

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2019)

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

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 \$ 1,213,122,874 including grants of \$ 577,750 ) (Revenue \$ 1,401,597,138 )  
See Additional Data

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

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

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

**4e** Total program service expenses ► 1,213,122,874

**Part IV Checklist of Required Schedules**

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

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

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

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b>	1,080
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes

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

Form **990** (2019)

**Part VI**

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year	23	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	17	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?		No
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (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 in Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
**CHIEF FINANCIAL OFFICER ONE COOPER PLAZA Camden, NJ 08103 (856) 342-2000**

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

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

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

See 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.

[illegible]





Form 990 (2019)		Page 9					
Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII							
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	2,383,397				
	e Government grants (contributions)	1e	40,577,748				
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f		42,961,145				
Program Service Revenue	Business Code						
	2a NET PATIENT SERVICE REVENUE	541900	1,355,976,535	1,355,976,535			
	b OTHER HEALTHCARE RELATED REVENUE	541900	34,723,481	34,723,481			
	c EDUCATION	541900	220,487	220,487			
	d						
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f.		1,390,920,503					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		13,175,410		13,175,410		
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6a Gross rents	(i) Real	(ii) Personal	213,792		213,792	
		6a	213,792				
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c				213,792
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	13,223,042		13,223,042	
		7a	152,103,370				
		b Less: cost or other basis and sales expenses	7b				138,880,328
		c Gain or (loss)	7c				13,223,042
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a	0			
	b Less: direct expenses		8b	0			
	c Net income or (loss) from fundraising events		0				
	9a Gross income from gaming activities. See Part IV, line 19		9a	0			
	b Less: direct expenses		9b	0			
	c Net income or (loss) from gaming activities		0				
	10aGross sales of inventory, less returns and allowances		10a	0			
b Less: cost of goods sold		10b	0				
c Net income or (loss) from sales of inventory		0					
Miscellaneous Revenue		Business Code					
11aCAFETERIA/COFFEE/GIFT SHOP		900099	6,868,566		6,868,566		
b AIR/GROUND TRANSPORT/PARKING		900099	8,452,386		8,452,386		
c LOSS ON DEBT EXTINGUISHMENT		900099	6,514,600	6,514,600			
d All other revenue			4,162,035	4,162,035			
e Total. Add lines 11a-11d		25,997,587					
12 Total revenue. See instructions		1,486,491,479			1,401,597,138	41,933,196	

Form 990 (2019)

**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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	77,750	77,750		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	0			
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	12,435,793	6,447,014	5,988,779	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages . . . . .	686,042,446	615,665,611	70,376,835	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	15,986,843	14,892,531	1,094,312	
<b>9</b> Other employee benefits . . . . .	56,021,651	50,597,412	5,424,239	
<b>10</b> Payroll taxes . . . . .	45,291,971	41,073,134	4,218,837	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	9,902,602	2,181,306	7,721,296	
<b>b</b> Legal . . . . .	3,517,883	201,146	3,316,737	
<b>c</b> Accounting . . . . .	933,354		933,354	
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees . . . . .	668,289		668,289	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	65,906,362	34,660,952	31,245,410	
<b>12</b> Advertising and promotion . . . . .	6,438,394	2,825,477	3,612,917	
<b>13</b> Office expenses . . . . .	268,830,702	268,830,702		
<b>14</b> Information technology . . . . .	0			
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	35,435,932	28,066,093	7,369,839	
<b>17</b> Travel . . . . .	685,182	489,217	195,965	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	1,318,431	1,220,628	97,803	
<b>20</b> Interest . . . . .	13,393,311	9,891,893	3,501,418	
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	52,176,968	52,176,968		
<b>23</b> Insurance . . . . .	32,449,817	30,412,122	2,037,695	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MISCELLANEOUS EXPENSE	89,200,754	40,904,356	48,296,398	
<b>b</b> DEFINED BEN PLAN SVCS COST	14,715,955	12,508,562	2,207,393	
<b>c</b> GE LEASE	5,128,284		5,128,284	
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,416,558,674	1,213,122,874	203,435,800	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		162,015,648	<b>1</b>	15,747,968
	<b>2</b>	Savings and temporary cash investments . . . . .		99,693,590	<b>2</b>	313,383,070
	<b>3</b>	Pledges and grants receivable, net . . . . .		4,946,042	<b>3</b>	6,107,639
	<b>4</b>	Accounts receivable, net . . . . .		138,859,714	<b>4</b>	146,719,322
	<b>5</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		0	<b>5</b>	0
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		0	<b>6</b>	0
	<b>7</b>	Notes and loans receivable, net . . . . .		15,781,400	<b>7</b>	0
	<b>8</b>	Inventories for sale or use . . . . .		20,287,167	<b>8</b>	20,615,893
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		15,574,795	<b>9</b>	7,324,586
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 1,229,895,194			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b> 650,869,238	482,676,026	<b>10c</b>	579,025,956
	<b>11</b>	Investments—publicly traded securities . . . . .		295,574,736	<b>11</b>	329,174,577
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		0	<b>12</b>	0
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		0	<b>13</b>	0
	<b>14</b>	Intangible assets . . . . .		225,507	<b>14</b>	67,539,348
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		18,130,537	<b>15</b>	34,767,403
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		1,253,765,162	<b>16</b>	1,520,405,762	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		158,861,618	<b>17</b>	214,575,616
	<b>18</b>	Grants payable . . . . .		0	<b>18</b>	0
	<b>19</b>	Deferred revenue . . . . .		13,434,299	<b>19</b>	18,222,579
	<b>20</b>	Tax-exempt bond liabilities . . . . .		248,211,178	<b>20</b>	244,880,901
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D		0	<b>21</b>	0
	<b>22</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		0	<b>22</b>	0
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		7,874,987	<b>23</b>	48,467,121
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		0	<b>24</b>	0
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		147,634,745	<b>25</b>	226,393,197
<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		576,016,827	<b>26</b>	752,539,414	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>					
	<b>27</b>	Net assets without donor restrictions . . . . .		677,309,335	<b>27</b>	767,427,348
	<b>28</b>	Net assets with donor restrictions . . . . .		439,000	<b>28</b>	439,000
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>					
	<b>29</b>	Capital stock or trust principal, or current funds . . . . .			<b>29</b>	
	<b>30</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>30</b>	
	<b>31</b>	Retained earnings, endowment, accumulated income, or other funds			<b>31</b>	
	<b>32</b>	<b>Total net assets or fund balances</b> . . . . .		677,748,335	<b>32</b>	767,866,348
<b>33</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		1,253,765,162	<b>33</b>	1,520,405,762	

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,486,491,479
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,416,558,674
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	69,932,805
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	677,748,335
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	10,269,521
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	9,915,687
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	767,866,348

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	No	
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 21-0634462  
**Name:** The Cooper Health System A New Jersey  
Non-Profit Corporation

Form 990 (2019)

**Form 990, Part III, Line 4a:**

See Schedule O.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
Kevin O'Dowd JD ..... Co-President/CEO	50.0 ..... 5.0	X		X				1,875,882	0	176,726
Anthony Mazzarelli MD ..... Co-President/CEO	53.0 ..... 2.0	X		X				1,730,750	0	131,703
Michael Rosenbloom MD ..... Head, Div of Cardiothoracic Sg	55.0 ..... 0.0					X		1,753,545	0	61,373
ADRIENNE KIRBY PHD ..... PRES&CEO (end May 2019)	48.0 ..... 7.0	X		X				1,745,427	0	28,986
Frank W Bowen III M ..... Surgeon	55.0 ..... 0.0					X		1,458,508	0	66,924
Jeffrey P Carpenter ..... Chief of Surgery	55.0 ..... 0.0				X			1,312,387	0	34,750
Richard Y Highbloom ..... Surgeon	55.0 ..... 0.0					X		1,278,425	0	51,334
Michael Sabia MD ..... Surgeon	55.0 ..... 0.0					X		1,146,381	0	51,461
Adam Elfant MD ..... Assc Division Head-Dept of Med	55.0 ..... 0.0					X		1,122,163	0	49,630
Lawrence S Miller MD ..... Chief, Orthopedic Surgery	55.0 ..... 0.0				X			999,421	0	34,750

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
Brian Reilly ..... Chief Financial Officer	55.0 ..... 0.0			X				843,372	0	86,114
Eric Kupersmith MD ..... Chief Physician Executive	55.0 ..... 0.0			X				799,849	0	123,035
Gary Lesneski ..... Sr EVP/General Counsel	55.0 ..... 0.0			X				867,041	0	39,220
Generosa Grana MD ..... Trustee/Dir Cooper Cancer Ins	52.0 ..... 3.0	X						807,980	0	54,911
Roland Schwarting MD ..... Trustee/Chief, Pathology	52.0 ..... 3.0	X						731,513	0	46,154
MICHAEL E CHANSKY MD ..... TRUSTEE/CHIEF, EMERGENCY MED	55.0 ..... 0.0	X						710,158	0	55,775
Robin L Perry MD ..... Chief, Dept of Ob Gyn	55.0 ..... 0.0				X			654,342	0	61,372
Sean Murphy ..... Sr EVP/General Counsel	55.0 ..... 0.0			X				496,160	0	81,275
Kenneth M Wright ..... SVP/CHIEF ACCTG OFFICER	46.0 ..... 9.0				X			440,711	0	55,729
Elizabeth Green ..... SVP Human Resource	55.0 ..... 0.0				X			412,728	0	82,379

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
Kathleen Devine RN DR ..... SVP/Chief Nursing Officer	55.0 ..... 0.0			X				364,125	0	74,935
Robert Hockel ..... SVP, OPERATIONS	55.0 ..... 0.0				X			360,456	0	58,184
Steven E Ross MD ..... Trustee/Dept of Surgery	52.0 ..... 3.0	X						346,499	0	47,625
Jayashree Raman ..... Chief Info Off(end March 2019)	55.0 ..... 0.0			X				286,949	0	3,341
Dina Mathews Laurendea ..... Board Secretary	37.0 ..... 3.0			X				110,431	0	45,436
George E Norcross II ..... Chariman of the Board/Trustee	3.0 ..... 0.0	X		X				0	0	0
Peter S Amenta MD P ..... Trustee	3.0 ..... 0.0	X						0	0	0
Sidney R Brown ..... Trustee	3.0 ..... 0.0	X						0	0	0
Leon D Dembo Esq ..... Trustee	3.0 ..... 0.0	X						0	0	0
Dennis M DiFlorio ..... Trustee	3.0 ..... 0.0	X						0	0	0



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
Phoebe A Haddon JD ..... Trustee	3.0 ..... 0.0	X						0	0	0
Ali A Houshmand PhD ..... Trustee	3.0 ..... 0.0	X						0	0	0
Paul Katz MD ..... Trustee	3.0 ..... 0.0	X						0	0	0
Duane D Myers ..... Trustee	3.0 ..... 0.0	X						0	0	0
Philip A Norcross Es ..... Trustee	3.0 ..... 3.0	X						0	0	0
Cheryl Norton ..... Trustee	3.0 ..... 0.0	X						0	0	0
Annette Reboli MD ..... Trustee	3.0 ..... 0.0	X						0	0	0
Robert A Saporito DD ..... Trustee	3.0 ..... 0.0	X						0	0	0
William A Schwartz J ..... Trustee	3.0 ..... 0.0	X						0	0	0
Kris Singh PhD ..... Trustee	3.0 ..... 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
Harvey A Snyder MD ..... Trustee	3.0 ..... 0.0	X						0	0	0
Joseph C Spagnoletti ..... Trustee (end Nov 2019)	3.0 ..... 0.0	X						0	0	0
Susan Weiner ..... Trustee	3.0 ..... 0.0	X						0	0	0

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

The Cooper Health System A New Jersey Non-Profit Corporation

Employer identification number

21-0634462

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

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

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .					15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6. . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in <b>Part VI</b>.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.</i>		

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<b>1</b> <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		



Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014. . . . .			
b From 2015. . . . .			
c From 2016. . . . .			
d From 2017. . . . .			
e From 2018. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015. . . . .			
b Excess from 2016. . . . .			
c Excess from 2017. . . . .			
d Excess from 2018. . . . .			
e Excess from 2019. . . . .			

Additional Data

Software ID:  
Software Version:  
EIN: 21-0634462  
Name: The Cooper Health System A New Jersey  
Non-Profit Corporation

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

Facts And Circumstances Test

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

Name of the organization The Cooper Health System A New Jersey Non-Profit Corporation	Employer identification number 21-0634462
---	--

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

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

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

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

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

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

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

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

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

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

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

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b>	Volunteers? .....		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	Yes		
<b>c</b>	Media advertisements? .....		No	
<b>d</b>	Mailings to members, legislators, or the public? .....		No	
<b>e</b>	Publications, or published or broadcast statements? .....		No	
<b>f</b>	Grants to other organizations for lobbying purposes? .....		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes		256,084
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....	Yes		26,039
<b>j</b>	Total. Add lines 1c through 1i .....			282,123
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
Lobbying Activity Explanation	During the year, the Organization incurred the following lobbying expenditures: The organization paid independent firms \$192,244 to provide lobbying consulting services and to engage in lobbying efforts on behalf of the organization. The organization incurred internal expenses for salaries and benefits of \$63,840 where its professionals participated in lobbying efforts. The organization was a member of certain industry organizations; all of which engage in lobbying efforts on behalf of their member hospitals. The portion of these dues allocated to lobbying expenditures for the year is detailed below and in total is \$26,039. New Jersey Hospital Association \$18,539 Hospital Alliance of New Jersey \$7,500

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493321244470

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
The Cooper Health System A New Jersey  
Non-Profit Corporation

Employer identification number  
21-0634462

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 (e.g., recreation or education)

☐ Preservation of an 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 Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, 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 2(d) 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:

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

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

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

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other .....

