
FEDERAL FORM 990
RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
FOR THE YEAR ENDED DECEMBER 31, 2024

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

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

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

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

A For the 2024 calendar year, or tax year beginning and ending

B Check if applicable:

☐	Address change
☐	Name change
☐	Initial return
☐	Final return/terminated
☐	Amended return
☐	Application pending

C Name of organization

SHORE MEMORIAL HOSPITAL

Doing business as

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

Room/suite

100 MEDICAL CENTER WAY

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

SOMERS POINT, NJ 08244-2387

F Name and address of principal officer: DAVID R. HUGHES

100 MEDICAL CENTER WAY, SOMERS POINT, NJ 08244-2387

D Employer identification number

21-0660835

E Telephone number

(609) 653-3545

G Gross receipts \$

268,008,155.

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(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.SHOREMEDICALCENTER.ORG

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1942

M State of legal domicile: NJ

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:	TO CARE FOR & RESPECT ALL PATIENTS, THEIR FAMILIES & EACH OTHER.	
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	20
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	1,461
	6	Total number of volunteers (estimate if necessary)	6	90
Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	NONE
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	NONE
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	2,360,191.	2,580,430.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	232,406,101.	259,533,219.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,636,274.	3,829,237.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,649,961.	1,790,862.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	242,052,527.	267,733,748.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	120,240.	168,858.
	Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	NONE
16a		Professional fundraising fees (Part IX, column (A), line 11e)	93,904,718.	95,986,621.
b		Total fundraising expenses (Part IX, column (D), line 25)	NONE	NONE
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	792,086.	
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	120,366,285.	129,572,448.
19		Revenue less expenses. Subtract line 18 from line 12	214,391,243.	225,727,927.
20		Total assets (Part X, line 16)	27,661,284.	42,005,821.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22	Net assets or fund balances. Subtract line 21 from line 20	330,786,303.	370,087,922.
			57,168,858.	70,046,640.
		273,617,445.	300,041,282.	

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 (2024)

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:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 77,827,025. including grants of \$ NONE) (Revenue \$ 64,843,550.)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 32,198,140. including grants of \$ NONE) (Revenue \$ 39,536,393.)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 8,972,993. including grants of \$ NONE) (Revenue \$ 11,120,247.)

SEE SCHEDULE O

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

(Expenses \$ 68,268,617. including grants of \$ 168,858.) (Revenue \$ 144,033,029.)

4e Total program service expenses 187,266,775.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 340	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.	1b NONE	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 1,461		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			X
b If "Yes," enter the name of the foreign country			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X	
If "Yes," see the instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
If "Yes," complete Form 6069.			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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
1a Enter the number of voting members of the governing body at the end of the tax year	1a 20		
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 Enter the number of voting members included on line 1a, above, who are independent.	1b 19		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3 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?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6	X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		X

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

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

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.
DAVID R. HUGHES 100 MEDICAL CENTER WAY SOMERS POINT, NJ 08244-2387

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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) RONALD W. JOHNSON TRUSTEE - CEO (TERM 12/24)	55.00 NONE	X		X				2,029,654.	NONE	100,471.
(2) DAVID R. HUGHES TRUSTEE - PRES/CEO (EFF 12/24)	55.00 NONE	X		X				932,516.	NONE	104,832.
(3) JEANNE M. ROWE, M.D. CHIEF MEDICAL OFFICER	55.00 NONE			X				808,580.	NONE	53,537.
(4) FREDERICK L. BANNER CHIEF INFORMATION OFFICER	55.00 NONE				X			404,379.	NONE	59,763.
(5) DANIEL JACOBY, M.D. HOSPITALIST	55.00 NONE					X		357,711.	NONE	29,822.
(6) STEPHEN CAPECCI, D.O. HOSPITALIST	55.00 NONE					X		309,557.	NONE	27,914.
(7) JILL SHULTZ CNO (EFF 2/24)	55.00 NONE				X			262,791.	NONE	68,837.
(8) VINCE AZZARELLO VP OF HUMAN RES. (EFF 1/2/24)	55.00 NONE				X			232,213.	NONE	66,553.
(9) ROBERT L. WOOD DIRECTOR OF FINANCE	55.00 NONE					X		255,316.	NONE	34,652.
(10) TIHOMIR GUEORGUIEV RN, CRITICAL CARE	55.00 NONE					X		218,873.	NONE	37,716.
(11) MATTHEW PISKUN VP AMB & SURG SVCS. (EFF 5/24)	55.00 NONE				X			247,046.	NONE	2,034.
(12) ROBERT ROBERTSON ADMIN DIRECTOR LOGISTICS	55.00 NONE					X		217,220.	NONE	27,598.
(13) ALAN L. BEATTY FORMER KEY EMPLOYEE	55.00 NONE						X	190,758.	NONE	NONE
(14) HOLLY BADALI CNO (TERM 2/24)	55.00 NONE				X			148,604.	NONE	4,469.

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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) DAVID BEYEL CHAIR - TRUSTEE	1.00 NONE	X		X				NONE	NONE	NONE
(16) EDWARD KUEHNLE VICE CHAIR - TRUSTEE	1.00 NONE	X		X				NONE	NONE	NONE
(17) R. SCOTT HALLIDAY SECRETARY/ASST TREAS - TRUSTEE	1.00 NONE	X		X				NONE	NONE	NONE
(18) RONALD B. STABLINI, CPA, MBA TREAS/ASST SECRETARY - TRUSTEE	1.00 NONE	X		X				NONE	NONE	NONE
(19) ROBERT C. ALLEN TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(20) MICHAEL BRAY TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(21) ROBERT J. BRAY, DDS, MS TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(22) AUGGIE CIPOLLINI TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(23) PATRICIA Q. CONNOLLY TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(24) JOHN DABEK TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(25) KEN KOREYVA TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total								6,615,218.	NONE	618,198.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								6,615,218.	NONE	618,198.

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 ► **214**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) FRANCIS LAMB, CPA TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(27) CHRISTOPHER LUCASTI, D.O. TRUSTEE; EX-OFFICIO	1.00 NONE	X						NONE	NONE	NONE
(28) BARBARA RIDGE TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(29) JUDITH L. ROMAN TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(30) MUKESH ROY, M.D. TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(31) ANGELO SPARAGNA, III, M.D. TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(32) CARMINE J. TAGLIALATELLA, JWC TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(33) RICHARD L. TRAA TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEE SCHEDULE O		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►		75

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	313,299.			
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	637,581.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	1,629,550.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		2,580,430.			
	Program Service Revenue				Business Code		
2a		NET PATIENT SERVICE REVENUE	622110	251,356,661.	251,356,661.		
b		OTHER HEALTHCARE RELATED REVENUE	622110	7,798,004.	7,798,004.		
c		AUXILIARY INCOME	813410	378,554.	378,554.		
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		259,533,219.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		NONE			
	4	Income from investment of tax-exempt bond proceeds . . .		NONE			
	5	Royalties		NONE			
	6a	Gross rents	6a	(i) Real 1,063,308.	(ii) Personal		
	b	Less: rental expenses	6b	173,999.			
	c	Rental income or (loss)	6c	889,309.	NONE		
	d	Net rental income or (loss)		889,309.			889,309.
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities 3,764,154.	(ii) Other 65,083.		
	b	Less: cost or other basis and sales expenses . .	7b				
	c	Gain or (loss)	7c	3,764,154.	65,083.		
	d	Net gain or (loss)		3,829,237.			3,829,237.
	8a	Gross income from fundraising events (not including \$ 313,299. of contributions reported on line 1c). See Part IV, line 18	8a	97,401.			
	b	Less: direct expenses	8b	97,401.			
	c	Net income or (loss) from fundraising events		NONE			
	9a	Gross income from gaming activities. See Part IV, line 19	9a	13,137.			
	b	Less: direct expenses	9b	3,007.			
	c	Net income or (loss) from gaming activities		10,130.			10,130.
10a	Gross sales of inventory, less returns and allowances	10a	NONE				
b	Less: cost of goods sold	10b	NONE				
c	Net income or (loss) from sales of inventory		NONE				
Miscellaneous Revenue				Business Code			
	11a	CAFETERIA/VENDING	722310	891,423.			891,423.
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		891,423.			
12	Total revenue. See instructions			267,733,748.	259,533,219.		5,620,099.

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	168,858.	168,858.		
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	5,526,279.	4,577,975.	917,428.	30,876.
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	73,400,762.	60,805,270.	12,185,394.	410,098.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,037,662.	859,600.	172,264.	5,798.
9 Other employee benefits	9,238,916.	7,653,528.	1,533,769.	51,619.
10 Payroll taxes	6,783,002.	5,619,046.	1,126,059.	37,897.
11 Fees for services (nonemployees):				
a Management	170,839.	117,140.	53,074.	625.
b Legal	1,039,143.	711,503.	323,829.	3,811.
c Accounting	389,000.	266,728.	120,850.	1,422.
d Lobbying	4,421.	4,421.		
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	19,085.	13,086.	5,929.	70.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	SEE SCHE O 51,956,937.	36,165,159.	15,608,080.	183,698.
12 Advertising and promotion	688,089.	688,089.		
13 Office expenses	2,072,218.	1,421,813.	642,839.	7,566.
14 Information technology	175,995.	120,675.	54,676.	644.
15 Royalties	NONE			
16 Occupancy	3,494,840.	2,408,758.	1,073,448.	12,634.
17 Travel	11,530.	11,530.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	99,286.	99,286.		
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	8,367,291.	5,737,458.	2,599,242.	30,591.
23 Insurance	2,879,353.	1,975,139.	893,696.	10,518.
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	43,737,074.	43,737,074.		
b REPAIRS & MAINTENANCE	7,578,024.	7,578,024.		
c PHYSICIAN SERVICES	4,268,211.	4,268,211.		
d COLLECTION EXPENSES	1,461,321.	1,461,321.		
e All other expenses	1,159,791.	797,083.	358,489.	4,219.
25 Total functional expenses. Add lines 1 through 24e	225,727,927.	187,266,775.	37,669,066.	792,086.
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 ☐ if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,246,387.	1	1,986,423.
	2 Savings and temporary cash investments.	1,787,252.	2	1,724,587.
	3 Pledges and grants receivable, net	59,097.	3	211,989.
	4 Accounts receivable, net	24,325,840.	4	25,158,678.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	5	NONE
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	311,524.
	8 Inventories for sale or use	6,446,923.	8	7,486,719.
	9 Prepaid expenses and deferred charges	3,109,293.	9	10,628,474.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 405,712,928.		
	b Less: accumulated depreciation.	10b 296,119,336.		
		109,742,832.	10c	109,593,592.
	11 Investments - publicly traded securities.	NONE	11	NONE
	12 Investments - other securities. See Part IV, line 11.	NONE	12	NONE
	13 Investments - program-related. See Part IV, line 11.	146,791,284.	13	183,869,108.
	14 Intangible assets	NONE	14	NONE
15 Other assets. See Part IV, line 11	36,277,395.	15	29,116,828.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	330,786,303.	16	370,087,922.	
Liabilities	17 Accounts payable and accrued expenses.	33,859,158.	17	38,225,174.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	1,428,797.	19	990,016.
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24 Unsecured notes and loans payable to unrelated third parties.	NONE	24	NONE
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	21,880,903.	25	30,831,450.
	26 Total liabilities. Add lines 17 through 25.	57,168,858.	26	70,046,640.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. ☒			
	27 Net assets without donor restrictions.	270,265,679.	27	296,253,957.
	28 Net assets with donor restrictions.	3,351,766.	28	3,787,325.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. ☐			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	273,617,445.	32	300,041,282.
	33 Total liabilities and net assets/fund balances.	330,786,303.	33	370,087,922.

Form **990** (2024)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	267,733,748.
2	Total expenses (must equal Part IX, column (A), line 25)	2	225,727,927.
3	Revenue less expenses. Subtract line 2 from line 1	3	42,005,821.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	273,617,445.
5	Net unrealized gains (losses) on investments	5	7,439,838.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O).	9	-23,021,822.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	300,041,282.

Part XII Financial Statements and ReportingCheck 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
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2024)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Name of the organization

SHORE MEMORIAL HOSPITAL

Employer identification number

21-0660835

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

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

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

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

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

Schedule A (Form 990) 2024

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.		☐
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		☐
17a 10%-facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		☐
b 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		☐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990) 2024

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

Schedule A (Form 990) 2024

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 for instructions and the latest information.

OMB No. 1545-0047

2024

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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 (EIN)
SHORE MEMORIAL HOSPITAL	21-0660835

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 EINs 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) 2024

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

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

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

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

4-Year Averaging Period Under Section 501(h)

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		4,421.
j Total. Add lines 1c through 1i			4,421.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B; QUESTION 1I

SHORE MEDICAL CENTER IS A MEMBER OF THE NEW JERSEY HOSPITAL ASSOCIATION WHICH ENGAGES IN LOBBYING EFFORTS ON BEHALF OF ITS MEMBER HOSPITALS. A PORTION OF THE ORGANIZATION'S ANNUAL DUES PAID TO THIS ORGANIZATION IS ALLOCATED TOWARDS ITS LOBBYING EFFORTS. THIS ALLOCATION AMOUNTED TO \$4,421 DURING 2024.

Department of the Treasury
Internal Revenue Service

Name of the organization

SHORE MEMORIAL HOSPITAL

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Employer identification number

21-0660835

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?		☐ Yes ☐ 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?		☐ Yes ☐ No

Part II Conservation Easements

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

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

☐ Preservation of land for public use (for example, recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a . .	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X. \$

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

3 Using the organization's acquisition, accession, and other records, check any of the following that 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 in Part XIII. ☐

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,013,934.	888,989.	1,071,577.	1,076,572.	942,234.
b Contributions					
c Net investment earnings, gains, and losses	122,329.	124,945.	-182,588.	-4,995.	134,338.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,136,263.	1,013,934.	888,989.	1,071,577.	1,076,572.

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 100.0000 %

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

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

- (i) Unrelated organizations?
 (ii) Related organizations?

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,378,070.		5,378,070.
b Buildings		143,961,613.	71,742,353.	72,219,260.
c Leasehold improvements				
d Equipment		255,032,860.	223,070,239.	31,962,621.
e Other		1,340,385.	1,306,744.	33,641.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				109,593,592.

Part VII Investments - Other Securities

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

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

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) CASH & CASH EQUIVALENTS	102,529,604.	FMV
(2) CERTIFICATES OF DEPOSIT	18,701,797.	FMV
(3) EQUITY MUTUAL FUNDS	59,463,412.	FMV
(4) FIXED INCOME MUTUAL FUNDS	127,345.	FMV
(5) U.S. EQUITY SECURITIES	807,345.	FMV
(6) INSURANCE CONTRACTS	189,634.	FMV
(7) BEN INT IN PERPETUAL TRUST	2,049,971.	FMV
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . .	183,869,108.	

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	550,000.
(2) DEPOSITS	242,916.
(3) OTHER RECEIVABLES	4,302,116.
(4) OTHER ASSETS	24,021,796.
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)).	29,116,828.

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	4,359,743.
(3) DUE TO THIRD PARTIES	2,012,497.
(4) ACCRUED RETIREMENT BENEFITS	14,950,313.
(5) RESERVE FOR INSURANCE CLAIMS	3,174,109.
(6) OTHER LIABILITIES	6,334,788.
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)).	30,831,450.

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.

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

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

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

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

Part XIII Supplemental Information

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

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V; QUESTION 4

THE MEDICAL CENTER HAS ADOPTED INVESTMENT POLICIES FOR ITS ENDOWMENT ASSETS THAT ARE CONSISTENT WITH THE POLICIES AND OBJECTIVES OF THEIR OVERALL INVESTMENTS; TO FURTHER THE ORGANIZATION'S CHARITABLE PURPOSES, PROGRAMS AND SERVICES. THE ASSETS ARE INVESTED IN A MANNER THAT IS INTENDED TO PRODUCE A POSITIVE RATE OF RETURN WHILE ASSUMING A LOW LEVEL OF RISK. FROM TIME TO TIME, THE FAIR VALUE OF ASSETS ASSOCIATED WITH THE DONOR-RESTRICTED ENDOWMENT FUNDS MAY FALL BELOW THE LEVEL THAT THE DONOR REQUIRES THE MEDICAL CENTER TO MAINTAIN IN PERPETUAL DURATION.

SCHEDULE D, PART X

THE ORGANIZATION IS AN AFFILIATE WITHIN SHORE MEMORIAL HEALTH SYSTEM AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). SHORE MEMORIAL HEALTH SYSTEM IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM. AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE SYSTEM FOR THE YEARS ENDED DECEMBER 31, 2024 AND DECEMBER 31, 2023; RESPECTIVELY. THE FOOTNOTE BELOW IS FROM THE SYSTEM'S 2024 AUDITED CONSOLIDATED FINANCIAL STATEMENTS AND REPORTS THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740):

THE SYSTEM FOLLOWS THE ACCOUNTING GUIDANCE FOR UNCERTAINTIES IN INCOME TAX POSITIONS, WHICH REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE LIKELY THAN NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE SYSTEM DOES

Part XIII Supplemental Information *(continued)*

NOT BELIEVE ITS CONSOLIDATED FINANCIAL STATEMENTS INCLUDE ANY MATERIAL
UNCERTAIN TAX POSITIONS.

Name of the organization

SHORE MEMORIAL HOSPITAL

Employer identification number

21-0660835

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a

☐

Mail solicitations

b

☐

Internet and email solicitations

c

☐

Phone solicitations

d

☐

In-person solicitations

e

☐

Solicitation of nongovernment grants

f

☐

Solicitation of government grants

g

☐

Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
-
-
-
-
-
-
-
-
-
-

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GALA (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	410,700.			410,700.
	2 Less: Contributions	313,299.			313,299.
	3 Gross income (line 1 minus line 2)	97,401.			97,401.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	68,925.			68,925.
	8 Entertainment	6,000.			6,000.
	9 Other direct expenses	22,476.			22,476.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				97,401.
11 Net income summary. Subtract line 10 from line 3, column (d)					

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses				
6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d).				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**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 for instructions and the latest information.

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Name of the organization

SHORE MEMORIAL HOSPITAL

Employer identification number

21-0660835

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial assistance at cost (from Worksheet 1)			1,607,914.	147,756.	1,460,158.	0.65
b Medicaid (from Worksheet 3, column a).			43,689,483.	41,280,594.	2,408,889.	1.06
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial assistance and means-tested government programs			45,297,397.	41,428,350.	3,869,047.	1.71
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			32,821.		32,821.	0.01
f Health professions education (from Worksheet 5)			915,996.		915,996.	0.41
g Subsidized health services (from Worksheet 6)			11,302,294.		11,302,294.	5.00
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			36,942.		36,942.	0.02
j Total. Other benefits			12,288,053.		12,288,053.	5.44
k Total. Add lines 7d and 7j			57,585,450.	41,428,350.	16,157,100.	7.15

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

Schedule H (Form 990) 2024

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		X
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	8,551,120.	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP. 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	470,312.	
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	54,870,977.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	67,267,211.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-12,396,234.
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: ☐ Cost accounting system ☒ Cost to charge ratio ☐ 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**Section A. Hospital Facilities**

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

How many hospital facilities did the organization operate during the tax year? 1

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

1 SHORE MEMORIAL HOSPITAL
100 MEDICAL CENTER WAY
SOMERS POINT NJ 08244-2387
WWW.SHOREMEDICALCENTER.ORG

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER/24 hours	ER/other	Other (describe)	Facility reporting group
<u>1</u>	X	X					X			<u>1</u>
<u>2</u>										
<u>3</u>										
<u>4</u>										
<u>5</u>										
<u>6</u>										
<u>7</u>										
<u>8</u>										
<u>9</u>										
<u>10</u>										

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: SHORE MEMORIAL HOSPITAL

Line number of hospital facility, or line numbers of hospital

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

	Yes	No
Community Health Needs Assessment (CHNA)		
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 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12.	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA		
j ☐ 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?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a ☒ Hospital facility's website (list url): <u>WWW.SHOREMEDICALCENTER.ORG</u>		
b ☐ Other website (list url): _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ 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>WWW.SHOREMEDICALCENTER.ORG</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: SHORE MEMORIAL HOSPITAL

		Yes	No
13	Did the hospital facility have in place during the tax year a written FAP that: Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	☒ FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>200.0000</u> % for eligibility for discounted care of <u>500.0000</u> %		
b	☐ Income level other than FPG (describe in Section C)		
c	☒ Asset level		
d	☒ Medical indigency		
e	☒ Insurance status		
f	☒ Underinsurance status		
g	☒ Residency		
h	☐ Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? 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):	X	
a	☒ Described the information the hospital facility may require an individual to provide as part of their application		
b	☒ Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c	☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	☐ Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	☒ The FAP was widely available on a website (list url): <u>WWW.SHOREMEDICALCENTER.ORG</u>		
b	☒ The FAP application form was widely available on a website (list url): <u>WWW.SHOREMEDICALCENTER.ORG</u>		
c	☒ A plain language summary of the FAP was widely available on a website (list url): <u>WWW.SHOREMEDICALCENTER.ORG</u>		
d	☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	☒ 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	☒ 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	☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	☒ 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	☐ Other (describe in Section C)		

Schedule H (Form 990) 2024

Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: SHORE MEMORIAL HOSPITAL

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written FAP that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a ☐ Reporting to credit agency(ies)		
b ☐ Selling an individual's debt to another party		
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d ☐ Actions that require a legal or judicial process		
e ☐ Other similar actions (describe in Section C)		
f ☒ None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a ☐ Reporting to credit agency(ies)		
b ☐ Selling an individual's debt to another party		
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d ☐ Actions that require a legal or judicial process		
e ☐ Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a ☒ Provided a written notice about upcoming extraordinary collection actions (ECAs) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)		
d ☒ Made presumptive eligibility determinations (if not, describe in Section C)		
e ☐ Other (describe in Section C)		
f ☐ None of these efforts were made		

Policy Relating to Emergency Medical Care

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

Schedule H (Form 990) 2024

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: SHORE MEMORIAL HOSPITAL

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

Schedule H (Form 990) 2024

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 3I

AS A RESULT OF THE FINDING OF SHORE MEDICAL CENTER'S 2022 CHNA, THE ORGANIZATION DEVELOPED AND ADOPTED AN IMPLEMENTATION PLAN TO ADDRESS THE FOLLOWING HEALTH RISK FACTORS AND DISEASES IDENTIFIED AS HAVING THE GREATEST LEVEL OF PRIORITIZATION FOR THE COMMUNITY WE SERVE, THROUGH 2025. THOSE AREAS ARE:

- OBESITY;
- TOBACCO;
- CANCER;
- MENTAL HEALTH;
- OPIOIDS;
- COVID-19; AND
- PHYSICIAN DEVELOPMENT.

BELOW PLEASE FIND A DESCRIPTION OF THE ACTIONS TAKEN IN 2024 TO ADDRESS THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE ORGANIZATION'S CHNA. ADDITIONALLY, DESCRIBED BELOW IS THE IMPACT OF ALL OF THOSE ACTIONS TAKEN.

OBESITY

SHORE MEDICAL CENTER HAS LAUNCHED A COMPREHENSIVE INITIATIVE AIMED AT IDENTIFYING AND MANAGING OBESITY WITHIN ITS SERVICE AREA. AS PART OF THIS EFFORT, A PROPOSED WORKFLOW FOR DIETITIAN CONSULTATIONS WAS DEVELOPED TO SUPPORT PATIENTS WITH ELEVATED BODY MASS INDEX (BMI), SPECIFICALLY THOSE AT OR ABOVE THE 85TH PERCENTILE. THIS WORKFLOW WAS SCHEDULED TO GO LIVE IN FEBRUARY 2024.

TO ESTABLISH A FOUNDATION FOR TRACKING PROGRESS, DR. ELHAGALY OF ONSITE NEONATAL PARTNERS BEGAN COLLECTING BASELINE DATA AS OF JANUARY 2024. IN PREPARATION FOR THIS INITIATIVE, REGISTERED DIETITIANS SUSAN O'DONNELL AND KELLY GIBSON MET WITH MIKE SMITH, RN, AND DR. ELHAGALY ON JANUARY 18, 2024, TO REVIEW A QUALITY IMPROVEMENT PROJECT FOCUSED ON OBESITY.

FOLLOWING THIS REVIEW, THE DIETITIANS CREATED DISCHARGE NUTRITION INSTRUCTIONS TO BE INCORPORATED INTO ALL DISCHARGE SUMMARIES. THESE INSTRUCTIONS ARE DESIGNED TO PROVIDE PATIENTS AND THEIR CAREGIVERS WITH PRACTICAL TIPS ON HEALTHY EATING AND BEHAVIOR MODIFICATION TO SUPPORT LONG-TERM LIFESTYLE CHANGES.

TO FACILITATE IMPLEMENTATION, A SERVICE REQUEST WAS SUBMITTED BY MIKE SMITH TO THE SHORE MEDICAL CENTER IT DEPARTMENT ON JANUARY 25, 2024, REQUESTING SYSTEM ENHANCEMENTS NEEDED TO SUPPORT THE INTEGRATION OF THE NEW NUTRITION DISCHARGE MATERIALS.

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.

ALSO ON JANUARY 25, SUSAN O'DONNELL AND TIM HARING, DIRECTOR OF NUTRITION SERVICES, MET WITH BOB ROBERTSON TO DISCUSS NEXT STEPS IN ADVANCING STRATEGY 1: OBESITY. THIS STRATEGY FOCUSES ON EMBEDDING NUTRITIONAL SERVICES INTO THE SHORE PHYSICIANS GROUP'S ADULT PRIMARY CARE OFFICES AND ESTABLISHING A COLLABORATIVE WORKING RELATIONSHIP WITH UNIDINE IN THE AMBULATORY CARE ENVIRONMENT.

