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**FEDERAL FORM 990**  
**RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX**  
**FOR THE YEAR ENDED DECEMBER 31, 2022**

**PUBLIC DISCLOSURE COPY**

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**Return of Organization Exempt From Income Tax**

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**2022****Open to Public  
Inspection****A For the 2022 calendar year, or tax year beginning and ending****B** Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Final return/terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

**C** Name of organization

CENTRASTATE MEDICAL CENTER, INC.

## Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

901 WEST MAIN STREET

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

FREEHOLD, NJ 07728

**F** Name and address of principal officer: THOMAS W. SCOTT

901 WEST MAIN STREET, FREEHOLD, NJ 07728

**D** Employer identification number

22-1750190

**E** Telephone number

(732) 294-7050

**G** Gross receipts \$

355,261,553.

**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.CENTRASTATE.COM**H(c)** Group exemption number**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: 1964**M** State of legal domicile: NJ**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: CENTRASTATE MEDICAL CENTER'S MISSION IS TO ENHANCE THE HEALTH AND WELL-BEING OF OUR COMMUNITIES THROUGH THE COMPASSIONATE DELIVERY OF QUALITY HEALTHCARE.	
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	20
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	13
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	2,393
	<b>6</b>	Total number of volunteers (estimate if necessary)	117
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	310,705.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	NONE	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year: 21,028,284. Current Year: 21,469,382.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	314,406,553. 319,198,497.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,412,685. 8,304,094.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,949,598. 4,820,734.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	348,797,120. 353,792,707.
	<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	NONE NONE
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	155,882,906. 163,610,313.
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	NONE NONE
<b>16b</b>		Total fundraising expenses (Part IX, column (D), line 25)	NONE
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	187,618,871. 215,963,709.
<b>18</b>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	343,504,470. 379,581,592.
<b>19</b>		Revenue less expenses. Subtract line 18 from line 12	5,292,650. -25,788,885.
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year: 417,960,014. End of Year: 400,044,996.
	<b>21</b>	Total liabilities (Part X, line 26)	182,297,901. 167,447,921.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20.	235,662,113. 232,597,075.

**Part II Signature Block**

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

**Sign Here**

Signature of officer

Date

Type or print name and title

**Paid****Preparer Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

SCOTT J MARIANI

P00642486

Firm's name WITHUMSMITH+BROWN, PC

Firm's EIN 22-2027092

Firm's address 200 JEFFERSON PARK SUITE 400 WHIPPANY, NJ 07981-1070

Phone no. 973-898-9494

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

CENTRASTATE MEDICAL CENTER'S MISSION IS TO ENHANCE THE HEALTH AND  
WELL-BEING OF OUR COMMUNITIES THROUGH THE COMPASSIONATE DELIVERY OF  
QUALITY HEALTHCARE. PLEASE REFER TO THE ORGANIZATION'S COMMUNITY  
BENEFIT STATEMENT INCLUDED IN SCHEDULE O.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
If "Yes," describe these new services on Schedule O.**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
If "Yes," describe these changes on Schedule O.**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 341,624,187. including grants of \$ 7,570. ) (Revenue \$ 319,509,202. )

EXPENSES INCURRED IN PROVIDING INPATIENT, OUTPATIENT, EMERGENCY  
AND VARIOUS OTHER MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL  
INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE,  
COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY AND IN  
FURTHERANCE OF CHARITABLE TAX-EXEMPT PURPOSES. PLEASE REFER TO THE  
COMMUNITY BENEFIT STATEMENT IN SCHEDULE O.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe on Schedule O.)

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

**4e** Total program service expenses 341,624,187.

**Part IV Checklist of Required Schedules**

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

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .	271	
<b>1b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable. . . . .	NONE	
<b>1c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	X	

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <b>2a</b> 2,393		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O . . . . .	<b>3b</b>	X
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	<b>4a</b>	X
<b>b</b>	If "Yes," enter the name of the foreign country <u>CAYMAN ISLANDS</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . . <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . .	<b>7f</b>	X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . . <b>11a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . .	<b>13a</b>	
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand . . . . . <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .	<b>15</b>	X
	If "Yes," see the instructions and file Form 4720, Schedule N.		
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . .	<b>17</b>	
	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 line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	<b>1a</b> 20	
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent. . . . .	<b>1b</b> 13	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . .	<b>3</b>	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . .	<b>5</b>	X
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b> X	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<b>7a</b> X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b> X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	<b>8a</b> X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b> X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. . . . .	<b>9</b>	X

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed NJ.

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
LAURA SCHILARE, MBA, CPA 901 WEST MAIN STREET FREEHOLD, NJ 07728

732-294-7050

Form **990** (2022)

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS W. SCOTT TRUSTEE - PRES/CEO (EFF. 4/9)	55.00 NONE	X		X				1,104,034.	NONE	120,823.
(2) JOHN T. GRIBBIN TRUSTEE-PRES/CEO (RETIRED 4/8)	55.00 NONE	X		X				899,967.	NONE	28,162.
(3) DAVID A. DE SIMONE, ESQ. SVP TRANSFORM/CLO (TERM 10/14)	55.00 NONE				X			747,263.	NONE	80,083.
(4) JOHN A. DELLOCONO SVP/CFO	55.00 NONE			X				619,526.	NONE	40,505.
(5) JAMES J. MATERA, M.D. SVP/MEDICAL DIRECTOR	50.00 NONE				X			579,740.	NONE	77,711.
(6) CATHLEEN G. JANZEKOVICH VP, PATIENT SERVICES	50.00 NONE				X			394,098.	NONE	57,283.
(7) AMIT S. KHAROD, M.D. TRUSTEE	40.00 NONE	X						31,000.	397,143.	21,321.
(8) MOUSTAFA SHAFETY, M.D. MEDICAL DIR. - MENTAL HLTH	50.00 NONE					X		373,965.	NONE	29,440.
(9) DEBORAH ROMMEL-CONNORS, MBA VP REVENUE CYCLE	50.00 NONE				X			334,854.	NONE	64,088.
(10) JAMES RICHVALSKY VP, PHYSICIAN PRACTICE MGMT	50.00 NONE					X		348,376.	NONE	37,704.
(11) KAREN B. FREEMAN, MSA VP QUALITY & PATIENT SAFETY	50.00 NONE				X			342,484.	NONE	29,334.
(12) HOWARD A. STEIN, M.D. PHYSICIAN	50.00 NONE					X		333,463.	NONE	24,535.
(13) NANCY BARONE CSHCF VP OF DEVELOPMENT	50.00 NONE					X		297,219.	NONE	34,629.
(14) VINCENT L. D'ELIA VP MRKTING PUBLIC/GOVT REL.	50.00 NONE				X			289,583.	NONE	24,275.

Form **990** (2022)



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15 ) DANIELLE VANWERT VP CLINICAL SERVICES	50.00 NONE				X			281,962.	NONE	26,813.
( 16 ) KIMBERLY H. SIMERS AVP INTEGRATIVE HEALTH	50.00 NONE					X		268,466.	NONE	30,312.
( 17 ) LAURA L. SCHILARE VP FINANCE	50.00 NONE				X			273,400.	NONE	20,643.
( 18 ) JOHN P. DETULLIO, M.D. TRUSTEE	40.00 NONE	X						NONE	289,974.	NONE
( 19 ) KENNETH ENG, D.O. TRUSTEE	40.00 NONE	X						50,000.	223,850.	5,340.
( 20 ) FRANCES KEANE VP HR (TERMED 4/29)	50.00 NONE				X			187,524.	NONE	15,893.
( 21 ) ASHISH AWASTHI, M.D., FACC TRUSTEE	5.00 NONE	X						20,000.	NONE	NONE
( 22 ) JOHN M. CANTALUPO, ESQ. CHAIR - TRUSTEE	1.00 NONE	X		X				NONE	NONE	NONE
( 23 ) KENNETH J. REILLY, CWS VICE CHAIR - TRUSTEE	1.00 NONE	X		X				NONE	NONE	NONE
( 24 ) NADIA K. BATCHELOR SECRETARY/TREASURER - TRUSTEE	1.00 NONE	X		X				NONE	NONE	NONE
( 25 ) JOHN F. EGGERT TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
<b>1b Sub-total</b> . . . . .								7,776,924.	910,967.	768,894.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								NONE	NONE	NONE
<b>d Total (add lines 1b and 1c)</b> . . . . .								7,776,924.	910,967.	768,894.

**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 ► 414

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26 ) ROBERT GORDON, DDS TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 27 ) BRIAN GRAGNOLATI TRUSTEE	55.00 NONE	X						NONE	NONE	NONE
( 28 ) MAUREEN M. LAWRENCE TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 29 ) PETER G. LICATA, ESQ. TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 30 ) BARBARA MCMORROW TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 31 ) GERARD K. NORKUS TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 32 ) WILLIAM A. SCHORIES TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 33 ) STEVEN SHERIS, M.D. TRUSTEE	55.00 NONE	X						NONE	NONE	NONE
( 34 ) BRETT TAFT TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 35 ) DENNIS WILSON TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 36 ) MAHER YOUSSEF, M.D. TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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

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

**Section B. Independent Contractors**

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

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 46

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	3,989,045.			
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	17,480,337.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 32,330.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		21,469,382.			
	<b>Program Service Revenue</b>				Business Code		
<b>2a</b>		NET PATIENT SERVICE REVENUE	621990	307,776,553.	307,776,553.		
<b>b</b>		OTHER HEALTHCARE RELATED REVENUE	621990	11,421,944.	11,421,944.		
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b>		All other program service revenue . . . . .					
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .		319,198,497.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		4,254,391.			4,254,391.
	<b>4</b>	Income from investment of tax-exempt bond proceeds .		NONE			
	<b>5</b>	Royalties . . . . .		NONE			
	<b>6a</b>	Gross rents . . . . .	(i) Real	(ii) Personal			
			4,280,144.				
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>	4,280,144.	NONE		
	<b>d</b>	Net rental income or (loss) . . . . .		4,280,144.		310,705.	3,969,439.
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			5,518,549.				
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>	1,468,846.			
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	4,049,703.			
	<b>d</b>	Net gain or (loss) . . . . .		4,049,703.			4,049,703.
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>	NONE			
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>	NONE				
<b>c</b>	Net income or (loss) from fundraising events . . . . .		NONE				
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>	NONE				
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>	NONE				
<b>c</b>	Net income or (loss) from gaming activities . . . . .		NONE				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>	NONE				
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>	NONE				
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		NONE				
<b>Miscellaneous Revenue</b>				Business Code			
	<b>11a</b>	CAFETERIA INCOME	621990	540,590.			540,590.
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue . . . . .					
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		540,590.				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			353,792,707.	319,198,497.	310,705.	12,814,123.

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☒ X**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	7,570.	7,570.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	NONE			
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	6,640,048.	5,976,043.	664,005.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	NONE			
7 Other salaries and wages . . . . .	125,838,445.	113,254,600.	12,583,845.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	5,814,095.	5,232,686.	581,409.	
9 Other employee benefits . . . . .	15,750,598.	14,175,538.	1,575,060.	
10 Payroll taxes . . . . .	9,567,127.	8,610,414.	956,713.	
11 Fees for services (nonemployees):				
a Management . . . . .	343,324.	308,992.	34,332.	
b Legal . . . . .	878,359.	790,523.	87,836.	
c Accounting . . . . .	NONE			
d Lobbying . . . . .	16,474.	14,827.	1,647.	
e Professional fundraising services. See Part IV, line 17 . . . . .	NONE			
f Investment management fees . . . . .	289,818.	260,836.	28,982.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	SEE SCHE O 66,179,953.	59,561,957.	6,617,996.	NONE
12 Advertising and promotion . . . . .	3,302,230.	2,972,007.	330,223.	
13 Office expenses . . . . .	13,017,237.	11,715,513.	1,301,724.	
14 Information technology . . . . .	4,413,032.	3,971,729.	441,303.	
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	7,874,133.	7,086,720.	787,413.	
17 Travel . . . . .	88,896.	80,006.	8,890.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	NONE			
19 Conferences, conventions, and meetings . . . . .	NONE			
20 Interest . . . . .	2,220,052.	1,998,047.	222,005.	
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . . . .	14,848,656.	13,363,790.	1,484,866.	
23 Insurance . . . . .	2,179,639.	1,961,675.	217,964.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	75,279,786.	67,751,807.	7,527,979.	
b PURCHASED SERVICES	7,556,713.	6,801,042.	755,671.	
c REPAIRS & MAINTENANCE	5,201,386.	4,681,247.	520,139.	
d FOOD COSTS	2,418,640.	2,176,776.	241,864.	
e All other expenses	9,855,381.	8,869,842.	985,539.	
25 Total functional expenses. Add lines 1 through 24e	379,581,592.	341,624,187.	37,957,405.	NONE
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	13,768,100.	<b>1</b>	8,308,293.
	<b>2</b> Savings and temporary cash investments. . . . .	14,772,162.	<b>2</b>	14,535,639.
	<b>3</b> Pledges and grants receivable, net . . . . .	NONE	<b>3</b>	NONE
	<b>4</b> Accounts receivable, net . . . . .	29,761,749.	<b>4</b>	33,151,129.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>5</b>	NONE
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). . . . .	NONE	<b>6</b>	NONE
	<b>7</b> Notes and loans receivable, net . . . . .	NONE	<b>7</b>	NONE
	<b>8</b> Inventories for sale or use . . . . .	3,020,658.	<b>8</b>	3,014,031.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	3,370,246.	<b>9</b>	2,536,435.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 203,622,216.		
	<b>b</b> Less: accumulated depreciation. . . . .	<b>10b</b> 14,216,145.		
		144,556,368.	<b>10c</b>	189,406,071.
	<b>11</b> Investments - publicly traded securities. . . . .	NONE	<b>11</b>	NONE
	<b>12</b> Investments - other securities. See Part IV, line 11. . . . .	NONE	<b>12</b>	NONE
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	182,700,703.	<b>13</b>	122,190,229.
	<b>14</b> Intangible assets . . . . .	NONE	<b>14</b>	NONE
<b>15</b> Other assets. See Part IV, line 11 . . . . .	26,010,028.	<b>15</b>	26,903,169.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	417,960,014.	<b>16</b>	400,044,996.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses. . . . .	48,093,151.	<b>17</b>	53,010,445.
	<b>18</b> Grants payable . . . . .	NONE	<b>18</b>	NONE
	<b>19</b> Deferred revenue . . . . .	NONE	<b>19</b>	NONE
	<b>20</b> Tax-exempt bond liabilities . . . . .	53,972,420.	<b>20</b>	NONE
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	NONE	<b>21</b>	NONE
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>22</b>	NONE
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	29,228,177.	<b>23</b>	6,271,269.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .	NONE	<b>24</b>	NONE
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	51,004,153.	<b>25</b>	108,166,207.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25. . . . .	182,297,901.	<b>26</b>	167,447,921.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input checked="" type="checkbox"/>			
	<b>27</b> Net assets without donor restrictions. . . . .	215,857,150.	<b>27</b>	215,577,120.
	<b>28</b> Net assets with donor restrictions. . . . .	19,804,963.	<b>28</b>	17,019,955.
	<b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <input type="checkbox"/>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	235,662,113.	<b>32</b>	232,597,075.
	<b>33</b> Total liabilities and net assets/fund balances. . . . .	417,960,014.	<b>33</b>	400,044,996.

Form **990** (2022)

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	353,792,707.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	379,581,592.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	-25,788,885.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	<b>4</b>	235,662,113.
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	-23,796,819.
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O). . . . .	<b>9</b>	46,520,666.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . .	<b>10</b>	232,597,075.

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

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

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

Form **990** (2022)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

CENTRASTATE MEDICAL CENTER, INC.

Employer identification number

22-1750190

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

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

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

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

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

Schedule A (Form 990) 2022

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

**Section A. Public Support**

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

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b> <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a</b> <b>33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>b</b> <b>33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a</b> <b>10%-facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>b</b> <b>10%-facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>



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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**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 . . . ☐

**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 . . ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

  

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

  

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

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

Schedule A (Form 990) 2022

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

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

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

Schedule A (Form 990) 2022

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

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

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

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

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

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

Name of organization	Employer identification number
CENTRASTATE MEDICAL CENTER, INC.	22-1750190

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

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

Schedule C (Form 990) 2022

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

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

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

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

**4-Year Averaging Period Under Section 501(h)**

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

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? . . . . .		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? . . . . .		X	
<b>c</b> Media advertisements? . . . . .		X	
<b>d</b> Mailings to members, legislators, or the public? . . . . .		X	
<b>e</b> Publications, or published or broadcast statements? . . . . .		X	
<b>f</b> Grants to other organizations for lobbying purposes? . . . . .		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? . . . . .		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? . . . . .		X	
<b>i</b> Other activities? . . . . .	X		16,474.
<b>j</b> Total. Add lines 1c through 1i . . . . .			16,474.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? . . . . .		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 . . . . .			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . . . . .			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? . . . . .			

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

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

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

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

**Part IV Supplemental Information**

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

SEE PAGE 4



**Part IV** Supplemental Information (continued)

SCHEDULE C, PART II-B; LINE II

DURING 2022, THE ORGANIZATION PAID AN OUTSIDE LOBBYING FIRM WHICH ENGAGED IN LOBBYING EFFORTS ON BEHALF OF THE ORGANIZATION ADDRESSING FEDERAL AND STATE HEALTHCARE MATTERS. THIS ALLOCATION AMOUNTED TO \$15,600 DURING THE YEAR ENDED DECEMBER 31, 2022.

IN ADDITION, THE ORGANIZATION IS A MEMBER OF THE NEW JERSEY BUSINESS AND INDUSTRY ASSOCIATION WHICH ENGAGES IN LOBBYING EFFORTS ON BEHALF OF ITS MEMBER HOSPITALS. A PORTION OF THE DUES PAID TO THIS ORGANIZATION HAS BEEN ALLOCATED TO LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE ORGANIZATION. THIS ALLOCATION AMOUNTED TO \$874 DURING THE YEAR ENDED DECEMBER 31, 2022.

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

CENTRASTATE MEDICAL CENTER, INC.

**Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

22-1750190

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

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

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

**Part II Conservation Easements.**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a 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.	
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . .	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year . . . . .	
4 Number of states where property subject to conservation easement is located . . . . .	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . .	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . .	
8 Does each conservation easement reported on line 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. . . . .	\$

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

Schedule D (Form 990) 2022

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

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

- ☐ a Public exhibition  
☐ b Scholarly research  
☐ c Preservation for future generations  
☐ d Loan or exchange program  
☐ e Other \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements.**

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

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

	Amount
c Beginning balance . . . . .	1c
d Additions during the year . . . . .	1d
e Distributions during the year . . . . .	1e
f Ending balance . . . . .	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . . ☐

**Part V Endowment Funds.**

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

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

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

- a Board designated or quasi-endowment \_\_\_\_\_ %  
 b Permanent endowment \_\_\_\_\_ %  
 c Term endowment \_\_\_\_\_ %

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		23,938,253.		23,938,253.
b Buildings . . . . .		80,321,962.	7,019,978.	73,301,984.
c Leasehold improvements . . . . .		24,640,396.	618,223.	24,022,173.
d Equipment . . . . .		74,721,605.	6,577,944.	68,143,661.
e Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				189,406,071.

Schedule D (Form 990) 2022

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) PROGRAM RELATED INVESTMENTS	94,621,263.	FMV
(2) OTHER INVESTMENTS	NONE	FMV
(3) ASSETS HELD BY RELATED ORG.	17,019,857.	FMV
(4) INVESTMENT IN CCIC	5,048,047.	FMV
(5) INVESTMENT IN SURGICARE	318,844.	FMV
(6) INVESTMENT IN CS HEALTH PRTRNS	290,457.	FMV
(7) LIFE CARE CONTRACTS APPLEWOOD	4,891,761.	FMV
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . .	122,190,229.	