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .

☐ Yes

☐ No

b

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

c

Beginning balance . . . . .

d

Additions during the year . . . . .

e

Distributions during the year . . . . .

f

Ending balance . . . . .

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	439,000	439,000	439,000	439,000	439,000
b Contributions . . . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .	439,000	439,000	439,000	439,000	439,000

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 ▶ 100.000 % .....

c

Temporarily restricted endowment ▶ .....

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

3a

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

(i) unrelated organizations . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

Yes

No

b

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

3b

Yes

No

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 . . . . .		3,331,857		3,331,857
b Buildings . . . . .		279,041,507	97,635,857	181,405,650
c Leasehold improvements		296,060,785	128,201,138	167,859,647
d Equipment . . . . .		650,190,102	424,466,451	225,723,651
e Other . . . . .		1,270,943	565,792	705,151
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				579,025,956

Schedule D (Form 990) 2019

Part VII

Investments—Other Securities.

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

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

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

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

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	226,393,197

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



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	1,486,160,146
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	10,269,521
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	-10,600,854
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-331,333
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	1,486,491,479
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	1,486,491,479

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	1,396,045,146
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	1,396,045,146
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	20,513,528
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	20,513,528
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	1,416,558,674

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 21-0634462  
**Name:** The Cooper Health System A New Jersey  
Non-Profit Corporation

**Supplemental Information**

Return Reference	Explanation
Schedule D, Part V, Line 4	Intended uses of endowment funds Restricted Funds are used to support the charitable activities and programs of the organization and its affiliates.

## Supplemental Information

Return Reference	Explanation
RECONCILIATION OF REVENUE PER AFS WITH REVENUE PER RETURN	SCHEDULE D, Part XI, LINE 2D Change in Interest Rate Swap \$ (1,526,595) Change in Pension Benefit Obligation 11,439,269 Reclass: Investment Mgmt Fees (668,289) Reclass: Defined Ben efit Plan Costs (14,715,955) Reclass: GE Lease (5,129,284) ----- TOTAL \$ (10,600, 854)

## Supplemental Information

Return Reference	Explanation
RECONCILIATION OF EXPENSES PER AFS WITH EXPENSES PER RETURN	Schedule D, Part XII, Line 4b Reclass: Investment Mgmt Fees \$ 668,289 Reclass: Defined Ben efit Plan Costs 14,715,955 Reclass: GE Lease 5,129,284 ----- Total \$ 20,513,528

SCHEDULE H  
(Form 990)

Hospitals

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Name of the organization  
The Cooper Health System A New Jersey  
Non-Profit Corporation

Employer identification number  
21-0634462

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	1a	Yes
b	If "Yes," was it a written policy? . . . . .	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.  <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.  a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:  <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %  b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . .  <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 500 %  c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.  4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .  5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .  b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .  c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .  6a Did the organization prepare a community benefit report during the tax year? . . . . .  b 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.	3a	Yes
		3b	Yes
		4	Yes
		5a	Yes
		5b	Yes
		5c	No
		6a	Yes
		6b	Yes

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	937	31,237,929	14,457,000	16,780,929	1.180 %
b Medicaid (from Worksheet 3, column a) . . . . .	1	10,191	360,565,144	277,439,640	83,125,504	5.870 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d Total Financial Assistance and Means-Tested Government Programs . . . . .	2	11,128	391,803,073	291,896,640	99,906,433	7.050 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4). . . . .		1,594,479	1,255,000	793,274	461,726	0.030 %
f Health professions education (from Worksheet 5) . . . . .			119,921,193	46,122,371	73,798,822	5.210 %
g Subsidized health services (from Worksheet 6) . . . . .			178,516	176,935	1,581	
h Research (from Worksheet 7) . . . . .	1		23,140	0	23,140	0.020 %
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			227,100		227,100	0.020 %
j Total. Other Benefits . . . . .	1	1,594,479	121,604,949	47,092,580	74,512,369	5.280 %
k Total. Add lines 7d and 7j . . . . .	3	1,605,607	513,408,022	338,989,220	174,418,802	12.330 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing			1,051,302	906,010	145,292	0.010 %
<b>2</b> Economic development			55,000	0	55,000	
<b>3</b> Community support		2,470	890,753	63,298	827,455	0.060 %
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members		40	684	0	684	
<b>6</b> Coalition building		90	5,581	0	5,581	
<b>7</b> Community health improvement advocacy		560	4,626	0	4,626	
<b>8</b> Workforce development		92	1,968	0	1,968	
<b>9</b> Other						
<b>10 Total</b>		3,252	2,009,914	969,308	1,040,606	0.070 %

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

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	<b>1</b>		
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .	<b>2</b>		
<b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. . . . .	<b>3</b>		
<b>4</b> 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**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME) . . . . .	<b>5</b>	212,859,000
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	<b>6</b>	278,726,000
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	<b>7</b>	-65,867,000
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year? . . . . .	<b>9a</b>	Yes	
<b>b</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 . . . . .	<b>9b</b>	Yes	

**Part IV Management Companies and Joint Ventures**

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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 %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**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)

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										



**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)  
COOPER HEALTH SYSTEM**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

1

**Community Health Needs Assessment**

	Yes	No
<b>1</b> 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? . . . . .	<b>1</b> Yes	
<b>2</b> 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. . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	<b>3</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
<b>5</b> 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 . . . . .	<b>5</b> Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b> Yes	
<b>b</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 . . . . .	<b>6b</b> Yes	
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	<b>7</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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. . . . .	<b>8</b> Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>	<b>10</b> Yes	
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> 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.		
<b>12a</b> 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)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

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

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

COOPER HEALTH SYSTEM

**Name of hospital facility or letter of facility reporting group**

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

**Policy Relating to Emergency Medical Care**

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

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

COOPER HEALTH SYSTEM

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C.

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C.

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

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

[illegible]

**Part V**   **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 72

Name and address	Type of Facility (describe)
<b>1</b> See Additional Data Table	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**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.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 3C	ELIGIBILITY FOR DISCOUNTED CARE: THE INCOME BASED CRITERIA USED TO DETERMINE ELIGIBILITY IS PER NEW JERSEY ADMINISTRATIVE CODE 10:52 SUB CHAPTERS 11, 12 AND 13, AND BASED UPON THE 2019 POVERTY GUIDELINES (DEPARTMENT OF HEALTH AND SENIOR SERVICES). FEDERAL POVERTY GUIDELINES (FPG) ARE INCLUDED IN THE CRITERIA FOR DETERMINING ELIGIBILITY FOR CHARITY AND DISCOUNTED CARE.
PART I, LINE 7, COLUMN F	PERCENT OF TOTAL EXPENSES: THERE WAS NO ADJUSTMENT NECESSARY AS PART IX, LINE 25, COLUMN (A) DID NOT INCLUDE BAD DEBT EXPENSE. PART I, LINE 7G FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST: NO COSTS RELATING TO SUBSIDIZED HEALTHCARE SERVICES ARE ATTRIBUTABLE TO ANY PHYSICIAN CLINICS.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART II	COMMUNITY BUILDING ACTIVITIES: THE HEALTH OF THE SURROUNDING COMMUNITIES IS OF COOPER'S UTMOST CONCERN. FROM HEALTHCARE PROGRAMS FOR THE COMMUNITY TO EDUCATIONAL AND EMPLOYMENT PROGRAMS, COOPER STRIVES TO BE A RESPONSIBLE, INVOLVED COMMUNITY ADVOCATE. PLEASE SEE SCHEDULE O FOR THE COMMUNITY BENEFIT STATEMENT.
PART III, SECTION A, LINES 2 & 4	THE HEALTH SYSTEM ADOPTED ASU 2014-09 FOLLOWING THE MODIFIED RETROSPECTIVE METHOD EFFECTIVE JANUARY 1, 2018, FOR ITS CONSOLIDATED FINANCIAL STATEMENTS. AS A RESULT OF IMPLEMENTING ASU-2014-09, CERTAIN PATIENT ACTIVITY WHERE COLLECTION IS UNCERTAIN NO LONGER MEETS THE CRITERIA FOR REVENUE RECOGNITION AND, ACCORDINGLY, REPRESENTS A REDUCTION TO NET PATIENT SERVICE REVENUE AS AN IMPLICIT PRICE CONCESSION. PLEASE SEE PAGES 15, 16 AND 28, 29 OF THE AUDITED FINANCIAL STATEMENTS FOR A DISCUSSION ON THIS TOPIC. THE HEALTH SYSTEM PROVIDES CARE TO THOSE WHO MEET THE STATE OF NEW JERSEY PUBLIC LAW 1992 (CHAPTER 160) CHARITY CARE CRITERIA. CHARITY CARE IS PROVIDED WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED CHARGES. THE HEALTH SYSTEM MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE IT PROVIDES. THE COST OF SERVICES PROVIDED AND SUPPLIES FURNISHED UNDER ITS CHARITY CARE POLICY IS ESTIMATED USING INTERNAL COST DATA AND IS CALCULATED BASED ON THE HEALTH SYSTEMS COST ACCOUNTING SYSTEM. THE TOTAL DIRECT AND INDIRECT AMOUNT OF CHARITY CARE PROVIDED, DETERMINED ON THE BASIS OF COST, WAS \$29,629,971 AND \$29,708,319 FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018, RESPECTIVELY. THE HEALTH SYSTEM'S PATIENT ACCEPTANCE POLICY IS BASED UPON ITS MISSION STATEMENT AND ITS CHARITABLE PURPOSES. ACCORDINGLY, THE HEALTH SYSTEM ACCEPTS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. THIS POLICY RESULTS IN THE HEALTH SYSTEM'S ASSUMPTION OF SIGNIFICANT PATIENT RECEIVABLE CREDIT RISKS. FOR THE YEAR ENDED DECEMBER 31, 2019, AND FOR SERVICES PROVIDED SUBSEQUENT TO THE ADOPTION OF ASU 2014-09 ON JANUARY 1, 2018, FOR PATIENTS WHO WERE DETERMINED BY THE HEALTH SYSTEM TO HAVE THE ABILITY TO PAY BUT DID NOT, THE EXPECTED UNCOLLECTED AMOUNTS ARE CLASSIFIED AS AN IMPLICIT PRICE CONCESSION WHICH REDUCES NET PATIENT SERVICE REVENUE. FOR PATIENT SERVICES PROVIDED PRIOR TO DECEMBER 31, 2017, PRIOR TO THE ADOPTION OF ASU-2014-09, FOR PATIENTS WHO WERE DETERMINED BY THE HEALTH SYSTEM TO HAVE THE ABILITY TO PAY BUT DID NOT, THE UNCOLLECTED AMOUNTS WERE CLASSIFIED AS PROVISION FOR BAD DEBTS.



## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, SECTION B, LINE 8	<p>MEDICARE COSTS WERE DERIVED FROM THE 2019 MEDICARE COST REPORT. MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS, IN OUR OPINION, SHOULD BE 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 INDIVIDUAL'S IN A NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY AND CONSISTENT WITH THE COMMUNITY BENEFIT STANDARD PROMULGATED BY THE IRS. THE COMMUNITY BENEFIT STANDARD IS THE CURRENT STANDARD FOR A HOSPITAL FOR RECOGNITION AS A TAX-EXEMPT AND CHARITABLE ORGANIZATION UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(C)(3).THE ORGANIZATION IS RECOGNIZED AS A TAX-EXEMPT ENTITY AND CHARITABLE ORGANIZATION UNDER IRC SECTION 501(C)(3). 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 IRC SECTION 501(C)(3) IN ITS GENERALLY ACCEPTED LEGAL SENSE, AND PROVIDES EXAMPLES OF CHARITABLE PURPOSES, INCLUDING THE RELIEF OF THE INDIGENT 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 SECTION 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.</p>
PART III, SECTION C, LINE 9B	<p>COLLECTION PRACTICES: THE ORGANIZATION EXPECTS PAYMENT AT THE TIME THE SERVICE IS PROVIDED. OUR POLICY IS TO COMPLY WITH THE REQUIREMENTS OF THE AFFORDABLE CARE ACT AS WELL AS IRC SECTION 501(R). EMERGENCY SERVICES WILL BE PROVIDED TO ALL PATIENTS REGARDLESS OF ABILITY TO PAY. FINANCIAL ASSISTANCE IS AVAILABLE FOR PATIENTS BASED ON FINANCIAL NEED AS DEFINED IN THE FINANCIAL ASSISTANCE POLICY. THE ORGANIZATION DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, CREED, SEX, OR ABILITY TO PAY. PATIENTS WHO ARE UNABLE TO PAY MAY REQUEST A FINANCIAL ASSISTANCE APPLICATION AT ANY TIME PRIOR TO SERVICE OR DURING THE BILLING AND COLLECTION PROCESS. THE ORGANIZATION MAY REQUEST THE PATIENT TO APPLY FOR MEDICAL ASSISTANCE PRIOR TO APPLYING FOR FINANCIAL ASSISTANCE. THE ACCOUNT WILL NOT BE FORWARDED FOR COLLECTION DURING THE MEDICAL ASSISTANCE APPLICATION PROCESS.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, QUESTION 2	NEEDS ASSESSMENT: COOPER HEALTH SYSTEM (CHS) CONDUCTS A REVIEW OF KEY FACTOR INFORMATION ANNUALLY WHICH INCLUDES: A REVIEW OF HEALTHCARE UTILIZATION OF ITS SERVICE AREA POPULATION BY SERVICES (UROLOGY, CARDIOLOGY, OBSTETRICS, ETC.) FOR DETERMINING INCREASED OR DECREASED HEALTH NEEDS; HEALTHCARE SERVICE ESTIMATES AND FORECASTS (BOTH AND OUTPATIENT); ASSESSMENTS OF LOCAL DEMOGRAPHIC AND SOCIOECONOMIC INFORMATION; REVIEW OF HEALTH STATUS/NEEDS ASSESSMENTS AND STUDIES CONDUCTED BY EXTERNAL PARTIES, INCLUDING NOT LIMITED TO A COMMUNITY HEALTH NEEDS ASSESSMENT COMPLETED AND APPROVED BY COOPER HEALTH SYSTEM IN DECEMBER 2019 AS REQUIRED BY IRC SECTION 501(R). CHS IS IN A DIVERSE SUBURBAN LOCATION SERVING DIVERSE COMMUNITIES RANGING FROM INNER CITY COMMUNITIES IN CAMDEN TO MORE AFFLUENT SUBURBAN AREAS. CHS IS LOCATED IN CAMDEN, CAMDEN COUNTY. CAMDEN COUNTY IS THE 4TH MOST POPULOUS COUNTY IN THE STATE WITH 21 COUNTIES. CHS IS COMMITTED TO SERVICE FOR ITS COMMUNITIES AND SERVES BOTH INNER CITY AND SUBURBAN AREAS. ABOUT 46.75 PERCENT OF ITS INPATIENTS ARE OF MINORITY RACE/ETHNICITY. IN ADDITION, APPROXIMATELY 8.9 PERCENT OF ITS PATIENTS ARE OF UNDERINSURED AND UNINSURED PAYER CATEGORIES.
PART VI, QUESTION 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE: IT IS THE POLICY OF COOPER UNIVERSITY HOSPITAL TO ASSIST UNINSURED AND UNDERINSURED PATIENTS WITH HOSPITAL AND PHYSICIAN BILLS BY PROVIDING DISCOUNTS AND PAYMENT PLAN OPTIONS WHEN ELIGIBILITY FOR MEDICAID OR CHARITY CARE HAVE BEEN EXHAUSTED DUE TO EXCESS INCOME OR RESOURCES. 1. PATIENTS ARE SCREENED FOR ALL POTENTIAL THIRD PARTY LIABILITY RESOURCES, INCLUDING COOPER RELATED GRANTS. 2. REFERRALS DIRECTED TO UNINSURED PATIENT COORDINATOR ORIGINATE FROM ACCOUNTS RECEIVABLE MANAGEMENT AND DATA SERVICES, PHYSICIAN OFFICES, CLINICS AND ANY OTHER COOPER HOSPITAL, OFF CAMPUS, FACILITIES AND CAN BE MADE PRIOR TO OR AFTER A SPECIFIED DATE OF SERVICE(S). 3. UNINSURED PATIENT COORDINATOR CONTACTS PHYSICIAN DEPARTMENTS TO INFORM THEM OF PATIENT NEED FOR DISCOUNT, SECURES DISCOUNTED RATES, AND FORWARDS TO PATIENT. 4. PATIENTS ARE QUOTED PRICES BY THE UNINSURED PATIENT COORDINATOR THAT CORRESPONDS TO MEDICARE EXPECTED REIMBURSEMENT RATES FOR OUTPATIENT PROCEDURES AND MEDICARE BASE DIAGNOSIS-RELATED GROUP RATE FOR HOSPITALIZATIONS. 5. ALL DISCOUNTED RATES ARE PRESENTED TO THE PATIENT AS WELL AS PAYMENT PLAN OPTIONS USING THE PRICING ESTIMATE SOFTWARE TOOL THAT STORES AND PRINTS STANDARD ESTIMATES FOR PATIENTS. 6. UNINSURED DISCOUNT PLAN INSURANCE AND ADJUSTMENTS ARE POSTED TO HOSPITAL AND PROFESSIONAL BILLING SYSTEM WHEN APPROPRIATE. 7. THE UNINSURED PATIENT COORDINATOR DETERMINES AND DISTRIBUTES PATIENT PAYMENTS AMONGST ALL HOSPITAL AND PHYSICIAN DEPARTMENTS.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, QUESTION 4	COMMUNITY INFORMATION: THE ORGANIZATION IS IN A DIVERSE URBAN LOCATION SERVING DIVERSE COMMUNITIES RANGING FROM INNER CITY COMMUNITIES IN CAMDEN TO MORE AFFLUENT SUBURBAN AREAS. THIS ORGANIZATION IS LOCATED IN CAMDEN, IN CAMDEN COUNTY. CAMDEN COUNTY IS THE FOURTH MOST POPULOUS COUNTY IN THE STATE WITH 21 COUNTIES. THIS ORGANIZATION IS COMMITTED TO SERVICE FOR ITS CAMDEN COMMUNITIES AND SERVES BOTH INNER CITY AND SUBURBAN AREAS. ABOUT 46.75 PERCENT OF ITS INPATIENTS ARE OF MINORITY RACE/ETHNICITY. IN ADDITION, APPROXIMATELY 8.9 PERCENT OF ITS PATIENTS ARE OF UNDERINSURED AND UNINSURED PAYER CATEGORIES.
PART VI, QUESTION 5	PROMOTION OF COMMUNITY HEALTH: THIS ORGANIZATION OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545: 1. THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS; 2. THE ORGANIZATION OPERATES AN ACTIVE EMERGENCY ROOM FOR ALL PERSONS; WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS A YEAR. 3. THE ORGANIZATION MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS; 4. CONTROL OF THE ORGANIZATION 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, QUESTION 6	<p>AFFILIATED HEALTH CARE SYSTEM: COOPER HEALTH SYSTEM (CHS) IS COMMITTED ENHANCING THE OVERALL HEALTH STATUS OF THE COMMUNITY BY PROVIDING THE HIGHEST QUALITY HEALTHCARE AND RELATED SERVICES. CHS STRIVES TO EXCEED THE PATIENTS' EXPECTATIONS EMPHASIZING COMMITMENT, COMPETENCE, COLLABORATION, COMMUNICATION, AND COMPASSION. THE RESPECTIVE ROLES OF CHS AND ITS AFFILIATES IN PROMOTING THE HEALTH OF THE COMMUNITIES SERVED IS AS FOLLOWS: - COOPER MEDICAL SERVICES, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE SECTION 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE SECTION 509(A)(3). THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF THE COOPER HEALTH SYSTEM. - THE COOPER FOUNDATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE SECTION 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE SECTION 509(A)(1). THE ORGANIZATION RECEIVES CHARITABLE CONTRIBUTIONS AND GRANTS FROM VARIOUS SOURCES AND DISBURSES GRANTS TO PRIMARILY COOPER HEALTH SYSTEM FOR ITS MISSION AND PROGRAMS, BUT ALSO TO OTHER INTERNAL REVENUE CODE SECTION 501(C)(3) ORGANIZATIONS. - THE COOPER CANCER CENTER IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE SECTION 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE SECTION 509(A)(1). THE ORGANIZATION WAS ESTABLISHED TO GROUND LEASE TO MD ANDERSON CANCER CENTER AT COOPER UNIVERSITY HEALTHCARE, INC. REAL PROPERTY IN CAMDEN, NJ TO CAUSE THE CONSTRUCTION OF, TO OBTAIN LOAN FUNDING FROM CERTAIN QUALIFIED COMMUNITY DEVELOPMENT FACILITIES UNDER THE NEW MARKET TAX CREDIT TO FUND THE CONSTRUCTION COSTS FOR, TO OWN AND MANAGE, AND TO LEASE BACK TO COOPER HEALTH SYSTEM A NEW COOPER CANCER INSTITUTE BUILDING. - THE COOPER HEALTH SYSTEM WORKER'S COMPENSATION TRUST IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE SECTION 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE SECTION 509(A)(3). THE ORGANIZATION PROVIDES WORKER'S COMPENSATION INSURANCE COVERAGE TO EMPLOYEES OF THE COOPER HEALTH SYSTEM. - COOPER HEALTHCARE SERVICES IS A FOR-PROFIT ENTITY WHOSE SOLE SHAREHOLDER IS COOPER HEALTH SYSTEM. THE ORGANIZATION IS LOCATED IN CAMDEN, NEW JERSEY. THE COMPANY IS A HOLDING COMPANY WITH ZERO ACTIVITY. - C &amp; H COLLECTION SERVICES, INC. IS A FOR-PROFIT ENTITY WHOSE SOLE SHAREHOLDER IS COOPER HEALTHCARE SERVICES. THE COMPANY IS LOCATED IN CAMDEN, NEW JERSEY. THE COMPANY PROVIDES COLLECTION SERVICES FOR COOPER HEALTH SYSTEM AND ITS AFFILIATED COMPANIES. - COOPER HEALTHCARE PROPERTIES, INC. IS A FOR-PROFIT ENTITY WHOSE SOLE SHAREHOLDER IS COOPER HEALTHCARE SERVICES. THE ORGANIZATION IS LOCATED IN CAMDEN, NEW JERSEY. THE ORGANIZATION PROVIDES PROPERTY MANAGEMENT SERVICES. - COOPER'S PHYSICIAN PRACTICES ARE INCORPORATED PROFESSIONAL CORPORATIONS IN THE STATE OF NEW JERSEY. THE PRACTICES SUPPORT THE OVERALL HEALTH SYSTEM'S CONTINUUM OF CARE. THEY ARE LISTED AS FOLLOWS: COOPER PERINATOLOGY ASSOCIATES, P.C.; CENTER FOR HEALTH AND WELLNESS, P.C.; CHC PAIN MANAGEMENT CENTER, P.A.; CMC DEPARTMENT OF MEDICINE GROUP, P.A.; CMC PSYCHIATRIC ASSOCIATES, P.C.; COOPER ANESTHESIA ASSOCIATES, P.C.; COOPER BONE AND JOINT INSTITUTE, P.C.; COOPER DEPARTMENT OF NEUROSCIENCE, P.C.; COOPER FACULTY OB-GYN, P.C.; COOPER FAMILY MEDICINE, P.C.; COOPER GYN ONCOLOGY ASSOCIATION, P.C.; COOPER OBSTETRICAL ASSOCIATES, P.C.; COOPER PATHOLOGY, P.C.; COOPER PEDIATRIC SPECIALISTS, P.C.; COOPER PEDIATRICS, P.C.; COOPER PHYSICAL MED &amp; REHAB ASSOCIATES, P.C.; COOPER PHYSICIAN OFFICES, P.A.; COOPER PRIMARY CARE AT PENNSVILLE, P.A.; COOPER SURGICAL ASSOCIATES, P.A.; COOPER UNIVERSITY TRAUMA PHYSICIANS, P.C.; COOPER URGENT CARE, P.C.; CRITICAL CARE GROUP, P.A.; RADIATION ONCOLOGY, P.C.; UNIVERSITY UROGYNECOLOGY ASSOCIATION, P.C.; COOPER UNIVERSITY EMERGENCY PHYSICIANS, P.C.; COOPER UNIVERSITY RADIOLOGY, P.C.; COOPER NEPHROLOGY, P.C.; COOPER CARE ALLIANCE P.C.</p>
PART VI, QUESTION 7	<p>STATE FILING OF COMMUNITY BENEFIT REPORT: NOT APPLICABLE. THE ENTITY AND RELATED PROVIDER ORGANIZATIONS ARE LOCATED IN NEW JERSEY. NO COMMUNITY BENEFIT REPORT IS FILED WITH THE STATE OF NEW JERSEY AS IT IS NOT A STATE REQUIREMENT.</p>

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 21-0634462

**Name:** The Cooper Health System A New Jersey  
Non-Profit Corporation

### Form 990 Schedule H, Part V Section A. Hospital Facilities

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	Cooper Health System One Cooper Plaza Camden, NJ 08103 www.cooperhealth.org 10402	X	X	X	X		X	X	X	Level 1 Trauma	A

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 Bone & Joint 221 Victoria Street Glassboro, NJ 08028	B&J Institute/ambulatory care/ outpatient infusion therapy services/CNI
1 Bone&JointRheumatologyPhysical Therapy 900 Centennial Blvd Bldg 2 STE 203 Voorhees, NJ 08043	B&J/Rheumatology/Physical therapy
2 Bariatrics 6017 Main St Voorhees, NJ 08043	Bariatrics
3 Bone & Joint 525 Route 73 South STE 303 Marlton, NJ 08053	Bone & Joint/cni
4 Cancer Center 900 Centennial Blvd Bldg 1 STE L Voorhees, NJ 08043	Cancer Center
5 Cancer Institute 301-303 Central Ave Unit A B Egg Harbor Twnshp, NJ 08234	Cancer Institute
6 Cardiology 900 Centennial Blvd Bldg 2 STE 201 Voorhees, NJ 08043	Cardiology
7 Cardiology 400 Medical Center Dr STE B Turnersville, NJ 08081	Cardiology
8 Cardiology 66 East Ave STE A B Woodstown, NJ 08098	Cardiology
9 Cyber Knife Center 715 Fellowship Rd STE B C Mount Laurel, NJ 08054	Cyber Knife Center/outpatient infusion therapy services
10 Dermatologic & Cosmetic Procedural Surge 10000 Sagemore Dr STE 10103 Marlton, NJ 08053	Dermatologic & Cosmetic
11 ENT 6200 Main St Voorhees, NJ 08043	ENT
12 Family Medicine 110 Marter Ave STE 503 Moorestown, NJ 08057	Family Medicine
13 Family Medicine 1865 Harrison Ave STE 1300 Camden, NJ 08105	Family Medicine
14 Family Medicine 1217 North Church St Moorestown, NJ 08057	Family Medicine