THROUGH THESE EFFORTS, SHORE MEDICAL CENTER IS TAKING A PROACTIVE AND COLLABORATIVE APPROACH TO COMBAT OBESITY BY PRIORITIZING EARLY INTERVENTION, NUTRITIONAL EDUCATION, AND CROSS-DISCIPLINARY COORDINATION TO IMPROVE COMMUNITY HEALTH OUTCOMES.

TOBACCO

AS PART OF ITS ONGOING MISSION TO PROMOTE HEALTHIER LIFESTYLES AND REDUCE PREVENTABLE DISEASES, SHORE MEDICAL CENTER IS TAKING TARGETED ACTION TO ADDRESS TOBACCO USE AMONG PATIENTS AND WITHIN THE BROADER COMMUNITY. RECOGNIZING THE CRITICAL ROLE OF EDUCATION, ACCESSIBILITY, AND COORDINATION, SHORE HAS IMPLEMENTED A MULTI-PRONGED STRATEGY DESIGNED TO CONNECT INDIVIDUALS WITH EFFECTIVE SMOKING CESSATION RESOURCES.

A KEY COMPONENT OF THIS INITIATIVE INCLUDES PLANNING TRAINING OPPORTUNITIES FOR STAFF THROUGHOUT 2024, BOTH IN SCHEDULED SESSIONS AND THROUGH ON-DEMAND OPTIONS, TO ENSURE WIDESPREAD ACCESSIBILITY AND ENGAGEMENT. THESE TRAININGS ARE DESIGNED TO EQUIP EMPLOYEES WITH THE KNOWLEDGE AND TOOLS NECESSARY TO SUPPORT PATIENTS IN THEIR JOURNEY TOWARD QUITTING TOBACCO.

IN TANDEM WITH STAFF EDUCATION, SHORE MEDICAL CENTER IS WORKING TO ENSURE THAT INFORMATION ABOUT SMOKING CESSATION SERVICES IS READILY AVAILABLE TO ALL DEPARTMENTS. THIS INCLUDES UPDATING INTERNAL MATERIALS AND PROTOCOLS SO THAT EVERY POINT OF PATIENT CONTACT BECOMES AN OPPORTUNITY FOR INTERVENTION.

TO STRENGTHEN PATIENT SUPPORT AT THE TIME OF DISCHARGE, THE HOSPITAL IS REVIEWING AND UPDATING ITS DISCHARGE DOCUMENTS TO REFLECT THE MOST CURRENT AND EFFECTIVE SMOKING CESSATION STRATEGIES AND RESOURCES. THESE UPDATES WILL PROVIDE PATIENTS WITH CLEAR GUIDANCE AND ACCESSIBLE PATHWAYS TO QUIT SMOKING FOLLOWING THEIR HOSPITAL VISIT.

FURTHER REINFORCING THIS INITIATIVE, STAFF ACROSS ALL DEPARTMENTS ARE BEING EDUCATED ON HOW TO REFER PATIENTS TO APPROPRIATE SMOKING CESSATION SERVICES. THIS ENSURES A CONSISTENT AND PROACTIVE APPROACH THROUGHOUT THE ORGANIZATION, HELPING PATIENTS RECEIVE TIMELY AND PERSONALIZED SUPPORT.

IN PARTNERSHIP WITH SHORE PHYSICIANS GROUP, SHORE MEDICAL CENTER IS ALSO

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.

DEVELOPING MARKETING MATERIALS THAT FEATURE QR CODES LINKING DIRECTLY TO SMOKING CESSATION RESOURCES. THESE MATERIALS WILL BE DISTRIBUTED WITHIN CLINICAL AND PUBLIC-FACING SETTINGS TO OFFER AN EASY, DIGITAL PATHWAY TO HELP.

TO EXTEND THE REACH OF THIS INITIATIVE INTO THE COMMUNITY, THE HOSPITAL IS COMMITTED TO INCLUDING ITS SMOKING CESSATION RESOURCE LIST AT COMMUNITY OUTREACH EVENTS. BY EMBEDDING THIS INFORMATION INTO BROADER WELLNESS ACTIVITIES, SHORE MEDICAL CENTER AIMS TO MEET PEOPLE WHERE THEY ARE-EMPOWERING INDIVIDUALS WITH TOOLS AND SUPPORT TO LEAD SMOKE-FREE LIVES.

THROUGH THIS COMPREHENSIVE AND COLLABORATIVE APPROACH, SHORE MEDICAL CENTER CONTINUES TO DEMONSTRATE ITS DEDICATION TO REDUCING TOBACCO USE AND IMPROVING LONG-TERM HEALTH OUTCOMES IN ITS SERVICE ARE

CANCER

SHORE IS THE LEAD AGENCY FOR THE NEW JERSEY CANCER EDUCATION AND EARLY DETECTION (CEED) PROGRAM IN ATLANTIC COUNTY. ON JULY 1, 2024, SHORE ALSO BECAME THE LEAD CEED AGENCY IN CAPE MAY COUNTY. THE PROGRAM PROVIDES CANCER SCREENING, DIAGNOSTIC AND NAVIGATION SERVICES FOR UNDERSERVED POPULATIONS AT CONVENIENT LOCATIONS WITHIN THE COMMUNITY. SHORE, IN PARTNERSHIP WITH CAPE MAY COUNTY HEALTH DEPARTMENT COORDINATED 396 BREAST CANCER SCREENINGS, 262 CERVICAL CANCER SCREENINGS, 119 COLORECTAL CANCER SCREENINGS, AND 52 PROSTATE CANCER SCREENINGS. THIS RESULTED IN DETECTING 3 BREAST CANCERS. IN 2024, SHORE MEDICAL CENTER RECEIVED \$344,376 IN CEED GRANT FUNDING FOR THESE SERVICES.

SHORE IS ALSO THE LEAD AGENCY FOR THE COMPREHENSIVE CANCER CONTROL (CCC) COALITION GRANT TO PROVIDE POLICY, ENVIRONMENTAL AND SYSTEM CHANGES IN ATLANTIC AND CAPE MAY COUNTY IN AN EFFORT TO REDUCE CANCER. IN 2024, SHORE MEDICAL CENTER RECEIVED \$89,259 FOR THESE INITIATIVES. IN 2024, 4,037 INDIVIDUALS WERE PART OF THE EDUCATION AND OUTREACH CONDUCTED THROUGH CEED AND CCC THROUGH AWARENESS EVENTS, TABLE EVENTS AND WORKSHOPS OR LECTURES.

CANCER SCREENING EVENTS HAVE BECOME MORE PREVALENT IN OUR OUTREACH ACTIVITIES DUE TO THE ABILITY TO HAVE THEM DURING THE PANDEMIC AND THE SUCCESS OF THE EVENTS. DURING 2024, SIX CANCER SCREENINGS OCCURRED WITH 123 PARTICIPANTS ATTENDING THESE EVENTS. THESE EVENTS ARE AVAILABLE FREE TO POPULATIONS WHO ARE UNINSURED/UNDERINSURED. TWO LUNG CANCER SCREENING EVENTS, ONE BREAST MAMMOGRAM EVENT, TWO TRAVELING PROSTATE CANCER SCREENING EVENTS (MULTIPLE LOCATIONS IN THE COMMUNITY) AND ONE SKIN CANCER SCREENING EVENT OCCURRED.

SHORE RECEIVED A SMALL GRANT FROM COLON CANCER COALITION TO COMPLETE

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.

COLORECTAL CANCER AWARENESS DIRECTED TO UNDERSERVED COMMUNITIES. THE PROJECT INCLUDED SMALL INTIMATE GROUPS IN TRUSTED NEIGHBORHOOD CHURCHES. FUNDING WAS \$2,428.75. THIS PROVIDED EDUCATION, FOOD, FOBT KITS, STAMPS, AND PROCESSING OF THE KITS. THE PROJECT WAS CALLED "TALKIN' TUSHES". SIX EVENTS OCCURRED OVER 2024 AND ARE INCLUDED IN THE EDUCATION NUMBERS ABOVE.

OPIOIDS

SHORE MEDICAL CENTER IMPLEMENTED AND PARTOOK IN THE FOLLOWING INITIATIVES AND PROGRAMS TO ADDRESS THE ABUSE OF OPIOIDS IN ATLANTIC COUNTY:

OPIOID PAIN MEDICATIONS ARE ASSOCIATED WITH NUMEROUS ADVERSE EVENTS, INCLUDING SEDATION THAT CAN LEAD TO RESPIRATORY DEPRESSION AND INTUBATION. IV ADMINISTRATION OF OPIOIDS CARRY AN INCREASED RISK OF THESE SERIOUS ADVERSE EVENTS COMPARED TO WHEN TAKEN ORALLY. WITH SHORE MEDICAL CENTER'S NEW "PHARMACY-DRIVEN IV TO ORAL OPIOID CONVERSION PROTOCOL," UTILIZATION OF AN INDIVIDUALIZED, MULTIMODAL PAIN MANAGEMENT PLAN AND PRIORITIZATION OF ORAL OPIOIDS CAN MINIMIZE THE RISK OF OPIOID RELATED ADVERSE EVENTS AND FACILITATE A SAFE, EFFECTIVE TRANSITION OF CARE TO THE OUTPATIENT SETTING.

IN ADDITION, AT SHORE'S EMERGENCY DEPARTMENT, THERE HAVE BEEN NON-OPIOID PAIN MANAGEMENT TREATMENT OPTIONS ADDED TO THE CURRENT ORDERS PROVIDERS USE TO ASSIST WITH DECREASING UNNECESSARY OPIOID USE.

AS A RESULT, FROM 2023-2024, SHORE MEDICAL CENTER HAS REALIZED A 2.5% DECREASE IN THE NUMBER OF OPIOID DOSES ADMINISTERED TO HOSPITALIZED PATIENTS AND AN 3% DECREASE IN THE NUMBER OF INTRAVENOUS OPIOID DOSES ADMINISTERED TO HOSPITALIZED PATIENTS.

COVID 19

FOLLOWING THE OFFICIAL END OF THE NATIONAL COVID-19 PUBLIC HEALTH EMERGENCY IN MAY 2023, SHORE MEDICAL CENTER ENTERED 2024 WITH A CAUTIOUSLY OPTIMISTIC OUTLOOK. THROUGHOUT THE YEAR, SHORE EXPERIENCED A RELATIVELY LOW NUMBER OF COVID-19 CASES, A WELCOME SHIFT FROM PRIOR PANDEMIC SURGES.

DESPITE THE DECREASE IN CASES, SHORE REMAINED VIGILANT. THE HOSPITAL CONTINUED TO MONITOR COVID-19 TRENDS CLOSELY AND ACTIVELY ENCOURAGED PATIENTS AND STAFF TO STAY UP TO DATE WITH VACCINATIONS AND BOOSTER SHOTS. THESE PREVENTIVE EFFORTS WERE PART OF SHORE'S BROADER COMMITMENT TO PUBLIC HEALTH AND SAFETY.

AS A PROACTIVE MEASURE DURING THE PEAK OF FLU SEASON, SHORE REQUIRED

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.

MASKING IN ALL PATIENT CARE AREAS TO MINIMIZE THE SPREAD OF RESPIRATORY ILLNESSES, INCLUDING COVID-19. THIS STEP HELPED PROTECT BOTH PATIENTS AND HEALTHCARE WORKERS.

SHORE'S INFECTION PREVENTION STAFF CONTINUES TO PLAY A CRITICAL ROLE, CLOSELY MONITORING THE SITUATION TO ENSURE THE HOSPITAL REMAINS PREPARED TO RESPOND SWIFTLY TO ANY FUTURE DEVELOPMENTS. THROUGH THESE CONTINUED EFFORTS, SHORE MEDICAL CENTER HAS DEMONSTRATED ITS DEDICATION TO THE HEALTH AND WELL-BEING OF THE COMMUNITY.

PHYSICIAN DEVELOPMENT

SHORE MEDICAL CENTER, IN COLLABORATION WITH ITS PARTNERS SHORE PHYSICIANS GROUP AND PENN MEDICINE, IS TAKING STRATEGIC AND PROACTIVE STEPS TO ADDRESS THE CRITICAL NEED FOR PHYSICIAN RECRUITMENT IN SOUTHEASTERN NEW JERSEY. THIS EFFORT IS ESPECIALLY URGENT GIVEN THE REGION'S AGING PHYSICIAN POPULATION-THE AVERAGE AGE OF PROVIDERS IN THE LOCAL MARKET IS 52-COMBINED WITH INCREASING COMMUNITY HEALTH NEEDS AND A SHIFTING HEALTHCARE LANDSCAPE POST-COVID.

ONE OF THE MOST PRESSING GAPS LIES IN PRIMARY CARE, PARTICULARLY IN RURAL AND UNDERSERVED AREAS SUCH AS CAPE MAY COUNTY. SHORE MEDICAL CENTER RECOGNIZED THIS NEED AND SUCCESSFULLY RECRUITED DR. GREGORY HERMAN, PLACING HIM IN MARMORA, WHERE ACCESS TO PRIMARY CARE HAS BEEN LIMITED. THIS PLACEMENT SUPPORTS EARLY INTERVENTION, CONTINUITY OF CARE, AND BETTER HEALTH OUTCOMES IN A REGION WHERE PHYSICIAN SHORTAGES HAVE HISTORICALLY IMPACTED PATIENT ACCESS.

SPECIALTY CARE HAS ALSO BEEN A KEY FOCUS. FOR TOO LONG, RESIDENTS HAVE HAD TO TRAVEL TO TERTIARY CENTERS OUTSIDE THE REGION FOR COMPLEX MEDICAL NEEDS. SHORE MEDICAL CENTER IS REVERSING THAT TREND BY RECRUITING HIGH-CALIBER SPECIALISTS TO SERVE LOCALLY:

-IN THE NEUROSURGERY DIVISION, PENN MEDICINE NEUROSURGEON MICHAEL SPADOLA, MD WAS BROUGHT ON TO ADDRESS THE OUTMIGRATION OF PATIENTS SEEKING NEUROSURGICAL CARE. HIS PRESENCE ENABLES SHORE TO MANAGE COMPLEX NEUROLOGICAL CASES RIGHT WITHIN THE COMMUNITY.

-IN UROLOGY, THE HOSPITAL WELCOMED DR. CARL GJERTSON, MD, A SURGEON SPECIALIZING IN UROLOGIC CANCER CARE. HIS ADDITION EXPANDS SHORE'S ABILITY TO OFFER ADVANCED, LOCALIZED TREATMENT FOR CANCER PATIENTS-ELIMINATING THE NEED TO TRAVEL FOR HIGH-QUALITY ONCOLOGICAL UROLOGY SERVICES.

-WITHIN THE ORTHOPAEDICS DIVISION, SHORE RECRUITED DR. JOHN AVALLONE, AN EXPERIENCED AND WELL-RESPECTED TOTAL JOINT SURGEON. HIS DUAL ROLE INCLUDES NOT ONLY PERFORMING SURGERIES BUT ALSO MENTORING YOUNGER

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.

SURGEONS WITHIN THE NETWORK, HELPING BUILD A PIPELINE OF FUTURE TALENT WHILE DELIVERING TOP-TIER CARE TO PATIENTS WHO OTHERWISE MIGHT TRAVEL OUTSIDE THE REGION.

THE HOSPITALIST PROGRAM HAS ALSO UNDERGONE CRITICAL EXPANSION IN RESPONSE TO RISING INPATIENT VOLUMES-A TREND THAT ACCELERATED AFTER THE COVID-19 PANDEMIC. MANY NEW RESIDENTS MOVED TO THE AREA AND REMAINED DUE TO REMOTE WORK FLEXIBILITY, PLACING INCREASED DEMAND ON LOCAL HEALTHCARE SERVICES. SHORE RESPONDED BY RECRUITING A STRONG TEAM OF INPATIENT PROVIDERS, INCLUDING:

- DR. JAIMAL JOHAL;
- DR. SONIA MERCHANT;
- SUZETTE WASHINGTON, APN;
- KIM REMLEIN, APN; AND
- HAMMAD MALIK, APN.

THIS GROWING TEAM HAS ENHANCED THE HOSPITAL'S CAPACITY TO DELIVER HIGH-QUALITY, AROUND-THE-CLOCK INPATIENT CARE, ENSURING THE COMMUNITY'S NEEDS ARE MET AS THE POPULATION CONTINUES TO GROW AND EVOLVE.

SCHEDULE H, PART V, SECTION B, QUESTION 5

THE ORGANIZATION'S CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVICED BY THE HOSPITAL FACILITY.

SHORE MEDICAL CENTER COMPLETED AN ONLINE COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY IN AN EFFORT TO GAIN INPUT FROM THE COMMUNITY ON HEALTH ISSUES OF CONCERN. THE SURVEY QUESTIONS WERE DEVELOPED IN A TEAM APPROACH BY BRAINSTORMING QUESTIONS AND EXAMINING SEVERAL SAMPLE SURVEYS. THE SURVEY WAS DISPERSED THROUGH SHORE MEDICAL CENTER EMAIL BLASTS (21,000 TOTAL EMAILS SENT) AND A LINK/DESCRIPTION OF THE SURVEY WAS HIGHLIGHTED ON THE HOME PAGE THE SHORE MEDICAL CENTER WEBSITE (HOME PAGE RECEIVES A MINIMUM OF 70,000 HITS A MONTH). THE SURVEY WAS UP ON THE ORGANIZATION'S WEBSITE FOR FOUR MONTHS.

APPROXIMATELY 100 PEOPLE COMPLETED THE SURVEY. PEOPLE WHO RESPONDED TO THE SURVEY WERE PREDOMINANTLY WOMEN, WHITE, AND/OR OVER 65. THE INFORMATION GATHERED COMPLEMENTED INFORMATION RECEIVED FROM OUR PATIENT POPULATION AT THE HOSPITAL TO HELP DETERMINE CONCERNS THAT SHORE NEEDED TO ADDRESS IN THE COMMUNITY.

SHORE MEDICAL CENTER'S 2022 CHNA PROCESS INCLUDED REVAMPING ALL THE STATISTICS, ADDING NEW TOPICS SUCH AS COVID-19, AND CONDENSING CONTENT FOR CONSISTENCY. ALL STATISTICAL INFORMATION WAS GATHERED FROM QUALITY

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.

DATA SOURCES, WHICH INCLUDED THE FOLLOWING:

- AMERICAN DIABETES ASSOCIATION
- CENTERS FOR DISEASE CONTROL AND PREVENTION
- COUNTY HEALTH RANKINGS, UNIVERSITY OF WISCONSIN
- MAYO CLINIC
- NATIONAL CANCER INSTITUTE
- NATIONAL INSTITUTE OF DRUG ABUSE
- NATIONAL INSTITUTE OF HEALTH
- NEW JERSEY STATE HEALTH ASSESSMENT DATA
- NEW JERSEY CANCER REGISTRY
- NEW JERSEY DEPARTMENT OF HEALTH
- THE STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES
- UNITED STATES CENSUS BUREAU

SHORE'S CHNA INTERNAL COMMITTEE INCLUDED THE FOLLOWING INDIVIDUALS/GROUPS IN ORDER TO ENSURE THAT THE HOSPITAL'S OUTREACH EFFORTS TRULY REFLECT THE CHANGING HEALTH NEEDS OF THE COMMUNITY THAT IT SERVES.

- ALAN BEATTY, MBA, VICE PRESIDENT OF HUMAN RESOURCES
- FREDERICK CANTZ, CHIEF COMPLIANCE OFFICER
- BRIAN CAHILL, DIRECTOR OF MARKETING
- ANGELA A. BAILEY, MSW, LSW, MANAGER OF CANCER COMMUNITY OUTREACH
- JASIAH SANCHEZ, OUTREACH COORDINATOR
- ALEXA PETILLO, HUMAN RESOURCE ASSISTANT
- ERICA BARRON, COMMUNITY HEALTH WORKER
- ALYSSA RICKETTS, SOCIAL WORK INTERN
- NICK PELLEGRINO, MARKETING INTERN

SCHEDULE H, PART V, SECTION B, QUESTION 7A

THE ORGANIZATION IS AN AFFILIATE WITHIN SHORE MEMORIAL HEALTH SYSTEM AND AFFILIATES; 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 ORGANIZATION'S CHNA CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE:

[HTTPS://SHOREMEDICALCENTER.ORG/WELLYES/COMMUNITY_NEEDS_ASSESSMENT](https://shoremedicalcenter.org/wellyes/community_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 10

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

[HTTPS://SHOREMEDICALCENTER.ORG/WELLYES/COMMUNITY_NEEDS_ASSESSMENT](https://shoremedicalcenter.org/wellyes/community_needs_assessment)

SCHEDULE H, PART V, SECTION B, QUESTION 11

THE ORGANIZATION'S IMPLEMENTATION STRATEGY WAS ADOPTED AND POSTED ON THE HOSPITAL'S WEBSITE ON DECEMBER 5, 2022. THIS IMPLEMENTATION STRATEGY IDENTIFIES THE MEANS BY WHICH SHORE MEDICAL CENTER PLANS TO ADDRESS COMMUNITY HEALTH NEEDS DURING 2023 THROUGH 2025. BEYOND THE SERVICES AND PROGRAMS DETAILED IN ITS IMPLEMENTATION STRATEGY, SHORE HAS AND CONTINUES TO PROVIDE A FULL-RANGE OF SERVICES AND PROGRAMS TO OUR COMMUNITY. SHORE MEDICAL CENTER'S COMMITMENT TO ITS COMMUNITY, PATIENTS AND THEIR FAMILY MEMBERS RUNS PARALLEL TO ITS NOT-FOR-PROFIT MISSION.

THE FOLLOWING HEALTH ISSUES WERE IDENTIFIED AS PRIORITY HEALTH NEEDS: OBESITY, TOBACCO, CANCER, MENTAL HEALTH, OPIOIDS, COVID-19, AND PRIMARY CARE SHORTFALLS.

PROJECTS WERE DEVELOPED TO SPECIFICALLY ADDRESS EACH OF THE IDENTIFIED HEALTH NEEDS OVER THE COURSE OF THE IMPLEMENTATION PERIOD. THIS STRATEGY INCLUDES PROVIDING PRIORITY ATTENTION AND PLANS TO ADDRESS THESE KEY HEALTH ISSUES THROUGH BETTER EDUCATION AND IMPLEMENTATION OF PROGRAMS DESIGNED TO ADDRESS THE NEEDS OF OUR COMMUNITY.

THROUGH THE IMPLEMENTATION STRATEGY PLAN, SHORE MEDICAL CENTER LOOKS TO IMPACT THE FOLLOWING:

- CHRONIC DISEASE REDUCTION
- IMPROVED ACCESS TO CARE (INCLUDING MENTAL HEALTH)
- INCREASED ACCESS TO ADDICTION TREATMENT
- IMPROVEMENT TO HEALTHY LIFESTYLES
- CONNECTION TO FINANCIAL RESOURCES

BELOW IS A SUMMARY OF HOW THE ORGANIZATION PLANS TO ADDRESS THE IDENTIFIED HEALTH NEEDS:

POOR HEALTH STATUS AND CHRONIC DISEASE CAN RESULT WHEN MEMBERS OF THE COMMUNITY ARE IMPACTED BY RISK FACTORS. SOME RISK FACTORS CAN BE

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.

PREVENTED AND CAN SERVE TO IMPROVE QUALITY OF LIFE AND REDUCE MORTALITY AND MORBIDITY. THE LEADING PREVENTABLE CAUSES OF CHRONIC DISEASE IS OBESITY AND TOBACCO USE (SPECIFICALLY SMOKING).

STRATEGY 1: OBESITY - DEVELOP AND INTEGRATE NUTRITIONAL SERVICES INTO THE SHORE PHYSICIANS GROUP ADULT PRIMARY CARE OFFICES. PROVIDE A HIGH FOCUS ON PEDIATRICS, COORDINATING A WORKING RELATIONSHIP BETWEEN OUR ONSITE NEONATAL PARTNERS AS WELL AS UNIDINE IN BOTH AN AMBULATORY AND INPATIENT ENVIRONMENT.

STRATEGY 2: TOBACCO - EDUCATE PROVIDERS AND STAFF ABOUT THE BENEFITS OF QUITTING TOBACCO THROUGH OFFERING ASK, ADVISE, REFER TRAINING; OBTAINING EASY TO HANDOUT MATERIALS FOR PATIENTS ON SMOKING CESSATION SERVICES AVAILABLE; AND DEVELOP AN EASY REFERRAL PROCESS TO SERVICES.

CANCER IS A COMPLEX DISEASE IN WHICH PREVENTION, SCREENING AND TREATMENT IS AN ASPECT OF FOCUS. DETECTING CANCER EARLY AND OFFERING QUALITY TREATMENT LOCALLY FOR THE COMMUNITY IN ESPECIALLY HIGH INCIDENCE CANCERS IS A PRIORITY.

STRATEGY 3: INCREASE CAPACITY AND ACCESS OF QUALITY MEDICAL AND RADIATION ONCOLOGY TARGETING BOTH HIGH INCIDENCE AND MORTALITY.

STRATEGY 4: EXPAND ACCESS TO CANCER SCREENING INCLUDING UNDERSERVED POPULATIONS TO FIND CANCER EARLY WHEN MOST TREATABLE.

STRATEGY 5: EDUCATE PRIMARY CARE PROVIDERS ABOUT CANCER SCREENING, SPECIFICALLY LUNG CANCER SCREENING. DEVELOP EASY REFERRAL PROCESSES TO CONNECT PATIENTS TO CANCER SCREENING.

