF THE ANNUAL AMERICAN HEART ASSOCIATION CENTRAL NEW JERSEY HEART WALK. WE ALSO PROVIDED PROGRAMMING ON THE AMERICAN HEART ASSOCIATION KEEPING HEARTS HEALTHY LIFE'S ESSENTIAL EIGHT. - 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 MEASURES FOR COMMUNITY MEMBERS. - SENIOR SERVICES: PRINCETON HEALTH REGULARLY OFFERS PROGRAMS AT LOCAL SENIOR CENTERS AND ACTIVE ADULT COMMUNITIES, INCLUDING MONROE TOWNSHIP OFFICE ON AGING/SENIOR CENTER, WEST WINDSOR SENIOR CENTER, SOUTH BRUNSWICK SENIOR CENTER, AND PRINCETON SENIOR RESOURCE 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, CANCER, DIABETES, HEAD & NECK CANCER, HOSPICE BEREAVEMENT, POST CANCER TREATMENT, PREGNANCY AND POSTPARTUM, PROSTATE CANCER, STROKE, UNITE - PERINATAL LOSS BEREAVEMENT, AND WEIGHT LOSS. - 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 2023, PRINCETON HEALTH OFFERED VISION AND BLOOD PRESSURE SCREENINGS; PROSTATE CANCER SCREENINGS; PELVIC WELLNESS SCREENINGS; EDUCATIONAL SEMINARS FOR CHILDREN, ADULTS, AND SENIORS. 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</p>

Return Reference	Explanation
	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 STAKEHOLDERS, AND AN ONLINE SURVEY EXAMINING LARGER EXTERNAL FACTORS THAT AFFECT HEALTH. IN 2023, WE FORMED A COMMUNITY HEALTH ADVISORY BOARD TO ASSIST WITH THE RESEARCH, PLANNING, AND DEVELOPMENT OF THE 2024 COMMUNITY HEALTH NEEDS ASSESSMENT. PENN MEDICINE CARES GRANT: IN COLLABORATION WITH THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM, PRINCETON HEALTH AWARDS PENN MEDICINE CARES GRANTS TO COMMUNITY-BASED PROGRAMS ON BEHALF OF EMPLOYEES WHO VOLUNTEER THEIR TIME AND EFFORT. BY FUNDING THESE PROGRAMS, PENN MEDICINE HELPS SUPPLY HEALTH SERVICES, FOOD, MEDICINE, CLOTHING, PLACES TO LIVE FOR THOUSANDS OF UNDERSERVED IN THE REGION AND GLOBALLY EVERY YEAR. SINCE ITS INCEPTION IN 2012, THE CARES GRANT PROGRAM HAS PROVIDED OVER \$900,000 TO MORE THAN 900 INITIATIVES SERVING PEOPLE AND COMMUNITIES ACROSS PENN MEDICINE'S SERVICE AREA. FOLLOWING PLEASE FIND PRINCETON HEALTH EMPLOYEES WHO RECEIVED THE CARES GRANT FOR THE 2023 FISCAL YEAR: ALLIANCE RESTORATION CENTER IRIS EMERY: IRIS VOLUNTEERS AT ALLIANCE RESTORATION CENTER, WHICH IS THE COMBINED EFFORT OF TWO NEW JERSEY CHURCHES. IT SERVES AS A RESOURCE FOR LOW-INCOME FAMILIES – MOSTLY HISPANIC – WITHIN THE AREA. THE ORGANIZATION'S GOALS ARE TO HAVE A FOOD PANTRY DISTRIBUTE FOOD ONCE A MONTH TO 160 FAMILIES AND TO TEACH ESL COURSES. IRIS'S FUNDING WILL GO TOWARD THE HIRING OF TEACHERS TO TEACH ENGLISH TO; TO SUPPORT THE FOOD PANTRY; AND FOR SCHOOL SUPPLIES, BEDDING, CLOTHING (ESPECIALLY COATS AND SHOES), AND BASIC HYGIENE KITS. -----
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 PRICEWATERHOUSECOOPERS LLP FOR REVIEW AND RETURN PREPARATION. A DRAFT COPY OF THE JUNE 30, 2023 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, 2023 FORM 990 WAS THEN MADE AVAILABLE TO EACH BOARD MEMBER PRIOR TO THE FILING DEADLINE. -----
FORM 990, PART VI, SECTION B, LINES 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, 2023 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, 2023 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 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 DOCUMENTATION OF THE PROCESS). -----
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. ----- -
FORM 990, PART XI, LINE 9	DETAIL OF OTHER CHANGES IN NET ASSETS OR FUND BALANCE: CHANGE IN PERMANENTLY RESTRICTED ASSETS 1,383,316 CHANGE IN TEMPORARILY RESTRICTED ASSETS 5,108,218 CHANGE IN NET PERIODIC DB PENSION (748,387) TRANSFER TO UPHS 9,655,000 OTHER 45,434 ----- TOTAL \$15,443,581 -----
FORM 990 PART IX LINE 11G	DESCRIPTION:CORPORATE SERVICES TOTAL FEES:40106891
FORM 990 PART IX LINE 11G	DESCRIPTION:TEMPORARY EMPLOYMENT TOTAL FEES:27374089
FORM 990 PART IX LINE	DESCRIPTION:PROFESSIONAL FEES - MEDICAL TOTAL FEES:23316348