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

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

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

Name and address	Type of Facility (describe)
<b>16</b> Family Medicine 1050 North Kings Highway STE 105 Cherry Hill, NJ 08034	Family Medicine
<b>1</b> Family Medicine 504 White Horse Pike Haddon Heights, NJ 08035	Family Medicine
<b>2</b> Family Medicine 200 College Dr Blackwood, NJ 08012	Family Medicine
<b>3</b> Family Medicine 111 East Main St Maple Shade, NJ 08052	Family Medicine
<b>4</b> Family Medicine OBGYN Peds 701 Route 73 North STE 7 8 Marlton, NJ 08053	Family Medicine/OBGYN/Peds
<b>5</b> Walgreens Pharmacy 900 Centennial Blvd Bldg 2 STE 205 Voorhees, NJ 08043	Walgreens Pharmacy Space
<b>6</b> General OBGYN 1900 Burlington-Mt Holly Rd Bldg 2 Burlington, NJ 08016	General OBGYN
<b>7</b> GI Phys Practice & Digestive Health 501 Fellowship Rd STE 101 102 Mount Laurel, NJ 08053	physician practice/ambulatory care/outpatient endoscopy center
<b>8</b> Gynecological Oncology 900 Centennial Blvd Bldg 1 STE F Voorhees, NJ 08043	GynOnc
<b>9</b> Hematology Oncology 1000 Salem Rd STE C Willingboro, NJ 08046	Hematology Oncology
<b>10</b> Multi-specialty center Three Cooper Plaza Camden, NJ 08103	Gamm Knife Diagnostic Center/ cni/uhi/surgery/b&j/ahi/cci/hi/w&c
<b>11</b> Internal Medicine 1 2 4 Plaza Dr Bldg 1 STE 103 Sewell, NJ 08080	Internal Medicine
<b>12</b> Internal Medicine 900 Centennial Blvd Bldg 2 STE 202 Voorhees, NJ 08043	Internal Medicine
<b>13</b> Internal Medicine 123 Egg Harbor Rd Bldg 600 suite Sewell, NJ 08080	Internal Medicine
<b>14</b> Internal Medicine 196 Grove Ave STE B C Thorofare, NJ 08086	Internal Medicine

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

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

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

Name and address	Type of Facility (describe)
<b>31</b> Internal Medicine 390 North Broadway STE 100 200 Pennsville, NJ 08070	Internal Medicine
<b>1</b> Internal Medicine 430 S Broadway Gloucester City, NJ 08030	Internal Medicine
<b>2</b> Internal Medicine 222 Gibbsboro Rd Clementon, NJ 08021	Internal Medicine
<b>3</b> Internal Medicine 416 Haddon Ave Collingswood, NJ 08108	Internal Medicine
<b>4</b> Internal Medicine Cardiology Endocrino 1210 Brace Rd Cherry Hill, NJ 08034	Internal Medicine/Cardiology
<b>5</b> Internal Medicine MFM Surgery etc 651 John F Kennedy Way Willingboro, NJ 08046	Internal Medicine/MFM/Surgery
<b>6</b> Laboratory 900 Centennial Blvd Bldg 2 STE 204 Voorhees, NJ 08043	Lab
<b>7</b> Learning Center 4011 Main St Voorhees, NJ 08043	Learning Center
<b>8</b> Maternal Fetal Medicine 10 Forrestal Rd STE 208 210 Princeton, NJ 08540	Maternal Fetal Medicine
<b>9</b> MD Anderson Cancer Center at Cooper Two Cooper Plaza Camden, NJ 08103	Oncology/Multi-Specialty Ctr
<b>10</b> Nephrology 1030 North Kings Highway STE 310 Cherry Hill, NJ 08034	Nephrology
<b>11</b> Orthopedics 401 S Kings Highway STE 3A 3B Cherry Hill, NJ 08034	Orthopedics
<b>12</b> Orthopedics 3740 West Chester Pike Newtown Square, PA 19063	Orthopedics
<b>13</b> Orthopedics (PTOT) 1878 Marlton Pike East STE 4 5 Cherry Hill, NJ 08003	Orthopedics (PT/OT)
<b>14</b> Pediatrics 1900 Burlington-Mt Holly RdBldg 2 Burlington, NJ 08016	Pediatrics



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

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

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

Name and address	Type of Facility (describe)
<b>46</b> Pediatrics 6400 Main St Voorhees, NJ 08043	Pediatrics
<b>1</b> Pediatrics learning center 110 Marter Ave STE 505 506 Moorestown, NJ 08057	Pediatrics/learning center
<b>2</b> Pediatrics OBGYN Audiology 1 2 4 Plaza Dr Bldg 4 STE 401 Sewell, NJ 08080	Pediatrics/OBGYN/Audiology
<b>3</b> Pain Management & Rehabilitation 1101 North Kings Highway STE 100 Cherry Hill, NJ 08034	Pain Management/Rehabilitation
<b>4</b> Psychiatry 1011 Main St Voorhees, NJ 08043	Psychiatry
<b>5</b> Pulmonary & Family Sleep Center 218 Sunset Rd STE C Willingboro, NJ 08046	Pulmonary/Family Sleep Center/ cardiology/anesthesiology/ digestive health institute
<b>6</b> Radiology 900 Centennial Blvd Bldg 1 STE B Voorhees, NJ 08043	Radiology
<b>7</b> Radiology Lab OBGYN Internal Med 1103 North Kings Highway Cherry Hill, NJ 08034	Radiology/Lab/OBGYN/Internal medicine
<b>8</b> RadOnc 900 Centennial Blvd Bldg 1 STE D Voorhees, NJ 08043	RadOnc
<b>9</b> Regional Cleft-Craniofacial Palate 110 Marter Ave STE 402 Moorestown, NJ 08057	Regional Cleft-Craniofacial Pa
<b>10</b> RIPA Women's Health Center 6100 Main St Voorhees, NJ 08043	Women's Health Center
<b>11</b> SleepPulmonary 900 Centennial Blvd Bldg 1 STE J Voorhees, NJ 08043	Sleep/Pulmonary
<b>12</b> Surgery 500 Cross Keys Rd Bldg A Sicklerville, NJ 08081	Surgery
<b>13</b> Surgery 900 Centennial Blvd Bldg 1 STE E Voorhees, NJ 08043	Surgery
<b>14</b> Surgery 6014/6015 Main St Voorhees, NJ 08043	Surgery

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)
61 Surgery 1 2 4 Plaza Dr Bldg 2 STE 202 Sewell, NJ 08080	Surgery
1 Surgery CNI PT 1935 Route 70 Cherry Hill, NJ 08003	Surgery/CNI/PT
2 Surgical Specialties - Cancer Center 900 Centennial Blvd Bldg 1 STE G Voorhees, NJ 08043	Surgical Specialties - Cancer
3 Urgent Care 195 Route 130 Cinnaminson, NJ 08077	Urgent Care
4 Urgent Care 20 S Blackhorse Pike Runnemede, NJ 08078	Urgent Care
5 Urgent Care 318 S Whitehorse Pike Audubon, NJ 08106	Urgent Care
6 Urgent Care 2001 Route 70 East Cherry Hill, NJ 08003	Urgent Care
7 UroGynecology 6012 Main St Voorhees, NJ 08043	UroGyn
8 UroGynecology 3100 Quakerbridge Rd Hamilton, NJ 08619	UroGynecology
9 Urology Surgery 127 Church Rd STE 400 500 Marlton, NJ 08053	Urology Surgery
10 INTERNAL MEDICINE 180 TUCKERTON ROAD MEDFORD, NJ 08055	INTERNAL MEDICINE
11 Internal Medicine 151 Fries Mill Rd Stes 202/203/204 Turnersville, NJ 08012	internal medicine

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
The Cooper Health System A New Jersey Non-Profit Corporation

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number  
21-0634462

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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 7

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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.

Return Reference	Explanation
SCHEDULE I, PART I, QUESTION 2	Procedure for monitoring use of grant funds inside the U.S.: Grants are monitored by the organization's finance personnel through the utilization of cost centers and other information, including written documentation and receipts.

Additional Data

Software ID:  
Software Version:  
EIN: 21-0634462  
Name: The Cooper Health System A New Jersey  
Non-Profit Corporation

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Susan G Komen Breast Cancer Foundation 125 South 9th Street Philadelphia, PA 19107	75-2949264	501(c)(3)	13,750				Sponsorship
CAMDEN COUNTY PARKS DEPT 1301 PARK BLVD CHERRY HILL, NJ 08002		Government	6,000				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Deborah Heart And Lung Center 212 Trenton Road Brown Mills, NJ 08015	23-1550955	501(c)(3)	7,000				SPONSORSHIP
NAACP NJ 4326 Harbor Beach Blvd Brigantine, NJ 08203	26-4805151	501(c)(3)	25,000				Sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Christie Institute for Public Policy 5 maple Ave Morristown, NJ 08015	84-2346727	501(c)(3)	25,000				Sponsorship
American Heart Association 1 Union St 301 Robbinsville, NJ 08691	13-5613797	501(c)(3)	15,000				Sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOSR (HEAD OF SCHUYKILL REGATTA) 7 BOATHOUSE DR Philadelphia, PA 19130	35-2366125	501(c)(3)	8,000				Sponsorship



Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
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 <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.		
Department of the Treasury Internal Revenue Service	Name of the organization The Cooper Health System A New Jersey Non-Profit Corporation	Employer identification number 21-0634462

Part I	Questions Regarding Compensation		Yes	No
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.			
	<div><input type="checkbox"/> First-class or charter travel</div> <div><input type="checkbox"/> Travel for companions</div> <div><input type="checkbox"/> Tax idemnification and gross-up payments</div> <div><input type="checkbox"/> Discretionary spending account</div> <div><input type="checkbox"/> Housing allowance or residence for personal use</div> <div><input type="checkbox"/> Payments for business use of personal residence</div> <div><input type="checkbox"/> Health or social club dues or initiation fees</div> <div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div>			
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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	<div><input checked="" type="checkbox"/> Compensation committee</div> <div><input checked="" type="checkbox"/> Independent compensation consultant</div> <div><input checked="" type="checkbox"/> Form 990 of other organizations</div> <div><input type="checkbox"/> Written employment contract</div> <div><input checked="" type="checkbox"/> Compensation survey or study</div> <div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div>			
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?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		No
b	Any related organization?	5b		No
	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?	6a		No
b	Any related organization?	6b		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes	
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.	8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

[illegible]

**Part III Supplemental Information**

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

Return Reference	Explanation
Part I, Line 4a	Included in Schedule J, Part II, Column B(iii): Adrienne Kirby \$552,115 Jaysharee Raman \$112,500 Part I, Line 4b DURING THE YEAR, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE INDIVIDUALS LISTED BELOW HAD A PORTION OF THE CONTRIBUTIONS VEST IN THE PLAN IN THE CURRENT YEAR. SUCH VESTED CONTRIBUTIONS ARE REPORTED AS TAXABLE COMPENSATION AND REPORTED ON SCHEDULE J, PART II, COLUMN B(III), OTHER REPORTABLE COMPENSATION. KEVIN O'DOWD ANTHONY MAZZARELLI ADRIENNE KIRBY ERIC KUPERSMITH GARY LESNESKI ELIZABETH GREEN KATHLEEN DEVINE JAYASHREE RAMAN DURING THE CALENDAR YEAR, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE INDIVIDUALS LISTED BELOW HAD A PORTION OF THE CONTRIBUTIONS CONSIDERED NOT YET VESTED; THEREFORE, UNVESTED CONTRIBUTIONS ARE REPORTED ON SCHEDULE J, PART II, COLUMN C, RETIREMENT AND OTHER DEFERRED COMPENSATION. KEVIN O'DOWD ANTHONY MAZZARELLI BRIAN REILLY ERIC KUPERSMITH KENNETH WRIGHT ELIZABETH GREEN KATHLEEN DEVINE ROBERT HOCKEL
Part I, Line 7	Bonuses paid are based on a number of variables including but not limited to individual goal achievements as well as organization operation achievements. The final determination of the bonus amount is determined and approved by the board as part of the overall compensation review of the officers, key employees, and top five highest compensated.