MENTAL HEALTH ISSUES HAVE BECOME MORE ACKNOWLEDGED DURING THE COVID-19 PANDEMIC. THE OPIOID EPIDEMIC HAS GAINED MOMENTUM BOTH LOCALLY AND NATIONALLY AND HAS BECOME A GROWING CONCERN. SHORE SUPPORTS HEALTHCARE PROVIDERS AND PATIENTS IN THE BATTLE AGAINST OPIOID ADDICTION AND REFERRALS TO MENTAL HEALTH SERVICES.

STRATEGY 6: MENTAL HEALTH - DEVELOP STRATEGIES FOR INTEGRATING MORE MENTAL HEALTH RESOURCES AND REFERRALS INTO PRIMARY CARE PROVIDER PRACTICES LEVERAGING OUR MENTAL HEALTH PARTNER LEGACY.

STRATEGY 7: OPIOIDS - LEVERAGING A FOUR YEAR, \$1 MIL/YEAR, FEDERAL GRANT RECEIVED BY OUR MENTAL HEALTH PARTNERS LEGACY, INCREASE ACCESS TO OPIOID ADDICTION SUPPORT SERVICES BY PARTNERING WITH ADDICTION/MENTAL HEALTH SERVICE AGENCIES. CONTINUE THE SUPPORT TO OUR BAYFRONT EMERGENCY PARTNERS IN THEIR OPIOID MONITORING/REDUCTION PROGRAM IN THE EMERGENCY DEPARTMENT.

THE COVID-19 PANDEMIC HAS DISRUPTED ALL ASPECTS OF LIFE. REMAINING

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.

PREPARED FOR SHIFTS OF SERVICES AND PATIENTS' NEEDS THROUGH HEIGHTENED PERIODS OF CONTAGIOUS OUTBREAKS REMAINS IMPORTANT.

STRATEGY 8: CONTINUE TO MONITOR COMMUNITY COVID-19 INFECTION RATES; MAINTAIN SAFETY PRECAUTIONS TO PREVENT SPREAD OF CONTAGIOUS DISEASE; AND MAINTAIN APPROPRIATE LEVELS OF NEGATIVE PRESSURE ROOMS AND CONVERT ROOMS AS NECESSARY.

STRATEGY 9: PARTNER WITH PRIMARY CARE AND PUBLIC HEALTH ORGANIZATIONS TO PROMOTE COVID-19 VACCINE COMPLIANCE AND ACCESS.

MANY HEALTH PROVIDERS RELY ON VIRTUAL COMMUNICATION WITH PATIENTS TO PROVIDE SERVICES. FOR EXAMPLE, PROVIDERS CLOSED THEIR OFFICES TO PREVENT THE TRANSMISSION OF THE VIRUS DURING THE COVID-19 PANDEMIC. POPULATIONS WITH POOR ACCESS TO VIRTUAL HEALTHCARE TEND TO HAVE HIGHER RATES OF CHRONIC CONDITIONS AND WORSE HEALTH OUTCOMES, SUGGESTING THAT THEY MAY BE PARTICULARLY VULNERABLE TO THE CONSEQUENCES FROM LAPSES IN CARE.

STRATEGY 10: PROVIDE INITIAL FINANCIAL RESOURCES AS SECURED BY A FEDERAL FCC GRANT TO ACQUIRE AND DEPLOY FREE INTERNET TABLETS PRELOADED WITH PATIENT PORTALS AND A WIDE RANGE OF HEALTHCARE RESOURCES.

CHRONIC DISEASE, AGAIN POPULATIONS, AND UNHEALTHY LIFESTYLE HABITS ALL CONNECT TO THE NEED OF ROUTINE HEALTHCARE. PATIENT'S FIRST POINT OF CONTACT FOR NON-URGENT HEALTH CONCERNS SHOULD BE THEIR PRIMARY CARE PHYSICIAN. A SHORTFALL IN THE NUMBER OF HEALTHCARE PROVIDERS HAS MAJOR CONSEQUENCES FOR PATIENTS.

STRATEGY 11: PROVIDE ROBUST MEDICAL SERVICES IN OUR COMMUNITY THROUGH MAINTAINING, RECRUITING AND TRAINING PHYSICIANS AS WELL AS SUPPORTING DELIVERY OF CARE THROUGH ADVANCE NURSE PRACTITIONERS. LEVERAGE TELEHEALTH FOR SERVICES WHERE APPROPRIATE. DELIVER SERVICES IN A WAY THAT PROVIDES THE MOST CONVENIENT ACCESS FOR THE GENERAL COMMUNITY WHILE ALSO OFFERING EXCEPTIONAL PATIENT EXPERIENCE.

SCHEDULE H, PART V, SECTION B, QUESTION 16

THE ORGANIZATION IS AN AFFILIATE WITHIN SHORE MEMORIAL HEALTH SYSTEM AND AFFILIATES; 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://SHOREMEDICALCENTER.ORG/PATIENTS_VISITORS/PATIENTS/INSURANCE/FINANC](https://shoremedicalcenter.org/patients_visitors/patients/insurance/financ)

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.

IAL_ASSISTANCE

Part V

Facility Information (continued)

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

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

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

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

Part VI Supplemental Information

Provide the following information.

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

SCHEDULE H, PART I, LINE 3C

IN ADDITION TO THE FEDERAL POVERTY GUIDELINES, THE ORGANIZATION USES
OTHER FACTORS IN DETERMINING ELIGIBILITY CRITERIA FOR FREE AND DISCOUNTED
CARE. AS OUTLINED IN PART V, SECTION B, QUESTION 13, OTHER FACTORS TO
DETERMINE ELIGIBILITY INCLUDE:

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

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

NEW JERSEY HOSPITAL CHARITY CARE PAYMENT ASSISTANCE PROGRAM ("CHARITY
CARE")

Part VI Supplemental Information

Provide the following information.

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

CHARITY CARE IS A NEW JERSEY PROGRAM IN WHICH FREE OR DISCOUNTED CARE IS AVAILABLE TO PATIENTS WHO RECEIVE INPATIENT AND OUTPATIENT SERVICES AT ACUTE CARE HOSPITALS THROUGHOUT THE STATE OF NEW JERSEY. HOSPITAL ASSISTANCE AND REDUCED CHARGE CARE ARE ONLY AVAILABLE FOR NECESSARY EMERGENCY OR OTHER MEDICALLY NECESSARY CARE.

PATIENTS MAY BE ELIGIBLE FOR CHARITY CARE IF THEY ARE NEW JERSEY RESIDENTS WHO:

- 1) HAVE NO HEALTH COVERAGE OR HAVE COVERAGE THAT PAYS ONLY PART OF THE HOSPITAL BILL (UNINSURED OR UNDERINSURED);
- 2) ARE INELIGIBLE FOR ANY PRIVATE OR GOVERNMENTAL SPONSORED COVERAGE (SUCH AS MEDICAID); AND
- 3) MEET THE FOLLOWING INCOME AND ASSET ELIGIBILITY CRITERIA DESCRIBED

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.

BELOW.

INCOME CRITERIA: PATIENTS WITH FAMILY GROSS INCOME LESS THAN OR EQUAL TO 200% OF FEDERAL POVERTY GUIDELINES ("FPG") ARE ELIGIBLE FOR 100% CHARITY CARE COVERAGE. PATIENTS WITH FAMILY GROSS INCOME GREATER THAN 200% AND LESS THAN OR EQUAL TO 300% OF FPG ARE ELIGIBLE FOR DISCOUNTED CARE. FREE CARE OR PARTIALLY COVERED CHARGES WILL BE DETERMINED BY USE OF THE NEW JERSEY DEPARTMENT OF HEALTH FEE SCHEDULE.

IF PATIENTS ON THE 20% TO 80% SLIDING FEE SCALE ARE RESPONSIBLE FOR QUALIFIED OUT-OF-POCKET PAID MEDICAL EXPENSES IN EXCESS OF 30% OF THEIR GROSS ANNUAL INCOME (I.E. BILLS UNPAID BY OTHER PARTIES), THEN THE AMOUNT IN EXCESS OF 30% IS CONSIDERED HOSPITAL CARE PAYMENT ASSISTANCE.

ASSET CRITERIA: CHARITY CARE INCLUDES ASSET ELIGIBILITY THRESHOLDS WHICH STATES THAT INDIVIDUAL ASSETS CANNOT EXCEED \$7,500 AND FAMILY ASSETS CANNOT EXCEED \$15,000 AS OF THE DATE OF SERVICE.

Part VI Supplemental Information

Provide the following information.

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

CHARITY CARE MAY BE AVAILABLE TO NON-NEW JERSEY RESIDENTS, REQUIRING
IMMEDIATE MEDICAL ATTENTION FOR AN EMERGENCY MEDICAL CONDITION.

NEW JERSEY UNINSURED DISCOUNT PUBLIC LAW 2008, C. 60 ("UNINSURED
DISCOUNT")

THE NEW JERSEY UNINSURED DISCOUNT (NJ LAW - BILL S-1797/A-2609) IS
AVAILABLE TO UNINSURED PATIENTS WHOSE FAMILY GROSS INCOME IS LESS THAN
500% OF FPG. ELIGIBLE INDIVIDUALS MUST BE NEW JERSEY RESIDENTS. HOWEVER,
SMC HAS ELECTED TO APPLY THIS DISCOUNT TO ALL UNINSURED PATIENTS
IRRESPECTIVE OF INCOME LEVEL OR RESIDENCY. SMC OFFERS DISCOUNTED RATES TO
ALL UNINSURED INDIVIDUALS. UNDER THIS PROGRAM, AN ELIGIBLE PATIENT WILL
BE CHARGED AN AMOUNT NO GREATER THAN 115% OF THE MEDICARE FEE SCHEDULE.
UNINSURED BILLING LIMITS ARE IN ACCORDANCE WITH NJ P.L.2008 C60.

Part VI Supplemental Information

Provide the following information.

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

SCHEDULE H, PART I, LINE 6A

NOT APPLICABLE.

SCHEDULE H, PART I, LINE 7

WORKSHEET 2 WAS USED FOR THE COST TO CHARGE RATIO.

SCHEDULE H, PART I, QUESTION 7B

SHORE MEMORIAL HOSPITAL D/B/A SHORE MEDICAL CENTER PARTNERED WITH ATLANTIC COUNTY AND THE STATE OF NEW JERSEY THROUGH A PROVIDER ASSESSMENT MECHANISM TO MAKE THE STATE OF NEW JERSEY MEDICAID PROGRAM HEALTHIER FOR ALL. THE PROGRAM INCREASES FINANCIAL RESOURCES PROVIDED TO CERTAIN HOSPITALS USING THE STATE OF NEW JERSEY'S MEDICAID PROGRAM AND CERTAIN

Part VI Supplemental Information

Provide the following information.

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

FEDERAL MATCHING FUNDS IN ORDER TO BETTER SERVE THE NEEDS IN THE COMMUNITY. THE ADDITIONAL FUNDS RECEIVED FROM THE PROGRAM DURING 2024 TOTALED APPROXIMATELY \$13.5M AND ARE INCLUDED IN SCHEDULE H, PART I; LINE 7B; DIRECT OFFSETTING MEDICAID REVENUE. THE ASSOCIATED COUNTY OPTION EXPENSES ASSOCIATED WITH THE PROGRAM DURING 2024 TOTALED APPROXIMATELY \$5.8M AND ARE INCLUDED IN SCHEDULE H, PART I; LINE 7B; MEDICAID TOTAL COMMUNITY BENEFIT EXPENSE. IN ADDITION, SHORE MEDICAL CENTER RECEIVED QUALITY IMPROVEMENT PROGRAM - NEW JERSEY ("QIP-NJ") FUNDING TO SUPPORT CONTINUED POPULATION HEALTH IMPROVEMENT ACROSS NEW JERSEY. THE ADDITIONAL FUNDS RECEIVED FROM QIP-NJ PROGRAM DURING 2024 TOTALED APPROXIMATELY \$2.2M AND ARE INCLUDED IN SCHEDULE H, PART I; LINE 7B; DIRECT OFFSETTING MEDICAID REVENUE. IF SHORE MEDICAL CENTER DID NOT RECEIVE THESE ADDITIONAL FUNDS, THE NET COMMUNITY BENEFIT EXPENSE REPORTED ON SCHEDULE H, PART I; LINE 7K WOULD BE \$26,072,289 AND THE NET COMMUNITY BENEFIT PERCENTAGE REPORTED ON SCHEDULE H, PART I; LINE K WOULD BE 11.55%.

Part VI Supplemental Information

Provide the following information.

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

SCHEDULE H, PART II

SHORE MEMORIAL HOSPITAL D/B/A SHORE MEDICAL CENTER ("THE MEDICAL CENTER")

IS PROUD TO MAKE A DIFFERENCE IN THE COMMUNITIES WE CALL HOME. OUR

GENEROUS MEDICAL CENTER STAFF HAVE PARTICIPATED IN NUMEROUS EVENTS THAT

SUPPORT AND EXEMPLIFY THE MEDICAL CENTER'S COMMITMENT TO OUR COMMUNITY.

OUR PRIMARY GOAL IS TO CARE FOR AND RESPECT, ALL PATIENTS, THEIR FAMILIES

AND EACH OTHER. ALONG WITH THE SUPERIOR CARE THAT WE DELIVER EVERY DAY,

WE STRIVE TO EDUCATE AND PROMOTE WELLNESS TO THE COMMUNITY THROUGH THE

MANY OUTREACH PROGRAMS WE OFFER. MORE RECENTLY, THE MEDICAL CENTER BECAME

THE FIRST HOSPITAL IN NEW JERSEY AND ONE OF LESS THAN 50 ORGANIZATIONS

WORLDWIDE TO RECEIVE PLANETREE PATIENT-CENTERED CARE DESIGNATION. THE

PLANETREE MODEL OF CARE IS A PATIENT-CENTERED, HOLISTIC APPROACH TO

HEALTHCARE, PROMOTING MENTAL, EMOTIONAL, SPIRITUAL, SOCIAL AND PHYSICAL

HEALING. WE HOPE TO EMPOWER OUR PATIENTS AND FAMILIES THROUGH THE

EXCHANGE OF INFORMATION TO ULTIMATELY ENCOURAGE AND FOSTER HEALING

PARTNERSHIPS WITH CAREGIVERS.

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.

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

BAD DEBT EXPENSE WAS CALCULATED USING THE PROVIDERS' BAD DEBT EXPENSE FROM THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS, NET OF ACCOUNTS WRITTEN OFF AT CHARGES.

SHORE MEMORIAL HEALTH SYSTEM PREPARES AND ISSUES AUDITED CONSOLIDATED FINANCIAL STATEMENTS. THE ATTACHED TEXT WAS OBTAINED FROM THE FOOTNOTES TO THE AUDITED FINANCIAL STATEMENTS OF SHORE MEMORIAL HEALTH SYSTEM & AFFILIATES.

PATIENT ACCOUNTS RECEIVABLE

THE SYSTEM RECOGNIZES A RECEIVABLE WHEN THERE IS AN UNCONDITIONAL RIGHT TO PAYMENT, SUBJECT ONLY TO THE PASSAGE OF TIME. PATIENT ACCOUNTS RECEIVABLE, INCLUDING BILLED ACCOUNTS AND UNBILLED ACCOUNTS, WHICH HAVE THE UNCONDITIONAL RIGHT TO PAYMENT, AND ESTIMATED AMOUNTS DUE FROM

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.

THIRD-PARTY PAYERS FOR RETROACTIVE ADJUSTMENTS, ARE RECORDED AS
 RECEIVABLES SINCE THE RIGHT TO CONSIDERATION IS UNCONDITIONAL AND ONLY
 THE PASSAGE OF TIME IS REQUIRED BEFORE PAYMENT OF THAT CONSIDERATION IS
 DUE. THE ESTIMATED UNCOLLECTIBLE AMOUNTS ARE GENERALLY CONSIDERED
 IMPLICIT PRICE CONCESSIONS THAT ARE RECORDED AS A DIRECT REDUCTION TO
 PATIENT ACCOUNTS RECEIVABLE.

PATIENT SERVICE REVENUE

PATIENT SERVICE REVENUE IS REPORTED AT THE AMOUNTS THAT REFLECT THE
 CONSIDERATION TO WHICH THE SYSTEM IS EXPECTED TO BE ENTITLED TO IN
 EXCHANGE FOR PROVIDING PATIENT CARE FOR BOTH THE MEDICAL CENTER AND ANY
 EMPLOYED PHYSICIANS. THESE AMOUNTS ARE DUE FROM PATIENTS, THIRD-PARTY
 PAYORS (INCLUDING MANAGED CARE ORGANIZATIONS AND GOVERNMENT PROGRAMS,
 I.E., MEDICARE AND MEDICAID) AND OTHERS AND THEY INCLUDE VARIABLE
 CONSIDERATION FOR RETROACTIVE ADJUSTMENTS DUE TO SETTLEMENT OF FUTURE
 AUDITS, REVIEWS, AND INVESTIGATIONS. RETROACTIVE ADJUSTMENTS ARE

Part VI Supplemental Information

Provide the following information.

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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CONSIDERED IN THE RECOGNITION OF REVENUE ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED, AND SUCH AMOUNTS ARE ADJUSTED IN FUTURE PERIODS AS ADJUSTMENTS BECOME KNOWN OR AS YEARS ARE NO LONGER SUBJECT TO SUCH AUDITS, REVIEWS, AND INVESTIGATIONS. GENERALLY, PATIENTS AND THIRD-PARTY PAYORS ARE BILLED SEVERAL DAYS AFTER THE SERVICES ARE PERFORMED OR SHORTLY AFTER DISCHARGE. PATIENT SERVICE REVENUE IS RECOGNIZED IN THE PERIOD IN WHICH THE PERFORMANCE OBLIGATIONS ARE SATISFIED UNDER CONTRACTS BY TRANSFERRING SERVICES TO PATIENTS.

PERFORMANCE OBLIGATIONS ARE DETERMINED BASED ON THE NATURE OF THE SERVICES PROVIDED. THE SYSTEM RECOGNIZES REVENUES FOR PERFORMANCE OBLIGATIONS SATISFIED OVER TIME BASED ON ACTUAL CHARGES INCURRED IN RELATION TO TOTAL EXPECTED CHARGES. THE SYSTEM BELIEVES THAT THIS METHOD PROVIDES AN APPROPRIATE DEPICTION OF THE TRANSFER OF SERVICES OVER THE TERM OF PERFORMANCE OBLIGATIONS BASED ON THE INPUTS NEEDED TO SATISFY THE OBLIGATIONS. GENERALLY, PERFORMANCE OBLIGATIONS ARE SATISFIED OVER TIME RELATED TO PATIENTS RECEIVING INPATIENT ACUTE CARE SERVICES. THE SYSTEM MEASURES PERFORMANCE OBLIGATIONS FROM ADMISSION TO THE POINT WHEN THERE

Part VI Supplemental Information

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ARE NO FURTHER SERVICES REQUIRED FOR THE PATIENT, WHICH IS GENERALLY THE TIME OF DISCHARGE. THE SYSTEM RECOGNIZES REVENUES FOR PERFORMANCE OBLIGATIONS SATISFIED AT A POINT IN TIME, WHICH GENERALLY RELATE TO PATIENTS RECEIVING OUTPATIENT SERVICES, WHEN: (1) SERVICES ARE PROVIDED; AND (2) WHEN IT IS BELIEVED THE PATIENT DOES NOT REQUIRE ADDITIONAL SERVICES.

THE SYSTEM HAS AGREEMENTS WITH THIRD-PARTY PAYORS THAT PROVIDE FOR PAYMENTS TO THE SYSTEM AT AMOUNTS DIFFERENT FROM ESTABLISHED CHARGES. INPATIENT ACUTE CARE SERVICES FOR MEDICARE AND MEDICAID BENEFICIARIES AND OUTPATIENT SERVICES FOR MEDICARE BENEFICIARIES ARE PAID PRIMARILY AT PROSPECTIVELY DETERMINED RATES. THESE RATES VARY ACCORDING TO PATIENT CLASSIFICATION SYSTEMS THAT ARE BASED ON CLINICAL, DIAGNOSTIC, AND OTHER FACTORS.

CERTAIN OUTPATIENT SERVICES FOR MEDICAID BENEFICIARIES ARE PAID BASED ON A COST-REIMBURSEMENT METHODOLOGY, SUBJECT TO CERTAIN LIMITATIONS. THE SYSTEM IS REIMBURSED FOR COST REIMBURSABLE AND OTHER ITEMS AT A TENTATIVE

Part VI Supplemental Information

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RATE, WITH FINAL SETTLEMENT DETERMINED AFTER SUBMISSION OF ANNUAL COST REPORTS BY THE SYSTEM AND AUDITS THEREOF, BY THE PROGRAMS' FISCAL INTERMEDIARY. PROVISIONS FOR ESTIMATED ADJUSTMENTS RESULTING FROM AUDIT AND FINAL SETTLEMENTS HAVE BEEN RECORDED. DIFFERENCES BETWEEN THE ESTIMATED ADJUSTMENTS AND THE AMOUNTS SETTLED ARE RECORDED IN THE YEAR OF SETTLEMENT. THE SYSTEM'S COST REPORTS HAVE NOT BEEN SETTLED BY THE FISCAL INTERMEDIARIES FOR THE YEARS ENDED DECEMBER 31, 2019 THROUGH DECEMBER 31, 2020.

IN THE OPINION OF MANAGEMENT, ADEQUATE PROVISION HAS BEEN MADE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS FOR ANY ADJUSTMENTS THAT MAY RESULT FROM THE FINAL SETTLEMENT OF THE SYSTEM'S COST REPORTS. FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023, PATIENT SERVICE REVENUE INCLUDES REVENUE OF APPROXIMATELY \$685,000 AND \$3,308,000, RESPECTIVELY, RELATED TO FAVORABLE FINAL SETTLEMENTS OF PRIOR YEAR COST REPORTS AND OTHER CHANGES IN ESTIMATES.

LAWS AND REGULATIONS GOVERNING THE MEDICARE AND MEDICAID PROGRAMS ARE

Part VI Supplemental Information

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EXTREMELY COMPLEX AND SUBJECT TO INTERPRETATION. AS A RESULT, THERE IS AT LEAST A REASONABLE POSSIBILITY THAT RECORDED ESTIMATES WILL CHANGE BY A MATERIAL AMOUNT IN THE NEAR TERM. THE SYSTEM BELIEVES THAT IT IS IN COMPLIANCE WITH ALL APPLICABLE LAWS AND REGULATIONS AND IS NOT AWARE OF ANY PENDING OR THREATENED INVESTIGATIONS INVOLVING ALLEGATIONS OF POTENTIAL WRONGDOING THAT WOULD HAVE A MATERIAL ADVERSE EFFECT ON THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. WHILE NO SUCH REGULATORY INQUIRIES HAVE BEEN MADE, COMPLIANCE WITH SUCH LAWS AND REGULATIONS CAN BE SUBJECT TO FUTURE GOVERNMENT REVIEW AND INTERPRETATIONS AS WELL AS SIGNIFICANT REGULATORY ACTION INCLUDING FINES, PENALTIES, AND EXCLUSION FROM THE MEDICARE AND MEDICAID PROGRAMS.

THE SYSTEM HAS ALSO ENTERED INTO PAYMENT AGREEMENTS WITH CERTAIN COMMERCIAL INSURANCE CARRIERS AND HEALTH MAINTENANCE ORGANIZATIONS. THE BASIS FOR PAYMENT TO THE SYSTEM UNDER THESE AGREEMENTS INCLUDES PROSPECTIVELY DETERMINED RATES PER DISCHARGE, DISCOUNTS FROM ESTABLISHED CHARGES, AND PROSPECTIVELY DETERMINED DAILY RATES. THESE AGREEMENTS HAVE RETROSPECTIVE AUDIT CLAUSES ALLOWING THE PAYOR TO REVIEW AND ADJUST

Part VI Supplemental Information

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

CLAIMS SUBSEQUENT TO INITIAL PAYMENT.

THE SYSTEM RECOGNIZES PATIENT SERVICE REVENUE ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY PAYOR COVERAGE ON THE BASIS OF THE CONTRACTUAL RATES FOR THE SERVICES RENDERED. FOR UNINSURED PATIENTS THAT DO NOT QUALIFY FOR THE STATE CHARITY CARE ASSISTANCE PROGRAM, THE SYSTEM RECOGNIZES REVENUE ON THE BASIS OF DISCOUNTED RATES UNDER THE UNINSURED SELF PAY PATIENT DISCOUNT POLICY. UNDER THIS POLICY, UNINSURED PATIENTS THAT ARE INELIGIBLE FOR ANY GOVERNMENT ASSISTANCE PROGRAM ARE BILLED AT REDUCED CHARGES COMPARABLE TO THE COST OF PROVIDING CARE BASED UPON THE SYSTEM-SPECIFIC MEDICARE COST TO CHARGE RATIO. THE IMPACT OF THIS UNINSURED SELF PAY DISCOUNT POLICY ON THE CONSOLIDATED FINANCIAL STATEMENTS IS LOWER PATIENT SERVICE REVENUE, AS THE DISCOUNT IS CONSIDERED A PRICING CONSTRAINT.

DEDUCTIBLES AND COPAYMENTS UNDER THIRD-PARTY PAYMENT PROGRAMS WITHIN THE THIRD-PARTY PAYOR AMOUNTS ABOVE ARE THE PATIENTS' RESPONSIBILITY, AND THE SYSTEM CONSIDERS THESE AMOUNTS IN ITS DETERMINATION OF THE IMPLICIT PRICE

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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.

CONCESSIONS BASED ON COLLECTION EXPERIENCE.