Return Reference	Explanation
11G	
FORM 990 PART IX LINE 11G	DESCRIPTION:PROFESSIONAL FEES - OTHER TOTAL FEES:4907911
FORM 990 PART IX LINE 11G	DESCRIPTION:OUTSOURCES LABOR TOTAL FEES:4132746
FORM 990 PART IX LINE 11G	DESCRIPTION:STATE & CITY ASSESSMENTS TOTAL FEES:14539567
FORM 990 PART IX LINE 11G	DESCRIPTION:OTHER FEES TOTAL FEES:15945879

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Cat. No. 51056K

Schedule O (Form 990) 2021

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SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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?
						YesNo
(1)AFFILIA HOME HEALTH 1811 OLDE HOMESTEAD LANE LANCASTER, PA 17601 23-1352572	HOME HEALTH	PA	501(c)(3)	7	LG HEALTH	No
(2)CARL V S PATTERSON 19 UN OF PA C/O PNC BANK 620 LIBERTY AVE 10FL PITTSBURGH, PA 15222 23-6415355	SUPPORT TRUST	PA	4947(A)(1)	N/A	NA	No
(3)CHESTER COUNTY HOSPITAL 701 E MARSHALL STREET WEST CHESTER, PA 19380 23-0469150	HEALTHCARE	PA	501(C)(3)	3	CCH&HS	No
(4)CHESTER COUNTY HOSPITAL & HEALTH SYSTEM 701 E MARSHALL STREET WEST CHESTER, PA 19380 26-4233321	MGMT SRVCS	PA	501(C)(3)	12, I	TRUSTEES	No
(5)CLINICAL CARE ASSOCIATES OF UPHS 250 KING OF PRUSSIA RD 4TH FL RADNOR, PA 19087 23-2729852	HEALTHCARE	PA	501(c)(3)	10	TRUSTEES	No
(6)HAJOCA 3025 INC 3451 WALNUT STREET ROOM 737 PHILADELPHIA, PA 19104 84-3379653	SUPPORT ORG	PA	501(c)(3)	12, I	TRUSTEES	No
(7)LAISE CA TUW FBO UNIV OF PENN 3451 WALNUT STREET SUITE 305 PHILADELPHIA, PA 19104 82-3434615	SUPPORT TRUST	PA	4947(A)(1)	N/A	NA	No
(8)LANCASTER GENERAL HEALTH 555 NORTH DUKE STREET LANCASTER, PA 17602 23-2250941	SUPPORT ORG	PA	501(C)(3)	12, II	TRUSTEES	No
(9)LANCASTER GENERAL HEALTH COLUMBIA CENTER 306 NORTH 7TH STREET COLUMBIA, PA 17512 23-0485650	FACILITY MGMT	PA	501(C)(3)	3	LG HOSPITAL	No
(10)LANCASTER GENERAL HEALTH FOUNDATION 555 NORTH DUKE STREET LANCASTER, PA 17602 20-5767147	FUNDRAISING	PA	501(C)(3)	7	NA	No
(11)LANCASTER GENERAL HEALTH HOLDINGS 555 NORTH DUKE STREET LANCASTER, PA 17602 20-4943109	HEALTHCARE	PA	501(C)(3)	3	LG HEALTH	No
(12)LANCASTER GENERAL HOSPITAL 555 NORTH DUKE STREET LANCASTER, PA 17602 23-1365353	HEALTHCARE	PA	501(C)(3)	3	LG HEALTH	No