**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) DUE FROM AFFILIATES - CURRENT	14,576,804.
(2) DUE FROM AFFILIATES - NC	4,886,973.
(3) OTHER RECEIVABLES	476,394.
(4) SECURITY DEPOSITS	822,088.
(5) RESTRICTED CASH - ASSET	814,462.
(6) OPERATING LEASE ASSETS	5,326,448.
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . .	26,903,169.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	3,428,764.
(3) EST. 3RD PARTY PAYOR SETTLEMENTS	19,387,328.
(4) MALPRACTICE LIABILITY	926,394.
(5) OTHER LIABILITY - CCIC	2,254,143.
(6) RESTRICTED FUNDS - LIABILITY	966,944.
(7) WORKERS COMP INSURANCE - RESERVE	1,194,960.
(8) OTHER LIABILITIES	219,950.
(9) AHS OBLIGATED GROUP LIABILITIES	79,787,724.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	108,166,207.

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

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

SEE SUPPLEMENTAL PAGE

**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART X; LINE 2

THE ORGANIZATION IS AN AFFILIATE WITHIN CENTRASTATE HEALTHCARE SYSTEM, INC.; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF CENTRASTATE HEALTHCARE SYSTEM, INC AND RELATED ENTITIES FOR THE YEARS ENDED DECEMBER 31, 2022 AND DECEMBER 31, 2021; RESPECTIVELY. THE FOLLOWING FOOTNOTE IS INCLUDED IN THE SYSTEM'S 2021 AUDITED CONSOLIDATED FINANCIAL STATEMENTS THAT REPORTS THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740):

THE SYSTEM ACCOUNTS FOR DEFERRED TAX ASSETS AND LIABILITIES BASED ON THE DIFFERENCES BETWEEN THE FINANCIAL REPORTING AND TAX BASIS OF ASSETS AND LIABILITIES USING ENACTED TAX RATES AND LAWS THAT WILL BE IN EFFECT WHEN DIFFERENCES ARE EXPECTED TO REVERSE.

AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021, THE SYSTEM HAS MADE REASONABLE ESTIMATES OF THE PROVISION FOR THE INCOME TAXES AND DEFERRED TAX BALANCES BASED ON ACCOUNTING GUIDANCE INCLUDED IN ACCOUNTING STANDARDS CODIFICATION 740, INCOME TAXES. THE SYSTEM WILL CONTINUE TO REFINE ITS CALCULATIONS IN FUTURE PERIODS AS ADDITIONAL REGULATIONS AND GUIDANCE ARE ISSUED BY THE INTERNAL REVENUE SERVICE (IRS).

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

22-1750190

CENTRASTATE MEDICAL CENTER, INC.

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	1	1	PROGRAM SERVICES	FINANCIAL VEHICLE	1,655,141.
(2) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	INVESTMENTS		11,448,892.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Subtotal . . . . .	1	1.			13,104,033.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	1.	1.			13,104,033.

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

Schedule F (Form 990) 2022

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

- 2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ► \_\_\_\_\_
- 3** Enter total number of other organizations or entities . . . . . ► \_\_\_\_\_



**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . . ☒ **Yes** ☐ **No**
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . . ☐ **Yes** ☒ **No**
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* . . . . . ☒ **Yes** ☐ **No**
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . . ☐ **Yes** ☒ **No**
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . . ☐ **Yes** ☒ **No**
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . . ☐ **Yes** ☒ **No**

Schedule F (Form 990) 2022

**Part V** **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I

DURING 2022, THIS ORGANIZATION REMITTED \$1,655,141 TO CENTRASTATE CAPTIVE  
INSURANCE CO., LTD., A FINANCIAL VEHICLE, ON BEHALF OF AND FOR THE  
BENEFIT OF THIS ORGANIZATION.

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

CENTRASTATE MEDICAL CENTER, INC.

Employer identification number

22-1750190

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

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	<input checked="" type="checkbox"/>	
<b>1b</b> If "Yes," was it a written policy? . . . . .	<input checked="" type="checkbox"/>	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500.0000</u> %	<input checked="" type="checkbox"/>	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	<input checked="" type="checkbox"/>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
<b>5b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	<input checked="" type="checkbox"/>	
<b>5c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .		<input checked="" type="checkbox"/>
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	<input checked="" type="checkbox"/>	
<b>6b</b> If "Yes," did the organization make it available to the public? . . . . .	<input checked="" type="checkbox"/>	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			7,048,798.	695,147.	6,353,651.	1.67
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			37,414,646.	22,664,640.	14,750,006.	3.89
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs . . . . .			44,463,444.	23,359,787.	21,103,657.	5.56
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	24	932919.	1,368,134.	50,000.	1,318,134.	0.35
<b>f</b> Health professions education (from Worksheet 5) . . . . .	7	108.	1,694,244.	76,250.	1,617,994.	0.43
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			5,446,000.	NONE	5,446,000.	1.43
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .	4	4,130.	186,270.	40,000.	146,270.	0.04
<b>j Total.</b> Other Benefits . . . . .	35	937157.	8,694,648.	166,250.	8,528,398.	2.25
<b>k Total.</b> Add lines 7d and 7j . . . . .	35	937157.	53,158,092.	23,526,037.	29,632,055.	7.81

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

Schedule H (Form 990) 2022

**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	1	1,800.	5,624.	NONE	5,624.	NONE
3 Community support	2	8,715.	60,843.	53,410.	7,433.	NONE
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development	1	95.	511.	NONE	511.	NONE
9 Other						
10 Total	4	10,610.	66,978.	53,410.	13,568.	NONE

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

**Section A. Bad Debt Expense**

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	1 X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .	2 5,389,146.	
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 . . . . .	3 538,915.	
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 80,371,473.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6 120,393,369.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7 -40,021,896.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

**Section C. Collection Practices**

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

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

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



**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group: CENTRASTATE MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): 1

		Yes	No
<b>Community Health Needs Assessment</b>			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	1	X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	2	X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	3	X
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: <u>2022</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	5	X
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	6a	X
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	6b	X
7	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	X
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE 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 checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	8	X
9	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>2022</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	10	X
a	If "Yes," (list url): <u>SEE PART V; SECTION C</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	10b	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	12a	X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	12b	
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group: CENTRASTATE MEDICAL CENTER

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	<b>13</b> X	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0000</u> % and FPG family income limit for eligibility for discounted care of <u>500.0000</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> X	
<b>15</b> Explained the method for applying for financial assistance? . . . . .	<b>15</b> X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? . . . . .	<b>16</b> X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V; SECTION C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V; SECTION C</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V; SECTION C</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input checked="" type="checkbox"/> Other (describe in Section C)		

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**Part V Facility Information** (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: CENTRASTATE MEDICAL CENTER

	Yes	No
<b>17</b> 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? . . . . .	<b>17</b>	X
<b>18</b> 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:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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? . . . . .	<b>19</b>	X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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):		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
<b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? . . . . .	<b>21</b>	X
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		

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**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group: CENTRASTATE MEDICAL CENTER

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

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**Part V Facility Information** (continued)

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

SCHEDULE H, PART V, SECTION B, QUESTION 5

IN ITS MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") THIS ORGANIZATION TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY ITS HOSPITAL FACILITIES.

CENTRASTATE MEDICAL CENTER IS A FOUNDING MEMBER OF THE HEALTH IMPROVEMENT COALITION OF MONMOUTH COUNTY (HICMC) AND HAS A SEAT ON THE ORGANIZATION'S SEVEN-MEMBER STEERING COMMITTEE, ALONG WITH REPRESENTATIVES OF COUNTY AND LOCAL HEALTH DEPARTMENTS AND OTHER MONMOUTH COUNTY HOSPITALS. ORGANIZED IN 2005, HICMC, WITH THE COOPERATION OF THE GOVERNMENTAL PUBLIC HEALTH PARTNERSHIP OF MONMOUTH COUNTY, AREA AGENCIES, ORGANIZATIONS, HEALTHCARE PROVIDERS INCLUDING ALL FIVE HOSPITALS IN MONMOUTH COUNTY, AND INDIVIDUALS, HAS COLLABORATED TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) EVERY FIVE YEARS (2007-2011, 2012-2016 AND 2017-2019). THE CURRENT MONMOUTH COUNTY PLAN WAS COMPLETED IN 2018 AND IS FOR THE YEARS 2018-2022 AND INCLUDES THE COMMUNITIES OF WESTERN MONMOUTH COUNTY.

CENTRASTATE IS ALSO A PARTICIPATING MEMBER OF THE OCEAN MONMOUTH HEALTH ALLIANCE, THE PREVENTION COALITION OF MONMOUTH COUNTY, THE FREEHOLD AREA MUNICIPAL ALLIANCE AND NEIGHBORHOOD CONNECTIONS TO HEALTH.

FOR THE PURPOSES OF THIS CHNA, CENTRASTATE MEDICAL CENTER, INC. ALSO REVIEWED THE CHNA'S AND CHIP'S OF ADJACENT COUNTIES, SPECIFICALLY OCEAN, MERCER AND MIDDLESEX, AND CONDUCTED SURVEYS THROUGHOUT THE COMMUNITIES SERVED BY CENTRASTATE MEDICAL CENTER, INC. BOTH ELECTRONICALLY AND VIA HARD-COPY AND DETERMINED THE RESULTS WERE CONSISTENT WITH THE MONMOUTH COUNTY ASSESSMENTS AND PLANS UPON WHICH CENTRASTATE MEDICAL CENTER, INC. BASED ITS CHNA.

A BASE "SECONDARY DATA PROFILE" AND AN "URBAN PROFILE" WERE PREPARED FOR MONMOUTH COUNTY BY HOLLERAN CONSULTING OF PHILADELPHIA THAT INCLUDED DEMOGRAPHIC AND HOUSEHOLD INFORMATION, MORTALITY RATES, COMMUNICABLE DISEASE RATES AND CANCER INCIDENCE AND MORTALITY RATES. THE PROFILES WERE UPDATED PERIODICALLY. COPIES OF BOTH STUDIES ARE AVAILABLE IN THE CENTRASTATE MEDICAL CENTER, INC. COMMUNITY RELATIONS OFFICE. THE COALITION EXAMINED SCIENTIFIC SURVEY DATA FROM NEARLY 600 HOUSEHOLDS, AS WELL AS FOCUS GROUP FEEDBACK. CENTRASTATE MEDICAL CENTER, INC. FURTHER REVIEWED THE HEALTHY NEW JERSEY 2020 OBJECTIVES, BASELINES, AND TARGETS. BECAUSE MANY OF THE STATISTICS REFLECT AVAILABLE COUNTY-WIDE OR STATE-WIDE DATA, CENTRASTATE MEDICAL CENTER, INC. CONDUCTED AN ADDITIONAL SURVEY AS WELL AS SEVERAL INTERVIEWS AND MEETINGS DESIGNED TO FURTHER IDENTIFY THE HEALTH NEEDS PARTICULAR TO WESTERN MONMOUTH COUNTY. THE RESULTS WERE RANKED ACCORDING TO SEVERITY AFTER CONSULTATIONS WERE CONDUCTED BETWEEN CENTRASTATE MEDICAL CENTER, INC. CHNA LEADERSHIP AND

**Part V Facility Information** (continued)

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

THE PUBLIC HEALTH OFFICERS SERVING MONMOUTH COUNTY AS WELL AS EACH OF THE COMMUNITIES IN WESTERN MONMOUTH COUNTY TO IDENTIFY THE SIGNIFICANT HEALTH NEEDS OF THE CENTRASTATE MEDICAL CENTER, INC. COMMUNITIES.

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

CENTRASTATE MEDICAL CENTER IS A FOUNDING MEMBER OF THE HEALTH IMPROVEMENT COALITION OF MONMOUTH COUNTY (HICMC) AND HAS A SEAT ON THE ORGANIZATION'S SEVEN-MEMBER STEERING COMMITTEE, ALONG WITH REPRESENTATIVES OF COUNTY AND LOCAL HEALTH DEPARTMENTS AND OTHER MONMOUTH COUNTY HOSPITALS. ORGANIZED IN 2005, HICMC, WITH THE COOPERATION OF THE GOVERNMENTAL PUBLIC HEALTH PARTNERSHIP OF MONMOUTH COUNTY, AREA AGENCIES, ORGANIZATIONS, HEALTHCARE PROVIDERS INCLUDING ALL FIVE HOSPITALS IN MONMOUTH COUNTY, AND INDIVIDUALS, HAS COLLABORATED TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) EVERY FIVE YEARS (2007-2011, 2012-2016 AND 2017-2019). THE CURRENT MONMOUTH COUNTY PLAN WAS COMPLETED IN 2018 AND IS FOR THE YEARS 2018-2022 AND INCLUDES THE COMMUNITIES OF WESTERN MONMOUTH COUNTY.

CENTRASTATE IS ALSO A PARTICIPATING MEMBER OF THE OCEAN MONMOUTH HEALTH ALLIANCE, THE PREVENTION COALITION OF MONMOUTH COUNTY, THE FREEHOLD AREA MUNICIPAL ALLIANCE AND NEIGHBORHOOD CONNECTIONS TO HEALTH.

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

THE ORGANIZATION IS AN AFFILIATE WITHIN CENTRASTATE HEALTHCARE SYSTEM, INC.; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B, QUESTION 7A, IS THE HOME PAGE FOR THE SYSTEM. THE CHNA CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE:

[HTTPS://WWW.CENTRASTATE.COM/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/](https://www.centrastate.com/community-health-needs-assessment/)

**Part V Facility Information** (continued)

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

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

THE ORGANIZATION IS AN AFFILIATE WITHIN CENTRASTATE HEALTHCARE SYSTEM, INC.; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B, QUESTION 10A, IS THE HOME PAGE FOR THE SYSTEM. THE IMPLEMENTATION STRATEGY CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE:

[HTTPS://WWW.CENTRASTATE.COM/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/](https://www.centrastate.com/community-health-needs-assessment/)

SCHEDULE H, PART V, SECTION B, QUESTION 11

CENTRASTATE HEALTHCARE SYSTEM, A PARTNER OF ATLANTIC HEALTH SYSTEM, IS A FULLY ACCREDITED, NOT-FOR-PROFIT, COMMUNITY-BASED HEALTH SYSTEM THAT PROVIDES COMPREHENSIVE HEALTH SERVICES IN THE CENTRAL NEW JERSEY REGION. CENTRASTATE HEALTHCARE SYSTEM CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") IN 2022 AND REVIEWED THE HEALTH PRIORITIES IDENTIFIED THROUGH THAT ASSESSMENT. THE ASSESSMENT INCORPORATED DATA FROM MULTIPLE SOURCES, INCLUDING PRIMARY RESEARCH THROUGH PHONE AND ONLINE SURVEYS WITH COMMUNITY LEADERS AND THE PUBLIC AT LARGE, AS WELL AS SECONDARY RESEARCH THROUGH VITAL STATISTICS AND OTHER EXISTING HEALTH RELATED DATA.

THE COMMUNITY DEFINED FOR THIS ASSESSMENT IS MONMOUTH COUNTY, IN GENERAL, AND WESTERN MONMOUTH COUNTY IN PARTICULAR.

TAKING INTO ACCOUNT THE TOP-IDENTIFIED NEEDS - AS WELL AS HOSPITAL RESOURCES AND OVERALL ALIGNMENT WITH THE HOSPITAL'S MISSION, GOALS AND STRATEGIC PRIORITIES - IT WAS DETERMINED AT THIS TIME THAT CENTRASTATE WOULD FOCUS ON DEVELOPING AND/OR SUPPORTING STRATEGIES AND INITIATIVES TO IMPROVE HEALTH IN THE AREAS OF:

- CANCER
- HEART DISEASE
- BEHAVIORAL HEALTH
- NUTRITION, PHYSICAL ACTIVITY & WEIGHT

THIS IMPLEMENTATION PLAN REPRESENTS A COLLABORATION OF THE CHNA TEAM ACROSS THE HEALTH SYSTEM, AND WITH ITS COMMUNITY PARTNERS, AND WILL BE USED TO INFORM DECISIONS AND GUIDE EFFORTS TO IMPROVE COMMUNITY HEALTH AND WELLNESS. WHEREVER POSSIBLE CENTRASTATE WILL WORK WITH OTHER AGENCIES TO INFLUENCE THE SOCIAL DETERMINANTS OF HEALTH ("SDOH"), WHICH MAY IMPACT ACCESS TO HEALTHCARE, ADHERENCE TO HEALTH REGIMENS AND HEALTH OUTCOMES. FOLLOWING A DATA DRIVEN APPROACH AND A SERIES OF DELIBERATIVE MEETINGS,

**Part V Facility Information** (continued)

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

THE FOLLOWING GOALS, OBJECTIVES AND STRATEGIES WERE DEVELOPED.

CANCER

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BRIEF DESCRIPTION OF NEED: THE INCIDENCE AND PREVALENCE OF CANCER IN THE CENTRASTATE SERVICE AREA SLIGHTLY EXCEEDS NEW JERSEY AND U.S. BENCHMARKS WITH THE MOST COMMON CANCERS CITED LOCALLY BEING BREAST, PROSTATE AND SKIN CANCER. THE PREVALENCE OF CANCER WAS HIGHEST IN THE 65+ AGE GROUP.

GOAL: OFFER A RANGE OF ACCESSIBLE CANCER PREVENTION AND TREATMENT OPTIONS THAT FIT THE NEEDS OF COMMUNITY MEMBERS, ESPECIALLY THOSE 65 AND OLDER.

OBJECTIVES:

- INCREASE PUBLIC AWARENESS OF THE IMPORTANCE OF EARLY DETECTION FOR OPTIMAL CANCER TREATMENT OUTCOMES.

- INCREASE PARTICIPATION IN CANCER SCREENINGS, INCLUDING BREAST, PROSTATE, LUNG, COLORECTAL AND SKIN, IN A VARIETY OF HEALTH CARE SETTINGS.

- CONNECT PEOPLE WITH POSITIVE FINDINGS TO RESOURCES FOR CARE.

STRATEGIES:

- ADD CANCER SPECIALISTS AND CLINICAL TRIALS THAT WILL IMPROVE ACCESS FOR AREA RESIDENTS:

- BREAST, ENDOCRINE, GYN SPECIALISTS

- CONTINUE TO OFFER AND PROMOTE CANCER SUPPORT AND SURVIVORSHIP PROGRAMS TO THOSE WHO HAVE COMPLETED TREATMENT.

- EDUCATE STAFF AND PROVIDERS ON AVAILABILITY OF NEW AND ENHANCED SERVICES.

- EDUCATE THE PUBLIC ON PREVENTION AND EARLY DETECTION; PROMOTE SCREENING EVENTS.

HEART DISEASE

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BRIEF DESCRIPTION OF NEED: HEART DISEASE IS THE LEADING CAUSE OF DEATH IN THE UNITED STATES. THE PREVALENCE OF HEART DISEASE AND HIGH BLOOD CHOLESTEROL IN THE CENTRASTATE SERVICE AREA SIGNIFICANTLY EXCEEDED NEW JERSEY AND U.S. BENCHMARKS.

GOAL: OFFER SUPPORTIVE SERVICES DESIGNED TO REDUCE CARDIOVASCULAR RISK

**Part V Facility Information** (continued)

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

FACTORS WHICH PUT A PERSON AT INCREASED RISK FOR CARDIOVASCULAR DISEASE.