THE SYSTEM IS ALSO ELIGIBLE TO RECEIVE ADDITIONAL MEDICAID FUNDING UNDER THE NEW JERSEY COUNTY OPTION HOSPITAL FEE PROGRAM. THIS PROGRAM IS ADMINISTERED THROUGH THE NEW JERSEY DEPARTMENT OF HUMAN SERVICES-DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES FOR ATLANTIC COUNTY, NEW JERSEY. THE PROGRAM REQUIRES THAT PARTICIPATING HOSPITALS PAY QUARTERLY ASSESSED FEES BASED ON ESTIMATED MEDICAID UTILIZATION DATA WITHIN THE COUNTY, AND SUCH PAYMENTS ARE THEN POOLED WITH FEDERAL MEDICAID MATCHING FUNDS AND REDISTRIBUTED TO THE PARTICIPATING HOSPITALS AS STATE DIRECTED PAYMENTS. THE STATE DIRECTED PAYMENTS ARE SUBJECT TO AN ANNUAL SETTLEMENT BASED ON ACTUAL MEDICAID UTILIZATION DATA AND OTHER FACTORS. FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023, THE SYSTEM PAID ASSESSMENTS OF \$5,778,277 AND \$4,598,488, WHICH ARE INCLUDED IN SUPPLIES AND OTHER EXPENSES IN THE CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS AND RECEIVED MEDICAID STATE DIRECTED PAYMENTS OF \$13,492,544 AND \$15,608,524, WHICH ARE INCLUDED IN PATIENT SERVICE REVENUE IN THE CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS.

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.

SCHEDULE H, PART III, LINE 8

MEDICARE COSTS WERE DERIVED FROM THE 2024 MEDICARE COST REPORT.

THE ORGANIZATION FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL), BAD DEBT AND ASSOCIATED COSTS ARE COMMUNITY BENEFIT AND ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. AS OUTLINED MORE FULLY BELOW, THE ORGANIZATION BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE HEALTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES AND MISSION IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY AND CONSISTENT WITH THE COMMUNITY BENEFIT STANDARD PROMULGATED BY THE IRS. THE COMMUNITY BENEFIT STANDARD IS THE CURRENT STANDARD FOR A HOSPITAL FOR RECOGNITION AS A TAX-EXEMPT AND CHARITABLE ORGANIZATION UNDER INTERNAL REVENUE CODE ("IRC") §501(C)(3).

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

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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IN 1956, THE IRS ISSUED REVENUE RULING 56-185, WHICH ADDRESSED THE REQUIREMENTS HOSPITALS NEEDED TO MEET IN ORDER TO QUALIFY FOR IRC §501(C)(3) STATUS. ONE OF THESE REQUIREMENTS IS KNOWN AS THE "CHARITY CARE STANDARD." UNDER THE STANDARD, A HOSPITAL MUST PROVIDE, TO THE EXTENT OF ITS FINANCIAL ABILITY, FREE OR REDUCED-COST CARE TO PATIENTS WHO CANNOT PAY FOR SUCH SERVICES. A HOSPITAL THAT EXPECTED FULL PAYMENT DID NOT, ACCORDING TO THE RULING, PROVIDE CHARITY CARE BASED ON THE FACT THAT SOME PATIENTS ULTIMATELY FAILED TO PAY. THE RULING EMPHASIZED THAT A LOW LEVEL OF CHARITY CARE DID NOT NECESSARILY MEAN THAT A HOSPITAL HAD FAILED TO MEET THE REQUIREMENT SINCE THAT LEVEL COULD REFLECT ITS FINANCIAL ABILITY TO PROVIDE SUCH CARE. THE RULING ALSO NOTED THAT PUBLICLY SUPPORTED COMMUNITY HOSPITALS WOULD NORMALLY QUALIFY AS CHARITABLE ORGANIZATIONS BECAUSE THEY SERVE THE ENTIRE COMMUNITY AND A LOW LEVEL OF CHARITY CARE WOULD NOT AFFECT A HOSPITAL'S EXEMPT STATUS IF IT WAS DUE TO THE SURROUNDING COMMUNITY'S LACK OF CHARITABLE DEMANDS.

COMMUNITY BENEFIT STANDARD

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

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

THE RULING INVOLVED A HOSPITAL THAT ONLY ADMITTED INDIVIDUALS WHO COULD PAY FOR THE SERVICES (BY THEMSELVES, PRIVATE INSURANCE, OR PUBLIC PROGRAMS SUCH AS MEDICARE), BUT OPERATED A FULL-TIME EMERGENCY ROOM THAT WAS OPEN TO EVERYONE. THE IRS RULED THAT THE HOSPITAL QUALIFIED AS A CHARITABLE ORGANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUNITY. THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A CHARITABLE PURPOSE ACCORDING TO THE GENERAL LAW OF CHARITY, IT FELL WITHIN THE "GENERALLY ACCEPTED LEGAL SENSE" OF THE TERM "CHARITABLE," AS REQUIRED BY THE DEPARTMENT OF TREASURY REG. §1.501(C)(3)-1(D)(2). THE IRS RULING STATED THAT THE PROMOTION OF HEALTH, LIKE THE RELIEF OF POVERTY AND THE ADVANCEMENT OF EDUCATION AND RELIGION, IS ONE OF THE PURPOSES IN

Part VI Supplemental Information

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THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE EVEN THOUGH THE CLASS OF BENEFICIARIES ELIGIBLE TO RECEIVE A DIRECT BENEFIT FROM ITS ACTIVITIES DOES NOT INCLUDE ALL MEMBERS OF THE COMMUNITY, SUCH AS INDIGENT MEMBERS OF THE COMMUNITY, PROVIDED THAT THE CLASS IS NOT SO SMALL THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUNITY.

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

THE AMERICAN HOSPITAL ASSOCIATION ("AHA") FEELS THAT MEDICARE

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UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. THIS ORGANIZATION AGREES WITH THE AHA'S POSITION. AS OUTLINED IN THE AHA'S LETTER TO THE IRS DATED AUGUST 21, 2007 WITH RESPECT TO THE FIRST PUBLISHED DRAFT OF THE NEW FORM 990 AND SCHEDULE H, THE AHA FELT THAT THE IRS SHOULD INCORPORATE THE FULL VALUE OF THE COMMUNITY BENEFIT THAT HOSPITALS PROVIDE BY COUNTING MEDICARE UNDERPAYMENTS (SHORTFALL) AS QUANTIFIABLE COMMUNITY BENEFIT FOR THE FOLLOWING REASONS:

- PROVIDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN ESSENTIAL PART OF THE COMMUNITY BENEFIT STANDARD.
- MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE. MEDICARE REIMBURSES HOSPITALS APPROXIMATELY 80 CENTS FOR EVERY DOLLAR THEY SPEND TO TAKE CARE OF MEDICARE PATIENTS.
- MANY MEDICARE BENEFICIARIES, LIKE THEIR MEDICAID COUNTERPARTS, ARE POOR. MORE THAN 42 PERCENT OF MEDICARE SPENDING IS FOR BENEFICIARIES

Part VI Supplemental Information

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WHOSE INCOME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL. MANY OF
THOSE MEDICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID -- SO CALLED
"DUAL ELIGIBLE."

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

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

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- A SIGNIFICANT MAJORITY OF BAD DEBT IS ATTRIBUTABLE TO LOW-INCOME PATIENTS, WHO, FOR MANY REASONS, DECLINE TO COMPLETE THE FORMS REQUIRED TO ESTABLISH ELIGIBILITY FOR HOSPITALS' CHARITY CARE OR THOSE WHO DO NOT PAY ALL, OR A PORTION OF THE ALREADY DISCOUNTED BILLED AMOUNTS UNDER OUR FINANCIAL ASSISTANCE POLICY. 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

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

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

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SCHEDULE H, PART III, LINE 9B

ACCOUNTS CONSIDERED TO BE CHARITY CARE ARE NOT INCLUDED IN THE BAD DEBT EXPENSE, BUT RATHER, ACCOUNTED FOR AS AN ALLOWANCE.

SHORE MEDICAL CENTER PROVIDES A FULL-RANGE OF HEALTHCARE SERVICES TO OUR COMMUNITY REGARDLESS OF THE PATIENT'S ABILITY TO PAY. WE RECOGNIZE THAT A CRITICAL PART OF PROVIDING HEALTHCARE SERVICES INCLUDES MITIGATING CONCERNS OUR PATIENTS MAY HAVE RELATED TO BILLING MATTERS. THIS BUSINESS PHILOSOPHY IS OUR COMMITMENT TO THE COMMUNITY, PATIENTS AND FAMILY MEMBERS WE SERVE. THIS COMMITMENT RUNS PARALLEL TO OUR NOT FOR PROFIT MISSION AND IS EVIDENCED BY THE FOLLOWING PROACTIVE MEASURES TAKEN BY SHORE MEDICAL CENTER TO PROVIDE FINANCIAL ASSISTANCE TO OUR PATIENTS.

SHORE MEDICAL CENTER HAS A DISCOUNT PROGRAM TO ASSIST PATIENTS WHO ARE LEAST ABLE TO PAY. THE POLICY IS DESIGNED TO PROVIDE FINANCIAL RELIEF TO OUR SELF-PAY POPULATION BY REDUCING THE HOSPITAL'S STANDARD CHARGE FOR SERVICES RENDERED. AT THE TIME OF BILLING THE PATIENT, THE CHARGES ARE

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REDUCED TO AN ESTIMATED COST OF SERVICES. THE HOSPITAL ALSO ENSURES THAT ALL PATIENTS RECEIVE INFORMATION PERTAINING TO THE STATE CHARITY CARE PROGRAM FOR THE UNINSURED AND UNDER-INSURED. TO INQUIRE ABOUT SHORE'S SELF-PAY BILLING AND DISCOUNT POLICY, CHARITY CARE OR PAYMENT ARRANGEMENTS, PATIENTS MAY CONTACT THE PATIENT FINANCIAL SERVICES CREDIT AND COLLECTIONS OFFICE.

SHORE MEDICAL CENTER ALSO OFFERS FINANCIAL COUNSELING AND SCREENING FOR PATIENTS TO ENSURE THAT ANY POTENTIAL THIRD PARTY COVERAGE UNDER OTHER GOVERNMENT PROGRAMS, SUCH AS MEDICAID, CAN BE IDENTIFIED. THIS SERVICE IS PROVIDED AT NO COST TO THE PATIENT.

BILLING & COLLECTIONS

THE ORGANIZATION ABIDES BY PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE. THESE PROVISIONS INCLUDE THE FOLLOWING:

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THE HOSPITAL APPROVES PAYMENT ARRANGEMENTS FOR OUR PATIENTS WHO CANNOT PAY THEIR BILLS IN FULL. THESE PAYMENT ARRANGEMENTS CAN BE TAILORED TO THE INDIVIDUAL NEEDS OF THE PATIENT. WE DO NOT CHARGE ADDITIONAL FEES IN THE FORM OF INTEREST FOR CARRYING THE BALANCES BEING PAID UNDER THESE ARRANGEMENTS.

THE ACCOUNTS OF PATIENTS FOR WHICH THERE IS NO IDENTIFIED THIRD PARTY INSURANCE WILL FOLLOW A PREDEFINED SELF-PAY COLLECTION CYCLE. ANY REMAINING UNPAID ACCOUNTS THAT ARE NOT IN THE PROCESS OF MAKING PAYMENT ARRANGEMENTS AFTER A DEFINED SELF-PAY COLLECTION CYCLE OF 120 DAYS WILL BE TRANSFERRED TO A THIRD PARTY AGENCY FOR COLLECTION. THE ACCOUNT WILL REMAIN WITH THIS AGENCY FOR 180 DAYS. AFTER THIS TIME PERIOD, WITHOUT ANY AGREED UPON PAYMENT ARRANGEMENTS TO SATISFY THE UNPAID BALANCE, THE ACCOUNT WILL BE TRANSFERRED TO ANOTHER THIRDS PARTY COLLECTION AGENCY. AT THIS TIME, THE UNPAID BALANCE MAY BE REPORTED TO A CREDIT AGENCY, AND AS SUCH, APPEAR ON THE ACCOUNT GUARANTOR'S CREDIT REPORT.

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SHORE MEDICAL CENTER PURSUES COLLECTION OF BALANCES RIGHTFULLY OWED BY PATIENTS FOR SERVICES RENDERED AND CONTRACTS WITH THIRD PARTY COLLECTION AGENCIES FOR THE PURPOSE OF COLLECTING DELINQUENT ACCOUNT BALANCES. THE COLLECTION AGENCIES OPERATE UNDER THE FEDERAL FAIR DEBT, CREDIT AND COLLECTION GUIDELINES.

COLLECTION AGENCY ACTIVITY IS CLOSELY MONITORED BY THE HOSPITAL TO ENSURE THAT PATIENT COLLECTION EFFORTS ARE APPROPRIATE AND IN-LINE WITH OUR CUSTOMER SERVICE PHILOSOPHY.

ALL PATIENT COMPLAINTS REGARDING DISSATISFACTION WITH SERVICES RENDERED OR BILLING ISSUES ARE HANDLED PROMPTLY AND IN A COURTEOUS MANNER TO ENSURE THAT CUSTOMER SERVICE REMAINS THE FOCUS OF ANY PATIENT CONCERN. ALL COMPLAINTS ARE CONSIDERED VALID AND PATIENT FEEDBACK IS WELCOME WITH RESPECT TO DISPUTED MATTERS.

THE HOSPITAL ABSORBS A SIGNIFICANT AMOUNT OF BAD DEBT ANNUALLY (BALANCES DUE BY PATIENTS THAT ARE INTENTIONALLY NOT PAID), OR ARE INCURRED AS A

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RESULT OF MITIGATING CIRCUMSTANCES, BANKRUPTCY FILINGS AND OTHER
COLLECTION MATTERS.

SCHEDULE H, PART VI; QUESTION 2

IN ADDITION TO THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS OUTLINED IN
SCHEDULE H, SECTION B, AND QUESTIONS 1-12 AND SECTION C, THE ORGANIZATION
TOOK THE FOLLOWING STEPS TO ENSURE THAT THE CHNA WAS MANAGED IN A LOGICAL
AND EFFECTIVE MANNER INCLUDING THE FOLLOWING:

- SELECTED QUALITY DATA SOURCES FROM KEY ORGANIZATION SUCH AS U.S. CENSUS
BUREAU, NEW JERSEY DEPARTMENT OF HEALTH, AMERICAN CANCER SOCIETY, ETC.
- DEFINED THE COMMUNITY THAT WE SERVE THROUGH ZIP CODE ANALYSIS OF THE
HOSPITAL CATCHMENT AREA
- DEVELOPED AND ADMINISTERED A COMMUNITY SURVEY IN AN EFFORT TO GAIN THE
COMMUNITY'S INPUT

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- PRIORITIZED THE HEALTH AND HEALTH-RELATED PROBLEMS BASED ON RELEVANT
STATISTICS AND COMMUNITY'S CONCERN

THE GUIDES AND EXPERT ADVICE FOR THE CONDUCTING THE ASSESSMENT INCLUDED:

- SCHEDULE H (FORM 990) BY THE US DEPARTMENT OF THE TREASURY, INTERNAL
REVENUE SERVICE
- DEVELOPED AN INTERNAL COMMITTEE FOR THE REVISION PROCESS

IN ADDITION, THE ORGANIZATION REFERENCED KEY QUANTITATIVE SOURCES OF DATA
IN ORDER TO ASSESS THE HEALTH NEEDS OF ITS COMMUNITY. INCLUDED BELOW ARE
THE DATA SOURCES USED BY THE ORGANIZATION:

- AMERICAN DIABETES ASSOCIATION
- CENTERS FOR DISEASE CONTROL AND PREVENTION
- COUNTY HEALTH RANKINGS, UNIVERSITY OF WISCONSIN

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- MAYO CLINIC
- NATIONAL CANCER INSTITUTE
- NATIONAL INSTITUTE OF DRUG ABUSE
- NATIONAL INSTITUTE OF HEALTH
- NEW JERSEY STATE HEALTH ASSESSMENT DATA
- NEW JERSEY CANCER REGISTRY
- NEW JERSEY DEPARTMENT OF HEALTH
- THE STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES
- UNITED STATES CENSUS BUREAU

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.

Part VI Supplemental Information

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

THESE DOCUMENTS ARE WIDELY PUBLICIZED IN THE FOLLOWING WAYS:

(1) THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY ("FAP"), FINANCIAL ASSISTANCE APPLICATION ("APPLICATION") AND PLAIN LANGUAGE SUMMARY ("PLS") ARE ALL AVAILABLE ON-LINE AT THE FOLLOWING WEBSITE:
[HTTPS://SHOREMEDICALCENTER.ORG/PATIENTS_VISITORS/PATIENTS/INSURANCE/FINANCIAL_ASSISTANCE](https://shoremedicalcenter.org/patients_visitors/patients/insurance/financial_assistance)

(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.

(3) THE ORGANIZATION'S FAP, APPLICATION AND PLS ARE AVAILABLE IN ENGLISH AND IN THE PRIMARY LANGUAGE OF POPULATIONS WITH LIMITED PROFICIENCY IN ENGLISH ("LEP") THAT CONSTITUTE THE LESSER OF 1,000 INDIVIDUALS OR 5% OF THE COMMUNITY SERVED.

(4) SIGNS OR DISPLAYS ARE CONSPICUOUSLY POSTED IN PUBLIC HOSPITAL

Part VI Supplemental Information

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LOCATIONS THAT NOTIFY AND INFORM PATIENTS ABOUT THE AVAILABILITY OF
FINANCIAL ASSISTANCE.

(5) THE ORGANIZATION ALSO MAKES REASONABLE EFFORTS TO INFORM MEMBERS OF
THE COMMUNITY ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE.

SHORE MEDICAL CENTER HAS ENGAGED A THIRD PARTY TO PROVIDE EDUCATION AND
ELIGIBILITY PROCESSING FOR FINANCIAL ASSISTANCE AND MEDICAID ELIGIBILITY.
THIS THIRD PARTY MEETS WITH INPATIENTS, THEIR FAMILIES AND WALK IN
PATIENTS TO PROVIDE ALL NECESSARY GUIDANCE FOR THE PATIENT FINANCIAL
NEEDS. IN ADDITION, THEY ALSO MAKE HOUSE CALLS FOR THOSE THAT NEED
FURTHER ASSISTANCE AND HELP IN GETTING TO THE AGENCIES NECESSARY TO
COMPLETE STATE APPLICATIONS. THE MEDICAL CENTER ALSO HAS AN ADDITIONAL 4
INDIVIDUALS THAT HELP PATIENTS COMPLETE THESE FORMS IN THE BUSINESS
OFFICE, EMERGENCY DEPARTMENT AND THE ADMISSIONS OFFICE.

Part VI Supplemental Information

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SCHEDULE H, PART VI; QUESTION 4

SHORE MEDICAL CENTER IS LOCATED IN SOMERS POINT, ATLANTIC COUNTY, NEW JERSEY, APPROXIMATELY 10 MILES SOUTH OF ATLANTIC CITY, NEW JERSEY. THE MEDICAL CENTER SERVES THE HEALTHCARE NEEDS OF BOTH THE YEAR ROUND AND SUMMER RESIDENTS OF ATLANTIC AND CAPE MAY COUNTIES AS WELL AS SEASONAL VISITORS FROM OTHER COMMUNITIES AND STATES.

THE FOLLOWING DEMOGRAPHICS WERE CITED IN THE ORGANIZATION'S MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT:

- POPULATION HAS BEEN FAIRLY CONSISTENT IN NEW JERSEY, ATLANTIC COUNTY AND CAPE MAY COUNTY OVER THE LAST TEN YEARS. SLIGHT INCREASES BETWEEN 2010 AND 2015 OCCURRED AND SLIGHT DECREASES BETWEEN 2015 AND 2020 OCCURRED. IN 2020, ATLANTIC COUNTY'S POPULATION WAS 264,650 AND CAPE MAY COUNTY'S POPULATION WAS 92,701 WITH SLIGHTLY MORE THAN HALF OF THE POPULATION BEING FEMALE.

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- THE MEDIAN AGE IN 2020 WAS 47.8 FOR ATLANTIC COUNTY AND 50.3 FOR CAPE MAY COUNTY. THE POPULATION IS GROWING OLDER. A NOTABLE DIFFERENCE BETWEEN THE COUNTIES CAN BE SEEN WITH OVER ONE-QUARTER OR 26.6% OF CAPE MAY COUNTY BEING OVER 65. THE SAME CAN BE SEEN WITH UNDER 18 AS 17.5% OF CAPE MAY COUNTY IS UNDER 18 YEARS OF AGE.

- THE TWO COUNTIES LOOK DIFFERENT IN REGARDS TO RACE AND ETHNICITY. ATLANTIC COUNTY HAS A HIGHER PERCENTAGE OF BLACK/AFRICAN AMERICANS, HISPANIC/LATINO, AND ASIAN POPULATIONS, WHEREAS CAPE MAY COUNTY IS PREDOMINATELY WHITE WITH SMALLER AMOUNTS OF MINORITY POPULATIONS. IT IS IMPORTANT TO NOTE THAT CAPE MAY COUNTY'S MINORITY POPULATION HAS GROWN OVER THE LAST TEN YEARS. THE BREAKDOWN IS AS FOLLOWS: ATLANTIC COUNTY: 54.22% WHITE; 19.57% HISPANIC/LATINO; 14.21% BLACK/AFRICAN AMERICAN; AND 7.85% ASIAN. CAPE MAY COUNTY: 84.02% WHITE; 9.37% ASIAN; 7.84% HISPANIC/LATINO; AND 3.47% BLACK/AFRICAN AMERICAN.

- ATLANTIC COUNTY IS SLIGHTLY LOWER AND CAPE MAY COUNTY IS SLIGHTLY HIGHER IN REGARDS TO EDUCATIONAL ATTAINMENT COMPARED TO NEW JERSEY. THE

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PERCENTAGES ARE VERY CLOSE BETWEEN MEN AND WOMEN. EVEN THOUGH THE HIGH SCHOOL DIPLOMA OR EQUIVALENCY PERCENTAGE IS HIGH THIS STILL LEAVES APPROXIMATELY TWENTY-TWO THOUSAND ATLANTIC COUNTY RESIDENTS AND FORTY-SIX HUNDRED CAPE MAY COUNTY RESIDENTS WITH LESS THAN A HIGH SCHOOL EDUCATION. IT SEEMS THAT MANY OF THE RESIDENTS WITH LOWER EDUCATIONAL LEVELS MOVE INTO OUR COMMUNITY. IN ATLANTIC COUNTY 70% AND IN CAPE MAY COUNTY 60% OF PEOPLE WITHOUT A HIGH SCHOOL DIPLOMA/EQUIVALENCY WERE BORN OUTSIDE OF THE COUNTY IN ANOTHER STATE OR COUNTRY.

- APPROXIMATELY 72.7% OF ALL ATLANTIC COUNTY RESIDENTS AND 91.8% OF CAPE MAY COUNTY RESIDENTS SPEAK ONLY ENGLISH. THE MOST COMMON LANGUAGE OTHER THAN ENGLISH IS SPANISH. THE CONCERN IS ISOLATED HOUSEHOLDS IN WHICH ENGLISH IS LIMITED. IN ATLANTIC COUNTY 5.0% OF ALL HOUSEHOLDS ARE LIMITED ENGLISH-SPEAKING HOUSEHOLDS WITH THE MOST NUMBER OF HOUSEHOLDS SPEAKING SPANISH AND ASIAN/PACIFIC ISLAND LANGUAGES. IN CAPE MAY COUNTY 1.0% OF ALL HOUSEHOLDS ARE LIMITED ENGLISH-SPEAKING HOUSEHOLDS WITH THE MOST NUMBER OF HOUSEHOLDS SPEAKING SPANISH, OTHER INDO-EUROPEAN LANGUAGES AND ASIAN/PACIFIC ISLAND LANGUAGES. IT IS IMPORTANT TO NOTE THAT NOT ALL

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PEOPLE LIVING IN OUR COMMUNITY ARE COUNTED IN SURVEYS. IT IS ESTIMATED THAT THERE WERE ABOUT TWELVE THOUSAND UNDOCUMENTED IMMIGRANTS LIVING IN ATLANTIC COUNTY IN 2017.

- FINANCIAL CONSTRAINT CAN BE A BARRIER. BOTH ATLANTIC AND CAPE MAY COUNTIES HAVE LOWER INCOME LEVELS WHEN COMPARED TO NEW JERSEY. THE 2020 AMERICAN COMMUNITY SURVEY REPORTS: ATLANTIC COUNTY'S MEDIAN INCOME IS 63,680; MEAN INCOME IS 88,111; POVERTY STATUS AT 13.5% AND 29.3% OF HOUSEHOLDS RECEIVE ASSISTANCE. CAPE MAY COUNTY'S MEDIAN INCOME IS 72,385; MEAN INCOME IS 99,103; POVERTY STATUS AT 9.9% AND 21.0% OF HOUSEHOLDS RECEIVE ASSISTANCE.

IT IS ALSO FOUND THAT BLACK/AFRICAN AMERICANS, HISPANIC/LATINO, WOMEN WITH CHILDREN AND NO SPOUSE LIVING IN THE HOME, AS WELL AS OTHER MINORITY GROUPS ARE CONSISTENTLY EXPERIENCING LOWER INCOMES, HIGHER POVERTY STATUS AND NEED PUBLIC ASSISTANCE MORE OFTEN. CHILDREN UNDER EIGHTEEN EXPERIENCE THE GREATEST LEVEL OF POVERTY WITH ATLANTIC COUNTY AT 19.9% AND CAPE MAY COUNTY AT 14.5%.