Additional Data

Software ID:

Software Version:

EIN: 21-0634462

Name: The Cooper Health System A New Jersey Non-Profit Corporation

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC 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				
1Kevin O'Dowd JD Co-President/CEO	(i)	805,266	979,313	91,303	149,286	27,440	2,052,608	100,000
	(ii)	-	0	0	0	0	0	0
1Anthony Mazzarelli MDJDMBE Co-President/CEO	(i)	800,422	834,334	95,994	128,974	2,729	1,862,453	100,000
	(ii)	-	0	0	0	0	0	0
2Michael Rosenbloom MD Head, Div of Cardiothoracic Sg	(i)	1,669,481	79,708	4,356	34,750	26,623	1,814,918	0
	(ii)	-	0	0	0	0	0	0
3ADRIENNE KIRBY PHD PRES&CEO (end May 2019)	(i)	434,541	0	1,310,886	21,738	7,248	1,774,413	158,400
	(ii)	-	0	0	0	0	0	0
4Frank W Bowen III MD Surgeon	(i)	1,377,282	79,708	1,518	52,530	14,394	1,525,432	0
	(ii)	-	0	0	0	0	0	0
5Jeffrey P Carpenter MD Chief of Surgery	(i)	1,112,442	195,589	4,356	34,750		1,347,137	0
	(ii)	-	0	0	0	0	0	0
6Richard Y Highbloom MD Surgeon	(i)	1,194,361	79,708	4,356	34,750	16,584	1,329,759	0
	(ii)	-	0	0	0	0	0	0
7Michael Sabia MD Surgeon	(i)	748,599	397,494	288	25,053	26,408	1,197,842	0
	(ii)	-	0	0	0	0	0	0
8Adam Elfant MD Assc Division Head-Dept of Med	(i)	783,866	335,459	2,838	34,750	14,880	1,171,793	0
	(ii)	0	0	0	0	0	0	0
9Lawrence S Miller MD Chief, Orthopedic Surgery	(i)	933,075	57,964	8,382	34,750	0	1,034,171	0
	(ii)	0	0	0	0	0	0	0
10Brian Reilly Chief Financial Officer	(i)	642,382	200,000	990	58,225	27,889	929,486	0
	(ii)	0	0	0	0	0	0	0
11Eric Kupersmith MD Chief Physician Executive	(i)	552,337	210,510	37,002	100,413	22,622	922,884	44,424
	(ii)	0	0	0	0	0	0	0
12Gary Lesneski Sr EVP/General Counsel	(i)	147,203	608,175	111,663	22,867	16,353	906,261	0
	(ii)	0	0	0	0	0	0	0
13Generosa Grana MD Trustee/Dir Cooper Cancer Ins	(i)	749,290	54,334	4,356	52,750	2,161	862,891	0
	(ii)	0	0	0	0	0	0	0
14Roland Schwarting MD Trustee/Chief, Pathology	(i)	644,155	83,002	4,356	34,750	11,404	777,667	0
	(ii)	0	0	0	0	0	0	0
15MICHAEL E CHANSKY MD TRUSTEE/CHIEF, EMERGENCY MED	(i)	596,369	106,121	7,668	53,442	2,333	765,933	0
	(ii)	0	0	0	0	0	0	0
16Robin L Perry MD Chief, Dept of Ob Gyn	(i)	589,941	60,055	4,346	34,750	26,622	715,714	0
	(ii)	0	0	0	0	0	0	0
17Sean Murphy Sr EVP/General Counsel	(i)	483,058	10,000	3,102	61,000	20,275	577,435	0
	(ii)	0	0	0	0	0	0	0
18Kenneth M Wright SVP/CHIEF ACCTG OFFICER	(i)	287,614	152,667	430	33,754	21,975	496,440	0
	(ii)	0	0	0	0	0	0	0
19Elizabeth Green SVP Human Resource	(i)	303,118	86,585	23,025	73,003	9,376	495,107	30,096
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC 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				
<b>21</b> Kathleen Devine RN DRNP SVP/Chief Nursing Officer	(i)	312,245	41,081	10,799	47,980	26,955	439,060	9,168
	(ii)	0	0	0	0	0	0	0
<b>1</b> Robert Hockel SVP, OPERATIONS	(i)	326,511	32,500	1,445	38,518	19,666	418,640	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> Steven E Ross MD Trustee/Dept of Surgery	(i)	341,912	0	4,587	25,951	21,674	394,124	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> Jayashree Raman Chief Info Off(end March 2019)	(i)	121,154	52,068	113,727	0	3,341	290,290	68,000
	(ii)	0	0	0	0	0	0	0
<b>4</b> Dina Mathews Laurendeau Board Secretary	(i)	109,754	500	177	25,722	19,714	155,867	0
	(ii)	0	0	0	0	0	0	0

Note: TO capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
The Cooper Health System A New Jersey  
Non-Profit Corporation

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number  
21-0634462

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Camden County Improvement Authority	22-2681222		08-01-2013	53,048,439	various capital projects		X		X		X
B New Jersey Economic Dev Auth	22-2045817		11-09-2009	10,000,000	Construction/Refund Issue		X		X		X
C Camden County Improvement Authority	22-2681222	645918TVS	11-04-2008	50,000,000	Construction-Bldg, Various		X		X		X
D Camden County Improvement Authority	22-2681222	13281QBP9	11-18-2014	159,117,690	Refund Issues 12/25/05, 6/26/04		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .	0		8,722,000		0		18,600,000	
2	Amount of bonds legally defeased . . . . .	0		0		0		0	
3	Total proceeds of issue . . . . .	53,160,881		10,000,000		50,000,000		159,117,690	
4	Gross proceeds in reserve funds . . . . .	0		0		0		0	
5	Capitalized interest from proceeds . . . . .	0		0		0		0	
6	Proceeds in refunding escrows . . . . .	0		0		0		0	
7	Issuance costs from proceeds . . . . .	1,050,969		190,000		986,526		1,966,144	
8	Credit enhancement from proceeds . . . . .	0		0		208,947		0	
9	Working capital expenditures from proceeds . . . . .	0		0		0		192,465	
10	Capital expenditures from proceeds . . . . .	48,507,681		5,771,076		48,804,527		0	
11	Other spent proceeds . . . . .	0		4,038,924		0		159,959,437	
12	Other unspent proceeds . . . . .	3,602,231		0		0		0	
13	Year of substantial completion . . . . .			2010		2009			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .		X	X			X	X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X		X		X		X
16	Has the final allocation of proceeds been made? . . . . .		X	X		X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

Part III Private Business Use									
					A		B		
					Yes	No	Yes	No	
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .					X		X	X
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .					X		X	X

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b>	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X	X		X	
<b>b</b>	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?					X		X	
<b>c</b>	Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		X
<b>d</b>	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b>	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .	0 %		0 %		0.300 %		0.100 %	
<b>5</b>	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .	0 %		0 %		0 %			
<b>6</b>	Total of lines 4 and 5 . . . . .	0 %		0 %		0.300 %		0.100 %	
<b>7</b>	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
<b>8a</b>	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		X
<b>b</b>	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
<b>c</b>	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X		X		X		X
<b>9</b>	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X		X		X		X
<b>2</b>	If "No" to line 1, did the following apply? . . . .								
<b>a</b>	Rebate not due yet? . . . . .		X		X		X		X
<b>b</b>	Exception to rebate? . . . . .		X	X			X		X
<b>c</b>	No rebate due? . . . . .	X			X	X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b>	Is the bond issue a variable rate issue? . . . . .		X	X		X			X
<b>4a</b>	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
<b>b</b>	Name of provider . . . . .	0		0		0		0	
<b>c</b>	Term of hedge . . . . .								
<b>d</b>	Was the hedge superintegrated? . . . . .								
<b>e</b>	Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .	0		0		0		0	
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?	X			X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

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

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

Return Reference	Explanation
Part II, Line 3, Column A	The total proceeds exceeds the issue price by the investment earnings earned to date.



Return Reference	Explanation
Part II, Question 11, Columns B&C	THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS THAT ARE NO LONGER IN ESCROW

Return Reference	Explanation
Part IV, Question 2(C), Column A	A REBATE REPORT WAS COMPLETED ON 7/31/2018 WITH NO REBATE BEING DUE

Return Reference	Explanation
Part IV, Question 2(C), Column C	A REBATE REPORT WAS COMPLETED ON 11/18/2016 WITH NO REBATE BEING DUE; AN INTERIM REBATE REPORT WAS COMPLETED ON 7/31/2018 WITH NO REBATE BEING DUE

Return Reference	Explanation
Part IV, Question 2(C), Column D	A REBATE REPORT WAS COMPLETED ON 11/18/2019 WITH NO REBATE BEING DUE

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
The Cooper Health System A New Jersey  
Non-Profit Corporation

Employer identification number  
21-0634462

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

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

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

**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) Bonnie J Mannino	FAMILY MEMBER-PERRY	189,659	Employee		No
(2) JOANNE MAZZARELLI	FAMILY MEMBER-MAZZARELLI	463,283	Employee		No

**Part V Supplemental Information**

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

Return Reference	Explanation
------------------	-------------

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493321244470
<b>SCHEDULE O</b> (Form 990 or 990-EZ)	<b>Supplemental Information to Form 990 or 990-EZ</b> 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. ▶ Go to <u><a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a></u> for the latest information.		OMB No. 1545-0047
			<b>2019</b>
Department of the Treasury Internal Revenue Service			<b>Open to Public Inspection</b>
Name of the organization The Cooper Health System A New Jersey Non-Profit Corporation		Employer identification number 21-0634462	

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section A, Line 2	<p>A family relationship exists between George E. Norcross, III and Philip A. Norcross, ESQ. Form 990, Part VI, Section B, Line 11b As part of the tax return preparation process, the organization hired a professional CPA firm with experience and expertise in both healthcar e and not-for-profit tax return preparation to prepare the Federal Form 990. The CPA firm' s tax professionals worked closely with the organization's finance personnel and other sen ior management members of the organization and the system to obtain the information needed in order to prepare a complete and accurate tax return. The CPA firm prepared a draft Fed eral Form 990 and furnished it to the organization's finance personnel and other senior ma nagement members for their review. The organization's finance personnel and other senior m anagement members reviewed the draft Federal Form 990 and discussed questions and comment with the CPA firm. Revisions were made to the draft Federal Form 990, where necessary, and a final draft was furnished by the CPA firm to the organization's finance personnel and o ther senior management members for further review and approval. The Form 990 is then prese nted to and reviewed by the members of the Cooper Health System Audit/Ethics &amp; Compliance Committee of the Board of Trustees. The Bylaws of the Board of Trustees provide that this Committee of the Board review the annual Federal Tax Return prior to its filing. Once that Committee's review and approval process has concluded, the completed Form 990 is shared w ith the entire Board prior to its filing with the IRS. FORM 990, SECTION B, PART VI, LINE 12C THE FILING ORGANIZATION IS THE PARENT ENTITY IN THE COOPER HEALTH SYSTEM. THE ORGANIZA TION REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY. ANNU ALLY, ALL 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 CHIEF COMPLIANCE OFFICER AND REVIEWED WIT H INTERNAL AUDIT, THE FINANCE DEPARTMENT, AND GENERAL COUNSEL. BOTH DATA AND A SUMMARY ARE PRESENTED TO THE COOPER HEALTH SYSTEM'S AUDIT/ETHICS &amp; COMPLIANCE COMMITTEE FOR THEIR REV IEW AND DISCUSSION. THE ORGANIZATION'S COMPLIANCE AND LEGAL DEPARTMENTS HAVE DEVELOPED PRO CESSSES TO REVIEW AND PRESENT POTENTIAL CONFLICTS TO THE AUDIT/ETHICS &amp; COMPLIANCE COMMITTEE E. Form 990, Part VI, Section B, Lines 15A &amp; 15b The organization follows a process for de termining the compensation of senior executives which is compliant with the requirements o f Internal Revenue Code Section 4958 to enable the organization to receive the rebuttable presumption of reasonableness: 1. The organization's Bylaws charge the Audit/Ethics &amp; Comp liance Committee with the role of approving the selection of an executive compensation con sulting firm and the services, including the methodology that will be employed by that fir m, confirms the independence o</p>