## OBJECTIVES:

- OFFER PROGRAMS AND SERVICES THAT HELP MODIFY BEHAVIORS SUCH AS CIGARETTE SMOKING, PHYSICAL INACTIVITY AND OVERWEIGHT/OBESITY.
- OFFER PROGRAMS/SCREENINGS THAT STRESS THE IMPORTANCE OF ADHERING TO TREATMENT FOR HIGH BLOOD PRESSURE AND CHOLESTEROL, BOTH CRITICAL FOR PREVENTING AND CONTROLLING CARDIOVASCULAR DISEASE.
- PROVIDE EDUCATION ON CHRONIC CONDITIONS INCLUDING RELATED TO HEART DISEASE SUCH AS HEART FAILURE, HYPERTENSION AND DIABETES.
- TRAIN PEOPLE TO IDENTIFY THE SIGNS AND SYMPTOMS OF A HEART ATTACK AND HOW TO PROVIDE EARLY HEART ATTACK CARE (EHAC).

## STRATEGIES:

- ASSIST PATIENTS AND COMMUNITY MEMBERS IN OBTAINING AND UNDERSTANDING INFORMATION ABOUT HEART HEALTH:
- MYCHART ELECTRONIC HEALTH RECORD PROMOTION AND UTILIZATION.
- WORK WITH PCPS AND RN HEALTH COACHES TO LOWER PATIENTS' CARDIOVASCULAR RISK SCORES.
- EARLY HEART ATTACK CARE TRAINING, HANDS ONLY CPR, AND BLS TRAINING.
- PROVIDE AND PROMOTE SCREENINGS ONSITE AND IN COMMUNITY SETTINGS FOR CARDIOVASCULAR DISEASE:
- LIPID PROFILE, BLOOD PRESSURE, BLOOD SUGAR AND PERIPHERAL ARTERY DISEASE.
- PROVIDE AND PROMOTE PHYSICAL ACTIVITY:
- LIVE LIFE WELL PROGRAMS, EXERCISE EDUCATION IN THE SENIOR RESIDENTIAL FACILITIES AND THROUGH THE FITNESS CENTER.
- OFFER DIABETES PREVENTION PROGRAMS AND NUTRITIONAL COACHING SERVICES TO REDUCE RISK FACTORS
- PARTNER WITH COMMUNITY ORGANIZATIONS TO SUPPORT INITIATIVES RELATED TO NUTRITION EDUCATION AND ACCESS TO HEALTHY FOOD:
- NEIGHBORHOOD CONNECTIONS TO HEALTH, FREEHOLD FAMILY HEALTH CENTER, FOOD BANK

## BEHAVIORAL HEALTH

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BRIEF DESCRIPTION OF NEED: ABOUT HALF OF ALL PEOPLE IN THE UNITED STATES WILL BE DIAGNOSED WITH A MENTAL DISORDER AT SOME POINT IN THEIR LIFETIME

**Part V Facility Information** (continued)

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

AND MENTAL HEALTH AND PHYSICAL HEALTH ARE CLOSELY CONNECTED. A SIGNIFICANT NUMBER OF CENTRASTATE SERVICE AREA RESPONDENTS EXPERIENCE "FAIR" TO "POOR" MENTAL HEALTH AND HAVE BEEN DIAGNOSED WITH A DEPRESSIVE DISORDER. KEY INFORMANTS RANKED MENTAL HEALTH AS A TOP CONCERN.

IN TERMS OF SUBSTANCE USE DISORDERS, COMMUNITY MEMBERS REPORTED BINGE DRINKING (5 IF MALE)/4 (IF FEMALE) OR MORE DRINKS ON AN OCCASION, WHICH IS SIGNIFICANTLY HIGHER THAN THE NEW JERSEY AND U.S. BENCHMARKS. MOST PREVALENT IN THE 18 TO 39 AGE GROUP. NEARING 50 PERCENT OF COMMUNITY MEMBERS PERCEIVED SUBSTANCE ABUSE AS A MAJOR PROBLEM IN THE COMMUNITY. KEY INFORMANTS ALSO RANKED SUBSTANCE ABUSE AS A TOP CONCERN.

GOAL: OFFER A RANGE OF EDUCATION, PREVENTION AND TREATMENT OPTIONS FOR BEHAVIORAL HEALTH ISSUES AND SUBSTANCE USE DISORDERS.

## OBJECTIVES:

- PROMOTE THE LAUNCH OF THE NEW 988 SUICIDE HOTLINE AS WELL AS THE CENTRASTATE HOTLINE.
- CREATE LINKAGES BETWEEN THE HOSPITAL AND OUTPATIENT COMMUNITY-BASED SERVICES TO ASSESS AND TREAT MENTAL HEALTH CONDITIONS.
- INCREASE THE NUMBER OF INDIVIDUALS WHO RECEIVE TREATMENT FOR MENTAL HEALTH SERVICES IN THE APPROPRIATE SETTING.

## STRATEGIES:

- PROVIDE SUICIDE SCREENINGS TO EMERGENCY DEPARTMENT PATIENTS AND REFER TO TREATMENT AS NEEDED.
- EXPAND PRIMARY CARE PRACTITIONERS IN THE SERVICE AREA WHO CAN IDENTIFY AT-RISK INDIVIDUALS.
- GENERATE OUTPATIENT REFERRALS AND ENCOURAGE TREATMENT WITHIN 30 DAYS OF HOSPITAL/ED DISCHARGE.
- PROMOTE AWARENESS OF CENTRASTATE'S CRISIS LINE AND BEHAVIORAL HEALTH RESOURCES:
- EDUCATE STAFF ON AVAILABILITY OF CRISIS HOTLINES
- INCREASE COMMUNITY AWARENESS AND UNDERSTANDING ABOUT MENTAL HEALTH ISSUES:
- MENTAL HEALTH EDUCATION AT COMMUNITY HEALTH EVENTS
- WORK WITH SCHOOLS TO IMPROVE LIFE SKILLS AND DECISION MAKING WITH REGARD TO DRUGS AND ALCOHOL.
- PROVIDE SELF-ASSESSMENTS TO IDENTIFY POTENTIAL BINGE-DRINKING PATTERNS.



**Part V Facility Information** (continued)

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

- OFFER SUPPORT FOR SMOKING/VAPING CESSATION.
- PARTNER WITH COLLABORATING AGENCIES TO IDENTIFY AND ASSIST ED AND INPATIENTS, INCLUDING MATERNAL/CHILD PATIENTS, WITH SUBSTANCE USE DISORDERS FOR OUTPATIENT TREATMENT.
- REFER PATIENTS TO 12-STEP AND OTHER PEER-PROGRAMS AS NEEDED.

## NUTRITION, PHYSICAL ACTIVITY AND WEIGHT

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BRIEF DESCRIPTION OF NEED: MANY PEOPLE DON'T EAT A HEALTHY DIET ARE AT AN INCREASED RISK FOR OBESITY, HEART DISEASE, STROKE, TYPE 2 DIABETES, AND OTHER HEALTH PROBLEMS. THE POPULATION OF MONMOUTH COUNTY HAS LOWER FOOD ACCESS, A HIGHER PREVALENCE OF TOTAL OVERWEIGHT (OVERWEIGHT AND OBESE), AND A HIGH PREVALENCE OF FAST FOOD RESTAURANTS AS COMPARED TO THE NEW JERSEY AND U.S. BENCHMARKS. KEY INFORMANTS RANKED AS A TOP CONCERN.

GOAL: IMPROVE ACCESS POINTS AND CHANNELS FOR CARE AND PROVIDE SERVICES THAT SUPPORT ALL ASPECTS OF HEALTHY LIVING.

## OBJECTIVE:

- OFFER SUPPORT SERVICES THAT ASSIST THE COMMUNITY WITH ACHIEVING A BALANCE OF HEALTHY NUTRITION, PHYSICAL ACTIVITY AND WEIGHT CONTROL.
- INCREASE ENGAGEMENT IN PROGRAMMING THAT PROMOTES A HEALTHY LIFESTYLE.

## STRATEGIES:

- INCREASE ACCESS TO EDUCATION ABOUT HEALTHY LIFESTYLE:
  - HEALTHY LIFESTYLE EDUCATION VIA CLASSES, DIGITAL AND PRINT CONTENT AND SOCIAL MEDIA PLATFORMS.
  - OFFER AND PROMOTE DIABETES PREVENTION PROGRAMS AND NUTRITIONAL COACHING TO REDUCE RISK FACTORS.
  - WORK WITH EMPLOYERS TO OFFER A RANGE OF PREVENTIVE HEALTH PROGRAMS.
- INCREASE ACCESS TO HEALTHY FOOD OPTIONS:
  - FOOD BANK MOBILE FOOD PANTRY.
  - FARMERS' MARKETS AND VOUCHER PROGRAMS.
- INCREASE ACCESS TO PHYSICAL ACTIVITY:
  - PARTNER WITH PHYSICIANS AND PARK RX TO PRESCRIBE OUTDOOR ACTIVITY.
  - OFFER EXERCISE AND FITNESS CLASSES.

**Part V Facility Information** (continued)

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

SCHEDULE H, PART V, SECTION B, QUESTION 16

THE ORGANIZATION IS AN AFFILIATE WITHIN CENTRASTATE HEALTHCARE SYSTEM, INC.; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B, QUESTION 16, IS THE HOME PAGE FOR THE SYSTEM. THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION AND PLAIN LANGUAGE SUMMARY ARE MADE WIDELY AVAILABLE ON THE ORGANIZATION'S WEBSITE. THESE DOCUMENTS CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE:

[HTTPS://WWW.CENTRASTATE.COM/BILLING/](https://www.centrastate.com/billing/)

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

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

Name and address	Type of facility (describe)
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

Schedule H (Form 990) 2022

**Part VI** Supplemental Information

Provide the following information.

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

PART I, LINE 3C

THE INCOME BASED CRITERIA USED TO DETERMINE ELIGIBILITY IS PER NEW JERSEY ADMINISTRATIVE CODE 10:52 SUB CHAPTERS 11, 12 AND 13, AND BASED UPON THE 2015 POVERTY GUIDELINES (DEPARTMENT OF HEALTH AND SENIOR SERVICES). FEDERAL POVERTY GUIDELINES ARE INCLUDED IN THE CRITERIA FOR DETERMINING ELIGIBILITY FOR CHARITY AND DISCOUNTED CARE.

CENTRASTATE MEDICAL CENTER, INC. FOLLOWS THE NJ ADMINISTRATIVE CODE 8:31B AND CONSIDERS INDIVIDUAL ASSETS OVER \$7,500 AND FAMILY ASSETS OVER \$15,000 IN DETERMINING ELIGIBILITY FOR FINANCIAL ASSISTANCE. IN ADDITION, THERE IS A "SPEND DOWN" PROVISION ALLOWING FINANCIAL ASSISTANCE IF THE AMOUNT DUE FROM THE PATIENT IS GREATER THAN THE ASSETS OVER THE STATED THRESHOLDS.

**Part VI Supplemental Information**

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SCHEDULE H, PART I; QUESTION 6A

NOT APPLICABLE

SCHEDULE H, PART I; QUESTION 7

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

SCHEDULE H, PART II

COMMUNITY BUILDING ACTIVITIES UNDERTAKEN BY CENTRASTATE MEDICAL CENTER, INC. IMPROVE THE MEDICAL AND SOCIOECONOMIC WELL-BEING OF OUR COMMUNITIES. THIS IS ACCOMPLISHED THROUGH SERVICE ON STATE AND REGIONAL ADVOCACY COMMITTEES AND BOARDS, VOLUNTEERISM WITH LOCAL COMMUNITY-BASED NON-PROFIT

**Part VI Supplemental Information**

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ACTIVITIES TO PROMOTE UNDERSTANDING OF THE ROOT CAUSES OF HEALTH CONCERNS. CENTRASTATE MEDICAL CENTER, INC. PROVIDES EDUCATIONAL MATERIALS, CONDUCTS COMMUNITY HEALTH FAIRS AND HOLDS HEALTH EDUCATION SEMINARS AND OUTREACH SESSIONS FOR ITS PATIENTS, COMMUNITY AND PROVIDERS. PHYSICIANS, NURSES AND OTHER HEALTHCARE PROFESSIONALS DEDICATE THEIR KNOWLEDGE AND TIME TO ENSURE THE COMMUNITY IS WELL EDUCATED ON TOPICS PROMOTING HEALTHY LIVING.

SCHEDULE H, PART III, SECTION A; QUESTION 4

THE FOOTNOTE BELOW EXPLAINS THE ORGANIZATIONS METHODOLOGY WITH RESPECT TO NET PATIENT SERVICE REVENUE.

CHANGES IN THE SYSTEM'S ESTIMATES OF IMPLICIT PRICE CONCESSIONS, DISCOUNTS, CONTRACTUAL ADJUSTMENTS OR OTHER CHANGES TO EXPECTED PAYMENTS FOR PERFORMANCE OBLIGATIONS SATISFIED IN PRIOR YEARS WERE NOT SIGNIFICANT. PORTFOLIO COLLECTION ESTIMATES ARE UPDATED BASED ON

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COLLECTION TRENDS. SUBSEQUENT CHANGES THAT ARE DETERMINED TO BE THE  
 RESULT OF AN ADVERSE CHANGE IN THE PATIENT'S ABILITY TO PAY (DETERMINED  
 ON A PORTFOLIO BASIS WHEN APPLICABLE) ARE RECORDED AS BAD DEBT EXPENSE.  
 BAD DEBT EXPENSE FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021 WAS NOT  
 SIGNIFICANT.

SCHEDULE H, PART III, SECTION B; QUESTION 8

MEDICARE COSTS WERE DERIVED FROM THE 2022 MEDICARE COST REPORT.

MEDICARE UNDERPAYMENTS AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED  
 COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I.

THE ORGANIZATION FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD  
 DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE  
 FORM 990, SCHEDULE H, PART I. AS OUTLINED MORE FULLY BELOW THE  
 ORGANIZATION BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE

**Part VI Supplemental Information**

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HEALTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES AND MISSION IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUAL'S IN A NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY AND CONSISTENT WITH THE COMMUNITY BENEFIT STANDARD PROMULGATED BY THE IRS. THE COMMUNITY BENEFIT STANDARD IS THE CURRENT STANDARD FOR A HOSPITAL FOR RECOGNITION AS A TAX-EXEMPT AND CHARITABLE ORGANIZATION UNDER INTERNAL REVENUE CODE ("IRC") §501(C)(3).

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



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EXPLICITLY ADDRESS THE ACTIVITIES OF HOSPITALS. IN THE ABSENCE OF  
 EXPLICIT STATUTORY OR REGULATORY REQUIREMENTS APPLYING THE TERM  
 "CHARITABLE" TO HOSPITALS, IT HAS BEEN LEFT TO THE IRS TO DETERMINE THE  
 CRITERIA HOSPITALS MUST MEET TO QUALIFY AS IRC §501(C)(3) CHARITABLE  
 ORGANIZATIONS. THE ORIGINAL STANDARD WAS KNOWN AS THE CHARITY CARE  
 STANDARD. THIS STANDARD WAS REPLACED BY THE IRS WITH THE COMMUNITY  
 BENEFIT STANDARD WHICH IS THE CURRENT STANDARD.

CHARITY CARE STANDARD

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

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OF CHARITY CARE DID NOT NECESSARILY MEAN THAT A HOSPITAL HAD FAILED TO MEET THE REQUIREMENT SINCE THAT LEVEL COULD REFLECT ITS FINANCIAL ABILITY TO PROVIDE SUCH CARE. THE RULING ALSO NOTED THAT PUBLICLY SUPPORTED COMMUNITY HOSPITALS WOULD NORMALLY QUALIFY AS CHARITABLE ORGANIZATIONS BECAUSE THEY SERVE THE ENTIRE COMMUNITY, AND A LOW LEVEL OF CHARITY CARE WOULD NOT AFFECT A HOSPITAL'S EXEMPT STATUS IF IT WAS DUE TO THE SURROUNDING COMMUNITY'S LACK OF CHARITABLE DEMANDS.

COMMUNITY BENEFIT STANDARD

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

THE RULING INVOLVED A HOSPITAL THAT ONLY ADMITTED INDIVIDUALS WHO COULD

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PAY FOR THE SERVICES (BY THEMSELVES, PRIVATE INSURANCE, OR PUBLIC PROGRAMS SUCH AS MEDICARE), BUT OPERATED A FULL-TIME EMERGENCY ROOM THAT WAS OPEN TO EVERYONE. THE IRS RULED THAT THE HOSPITAL QUALIFIED AS A CHARITABLE ORGANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUNITY. THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A CHARITABLE PURPOSE ACCORDING TO THE GENERAL LAW OF CHARITY, IT FELL WITHIN THE "GENERALLY ACCEPTED LEGAL SENSE" OF THE TERM "CHARITABLE," AS REQUIRED BY TREAS. REG. §1.501(C)(3)-1(D)(2). THE IRS RULING STATED THAT THE PROMOTION OF HEALTH, LIKE THE RELIEF OF POVERTY AND THE ADVANCEMENT OF EDUCATION AND RELIGION, IS ONE OF THE PURPOSES IN THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE EVEN THOUGH THE CLASS OF BENEFICIARIES ELIGIBLE TO RECEIVE A DIRECT BENEFIT FROM ITS ACTIVITIES DOES NOT INCLUDE ALL MEMBERS OF THE COMMUNITY, SUCH AS INDIGENT MEMBERS OF THE COMMUNITY, PROVIDED THAT THE CLASS IS NOT SO SMALL THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUNITY.

THE IRS CONCLUDED THAT THE HOSPITAL WAS "PROMOTING THE HEALTH OF A CLASS OF PERSONS THAT IS BROAD ENOUGH TO BENEFIT THE COMMUNITY" BECAUSE ITS

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EMERGENCY ROOM WAS OPEN TO ALL AND IT PROVIDED CARE TO EVERYONE WHO COULD PAY, WHETHER DIRECTLY OR THROUGH THIRD-PARTY REIMBURSEMENT. OTHER CHARACTERISTICS OF THE HOSPITAL THAT THE IRS HIGHLIGHTED INCLUDED THE FOLLOWING: ITS SURPLUS FUNDS WERE USED TO IMPROVE PATIENT CARE, EXPAND HOSPITAL FACILITIES, AND ADVANCE MEDICAL TRAINING, EDUCATION, AND RESEARCH; IT WAS CONTROLLED BY A BOARD OF TRUSTEES THAT CONSISTED OF INDEPENDENT CIVIC LEADERS; AND HOSPITAL MEDICAL STAFF PRIVILEGES WERE AVAILABLE TO ALL QUALIFIED PHYSICIANS.

MEDICARE UNDERPAYMENTS AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I.

THE AMERICAN HOSPITAL ASSOCIATION ("AHA") FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. THIS ORGANIZATION AGREES WITH THE AHA POSITION. AS OUTLINED IN THE AHA LETTER TO THE IRS DATED AUGUST 21, 2007 WITH RESPECT TO THE FIRST PUBLISHED DRAFT OF THE NEW FORM 990 AND SCHEDULE H, THE AHA FELT THAT THE IRS SHOULD INCORPORATE THE FULL

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

VALUE OF THE COMMUNITY BENEFIT THAT HOSPITALS PROVIDE BY COUNTING

MEDICARE UNDERPAYMENTS (SHORTFALL) AS QUANTIFIABLE COMMUNITY BENEFIT FOR

THE FOLLOWING REASONS:

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

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

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

**Part VI Supplemental Information**

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"DUAL ELIGIBLES."