(13)LANCASTER GENERAL MEDICAL GROUP 1097 COMMERCIAL AVE EAST PETERSBURG, PA 17520 23-2777286	HEALTHCARE	PA	501(C)(3)	3	LG HEALTH	No
(14)MORRIS EST LYDIA T DECD TW 6325 S RAINBOW BLVD STE 300 LAS VEGAS, NV 89118 23-6210940	SUPPORT TRUST	NV	501(C)(3)	12, III-FI	NA	No
(15)NEIGHBORHOOD HEALTH AGENCIES INC 795 E MARSHALL STREET WEST CHESTER, PA 19380 23-2324782	NURSING	PA	501(C)(3)	12, I	CCH&HS	No
(16)NEIGHBORHOOD LEAGUE HEALTH SERVICES 795 E MARSHALL STREET WEST CHESTER, PA 19380 23-2324787	HEALTH SRVCS	PA	501(C)(3)	10	CCH&HS	No
(17)NEIGHBORHOOD VISITING NURSE ASSOCIATION 795 E MARSHALL STREET WEST CHESTER, PA 19380 23-1352243	NURSING	PA	501(C)(3)	7	CCH&HS	No
(18)OAP INC 3451 WALNUT STREET ROOM 748 PHILADELPHIA, PA 19104 23-1986931	SUPPORT ORG	PA	501(c)(3)	12, I	TRUSTEES	No
(19)PENN CENTER FOR REHAB AND CARE 3609 CHESTNUT STREET PHILADELPHIA, PA 19104 23-2422635	HEALTHCARE	PA	501(c)(3)	3	PMC	No
(20)PENN CLUB OF NEW YORK INC 30 WEST 44TH STREET NEW YORK, NY 10036 23-2726687	CLUB	NY	501(c)(7)	N/A	NA	No
(21)PENN PRAXIS INC 210 SOUTH 34TH STREET PHILADELPHIA, PA 19104 75-2974931	SUPPORT ORG	PA	501(c)(3)	12, I	TRUSTEES	No
(22)PENN PRESS INC 3905 SPRUCE STREET PHILADELPHIA, PA 19107 23-1876142	PUBLISHING	PA	501(c)(3)	12, I	TRUSTEES	No
(23)PENNSYLVANIA COLLEGE OF HEALTH SCIENCES 850 GREENFIELD ROAD LANCASTER, PA 17601 06-1645496	HEALTH EDU	PA	501(C)(3)	2	LG HOSPITAL	No
(24)PENNSYLVANIA HOSPITAL OF UPHS 800 SPRUCE STREET PHILADELPHIA, PA 19107 31-1538725	HEALTHCARE	PA	501(C)(3)	3	TRUSTEES	No
(25)PGH DEVELOPMENT CORP 426 CURIE BLVD PHILADELPHIA, PA 19104 23-2351015	SUPPORT ORG	PA	501(c)(3)	12, I	NA	No
(26)PHOENIXVILLE HOSPITAL OF UPHS 3001 MARKET STREET 3RD FLOOR PHILADELPHIA, PA 19104 23-2901089	SUPPORT ORG	PA	501(c)(3)	3	TRUSTEES	No
(27)PRESBYTERIAN MEDICAL CENTER OF UPHS 51 NORTH 39TH STREET PHILADELPHIA, PA 19104 23-2810852	HEALTHCARE	PA	501(c)(3)	3	TRUSTEES	No
(28)PRINCETON CAREGIVERS INC ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 22-2842773	HEALTHCARE SVCS	NJ	501(C)(3)	3	PHCS HOLDING	No