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 2	<p>f the executive compensation survey and thereafter recommends to the Executive Committee o f the Board the executive compensation survey prepared by the outside consultant. The Audi t/Ethics &amp; Compliance Committee is comprised entirely of independent members and no member of the Committee is either: a member of the Board's Finance Committee or an ex officio me mber of the Board, or; has had any material financial dealings with the organization, or; otherwise has a conflict or duality of interest or the appearance of a conflict or duality of interest with the organization; 2. The selected outside consulting firm prepares a wri tten, detailed report reviewing compensation for more than 20 senior executives, which doc uments relevant market comparability data, as well as the methodology, job matches, and su rvey sources used for the executive compensation review, and includes the firm's opinion t hat the executives' compensation falls within a reasonable range of competitive market pra ctice applicable to like positions among like organizations under like circumstances, for purposes of compliance with Section 4958 of the Internal Revenue Code; 3. The Executive Co mmittee of the Board is the required internal approval agent for executive compensation. I n that role the Committee reviews and considers all recommendations made by the Audit/Ethi cs &amp; Compliance committee, reviews and approves the report of the outside consulting firm, approves compensation for the affected executives based upon the report and recommendatio ns, and where applicable, recommends to the full Board any actions which the Committee dee ms necessary in response to the outside consulting firm's report; 4. The actions of both t he Audit/Ethics &amp; Compliance and Executive Committees are documented in the minutes of the Committee meetings. Additionally, the Executive Committee monitors the organization's com pliance with policy regarding compensation of employed physicians. By organization policy, the full Board must approve all new and renewed physician contracts for: Chiefs and/or In stitute Medical Directors; all other physicians who report directly to the organization's President and Chief Executive Officer; all physicians whose base compensation exceeds the 75th percentile of MGMA benchmark data; all physicians who are either corporate officer or Board or Committee members, and; all physicians who have an interest in any entity that r efers business to the organization or otherwise has disclosed a potential conflict of inte rest in his/her annual disclosure survey or supplementary disclosure. Form 990, Part VI, S ection C, Line 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-exem pt bond prospectus which was made available to the general public for review. In addition, the organization's filed cert</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 2	ificate of incorporation and any amendments, BYLAWS AND conflict of interest policy can be viewed on the organization's website.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII	<p>The Cooper Health System also has one Trustee Emeritus, non-voting member: Peter E. Driscoll, Esq. Part VII reflects certain board trustees or board officers receiving compensation and benefits from the organization including: Kevin O'Dowd (Trustee &amp; Officer) Anthony Mazzaelli, MD, JD, MBE (Trustee &amp; Officer) Adrienne Kirby, PhD (Trustee &amp; Officer) - end May 2019 Brian Reilly (Officer) Eric Koppersmith, MD (Officer) Gary Lesneski (Officer) Sean Murphy (Officer) Kathleen Devine, RN DRNP (Officer) Dina Mathews Laurendeau (Officer) Jayashree Raman (Officer) - end March 2019 Michael E. Chansky, MD, PhD (Trustee) Generosa Grana, MD (Trustee) Steven E. Ross, MD (Trustee) Roland Schwarting, MD (Trustee) Please note that remuneration was for services rendered as full-time employees of the organization, not for services rendered as a voting trustee or officer of the organization's board of trustees. employees of the organization, not for services rendered as a voting trustee or officer of the organization's board of trustees. employees of the organization, not for services rendered as a voting trustee or officer of the organization's board of trustees.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9	Reconciliation of Net Assets: Change in interest rate swap \$ (1,526,595) Change in Pension Benefit Obligation 11,439,269 Miscellaneous adjustment 3,013 ----- Total \$ 9,915,687

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Part III, Line 1:	<p>COOPER HEALTH SYSTEM IS AN INTEGRATED HEALTH CARE DELIVERY SYSTEM SERVING THE SOUTHERN NEW JERSEY REGION. COOPER HEALTH SYSTEM'S MISSION IS TO SERVE, TO HEAL, AND TO EDUCATE. COOPER ACCOMPLISHES ITS MISSION THROUGH INNOVATIVE AND EFFECTIVE SYSTEMS TO CARE AND BY BRINGING PEOPLE AND RESOURCES TOGETHER, CREATING VALUE FOR OUR PATIENTS AND THE COMMUNITY. COOPER'S VISION IS TO BE THE PREMIER HEALTH CARE PROVIDER IN THE REGION, DRIVEN BY ITS EXCEPTIONAL PEOPLE DELIVERING A WORLD CLASS PATIENT EXPERIENCE, ONE PATIENT AT A TIME, AND THROUGH ITS COMMITMENT TO EDUCATING THE PROVIDERS OF THE FUTURE. Part III, Line 4: The Cooper Health System, A New Jersey Non-Profit Corporation (CHS) is a New Jersey Non-Profit Organization. CHS is comprised of three divisions: The Cooper University Hospital (CUH), Cooper University Physicians (CUP) and MD Anderson Cooper Cancer Center. The CUH includes the operations of Cooper University Health Care and the Children's Regional Hospital at Cooper, as well as programs focusing on ambulatory diagnostic and treatment services, wellness and prevention, and many other health services. The CUP consists primarily of the employed medical staff. MD Anderson Cooper Cancer Center provides cancer patients with the most advanced diagnostic and treatment technologies available. Statistics for the year: Hospital admissions: 29,682 average daily census: 462 emergency department visits: 81,016 urgent care visits: 46,644 outpatient visits: hospital 383,579; physician practices 1,323,141 surgical cases: 23,310 trauma cases: 4,185 cancer visits: inpatient 3,162; outpatient 130,039 licensed beds: 635 (includes 35 NICU/Newborn Bassinets) Community benefit statement index: References lower right-hand corner page number. 1. Background, Page 96 2. Charitable purposes, charity care and community activities, Page 98 3. Vision and Mission of the Cooper Health System, Page 100 4. Signature Programs, Page 101 5. Other Medical Specialties, Page 110 6. Cooper Community Benefit Programs, Page 111 (A) Comm Hlth, Educ, Clinical Svcs, Fundraising, grantwriting, Page 111 (B) Health Professional Education, Page 114 (C) Subsidized Health Services, Page 116 (D) Research-clinical and Community Health, Page 122 (E) Cash-in-kind Contributions to Community Groups, Page 123 (F) Community Building, Page 123</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Community benefit statement	<p>1) BACKGROUND COOPER UNIVERSITY HEALTH CARE'S HOSPITAL (COOPER UNIVERSITY HOSPITAL) IS THE CLINICAL CAMPUS OF COOPER MEDICAL SCHOOL OF ROWAN UNIVERSITY, AND A LEADING PROVIDER OF HEALTH SERVICES TO SOUTHERN NEW JERSEY. COOPER HAS BEEN A VITAL INSTITUTION IN CAMDEN SINCE 1887. IN THE PAST DECADE, COOPER HAS GREATLY EXPANDED ITS FACILITIES AND SERVICES IN CAMDEN AND THROUGHOUT SOUTH JERSEY. ANNUALLY, THERE ARE MORE THAN 1.6 MILLION PATIENT VISITS TO COOPER UNIVERSITY HEALTH CARE FACILITIES. COOPER'S MAIN HOSPITAL CAMPUS IS LOCATED ON THE HEALTH SCIENCES CAMPUS IN CAMDEN, NEW JERSEY. COOPER HAS A LONG HISTORY OF OUTREACH AND SERVICE TO ITS LOCAL COMMUNITY, INCLUDING HEALTH AND WELLNESS PROGRAMS FOR THE NEIGHBORHOOD, DEVELOPMENT OF THREE NEIGHBORHOOD PARKS, OUTREACH PROGRAMS IN LOCAL SCHOOLS, AND PARTNERING WITH LOCAL ORGANIZATIONS TO REHABILITATE NEARBY RESIDENTIAL PROPERTIES. COOPER HAS ALSO EXPANDED ITS FOOTPRINT IN THE CITY WITH THE CONSTRUCTION OF A STATE-OF-THE-ART MEDICAL, 10 STORY PATIENT PAVILION, THE MD ANDERSON CANCER CENTER AT COOPER, AND COOPER MEDICAL SCHOOL OF ROWAN UNIVERSITY. MD ANDERSON COOPER AT THE CORNER OF HADDON AVENUE AND MARTIN LUTHER KING BOULEVARD IS A FREESTANDING 103,000 SQUARE FOOT FACILITY PROVIDES INTEGRATED DIAGNOSIS, TREATMENT AND CANCER CARE. COOPER PARTNERED WITH MD ANDERSON, THE NATION'S LEADING CANCER CENTER, TO OFFER THE MOST ADVANCED CANCER CARE TO PATIENTS IN SOUTH JERSEY AND THE DELAWARE VALLEY. TODAY, THOUSANDS OF NEW JERSEY RESIDENTS CHOOSE TO STAY IN THE GARDEN STATE FOR FIRST-RATE CANCER CARE. COOPER MEDICAL SCHOOL OF ROWAN UNIVERSITY (CMSRU), LOCATED ON COOPER'S CAMDEN CAMPUS, IS PROUDLY MISSION DRIVEN AND FOCUSED ON DEVELOPING HIGHLY SKILLED AND SOCIALLY CONSCIOUS PHYSICIAN LEADERS WHO VALUE A PATIENT-CENTERED, TEAM-APPROACH TO HEALTH CARE. COOPER ALSO OFFERS TRAINING PROGRAMS FOR MEDICAL STUDENTS, RESIDENTS, FELLOWS, AND NURSES IN A VARIETY OF SPECIALTIES. COOPER UNIVERSITY HEALTH CARE HAS OVER 8,000 EMPLOYEES AND A MEDICAL STAFF OF MORE THAN 800 PHYSICIANS IN MORE THAN 75 SPECIALTIES. COOPER OFFERS A NETWORK OF COMPREHENSIVE AMBULATORY AS WELL AS HOSPITAL SERVICES, WHICH INCLUDE PREVENTION AND WELLNESS, PRIMARY AND SPECIALTY PHYSICIAN SERVICES, HOSPITAL CARE, AMBULATORY DIAGNOSTIC AND TREATMENT SERVICES, AND EDUCATION AND SUPPORT SERVICES WITHIN SOUTHERN NEW JERSEY AND THE ENTIRE DELAWARE VALLEY. COOPER PHYSICIANS ARE ALSO INVOLVED IN ONGOING RESEARCH AND DEVELOPMENT AS THEY KEEP ABREAST OF CHANGING MODALITIES OF MEDICAL CARE. AS AN ACADEMIC MEDICAL CENTER, COOPER CONTINUOUSLY ATTEMPTS TO IMPROVE PATIENT'S QUALITY OF LIFE THROUGH THE RESEARCH EFFORTS OF ITS MEDICAL STAFF. COOPER UNIVERSITY HEALTH CARE TAKE S PRIDE IN ITS ABILITY TO OFFER A COMPREHENSIVE ARRAY OF DIAGNOSTIC AND TREATMENT SERVICES. THE HOSPITAL SERVES AS SOUTHERN NEW JERSEY'S MAJOR TERTIARY-CARE REFERRAL HOSPITAL FOR SPECIALIZED SERVICES. THESE SIGNATURE PROGRAMS INCLUDE: LEVEL I SOUTHERN NEW JERSEY REGIONAL TRAUMA CENTER; MD ANDERSON C</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Community benefit statement	ANCER CENTER AT COOPER, CARDIAC PARTNERS AT COOPER AND INSPIRA, THE COOPER BONE & JOINT INSTITUTE, THE COOPER NEUROLOGICAL INSTITUTE AND CRITICAL CARE. COOPER IS ALSO HOME TO THE CHILDREN'S REGIONAL HOSPITAL, THE ONLY STATE-DESIGNATED CHILDREN'S HOSPITAL IN SOUTH JERSEY .