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HOUSING AFFORDABILITY CAN ALSO CAUSE DIFFICULTIES FINANCIALLY. HOME COSTS CAN TAKE A SIGNIFICANT AMOUNT FROM A FAMILY'S AVAILABLE INCOME. IN ATLANTIC COUNTY THE MEDIAN HOUSEHOLD MORTGAGE IS \$23,784 PER YEAR WITH 26.9% OF MORTGAGES FALLING BETWEEN \$1,500 AND \$1,999 PER MONTH. THE MEDIAN HOUSEHOLD RENTER COST IS \$10,596 PER YEAR WITH 49.9% FALLING BETWEEN \$600 AND \$999 PER MONTH. IN CAPE MAY COUNTY THE MEDIAN HOUSEHOLD MORTGAGE IS \$22,152 PER YEAR WITH 29.0% OF MORTGAGES FALLING BETWEEN \$1,500 AND \$1,999 PER MONTH. THE MEDIAN HOUSEHOLD RENTER COST IS \$9,624 PER YEAR WITH 50.3% FALLING BETWEEN \$600 AND \$999 PER MONTH. THE NUMBERS ILLUSTRATE HOW DIFFICULT IT CAN BE FOR LOWER INCOME POPULATIONS TO BE ABLE TO AFFORD THEIR OWN HOME. RENTERS MAY ALSO BE MORE LIKELY TO SHARE HOUSING WITH OTHER NONFAMILY MEMBERS.

- IN 2020, ATLANTIC COUNTY HAD APPROXIMATELY 11-12 THOUSAND VETERANS. THIS IS 5.5% OF THE POPULATION WITH A MAJORITY BEING VIETNAM ERA VETERANS AT 38.5%. IN CAPE MAY COUNTY THERE WERE APPROXIMATELY 6-7 THOUSAND VETERANS WITH A MAJORITY ALSO BEING FROM THE VIETNAM ERA AT 38.0%. IT IS

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IMPORTANT TO NOTE THAT THERE ARE ALSO A CONSIDERABLE NUMBER OF GULF WAR VETERANS AS WELL AND KOREAN WAR VETERANS.

- AMERICANS WHO DO NOT HAVE HEALTH INSURANCE ARE LESS LIKELY TO RECEIVE ANNUAL PREVENTIVE CARE SUCH AS ROUTINE EXAMS AND SCREENINGS FOR CHRONIC DISEASE OR ACCESS TO MEDICATION. THESE INDIVIDUALS OFTEN RECEIVE DELAYED TREATMENT, HAVE POORER HEALTH OUTCOMES AND PREMATURE MORTALITY. POPULATIONS SUCH AS RACIAL AND ETHNIC MINORITIES AND LOWER-INCOME ADULTS ARE AT GREATER RISK FOR NOT HAVING HEALTH INSURANCE. APPROXIMATELY 15,000 PEOPLE IN ATLANTIC COUNTY AND 4,500 PEOPLE IN CAPE MAY COUNTY DO NOT HAVE HEALTH INSURANCE. HIGHER PERCENTAGES OF MEN ARE WITHOUT HEALTH INSURANCE.

- OBESITY IS A COMMON, SERIOUS CHRONIC DISEASE THAT HAS BECOME A SIGNIFICANT PROBLEM. IN NEW JERSEY, OVER THE LAST TEN YEARS OBESITY RATES INCREASED 40%. THIS CALCULATES TO ONE IN FOUR ADULTS OR 24.6% OF THE ADULT POPULATION BEING OBESE. IF OBESITY RATES CONTINUE TO RISE AT THIS RATE NEARLY HALF OF NEW JERSEY WILL BE OBESE BY 2030. ACCORDING TO NEW JERSEY STATE HEALTH ASSESSMENT DATA, ATLANTIC AND CAPE MAY COUNTY FALL

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INTO THESE SAME PERCENTAGES. THE NEW JERSEY BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (NJBRFSS) ESTIMATES THAT 30% OF ATLANTIC COUNTY AND 32% OF CAPE MAY COUNTY ADULTS 18 AND OVER WERE OBESE IN 2018. CHILDREN ARE ALSO AFFECTED. THE NEW JERSEY HOSPITAL ASSOCIATION REPORTS ONE IN FOUR NEW JERSEY CHILDREN (10-17) ARE OVERWEIGHT OR OBESE (24.7%). ELEVEN PERCENT OF HIGH SCHOOL STUDENTS ARE OBESE.

- BOTH ATLANTIC AND CAPE MAY COUNTY HAVE SOME OF THE HIGHEST SMOKING PERCENTAGES IN NEW JERSEY. EIGHTEEN PERCENT OF ADULTS 18 AND OVER SMOKE. THIS ESPECIALLY AFFECTS POPULATIONS WITH LOWER EDUCATIONAL ATTAINMENT AND LOWER INCOME LEVELS AS THESE POPULATIONS ARE MORE AT RISK FOR SMOKING.

OTHER SUBSTANCES ARE ALSO ISSUES. SEVENTEEN PERCENT OF ATLANTIC COUNTY AND 21% OF CAPE MAY COUNTY REPORTED BINGE DRINKING OR HEAVY DRINKING IN 2018. THIRTY PERCENT OF NEW JERSEY HIGH SCHOOL STUDENTS SURVEYED IN 2019 HAD AT LEAST ONE DRINK IN THE PAST 30 DAYS BEFORE THE SURVEY AND 23.1% OF NEW JERSEY YOUTH (12-20) USED ALCOHOL IN THE PAST MONTH. OPIOIDS ARE ALSO ON AN UPHILL TREND WITH 2022 SUSPECTED TO BE ONE OF THE HIGHEST YEARS OF

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REPORTED CASES OF NEW JERSEY REPORTED OPIOID DEATHS. ATLANTIC AND CAPE

MAY COUNTY ALSO SHOW A GENERAL RISING TREND SIMILAR TO NEW JERSEY.

ADDITIONAL HEALTH RISK FACTORS ARE DISCUSSED IN THE CHNA SUCH AS LOW
BIRTH WEIGHTS, HEALTH LITERACY, MENTAL HEALTH, AND COVID-19 VACCINATION
RATES.

- THE LEADING CAUSE OF DEATH IN NEW JERSEY, ATLANTIC COUNTY AND CAPE MAY
COUNTY IN 2020 WAS HEART DISEASE. GENERALLY LEADING CAUSES OF DEATH HAVE
BEEN CONSISTENT OVER THE YEARS HOWEVER; COVID-19 SIGNIFICANTLY AFFECTED
MORTALITY RATES IN 2020. COVID-19 WAS THE SECOND LEADING CAUSE OF DEATH
IN 2020 FOR NEW JERSEY AND THIRD IN ATLANTIC AND CAPE MAY COUNTY. LEADING
CAUSES OF DEATH FOR BOTH COUNTIES RESPECTIVELY INCLUDED: HEART DISEASE,
CANCER, COVID-19, LOWER RESPIRATORY DISEASE, STROKE AND DIABETES.

HEART DISEASE: ACCORDING TO THE NEW JERSEY DEPARTMENT OF HEALTH, ATLANTIC
AND CAPE MAY COUNTIES HAVE SOME OF THE HIGHEST MORTALITY RATES IN THE
STATE. THE MORTALITY RATE FOR ATLANTIC COUNTY WAS 203.0 AND FOR CAPE MAY

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COUNTY WAS 197.9 PER 100,000 PEOPLE (2016-2020). MALE GENDER AND BLACK POPULATIONS HAVE HIGHER RATES.

CANCER: ATLANTIC COUNTY'S CANCER INCIDENCE RATE FOR ALL CANCERS IS 3.2% HIGHER THAN THE STATE, AT 558.5 VS. 541.3 PER 100,000. CAPE MAY COUNTY'S CANCER INCIDENCE RATE FOR ALL CANCERS IS 22.7% HIGHER THAN THE STATE, AT 664.1 VS. 541.3 PER 100,000. ATLANTIC COUNTY'S CANCER MORTALITY RATE FOR ALL CANCERS IS 9.5% HIGHER THAN THE STATE, AT 162.4 VS. 148.3. CAPE MAY COUNTY'S CANCER MORTALITY RATE FOR ALL CANCERS IS 22.5% HIGHER THAN THE STATE, AT 181.7 VS. 148.3. ALL RATES ARE 2014-2018.

COVID-19: ACCORDING TO THE NEW JERSEY DEPARTMENT OF HEALTH, BETWEEN APRIL 2020 AND JULY 2022 COVID-19 RANGED IN THE NUMBER OF CASES THROUGHOUT THE STATE. ATLANTIC COUNTY HAD APPROXIMATELY 64,000 CASES AND CAPE MAY COUNTY HAD APPROXIMATELY 13,000 CASES. ATLANTIC COUNTY HAD APPROXIMATELY ONE THOUSAND DEATHS AND CAPE MAY COUNTY HAD APPROXIMATELY 300 DEATHS. THIS YIELDS ATLANTIC COUNTY AT A 380 AND CAPE MAY COUNTY AT A 335 DEATH RATE PER 100,000.

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ADDITIONAL CHRONIC DISEASES ARE DISCUSSED IN THE CHNA SUCH AS STROKE,
CHRONIC LOWER RESPIRATORY DISEASES, AND DIABETES.

SCHEDULE H, PART VI; QUESTION 5

SHORE MEDICAL CENTER IS PROUD TO MAKE A DIFFERENCE IN THE COMMUNITIES WE
CALL HOME. OUR GENEROUS MEDICAL CENTER STAFF HAVE PARTICIPATED IN
NUMEROUS EVENTS THAT SUPPORT AND EXEMPLIFY THE MEDICAL CENTER'S
COMMITMENT TO OUR COMMUNITY. OUR PRIMARY GOAL IS TO CARE FOR AND RESPECT,
ALL PATIENTS THEIR FAMILIES AND EACH OTHER. ALONG WITH THE SUPERIOR CARE
THAT WE DELIVER EVERY DAY, WE STRIVE TO EDUCATE AND PROMOTE WELLNESS TO
THE COMMUNITY THROUGH THE MANY OUTREACH PROGRAMS WE OFFER. IN EARLY 2024,
SHORE MEDICAL CENTER EARNED THE JOINT COMMISSION'S GOLD SEAL OF APPROVAL®
FOR HEALTHCARE EQUITY CERTIFICATION BY DEMONSTRATING CONTINUOUS
COMPLIANCE WITH ITS PERFORMANCE STANDARDS FOR HEALTH CARE EQUITY. SHORE
MEDICAL CENTER WAS THE FIRST COMMUNITY HOSPITAL IN THE UNITED STATES, AND
ONLY THE FIFTH HOSPITAL IN NEW JERSEY, TO EARN THIS PRESTIGIOUS

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.

DISTINCTION. THE GOLD SEAL IS A SYMBOL OF QUALITY THAT REFLECTS A
HEALTHCARE ORGANIZATION'S COMMITMENT TO PROVIDING SAFE, QUALITY AND
EQUITABLE PATIENT CARE. WE HOPE TO EMPOWER OUR PATIENTS AND FAMILIES
THROUGH THE EXCHANGE OF INFORMATION TO ULTIMATELY ENCOURAGE AND FOSTER
HEALING PARTNERSHIPS WITH CAREGIVERS.

SCHEDULE H, PART VI; QUESTION 6

OUTLINED BELOW IS A SUMMARY OF THE ENTITIES THAT COMPRISE SHORE MEMORIAL
HEALTH SYSTEM AND AFFILIATES.

SHORE MEMORIAL HOSPITAL D/B/A SHORE MEDICAL CENTER

SHORE MEDICAL CENTER IS AN ACUTE-CARE TAX-EXEMPT HOSPITAL LOCATED IN
SOMERS POINT, NEW JERSEY. THE MEDICAL CENTER PROVIDES GENERAL HEALTHCARE
SERVICES TO RESIDENTS WITHIN ITS GEOGRAPHIC LOCATION FOR A WIDE RANGE OF
INPATIENT AND OUTPATIENT SERVICES, INCLUDING MEDICAL, SURGICAL,

Part VI Supplemental Information

Provide the following information.

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

OBSTETRICAL, GYNECOLOGICAL, PEDIATRIC, EMERGENCY AND AMBULATORY CARE. THE HOSPITAL IS RECOGNIZED BY THE IRS AS AN INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, THE MEDICAL CENTER 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, THE MEDICAL CENTER OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545:

- 1) THE MEDICAL CENTER PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS;
- 2) THE MEDICAL CENTER OPERATES AN ACTIVE EMERGENCY DEPARTMENT FOR ALL PERSONS; WHICH IS OPEN 24 HOURS A DAY, SEVEN DAYS A WEEK, 365 DAYS PER YEAR;
- 3) THE MEDICAL CENTER MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES

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.

AVAILABLE TO ALL QUALIFIED PHYSICIANS;

4) CONTROL OF THE MEDICAL CENTER RESTS WITH ITS BOARD OF TRUSTEES; WHICH
IS COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF
THE COMMUNITY; AND

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

SHORE HEALTH SERVICES CORPORATION

SHORE HEALTH SERVICES CORPORATION IS AN ORGANIZATION RECOGNIZED BY THE
INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE
§501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE
CODE §509(A)(3). THE ORGANIZATION IS CURRENTLY INACTIVE.

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.

SHORE MEMORIAL HEALTH SYSTEM

SHORE MEMORIAL HEALTH SYSTEM IS AN ORGANIZATION RECOGNIZED BY THE
INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE
§501(C)(3). THE ORGANIZATION FUNCTIONS AS THE PARENT CORPORATION OF AND
SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF SHORE MEMORIAL
HEALTH SYSTEM AND AFFILIATES, INCLUDING SHORE MEDICAL CENTER, WHICH
PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS
REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

SHORE MEMORIAL HEALTH FOUNDATION, INC.

SHORE MEMORIAL HEALTH 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
REVENUE CODE §509(A)(1). THE ORGANIZATION SUPPORTS AND RAISES FUNDS ON

Part VI Supplemental Information

Provide the following information.

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BEHALF OF THE SHORE MEMORIAL HEALTH SYSTEM, INCLUDING SHORE MEDICAL
CENTER. THE ORGANIZATION IS CURRENTLY INACTIVE.

BRIGHTON BAY, LLC

BRIGHTON BAY, LLC IS A LIMITED LIABILITY COMPANY WHOSE SOLE CORPORATE
MEMBER IS SHORE MEDICAL CENTER. BRIGHTON BAY, LLC MAINTAINS AND OPERATES
CERTAIN HEALTHCARE RELATED RENTAL REAL ESTATE.

SHORE QUALITY PARTNERS, LLC

SHORE QUALITY PARTNERS, LLC IS A LIMITED LIABILITY COMPANY WHOSE SOLE
CORPORATE MEMBER IS SHORE MEDICAL CENTER. SHORE QUALITY PARTNERS, LLC
OPERATES AN INTEGRATED PHYSICIAN NETWORK.

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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SHORE QUALITY PARTNERS ACO, LLC

SHORE QUALITY PARTNERS ACO, LLC IS A LIMITED LIABILITY COMPANY WHOSE SOLE CORPORATE MEMBER IS SHORE MEDICAL CENTER. SHORE QUALITY PARTNERS ACO, LLC OPERATES AS AN ACCOUNTABLE CARE ORGANIZATION.

SHORE HEALTH ENTERPRISES, INC.

SHORE HEALTH ENTERPRISES, INC. IS CORPORATION WHOSE SOLE SHAREHOLDER IS SHORE MEMORIAL HEALTH SYSTEM. THIS CORPORATION IS A MANAGEMENT SERVICE ORGANIZATION THAT PROVIDES SERVICES TO THE SYSTEM'S AFFILIATES.

SHORE MEMORIAL PHYSICIAN'S GROUP, P.C.

SHORE MEMORIAL PHYSICIAN'S GROUP, P.C. IS A PHYSICIAN PRACTICE

Part VI Supplemental Information

Provide the following information.

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PROFESSIONAL CORPORATION CONTROLLED BY SHORE MEDICAL CENTER THROUGH A
 NOMINEE OWNERSHIP BY A LICENSED PROFESSIONAL DUE TO STATE OF NEW JERSEY
 CORPORATE PRACTICE OF MEDICINE PROHIBITION RULES AND REGULATIONS. THIS
 ORGANIZATION WAS INCORPORATED AS A PROFESSIONAL CORPORATION FOR THE
 PURPOSE OF DEVELOPING AN EMPLOYED PHYSICIAN NETWORK. THE PHYSICIANS GROUP
 IS DESIGNED TO ACHIEVE A MORE INTEGRATED APPROACH TO THE DELIVERY OF
 MEDICAL CARE FOR THE COMMUNITY SERVED BY THE MEDICAL CENTER. THIS
 ORGANIZATION PROVIDES HIGH QUALITY AND COST EFFECTIVE MEDICAL SERVICES
 FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE
 TAX-EXEMPT PURPOSES OF SHORE MEDICAL CENTER.

BAYFRONT URGENT CARE PROFESSIONAL ASSOCIATION D/B/A SHORE URGENT CARE,
 P.A.

SHORE URGENT CARE, P.A. IS A CONTROLLED AFFILIATE OF SHORE MEMORIAL
 PHYSICIANS GROUP, P.C.; A PHYSICIAN PRACTICE PROFESSIONAL ASSOCIATION
 CONTROLLED BY SHORE MEDICAL CENTER THROUGH A NOMINEE OWNERSHIP BY A

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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LICENSED PROFESSIONAL DUE TO STATE OF NEW JERSEY CORPORATE PRACTICE OF
MEDICINE PROHIBITION RULES AND REGULATIONS. THIS ORGANIZATION PROVIDES
HIGH QUALITY AND COST EFFECTIVE URGENT CARE SERVICES FOR THE BENEFIT OF
THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE TAX-EXEMPT PURPOSES OF
SHORE MEDICAL CENTER.

SHORE PATHOLOGY ASSOCIATES, P.C.

SHORE PATHOLOGY ASSOCIATES, P.C. IS A PHYSICIAN PRACTICE PROFESSIONAL
CORPORATION CONTROLLED BY SHORE MEDICAL CENTER THROUGH A NOMINEE
OWNERSHIP BY A LICENSED PROFESSIONAL DUE TO STATE OF NEW JERSEY CORPORATE
PRACTICE OF MEDICINE PROHIBITION RULES AND REGULATIONS. THIS ORGANIZATION
PROVIDES HIGH QUALITY AND COST EFFECTIVE PATHOLOGY SERVICES FOR THE
BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE TAX-EXEMPT
PURPOSES OF SHORE MEDICAL CENTER.

Part VI Supplemental Information

Provide the following information.

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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SHORE HOSPITALISTS ASSOCIATES, P.A.

SHORE HOSPITALISTS ASSOCIATES, P.A IS A PHYSICIAN PRACTICE PROFESSIONAL ASSOCIATION CONTROLLED BY SHORE MEDICAL CENTER THROUGH A NOMINEE OWNERSHIP BY A LICENSED PROFESSIONAL DUE TO STATE OF NEW JERSEY CORPORATE PRACTICE OF MEDICINE PROHIBITION RULES AND REGULATIONS. THIS ORGANIZATION PROVIDES HIGH QUALITY AND COST EFFECTIVE INPATIENT MEDICAL SERVICES FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE TAX-EXEMPT PURPOSES OF SHORE MEDICAL CENTER.

SHORE SPECIALTY CONSULTANTS, P.A.

SHORE SPECIALTY CONSULTANTS, P.A. IS A PHYSICIAN PRACTICE PROFESSIONAL ASSOCIATION CONTROLLED BY SHORE MEDICAL CENTER THROUGH A NOMINEE OWNERSHIP BY A LICENSED PROFESSIONAL DUE TO STATE OF NEW JERSEY CORPORATE PRACTICE OF MEDICINE PROHIBITION RULES AND REGULATIONS. THIS ORGANIZATION

Part VI Supplemental Information

Provide the following information.

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

PROVIDES HIGH QUALITY AND COST EFFECTIVE SPECIALTY MEDICAL SERVICES FOR
THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE TAX-EXEMPT
PURPOSES OF SHORE MEDICAL CENTER.

SCHEDULE H, PART VI; QUESTION 7

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

SCHEDULE I
(Form 990)

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

SHORE MEMORIAL HOSPITAL

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Employer identification number

21-0660835

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ATLANTIC MEDICAL IMAGING LLC 1226 TILTON RD NORTHFIELD, NJ 08225-1800	27-0525195		53,434.				PROGRAM SUPPORT
(2) NEW JERSEY HEALTHCARE SPECIALISTS PC 30 PROSPECT AVE HACKENSACK, NJ 07601	22-1948732		12,865.				PROGRAM SUPPORT
(3) THE PREMIER SURGICAL NETWORK 222 NEW ROAD, SUITE 6 LINWOOD, NJ 08221	22-2052641		12,478.				PROGRAM SUPPORT
(4) LINWOOD COUNTRY CLUB 500 SHORE RD LINWOOD, NJ 08221-2512	21-0601795		9,164.				PROGRAM SUPPORT
(5) RELIANCE MEDICAL GROUP LLC 525 TILTON RD NORTHFIELD,, NJ 08225-1217			9,081.				PROGRAM SUPPORT
(6) ATLANTIC COUNTY DIV OF PUBLIC HEALTH 201 SHORE RD NORTHFIELD, NJ 08225-2319	21-6000049	GOV'T ORG	8,290.				PROGRAM SUPPORT
(7) RENEE PARKER MONIHAN FOUNDATION 220 CRESCENT RD OCEAN CITY, NJ 08226	88-4245725		7,500.				PROGRAM SUPPORT
(8) ADVANCED SHORE IMAGING ASSOC LLC 2605 SHORE RD NORTHFIELD, NJ 08225	47-1561390		7,455.				PROGRAM SUPPORT
(9) ALLIED DIGESTIVE HEALTH, LLC 187 STATE ROUTE 36 STE 230	46-3915494		5,585.				PROGRAM SUPPORT
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1

3 Enter total number of other organizations listed in the line 1 table 8

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, QUESTION 2

GRANTS ARE MONITORED BY THE ORGANIZATION'S FINANCE PERSONNEL THROUGH THE
UTILIZATION OF COST CENTERS AND OTHER INFORMATION; INCLUDING WRITTEN
DOCUMENTATION AND RECEIPTS.

SCHEDULE J
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

SHORE MEMORIAL HOSPITAL

Employer identification number

21-0660835

Part I Questions Regarding Compensation

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

- | | |
|--|---|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☒ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ 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.

- | | |
|---|---|
| ☒ Compensation committee | ☐ Written employment contract |
| ☒ Independent compensation consultant | ☒ Compensation survey or study |
| ☒ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

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

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

Only 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) (Rev. 12-2024)

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				
RONALD W. JOHNSON 1 TRUSTEE - CEO (TERM 12/24)	(i)	964,861.	349,399.	715,394.	66,000.	34,471.	2,130,125.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DAVID R. HUGHES 2 TRUSTEE - PRES/CEO (EFF 12/24)	(i)	484,863.	191,419.	256,234.	71,580.	33,252.	1,037,348.	43,064.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JEANNE M. ROWE, M.D. 3 CHIEF MEDICAL OFFICER	(i)	465,309.	189,625.	153,646.	18,600.	34,937.	862,117.	41,470.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
FREDERICK L. BANNER 4 CHIEF INFORMATION OFFICER	(i)	293,158.	104,342.	6,879.	15,308.	44,455.	464,142.	13,081.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DANIEL JACOBY, M.D. 5 HOSPITALIST	(i)	320,291.	37,000.	420.	6,514.	23,308.	387,533.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
STEPHEN CAPECCI, D.O. 6 HOSPITALIST	(i)	252,478.	56,877.	202.	9,057.	18,857.	337,471.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JILL SHULTZ 7 CNO (EFF 2/24)	(i)	257,921.	3,515.	1,355.	30,246.	38,591.	331,628.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
VINCE AZZARELLO 8 VP OF HUMAN RES. (EFF 1/2/24)	(i)	227,263.	NONE	4,950.	28,298.	38,255.	298,766.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ROBERT L. WOOD 9 DIRECTOR OF FINANCE	(i)	247,489.	5,055.	2,772.	NONE	34,652.	289,968.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TIHOMIR GUEORGUIEV 10 RN, CRITICAL CARE	(i)	216,637.	2,000.	236.	2,242.	35,474.	256,589.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MATTHEW PISKUN 11 VP AMB & SURG SVCS. (EFF 5/24)	(i)	241,120.	4,274.	1,652.	NONE	2,034.	249,080.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ROBERT ROBERTSON 12 ADMIN DIRECTOR LOGISTICS	(i)	210,092.	4,356.	2,772.	NONE	27,598.	244,818.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ALAN L. BEATTY 13 FORMER KEY EMPLOYEE	(i)	105,445.	84,437.	876.	NONE	NONE	190,758.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
HOLLY BADALI 14 CNO (TERM 2/24)	(i)	43,601.	104,321.	682.	443.	4,026.	153,073.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I; QUESTION 1

THE ORGANIZATION MAINTAINS A CLUB MEMBERSHIP FOR BUSINESS PURPOSES AND MEETINGS. THIS MEMBERSHIP ENTITLES CERTAIN SHORE MEDICAL CENTER SENIOR EXECUTIVES TO THE USE OF THE CLUB'S FACILITIES. THE AMOUNT OUTLINED HEREIN RELATING TO THE PERSONAL USE OF THIS CORPORATE MEMBERSHIP IS TREATED AS TAXABLE WAGES AND IS INCLUDED IN HIS 2024 FORM W-2 AS TAXABLE WAGES: DAVID HUGHES, \$1,898.

SCHEDULE J, PART I; QUESTION 4B

THE AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES A CURRENT YEAR VESTING IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) AS THE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THE AMOUNT OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2024 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: RONALD W. JOHNSON, \$668,276 AND DAVID R. HUGHES, \$182,635.