(29)PRINCETON HEALTHCARE AFFILIATED PHYS PC ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 26-4203938	HEALTHCARE	NJ	501(C)(3)	10	PHCS HOLDING	No
(30)PRINCETON HEALTHCARE SYSTEM FDN INC ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 22-2225911	SUPPORT PHCS	NJ	501(C)(3)	7	PHCS HOLDING	No
(31)PRINCETON HLTHCARE SYSTEM HOLDING INC ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 22-3493256	SUPPORT ORG	NJ	501(C)(3)	12, I	TRUSTEES	No
(32)PRINCETON MEDICAL PROPERTIES INC ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 22-0022702	REAL ESTATE	NJ	501(C)(2)	N/A	PHCS HOLDING	No
(33)THE ASC TRUST OF THE UNIV OF PA 1500 MARKET ST STE 3500E PHILADELPHIA, PA 19102 81-0550464	BUS. TRUST	PA	501(c)(3)	8	NA	No
(34)THE HEART GROUP OF LANCASTER GEN HEALTH 217 HARRISBURG AVENUE LANCASTER, PA 17603 30-0634510	CARDIOLOGY	PA	501(C)(3)	3	LG HEALTH	No
(35)THE LEONARD AND MADLYN ABRAMSON INST 421 CURIE BLVD 450 BRB II/III PHILADELPHIA, PA 19104 23-2929823	MED RESEARCH	PA	501(c)(3)	4	NA	No
(36)TRUSTEES OF THE UNIVERSITY OF PENN 3451 WALNUT STREET ROOM 305 PHILADELPHIA, PA 19104 23-1352685	EDUCATION	PA	501(c)(3)	2	NA	No
(37)UNIVERSITY CITY ASSOCIATES INC 3451 WALNUT STREET ROOM 329 PHILADELPHIA, PA 19104 23-3021159	SUPPORT ORG	PA	501(c)(3)	12, I	TRUSTEES	No
(38)UNIVERSITY CLUB AT PENN INC 3611 WALNUT STREET PHILADELPHIA, PA 19104 23-6299508	FAC. CLUB	PA	501(c)(3)	12, I	TRUSTEES	No
(39)UPENN INTERNATIONAL 3451 WALNUT STREET SUITE 731 PHILADELPHIA, PA 19104 45-4985731	SUPPORT ORG	PA	501(C)(3)	12, I	TRUSTEES	No
(40)UPENN MASTER RETIREMENT TRUST 3451 WALNUT STREET ROOM 305 PHILADELPHIA, PA 19104 04-3574136	RETIRE TRUST	PA	501(A)	N/A	TRUSTEES	No
(41)UPENN RETIREE BENEFITS TRUST 3451 WALNUT STREET ROOM 329 PHILADELPHIA, PA 19104 23-2769744	BENEFITS	PA	501(c)(3)	12, I	TRUSTEES	No
(42)WISSAHICKON HOSPICE OF UPHS 150 MONUMENT ROAD SUITE 300 BALA CYNWYD, PA 19004 23-2152662	HOSPICE CARE	PA	501(c)(3)	10	TRUSTEES	No
(43)WOMEN'S AND CHILDREN'S HEALTH SERVICES 700 SPRUCE STREET PHILADELPHIA, PA 19106 23-2248956	HEALTHCARE	PA	501(c)(3)	3	PA HOSPITAL	No
(44)PENN MEDICINE-PMA 5 ATRIUM 3400 CIVIC CTR BLVD PHILADELPHIA, PA 19104 86-3800365	HEALTHCARE	PA	501(C)(3)	10	CCA	No