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Community benefit statement continued	<p>2) CHARITABLE PURPOSES, CHARITY CARE AND COMMUNITY ACTIVITIES COOPER IS RECOGNIZED BY THE IRS AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. MOREOVER, COOPER OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545: A. COOPER PROVIDES MEDICALLY NECESSARY HEALTH CARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY - INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS. B. COOPER OPERATES AN ACTIVE EMERGENCY ROOM FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR. C. COOPER MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES IN MOST SERVICES AVAILABLE TO ALL QUALIFIED PHYSICIANS. D. COOPER IS GOVERNED BY ITS BOARD OF TRUSTEES WHICH IS COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY. AS DEMONSTRATED BY THE ABOVE IRS CRITERIA, AS WELL AS OTHER INFORMATION CONTAINED HEREIN, THE USE AND CONTROL OF COOPER IS FOR THE BENEFIT OF THE PUBLIC AND 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. COOPER PROVIDES HEALTH CARE SERVICES TO ALL PERSONS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGINS OR ABILITY TO PAY. MOREOVER, COOPER PROVIDES HEALTH CARE SERVICES TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY IN COMPLIANCE WITH THE NEW JERSEY STATE ATTORNEY GENERAL WITHOUT CHARGE OR AT AMOUNTS LESS THAN ESTABLISHED RATES. COOPER MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE AMOUNT OF CHARITY CARE IT PROVIDES. THESE RECORDS INCLUDE THE AMOUNT OF CHARGES FOREGONE FOR SERVICES AND SUPPLIES FURNISHED UNDER ITS CHARITY CARE POLICY. ADDITIONALLY, AS OUTLINED HEREIN, COOPER SPONSORS OTHER CHARITABLE PROGRAMS, WHICH PROVIDE SUBSTANTIAL BENEFIT TO THE BROADER COMMUNITY. SUCH PROGRAMS INCLUDE SERVICES TO THE LOW INCOME AND ELDERLY POPULATION THAT REQUIRE SPECIAL SUPPORT, VARIOUS CLINICAL OUTREACH PROGRAMS AS WELL AS HEALTH PROMOTION AND EDUCATION FOR THE GENERAL COMMUNITY WELFARE. 3) VISION AND MISSION OF THE COOPER HEALTH SYSTEM VISION STATEMENT COOPER UNIVERSITY HEALTH CARE WILL BE THE PREMIER HEALTH CARE PROVIDER IN THE REGION, DRIVEN BY OUR EXCEPTIONAL PEOPLE DELIVERING A WORLD-CLASS PATIENT EXPERIENCE, ONE PATIENT AT A TIME, AND THROUGH OUR COMMITMENT TO EDUCATING THE PROVIDERS OF THE FUTURE. MISSION OUR MISSION IS TO SERVE, TO HEAL, TO EDUCATE. WE ACCOMPLISH OUR MISSION THROUGH INNOVATIVE AND EFFECTIVE SYSTEMS OF CARE AND BY BRINGING PEOPLE AND RESOURCES TOGETHER, CREATING VALUE FOR OUR PATIENTS AND THE COMMUNITY.</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Community benefit statement continued	<p>4) SIGNATURE PROGRAMS -CARDIAC PARTNERS AT COOPER AND INSPIRA CARDIAC PARTNERS BRINGS TOGETHER THE SERVICES OF TWO SOUTH JERSEY INSTITUTIONS, COOPER UNIVERSITY HEALTH CARE AND INSPIRA HEALTH, TO OFFER THE MOST COMPREHENSIVE CARDIOVASCULAR PROGRAM IN SOUTHERN NEW JERSEY. THIS INNOVATIVE DELIVERY CARE MODEL PROVIDES PATIENTS WITH BETTER ACCESS TO MORE EFFICIENT, HIGH-QUALITY CARDIAC CARE IN MORE LOCATIONS THROUGHOUT SOUTHERN NEW JERSEY. AT COOPER, CARDIAC PATIENTS HAVE ACCESS TO A WORLD-RENOWNED TEAM OF CARDIOVASCULAR EXPERTS, THE MOST ADVANCED TECHNOLOGY AND THE BEST CARE OPTIONS. COOPER PROVIDES THE FULL SPECTRUM OF HEART CARE FROM PREVENTION AND DIAGNOSIS, TO THE MOST INNOVATIVE NON-SURGICAL TECHNIQUES AND SURGICAL TREATMENTS, FROM SPECIAL STENTING PROCEDURES TO OPENING BLOCKED HEART ARTERIES TO BEATING HEART SURGERY AND COMPLEX HEART VALVE SURGERY. COOPER CONTINUES TO BE THE FIRST IN THE REGION TO OFFER NOVEL APPROACHES FOR TREATING HEART DISEASE SUCH AS TAVR, WATCHMAN, LINQ, MITRACLIP, AND OTHERS. COOPER CONDUCTS CUTTING-EDGE CLINICAL RESEARCH IN AREAS SUCH AS INTERVENTIONAL CARDIOLOGY, ELECTROPHYSIOLOGY AND ARRHYTHMIAS, AND THE TREATMENT OF CARDIOGENIC SHOCK. CARDIAC PARTNERS IS THE REGION'S EXPERT IN TREATMENT OF ACUTE MYOCARDIAL INFARCTION, AND RECEIVES URGENT TRANSFERS OF SERIOUSLY ILL CARDIAC PATIENTS ROUND-THE-CLOCK.</p> <p>- COOPER BONE AND JOINT INSTITUTE THE COOPER BONE AND JOINT INSTITUTE IS STAFFED BY ORTHOPAEDIC PHYSICIANS WHO PROVIDE COMPREHENSIVE SURGICAL AND NON-SURGICAL SERVICES FOR DISORDERS OF THE MUSCULOSKELETAL SYSTEM. AS PART OF THE LEVEL I TRAUMA CENTER IN SOUTHERN NEW JERSEY, THEY ARE AN INTEGRAL PART OF THE TRAUMA TEAM THAT HANDLES THE MOST COMPLEX ORTHOPAEDIC INJURIES. COOPER'S ORTHOPAEDIC SURGEONS ARE EXPERTS WHO ARE DEVELOPING INNOVATIVE TECHNIQUES IN ARTHROSCOPIC SURGERY; JOINT REPLACEMENT OF THE SHOULDER, HIP, AND KNEE; ANKLE, ELBOW, AND SPINE SURGERY; ORTHOPAEDIC ONCOLOGY; AS WELL AS HAND AND UPPER EXTREMITY SURGERY, REPLANTATION AND ORTHOPAEDIC RECONSTRUCTION. THE COOPER BONE AND JOINT INSTITUTE ALSO PROVIDES A COLLABORATIVE MULTIDISCIPLINARY CONCUSSION PROGRAM AND ORTHOPAEDIC REHABILITATION. THE COOPER BONE AND JOINT INSTITUTE'S COMPREHENSIVE PROGRAMS OFFER A UNIQUE CONTINUUM OF CARE AND HIGHLY INTEGRATED HEALTH CARE DELIVERY SYSTEM. THE GOAL OF THE COOPER BONE &amp; JOINT INSTITUTE IS SIMPLE: TO RETURN PATIENTS TO NORMAL FUNCTION AS QUICKLY AND SAFELY AS POSSIBLE. TO REACH THIS GOAL, THE MEDICAL PROFESSIONALS AT THE COOPER BONE AND JOINT INSTITUTE ENLIST A COMPREHENSIVE, LEADING EDGE APPROACH TO THE PREVENTION, ASSESSMENT, TREATMENT AND REHABILITATION OF MUSCULOSKELETAL INJURIES. THE COOPER BONE AND JOINT INSTITUTE'S HIGHLY TRAINED TEAM OF SURGEONS, NURSES, PHYSICIAN ASSISTANTS, REHABILITATION SPECIALISTS AND VARIOUS MEDICAL SUPPORT PERSONNEL WORKS WITH EACH PATIENT AND THEIR PRIMARY CARE PHYSICIAN TO DEVELOP A TREATMENT PLAN SPECIFICALLY FOR THAT PATIENT. BY COMBINING EXTENSIVE CLINICAL EXPERTISE WITH A COMPASSIONATE, CAR</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Community benefit statement continued	<p>ING, TREATMENT PHILOSOPHY, THE COOPER BONE AND JOINT INSTITUTE HAS CREATED A PROGRAM KNOWN FOR ITS QUALITY OF CARE. - MD ANDERSON CANCER CENTER AT COOPER WITHIN MD ANDERSON CANCER CENTER AT COOPER, MULTIDISCIPLINARY DISEASE-SITE SPECIFIC TEAMS, CONSISTING OF PHYSICIANS (MEDICAL, GYNECOLOGIC, RADIATION AND SURGICAL ONCOLOGISTS), ADVANCED PRACTICE NURSES, NURSES AND OTHER CLINICAL SPECIALISTS, WORK TOGETHER TO PROVIDE CANCER PATIENTS WITH THE MOST ADVANCED DIAGNOSTIC AND TREATMENT TECHNOLOGIES AVAILABLE TO ADVANCED CHEMOTHERAPY REGIMENS AN INNOVATIVE SURGICAL TECHNIQUES INCLUDING MINIMALLY INVASIVE AND REBOTIC. A FULL COMPLEMENT OF SUPPORT SERVICES INCLUDING NUTRITIONAL COUNSELING, GENETIC TESTING AND COUNSELING, SOCIAL WORK SERVICES, COMPLEMENTARY MEDICINE THERAPIES AND BEHAVIORAL HEALTH SUPPORT SERVICES PROVIDES COMPLETE, COMPASSIONATE CARE FOR ALL PATIENTS. IN SEPTEMBER 2013, COOPER PARTNERED WITH MD ANDERSON CANCER CENTER IN HOUSTON, TEXAS -THE NATION'S LEADING CANCER CENTER. MD ANDERSON COOPER PHYSICIANS ADHERE TO THE PHILOSOPHY, PROCESSES AND GUIDELINES SET BY MD ANDERSON IN HOUSTON, TEXAS, AND PATIENTS RECEIVE THE SAME PROVEN PRACTICE STANDARDS AND TREATMENT PLANS PROVIDED AT MD ANDERSON. TODAY AT MD ANDERSON COOPER, PATIENTS HAVE ACCESS TO MORE CLINICAL TRIALS, FOR MORE TYPES OF CANCER THAN EVER BEFORE. THE MD ANDERSON CANCER CENTER AT COOPER BUILDING IN CAMDEN IS THE CORNERSTONE OF OUR PARTNERSHIP AND IS ONE OF THE MOST TANGIBLE EXAMPLES OF THE INTEGRATION BETWEEN OUR TWO ORGANIZATIONS. AT THIS NEW CENTER, PATIENTS EXPERIENCE MD ANDERSON'S SIGNATURE, MULTIDISCIPLINARY APPROACH TO CARE IN A STATE-OF-THE-ART SETTING CLOSE TO HOME. EVERY ASPECT OF THE PATIENT EXPERIENCE AT MD ANDERSON COOPER IS MODELED ON THE CARE AND OPERATIONAL STRUCTURE AT MD ANDERSON IN HOUSTON. ADVANCED, COMPREHENSIVE OUTPATIENT CANCER SERVICES ARE ALSO PROVIDED AT OUR VOORHEES AND WILLINGBORO LOCATIONS WITH THE SAME FOCUS ON MULTIDISCIPLINARY CARE. INPATIENT CANCER CARE IS PROVIDED AT COOPER UNIVERSITY HOSPITAL - SOUTH JERSEY'S ONLY DEDICATED INPATIENT ONCOLOGY UNIT. - CENTER FOR CRITICAL CARE SERVICES COOPER HAS EARNED THE DISTINGUISHED REPUTATION AS THE CRITICAL CARE PROVIDER TO THE REGION'S MOST SERIOUSLY ILL. KNOWN FOR ITS CLINICAL AND ACADEMIC EXCELLENCE, THE CENTER HAS A STATE-OF-THE-ART INTENSIVE CARE UNIT AND AN AC CLAIMED CLINICAL RESEARCH PROGRAM. MORE THAN 40 PERCENT OF INTER-HOSPITAL TRANSFERS FROM SOUTH JERSEY ARE DIRECTED TO COOPER'S CRITICAL CARE SERVICE SINCE THE IMPLEMENTATION OF THE COOPER TRANSFER CENTER. CRITICAL CARE PHYSICIANS AT COOPER ARE AMONG THE WORLD'S EXPERTS IN THE TREATMENT, AND RESEARCH OF SEPSIS AND SEPTIC SHOCK. COOPER IS ALSO THE REGION'S LEADING PROVIDER OF THERAPEUTIC HYPOTHERMIA, AND HAS ESTABLISHED THE COOPER RESUSCITATION CENTER TO HANDLE THE TRANSFER AND CARE OF PATIENTS POST CARDIAC ARREST, PROVIDING THE BEST-POSSIBLE CHANGE FOR OPTIMAL RECOVERY. WHEN A CHILD HAS A SERIOUS ILLNESS OR HAS SUFFERED SERIOUS TRAUMA, COOPER DIRECTS TH</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Community benefit statement continued	<p>E HIGHEST CALIBER OF ATTENTION TO THE CHILD'S CRITICAL CARE NEEDS. COOPER'S PEDIATRIC INTENSIVE CARE SERVICE, WHICH ADMITS NEARLY 1,200 CHILDREN EACH YEAR, IS STAFFED BY PEDIATRIC CRITICAL CARE SPECIALISTS WHO HAVE THE MOST SOPHISTICATED MEDICAL EQUIPMENT AT THEIR DISPOSAL. INTER-HOSPITAL TRANSFERS FROM SOUTH JERSEY ARE DIRECTED TO COOPER'S PEDIATRIC TRANSFER CENTER. WHEN PATIENTS MUST BE TRANSPORTED HERE FROM AREA HOSPITALS, AN EXPERIENCED TEAM OF CRITICAL CARE TRANSPORT SPECIALISTS PROVIDE ONGOING MONITORING DURING THE GROUND OR AIR TRANSPORT. - COOPER LEVEL I TRAUMA CENTER EACH YEAR, OVER 4,000 CRITICALLY INJURED PATIENTS ARE TRANSPORTED TO COOPER'S LEVEL I TRAUMA CENTER, SOUTH JERSEY'S ONLY LEVEL I TRAUMA SERVICE. WHETHER THEY ARRIVE BY HELICOPTER OR AMBULANCE, THE MISSION OF THE TRAUMA TEAM REMAINS THE SAME: RESUSCITATE, EVALUATE AND TREAT THE PATIENT'S INJURIES AS QUICKLY AS POSSIBLE. COOPER'S TRAUMA CENTER IS KNOWN AND RESPECTED THROUGHOUT THE REGION AND IS THE MOST ACTIVE TRAUMA CENTER IN THE ENTIRE DELAWARE VALLEY. COOPER'S TRAUMA TEAMS HAVE SAVED TENS OF THOUSANDS OF LIVES. THE TRAUMA CENTER AT COOPER WAS ESTABLISHED IN 1982 AND IS ONE OF ONLY THREE NEW JERSEY STATE-DESIGNATED LEVEL I TRAUMA CENTERS. COOPER SERVES AS THE REGIONAL TRAUMA CENTER FOR SOUTHERN NEW JERSEY INCLUDING ATLANTIC, BURLINGTON, CAMDEN, CAPE MAY, CUMBERLAND, GLOUCESTER, MERCER, OCEAN AND SALEM COUNTIES; AND AS A RESOURCE FOR THE LEVEL II TRAUMA CENTERS IN OUR REGION. A LEVEL I TRAUMA CENTER CARES FOR SEVERELY INJURED PATIENTS INCLUDING PERSONS INVOLVED IN MOTOR VEHICLE ACCIDENTS, FALLS, AND ASSAULTS WITH GUNS, KNIVES, OR OTHER BLUNT OBJECTS. THE LEVEL I TRAUMA CENTER AT COOPER HAS ALSO BEEN RECOGNIZED AND VERIFIED BY THE AMERICAN COLLEGE OF SURGEONS AS A LEVEL II PEDIATRIC TRAUMA CENTER. COOPER IS THE FIRST HOSPITAL IN SOUTH JERSEY AND THE SECOND AMONG THE NEW JERSEY'S LEVEL I TRAUMA CENTERS TO ACHIEVE THIS VERIFICATION. COOPER'S TRAUMA CENTER IS PART OF A STATEWIDE NETWORK OF TRAUMA CENTERS. THESE CENTERS PARTICIPATE IN MULTIPLE NATIONAL RESEARCH STUDIES TO ADVANCE TREATMENTS FOR BRAIN DAMAGE, SPINAL CORD INJURIES AND SHOCK MANAGEMENT. COOPER'S NATIONALLY RECOGNIZED TRAUMATIC INJURY PREVENTION PROGRAMS ARE GEARED FOR TEENS, EDUCATION PROFESSIONALS AND SENIOR CITIZENS WITH 300 PROGRAMS REACHING OVER 12,800 INDIVIDUALS AND SINCE THE INCEPTION OF THE PROGRAM, THE TEAM HAS REACHED OVER 200,000 INDIVIDUALS. ADDITIONAL CLASSES ARE HELD THROUGH COOPER'S PARTICIPATION WITH SAFE KIDS OF SOUTHERN NEW JERSEY.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Community benefit statement continued	<p>- COOPER NEUROLOGICAL INSTITUTE THE COOPER NEUROLOGICAL INSTITUTE (CNI) IS DEDICATED TO PROVIDING EXCEPTIONAL, COMPASSIONATE AND EASY-TO-ACCESS CARE TO PATIENTS WITH NEUROLOGICAL DISEASES AND DISORDERS - AND APPLYING INNOVATIVE AND PROMISING SOLUTIONS, FROM SURGERY AND MINIMALLY INVASIVE PROCEDURES OF THE BRAIN AND SPINE, TO RADIOSURGERY AND MAGNETIC GUIDANCE SYSTEMS. THE MEDICAL STAFF AT THE CNI INCLUDES RENOWNED NEUROLOGISTS, NEUROSURGEONS AND EXPERTS FROM MANY OTHER SUB SPECIALISTS. THE CNI STROKE PROGRAM WAS RECENTLY AWARDED THE JOINT COMMISSION'S GOLD SEAL OF APPROVAL AND THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION'S HEART-CHECK MARK FOR ADVANCED CERTIFICATION FOR COMPREHENSIVE STROKE CENTER S. THE GOLD SEAL OF APPROVAL AND THE HEART-CHECK MARK REPRESENT HOSPITALS WITH THE HIGHEST LEVEL OF STROKE CARE AND ARE SYMBOLS OF QUALITY FROM THEIR RESPECTIVE ORGANIZATIONS. COOPER IS ONE OF ONLY SEVEN HOSPITALS IN NEW JERSEY AND THE ONLY ONE IN SOUTH JERSEY TO ACHIEVE THIS SIGNIFICANT CERTIFICATION. THE CNI IS THE ONLY PROGRAM IN SOUTHERN NEW JERSEY, AND ONE OF THE FIRST HOSPITALS IN THE U.S., TO OFFER PATIENTS THE LEKSELL GAMMA KNIFE (FEDERALLY REGISTERED TRADEMARK SYMBOL) PERFEXION (UNREGISTERED TRADEMARK SYMBOL). GAMMA KNIFE PERFEXION RADIOSURGERY IS AVAILABLE FOR THE TREATMENT OF PATIENTS WITH BRAIN DISORDERS SUCH AS CANCERS AND TUMORS, VASCULAR ABNORMALITIES, FUNCTIONAL DISORDERS, AND OCULAR DISORDERS. THE GAMMA KNIFE SURGICAL TECHNOLOGY PROVIDES BRAIN SURGERY WITHOUT ANY INCISIONS, AND IS AS PRECISE AS A PINPOINT. A PATIENT CAN NORMALLY RETURN HOME THE SAME DAY. THE CNI ALSO TREATS PATIENTS FOR PARKINSON'S DISEASE, TREMORS AND DYSTONIA. CNI PROVIDES DEEP BRAIN STIMULATION (DBS) WHICH INVOLVES THE IMPLANTATION IN THE BRAIN OF A THIN ELECTRODE WHICH IS CONNECTED TO A NEUROSTIMULATOR THE SIZE OF A PACEMAKER. ONCE IN PLACE, PATIENTS CAN EXPERIENCE RELIEVED OR DECREASED SYMPTOMS OF TREMOR, RIGIDITY, SLOWNESS OF MOVEMENT, STIFFNESS, AND BALANCE. CNI ALSO PROVIDES HELP FOR PATIENTS WITH GAIT OR BALANCE DYSFUNCTION. THE CNI PROVIDES A FULL RANGE OF SERVICES FROM SOPHISTICATED DIAGNOSTICS TO ADVANCED REHABILITATION RESOURCES-AND OFFERS THE MOST PROGRESSIVE MEDICAL AND SURGICAL TREATMENTS IN VIRTUALLY EVERY NEUROLOGICAL FIELD. - CHILDREN'S REGIONAL HOSPITAL AT COOPER A HOSPITAL-WITHIN-A-HOSPITAL, THE CHILDREN'S REGIONAL HOSPITAL AT COOPER (CRH) PROVIDES THE FINEST PEDIATRIC SERVICES AVAILABLE TO THE CHILDREN OF SOUTHERN NEW JERSEY. DESIGNATED BY THE STATE DEPARTMENT OF HEALTH AS A SPECIALTY, ACUTE CARE CHILDREN'S HOSPITAL, COOPER IS UNIQUELY EQUIPPED AND CARE FULLY STAFFED TO TREAT THE REGION'S MOST CRITICALLY ILL AND SERIOUSLY INJURED CHILDREN, FROM NEWBORNS TO ADOLESCENTS. PHYSICIANS AND SURGEONS ARE RECRUITED FROM THE BEST CHILDREN'S HOSPITALS IN THE NATION. AND BECAUSE THEY ARE EXPERTS IN THEIR FIELDS, THEY ARE ALSO FACULTY MEMBERS AT COOPER MEDICAL SCHOOL OF ROWAN UNIVERSITY. COOPER'S ONLY PEDIATRIC TRAUMA PROGRAM IN SOUTH JERSEY WAS CER</p>