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

BOTH THE AHA AND THIS ORGANIZATION ALSO FEEL THAT PATIENT BAD DEBT IS A COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. LIKE MEDICARE UNDERPAYMENT (SHORTFALLS), THERE ALSO ARE COMPELLING REASONS THAT PATIENT BAD DEBT SHOULD BE COUNTED AS QUANTIFIABLE COMMUNITY BENEFIT AS FOLLOWS:

- A SIGNIFICANT MAJORITY OF BAD DEBT IS ATTRIBUTABLE TO LOW-INCOME PATIENTS, WHO, FOR MANY REASONS, DECLINE TO COMPLETE THE FORMS REQUIRED

**Part VI Supplemental Information**

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

- THE REPORT ALSO NOTED THAT A SUBSTANTIAL PORTION OF BAD DEBT IS PENDING CHARITY CARE. UNLIKE BAD DEBT IN OTHER INDUSTRIES, HOSPITAL BAD DEBT IS COMPLICATED BY THE FACT THAT HOSPITALS FOLLOW THEIR MISSION TO THE COMMUNITY AND TREAT EVERY PATIENT THAT COMES THROUGH THEIR EMERGENCY DEPARTMENT, REGARDLESS OF ABILITY TO PAY. PATIENTS WHO HAVE OUTSTANDING BILLS ARE NOT TURNED AWAY, UNLIKE OTHER INDUSTRIES. BAD DEBT IS FURTHER COMPLICATED BY THE AUDITING INDUSTRY'S STANDARDS ON REPORTING CHARITY CARE. MANY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSARY, EXTENSIVE DOCUMENTATION REQUIRED TO BE DEEMED CHARITY CARE BY AUDITORS. AS A RESULT, ROUGHLY 40% OF BAD DEBT IS PENDING CHARITY CARE.

- THE CBO CONCLUDED THAT ITS FINDINGS "SUPPORT THE VALIDITY OF THE

**Part VI Supplemental Information**

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

AS OUTLINED BY THE AHA, DESPITE THE HOSPITALS' BEST EFFORTS AND DUE  
DILIGENCE, PATIENT BAD DEBT IS A PART OF THE HOSPITAL'S MISSION AND  
CHARITABLE PURPOSES. BAD DEBT REPRESENTS PART OF THE BURDEN HOSPITALS  
SHOULDER IN SERVING ALL PATIENTS REGARDLESS OF RACE, COLOR, CREED, SEX,  
NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. IN ADDITION, THE HOSPITAL  
INVESTS SIGNIFICANT RESOURCES IN SYSTEMS AND STAFF TRAINING TO ASSIST  
PATIENTS THAT ARE IN NEED OF FINANCIAL ASSISTANCE.



**Part VI Supplemental Information**

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SCHEDULE H, PART III, SECTION B: QUESTION 9B

DURING FINANCIAL COUNSELING, THE PATIENT IS SCREENED FOR ELIGIBILITY IN PUBLIC ASSISTANCE PROGRAMS, INCLUDING MEDICARE, MEDICAID, THE CATASTROPHIC ILLNESS FUND FOR CHILDREN, AND THE VIOLENT CRIME COMPENSATION BOARD. THE PATIENT IS ASSISTED WITH THE ENROLLMENT PROCESS FOR ANY PROGRAMS FOR WHICH THE PATIENT HAS PROBABLE ELIGIBILITY. BILLS MAY BE REDUCED FROM 20% TO 100% BASED UPON FINANCIAL ASSISTANCE CRITERIA. THE PATIENT RESPONSIBILITY PORTION OF 20%, 40%, 60% OR 80% IS BASED UPON RATES ESTABLISHED IN P.L. 1971 C. 136. SPEND DOWN ASSETS, THROUGH PARTIAL PAYMENT OF THE HOSPITAL BILL IS ALLOWED TO ENABLE THE PATIENT TO QUALIFY FOR FINANCIAL ASSISTANCE. THE AMOUNT FOR WHICH THE PATIENT IS RESPONSIBLE AFTER PARTIAL FINANCIAL ASSISTANCE SHALL BE LIMITED TO 30% OF INCOME, PER NJAC 8:31B. UNINSURED PATIENTS WITH INCOME BETWEEN 301%-500% OF FEDERAL POVERTY LEVELS WILL BE PROVIDED A SIGNIFICANT DISCOUNT, IN ACCORDANCE WITH P.L. 1971 C. 136.

PATIENTS ARE BILLED ROUTINELY FOR UNPAID BALANCES AND SHALL BE NOTIFIED

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OF ANY IMPENDING COLLECTION OR LEGAL ACTION. PATIENTS ARE PROVIDED WITH CONTACT INFORMATION TO DISCUSS ANY QUESTIONS OR PROBLEMS. PATIENT BILLS INDICATE THE AVAILABILITY OF PAYMENT SCHEDULES. UPON PATIENT REQUEST, THE FOLLOWING PAYMENT SCHEDULE FOR BALANCES OF \$100 OR MORE MAY BE AGREED UPON: BALANCE OF \$100 - \$450 - MONTHLY PAYMENT = 1/4 OF THE BALANCE, \$451 - \$3,000 = 1/12 OF THE BALANCE, OVER \$3,000 = MINIMUM OF \$250 PER MONTH OR 1% OF GROSS INCOME/MONTH, WHICHEVER IS MORE. IF THE PATIENT AND MEDICAL CENTER REPRESENTATIVE MUTUALLY AGREE TO A PAYMENT SCHEDULE AND PAYMENTS ARE RECEIVED AS AGREED, FURTHER COLLECTION ACTION WILL NOT BE TAKEN. EXCEPTIONS TO THE ABOVE SCHEDULE MAY BE MADE BY PATIENT FINANCIAL SERVICES MANAGEMENT UPON THE REQUEST OF THE PATIENT, AND DOCUMENTATION BY THE PATIENT OF INABILITY TO PAY ACCORDING TO THE ESTABLISHED SCHEDULE.

IF, AT THE END OF THE FINANCIAL SCREENING ATTEMPTS AND BILLING CYCLE, THE PATIENT HAS NOT BEEN APPROVED FOR FINANCIAL ASSISTANCE AND/OR IS NOT ON A PAYMENT PLAN, OR AFTER THERE HAS BEEN A DEFAULT IN PAYMENT, THE ACCOUNT WILL BE ASSIGNED TO A COLLECTION AGENCY AND/OR ATTORNEY FOR COLLECTIONS. PAYMENT PLAN, OR AFTER THERE HAS BEEN A DEFAULT IN PAYMENT, THE ACCOUNT

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WILL BE ASSIGNED TO A COLLECTION AGENCY AND/OR ATTORNEY FOR COLLECTIONS.

SCHEDULE H, PART VI; QUESTION 2

IN ADDITION TO THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS OUTLINED IN SCHEDULE H, SECTION B, QUESTIONS 1-12 AND SECTION C, THIS ORGANIZATION CONDUCTS A REVIEW OF KEY FACTOR INFORMATION ANNUALLY WHICH INCLUDES: A REVIEW OF HEALTHCARE UTILIZATION OF ITS SERVICE AREA POPULATION BY SERVICES (UROLOGY, CARDIOLOGY, OBSTETRICS, ETC.) FOR DETERMINING INCREASED OR DECREASED HEALTH NEEDS; HEALTHCARE SERVICES ESTIMATES AND FORECASTS (BOTH INPATIENT AND OUTPATIENT); ASSESSMENTS OF LOCAL DEMOGRAPHIC AND SOCIOECONOMIC INFORMATION; AND A REVIEW OF HEALTH STATUS/NEEDS ASSESSMENTS AND STUDIES CONDUCTED BY EXTERNAL PARTIES. THE ORGANIZATION CONDUCTS AN EXTENSIVE SERVICE AREA PHYSICIAN NEEDS STUDY (BY PRIMARY AND SPECIALTY) EVERY THREE TO FIVE YEARS. SPECIFIC SPECIALTY NEEDS ARE CONDUCTED FOR IDENTIFIED GAPS IN SERVICE. THESE REVIEWS INFORM MEDICAL STAFF DEVELOPMENT AT THE MEDICAL CENTER TO ASSURE RESPONSIVENESS

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TO IDENTIFIED COMMUNITY NEEDS.

THE ORGANIZATION COLLABORATES WITH COMMUNITY PARTNERS TO PLAN AND CONDUCT HEALTH NEEDS ASSESSMENTS TO ASSESS AND ADDRESS HEALTH NEEDS OF THE COMMUNITY IT SERVES. THE WIDE-BASED COLLABORATIVE PARTNERSHIP RETAINS AN OUTSIDE CONSULTING FIRM TO ASSESS COMMUNITY DATA AND PERCEPTION. COMMUNITY DATA IS COLLECTED FROM COUNTY HEALTH PROFILES, HEALTH STATISTICS, DEMOGRAPHICS, SOCIOECONOMIC DATA, PHONE SURVEYS, PAPER SURVEYS AND FOCUS GROUPS. FROM THOSE ASSESSMENTS, COMMUNITY HEALTH IMPROVEMENT PLANS ARE PUBLISHED IDENTIFYING THE SPECIFIC HEALTH PRIORITIES. THROUGH A PLANNED AND ORGANIZED EFFORT, THE GROUP WORKS COLLECTIVELY TO ADDRESS THE PRIORITIES BY TAPPING THE RESOURCES OF THE COMMUNITY AND COLLABORATING ON INITIATIVES. CENTRASTATE HEALTHCARE SYSTEM, INC. ACTIVELY CONTRIBUTES TO THIS PROCESS AND ENGAGES IN THE IDENTIFIED PRIORITIES THAT MATCH ITS MISSION, EXPERTISE, RESOURCES, AND CAPACITY.

IN ADDITION TO THESE ORGANIZED NEEDS ASSESSMENT EFFORTS, VARIOUS

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CENTRASTATE HEALTHCARE SYSTEM, INC. LEADERSHIP ATTEND COMMUNITY MEETINGS  
WITH LOCAL PROVIDERS, LOCAL HEALTH DEPARTMENTS, LOCAL POLITICIANS,  
ORGANIZATIONS, AND COMMUNITY LEADERS TO DISCUSS THE HEALTH NEEDS OF THE  
POPULATION.

SCHEDULE H, PART VI; QUESTION 3

IN ACCORDANCE WITH INTERNAL REVENUE CODE SECTION 501(R)(4) THE  
ORGANIZATION INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED  
FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE BY  
WIDELY PUBLICIZING VARIOUS DOCUMENTS.

THESE DOCUMENTS ARE WIDELY PUBLICIZED IN THE FOLLOWING WAYS:

(1) THE FINANCIAL ASSISTANCE POLICY ("FAP"), FINANCIAL ASSISTANCE  
APPLICATION ("APPLICATION") AND PLAIN LANGUAGE SUMMARY ("PLS") ARE ALL  
AVAILABLE ON-LINE AT THE FOLLOWING WEBSITE:

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HTTPS://WWW.CENTRASTATE.COM/BILLING/

(2) PAPER COPIES OF THE FAP, APPLICATION AND THE PLS ARE AVAILABLE UPON REQUEST WITHOUT CHARGE BY MAIL AND ARE AVAILABLE IN AT VARIOUS AREAS THROUGHOUT THE HOSPITAL FACILITY WHICH INCLUDE THE HOSPITAL ADMISSIONS DEPARTMENT AND THE OUTPATIENT AND EMERGENCY ROOM REGISTRATION AREAS.

(3) THE 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 COMMUNITY SERVED BY THE ORGANIZATION'S PRIMARY SERVICE AREA.

(4) ALL PATIENTS ARE OFFERED A COPY OF THE PLS AS PART OF THE INTAKE PROCESS.

ADDITIONALLY, SIGNS OR DISPLAYS ARE CONSPICUOUSLY POSTED IN PUBLIC MEDICAL CENTER LOCATIONS INCLUDING ALL ADMISSIONS/REGISTRATION AREAS AND THE EMERGENCY DEPARTMENT, THAT NOTIFY AND INFORM PATIENTS ABOUT THE

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AVAILABILITY OF FINANCIAL ASSISTANCE.

ALL BILLING STATEMENTS INCLUDE CONSPICUOUS WRITTEN NOTICE WHICH INFORMS  
PATIENTS ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE.

CENTRASTATE MEDICAL CENTER, INC. ALSO INFORMS AND NOTIFIES MEMBERS OF THE  
COMMUNITY SERVED ABOUT THE FAP.

SCHEDULE H, PART VI; QUESTION 4

THE COMMUNITY IN WHICH CENTRASTATE MEDICAL CENTER, INC. SERVES IS  
CONCENTRATED IN MONMOUTH AND OCEAN COUNTIES. THE AVERAGE HOUSEHOLD INCOME  
IN THE SERVICE AREA IS \$139,993. THE MEDIAN HOUSEHOLD AGE IS 43. THE  
TOTAL POPULATION IN THE SERVICE AREA FOR 2019 IS 357,095 WITH 124,895  
HOUSEHOLDS. THE RACIAL MIX OF THE SERVICE AREA POPULATION INCLUDES 73%  
WHITE, 10% ASIAN, 4% BLACK, 11% HISPANIC AND 2% MULTI-RACIAL. GENDER MIX  
IS REPRESENTED BY 51% FEMALE AND 49% MALE.

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SCHEDULE H, PART VI; QUESTION 5

CENTRASTATE CONTRIBUTES TO THE COMMUNITY THROUGH SUBSTANTIAL EMPLOYEE INVOLVEMENT WITH OTHER CHARITABLE AND PUBLIC ORGANIZATIONS SUCH AS GIRL SCOUTS OF THE JERSEY SHORE, WORK FORCE INVESTMENT BUREAU OF MONMOUTH COUNTY, VETERANS COMMUNITY ASSOCIATION, FINGERPRINT AMERICA, SUNRISE OPTIMIST CLUB, MONMOUTH-OCEAN DEVELOPMENT COUNCIL, MUSCULAR DYSTROPHY ASSOCIATION, FREEHOLD TOWNSHIP, MONMOUTH COUNTY CHILD ADVOCACY CENTER, THE NATIONAL ORGANIZATION OF WOMEN BUSINESS OWNERS, RUTGERS UNIVERSITY, CANCER INSTITUTE OF NEW JERSEY AND THE COLLEGE ADVISORY BOARDS OF MONMOUTH COUNTY COMMUNITY COLLEGE AND BROOKDALE COMMUNITY COLLEGE. EFFORTS INCLUDE INCREASING SERVICES TO CANCER SURVIVORS, COORDINATING EFFORTS FOR FUND RAISING AND ORGANIZING STUDENT TRAINING PROGRAMS.

CENTRASTATE ALSO PROVIDES ADDITIONAL COMMUNITY BENEFIT THROUGH ITS 174 VOLUNTEERS WHO CONTRIBUTED OVER 32,752 HOURS OF SERVICE TO THEIR COMMUNITY THROUGH OPPORTUNITIES IN EVERY HOSPITAL DEPARTMENT. VOLUNTEERS SIGNIFICANTLY ENHANCE PATIENT AND FAMILY SUPPORT IN THE FOLLOWING SERVICE



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CATEGORIES: BLOOD CART, DIETARY MENU, EMERGENCY DEPARTMENT LOUNGE,  
 FLOWERS, GIFT SHOP/CART, HOSPITALITY CART, INFORMATION DESKS, MAIL OR  
 MESSENGER, PRN/FLOATERS, PASTORAL CARE, ANIMAL ASSISTED THERAPY, SNACK  
 BAR, SURGERY WAITING AREA, PATIENT TRANSPORT, HAIR CARE, SERVICE  
 LEARNING.

SCHEDULE H, PART VI; QUESTION 6

OUTLINED BELOW IS A SUMMARY OF THE ENTITIES WHICH COMPRISE THE  
 CENTRASTATE HEALTHCARE SYSTEM, INC.:

NOT-FOR-PROFIT CENTRASTATE HEALTHCARE SYSTEM, INC. ENTITIES

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CENTRASTATE HOLDING COMPANY, INC.

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**Part VI Supplemental Information**

Provide the following information.

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

CENTRASTATE HOLDING COMPANY, INC. ("CSHC") IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION OWNS A 49% MEMBERSHIP INTEREST IN CENTRASTATE HEALTHCARE SYSTEM, INC.; THE TAX-EXEMPT PARENT OF THE CENTRASTATE HEALTHCARE SYSTEM, INC. THE ORGANIZATION WAS CREATED AS PART OF THE CO-MEMBER AFFILIATION AGREEMENT UNDER WHICH ATLANTIC HEALTH SYSTEM HOLDS A 51% MEMBERSHIP INTEREST IN CENTRASTATE HEALTHCARE SYSTEM, INC. PLEASE REFER TO THE ATLANTIC HEALTH SYSTEM, INC. (EIN: 22-3380375) FORM 990 AND ATLANTIC HEALTH SYSTEM, INC. GROUP RETURN (EIN: 65-1301877) FORM 990 FOR A LISTING AND DESCRIPTION OF ATLANTIC HEALTH SYSTEM, INC. RELATED ENTITIES.

CENTRASTATE HEALTHCARE SYSTEM, INC.

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CENTRASTATE HEALTHCARE SYSTEM, INC. ("CSHS") IS THE TAX-EXEMPT PARENT OF THE CENTRASTATE HEALTHCARE SYSTEM, INC. ("SYSTEM"). THIS INTEGRATED

**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.

HEALTHCARE DELIVERY SYSTEM CONSISTS OF A GROUP OF AFFILIATED HEALTHCARE ORGANIZATIONS. THE SOLE MEMBER OR STOCKHOLDER OF EACH ENTITY IS CSHS. THE SYSTEM IS AN INTEGRATED NETWORK OF HEALTHCARE PROVIDERS THROUGHOUT THE STATE OF NEW JERSEY AND IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3).

CENTRASTATE MEDICAL CENTER, INC.

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CENTRASTATE MEDICAL CENTER, INC. ("CSMC") IS LOCATED IN FREEHOLD, MONMOUTH COUNTY, NEW JERSEY, IS A 276-BED ACUTE CARE FACILITY. CSMC IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, CSMC PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, CSMC OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

**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.

CENTER FOR AGING, INC.

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CENTER FOR AGING, INC. ("APPLEWOOD") IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(2). APPLEWOOD CONSISTS OF 281 INDEPENDENT APARTMENTS, 20 COTTAGES, 40 RESIDENTIAL HEALTH CARE UNITS, AND A 60-BED SKILLED NURSING FACILITY. THE ORGANIZATION PROVIDES FOR THE CARE OF THE ELDERLY. APPLEWOOD ALSO GOES OUT TO THE COMMUNITY THROUGH SENIOR'S FIRST, WHICH IS A COMPLIMENTARY COMMUNITY OUTREACH AND HEALTHCARE EDUCATION PROGRAM FOR THOSE 60 YEARS AND OLDER IN A 25-MILE RADIUS OF FREEHOLD, NJ. THE CENTER'S PROGRAMS INCLUDE HEALTH FAIRS, BLOOD PRESSURE SCREENINGS, AND HEALTH EDUCATION AND PRESENTATIONS ON PREVENTION AND TREATMENT. IN ADDITION, THERE IS ALSO A SUPPORT GROUP FOR PARKINSON'S DISEASE AS WELL AS COMMUNITY SERVICE REFERRALS.

**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.

CENTRASTATE ASSISTED LIVING, INC.