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Cat. No. 50135Y

Schedule R (Form 990) 2021

Part IIIPart 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) PDCP 1740 FUND LP 311 S WACKER DR STE 2620 CHICAGO, IL 60601 32-0472404	INVESTMENT	IL	NA								No	
(2) CYRUS 1740 FUND LP 65 E 55TH STREET 35TH FLOOR NEW YORK, NY 10022 82-1211542	INVESTMENT	NY	NA								No	
(3) CYRUS 1740 MASTER FUND LP 89 NEXUS WAY CAMANA BAY, GR KY1-9009 CJ 98-1361754	INVESTMENT	CJ	NA								No	
(4) DVG 1740 FUND LP ONE FAWCETT PLACE GREENWICH, CT 06830 80-0961539	INVESTMENT	CT	NA								No	
(5) EAST MARSHALL STREET PARTNERSHIP LP 701 E MARSHALL STREET WEST CHESTER, PA 19380 23-2902742	INVESTMENT	PA	NA								No	
(6) FERN HILL PARTNERSHIP III LP 701 E MARSHALL STREET WEST CHESTER, PA 19380 30-0409614	RENTAL	PA	NA								No	
(7) FERN HILL LLC 701 E MARSHALL STREET WEST CHESTER, PA 19380 23-3005147	RENTAL	PA	NA								No	
(8) GALLOPAVO LP 2000 MCKINNEY AVE STE 2125 DALLAS, TX 75201 46-4621967	INVESTMENT	TX	NA								No	
(9) JOG V C LIMITED PARTNERSHIP STE 2370 440 2ND AVE SW CALGARY, AL T2P5E9 CA	INVESTMENT	CA	NA								No	
(10) JOG V1 C LIMITED PARTNERSHIP STE 2370 440 2ND AVE SW CALGARY, AL T2P5E9 CA	INVESTMENT	CA	NA								No	
(11) KINGSTOWN 1740 FUND LP 167 MADISON AVE ST 205 1033 NEW YORK, NY 10016 84-3119908	INVESTMENT	NY	NA								No	
(12) LANCASTER PET PARTNERSHIP LLP PO BOX 4216 LANCASTER, PA 17604 23-3102793	MEDICAL SERVICES	PA	NA								No	
(13) LG HEALTH COMM CARE COLLAB II 555 NORTH DUKE STREET LANCASTER, PA 17602 82-3809581	ACO	PA	NA								No	
(14) LG HEALTH COMMUNITY CARE COLLABORATIVE 555 NORTH DUKE STREET LANCASTER, PA 17602 45-5542179	ACO	PA	NA								No	
(15) MRI GROUP LLP PO BOX 4216 LANCASTER, PA 17604 33-1011386	MEDICAL SERVICES	PA	NA								No	
(16) NEIGHBRHD PRES & DEV FUND LP 240 NEW YORK DR STE 1 FORT WASHINGTON, PA 19034 23-3037919	RENTAL	PA	NA								No	
(17) OAKLANDS WAY MEDICAL BUILDING ASSOCIATES 701 E MARSHALL STREET WEST CHESTER, PA 19380 83-0490251	RENTAL	PA	NA								No	
(18) SRP INVESTORS FUND A LP 2001 ROSS AVE SUITE 400 DALLAS, TX 75201 61-1748291	INVESTMENT	TX	NA								No	
(19) TURK'S HEAD SURGERY CENTER 915 OLD FERN HILL ROAD BLDG B STE WEST CHESTER, PA 19380 20-0184603	MEDICAL SERVICES	PA	NA								No	
(20) ST-TO RIBBIT OPPORTUNITY V LLC 364 UNIVERSITY AVENUE PALO ALTO, CA 94301 84-1814102	INVESTMENTS	CA	NA								No	
(21) UNIVERSA BLACK SWAN PROTECTION PROTOCOL 2601 S BAYSHORE DR SUITE 2030 MIAMI, FL 33133 85-2143048	INVESTMENT	FL	NA								No	
(22) AXIS UKA GP LLC 240 NEW YORK DRIVE SUITE 1 FORT WASHINGTON, PA 19034 27-3617178	INVESTMENT	PA	NA								No	
(23) LIFT REAL ESTATE PARTNERS FUND II LP 180 SUTTER STREET SUITE 400 SAN FRANCISCO, CA 94104 84-4983190	INVESTMENT	CA	NA								No	
(24) BEXP II (PARALLEL) LP 5914 W COURTYARD DRIVE AUSTIN, TX 78730 87-3188834	INVESTMENT	TX	NA								No	
(25) FORERUNNER BUILDERS F-G LP ONE LETTERMAN DRIVE BLDG C SUITE SAN FRANCISCO, CA 94129 87-3427543	INVESTMENT	CA	NA								No	
(26) GCM CARRIAGE SPV LP 250 WEST 55TH STREET 36TH FLOOR NEW YORK, NY 10019 87-2075062	INVESTMENT	NY	NA								No	
(27) INITIALIZED CBH SPV LLC 464 TEHAMA STREET SAN FRANCISCO, CA 94103 87-1123527	INVESTMENT	CA	NA								No	
(28) SAILINGSTONE GLOBAL NATURAL RESOURCES 100 WAUGH DRIVE SUITE 600 HOUSTON, TX 77007 37-1770014	INVESTMENT	TX	N/A								No	