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.

THE AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES CURRENT YEAR VESTINGS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) AS THE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THE AMOUNT OUTLINED HEREIN WERE INCLUDED EACH INDIVIDUAL'S 2024 FORM W-2 AS TAXABLE WAGES: DAVID R. HUGHES, \$58,588 AND JEANNE M. ROWE, M.D., \$140,332.

THE DEFERRED COMPENSATION AMOUNTS REFLECTED IN SCHEDULE J, PART II, COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDE UNVESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. ACCORDINGLY, THESE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT. THE AMOUNTS OUTLINE HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2024 FORM W-2 BOX 5, AS TAXABLE MEDICARE WAGES: DAVID R. HUGHES, \$52,980; FREDERICK L. BANNER, \$15,308; JILL SHULTZ, \$24,500 AND VINCE AZZARELLO \$22,500.

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 2024 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2024 FORM W-2 AS TAXABLE 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 AMOUNTS HAVE BEEN TREATED AS TAXABLE INCOME AND WERE REPORTED ON EACH INDIVIDUAL'S FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES.

SCHEDULE L
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

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**Open To Public
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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) (Rev. 12-2024)

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) SONYA BANNER	FAMILY MEMBER OF OFFICER	21,799.	EMPLOYEE		X
(2) HANNA BANNER	FAMILY MEMBER OF OFFICER	26,785.	EMPLOYEE		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

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Internal Revenue Service

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► Attach to Form 990 or 990-EZ.

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FORM 990, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

BACKGROUND

=====

SHORE MEDICAL CENTER ("THE MEDICAL CENTER") IS A GENERAL MEDICAL AND SURGICAL HOSPITAL RECOGNIZED BY THE IRS AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, THE MEDICAL CENTER 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, THE MEDICAL CENTER OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545:

- 1) THE MEDICAL CENTER PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS;
- 2) THE MEDICAL CENTER OPERATES AN ACTIVE EMERGENCY DEPARTMENT FOR ALL PERSONS; WHICH IS OPEN 24 HOURS A DAY, SEVEN DAYS A WEEK, 365 DAYS PER YEAR;
- 3) THE MEDICAL CENTER MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS;

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4) CONTROL OF THE MEDICAL CENTER RESTS WITH ITS BOARD OF TRUSTEES; WHICH
IS COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF
THE COMMUNITY; AND

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

THE OPERATIONS OF THE MEDICAL CENTER, AS SHOWN THROUGH THE FACTORS
OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY
DEMONSTRATE THAT THE MEDICAL CENTER PROVIDES SUBSTANTIAL COMMUNITY
BENEFIT AND THAT THE USE AND CONTROL OF THE MEDICAL CENTER 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.

MISSION STATEMENT

=====

WE CARE FOR AND RESPECT ALL PATIENTS, THEIR FAMILIES AND EACH OTHER.

ORGANIZATION OVERVIEW

=====

THE MEDICAL CENTER IS A NOT-FOR-PROFIT HEALTHCARE RESOURCE THAT HAS

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SERVED SOUTHERN NEW JERSEY FOR MORE THAN 80 YEARS. IN THAT TIME, THE MEDICAL CENTER HAS BECOME KNOWN FOR PROVIDING A COMPASSIONATE LEVEL OF SERVICE THAT GOES HAND IN HAND WITH ITS ADVANCED TECHNOLOGY AND MODERN MEDICAL FACILITIES.

THE MEDICAL CENTER IS A 199 BED, NOT-FOR-PROFIT ACUTE CARE MEDICAL CENTER LOCATED IN SOMERS POINT, ATLANTIC COUNTY, NEW JERSEY, APPROXIMATELY 10 MILES SOUTH OF ATLANTIC CITY, NEW JERSEY. THE MEDICAL CENTER IS LICENSED AND APPROVED BY THE STATE OF NEW JERSEY TO OPERATE AS A GENERAL ACUTE CARE HOSPITAL PROVIDING BOTH INPATIENT AND OUTPATIENT SERVICES TO THE COMMUNITY.

FOUNDED IN 1928 AND CHARTERED IN 1940 AS A NOT-FOR-PROFIT CORPORATION, THE MEDICAL CENTER SERVES THE HEALTHCARE NEEDS OF BOTH THE YEAR-ROUND AND SUMMER RESIDENTS OF ATLANTIC AND CAPE MAY COUNTIES, AS WELL AS VISITORS FROM OTHER COMMUNITIES AND STATES.

THE MEDICAL CENTER HAS UNDERGONE MORE THAN FOURTEEN MAJOR CONSTRUCTION AND RENOVATION PROJECTS SINCE 1940 TO PROVIDE NECESSARY FACILITIES AND SERVICES FOR ITS EXPANDING PATIENT POPULATION. IN 2013, THE MEDICAL CENTER UNVEILED A NEW STATE-OF-THE-ART MEDICAL ONCOLOGY SUITE ON THE THIRD FLOOR OF ITS FREESTANDING CANCER CENTER. THE 3,600 SQUARE FOOT EXPANSION FEATURES EIGHT SPACIOUS INFUSION THERAPY BAYS, THREE EXAM ROOMS, A FAMILY WAITING ROOM, NUTRITION CENTER AND A FULLY EQUIPPED AND STOCKED PHARMACY WITH A FULL-TIME ONCOLOGY PHARMACIST.

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THE MEDICAL CENTER ENGAGES THE TALENTS AND TEAMWORK OF THE BEST AND
BRIGHTEST PEOPLE IN THE INDUSTRY. OUR TEAM OF PHYSICIANS, NURSES,
TECHNOLOGISTS, MANAGERS, FINANCIAL EXPERTS, BOARD OF TRUSTEES AND OUR
AFFILIATES ALL WORK TOGETHER TO ENSURE THAT THE COMMUNITY HAS ACCESS TO
THE BEST HEALTHCARE RESOURCES WHEN NEEDED.

THE MEDICAL CENTER CONTINUES TO BE ACCREDITED BY THE JOINT COMMISSION,
THE NATION'S PREDOMINANT STANDARDS SETTING AND ACCREDITING BODY IN
HEALTHCARE, AS A PRIMARY STROKE CENTER. THE MEDICAL CENTER IS ALSO
CERTIFIED BY THE JOINT COMMISSION FOR ITS SPINE SURGERY AND HIP AND KNEE
REPLACEMENT PROGRAMS IN RECOGNITION OF THE MEDICAL CENTER'S STRICT
ADHERENCE TO QUALITY STANDARDS.

IN ADDITION, THE MEDICAL CENTER IS A MEMBER OF PENN MEDICINE
TELENEUROLOGY; A MEMBER OF THE NEW JERSEY HEALTH CARE QUALITY INSTITUTE
TO IMPROVE THE SAFETY, QUALITY AND AFFORDABILITY OF HEALTH CARE FOR
EVERYONE; AND A MEMBER OF THE PENN MEDICINE CANCER NETWORK. THE MEDICAL
CENTER'S ICU IS MANAGED BY BOARD CERTIFIED CRITICAL CARE PHYSICIANS,
24/7/365. IN ADDITION, THE MEDICAL CENTER'S STATE-OF-THE-ART PEDIATRIC
CARE CENTER OFFERS AN "OUCHLESS" PROGRAM TO REDUCE THE PAIN AND FEAR
CHILDREN MAY EXPERIENCE IN THE HOSPITAL, AS WELL AS A SENSORY FRIENDLY
PROGRAM FOR CHILDREN ON THE AUTISM SPECTRUM OR WITH SENSORY PROCESSING
DISORDERS TO HELP REDUCE SENSORY STIMULI AND CREATE A MORE CALMING
ENVIRONMENT FOR RECEIVING CARE.

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IN 2024, 7,318 PATIENTS WERE ADMITTED TO THE MEDICAL CENTER AND 4,000
PLACED IN OBSERVATION. THERE WERE 48,308 PATIENTS TREATED IN THE MEDICAL
CENTER'S EMERGENCY DEPARTMENT.

COMMUNITY FOCUSED EDUCATION

=====

THE MEDICAL CENTER'S WELLNESS PROGRAM HAS BEEN AN INTEGRAL PART OF THE
COMMUNITY, OFFERING HEALTH EDUCATION AND SCREENINGS FOR MORE THAN 20
YEARS.

CANCER OUTREACH

THE MEDICAL CENTER IS THE LEAD AGENCY FOR THE NEW JERSEY CANCER EDUCATION
AND EARLY DETECTION (CEED) PROGRAM IN ATLANTIC COUNTY. ON JULY 1, 2024,
THE MEDICAL CENTER ALSO BECAME THE LEAD CEED AGENCY IN CAPE MAY COUNTY.
THE PROGRAM PROVIDES CANCER SCREENING, DIAGNOSTIC AND NAVIGATION SERVICES
FOR UNDERSERVED POPULATIONS AT CONVENIENT LOCATIONS WITHIN THE COMMUNITY.
THE MEDICAL CENTER, IN PARTNERSHIP WITH CAPE MAY COUNTY HEALTH DEPARTMENT
COORDINATED 396 BREAST CANCER SCREENINGS, 262 CERVICAL CANCER SCREENINGS,
119 COLORECTAL CANCER SCREENINGS, AND 52 PROSTATE CANCER SCREENINGS. THIS
RESULTED IN DETECTING 3 BREAST CANCERS. IN 2024, THE MEDICAL CENTER
RECEIVED \$344,376 IN CEED GRANT FUNDING FOR THESE SERVICES.

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THE MEDICAL CENTER IS ALSO THE LEAD AGENCY FOR THE COMPREHENSIVE CANCER CONTROL (CCC) COALITION GRANT TO PROVIDE POLICY, ENVIRONMENTAL AND SYSTEM CHANGES IN ATLANTIC AND CAPE MAY COUNTY IN AN EFFORT TO REDUCE CANCER. IN 2024, THE MEDICAL CENTER RECEIVED \$89,259 FOR THESE INITIATIVES. IN 2024, 4,037 INDIVIDUALS WERE PART OF THE EDUCATION AND OUTREACH CONDUCTED THROUGH CEED AND CCC THROUGH AWARENESS EVENTS, TABLE EVENTS AND WORKSHOPS OR LECTURES.

CANCER SCREENING EVENTS HAVE BECOME MORE PREVALENT IN OUR OUTREACH ACTIVITIES DUE TO THE ABILITY TO HAVE THEM DURING THE PANDEMIC AND THE SUCCESS OF THE EVENTS. DURING 2024, SIX CANCER SCREENINGS OCCURRED WITH 123 PARTICIPANTS ATTENDING THESE EVENTS. THESE EVENTS ARE AVAILABLE FREE TO POPULATIONS WHO ARE UNINSURED/UNDERINSURED. TWO LUNG CANCER SCREENING EVENTS, ONE BREAST MAMMOGRAM EVENT, TWO TRAVELING PROSTATE CANCER SCREENING EVENTS (MULTIPLE LOCATIONS IN THE COMMUNITY) AND ONE SKIN CANCER SCREENING EVENT OCCURRED.

THE MEDICAL CENTER RECEIVED A SMALL GRANT FROM COLON CANCER COALITION TO COMPLETE COLORECTAL CANCER AWARENESS DIRECTED TO UNDERSERVED COMMUNITIES. THE PROJECT INCLUDED SMALL INTIMATE GROUPS IN TRUSTED NEIGHBORHOOD CHURCHES. FUNDING WAS \$2,428.75. THIS PROVIDED EDUCATION, FOOD, FOBT KITS, STAMPS, AND PROCESSING OF THE KITS. THE PROJECT WAS CALLED "TALKIN' TUSHES". SIX EVENTS OCCURRED OVER 2024 AND ARE INCLUDED IN THE EDUCATION NUMBERS ABOVE.

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CHILDBIRTH

CHILDBIRTH EDUCATION, BREAST FEEDING SUPPORT AND OTHER PROGRAMS TO
WELCOME A NEWBORN INTO THE FAMILY ARE OFFERED TO THE ENTIRE COMMUNITY
THROUGH THE MEDICAL CENTER BEGINNINGS PRENATAL AND WELLNESS PROGRAM.

VIRTUAL & IN-PERSON RESOURCES AND SUPPORT

THE MEDICAL CENTER'S WEBSITE PROVIDES INFORMATION ON MEDICAL CENTER
PROGRAMS, SERVICES AND PHYSICIANS. IT ALSO OFFERS EDUCATIONAL VIDEOS,
HEALTH-FOCUSED ARTICLES AND ASSESSMENTS. THE MEDICAL CENTER'S PHYSICIAN
FINDER SERVICE IS FREE AND AVAILABLE ON THE INTERNET. THE SERVICE MATCHES
A PERSON'S NEEDS SUCH AS SPECIALTY, LOCATION, INSURANCE AND OFFICE HOURS
TO A SHORE MEDICAL STAFF PHYSICIAN.

THE MEDICAL CENTER'S VETERANS AFFAIRS NAVIGATOR PROGRAM, ALZHEIMER'S
ASSOCIATION CAREGIVER SUPPORT GROUP AND SUPPORT THROUGH THE CENTER FOR
FAMILY CAREGIVERS CONTINUED IN 2024.

1. VETERANS AFFAIRS NAVIGATOR PROGRAM: GUIDES VETERANS THROUGH THE
PROCESS OF SEEKING VA MEDICAL CARE AND HELPS THEM OVERCOME BARRIERS THEY
MAY ENCOUNTER, DEMYSTIFYING THE PROCESS AND HELPING THEM TAKE FULL

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ADVANTAGE OF THEIR HEALTHCARE OPPORTUNITIES.

FORM 990, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

2. ALZHEIMER'S ASSOCIATION'S CAREGIVER SUPPORT GROUP: DESIGNED TO PROVIDE EMOTIONAL, EDUCATIONAL AND SOCIAL SUPPORT FOR CAREGIVERS THROUGH REGULARLY SCHEDULED MEETINGS. THEY HELP PARTICIPANTS DEVELOP METHODS AND SKILLS TO SOLVE PROBLEMS. THE GROUPS ENCOURAGE CAREGIVERS TO MAINTAIN THEIR OWN PERSONAL, PHYSICAL AND EMOTIONAL HEALTH, AS WELL AS OPTIMALLY CARE FOR THE PERSON WITH DEMENTIA. THE SUPPORT GROUP AT THE MEDICAL CENTER IS HELD THE SECOND TUESDAY OF EVERY MONTH.

3. CENTER FOR FAMILY CAREGIVERS SUPPORT: STAFF ARE AVAILABLE TO PROVIDE EMOTIONAL, EDUCATIONAL AND SOCIAL SUPPORT FOR FAMILY CAREGIVERS IN NEED OF ASSISTANCE AND SUPPORT AS THEY MANAGE THE OFTEN-DAUNTING ROLE OF FAMILY CAREGIVER FOR A LOVED ONE AT HOME AFTER THEY ARE DISCHARGED.

UNCOMPENSATED CARE

=====

THE MEDICAL CENTER HAS LONG BEEN A REGIONAL LEADER IN MEETING ITS COMMITMENT TO THE MEDICALLY UNDERSERVED MEMBERS OF THE COMMUNITY. IN ADDITION TO ITS COMMUNITY OUTREACH PROGRAMS, THE MEDICAL CENTER PROVIDES SUBSTANTIAL AMOUNTS OF UNCOMPENSATED CARE TO THOSE LEAST ABLE TO PAY FOR THESE SERVICES. IN KEEPING WITH ITS MISSION TO CARE FOR PATIENTS, THE

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MEDICAL CENTER SERVES ALL WITHOUT REGARD TO ABILITY TO PAY. IN 2024,
SHORE MEDICAL CENTER PROVIDED \$6,491,420 IN UNCOMPENSATED CARE TO THESE
PATIENTS.

THE MEDICAL CENTER RECOGNIZES THE FINANCIAL DIFFICULTY IMPOSED ON THE
SELF-PAY PATIENT WHO IS LEAST ABLE TO AFFORD TO PAY FOR HEALTHCARE
SERVICES WHEN BILLED AT THE MEDICAL CENTER'S STANDARD CHARGES. THEREFORE,
THE MEDICAL CENTER ESTABLISHED AN INNOVATIVE POLICY TO ADDRESS THE
DISPARITY BETWEEN HOSPITAL-BILLED CHARGES AND THE ACTUAL COST OF
PROVIDING CARE TO THE SELF-PAY PATIENT OR UNDER-INSURED PATIENT. THE
METHOD ADOPTED IS BASED UPON SOUND ACCOUNTING PRINCIPLES TO DETERMINE THE
ACTUAL COST OF PROVIDING CARE TO PATIENTS USING A KNOWN STANDARD
DEVELOPED FOR THE MEDICARE COST REPORT.

THE POLICY IS TO APPLY THE MOST CURRENT HOSPITAL SPECIFIC MEDICARE COST
TO CHARGE RATIO TO THE SELF-PAY PATIENT'S TOTAL CHARGE BALANCE AND ADJUST
THE BILL TO COST. THIS ADJUSTMENT IS LIMITED ONLY TO THOSE PATIENTS NOT
COVERED BY INSURANCE. THIS RATIO IS SUBJECT TO CHANGE AS DETERMINED BY
THE MEDICARE FISCAL INTERMEDIARY.

PATIENTS UNABLE TO PAY THE COST ADJUSTED BILL IN FULL ARE PERMITTED TO
ENTER INTO A HOSPITAL-APPROVED PAYMENT ARRANGEMENT. PAYMENT ARRANGEMENTS
ARE DETERMINED BASED UPON THE FINANCIAL CONDITION OF THE PATIENT AND PAID
OVER TIME USING OUR EXISTING PAYMENT ARRANGEMENT METHODOLOGY.

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AS A NON-PROFIT HEALTHCARE PROVIDER, IT IS THE MEDICAL CENTER'S
RESPONSIBILITY TO DELIVER HIGH-QUALITY HEALTHCARE REGARDLESS OF THE
PATIENT'S ABILITY TO PAY. THE MEDICAL CENTER IS COMMITTED TO THE
COMMUNITY THAT IT SERVES. THE CHALLENGE OF MEETING THE HIGH COSTS OF
PROVIDING QUALITY HEALTH SERVICES IS MADE POSSIBLE THROUGH THE DEDICATION
OF PHYSICIANS, STAFF AND VOLUNTEERS.

AFFILIATIONS

=====

SHORE PHYSICIANS GROUP

THE MEDICAL CENTER IS ALIGNED WITH SHORE PHYSICIANS GROUP (SPG), A
MULTI-SPECIALTY PHYSICIAN GROUP THAT IS COMMITTED TO CHANGING THE WAY
PEOPLE ARE CARED FOR IN THE COMMUNITY. THIS GROUP FEATURES SPECIALISTS IN
THE FIELDS OF ENDOCRINOLOGY, NEUROLOGY, NON-OPERATIVE SPORTS MEDICINE,
PRIMARY CARE, AND RHEUMATOLOGY. THE SURGICAL DIVISION, WHICH IS A PENN
SURGICAL AFFILIATE, OFFERS GENERAL SURGERY, ENDOVASCULAR SURGERY,
VASCULAR SURGERY, NEUROSURGERY, AND UROLOGY. SPG ALSO CARES FOR ITS
COMMUNITY THROUGH ITS ORTHOPEDIC DIVISION IN SOMERS POINT AND ITS URGENT
CARE CENTER IN NORTHFIELD.

PENN MEDICINE

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THE MEDICAL CENTER'S LONG-STANDING AFFILIATION WITH PENN MEDICINE
CONTINUES TO BE A VALUABLE PARTNERSHIP, PROVIDING PATIENTS WITH ACCESS TO
ADVANCED TREATMENT IN MULTIPLE DISCIPLINES, INCLUDING CANCER CARE,
MATERNAL-FETAL MEDICINE, CARDIAC CARE, AND PULMONOLOGY.

- IN DECEMBER 2019, SHORE CANCER CENTER BECAME A MEMBER OF THE PENN
CANCER NETWORK. AS PART OF THIS NETWORK, CLINICIANS AT THE SHORE CANCER
CENTER HAVE EXPANDED ACCESS TO ADVANCED EXPERTISE AND A VARIETY OF
RESOURCES.

- THE PENN MATERNAL-FETAL MEDICINE PROGRAM AT THE MEDICAL CENTER PROVIDES
EXTRA CARE TO MOTHERS-TO-BE AND THEIR CHILDREN. WOMEN FACING HIGH-RISK
PREGNANCIES CAN BE TREATED FOR A VARIETY OF CONDITIONS, INCLUDING HEART
DISEASE, PLACENTAL PROBLEMS, DIABETES, MULTIPLE GESTATION PREGNANCY AND
LATER-AGE PREGNANCY.

- THROUGH A CARDIOLOGY AFFILIATION WITH PENN MEDICINE, THE MEDICAL CENTER
OFFERS PATIENTS WITH CARDIOVASCULAR DISEASE THE HIGHEST LEVELS OF MEDICAL
EXPERTISE AND CARE, AS WELL AS ACCESS TO PENN'S LEADING INTERVENTIONAL
CARDIOLOGISTS.

- PENN PULMONOLOGY'S SOMERS POINT OFFICE IS LOCATED IN THE MEDICAL CENTER
MEDICAL OFFICE BUILDING WHERE IT OFFERS INTERVENTIONAL PULMONOLOGY
CAPABILITIES.

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- THE MEDICAL CENTER IS AFFILIATED WITH PENN MEDICINE TELENEUROLOGY AND
TELESTROKE. THE SHORE NEUROSCIENCE CENTER'S EXTRAORDINARY HIGH-TECH
DIAGNOSIS AND TREATMENT OPTIONS, WHICH ARE ENHANCED THROUGH THE ADVANCED
TECHNOLOGY FOUND WITHIN THE SHORE SURGICAL PAVILION, ARE DELIVERED WITH
THE CARING TOUCH EXPECTED FROM THE MEDICAL CENTER. WITH THE PENN MEDICINE
TELENEUROLOGY AFFILIATION, SPECIALISTS FROM THE SHORE NEUROSCIENCES
CENTER AND PENN COLLABORATE USING A MULTI-DISCIPLINARY APPROACH TO
EVALUATION, DIAGNOSIS AND TREATMENT. HIGHLY COMPLEX CASES CAN BE REFERRED
WITH ACCURACY AND SPEED, AIDED BY A SEAMLESS EXCHANGE OF INFORMATION,
24/7.

MAYO MEDICAL LABORATORIES

THE MEDICAL CENTER CONTINUES TO UTILIZE MAYO MEDICAL LABORATORIES AS ITS
PRIMARY REFERENCE LABORATORY, A RELATIONSHIP ESTABLISHED IN 2014 THAT
GIVES THE MEDICAL CENTER ACCESS TO MAYO CLINIC'S EXTENSIVE MENU OF
LABORATORY TESTS AND CLINICAL EXPERTISE, WHILE ENHANCING THE EFFICIENCY
AND AFFORDABILITY OF ADVANCED LABORATORY TESTING.

ADDITIONAL CLINICAL PARTNERSHIPS

- ADVANCED RADIOLOGY SOLUTIONS ("ARS") FOR DIAGNOSTIC IMAGING SERVICES.

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- ENVISION HEALTHCARE TO PROVIDE 24/7 ANESTHESIOLOGIST COVERAGE.
 - ONSITE NEONATAL PARTNERS PROVIDES NEONATOLOGISTS IN THE HOSPITAL.
- ONSITE PHYSICIANS ALSO PROVIDE STAFFING FOR SHORE'S PEDIATRIC CARE CENTER.
- ADVANTAGE WOMEN'S HEALTH FOR ITS LABORIST PROGRAM.

SPIRIT OF SHORE

=====

HOSPITALS ARE BUSY PLACES, BUT THE STAFF AT THE MEDICAL CENTER IS NEVER TOO BUSY TO PAY ATTENTION TO THE THOUGHTFUL GESTURES AND KIND ACTS THAT CAN MAKE A MEANINGFUL DIFFERENCE TO PATIENTS AND THEIR FAMILY MEMBERS. THIS PHILOSOPHY IS THE DRIVING FORCE BEHIND THE SPIRIT OF SHORE INITIATIVE AT THE MEDICAL CENTER.

THE SPIRIT OF SHORE REFLECTS THE CULTURE OF CARING THAT IS UNIQUE TO THE MEDICAL CENTER.

SINCE THE IMPLEMENTATION OF ITS SPIRIT OF SHORE PROGRAM IN 2008, THE MEDICAL CENTER HAS BEEN ON A JOURNEY TO CREATE AND NURTURE AN INSTITUTIONAL CULTURE OF PATIENT-CENTERED CLINICAL, EMOTIONAL AND SPIRITUAL CARE FOR ITS PATIENTS, THEIR FAMILIES AND STAFF. INITIATIVES TOUCH EVERY CORNER OF THE MEDICAL CENTER'S COMMUNITY, PROMOTING AN ENVIRONMENT WHERE EVERYONE IS A CAREGIVER, REGARDLESS OF THEIR POSITION WITHIN THE ORGANIZATION.

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OUR MANY PROGRAMS AND INITIATIVES INCLUDE, BUT ARE NOT LIMITED TO, THE
FOLLOWING:

- SHARED MEDICAL RECORDS
- COMFORTABLE FAMILY LOUNGES
- PATIENT DIRECTED VISITATION
- HOURLY ROUNDS
- LEADERSHIP ROUNDS
- BEDSIDE REPORTS
- E-ICU
- NO PASSING ZONE
- MOTORIZED SCOOTERS FOR PATIENTS
- PATIENT PARTNER PROGRAM
- PET THERAPY
- COMMUNITY EDUCATION; AND
- PRAYER CIRCLES HELD TWICE A MONTH.