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CENTRASTATE ASSISTED LIVING, INC. ("MONMOUTH CROSSING") IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(2). MONMOUTH CROSSING OWNS AND OPERATES AN ASSISTED LIVING FACILITY FOR THE ELDERLY CONSISTING OF 76 UNITS WITH 16 UNITS FOR MEMORY CARE. THE FACILITY PROVIDES RESIDENTS WITH SPECIAL NEEDS AND MEMORY-RELATED DISEASES: RECEIVE COMPREHENSIVE, ATTENTIVE SERVICES IN A SAFE ENVIRONMENT WHERE SPECIALIZED ACTIVITIES AND PROGRAMMING ARE PROVIDED. MONMOUTH CROSSING OFFERS SERVICES TO RESIDENTS OF LOW AND MODERATE MEANS AND THOSE ON MEDICAID AS WELL.

HEALTHCARE AFFILIATES, INC.

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**Part VI Supplemental Information**

Provide the following information.

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

HEALTHCARE AFFILIATES, INC. ("THE MANOR") IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(2). THE MANOR PROVIDES SKILLED NURSING SERVICES FOR 123 ELDERLY RESIDENTIAL UNITS INCLUDING SUBACUTE, REHABILITATION AND I.V. THERAPY. THE FACILITY FOCUS IS ON HELPING RESIDENTS ACHIEVE THEIR MAXIMUM POTENTIAL FOR INDEPENDENCE, PERSONAL COMFORT AND QUALITY OF LIFE. THE MANOR IS MEDICARE/MEDICAID CERTIFIED, LICENSED BY THE STATE OF NEW JERSEY, AND ACCREDITED BY THE JOINT COMMISSION. THE FACILITY PROVIDES CHARITY CARE FOR THE INDIGENT WHERE APPROPRIATE.

CENTRASTATE HEALTHCARE FOUNDATION, INC.

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CENTRASTATE HEALTHCARE FOUNDATION, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL

**Part VI Supplemental Information**

Provide the following information.

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

REVENUE CODE §509(A)(1). THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION  
SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF CSMC; A  
RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT  
PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A  
NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL  
ORIGIN OR ABILITY TO PAY.

OTHER CENTRASTATE HEALTHCARE SYSTEM, INC. ENTITIES

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CENTRASTATE CAPTIVE INSURANCE CO., LTD.

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CENTRASTATE CAPTIVE INSURANCE CO., LTD. A CONTROLLED FOREIGN CORPORATION  
OF CENTRASTATE MEDICAL CENTER. THE ORGANIZATION WAS FORMED AND OPERATES  
SOLELY IN THE CAYMAN ISLANDS WITH NO U.S. ACTIVITIES OR PRESENCE.

CENTRASTATE CARDIOLOGY ASSOCIATES, P.C.

**Part VI Supplemental Information**

Provide the following information.

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

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CENTRASTATE CARDIOLOGY ASSOCIATES, P.C. IS AN ENTITY WHOSE NOMINEE SOLE SHAREHOLDER IS A LICENSED MD HOLDING SHARES FOR THE BENEFIT OF CSMC. THE ORGANIZATION IS LOCATED IN FREEHOLD, MONMOUTH COUNTY, NEW JERSEY. THIS ENTITY PROVIDES MEDICAL SERVICES IN SUPPORT OF AND IN FURTHERANCE OF THE CHARITABLE TAX-EXEMPT PURPOSES OF CSMC.

CENTRASTATE HEALTHCARE SERVICES, INC.

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CENTRASTATE HEALTHCARE SERVICES, INC. IS AN ENTITY WHOSE SOLE SHAREHOLDER IS CSHS. THE ORGANIZATION IS LOCATED IN FREEHOLD, MONMOUTH COUNTY, NEW JERSEY AND PROVIDES HEALTHCARE SERVICES.

CENTRASTATE MEDICAL ASSOCIATES, P.C.

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**Part VI Supplemental Information**

Provide the following information.

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

CENTRASTATE MEDICAL ASSOCIATES, P.C. IS AN ENTITY WHOSE NOMINEE SOLE SHAREHOLDER IS A LICENSED MD HOLDING SHARES FOR THE BENEFIT OF CSMC. THE ORGANIZATION IS LOCATED IN FREEHOLD, MONMOUTH COUNTY, NEW JERSEY. THIS ENTITY PROVIDES MEDICAL SERVICES IN SUPPORT OF AND IN FURTHERANCE OF THE CHARITABLE TAX-EXEMPT PURPOSES OF CSMC.

CENTRASTATE SPECIALISTS, P.C.

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CENTRASTATE SPECIALISTS, P.C. IS AN ENTITY WHOSE NOMINEE SOLE SHAREHOLDER IS A LICENSED MD HOLDING SHARES FOR THE BENEFIT OF CSMC. THE ORGANIZATION IS LOCATED IN FREEHOLD, MONMOUTH COUNTY, NEW JERSEY. THIS ENTITY PROVIDES MEDICAL SERVICES IN SUPPORT OF AND IN FURTHERANCE OF THE CHARITABLE TAX-EXEMPT PURPOSES OF CSMC. CENTRASTATE SPECIALISTS, P.C. IS AN ENTITY WHOSE NOMINEE SOLE SHAREHOLDER IS A LICENSED MD HOLDING SHARES FOR THE BENEFIT OF CSMC. THE ORGANIZATION IS LOCATED IN FREEHOLD, MONMOUTH COUNTY, NEW JERSEY. THIS ENTITY PROVIDES MEDICAL SERVICES IN SUPPORT OF AND IN FURTHERANCE OF THE CHARITABLE TAX-EXEMPT PURPOSES OF CSMC.

**Part VI** Supplemental Information

Provide the following information.

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

TAX-EXEMPT PURPOSES OF CSMC.

SCHEDULE H, PART VI; QUESTION 7

THE ENTITY AND RELATED PROVIDER ORGANIZATIONS ARE LOCATED IN NEW JERSEY.

THE STATE OF NEW JERSEY DOES NOT REQUIRE HOSPITALS TO ANNUALLY FILE A

COMMUNITY BENEFIT REPORT WITH THE STATE OF NEW JERSEY.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

CENTRASTATE MEDICAL CENTER, INC.

**Compensation Information**

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

22-1750190

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
THOMAS W. SCOTT	(i)	620,583.	119,344.	364,107.	106,304.	14,519.	1,224,857.	53,954.
<b>1</b> TRUSTEE - PRES/CEO (EFF. 4/9)	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOHN T. GRIBBIN	(i)	338,084.	557,319.	4,564.	27,000.	1,162.	928,129.	NONE
<b>2</b> TRUSTEE-PRES/CEO(RETIREED 4/8)	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DAVID A. DE SIMONE, ES	(i)	347,751.	100,590.	298,922.	66,303.	13,780.	827,346.	45,476.
<b>3</b> SVP TRANSFORM/CLO(TERM 10/14)	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOHN A. DELLOCONO	(i)	486,717.	125,285.	7,524.	20,500.	20,005.	660,031.	NONE
<b>4</b> SVP/CFO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JAMES J. MATERA, M.D.	(i)	457,771.	114,445.	7,524.	76,505.	1,206.	657,451.	NONE
<b>5</b> SVP/MEDICAL DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CATHLEEN G. JANZEKOVIC	(i)	311,864.	79,912.	2,322.	55,141.	2,142.	451,381.	NONE
<b>6</b> VP, PATIENT SERVICES	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
AMIT S. KHAROD, M.D.	(i)	NONE	NONE	31,000.	NONE	NONE	31,000.	NONE
<b>7</b> TRUSTEE	(ii)	396,177.	NONE	966.	NONE	21,321.	418,464.	NONE
MOUSTAFA SHAFEY, M.D.	(i)	320,953.	50,231.	2,781.	27,000.	2,440.	403,405.	NONE
<b>8</b> MEDICAL DIR. - MENTAL HLTH	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DEBORAH ROMMEL-CONNORS	(i)	274,088.	57,202.	3,564.	57,317.	6,771.	398,942.	NONE
<b>9</b> VP REVENUE CYCLE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JAMES RICHVALSKY	(i)	285,659.	55,547.	7,170.	26,912.	10,792.	386,080.	NONE
<b>10</b> VP, PHYSICIAN PRACTICE MGMT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KAREN B. FREEMAN, MSA	(i)	285,257.	53,663.	3,564.	27,000.	2,334.	371,818.	NONE
<b>11</b> VP QUALITY & PATIENT SAFETY	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
HOWARD A. STEIN, M.D.	(i)	291,405.	40,474.	1,584.	20,500.	4,035.	357,998.	NONE
<b>12</b> PHYSICIAN	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
NANCY BARONE	(i)	246,608.	46,711.	3,900.	27,000.	7,629.	331,848.	NONE
<b>13</b> CSHCF VP OF DEVELOPMENT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
VINCENT L. D'ELIA	(i)	238,668.	44,893.	6,022.	20,500.	3,775.	313,858.	NONE
<b>14</b> VP MRKTING PUBLIC/GOVT REL.	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DANIELLE VANWERT	(i)	243,456.	38,063.	443.	20,500.	6,313.	308,775.	NONE
<b>15</b> VP CLINICAL SERVICES	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KIMBERLY H. SIMERS	(i)	230,451.	36,662.	1,353.	27,000.	3,312.	298,778.	NONE
<b>16</b> AVP INTEGRATIVE HEALTH	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
LAURA L. SCHILARE 1 VP FINANCE	(i)	224,622.	47,731.	1,047.	14,945.	5,698.	294,043.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOHN P. DETULLIO, M.D. 2 TRUSTEE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	286,853.	NONE	3,121.	NONE	NONE	289,974.	NONE
KENNETH ENG, D.O. 3 TRUSTEE	(i)	NONE	NONE	50,000.	NONE	NONE	50,000.	NONE
	(ii)	222,251.	NONE	1,599.	NONE	5,340.	229,190.	NONE
FRANCES KEANE 4 VP HR (TERMED 4/29)	(i)	132,282.	53,722.	1,520.	11,228.	4,665.	203,417.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

SCHEDULE J, PART I; QUESTIONS 1A AND 1B

THE ORGANIZATION PROVIDED TRAVEL FOR COMPANIONS OF OFFICERS AND TRUSTEES  
FOR THE ANNUAL BOARD RETREAT AND CERTAIN EDUCATIONAL SEMINARS.

THE ORGANIZATION PAID SOCIAL CLUB DUES FOR JOHN T. GRIBBIN, PRESIDENT/CEO  
OF THE ORGANIZATION, PRIOR TO HIS RETIREMENT, WHICH WERE PART OF HIS  
EMPLOYMENT AGREEMENT CONTRACT. UTILIZATION OF THIS MEMBERSHIP WAS  
PRIMARILY FOR THE BENEFIT OF CENTRASTATE MEDICAL CENTER, INC.

THE ORGANIZATION PAID SOCIAL CLUB DUES FOR THOMAS W. SCOTT, PRESIDENT/CEO  
OF THE ORGANIZATION, WHICH ARE PART OF HIS EMPLOYMENT AGREEMENT CONTRACT.  
UTILIZATION OF THIS MEMBERSHIP WAS PRIMARILY FOR THE BENEFIT OF  
CENTRASTATE MEDICAL CENTER, INC.

**Part III Supplemental Information**

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

SCHEDULE J, PART I; QUESTION 4B

THE AMOUNT REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES PARTICIPATION IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") AS THE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2022 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: THOMAS W. SCOTT, \$361,485 AND DAVID A. DE SIMONE, ESQ., \$282,391.

THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT. THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2022 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: THOMAS W. SCOTT, \$79,304; DAVID A. DE SIMONE, ESQ., \$46,803; JAMES J. MATERA, M.D., \$56,005; CATHLEEN G. JANZEKOVICH, \$34,641 AND DEBORAH ROMMEL-CONNORS, MBA, \$31,317.

**Part III Supplemental Information**

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

SCHEDULE J, PART I; QUESTION 7

CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS  
DURING CALENDAR YEAR 2022 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II)  
HEREIN AND IN EACH INDIVIDUAL'S 2022 FORM W-2, BOX 5, AS TAXABLE MEDICARE  
WAGES. PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS  
INFORMATION BY PERSON BY AMOUNT.

SCHEDULE J, PART II; COLUMN F

THE AMOUNTS REPORTED IN SCHEDULE J, PART II, COLUMN (F) INCLUDE VESTED  
BENEFITS IN A DEFERRED COMPENSATION PLAN AS THESE AMOUNTS WERE NO LONGER  
SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. THESE AMOUNTS WERE REPORTED  
AS DEFERRED COMPENSATION ON PRIOR YEARS' FORMS 990 AND ARE NOW BEING  
REPORTED AGAIN ON THIS YEAR'S FORM 990. THESE HAVE BEEN TREATED AS  
TAXABLE INCOME AND REPORTED ON EACH INDIVIDUAL'S FORM W-2, BOX 5, AS  
TAXABLE MEDICARE WAGES.



**Part III** Supplemental Information

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

**SCHEDULE L**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

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

Attach to Form 990 or Form 990-EZ.

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

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**2022**

**Open To Public  
Inspection**

Name of the organization

CENTRASTATE MEDICAL CENTER, INC.

Employer identification number

22-1750190

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

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

Total . . . . . \$

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

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

Schedule L (Form 990) 2022

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) FORMER TRUSTEE	50% OWNER IN JV WITH CSHS	530,052.	SEE PART V		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

## SCHEDULE L, PART V

1. FRED MORELLI, FORMER TRUSTEE, IS A 100% OWNER OF CORPORATE STAR. CORPORATE STAR IS A 50% OWNER OF PIER PRACTICE SOLUTIONS, THE OTHER 50% IS OWNED BY CENTRASTATE HEALTHCARE SERVICES, INC., A RELATED ORGANIZATION. PIER PRACTICE SOLUTIONS RECEIVES MANAGEMENT, PRODUCTION INCOME FROM PLACEMENT OF MEDICAL MALPRACTICE INSURANCE AND SERVICES FOR CENTRASTATE CAPTIVE INSURANCE COMPANY, LTD., SPC; WHICH IS WHOLLY OWNED BY CENTRASTATE MEDICAL CENTER, INC. ALL TRANSACTIONS ARE DONE WITHIN AN ARM'S LENGTH BASIS.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

CENTRASTATE MEDICAL CENTER, INC.

Employer identification number

22-1750190

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .				
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (SEE SUPP PAGE ) . . . . .		1.	32,330.	
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . . **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2022

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I; QUESTION 32A

THE ORGANIZATION HIRES INDEPENDENT THIRD-PARTIES TO SELL NON-CASH CONTRIBUTIONS IT RECEIVES; IF THE ORGANIZATION DECIDES NOT TO RETAIN THE ITEM(S). THE ORGANIZATION PAYS FAIR MARKET VALUE RATES AND COMMISSIONS IN THESE INSTANCES. FOR ANY GIFTS OF STOCK THE ORGANIZATION'S POLICY IS TO SELL IT IMMEDIATELY FOLLOWING RECEIPT.

SCHEDULE M, PART I; COLUMN B

THE AMOUNTS SHOWN ON PART I, COLUMN B ARE THE NUMBER OF CONTRIBUTIONS RECEIVED.

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

## SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
VARIOUS MEDICAL	X	1	32,330.	FMV
TOTALS		1.	32,330.	

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

CENTRASTATE MEDICAL CENTER, INC.

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

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

► Attach to Form 990 or 990-EZ.

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

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Inspection**

Employer identification number

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**CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

CENTRASTATE MEDICAL CENTER ("CSMC") IS A 284-BED GENERAL ACUTE CARE HOSPITAL LOCATED IN FREEHOLD, MONMOUTH COUNTY, NEW JERSEY. CSMC IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE ("IRS") AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, CSMC PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, OR ABILITY TO PAY. MOREOVER, CSMC OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545:

1. CSMC PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS;
2. CSMC OPERATES AN ACTIVE EMERGENCY ROOM FOR ALL PERSONS; WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR;
3. CSMC MAINTAINS A CLOSED MEDICAL STAFF, WITH PRIVILEGES AVAILABLE BASED ON COMMUNITY NEED;
4. CONTROL OF CSMC RESTS WITH ITS BOARD OF TRUSTEES AND THE BOARD OF TRUSTEES OF CENTRASTATE HEALTHCARE SYSTEM, INC. BOTH BOARDS ARE COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY; AND

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990 or 990-EZ.

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22-1750190

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

THE OPERATIONS OF CSMC, AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND  
OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THE HOSPITAL  
PROVIDES SUBSTANTIAL COMMUNITY BENEFIT AND THAT THE USE AND CONTROL OF  
CSMC IS FOR THE BENEFIT OF THE PUBLIC AND THAT NO PART OF THE INCOME OR  
NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIVATE  
INDIVIDUAL NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN  
INCIDENTALLY.

CSMC'S SOLE CORPORATE MEMBER IS CENTRASTATE HEALTHCARE SYSTEM, INC.  
("CSHS"). CSHS IS ALSO THE TAX-EXEMPT NEW JERSEY NON-PROFIT PARENT  
CORPORATION OF CENTRASTATE HEALTHCARE SYSTEM; AN INTEGRATED HEALTHCARE  
DELIVERY SYSTEM ("SYSTEM"). THE SOLE MEMBER OF EACH ENTITY IS EITHER CSHS  
OR ANOTHER CENTRASTATE HEALTHCARE SYSTEM AFFILIATE CONTROLLED OR OWNED BY  
CSHS. CENTRASTATE HEALTHCARE SYSTEM IS A TAX-EXEMPT INTEGRATED HEALTHCARE  
DELIVERY SYSTEM CONSISTING OF A GROUP OF AFFILIATE HEALTHCARE  
ORGANIZATIONS.

CENTRASTATE HEALTHCARE SYSTEM IS A WORLD-CLASS PATIENT-FOCUSED  
ORGANIZATION COMPRISED OF A RENOWNED TEAM OF HEALTHCARE PROFESSIONALS  
WORKING TOGETHER TO TRANSFORM THE LIVES OF THOSE IN THE COMMUNITY.



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

Department of the Treasury  
Internal Revenue Service

Name of the organization

CENTRASTATE MEDICAL CENTER, INC.

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

Complete to provide information for responses to specific questions on  
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MISSION

=====

TO ENHANCE THE HEALTH AND WELL-BEING OF THE COMMUNITIES THROUGH THE  
COMPASSIONATE DELIVERY OF QUALITY HEALTHCARE.

VISION

=====

AN ORGANIZATION OF CARING PROFESSIONALS TRUSTED AS THE COMMUNITY'S HEALTH  
CARE SYSTEM OF CHOICE FOR CLINICAL EXCELLENCE.

RECOGNITION/QUALITY AWARDS

=====

BUILDING WELLNESS FROM WITHIN

THE WELLNESS COUNCIL OF AMERICA (WELCOA) HAS RECOGNIZED CENTRASTATE AS A  
PLATINUM WELL WORKPLACE FOR ITS INVESTMENT IN HEALTH PROMOTION. AS ONE OF  
AMERICA'S HEALTHIEST COMPANIES AND THE THIRD-LARGEST EMPLOYER IN MONMOUTH  
COUNTY, CENTRASTATE SUCCESSFULLY MEETS WELCOA'S RIGID WORKPLACE WELLNESS  
CRITERIA AND IS ONE OF JUST A FEW WORKPLACES IN THE COUNTRY TO ACHIEVE  
PLATINUM-LEVEL STATUS.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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► Attach to Form 990 or 990-EZ.

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**2022**

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Inspection**

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CENTRASTATE MEDICAL CENTER, INC.