Part IIIPart III

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)ARCM 1740 LTD 27 HOSPITAL ROAD GRAND CAYMAN KY1-9008 CJ	INVESTMENTS	CJ	TRUSTEES	C-CORP					No
(2)CYRUS 1740 FUND LTD 89 NEXUS WAY CAMANA BAY, GRAND CAYMAN KY1-9009 CJ 98-1361907	INVESTMENTS	CJ	TRUSTEES	LIMITED COMPANY					No
(3)CIRCLE MEDICAL ASSURANCE CO 2929 WALNUT STREET STE 460 PHILADELPHIA, PA 19104 83-3556286	INSURANCE	PA	TRUSTEES	C-CORP					No
(4)CLINICAL HEALTH CARE ASSOC OF NJ PC 250 KING OF PRUSSIA RD 4TH FL RADNOR, PA 19087 23-2865181	PHYS MGMT	PA	CCA	C-CORP					No
(5)DELANCEY CORPORATION 800 SPRUCE STREET PHILADELPHIA, PA 19106 23-2060159	RENTAL	PA	PA HOSPITAL	C-CORP					No
(6)FRANKLIN CASUALTY INSURANCE CO PO BOX 530 BURLINGTON, VT 05402 04-3378984	INSURANCE	VT	TRUSTEES	C-CORP					No
(7)LANCASTER GENERAL 457 DEFERRED COMP PLAN 555 NORTH DUKE STREET LANCASTER, PA 17602 23-2250941	TRUST	PA	LG HEALTH	TRUST					No
(8)LANCASTER GENERAL INSURANCE COMPANY PO BOX 1109 GT GRAND CAYMAN KYI-1102 CJ 98-0176655	INSURANCE	CJ	LG HEALTH	C-CORP					No
(9)LANCASTER GENERAL SERVICES INC 555 NORTH DUKE STREET LANCASTER, PA 17602 23-2250128	PROPERTY SVCS	PA	LG HEALTH	C-CORP					No
(10)NAYA 1740 FUND LTD PO BOX 309 UGLAND HOUSE, GRAND CAYMAN KY1-1104 CJ	INVESTMENTS	CJ	TRUSTEES	C-CORP					No
(11)PENN MEDICINE LONDON LIMITED VISTRA SUITE 2 FIRST FLOOR 10 TEMPL BRISTOL BS1 6FL UK	NETWORKING	UK	UPENN INT'L	LIMITED COMPANY					No
(12)PENN WHARTON CONSULTING (BEIJING) CO LTD CHINA WORLD TOWER 1 14F CHAOYANG DIST 100004 CH	BUS. CONSULTING	CH	UPENN INT'L	C-CORP					No
(13)PHI PHARMACY INC ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 22-3467899	INACTIVE	NJ	PHCS HOLDING	C-CORP					No
(14)PRINCETON HEALTH INC & SUBS ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 22-3450093	MEDICAL	NJ	PHCS HOLDING	C-CORP					No
(15)QUAKER INSURANCE COMPANY LTD VICTORIA STREET PO BOX HM 1826 VICTORIA HALL, HAMILTON HM HX BD 30-0708282	SELF-INSURANCE	BD	TRUSTEES	C-CORP					No
(16)THE PAM 1740 FUND LTD PO BOX 309 GEORGE TOWN, GRAND CAYMAN KYI-1104 CJ	INVESTMENTS	CJ	TRUSTEES	C-CORP					No
(17)TURK'S HEAD HEALTH SERVICES INC 701 E MARSHALL STREET WEST CHESTER, PA 19380 23-2329753	MEDICAL SERVICES	PA	CCH&HS	C-CORP					No
(18)UPENN HOSPITALITY INC 3401 WALNUT STREET SUITE 440A PHILADELPHIA, PA 19104 23-3076589	HOTEL/RESTAURANT	PA	TRUSTEES	C-CORP					No

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c	Yes	
1d	Yes	
1e	Yes	
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l		No
1m		No
1n	Yes	
1o	Yes	
1p		No
1q	Yes	
1r	Yes	
1s	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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 VARIOUSAFFILIATES 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.

Additional Data

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