THE MEDICAL CENTER ALSO PARTNERS WITH THE COMMUNITY ON TWO COUNCILS, ITS
SPIRITUALITY COUNCIL AND THE PATIENT AND FAMILY ADVISORY COUNCIL.

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THE MEDICAL CENTER'S SPIRITUALITY COUNCIL WAS CREATED TO HELP PROVIDE
STRENGTH, COMFORT AND SUPPORT FOR VISITING LOVED ONES AND MEMBERS OF THE

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MEDICAL CENTER FAMILY IN THEIR TIME OF NEED. THIS COUNCIL IS COMPRISED OF
LOCAL CLERGY, STAFF AND VOLUNTEERS. THE MEDICAL CENTER'S
NON-DENOMINATIONAL CHAPEL, LOCATED ON THE 5TH FLOOR OF THE HOSPITAL,
PROVIDES A SPACE FOR QUIET CONTEMPLATION AND REFLECTION. THE MEDICAL
CENTER ALSO HAS A EUCHARISTIC MINISTRY PROGRAM STAFFED BY VOLUNTEERS.

THE PATIENT AND FAMILY ADVISORY COUNCIL IS MADE UP OF FORMER MEDICAL
CENTER PATIENTS AND FAMILY MEMBERS, COMMUNITY MEMBERS AND VOLUNTEERS.
GROUP MEMBERS SHARE STORIES, PROVIDE VALUABLE FEEDBACK ON THEIR HOSPITAL
EXPERIENCES AND ASSIST LEADERSHIP IN DECISION MAKING BY INCORPORATING
THEIR EXPERIENCES INTO THE MEDICAL CENTER'S PHILOSOPHY AND OPERATION. THE
MEDICAL CENTER STAFF MEMBERS ALSO USE THESE MEETINGS TO EDUCATE THE
COUNCIL ABOUT THE MEDICAL CENTER AND HEALTHCARE ISSUES IN GENERAL.

CENTERS OF EXCELLENCE

=====

THE MEDICAL CENTER'S RECOGNIZED CENTERS OF EXCELLENCE INCLUDE BUT ARE NOT
LIMITED TO THE FOLLOWING:

CANCER CENTER

A CANCER DIAGNOSIS IS AN EXPERIENCE THAT IS UNIQUE TO EVERY INDIVIDUAL.
AT SHORE CANCER CENTER, A MEMBER OF THE PENN CANCER NETWORK, WE RESPOND

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TO EACH PATIENT WITH OPTIMISM AND REAL SOLUTIONS: A COMPREHENSIVE,
NATIONALLY RECOGNIZED PROGRAM COMBINING THE BEST AVAILABLE TECHNOLOGY,
EXPERTS IN THE FIELD AND QUALITY SERVICES, INCLUDING OUR STATE-OF-THE-ART
FACILITY.

THE SHORE CANCER CENTER WAS DESIGNED WITH ONE GOAL IN MIND: FULFILLING
OUR CONTINUING MISSION TO PROVIDE THE MOST ADVANCED HEALTHCARE SERVICES
BY USING A MULTIDISCIPLINARY APPROACH FOR YOU AND YOUR FAMILY IN A WARM
AND CARING ENVIRONMENT.

A NATIONALLY-RECOGNIZED CANCER CARE PROGRAM

SINCE 1987, THE MEDICAL CENTER HAS RECEIVED APPROVAL FROM THE AMERICAN
COLLEGE OF SURGEONS COMMISSION ON CANCER BY MEETING OR EXCEEDING THE
ORGANIZATION'S STRINGENT STANDARDS FOR PATIENT CARE. APPROXIMATELY 1,500
CANCER PROGRAMS IN THE UNITED STATES AND PUERTO RICO QUALIFY FOR THIS
LEVEL OF APPROVAL.

THE SHORE CANCER CENTER SPECIALIZES IN PREVENTION, EARLY DETECTION,
RADIATION ONCOLOGY, MEDICAL ONCOLOGY, NURSE NAVIGATION AND SUPPORT
SERVICES, INCLUDING NUTRITIONAL SUPPORT, SOCIAL SERVICES, AND A CANCER
SURVIVORSHIP SUPPORT.

THE MEDICAL CENTER RADIATION ONCOLOGY DEPARTMENT IS ACCREDITED BY THE

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AMERICAN COLLEGE OF RADIOLOGY (ACR). ACR ACCREDITATION ENSURES THAT THE
MEDICAL CENTER'S PROGRAM MEETS THE MOST CURRENT AND STRINGENT STANDARDS
IN STAFFING, EQUIPMENT, QUALITY CONTROL AND TECHNICAL CAPABILITY.

CARDIOVASCULAR SERVICES

THE MEDICAL CENTER'S CARDIOVASCULAR SERVICES BRING UNIVERSITY-SETTING
CARDIAC AND VASCULAR SERVICES TO THE COMMUNITY. THE FACILITY HOUSES
SOPHISTICATED TECHNOLOGY FOR THE DIAGNOSIS AND TREATMENT OF DISORDERS OF
THE HEART AND CIRCULATORY SYSTEM. THE MEDICAL CENTER'S COMPREHENSIVE
CARDIAC CARE PROGRAM INCLUDES ADVANCED DIAGNOSTIC CAPABILITIES AND
TREATMENT OPTIONS, AS WELL AS PREVENTION, REHABILITATION AND EDUCATION
FOR THOSE WITH CORONARY AND VASCULAR DISEASE. THE MEDICAL CENTER'S
138,000-SQUAREFOOT SURGICAL PAVILION INCLUDES A STATE-OF-THE-ART
CARDIOVASCULAR SERVICES SUITE FOR INVASIVE PROCEDURES SUCH AS CARDIAC
CATHETERIZATIONS. PATIENTS IN NEED OF LESS INVASIVE TESTING, INCLUDING
EKGS AND ECHOCARDIOGRAMS, CAN ALSO HAVE THEIR TESTING DONE IN THE
CARDIOVASCULAR SUITE. THE MEDICAL CENTER ALSO OFFERS A NON-INVASIVE HEART
AND LUNG TESTING CENTER, FEATURING CARDIAC STRESS TESTING,
HOLTER-MONITORING AND TRANSESOPHAGEAL ECHOCARDIOGRAPHY.

PENN HEART AND VASCULAR AT SHORE MEDICAL CENTER

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AS A MEMBER OF PENN HEART AND VASCULAR, THE MEDICAL CENTER PROVIDES
RESIDENTS OF THE COMMUNITY WITH ACCESS TO A NUMBER OF HIGH-TECH
DIAGNOSES, TREATMENTS AND SERVICES. OUR AFFILIATION WITH THIS NATIONAL
LEADER IN HEART CARE ENHANCES THE LEVEL OF EXTRAORDINARY CARDIAC CARE
AVAILABLE IN OUR CARDIOVASCULAR SUITE - AND PROVIDES QUICK, COORDINATED
ACCESS TO A WIDE RANGE OF WORLD-CLASS CARDIAC SERVICES. THE MEDICAL
CENTER ALSO PROVIDES 24-HOUR, SEVEN-DAY-A-WEEK EMERGENCY TRANSPORT TO
PHILADELPHIA VIA AMBULANCE OR PENNSTAR HELICOPTER FOR CARDIAC PATIENTS IN
NEED.

EMERGENCY SERVICES

(1) EMERGENCY DEPARTMENT

WHETHER IT'S A SPRAINED ANKLE FROM A RUN ON THE BOARDWALK OR A LIFE
THREATENING HEART ATTACK OR STROKE, THE EMERGENCY STAFF AT THE MEDICAL
CENTER IS READY, WILLING AND ABLE TO HELP. BOARD CERTIFIED EMERGENCY
MEDICINE PHYSICIANS, WHO ARE SPECIALLY TRAINED IN CARDIOLOGY,
NEUROSCIENCES, ORTHOPEDICS, OBSTETRICS, PEDIATRICS AND MORE, STAFF THE
MEDICAL CENTER EMERGENCY DEPARTMENT.

(2) NATIONALLY RECOGNIZED PRIMARY STROKE CENTER

HAVING RECEIVED ADVANCED CERTIFICATION AS A PRIMARY STROKE CENTER BY THE

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JOINT COMMISSION, OUR EMERGENCY DEPARTMENT STAFF AND PHYSICIANS ARE TRAINED IN THE CARE AND TREATMENT OF STROKE PATIENTS AND SKILLED IN ADMINISTERING IV THROMBOLYTIC, THE "CLOT BUSTING" MEDICATION THAT CAN PROVIDE FULL COGNITIVE AND PHYSICAL RECOVERY WHEN ADMINISTERED IN TIME. WE ALSO PROVIDE 24-HOUR NEUROLOGY AND NEUROSURGERY PHYSICIAN CARE. THROUGH OUR AFFILIATION WITH PENN MEDICINE IN TELENEUROLOGY AND TELESTROKE, PENN NEUROSCIENCE SPECIALISTS ARE AVAILABLE VIRTUALLY 24/7 TO EVALUATE PATIENTS, SPEAK WITH THEIR FAMILIES AND, IF NEEDED, FACILITATE THEIR TRANSFER TO ANOTHER FACILITY FOR CARE.

(3) PENN HEART RESCUE

THROUGH THE PENN HEART RESCUE PROGRAM, PATIENTS WHO ARRIVE AT THE MEDICAL CENTER EMERGENCY DEPARTMENT WITH SYMPTOMS OF A HEART ATTACK CAN IMMEDIATELY BE REFERRED AND TRANSPORTED VIA HELICOPTER TO PENN PRESBYTERIAN MEDICAL CENTER IN PHILADELPHIA, A PART OF PENN MEDICINE. WHILE THE HELICOPTER IS EN ROUTE, A FLIGHT NURSE AND PARAMEDIC PERFORM THE ESSENTIAL TESTS NEEDED TO PREPARE THE PATIENT FOR AN EMERGENCY ANGIOPLASTY SO THAT NO TIME IS LOST DURING THE 25-MINUTE HELICOPTER FLIGHT.

NEUROSCIENCE CENTER

THE MEDICAL CENTER HAS RECEIVED ADVANCED CERTIFICATION AS A PRIMARY

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STROKE CENTER BY THE JOINT COMMISSION, EARNING THE ORGANIZATION'S GOLD SEAL OF APPROVAL FOR STRICT ADHERENCE TO THE NATIONAL STANDARDS AND GUIDELINES THAT HELP DIAGNOSE AND TREAT STROKE FASTER WITH BETTER OUTCOMES FOR OUR PATIENTS. USING STATE-OF-THE-ART TECHNOLOGY, INCLUDING LEADING-EDGE, COMPUTER-ASSISTED IMAGE GUIDANCE AND MICROSURGICAL INSTRUMENTATION, THE MEDICAL CENTER'S BOARD-CERTIFIED NEUROSURGEONS, NEUROLOGISTS, SPECIALLY TRAINED NURSES AND TECHNICAL STAFF ARE ABLE TO DIAGNOSE AND TREAT NEUROLOGICAL INJURIES AND DISORDERS WITH AMAZING PRECISION.

THE MEDICAL CENTER'S NEUROSCIENCES CENTER PROVIDES EXTRAORDINARY HIGH-TECH DIAGNOSIS AND TREATMENT SERVICES, WHICH ARE ENHANCED THROUGH THE ADVANCED TECHNOLOGY FOUND WITHIN THE MEDICAL CENTER'S SURGICAL PAVILION AND DELIVERED WITH THE CARING TOUCH YOU EXPECT FROM THE MEDICAL CENTER. THE MEDICAL CENTER AFFILIATION WITH PENN MEDICINE TELENEUROLOGY FURTHER ENSURES THE HIGHEST QUALITY CARE FOR AREA RESIDENTS. SPECIALISTS FROM THE SHORE NEUROSCIENCES CENTER AND PENN NEUROSCIENCE SPECIALISTS COLLABORATE USING A MULTI-DISCIPLINARY APPROACH TO EVALUATION, DIAGNOSIS AND TREATMENT. THIS TEAM APPROACH PROVIDES UNMATCHED SERVICES AND MEDICAL SOPHISTICATION TO OUR COMMUNITY, A SEAMLESS DELIVERY OF CARE AND REHABILITATION DESIGNED TO PRODUCE THE BEST MEDICAL OUTCOMES POSSIBLE.

MATERNITY CARE CENTER

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THE MEDICAL CENTER HAS A FAMILY-CENTERED APPROACH WHEN IT COMES TO
CHILDBIRTH AND THE HOSPITALIZATION OF A CHILD. THE MATERNITY CARE CENTER
PROVIDES PATIENTS WITH A SPECIAL COMBINATION OF COMPASSION, EXPERTISE AND
ADVANCED TECHNOLOGY. SPECIAL ATTENTION IS PAID TO HELPING PREGNANT
MOTHERS AND NEW FAMILIES DEVELOP AND MAINTAIN THOSE EARLY BONDS. THE
MEDICAL CENTER'S FAMILY CENTERED APPROACH TO CARE IS ALSO EVIDENT IN THE
INPATIENT PEDIATRIC CARE CENTER. IN 2024, 898 BABIES WERE BORN AT THE
MEDICAL CENTER.

MATERNAL-FETAL MEDICINE PROGRAM

SOMETIMES A WOMAN NEEDS ADDITIONAL EXPERTISE IN THE FORM OF A
MATERNAL-FETAL MEDICINE SPECIALIST - AN OBSTETRICIAN WHO IS TRAINED IN
FETAL MEDICINE AND HIGH-RISK PREGNANCIES. THROUGH OUR AFFILIATION WITH
PENN MEDICINE AND RENOWNED SPECIALIST DR. ROBERT DEBBS, D.O., THE PENN
MATERNAL-FETAL MEDICINE PROGRAM AT THE MEDICAL CENTER PROVIDES THESE
EXPECTANT MOTHERS WITH THE SPECIALIZED CARE THEY NEED.

THE MEDICAL CENTER'S LABORIST PROGRAM ENSURES THAT A HIGHLY TRAINED
OBSTETRICIAN-GYNECOLOGIST IS ON SITE AT THE MEDICAL CENTER 24 HOURS A
DAY, SEVEN DAYS A WEEK TO ASSIST PATIENTS IN LABOR UNTIL THEIR OWN
PHYSICIAN ARRIVES. THE LABORIST PROGRAM FEATURES SEVEN SKILLED LABORISTS
WHO ROTATE TO ASSIST WITH GYNECOLOGICAL EMERGENCIES, INPATIENT
CONSULTATIONS, EMERGENCY C-SECTIONS AND OTHER NEEDS. THANKS TO THE

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LABORIST PROGRAM, BIRTHS AT THE MEDICAL CENTER ARE ON THE RISE, AND WE'VE
SEEN A SIGNIFICANT REDUCTION IN THE HOSPITAL'S C-SECTION RATES.

FORM 990, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PEDIATRIC CARE CENTER

THE MEDICAL CENTER'S CHILD-FRIENDLY PEDIATRIC CARE CENTER WAS THE FIRST
OF ITS KIND IN NEW JERSEY, FEATURING A DEDICATED AND SEPARATE PEDIATRIC
TREATMENT AREA FOR MINOR ILLNESSES AND INJURIES, AS WELL AS INPATIENT
ROOMS. CHILDREN ARE SEEN BY EXPERT EMERGENCY DEPARTMENT PHYSICIANS IN
CONSULTATION WITH THE PHYSICIANS OF ONSITE NEONATAL PARTNERS.

IN PARTNERSHIP WITH THE ATLANTIC COUNTY SPECIAL SERVICES SCHOOL DISTRICT,
THE MEDICAL CENTER DEVELOPED A SENSORY FRIENDLY PEDIATRIC EMERGENCY CARE
PROGRAM DESIGNED TO HELP CHILDREN WITH AUTISM HAVE A BETTER EXPERIENCE
WHEN COMING TO THE HOSPITAL, FROM DOOR TO DISCHARGE. THE PROGRAM
OFFICIALLY LAUNCHED IN APRIL 2021 ON WORLD AUTISM AWARENESS DAY AND HAS
PROVEN TO BE A SUCCESS FOR HELPING CHILDREN AND FAMILIES WITH SENSORY
PROCESSING DIFFERENCES GET THE CARE THEY NEED. THE MEDICAL CENTER
CONTINUES TO WORK WITH ATLANTIC COUNTY SPECIAL SERVICES SCHOOL TO PROVIDE
TRAINING TO NEW STAFF AND MAKE ADJUSTMENTS TO THE PROGRAM WHERE IT IS
NEEDED.

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IN 2022, THE PEDIATRIC CARE CENTER LAUNCHED A NEW "OUCHLESS" PROGRAM TO
HELP REDUCE THE PAIN AND DISCOMFORT CHILDREN FEEL DURING MEDICAL
PROCEDURES. THROUGH A WIDE VARIETY OF MODALITIES AND TECHNIQUES AND
ONGOING STAFF TRAINING, THE PEDIATRIC CARE CENTER TEAM IS ABLE TO HELP
IMPROVE THE EXPERIENCE CHILDREN AND FAMILIES HAVE AT THE HOSPITAL AND
REDUCE THE LIKELIHOOD OF TRAUMA FROM POTENTIALLY PAINFUL PROCEDURES.

ADVANCED SPINE & ORTHOPEDIC INSTITUTE

THE MEDICAL CENTER'S ADVANCED SPINE & ORTHOPEDIC INSTITUTE (ASOI) OFFERS
A COMPREHENSIVE CONTINUUM OF CARE WITHIN A HIGHLY INTEGRATED HEALTHCARE
DELIVERY NETWORK THAT TAKES OUR PATIENTS FROM DIAGNOSIS THROUGH TREATMENT
AND REHABILITATION. WE HELP PATIENTS DEAL WITH EVERYTHING FROM EVERYDAY
ACHES AND STRAINS TO SPORTS INJURIES, SERIOUS SPINE AND ORTHOPEDIC
INJURIES AND DISEASE, AS WELL AS JOINT REPLACEMENT AND RECONSTRUCTION.
OUR GOAL IS TO RETURN OUR PATIENTS TO NORMAL FUNCTION AS QUICKLY AND
SAFELY AS POSSIBLE.

THE MEDICAL CENTER'S SPINE SURGERY AND HIP AND KNEE REPLACEMENT PROGRAMS
HAVE RECEIVED THE GOLD SEAL OF APPROVAL FOR HEALTHCARE QUALITY BY THE
JOINT COMMISSION.

ADVANCED CARE FROM THE REGION'S TOP PHYSICIANS

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THE EXCEPTIONAL SPINE SURGEONS AT THE MEDICAL CENTER HAVE ACCESS TO SOME
OF THE MOST ADVANCED TECHNOLOGY AVAILABLE IN THEIR FIELDS. WHEN A
PATIENT'S PROBLEM EXCEEDS OUR ADVANCED CAPABILITIES, THE MEDICAL CENTER'S
AFFILIATION WITH PENN MEDICINE ALLOWS FOR A SEAMLESS TRANSFER OF CARE TO
SPECIALISTS AT THIS LEADING PHILADELPHIA HEALTHCARE PROVIDER, IN ADDITION
TO THE AREA'S MOST EXCEPTIONAL AND PASSIONATE PHYSICIANS.

JOINT REPLACEMENT & SPINE EDUCATION

JOINT AND SPINE EDUCATION CLASSES ARE OFFERED REGULARLY FOR PATIENTS
ABOUT TO UNDERGO JOINT REPLACEMENT OR SPINE SURGERY, AS WELL AS FOR THE
COMMUNITY AT LARGE THROUGH THE MEDICAL CENTER'S ADVANCED SPINE &
ORTHOPEDIC INSTITUTE.

MEDICAL SERVICES

CONSISTENT WITH REVENUE RULING 69-545, ALL QUALIFIED PHYSICIANS ARE
ELIGIBLE FOR MEDICAL STAFF PRIVILEGES. DURING 2023, THE MEDICAL CENTER
HAD APPROXIMATELY 480 PHYSICIANS ON ITS MEDICAL STAFF COMPRISED OF THE
FOLLOWING MEDICAL SPECIALTIES:

- ALCOHOL & DRUG DEPENDENCY;

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- ALLERGY/IMMUNOLOGY;
- ANESTHESIOLOGY;
- CARDIOLOGY;
- CRITICAL CARE MEDICINE;
- DERMATOLOGY;
- EMERGENCY MEDICINE;
- ENDOCRINOLOGY;
- FAMILY PRACTICE;
- GASTROENTEROLOGY;
- GYNECOLOGY;
- HEMATOLOGY;
- HOSPITAL MEDICINE;
- INTERNAL MEDICINE;
- INFECTIOUS DISEASE;
- MATERNAL & FETAL MEDICINE;
- MEDICAL ONCOLOGY;
- NEONATOLOGY;
- NEPHROLOGY;
- NEUROLOGICAL SURGERY;
- NEUROLOGY;
- OBSTETRICS;
- OPHTHALMOLOGY;
- ORAL SURGERY;
- ORTHOPEDIC SURGERY;
- OTORHINOLARYNGOLOGY;

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- PAIN MANAGEMENT;
- PALLIATIVE CARE MEDICINE;
- PATHOLOGY;
- PEDIATRICS;
- PHYSICAL MEDICINE/REHABILITATION;
- PLASTIC SURGERY;
- PODIATRY;
- PSYCHIATRY;
- PSYCHOLOGY;
- PULMONARY MEDICINE;
- RADIATION THERAPY;
- RADIOLOGY;
- RHEUMATOLOGY;
- GENERAL SURGERY;
- VASCULAR SURGERY; AND
- UROLOGY.

COMMUNITY PROGRAMS AND MEDICAL SCREENINGS

=====

1. THE MEDICAL CENTER SPEAKERS BUREAU - A FREE PROGRAM WHERE THE MEDICAL
CENTER HEALTHCARE SPECIALISTS AND EDUCATORS PROVIDE SCREENINGS, GIVE
PRESENTATIONS AND PROVIDE QUESTION AND ANSWER SESSIONS FOR COMMUNITY
GROUPS WHO REQUEST THEM.

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2. CANCER SCREENINGS FOR THE UNINSURED FUNDED BY THE NJ CEED/OCCP GRANT.

(BREAST, CERVICAL, COLORECTAL AND PROSTATE)

3. MAMMOGRAMS - FREE MAMMOGRAM EVENT ON 10-19-24.

4. LDCT LUNG CANCER SCREENING - FREE LUNG CANCER SCREENING EVENTS ON

3-24-24 AND 11-22-24.

5. PROSTATE CANCER - FREE PROSTATE CANCER SCREENING EVENTS ON 3-29-24 AND

5-31-24.

6. SKIN CANCER - FREE SKIN CANCER SCREENING EVENT ON 7-22-24.

PLEASE NOTE THAT THE AFOREMENTIONED LIST OF MEDICAL SCREENING PROGRAMS IS
NOT AN ALL-INCLUSIVE LIST.

LECTURES AND SEMINARS

=====

THE MEDICAL CENTER PROVIDES NUMEROUS LECTURES, SEMINARS AND OTHER
EDUCATIONAL PROGRAMS TO THE COMMUNITY IN FURTHERANCE OF ITS TAX-EXEMPT
PURPOSES, INCLUDING THE FOLLOWING:

1. BE WELL CONNECTED EVENTS. THE MEDICAL CENTER OFTEN PROVIDES EXPERTS TO
SPEAK AT SHORE PHYSICIANS GROUP'S "BE WELL CONNECTED" HEALTH EDUCATION

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BREAKFAST EVENTS, FEATURING PHYSICIANS AND CLINICAL STAFF PRESENTING TO
AUDIENCES RANGING FROM 50-125 PEOPLE.

2. THE MEDICAL CENTER BEGINNINGS: PRENATAL AND WELLNESS

- LAMAZE-INSPIRED CHILDBIRTH CLASSES
- BREASTFEEDING YOUR BABY
- MATERNAL CHILD HEALTH COMMUNITY OUTREACH

3. ADULT SUPPORT GROUPS:

- FAMILY CAREGIVER ONE-ON-ONE SUPPORT
- ALZHEIMER'S ASSOCIATION CAREGIVER SUPPORT GROUP
- CARING TOGETHER, LIVING WELL
- VET 2 VET CAFE

4. FREE SURGICAL EDUCATION PROGRAMS (NECK & SPINE SURGERY, JOINT
REPLACEMENT EDUCATION)

5. CANCER SURVIVORSHIP WORKSHOPS

- CANCER: THRIVING AND SURVIVING (AN EVIDENCE BASED SIX-WEEK SUPPORTIVE
WORKSHOP SERIES): FOCUSES ON CANCER SURVIVORSHIP; CANCER SIDE EFFECTS;
LIFE AFTER CANCER; ETC.

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6. SUMMER PROJECT WITH BEACH TAGGERS

- POUCH GIVEN TO BEACH TAGGERS IN ATLANTIC AND CAPE MAY COUNTY. INCLUDED
EDUCATION WITH A SURVEY, SUNSCREEN, AND SUN STICK. FOCUSED ON SUN SAFETY
FOR HIGH-RISK SUMMER JOBS.

PRESENTATIONS TO HEALTHCARE PROFESSIONALS

THE MEDICAL CENTER MAKES EVERY EFFORT TO PASS ALONG VALUABLE INFORMATION
ACQUIRED THROUGH INNOVATIVE PROGRAMS TO HELP OTHER HEALTHCARE
PROFESSIONALS IMPROVE CARE TO ITS COMMUNITY. IN 2024, EMERGENCY
DEPARTMENT LEADERSHIP ATTENDED THE NJ EMERGENCY NURSES ASSOCIATION
CONFERENCE WHERE THEY EDUCATED ATTENDEES ON SHORE'S SENSORY FRIENDLY
PEDIATRIC EMERGENCY PROGRAM, WHICH PROVIDES COMPREHENSIVE SUPPORT TO
NEURODIVERSE CHILDREN IN ITS PEDIATRIC CARE CENTER, FROM DOOR TO
DISCHARGE. IN ADDITION, EMERGENCY DEPARTMENT LEADERSHIP EDUCATED LOCAL
EMS PROVIDERS ON HOW THEY CAN PROVIDE SENSORY-FRIENDLY CARE IN THE
PREHOSPITAL SETTING, LEADING TO BETTER CARE AND OUTCOMES. PLEASE NOTE
THAT THE AFOREMENTIONED LIST OF COMMUNITY EDUCATION PROGRAMS IS NOT AN
ALL-INCLUSIVE LIST.