22-1750190

CREATING AN OUTSTANDING EMPLOYEE EXPERIENCE

CENTRASTATE EARNED GREAT PLACE TO WORK CERTIFICATION FOR THE SECOND YEAR  
IN A ROW FROM GREAT PLACE TO WORK, A GLOBAL AUTHORITY ON WORKPLACE  
CULTURE, EMPLOYEE EXPERIENCE, AND PROVEN LEADERSHIP BEHAVIORS. EMPLOYEE  
FEEDBACK AND INDEPENDENT ANALYSIS DETERMINED THE SCORES FOR THIS  
RESEARCH-BACKED CERTIFICATION. FEEDBACK FROM NEARLY 1,200 EMPLOYEES  
REVEALED THAT 90 PERCENT FEEL GOOD ABOUT WAYS THEY CONTRIBUTE TO THE  
COMMUNITY.

CENTRASTATE NAMED MOST WIRED

FOR THE FOURTH CONSECUTIVE YEAR, CENTRASTATE EARNED 2022 CHIME DIGITAL  
HEALTH MOST WIRED RECOGNITION AS A CERTIFIED LEVEL 7 ORGANIZATION. THE  
COLLEGE OF HEALTHCARE INFORMATION MANAGEMENT EXECUTIVES (CHIME)  
RECOGNIZES HOSPITALS AND HEALTHCARE SYSTEMS AT THE FOREFRONT OF USING  
TECHNOLOGY TO ENHANCE THE DELIVERY OF CARE FOR THE COMMUNITIES THEY  
SERVE.

CHEST PAIN TREATMENT ACCREDITATION

CENTRASTATE WAS AWARDED CHEST PAIN CENTER ACCREDITATION FROM THE AMERICAN  
COLLEGE OF CARDIOLOGY BASED ON A RIGOROUS ONSITE EVALUATION OF THE  
STAFF'S ABILITY TO EVALUATE, DIAGNOSE, AND TREAT PATIENTS WHO MAY BE  
EXPERIENCING A HEART ATTACK. THIS HONOR SIGNIFIES EXCEPTIONAL COMPETENCY

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990 or 990-EZ.

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**2022**

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CENTRASTATE MEDICAL CENTER, INC.

22-1750190

IN TREATING PATIENTS WITH HEART ATTACK SYMPTOMS, ALONG WITH STREAMLINED  
PROTOCOLS FROM ADMISSION TO POST-DISCHARGE CARE.

HIGH-QUALITY STROKE CARE

CENTRASTATE RECEIVED THE 2022 AMERICAN HEART ASSOCIATION'S GOLD PLUS GET  
WITH THE GUIDELINES - STROKE QUALITY ACHIEVEMENT AWARD FOR ITS COMMITMENT  
TO ENSURING THAT STROKE PATIENTS RECEIVE TREATMENT ACCORDING TO  
NATIONALLY RECOGNIZED, RESEARCH-BASED GUIDELINES.

DIABETES CENTER RECOGNITIONS

CENTRASTATE RECEIVED THE AMERICAN HEART ASSOCIATION'S TARGET: TYPE 2  
DIABETES HONOR ROLL AWARD, WHICH RECOGNIZES THAT PATIENTS WITH TYPE 2  
DIABETES RECEIVE THE MOST UP-TO-DATE, EVIDENCE-BASED CARE WHEN  
HOSPITALIZED WITH CARDIOVASCULAR DISEASE OR STROKE. CENTRASTATE'S NOVO  
NORDISK DIABETES CENTER WAS RECOGNIZED BY THE AMERICAN DIABETES  
ASSOCIATION'S EDUCATION RECOGNITION PROGRAM, ACKNOWLEDGING THAT  
CENTRASTATE'S TEAM PROVIDES COMPREHENSIVE INFORMATION TO HELP PATIENTS  
SUCCESSFULLY MANAGE DIABETES.

RADIATION ONCOLOGY EXCELLENCE

THE STATESIR CANCER CENTER AT CENTRASTATE WAS AWARDED THREE-YEAR  
REACCREDITATION IN RADIATION ONCOLOGY FROM THE AMERICAN COLLEGE OF

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Internal Revenue Service

Name of the organization

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**2022**

**Open to Public  
Inspection**

Employer identification number

CENTRASTATE MEDICAL CENTER, INC.

22-1750190

RADIOLOGY (ACR), REPRESENTING THE HIGHEST LEVEL OF QUALITY AND PATIENT  
SAFETY. THE ACCREDITATION IS AWARDED TO FACILITIES THAT MEET SPECIFIC  
PRACTICE GUIDELINES AND TECHNICAL STANDARDS DEVELOPED BY ACR AFTER A  
PEER-REVIEWED EVALUATION BY EXPERTS IN THE FIELD.

WOUND CARE AND EDEMA CENTER RECERTIFICATION

CENTRASTATE EARNED THE JOINT COMMISSION'S GOLD SEAL OF APPROVAL® FOR  
WOUND CARE CERTIFICATION BY DEMONSTRATING CONTINUOUS COMPLIANCE WITH ITS  
PERFORMANCE STANDARDS. THE GOLD SEAL REFLECTS A STRONG COMMITMENT TO  
PROVIDING SAFE AND QUALITY PATIENT CARE.

BUSINESS LEADERSHIP AWARD

MONMOUTH ARTS RECOGNIZED CENTRASTATE WITH ITS BUSINESS LEADERSHIP AWARD  
AT THE ORGANIZATION'S GOLDEN CELEBRATION, "CHEERS TO 50 YEARS OF ART,"  
WHICH COMMEMORATED 50 YEARS OF SERVICE AS THE LEADING ARTS ORGANIZATION  
IN MONMOUTH COUNTY.

ORGAN AND TISSUE DONATION AWARENESS

IN RECOGNITION OF CENTRASTATE'S EFFORTS TO RAISE ORGAN AND TISSUE  
DONATION AWARENESS, THE HOSPITAL WAS HONORED WITH THE 2022 WORKPLACE  
PARTNERSHIP FOR LIFE PLATINUM AWARD FROM THE U.S. HEALTH RESOURCES AND  
SERVICES ADMINISTRATION (HRSA), AN AGENCY OF THE U.S. DEPARTMENT OF

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HEALTH AND HUMAN SERVICES. THE PLATINUM AWARD IS THE HIGHEST ACCOLADE  
GRANTED BY HRSA TO HOSPITALS THAT PROMOTE ORGAN AND TISSUE DONATION.

THE MANOR HEALTH & REHABILITATION

- AWARDED A FIVE-STAR RATING FROM THE CENTERS FOR MEDICARE & MEDICAID  
SERVICES

- NAMED AS A BEST NURSING HOME FOR 2022-2023 BY U.S. NEWS & WORLD REPORT  
FOR SHORT-TERM REHABILITATION AND LONG-TERM CARE

- RECEIVED A 2022 BRONZE AWARD FROM THE NEW JERSEY DEPARTMENT OF HEALTH  
ANTIBIOTIC STEWARDSHIP RECOGNITION PROGRAM

- NAMED A NEW JERSEY INFLUENZA HONOR ROLL AWARDEE FOR PROMOTING FLU  
AWARENESS AND PREVENTION

MONMOUTH CROSSING

- EARNED ADVANCED STANDING DISTINCTION FROM THE NEW JERSEY DEPARTMENT OF  
HEALTH AND THE HEALTH CARE ASSOCIATION OF NEW JERSEY

- RANKED CONSISTENTLY IN THE TOP 5 PERCENT NATIONALLY BY HOLLERAN FOR  
SATISFACTION SCORES

- EARNED BEST IN MEALS AND DINING IN SENIOR LIVING AWARD FROM A  
PLACEFORMOM FOR EXCELLENCE IN FOOD SERVICE

APPLEWOOD

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- RECEIVED A 5-STAR RATING FROM THE CENTERS FOR MEDICARE & MEDICAID  
SERVICES

- EARNED ADVANCED STANDING DISTINCTION FROM THE NEW JERSEY DEPARTMENT OF  
HEALTH AND THE HEALTH CARE ASSOCIATION OF NEW JERSEY

- RECOGNIZED BY AV POWELL ASSOCIATES FOR THE TOP TIER IN LONG-TERM  
SOLVENCY AMONG THE CONTINUING CARE RETIREMENT COMMUNITIES NATIONWIDE

ACCREDITATIONS AND AFFILIATIONS

=====

ACCREDITATIONS

-----

THE JOINT COMMISSION

- TOTAL JOINT ACCREDITATION (HIP AND KNEE)
- WOUND CARE CERTIFICATION
- HEART FAILURE CERTIFICATION
- STROKE CERTIFICATION

AMERICAN ACADEMY OF SLEEP MEDICINE

- SLEEP CENTER ACCREDITATION

AMERICAN ASSOCIATION FOR CARDIOVASCULAR AND

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PULMONARY REHABILITATION

- CARDIAC AND PULMONARY REHABILITATION CERTIFICATION

AMERICAN COLLEGE OF CARDIOLOGY

- CHEST PAIN CENTER ACCREDITATION

AMERICAN COLLEGE OF RADIOLOGY

- RADIATION ONCOLOGY ACCREDITATION

- DIAGNOSTIC IMAGING CENTER OF EXCELLENCE ACCREDITATION

- ULTRASOUND ACCREDITATION

- NUCLEAR MEDICINE ACCREDITATION

- CT ACCREDITATION

- MAMMOGRAPHY ACCREDITATION

- LOW-DOSE RATE CT LUNG SCREENING CENTER OF EXCELLENCE

- LUNG CANCER SCREENING CENTER DESIGNATION

- BREAST IMAGING CENTER OF EXCELLENCE

- STEREOTACTIC BREAST BIOPSY ACCREDITATION - STEREOTACTIC BREAST BIOPSY

ACCREDITATION

- STEREOTACTIC BREAST BIOPSY ACCREDITATION

**CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

AMERICAN COLLEGE OF SURGEONS

- COMMISSION ON CANCER - ACCREDITATION FOR THE STATESIR CANCER CENTER AT

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CENTRASTATE

- NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS - THE STAR AND BARRY

TOBIAS WOMEN'S HEALTH CENTER

AMERICAN DIABETES ASSOCIATION

- CERTIFICATION FOR DIABETES SELF-MANAGEMENT TRAINING

AMERICAN HEART ASSOCIATION

- GET WITH THE GUIDELINES GOLD PLUS STROKE ELITE AND GOLD PLUS HEART

FAILURE HONOR ROLLS

AMERICAN NURSES CREDENTIALING CENTER

- MAGNET STATUS (FOUR-TIME DESIGNATION)

CENTERS FOR DISEASE CONTROL AND PREVENTION

- DIABETES PREVENTION PROGRAM FULL RECOGNITION (IN PERSON)

- PRELIMINARY RECOGNITION FOR DIABETES PREVENTION PROGRAM (ONLINE)

CEO ROUNDTABLE ON CANCER

- CEO CANCER GOLD STANDARD



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SURGICAL REVIEW CORPORATION

- BARIATRIC CENTER OF EXCELLENCE

AFFILIATIONS

-----

- AMERICAN PHYSICAL THERAPY ASSOCIATION CLINICAL EDUCATION CENTER

- BROOKDALE COMMUNITY COLLEGE: SCHOOLS OF NURSING AND ALLIED HEALTH,  
MEDICAL TECHNOLOGY AND RESPIRATORY THERAPY

- CAPELLA UNIVERSITY

- CHAMBERLAIN UNIVERSITY

- THE COLLEGE OF NEW JERSEY

- DREXEL UNIVERSITY

- INDIANA STATE UNIVERSITY

- JERSEY SHORE MEDICAL CENTER FOR OUTREACH RENAL DIALYSIS SERVICE

- KEAN UNIVERSITY

- MERCER COUNTY COMMUNITY COLLEGE

- MIDDLESEX COUNTY COLLEGE

- MONMOUTH COUNTY VOCATIONAL SCHOOL

- MONMOUTH-OCEAN HOSPITAL SHARED SERVICE ASSOCIATION

- MONMOUTH UNIVERSITY

- NATIONAL NETWORK OF LIBRARIES OF MEDICINE

- NEUMANN COLLEGE

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- NEW JERSEY CITY UNIVERSITY
- ROWAN COLLEGE AT BURLINGTON COUNTY
- RUTGERS UNIVERSITY
- SAINT ELIZABETH COLLEGE SCHOOL OF NUTRITION AND HOME ECONOMICS
- SAINT FRANCIS MEDICAL CENTER SCHOOL OF NURSING
- PENNSYLVANIA STATE UNIVERSITY
- STOCKTON UNIVERSITY
- THOMAS EDISON STATE COLLEGE: SCHOOL OF NURSING
- UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY - NEWARK
- UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY
- SCHOOL OF HEALTH-RELATED PROFESSIONALS IN CAMDEN AND LEAN
- SOUTHERN NEW HAMPSHIRE UNIVERSITY
- UNION COUNTY COLLEGE
- UNIVERSITY OF DELAWARE
- UNIVERSITY OF SCRANTON
- WAGNER UNIVERSITY

MEMBER OF

-----

- AMERICAN ASSOCIATION OF HOMES AND SERVICES FOR THE AGING
- AMERICAN HOSPITAL ASSOCIATION
- AMERICAN SOCIETY OF CLINICAL PATHOLOGY
- CONSORTIUM OF MULTIPLE SCLEROSIS CENTERS
- NATIONAL DISASTER MEDICAL SYSTEM

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- NATIONAL LYMPHEDEMA NETWORK
- NATIONAL MULTIPLE SCLEROSIS SOCIETY
- NEW JERSEY ASSOCIATION OF MENTAL HEALTH AGENCIES
- NEW JERSEY ASSOCIATION OF NONPROFIT HOMES FOR THE AGING
- NEW JERSEY HOSPITAL ASSOCIATION
- NEW JERSEY SOCIETY OF HEALTH SYSTEM PHARMACISTS
- SCHIZOPHRENIA FOUNDATION OF NEW JERSEY

LABORATORY CERTIFIED BY

-----

- AMERICAN COLLEGE OF CLINICAL PATHOLOGISTS

NURSING

-----

- CREDENTIALING CENTER (ANCC) OF THE AMERICAN NURSES ASSOCIATION.
- CSMC IS AN APPROVED PROVIDER OF CONTINUING EDUCATION BY THE NEW JERSEY STATE NURSES ASSOCIATION, PROVIDER NUMBER: P102-9/2001-2003. NJNSA IS ACCREDITED BY THE ANCC COMMISSION ON ACCREDITATION OF THE AMERICAN NURSES' ASSOCIATION.

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- NEW JERSEY DEPARTMENT OF HEALTH

APPROVED BY

-----

- AMERICAN DENTAL ASSOCIATION FOR CONTINUING MEDICAL EDUCATION

- AMERICAN MEDICAL ASSOCIATION FOR CONTINUING MEDICAL EDUCATION

SPECIALIZED SERVICES

=====

CSMC OFFERS A FULL RANGE OF CLINICAL AND DIAGNOSTIC SERVICES TO MEET THE  
DIVERSE HEALTHCARE NEEDS OF THE GROWING COMMUNITIES WE SERVE.

CARDIAC SERVICES

-----

SERVICES AND PROGRAMS INCLUDE: THE THOMAS J. BLANCHET CARDIAC DIAGNOSTIC  
CENTER, CARDIAC CATHETERIZATION LAB, CARDIAC REHABILITATION CENTER AND  
THE GLORIA SAKER WOMEN'S HEART PROGRAM.

STATESIR CANCER CENTER

-----

CSMC'S MULTIDISCIPLINARY, INTEGRATED APPROACH TO CANCER TREATMENT ENSURES

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THAT OUR PATIENTS RECEIVE COMPASSIONATE CARE AND SUPPORT-MEDICAL,  
EDUCATIONAL, EMOTIONAL AND SPIRITUAL. CSMC IS ACCREDITED BY THE AMERICAN  
COLLEGE OF SURGEONS COMMISSION ON CANCER (COC) AS WELL AS THE NATIONAL  
ACCREDITATION PROGRAM FOR BREAST CENTERS (NAPBC), THE AMERICAN COLLEGE OF  
RADIOLOGY (ACR) FOR RADIATION ONCOLOGY, DIAGNOSTIC RADIOLOGY AND  
MAMMOGRAPHY. CENTRASTATE HAS BEEN DESIGNATED AS A BREAST IMAGING CENTER  
OF EXCELLENCE (BICOE) AND A DIAGNOSTIC IMAGING CENTER OF EXCELLENCE  
(DICOE). SERVICES INCLUDE:

- CANCER NAVIGATOR PROGRAM
- CANCER REHABILITATION
- CLINICAL TRIALS
- COLORECTAL CANCER PROGRAM (ROBOTIC SURGERY)
- COMPREHENSIVE BREAST CARE PROGRAM
- COMPREHENSIVE LUNG PROGRAM
- INFUSION THERAPY SERVICES
- LYMPHEDEMA CENTER
- MEDICAL ONCOLOGY - CHEMOTHERAPY AND IMMUNOTHERAPY SERVICES
- PALLIATIVE/HOSPICE SERVICES
- PROSTATE CANCER PROGRAM (ROBOTIC SURGERY)
- RADIATION ONCOLOGY (INCLUDING IMRT, IGRT, RADIOSURGERY, HDR, CONE BEAM  
THERAPY)
- GENETIC TESTING AND COUNSELING
- SURGICAL ONCOLOGY PROGRAM

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CRITICAL CARE UNIT

-----

OUR UNIT OFFERS ENHANCED INFECTION CONTROL FEATURES SUCH AS ELECTRONIC  
PRIVACY PANELS AND A DEDICATED AIR FILTRATION SYSTEM THAT HELPS TO  
CONTAIN INFECTIOUS CONDITIONS.

EMERGENCY SERVICES DEPARTMENT

-----

OUR GOAL IS FOR YOU TO SEE A NURSE WITHIN 15 MINUTES AND A CLINICIAN  
WITHIN 30 MINUTES. THE ED ALSO OFFERS 24/7 PEDIATRIC EMERGENCY COVERAGE  
AND IS DESIGNATED AS AN ADVANCED PRIMARY STROKE CENTER BY THE JOINT  
COMMISSION AND THE NEW JERSEY DEPARTMENT OF HEALTH.

STATESIR FAMILY ACUTE CARE FOR ELDERLY UNIT

-----

THIS UNIT HELPS SENIOR PATIENTS RECOVER FROM ILLNESS OR INJURY BY  
PROVIDING QUALITY, SAFE, AND SEAMLESS CARE. THE ACE UNIT IS COMPRISED OF  
DEDICATED AND TRAINED HEALTH CARE PROFESSIONALS WHO PROVIDE SUPPORT AND  
INFORMATION TO PATIENTS AND FAMILY TO RETURN HOME, AVOID COMPLICATIONS,  
AND POSSIBLY PREVENT FUTURE HOSPITALIZATIONS. OUR GOAL IS TO HELP  
PATIENTS STAY STRONG, MOBILE, AND INDEPENDENT WHILE PROVIDING THE BEST  
POSSIBLE CARE.

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LABORATORY

-----

THE LABORATORY IS ACCREDITED BY THE AMERICAN COLLEGE OF CLINICAL  
PATHOLOGISTS AND THE AMERICAN ASSOCIATION OF BLOOD BANKS. IT IS  
CONVENIENTLY LOCATED NEAR OUTPATIENT REGISTRY AND OFFERS STATE-OF-THE-ART  
TECHNOLOGY.

MATERNITY

-----

CSMC'S MATERNITY UNIT ALLOWS MOTHERS TO EXPERIENCE LABOR, DELIVERY, AND  
RECOVERY IN A WARM, PRIVATE, HOME-LIKE ROOM EQUIPPED FOR NORMAL AND  
COMPLICATED DELIVERIES. AFTER DELIVERY, WHEN MOTHERS AND THEIR NEWBORNS  
ARE READY, THEY ARE MOVED TO A PRIVATE SUITE IN THE FIRST IMPRESSIONS  
MATERNITY PAVILION, DEDICATED TO POSTPARTUM CARE. CSMC ALSO HAS A SPECIAL  
CARE NURSERY WHICH PROVIDES PREMATURE BABIES WITH TREATMENT AND CARE BY A  
TEAM OF TRAINED PROFESSIONALS. ALL SPECIAL NEEDS ARE MET 24 HOURS A DAY  
UNDER THE SUPERVISION OF A NEONATOLOGIST. THE FACILITY IS DESIGNATED BY  
THE STATE AS A COMMUNITY PERINATAL CENTER INTERMEDIATE AND HAS RECEIVED  
THE IBCLC CARE AWARD FROM THE INTERNATIONAL BOARD OF LACTATION CONSULTANT  
EXAMINERS (IBLCE) AND THE INTERNATIONAL LACTATION CONSULTANT ASSOCIATION  
(ILCA) FOR HIRING INTERNATIONAL BOARD-CERTIFIED LACTATION CONSULTANTS  
(IBCLCS).

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PEDIATRICS

-----

CSMC'S PEDIATRIC DEPARTMENT EMPHASIZES FAMILY-CENTERED CARE, WITH 24-HOUR  
VISITATION FOR PARENTS. THE PATIENT ROOMS INCLUDE BEDS FOR PARENTS OR  
GUARDIANS WHO WISH TO STAY OVERNIGHT AND PLAY AREAS FOR CHILDREN.

PSYCHIATRIC SERVICES

-----

OFFERS AN INPATIENT UNIT THAT PROVIDES CARE FOR THOSE NEEDING ACUTE  
PSYCHIATRIC/MENTAL HEALTHCARE, 24-HOUR PSYCHIATRIC EMERGENCY ASSESSMENTS  
THROUGH THE EMERGENCY ROOM, AND A 24-HOUR CRISIS HOTLINE.  
ELECTROCONVULSIVE THERAPY (ECT SERVICES ARE ALSO AVAILABLE ON AN  
OUTPATIENT OR INPATIENT BASIS.

ORTHOPEDICS

-----

PROGRAMS AND SERVICES INCLUDE: THE TOTAL JOINT CENTER OF NEW JERSEY FOR  
KNEE/HIP REPAIR AND REPLACEMENT; SHOULDER REPAIR AND REPLACEMENT; HAND  
AND FOOT SURGERY; THE SPINE INSTITUTE OF CENTRAL JERSEY AND NON-SURGICAL  
THERAPIES FOR OTHER ORTHOPEDIC PROBLEMS. THE TOTAL JOINT CENTER OF NEW  
JERSEY IS ACCREDITED BY THE JOINT COMMISSION.



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OUTPATIENT NUTRITION CENTER

-----

OFFERS INDIVIDUAL NUTRITION COUNSELING WITH A REGISTERED DIETITIAN FOR  
CHILDREN AND ADULTS. INCLUDES COUNSELING SESSIONS FOR WEIGHT MANAGEMENT,  
CARDIAC, RENAL, HEPATIC, GASTROINTESTINAL PROBLEMS, AND OTHERS.

RADIOLOGY

-----

CAPABILITIES INCLUDE X-RAY, ULTRASOUND, COMPUTED TOMOGRAPHY (CT) SCAN AND  
NUCLEAR MEDICINE. PRINCETON RADIOLOGY ASSOCIATES ALSO HOUSES A POSITRON  
EMISSION TOMOGRAPHY (PET)/CT SCANNER FOR DIAGNOSING CANCER AND OTHER  
DISEASES OR CONDITIONS, AND AN OPEN BORE MRI.

OCEANFIRST REHABILITATION CENTER

-----

OUR FULLY EQUIPPED CENTER OFFERS PHYSICAL, OCCUPATIONAL AND SPEECH  
THERAPY. INPATIENT AND OUTPATIENT SERVICES ARE OFFERED DAILY. SPECIALIZED  
SERVICES INCLUDE: LINDA E. CARDINALE MS CENTER, CENTRAL JERSEY WOUND  
TREATMENT CENTER WITH LYMPHEDEMA PROGRAM, CONTINENCE PROGRAM, SWALLOWING  
DISORDER THERAPY, SPORTS MEDICINE AND AQUATIC THERAPY, INCLUDING A  
HYDROWORK POOL.

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**CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

PROGRESSIVE CARE UNIT

-----

THIS UNIT TREATS HEART FAILURE PATIENTS, AS WELL AS TRANSITIONS PATIENTS FROM THE CRITICAL CARE UNIT. FOLLOWING A HOSPITAL DISCHARGE, A REGISTERED NURSE HEALTH COACH IS AVAILABLE TO WORK WITH PATIENTS TO HELP THEM BECOME MORE KNOWLEDGEABLE AND INDEPENDENT IN MANAGING DIET, MEDICATIONS AND LIFESTYLE CHANGES. PATIENTS ALSO LEARN HOW TO MOST EFFECTIVELY WORK WITH THEIR PRIMARY CARE PROVIDER FOR CONTINUED SUPPORT. ADDITIONAL SUPPORT INCLUDES A FREE NURSE ADVICE. PATIENTS CAN CALL THE NURSE ADVICE LINE AND SPEAK TO OUR CARDIAC COORDINATOR FOR ANSWERS AND HELP WITH ANY NEEDS THE HEART FAILURE PATIENT MAY HAVE.

SHORT STAY UNIT

-----

A SHORT STAY UNIT IS AVAILABLE FOR PATIENTS WHO DO NOT REQUIRE AN OVERNIGHT STAY. OUR SAME DAY SURGERY CENTER PERFORMS A VARIETY OF SURGICAL AND ENDOSCOPY PROCEDURES ON A MEDICAL OUTPATIENT BASIS.

SURGICAL SERVICES

-----

CSMC'S SURGICAL SERVICES ARE DELIVERED IN STATE-OF-THE-ART FACILITIES BY

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CENTRASTATE MEDICAL CENTER, INC.

22-1750190

HIGHLY TRAINED PHYSICIANS AND NURSES. PATIENTS RECEIVE COMPREHENSIVE  
SURGICAL SUPPORT FOR DIAGNOSTIC, THERAPEUTIC AND PALLIATIVE INTERVENTION  
IN THE FOLLOWING AREAS: GENERAL SURGERY, BARIATRIC SURGERY, BREAST,  
COLORECTAL, ENDOVASCULAR SURGERY, GASTROINTESTINAL SURGERY, NEUROSURGERY,  
OBSTETRICS/GYNECOLOGY, OPHTHALMOLOGY, EAR, NOSE AND THROAT, ORTHOPEDICS  
(INCLUDING KNEE AND HIP REPLACEMENTS AT THE TOTAL JOINT CENTER OF NEW  
JERSEY AT CSMC), PLASTIC, PODIATRIC, AND THORACIC SURGERY.

THE STAR AND BARRY TOBIAS WOMEN'S HEALTH CENTER  
-----

OFFERS SCREENINGS, DIGITAL MAMMOGRAMS, COMPUTER-AIDED DETECTION (CAD),  
ULTRASOUND MAMMOTONE BIOPSY, STEREOTACTIC NEEDLE BIOPSY, HEALTH  
EDUCATION, BONE DENSITOMETRY, AND INDIVIDUALIZED HEALTH COUNSELING ON A  
NUMBER OF TOPICS FOR WOMEN. THE CENTER IS CERTIFIED BY THE AMERICAN  
COLLEGE OF RADIOLOGY; HAS BEEN NAMED A BREAST IMAGING CENTER OF  
EXCELLENCE FOR PROVIDING HIGH-QUALITY MAMMOGRAMS AND OTHER SERVICES; AND  
HAS BEEN NAMED A PINK RIBBON FACILITY BY HOLOGIC FOR PROVIDING EXCELLENCE  
IN BREAST HEALTH.

SPECIALIZED CENTERS AND OTHER SERVICES  
-----

CSMC OFFERS SPECIALIZED DIAGNOSTIC AND TREATMENT SERVICES AT ITS CENTER  
FOR SLEEP DISORDERS AND COMPREHENSIVE LUNG PROGRAM. OTHER SPECIALTY

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SERVICES INCLUDE RESPIRATORY THERAPY FOR PULMONARY DIAGNOSTIC PROCEDURES  
AND REHABILITATION, AND ONCOLOGY SERVICES, INCLUDING CHEMOTHERAPY,  
SUPPORT GROUPS AND HEMODIALYSIS, PODIATRIC SERVICES, PAIN MANAGEMENT, AND  
PALLIATIVE CARE.

FREEHOLD FAMILY HEALTH CENTER  
-----

THE FREEHOLD FAMILY HEALTH CENTER IS A UNIQUE COLLABORATIVE INITIATIVE  
WITH THE VISITING NURSE ASSOCIATION (VNA) HEALTH GROUP, VNACJ COMMUNITY  
HEALTH CENTER, INC. (CHS AND RUTGERS ROBERT WOOD JOHNSON MEDICAL SCHOOL  
THROUGH THE FAMILY MEDICINE RESIDENCY PROGRAM AT CSMC. THE FACILITY IS  
ACCESSIBLE TO ALL MEMBERS OF THE COMMUNITY, INCLUDING UNDERSERVED  
POPULATIONS. BILINGUAL STAFF ARE AVAILABLE TO ASSIST WITH ALL SERVICES.

SERVICES INCLUDE:

- COMPREHENSIVE PRIMARY AND SPECIALTY CARE, INCLUDING GERIATRICS,  
PRENATAL AND BEHAVIORAL HEALTH SERVICES;
- COMMUNITY HEALTH PROGRAMS SUCH AS WIC;
- PROGRAMMING BY THE COUNTY COUNCILS FOR YOUNG CHILDREN; AND
- CANCER EDUCATION AND EARLY DETECTION PROGRAMS.

COMMUNITY-BASED PROGRAMS  
=====

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GOOD STEWARDSHIP THROUGH SOLAR

-----

CSMC RECENTLY CELEBRATED THE COMPLETION OF A SOLAR CARPORT INSTALLATION  
IN PARKING AREAS AROUND THE MEDICAL CENTER AND AMBULATORY CAMPUS, THIS  
INSTALLMENT, IN COMBINATION WITH THE SOLAR FARM AT THE BACK OF THE  
PROPERTY, WILL ALLOW CSC TO GENERATE APPROXIMATELY 61 PERCENT OF ITS  
ELECTRIC CONSUMPTION AND ACHIEVE SAVINGS OF APPROXIMATELY A HALF MILLION  
DOLLARS IN ENERGY COSTS EACH YEAR, REDUCING ITS CARBON FOOTPRINT AND THE  
IMPACT ON FREEHOLD TOWNSHIP'S ELECTRICAL GRID. THE CARPORTS AND SOLAR  
FARM WERE INSTALLED BY KDC SOLAR, A BEDMINSTER-BASED DEVELOPER, OWNER,  
AND OPERATOR OF SOLAR POWER FACILITIES. CSMC IS THE ONLY HOSPITAL IN THE  
STATE WITH A SOLAR INSTALLATION OF THIS SIZE. IT NOW PRODUCES THE LARGEST  
PERCENTAGE OF SOLAR POWER OF ANY HOSPITAL IN NEW JERSEY.

THE COMBINED PROJECTS WILL OFFSET GREENHOUSE GASES EQUIVALENT TO:

- 1,026,153 GALLONS OF GAS USED.
- 22,296,869 MILES OF VEHICLE TRAFFIC.
- 1.162 BILLION SMARTPHONES CHARGED.
- 9,969,586 POUNDS OF COAL BURNED.
- 1,590 HOMES SUPPLIED WITH ELECTRICITY FOR ONE YEAR.

COMMUNITY HEALTH OUTREACH

=====

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- PEOPLE THROUGHOUT THE COMMUNITY USED CENTRASTATE'S LIVE LIFE WELL SERVICES MORE THAN 55,000 TIMES TO ENHANCE THEIR HEALTH AND MANAGE OR PREVENT CHRONIC CONDITIONS THROUGH A VARIETY OF WELLNESS OFFERINGS.
- MORE THAN 9,000 PEOPLE ATTENDED HEALTH AND WELLNESS FAIRS, SESSIONS, AND SCREENINGS THROUGHOUT THE YEAR.
- APPROXIMATELY 8,273 PEOPLE RECEIVED COVID VACCINES.
- MORE THAN 275 PEOPLE ATTENDED CANCER HEALTH LECTURES AND SCREENINGS, INCLUDING THOSE FOR PROSTATE, COLORECTAL, ORAL, SKIN, BREAST, AND THYROID CANCERS.
- CSMC PROVIDED APPROXIMATELY 2,000 DIABETES EDUCATION ENCOUNTERS TO HELP PEOPLE MANAGE OR REDUCE THEIR RISK OF DIABETES.
- MORE THAN 300 PEOPLE BENEFITED FROM THE PEER SUPPORT OF SEVERAL CSMC SUPPORT GROUPS.
- MORE THAN 2,000 PEOPLE RECEIVED LIFE-SAVING CPR TRAINING, INCLUDING BASIC LIFE SUPPORT, ADVANCED LIFE SUPPORT, AND PEDIATRIC ADVANCED LIFE SUPPORT.

**CORE FORM, PART V; QUESTION 15**

THOMAS W. SCOTT IS AN OFFICER AND MEMBER OF THIS ORGANIZATION'S BOARD OF

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TRUSTEES; AN UNCOMPENSATED POSITION. MR. SCOTT IS EMPLOYED AND RECEIVES A  
FEDERAL FORM W-2 FROM THIS ORGANIZATION. ACCORDINGLY, HIS COMMON LAW  
EMPLOYER/EMPLOYEE RELATIONSHIP IS WITH CENTRASTATE MEDICAL CENTER, INC.  
(EIN: 22-1750190). THIS ORGANIZATION FILED A 2022 FEDERAL FORM 4720 WHICH  
INCLUDED A REMITTANCE OF EXCISE TAX RELATED TO HIS COMPENSATION IN EXCESS  
OF \$1M.

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

CENTRASTATE HEALTHCARE SYSTEM, INC. ("CSHS") IS THE SOLE MEMBER OF THIS  
ORGANIZATION. CSHS HAS THE RIGHT TO ELECT THE MEMBERS OF THIS  
ORGANIZATION'S BOARD OF TRUSTEES AND HAS CERTAIN RESERVED POWERS AS  
DEFINED IN THIS ORGANIZATION'S BYLAWS. EFFECTIVE JANUARY 1, 2022, UPON  
THE CLOSURE OF AN AFFILIATION TRANSACTION, ATLANTIC HEALTH SYSTEM, INC.  
AND CENTRASTATE HOLDING COMPANY, INC. HOLD MEMBERSHIP INTERESTS IN CSHS  
OF 51% AND 49%, RESPECTIVELY.

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

THE ORGANIZATION IS AN AFFILIATE WITHIN CENTRASTATE HEALTHCARE SYSTEM,  
INC. ("SYSTEM"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM.  
CENTRASTATE HEALTHCARE SYSTEM, INC. IS THE TAX-EXEMPT PARENT ENTITY OF  
THE SYSTEM. THE ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH  
VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY (ITS BOARD OF  
TRUSTEES) PRIOR TO THE FILING OF THE FEDERAL FORM 990 WITH THE INTERNAL  
REVENUE SERVICE ("IRS") AND AFTER PRESENTATION AND REVIEW BY CENTRASTATE  
HEALTHCARE SYSTEM, INC.'S AUDIT COMMITTEE.

AS PART OF THE TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A

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

THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE  
ORGANIZATION'S FINANCE PERSONNEL AND INTERNAL WORKING GROUP FOR THEIR  
REVIEW. THE ORGANIZATION'S FINANCE PERSONNEL AND INTERNAL WORKING GROUP  
REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS  
WITH THE CPA FIRM. REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990  
WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE  
ORGANIZATION'S FINANCE PERSONNEL AND INTERNAL WORKING GROUP FOR FINAL  
REVIEW AND APPROVAL. FOLLOWING THIS REVIEW, THE FINAL FORM 990 WAS  
PRESENTED TO THE MEMBERS OF CENTRASTATE HEALTHCARE SYSTEM'S AUDIT  
COMMITTEE FOR REVIEW AND THEREAFTER PROVIDED TO EACH VOTING MEMBER OF  
THIS ORGANIZATION'S GOVERNING BODY PRIOR TO FILING WITH THE IRS.

**CORE FORM, PART VI, SECTION B; QUESTION 12**

ALL OFFICERS, TRUSTEES AND KEY EMPLOYEES ARE REQUIRED ANNUALLY, TO REVIEW  
THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND COMPLETE A CONFLICT OF  
INTEREST QUESTIONNAIRE, WHICH IS SUBMITTED TO CORPORATE COUNSEL.  
CORPORATE COUNSEL REVIEWS EACH COMPLETED QUESTIONNAIRE AND PREPARES A  
REPORT, WHICH IS SHARED WITH THE BOARD OF TRUSTEES GOVERNANCE COMMITTEE  
AND, ULTIMATELY, THE BOARD OF TRUSTEES. THE POLICY IS ENFORCED, AS



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NEEDED, DEPENDING ON THE CIRCUMSTANCES - FOR EXAMPLE, THROUGH RECUSAL  
FROM VOTING, DIVESTITURE OF CONFLICTING PROPERTY INTERESTS OR, IN CERTAIN  
PAST CASES, RESIGNATION FROM THE BOARD OF TRUSTEES.

**CORE FORM, PART VI, SECTION B; QUESTION 15**

THE ORGANIZATION'S BOARD OF TRUSTEES HAS AN EXECUTIVE COMPENSATION  
SUB-COMMITTEE ("COMMITTEE"). THE COMMITTEE HAS ADOPTED A WRITTEN  
EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS THE  
COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT,  
INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER. THE COMMITTEE REVIEWS  
THE "TOTAL COMPENSATION" OF THE INDIVIDUALS WHICH IS INTENDED TO INCLUDE  
BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH  
QUALIFIED AND NON-QUALIFIED. THE COMMITTEE'S REVIEW IS DONE ON AT LEAST  
AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR  
MANAGEMENT OF THE ORGANIZATION IS REASONABLE. IN 2022, THE EXECUTIVE  
COMPENSATION SUB-COMMITTEE REPORTED TO THE FULL BOARD FOR RATIFICATION.

THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE THE  
REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE  
CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN  
MEMBERS OF THE SENIOR MANAGEMENT TEAM, INCLUDING THE PRESIDENT/CHIEF  
EXECUTIVE OFFICER. THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO  
RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING:

1. THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED  
BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED

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ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH  
RESPECT TO THE COMPENSATION ARRANGEMENT;

2. THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO  
COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION; AND

3. THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS  
DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION.

THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF TRUSTEES EACH OF  
WHO ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST.

THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA; SPECIFICALLY, THE  
COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM  
WHICH SPECIALIZES IN THE REVIEWING OF HOSPITAL AND HEALTHCARE SYSTEM  
EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES. THIS  
STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING  
BUT NOT LIMITED TO SIMILARLY SIZED HEALTHCARE SYSTEMS AND HOSPITALS, # OF  
LICENSED BEDS AND NET PATIENT SERVICE REVENUE. IN ADDITION, THE COMMITTEE  
REVIEWS AND APPROVES EXECUTIVE COMPENSATION ADJUSTMENTS BASED ON MARKET  
SURVEYS DEVELOPED BY INDEPENDENT CONSULTANTS, INDUSTRY AVERAGE  
COMPARISON, YEARS OF SERVICE AND OTHER EXEMPT ORGANIZATIONS IN THE  
GEOGRAPHIC AREA. AFTER A REVIEW OF THE INDIVIDUAL'S PERFORMANCE FOR THE  
YEAR AND RELYING ON COMPARABLE INFORMATION AND OTHER OBJECTIVE DATA, THE  
EXECUTIVE COMMITTEE WILL RECOMMEND AN ADJUSTMENT TO THE INDIVIDUAL'S

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COMPENSATION. ANY DETERMINATIONS ARE DOCUMENTED CONTEMPORANEOUSLY IN THE  
EXECUTIVE COMMITTEE MINUTES.

THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION  
THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION  
COMMITTEE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS  
WAS REVIEWED AND SUBSEQUENTLY APPROVED.

THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE  
ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS APPLIES TO  
CERTAIN SENIOR MANAGEMENT PERSONNEL, INCLUDING, BUT NOT LIMITED TO, THE  
PRESIDENT/CHIEF EXECUTIVE OFFICER. THE COMPENSATION AND BENEFITS OF  
CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE REVIEWED  
ANNUALLY BY THE CENTRASTATE HEALTHCARE SYSTEM, INC.'S PRESIDENT/CHIEF  
EXECUTIVE OFFICER WITH ASSISTANCE FROM THE ORGANIZATION'S HUMAN RESOURCES  
DEPARTMENT IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING  
THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE  
THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE  
ORGANIZATION. OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR  
COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS,  
EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS.

**CORE FORM, PART VI, SECTION C; QUESTION 18**

PURSUANT TO STATE OF NEW JERSEY P.L. 2019, CHAPTER 513, (WHICH WAS  
EFFECTIVE ON JULY 21, 2020), AND AMENDED P.L. 2008, CHAPTER 58 (C.26:  
2H-5.1B), THIS ORGANIZATION HAS POSTED ON ITS INTERNET WEBSITE A COPY OF

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THIS INTERNAL REVENUE SERVICE (IRS) FORM 990 AND ALL SCHEDULES AND  
SUPPORTING DOCUMENTATION REQUIRED TO BE SUBMITTED TO THE IRS IN  
CONJUNCTION WITH THE FORM 990 WITH THE EXCEPTION OF THOSE SCHEDULES NOT  
OPEN FOR PUBLIC INSPECTION. SAID FORM 990 WAS POSTED BY THE ORGANIZATION  
AFTER FILING ITS FORM 990 WITH THE IRS.

**CORE FORM, PART VI, SECTION C; QUESTION 19**

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

**CORE FORM, PART VII AND SCHEDULE J**

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

**CORE FORM, PART VII AND SCHEDULE J**

BRIAN GRAGNOLATI AND STEVEN SHERIS, M.D. ARE TRUSTEES OF THIS  
ORGANIZATION'S GOVERNING BODY; AN UNCOMPENSATED POSITION. THESE  
INDIVIDUALS RECEIVE A FEDERAL FORM W-2 FROM A RELATED ORGANIZATION WITHIN  
ATLANTIC HEALTH SYSTEM. ACCORDINGLY, THEIR RESPECTIVE REPORTABLE  
COMPENSATION, RETIREMENT/OTHER DEFERRED COMPENSATION AND NON-TAXABLE  
BENEFITS ARE REPORTED WITHIN CORE FORM, PART VII AND SCHEDULE J OF THE  
ATLANTIC HEALTH SYSTEM, INC. GROUP RETURN (EIN: 65-1301877) FEDERAL FORM  
990. PLEASE REFER TO THE ATLANTIC HEALTH SYSTEM, INC. GROUP RETURN  
FEDERAL FORM 990 FOR THIS INFORMATION.

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**22-1750190**

**CORE FORM, PART VII, SECTION A, COLUMN B**

THIS ORGANIZATION IS AN AFFILIATE WITHIN THE CENTRASTATE HEALTHCARE SYSTEM, INC. ("SYSTEM"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. THE SYSTEM INCLUDES BOTH FOR-PROFIT AND NOT FOR-PROFIT ORGANIZATIONS. CERTAIN BOARD OF TRUSTEE MEMBERS, OFFICERS AND/OR DIRECTORS LISTED ON CORE FORM, PART VII AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH BOTH THIS ORGANIZATION AND OTHER AFFILIATES WITHIN THE SYSTEM. THE HOURS SHOWN ON THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE NO COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, REPRESENT THE ESTIMATED HOURS DEVOTED PER WEEK FOR THIS ORGANIZATION. TO THE EXTENT THESE INDIVIDUALS SERVE AS A MEMBER OF THE BOARD OF TRUSTEES OF OTHER RELATED ORGANIZATIONS IN THE SYSTEM, THEIR RESPECTIVE HOURS PER WEEK PER ORGANIZATION ARE APPROXIMATELY THE SAME AS REFLECTED IN CORE FORM, PART VII OF THIS FORM 990. THE HOURS REFLECTED ON PART VII OF THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, PAID OFFICERS AND KEY EMPLOYEES, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF CENTRASTATE HEALTHCARE SYSTEM, INC.; NOT SOLELY THIS ORGANIZATION.

**CORE FORM, PART XI; LINE 9**

OTHER CHANGES IN NET ASSETS OR FUND BALANCE INCLUDES:

- LOSS ON EARLY EXTINGUISHMENT OF DEBT - (\$318,112);
- NET ASSET TRANSFER FROM ATLANTIC HEALTH SYSTEM, INC.; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - \$54,042,974;

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

CENTRASTATE MEDICAL CENTER, INC.

22-1750190

- CHANGE IN BENEFICIAL INTEREST IN CENTRASTATE HEALTHCARE FOUNDATION, INC.; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - (\$2,785,008);
- FAIR VALUE ADJUSTMENT - (\$4,419,188).

**CORE FORM, PART XII; QUESTION 2**

THE ORGANIZATION IS AN AFFILIATE WITHIN CENTRASTATE HEALTHCARE SYSTEM, INC. ("SYSTEM"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. CENTRASTATE HEALTHCARE SYSTEM, INC. IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM. AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF CENTRASTATE HEALTHCARE SYSTEM, INC. AND ALL ENTITIES WITHIN THE SYSTEM FOR THE YEARS ENDED DECEMBER 31, 2022 AND DECEMBER 31, 2021; RESPECTIVELY. THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS. THE INDEPENDENT CPA FIRM ISSUED AN UNMODIFIED OPINION WITH RESPECT TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS.

**CORE FORM, PART XII; QUESTION 3**

THE ORGANIZATION IS AN AFFILIATE WITHIN CENTRASTATE HEALTHCARE SYSTEM, INC. ("SYSTEM"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. THE SYSTEM ENGAGED AN INDEPENDENT ACCOUNTING FIRM TO PREPARE AND ISSUE A SYSTEM WIDE CONSOLIDATED AUDIT UNDER THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133 AUDIT. THIS ORGANIZATION WAS INCLUDED IN THE SYSTEM WIDE A-133 AUDIT.

Name of the organization

Employer identification number

**CENTRASTATE MEDICAL CENTER, INC.****22-1750190**

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MAINSAIL HOLDCO, LLC P.O. BOX 1437 COLUMBUS, GA 31902	BILLING	1,743,953.
HEALTH CAROUSEL P.O. BOX 714216 CINCINNATI, OH 45271-4216	STAFFING	1,718,995.
HIGH ENERGY ELECTRIC, INC. 5042 INDUSTRIAL ROAD, UNIT D FARMINGDALE, NJ 07727	CONSTRUCTION	1,278,704.
BRIAN TRACY 120 COTTON STREET PHILADELPHIA, PA 19127	ARCHITECT	975,390.
CREST CONSTRUCTION GROUP 401 N. MAIN STREET BARNEGAT, NJ 08005	CONSTRUCTION	808,888.

Name of the organization

Employer identification number

**CENTRASTATE MEDICAL CENTER, INC.****22-1750190**

## FORM 990, PART IX - OTHER FEES

=====

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
-----	-----	-----	-----	-----
CONTRACTED SERVICES	48,230,722.	43,407,650.	4,823,072.	NONE
PHYSICIAN FEES	10,135,217.	9,121,695.	1,013,522.	NONE
BILLING & COLLECTION FEES	3,232,832.	2,909,549.	323,283.	NONE
CONSULTING FEES	3,199,456.	2,879,510.	319,946.	
PROFESSIONAL FEES	147,700.	132,930.	14,770.	NONE
OTHER FEES	1,234,026.	1,110,623.	123,403.	NONE
TOTALS	-----	-----	-----	-----
	66,179,953.	59,561,957.	6,617,996.	NONE
	=====	=====	=====	=====



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

CENTRASTATE MEDICAL CENTER, INC.

**Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

22-1750190

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CENTER FOR AGING, INC. 22-2575377 901 WEST MAIN STREET FREEHOLD, NJ 07728	HEALTH SVCS.	NJ	501 (C) (3)	10	CSHS		X
(2) CENTRASTATE ASSISTED LIVING, INC. 22-3520730 901 WEST MAIN STREET FREEHOLD, NJ 07728	HEALTH SVCS.	NJ	501 (C) (3)	10	CSHS		X
(3) HEALTHCARE AFFILIATES, INC. 52-1594300 901 WEST MAIN STREET FREEHOLD, NJ 07728	HEALTH SVCS.	NJ	501 (C) (3)	10	CSHS		X
(4) CENTRASTATE HEALTHCARE SYSTEM, INC. 22-2482803 901 WEST MAIN STREET FREEHOLD, NJ 07728	MANAGEMENT	NJ	501 (C) (3)	12A	AHS		X
(5) CENTRASTATE HEALTHCARE FOUNDATION, INC. 27-2383065 901 WEST MAIN STREET FREEHOLD, NJ 07728	FUNDRAISING	NJ	501 (C) (3)	7	CSHS		X
(6) CENTRASTATE HOLDING COMPANY, INC. 85-1112301 901 WEST MAIN STREET FREEHOLD, NJ 07728	MANAGEMENT	NJ	501 (C) (3)	12B	N/A		X
(7) ATLANTIC HEALTH SYSTEM, INC. 22-3380375 475 SOUTH STREET MORRISTOWN, NJ 07960	MANAGEMENT	NJ	501 (C) (3)	12A	N/A		X

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

Schedule R (Form 990) 2022

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CENTRASTATE HEALTHCARE SERVICES, INC. 22-2512830 901 WEST MAIN STREET FREEHOLD, NJ 07728	HEALTH SVCS.	NJ	N/A	C CORP.					X
(2) CENTRASTATE MEDICAL ASSOCIATES, P.C. 22-3402359 901 WEST MAIN STREET FREEHOLD, NJ 07728	HEALTH SVCS.	NJ	N/A	C CORP.					X
(3) CENTRASTATE SPECIALISTS, P.C. 82-3704077 901 WEST MAIN STREET FREEHOLD, NJ 07728	HEALTH SVCS.	NJ	N/A	C CORP.					X
(4) CENTRASTATE CAPTIVE INSURANCE CO., LTD. 98-1205985 23 LIME TREE BAY AVE GRAND CAYMAN, CJ KY1-1108	FINANCIAL VEHICLE	CJ	CSMC	FOREIGN CORP.			100.0000	X	
(5) CENTRASTATE CARDIOLOGY, P.C. 87-2845417 901 WEST MAIN STREET FREEHOLD, NJ 07728	HEALTH SVCS.	NJ	N/A	C CORP.					X
(6)									
(7)									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b> X	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b> X	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b> X	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b> X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b> X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b> X	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b> X	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b> X	
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

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

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

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

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

**Part VII** Supplemental Information

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

## SCHEDULE R

EFFECTIVE JANUARY 1, 2022, UPON THE CLOSURE OF AN AFFILIATION TRANSACTION, ATLANTIC HEALTH SYSTEM, INC. AND CENTRASTATE HOLDING COMPANY, INC. HOLD MEMBERSHIP INTERESTS IN CENTRASTATE HEALTHCARE SYSTEM, INC. OF 51% AND 49%, RESPECTIVELY. PLEASE REFER TO ATLANTIC HEALTH SYSTEM, INC. (EIN: 22-3380375) FORM 990, SCHEDULE R FOR THE REPORTING OF RELATED ORGANIZATIONS.

## SCHEDULE R, PART V

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

## RENT AND ROYALTY INCOME

Taxpayer's Name CENTRASTATE MEDICAL CENTER, INC.		Identifying Number 22-1750190	
DESCRIPTION OF PROPERTY RENTAL INCOME			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No Did you actively participate in the operation of the activity during the tax year?
TYPE OF PROPERTY:			
REAL RENTAL INCOME			4,280,144.
OTHER INCOME:			
RENTAL INCOME		4,280,144.	
TOTAL GROSS INCOME			4,280,144.
OTHER EXPENSES:			
DEPRECIATION (SHOWN BELOW)			
LESS: Beneficiary's Portion			
AMORTIZATION			
LESS: Beneficiary's Portion			
DEPLETION			
LESS: Beneficiary's Portion			
TOTAL EXPENSES			
TOTAL RENT OR ROYALTY INCOME (LOSS)			4,280,144.
Less Amount to			
Rent or Royalty			
Depreciation			
Depletion			
Investment Interest Expense			
Other Expenses			
Net Income (Loss) to Others			
Net Rent or Royalty Income (Loss)			4,280,144.
Deductible Rental Loss (if Applicable)			

## SCHEDULE FOR DEPRECIATION CLAIMED

[illegible]

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE  
=====

OTHER INCOME

RENTAL INCOME

4,280,144.  
-----  
4,280,144.  
=====

RENT AND ROYALTY SUMMARY  
=====

PROPERTY -----	TOTAL INCOME -----	DEPLETION/ DEPRECIATION -----	OTHER EXPENSES -----	ALLOWABLE NET INCOME -----
RENTAL INCOME	4,280,144.			4,280,144.
	-----	-----	-----	-----
TOTALS	4,280,144.			4,280,144.
	=====	=====	=====	=====



**SCHEDULE D  
(Form 1041)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

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

OMB No. 1545-0092

**2022**

Name of estate or trust

Employer identification number

CENTRASTATE MEDICAL CENTER, INC.

22-1750190

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

**Part I Short-Term Capital Gains and Losses - Generally Assets Held 1 Year or Less** (see instructions)

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked.	5,518,549.			5,518,549.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked.				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked.				

<b>4</b> Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	<b>4</b>	
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	<b>5</b>	
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2021 Capital Loss Carryover Worksheet	<b>6</b>	( )
<b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). Enter here and on Part III, line 17, column (3).	<b>7</b>	5,518,549.

**Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than 1 Year** (see instructions)

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked.	NONE	1,468,846.		-1,468,846.
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked.				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.				

<b>11</b> Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	<b>11</b>	
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts.	<b>12</b>	
<b>13</b> Capital gain distributions.	<b>13</b>	
<b>14</b> Gain from Form 4797, Part I.	<b>14</b>	
<b>15</b> Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2021 Capital Loss Carryover Worksheet	<b>15</b>	( )
<b>16</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 15 in column (h). Enter here and on Part III, line 18a, column (3).	<b>16</b>	-1,468,846.

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

Schedule D (Form 1041) 2022

**Part III Summary of Parts I and II****Caution:** Read the instructions *before* completing this part.

		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
<b>17</b>	<b>Net short-term gain or (loss)</b> . . . . .	<b>17</b>		5,518,549.
<b>18</b>	<b>Net long-term gain or (loss):</b>			
a	Total for year . . . . .	<b>18a</b>		-1,468,846.
b	Unrecaptured section 1250 gain (see line 18 of the worksheet) . . . . .	<b>18b</b>		
c	28% rate gain . . . . .	<b>18c</b>		
<b>19</b>	<b>Total net gain or (loss).</b> Combine lines 17 and 18a. . . . .	<b>19</b>		4,049,703.

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

**Part IV Capital Loss Limitation**

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

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

**Part V Tax Computation Using Maximum Capital Gains Rates**

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

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

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

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

<b>21</b>	Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line 11)	<b>21</b>		
<b>22</b>	Enter the <b>smaller</b> of line 18a or 19 in column (2) but not less than zero. . . . .	<b>22</b>		
<b>23</b>	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) . . . . .	<b>23</b>		
<b>24</b>	Add lines 22 and 23 . . . . .	<b>24</b>		
<b>25</b>	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- . . . . .	<b>25</b>		
<b>26</b>	Subtract line 25 from line 24. If zero or less, enter -0- . . . . .	<b>26</b>		
<b>27</b>	Subtract line 26 from line 21. If zero or less, enter -0- . . . . .	<b>27</b>		
<b>28</b>	Enter the <b>smaller</b> of the amount on line 21 or \$2,800 . . . . .	<b>28</b>		
<b>29</b>	Enter the <b>smaller</b> of the amount on line 27 or line 28 . . . . .	<b>29</b>		
<b>30</b>	Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0% . . . . .	<b>30</b>		
<b>31</b>	Enter the <b>smaller</b> of line 21 or line 26 . . . . .	<b>31</b>		
<b>32</b>	Subtract line 30 from line 26 . . . . .	<b>32</b>		
<b>33</b>	Enter the <b>smaller</b> of line 21 or \$13,700 . . . . .	<b>33</b>		
<b>34</b>	Add lines 27 and 30 . . . . .	<b>34</b>		
<b>35</b>	Subtract line 34 from line 33. If zero or less, enter -0- . . . . .	<b>35</b>		
<b>36</b>	Enter the <b>smaller</b> of line 32 or line 35 . . . . .	<b>36</b>		
<b>37</b>	Multiply line 36 by 15% (0.15) . . . . .	<b>37</b>		
<b>38</b>	Enter the amount from line 31 . . . . .	<b>38</b>		
<b>39</b>	Add lines 30 and 36 . . . . .	<b>39</b>		
<b>40</b>	Subtract line 39 from line 38. If zero or less, enter -0- . . . . .	<b>40</b>		
<b>41</b>	Multiply line 40 by 20% (0.20) . . . . .	<b>41</b>		
<b>42</b>	Figure the tax on the amount on line 27. Use the 2022 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the Instructions for Form 1041) . . . . .	<b>42</b>		
<b>43</b>	Add lines 37, 41, and 42 . . . . .	<b>43</b>		
<b>44</b>	Figure the tax on the amount on line 21. Use the 2022 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the Instructions for Form 1041) . . . . .	<b>44</b>		
<b>45</b>	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 43 or line 44 here and on Form 1041, Schedule G, Part I, line 1a (or Form 990-T, Part II, line 2) . . . . .	<b>45</b>		

Schedule D (Form 1041) 2022

Name(s) shown on return

CENTRASTATE MEDICAL CENTER, INC.

Social security number or taxpayer identification number

22-1750190

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

**Part I** **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- |                                     |  |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see <b>Note</b> above) |
| <input type="checkbox"/>            | (B) Short-term transactions reported on Form(s) 1099-B showing basis <b>wasn't</b> reported to the IRS               |
| <input type="checkbox"/>            | (C) Short-term transactions not reported to you on Form 1099-B   |

<b>1</b>	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss)</b> Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	VARIOUS SECURITIES	VARIOUS	VARIOUS	5,518,549.00				5,518,549.00
<b>2 Totals.</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) . . . . .			5,518,549.				5,518,549.

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

**For Paperwork Reduction Act Notice, see your tax return instructions.**

Form **8949** (2022)

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

Social security number or taxpayer identification number

CENTRASTATE MEDICAL CENTER, INC.

22-1750190

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

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

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

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

☒ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☐ **(F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss)</b> Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	VARIOUS INVESTMENTS	VARIOUS	VARIOUS	NONE	1,468,846.00			-1,468,846.00
<b>2 Totals.</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) . . .				NONE	1,468,846.		-1,468,846.

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