COMMUNITY INVOLVEMENT

=====

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GIVING BACK TO THE COMMUNITY

IN 2024, THE MEDICAL CENTER STAFF CONTINUED THEIR ANNUAL TRADITION OF
PROVIDING GIFTS AT THE HOLIDAYS TO RESIDENTS OF THE LINWOOD CARE CENTER.
MORE THAN 100 RESIDENTS BENEFITED FROM THEIR GENEROSITY.

THE MEDICAL CENTER TYPICALLY SUPPORTS THE FOLLOWING ANNUAL COMMUNITY
EVENTS:

- AMERICAN HEART ASSOCIATION HEART WALK;
- NATIONAL NIGHT OUT IN SOMERS POINT AND MAYS LANDING;
- THE SOMERS POINT MEMORIAL DAY PARADE;
- SOMERS POINT BAYFEST AND GOOD OLD DAYS FESTIVAL;
- RESIDENTS OF LINWOOD CARE CENTER THROUGH AN ANNUAL HOLIDAY GIFT DRIVE

THE MEDICAL CENTER ALSO TYPICALLY PROVIDES HEALTH SCREENINGS AT THESE
EVENTS AND OTHER COMMUNITY HEALTH FAIRS AT 55 AND OVER COMMUNITIES,
FITNESS CENTERS AND SOME OF OUR AREA'S LARGER EMPLOYERS.

CORE FORM, PART III, QUESTION 4D

EXPENSES INCURRED IN PROVIDING 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.
PLEASE REFER TO THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT INCLUDED

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CORE FORM, PART V; QUESTION 15

THROUGH DECEMBER 21, 2024, RONALD JOHNSON WAS AN OFFICER AND INVOLVED IN
THE LEADERSHIP AND MANAGEMENT OF THIS ORGANIZATION. MR. JOHNSON WAS
EMPLOYED BY THIS ORGANIZATION AND RECEIVED A FEDERAL FORM W-2.
ACCORDINGLY, HIS COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP WAS WITH SHORE
MEMORIAL HOSPITAL (EIN: 21-0660835). SHORE MEMORIAL HOSPITAL FILED A 2024
FORM 4720 WHICH INCLUDED A REMITTANCE OF EXCISE TAX RELATED TO MR.
JOHNSON'S COMPENSATION IN EXCESS OF \$1M.

CORE FORM, PART VI, QUESTION 2

MICHAEL BRAY & ROBERT J. BRAY, DDS - FAMILY RELATIONSHIP

CORE FORM, PART VI, QUESTION 4

EFFECTIVE MAY 6, 2024, THE ORGANIZATION'S BYLAWS WERE AMENDED. THE
FOLLOWING SECTIONS WERE AMENDED TO INCLUDE SIGNIFICANT CHANGES, AS
DEFINED BY THE IRS FORM 990 INSTRUCTIONS:

ARTICLE III, SECTION 6 - POWERS RESERVED TO THE MEMBER

ARTICLE IV, SECTION 2 - NUMBER OF TRUSTEES

ARTICLE IV, SECTION 5 - ELECTION OF TRUSTEES

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ARTICLE IV, SECTION 11 - QUORUM

ARTICLE V, SECTION 4 - POWERS AND DUTIES

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

SHORE MEMORIAL HEALTH SYSTEM ("SYSTEM") IS THE SOLE MEMBER OF THIS ORGANIZATION. SYSTEM 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.

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

THE ORGANIZATION IS AN AFFILIATE WITHIN SHORE MEMORIAL HEALTH SYSTEM AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). SHORE MEMORIAL HEALTH SYSTEM IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM. THIS ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF ITS GOVERNING BODY (ITS BOARD OF TRUSTEES) PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE ("IRS"). THE ORGANIZATION'S AUDIT AND FINANCE COMMITTEE ASSUMED THE RESPONSIBILITY TO OVERSEE AND COORDINATE THE FEDERAL FORM 990 PREPARATION, REVIEW AND FILING PROCESS.

AS PART OF THE ORGANIZATION'S FEDERAL FORM 990 TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A PROFESSIONAL CERTIFIED PUBLIC ACCOUNTING ("CPA") FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990.

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THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE PERSONNEL AND SYSTEM INDIVIDUALS ("INTERNAL WORKING GROUP") TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S INTERNAL WORKING GROUP FOR REVIEW. THE ORGANIZATION'S 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 INTERNAL WORKING GROUP FOR FINAL REVIEW AND APPROVAL. A MEETING WITH THE ORGANIZATION'S AUDIT AND FINANCE COMMITTEE WAS ALSO HELD TO REVIEW THE FINAL DRAFT OF THE FEDERAL FORM 990. AT THIS MEETING, THE CPA FIRM GAVE A FORM 990 PRESENTATION TO THE COMMITTEE. THEREAFTER, THE FINAL FEDERAL FORM 990 WAS MADE AVAILABLE TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY PRIOR TO FILING WITH THE IRS.

CORE FORM, PART VI, SECTION B; QUESTION 12

THE ORGANIZATION IS AN AFFILIATE WITHIN SHORE MEMORIAL HEALTH SYSTEM AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). SHORE MEMORIAL HEALTH SYSTEM IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM. THIS ORGANIZATION AND THE SYSTEM REGULARLY MONITOR AND ENFORCE COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY. ANNUALLY ALL

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MEMBERS OF THE BOARD OF TRUSTEES, OFFICERS AND SENIOR MANAGEMENT PERSONNEL ARE REQUIRED TO REVIEW THE EXISTING CONFLICT OF INTEREST POLICY AND COMPLETE A QUESTIONNAIRE. THE COMPLETED QUESTIONNAIRES ARE RETURNED TO THE ORGANIZATION AND ITS CHIEF COMPLIANCE OFFICER FOR REVIEW. THE CHIEF COMPLIANCE OFFICER PREPARES A SUMMARY OF THE COMPLETED QUESTIONNAIRES WHICH CONTAINS INFORMATION DISCLOSED ON AN INDIVIDUAL BY INDIVIDUAL BASIS AND PRESENTS THIS SUMMARY TO THE ORGANIZATION'S AUDIT AND FINANCE COMMITTEE FOR ITS REVIEW AND DISCUSSION. THEREAFTER, ANY SIGNIFICANT DISCLOSURES OF A MATERIAL NATURE INVOLVING THE ORGANIZATION'S GOVERNING BODY OR SENIOR LEADERSHIP IS REPORTED TO THE SYSTEM'S GOVERNANCE COMMITTEE FOR ITS REVIEW AND DISCUSSION.

CORE FORM, PART VI, SECTION B; QUESTION 15

THE ORGANIZATION IS AN AFFILIATE WITHIN SHORE MEMORIAL HEALTH SYSTEM AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). SHORE MEMORIAL HEALTH SYSTEM IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM. SHORE MEMORIAL HEALTH SYSTEM'S BOARD OF TRUSTEES HAS A LEADERSHIP DEVELOPMENT AND COMPENSATION COMMITTEE ("COMMITTEE"). THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT PERSONNEL INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER/CHIEF DEVELOPMENT OFFICER, CHIEF OPERATING OFFICER/CHIEF NURSING OFFICER, CHIEF MEDICAL OFFICER, CHIEF INFORMATION OFFICER AND VICE PRESIDENT OF HUMAN

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RESOURCES ("SENIOR LEADERSHIP"). 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.

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 THE
ORGANIZATION'S SENIOR LEADERSHIP. 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
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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

SHORE MEMORIAL HOSPITAL

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.

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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 SIMILAR SIZED HOSPITALS, # OF LICENSED BEDS AND NET
PATIENT SERVICE REVENUE.

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 ONLY
APPLIES TO THE ORGANIZATION'S SENIOR LEADERSHIP. THE COMPENSATION AND
BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE
REVIEWED ANNUALLY BY THE PRESIDENT/CHIEF EXECUTIVE OFFICER WITH
ASSISTANCE FROM 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

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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 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 HAS ISSUED TAX-EXEMPT BONDS TO FINANCE VARIOUS CAPITAL IMPROVEMENT PROJECTS, RENOVATIONS AND EQUIPMENT. IN CONJUNCTION WITH THE ISSUANCE OF THESE TAX-EXEMPT BONDS, THE ORGANIZATION'S FINANCIAL STATEMENTS WERE INCLUDED WITH THE TAX-EXEMPT BOND PROSPECTUS WHICH WAS MADE AVAILABLE TO THE GENERAL PUBLIC FOR REVIEW. IN ADDITION, 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. THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF

SCHEDULE O
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SHORE MEMORIAL HOSPITAL

Supplemental Information to Form 990 or 990-EZ

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INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

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 OR INDEPENDENT CONTRACTORS 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, SECTION A, COLUMN B

THE ORGANIZATION IS AN AFFILIATE WITHIN SHORE MEMORIAL HEALTH SYSTEM AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). SHORE MEMORIAL HEALTH SYSTEM IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM. CERTAIN BOARD OF TRUSTEE MEMBERS AND OFFICERS LISTED ON CORE FORM, PART VII AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH BOTH THIS ORGANIZATION AND OTHER AFFILIATES WITHIN THE SYSTEM. THE HOURS SHOWN ON THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE NO COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, REPRESENT THE ESTIMATED HOURS DEVOTED PER WEEK FOR THIS ORGANIZATION. TO THE EXTENT THESE INDIVIDUALS SERVE AS A MEMBER OF THE BOARD OF TRUSTEES OF OTHER RELATED ORGANIZATIONS IN THE SYSTEM, THEIR RESPECTIVE HOURS PER WEEK PER ORGANIZATION ARE APPROXIMATELY THE SAME AS REFLECTED ON CORE FORM, PART

SCHEDULE O
(Form 990 or 990-EZ)

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SHORE MEMORIAL HOSPITAL

Supplemental Information to Form 990 or 990-EZ

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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.

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VII OF THIS FORM 990. THE HOURS REFLECTED ON CORE FORM, 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 SHORE MEMORIAL HEALTH SYSTEM; NOT SOLELY THIS ORGANIZATION.

CORE FORM, PART XI; QUESTION 9

OTHER CHANGES IN FUND BALANCE INCLUDE:

- OTHER ACCRUED RETIREMENT COST - \$624,981;
- OTHER CHANGES IN PENSION & POSTRETIREMENT BENEFITS - \$4,887,821;
- DONOR RESTRICTED NET INVESTMENT RETURN - \$122,329;
- CHANGE IN DONOR RESTRICTED BENEFICIAL INTEREST IN PERPETUAL TRUST - \$235,510;
- CHANGES IN DONOR RESTRICTED NET ASSETS - \$77,720;
- CASH TRANSFERS TO AFFILIATES - (\$22,995,000); AND
- EQUITY TRANSFERS TO AFFILIATES - (\$5,975,183).

CORE FORM, PART XI; QUESTION 2

THE ORGANIZATION IS AN AFFILIATE WITHIN SHORE MEMORIAL HEALTH SYSTEM AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). SHORE MEMORIAL HEALTH SYSTEM IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM. AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL

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STATEMENTS OF SHORE MEMORIAL HEALTH SYSTEM AND ITS AFFILIATES FOR THE
YEARS ENDED DECEMBER 31, 2024 AND DECEMBER 31, 2023; 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 FOR EACH YEAR.

THE ORGANIZATION'S AUDIT AND FINANCE COMMITTEE HAS ASSUMED RESPONSIBILITY
FOR THE OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS,
WHICH INCLUDES THIS ORGANIZATION, AND THE SELECTION OF AN INDEPENDENT
AUDITOR.

CORE FORM, PART XII; QUESTION 3A

THE ORGANIZATION IS AN AFFILIATE WITHIN SHORE MEMORIAL HEALTH SYSTEM AND
AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM
("SYSTEM"). AS A RESULT OF FEDERAL AWARDS RECEIVED, THE ORGANIZATION WAS
INCLUDED IN A SYSTEM WIDE CONSOLIDATED AUDIT AS SET FORTH IN THE UNIFORM
GUIDANCE, 2 C.F.R., PART 200, SUBPART F. THE SYSTEM ENGAGED AN
INDEPENDENT ACCOUNTING FIRM TO PREPARE AND ISSUE THE UNIFORM GUIDANCE
AUDIT.

Name of the organization

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

THE MISSION OF SHORE MEDICAL CENTER IS TO CARE FOR AND RESPECT ALL PATIENTS, THEIR FAMILIES AND EACH OTHER. THE ORGANIZATION PROVIDES EMERGENCY AND MEDICAL NECESSARY HEALTHCARE SERVICES FOR ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. FOR ADDITIONAL INFORMATION, PLEASE REFER TO THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT INCLUDED IN SCHEDULE O.

Name of the organization

SHORE MEMORIAL HOSPITAL

Employer identification number

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FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY INPATIENT MEDICAL SERVICES (EXCLUDES SURGICAL CASES AND MATERNAL CHILD HEALTH), TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. DURING 2024, THE ORGANIZATION HAD 6,044 DISCHARGES FOR A TOTAL OF 28,024 PATIENT DAYS. PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT.

LINE 4B, PROGRAM SERVICE

EXPENSES INCURRED IN PROVIDING MEDICAL NECESSARY SAME DAY SURGERY SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. DURING 2024, THE ORGANIZATION TREATED 3,660 SAME DAY SURGERY CASES. PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT.

LINE 4C, PROGRAM SERVICE

EXPENSES INCURRED IN PROVIDING MEDICAL NECESSARY MATERNAL AND PEDIATRIC INPATIENT SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. DURING 2024, THE ORGANIZATION HAD 1,924 DISCHARGES FOR A TOTAL OF 5,083 PATIENT DAYS. PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT.

Name of the organization

SHORE MEMORIAL HOSPITAL

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

NAME AND ADDRESS -----	DESCRIPTION OF SERVICES -----	COMPENSATION -----
UNIDINE CORPORATION 1000 WASHINGTON STREET, SUITE 510 BOSTON, MA 02118	FOOD MANAGEMENT	4,510,137.
NEW JERSEY HEALTHCARE SPECIALISTS PC M&A TAX DEPT, 7700 WEST SUNRISE BLVD. PLANTATION, FL 33322	MEDICAL	3,998,980.
XANITOS, INC. 3809 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19073	CLEANING	3,960,449.
CERNER CORPORATION 2800 ROCKCREEK PARKWAY KANSAS CITY, PA 19104	IT	3,165,409.
TRUSTEES OF THE UNIVERSITY OF PA 1ST FLOOR SOUTH PAVILION PHILADELPHIA, PA 19104	MEDICAL	2,327,404.

Name of the organization

Employer identification number

SHORE MEMORIAL HOSPITAL**21-0660835**

FORM 990, PART IX - OTHER FEES

=====

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
-----	-----	-----	-----	-----
PURCHASED SERVICES	19,081,012.	13,334,989.	5,679,183.	66,840.
PHYSICIAN FEES	17,845,859.	12,237,397.	5,543,222.	65,240.
CARE MANAGEMENT FEES	12,495,856.	8,703,923.	3,747,823.	44,110.
COLLECTION EXPENSE	1,086,242.	744,808.	337,462.	3,972.
PROFESSIONAL FEES	305,123.	286,149.	18,753.	221.
OTHER FEES	1,142,845.	857,893.	281,637.	3,315.
TOTALS	-----	-----	-----	-----
	51,956,937.	36,165,159.	15,608,080.	183,698.
	=====	=====	=====	=====

SCHEDULE R
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

SHORE MEMORIAL HOSPITAL

Employer identification number

21-0660835

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) BRIGHTON BAY, LLC 45-4335590 100 MEDICAL CENTER WAY SOMERS POINT, NJ 08244	HOLDING/MGMT	NJ	522,389.	3,584,127.	SMH
(2) SHORE QUALITY PARTNERS, LLC 46-4384840 100 MEDICAL CENTER WAY SOMERS POINT, NJ 08244	HEALTH SVCS.	NJ	2,122,724.	8,809,465.	SMH
(3) SHORE QUALITY PARTNERS ACO, LLC 84-2099293 100 MEDICAL CENTER WAY SOMERS POINT, NJ 08244	HEALTH SVCS.	NJ	1,134,232.	558,273.	SMH
(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) SHORE HEALTH SERVICES CORPORATION 22-2866335 100 MEDICAL CENTER WAY SOMERS POINT, NJ 08244	HOLDING CO.	NJ	501(C)(3)	509(A)(3)	SMHS		X
(2) SHORE MEMORIAL HEALTH SYSTEM 22-2866326 100 MEDICAL CENTER WAY SOMERS POINT, NJ 08244	HEALTH SVCS.	NJ	501(C)(3)	509(A)(3)	N/A		X
(3) SHORE MEMORIAL HEALTH FOUNDATION, INC. 34-2027846 100 MEDICAL CENTER WAY SOMERS POINT, NJ 08244	INACTIVE	NJ	501(C)(3)	509(A)(1)	SMH	X	
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) (Rev. 12-2024)

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) SHORE HEALTH ENTERPRISES, INC. 22-3501680 100 MEDICAL CENTER WAY SOMERS POINT, NJ 08244	RENTAL REAL EST.	NJ	N/A	C CORP.					X
(2) SHORE MEMORIAL PHYSICIAN'S GROUP, P.C. 27-5440611 100 MEDICAL CENTER WAY SOMERS POINT, NJ 08244	HEALTHCARE SVCS.	NJ	SMH	C CORP.	11,175,735.	6,041,662.	100.0000	X	
(3) BAYFRONT URGENT CARE, PA 27-4211365 100 MEDICAL CENTER WAY SOMERS POINT, NJ 08244	HEALTHCARE SVCS.	NJ	SMH	C CORP.	2,156,010.	895,894.	100.0000	X	
(4) SHORE HOSPITALISTS ASSOCIATES, PA 47-2173802 100 MEDICAL CENTER WAY SOMERS POINT, NJ 08244	HEALTHCARE SVCS.	NJ	SMH	C CORP.	3,213,521.	751,158.	100.0000	X	
(5) SHORE PATHOLOGY ASSOCIATES, P.C. 46-4221478 100 MEDICAL CENTER WAY SOMERS POINT, NJ 08244	HEALTHCARE SVCS.	NJ	SMH	C CORP.	520,965.	77,037.	100.0000	X	
(6) SHORE SPECIALTY CONSULTANTS, PA 47-2248436 100 MEDICAL CENTER WAY SOMERS POINT, NJ 08244	HEALTHCARE SVCS.	NJ	SMH	C CORP.	11,540,752.	1,905,618.	100.0000	X	
(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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

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

Part VI

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

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

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

Part VII Supplemental Information

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

SCHEDULE R, PART V

THE ORGANIZATION IS A MEMBER OF SHORE MEMORIAL HEALTH SYSTEM AND AFFILIATES; 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. THE SYSTEM'S 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 SHORE MEMORIAL HOSPITAL				Identifying Number 21-0660835	
DESCRIPTION OF PROPERTY RENTAL INCOME					
☐	Yes	☐	No	Did you actively participate in the operation of the activity during the tax year?	
TYPE OF PROPERTY:					
REAL RENTAL INCOME					
OTHER INCOME:					
RENTAL INCOME				1,063,308.	
TOTAL GROSS INCOME					1,063,308.
OTHER EXPENSES:					
OTHER EXPENSES				173,999.	
DEPRECIATION (SHOWN BELOW)					
LESS: Beneficiary's Portion					
AMORTIZATION					
LESS: Beneficiary's Portion					
DEPLETION					
LESS: Beneficiary's Portion					
TOTAL EXPENSES					173,999.
TOTAL RENT OR ROYALTY INCOME (LOSS)					889,309.

Less Amount to

Rent or Royalty _____

Depreciation

Depletion _____

Investment Interest Expense _____

Other Expenses _____

Net Income (Loss) to Others

Net Rent or Royalty Income (Loss)	889,309.
---	----------

Deductible Rental Loss (if Applicable)

SCHEDULE FOR DEPRECIATION CLAIMED

[illegible]

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE
=====

OTHER INCOME

RENTAL INCOME	1,063,308.

	1,063,308.
	=====

OTHER DEDUCTIONS

OTHER EXPENSES	173,999.

	173,999.
	=====

RENT AND ROYALTY SUMMARY

=====

PROPERTY -----	TOTAL INCOME -----	DEPLETION/ DEPRECIATION -----	OTHER EXPENSES -----	ALLOWABLE NET INCOME -----
RENTAL INCOME	1,063,308.		173,999.	889,309.
	-----	-----	-----	-----
TOTALS	1,063,308.		173,999.	889,309.
	=====	=====	=====	=====

**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/Form1041 for instructions and the latest information.

OMB No. 1545-0092

2024

Name of estate or trust

SHORE MEMORIAL HOSPITAL

Employer identification number

21-0660835

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)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked.				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked.				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked.				
4 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824.				4
5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts.				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2023 Capital Loss Carryover Worksheet.				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on Part III, line 17, column (3).				7

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)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked.	3,764,154.			3,764,154.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked.				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked.				
11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824.				11
12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts.				12
13 Capital gain distributions.				13
14 Gain from Form 4797, Part I.				14
15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2023 Capital Loss Carryover Worksheet.				15 ()
16 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on Part III, line 18a, column (3).				16 3,764,154.

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

Schedule D (Form 1041) 2024

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
17	Net short-term gain or (loss)	17		
18	Net long-term gain or (loss):			
a	Total for year	18a		3,764,154.
b	Unrecaptured section 1250 gain (see line 18 of the worksheet)	18b		
c	28% rate gain	18c		
19	Total net gain or (loss). Combine lines 17 and 18a.	19		3,764,154.

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

Part IV Capital Loss Limitation

20	Enter here and enter as a (loss) on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4c, if a trust), the smaller of: a The loss on line 19, column (3); or b \$3,000	20	()
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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, column (2), or line 18c, column (2), is more than zero;
- 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, column (2), or line 18c, column (2), is more than zero.

21	Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line 11)	21		
22	Enter the smaller of line 18a or 19 in column (2) but not less than zero.	22		
23	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	23		
24	Add lines 22 and 23	24		
25	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-	25		
26	Subtract line 25 from line 24. If zero or less, enter -0-	26		
27	Subtract line 26 from line 21. If zero or less, enter -0-	27		
28	Enter the smaller of the amount on line 21 or \$3,150	28		
29	Enter the smaller of the amount on line 27 or line 28	29		
30	Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0%	30		
31	Enter the smaller of line 21 or line 26	31		
32	Subtract line 30 from line 26	32		
33	Enter the smaller of line 21 or \$15,450	33		
34	Add lines 27 and 30	34		
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		
36	Enter the smaller of line 32 or line 35	36		
37	Multiply line 36 by 15% (0.15)	37		
38	Enter the amount from line 31	38		
39	Add lines 30 and 36	39		
40	Subtract line 39 from line 38. If zero or less, enter -0-	40		
41	Multiply line 40 by 20% (0.20)	41		
42	Figure the tax on the amount on line 27. Use the 2024 Tax Rate Schedule for Estates and Trusts. See the Schedule G instructions in the Instructions for Form 1041	42		
43	Add lines 37, 41, and 42	43		
44	Figure the tax on the amount on line 21. Use the 2024 Tax Rate Schedule for Estates and Trusts. See the Schedule G instructions in the Instructions for Form 1041	44		
45	Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule G, Part I, line 1a (or Form 990-T, Part II, line 2)	45		

Schedule D (Form 1041) 2024

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

SHORE MEMORIAL HOSPITAL

21-0660835

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

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

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	SECURITIES	VARIOUS	VARIOUS	3,764,154.00				3,764,154.00
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) . . .				3,764,154.				3,764,154.

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.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2024

Attachment
Sequence No. 27

Name(s) shown on return

SHORE MEMORIAL HOSPITAL

Identifying number

21-0660835

1a Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions**1a****b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets**1b****c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets**1c****Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year** (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows. Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.						7
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is not zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9

Part II Ordinary Gains and Losses (see instructions)**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

							65,083.
11	Loss, if any, from line 7						11 ()
12	Gain, if any, from line 7 or amount from line 8, if applicable.						12
13	Gain, if any, from line 31						13
14	Net gain or (loss) from Form 4684, lines 31 and 38a						14
15	Ordinary gain from installment sales from Form 6252, line 25 or 36						15
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824						16
17	Combine lines 10 through 16.						17 65,083.
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions						18a
	b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4.						18b

For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2024)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255
(see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			

These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23			
24	Total gain. Subtract line 23 from line 20	24			
25	If section 1245 property:				
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.				
a	Additional depreciation after 1975. See instructions	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.				
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage. See instructions	27b			
c	Enter the smaller of line 24 or 27b	27c			
28	If section 1254 property:				
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b	Enter the smaller of line 24 or 28a	28b			
29	If section 1255 property:				
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b	Enter the smaller of line 24 or 29a. See instructions	29b			

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less
(see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation. See instructions	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

Form **4797** (2024)

SHORE MEMORIAL HOSPITAL
Supplement to Form 4797 Part II Detail

21-0660835

Description	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
SCRAP	VARIOUS	VARIOUS	65,083.			65,083.
Totals						65,083.