Return Reference	Explanation
Community benefit statement continued	<p>TIFIED LEVEL II IN 2015. NEWBORN INTENSIVE CARE UNIT WAS AWARDED NIDCAP NURSERY CERTIFICATION, ONLY THE SECOND HOSPITAL IN THE WORLD TO RECEIVE THIS CERTIFICATION. COOPER ALSO HAS A REGIONAL CLEFT-PALATE CRANIOFACIAL PROGRAM. IN ADDITION TO ITS FACILITIES AND STAFF, THE CRH MEMBERSHIP IN THE NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS (NACHRI) ENSURES ACCESS TO THE MOST CURRENT STANDARDS OF PEDIATRIC CARE IN PRACTICE IN THE U.S.EACH YEAR, MORE THAN 3,800 CHILDREN ARE ADMITTED TO THE CHILDREN'S REGIONAL HOSPITAL AT COOPER FOR SPECIALIZED CARE. MORE THAN 13,700 CHILDREN ARE TREATED EACH YEAR IN ITS PEDIATRIC EMERGENCY ROOM. IN ADDITION, THERE ARE MORE THAN 27,700 OUTPATIENT VISITS EACH YEAR TO THE PEDIATRIC MEDICINE AND SURGICAL SPECIALISTS OF THE CRH. THE CRH PROVIDES A WIDE RANGE OF PEDIATRIC SERVICES FOR INFANTS, CHILDREN AND ADOLESCENTS FROM SOUTHERN NEW JERSEY, PHILADELPHIA AND THROUGHOUT THE DELAWARE VALLEY. THE CRH'S SERVICES ARE COMPREHENSIVE WITH THE CLINICAL STAFF AND MEDICAL TECHNOLOGY TO DIAGNOSE THE MOST COMPLEX PEDIATRIC DISEASES IN AN ENVIRONMENT WHERE THE FOCUS IS ON THE CHILD AND THE FAMILY. IN ADDITION TO ITS HIGHLY SKILLED PHYSICIANS, THE CRH IS STAFFED WITH NURSES, CLINICAL SPECIALISTS, THERAPISTS, NUTRITIONISTS, SOCIAL WORKERS AND TECHNICIANS WHO ARE DEDICATED TO PROVIDING THE HIGHEST CALIBER OF CARE IN EACH OF THEIR RESPECTIVE PROFESSIONS. THEIR EXCELLENT TRAINING IS COMPLEMENTED BY THEIR DEDICATION TO SERVING THE SPECIAL NEEDS OF CHILDREN. - COOPER CENTER FOR URGENT AND EMERGENT SERVICES COOPER CENTER FOR URGENT AND EMERGENT SERVICES INCLUDE COOPER EMERGENCY DEPARTMENT; URGENT CARE CENTERS; 911 EMERGENCY MEDICAL SERVICES; AIR MEDICAL SERVICES; AND, THE COOPER TRANSFER CENTER. COOPER'S EMERGENCY DEPARTMENT IN CAMDEN HANDLES MORE THAN 46,000 VISITS ANNUALLY WHICH AVERAGES APPROXIMATELY 115 A DAY. SEEKING TO PROVIDE AN ALTERNATIVE TO THE EMERGENCY DEPARTMENT FOR PATIENTS IN THE REGION, COOPER HAS A GROWING NETWORK OF URGENT CARE CENTERS INCLUDING CENTERS IN AUDUBON, CHERRY HILL, CINNAMINSON AND RUNNEMEDE. UNLIKE OTHERS URGENT CARE CENTERS IN THE REGION, COOPER'S IS STAFFED BY AN EMERGENCY MEDICINE PHYSICIAN AT ALL TIMES, AT THE READY TO PROVIDE THE HIGHER LEVEL OF CARE COOPER IS KNOWN FOR. WHEN VISITING COOPER URGENT CARE, PATIENTS CAN WALK-IN OR CAN RESERVE A SPOT AHEAD OF TIME SO THE TEAM IS READY AND WAITING. COOPER PROVIDES COMPREHENSIVE BASIC LIFE SUPPORT (BLS) AND ADVANCED LIFE SUPPORT (ALS) EMERGENCY MEDICINE SERVICE IN CAMDEN. COOPER EMS AVERAGES MORE THAN 60 AMBULANCE RUNS PER DAY AND HAS TWO ALS TRANSPORT VEHICLES, IN TWO SEPARATE LOCATIONS, ON CALL 24 HOURS A DAY, SEVEN DAYS A WEEK IMPROVING THE TIMELINESS OF CARE AND TRANSPORT OF CRITICALLY ILL OR INJURED PATIENTS. COOPER ALSO HAS AT LEAST TWO BLS UNITS ON CALL 24 HOURS A DAY, SEVEN DAYS A WEEK AND UP TO FIVE BLS UNITS DURING PEAK CALL TIMES. COOPER EMS HAS ALSO WORKED TO BUILD STRONG COMMUNITY RELATIONSHIPS AND PROVIDES TRAINING TO A NUMBER</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Community benefit statement continued	<p>OF OTHER EMERGENCY SERVICE AGENCIES SERVING THE CITY OF CAMDEN. COOPER AIR MEDICAL TRANSPORT, COOPER I AND II, PROVIDES CRITICAL CARE AIR MEDICAL TRANSPORTATION FROM LOCATIONS THROUGHOUT THE SEVEN COUNTIES OF SOUTHERN NEW JERSEY TO COOPER UNIVERSITY HOSPITAL. CRITICALLY INJURED PATIENTS RECEIVE RAPID TRANSPORT FROM EMERGENCY SCENES TO COOPER'S LEVEL I TRAUMA CENTER, THE ONLY LEVEL I ADULT TRAUMA AND LEVEL II PEDIATRIC TRAUMA CENTER IN SOUTH JERSEY. ADDITIONALLY, COOPER I AND II PROVIDES RAPID TRANSFER FOR PATIENTS AT OTHER HOSPITALS IN THE REGION WHO ARE CRITICALLY ILL OR INJURED AND NEED THE ADVANCED MEDICAL AND/OR SURGICAL CARE ONLY AVAILABLE AT COOPER. THE COOPER TRANSFER CENTER IS A SERVICE OFFERED TO HOSPITALS AND PHYSICIANS WHO WISH TO INITIATE A PATIENT TRANSFER TO COOPER UNIVERSITY HOSPITAL. THE TRANSFER REQUIRES PHYSICIAN-TO-PHYSICIAN CONSULTATION, WHICH THE TRANSFER CENTER INITIATES. BY PROVIDING ONE POINT OF CONTACT, THE COOPER TRANSFER CENTER STREAMLINES THE TRANSFER PROCESS. A TRANSFER NURSE COORDINATOR IS ON-DUTY 24/7.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Community benefit statement continued	<p>5) OTHER MEDICAL SPECIALTIES COOPER OFFERS A VARIETY OF INNOVATIVE PREVENTION PROGRAMS, STATE-OF-THE-ART DIAGNOSTIC AND TREATMENT TECHNIQUES, AND A DEDICATED TEAM OF PHYSICIANS, NURSES AND OTHER MEDICAL PROFESSIONALS. FROM ITS SIGNATURE PROGRAMS IN CANCER, CARDIOLOGY, CRITICAL CARE, NEUROLOGY, ORTHOPAEDICS AND TRAUMA TO ITS INNOVATIVE PROGRAMS IN RADIOLOGY, ONCOLOGY AND PEDIATRICS, COOPER OFFERS A FULL RANGE OF CARE AND SERVICES FOR ADULTS AND CHILDREN. 6) COOPER COMMUNITY BENEFIT PROGRAMS THE HEALTH OF ITS SURROUNDING COMMUNITIES IS OF COOPER'S UTMOST CONCERN. FROM HEALTH CARE PROGRAMS FOR THE COMMUNITY TO EDUCATIONAL AND EMPLOYMENT PROGRAMS, COOPER STRIVES TO BE A RESPONSIBLE, INVOLVED COMMUNITY ADVOCATE. MANY, BUT NOT ALL, OF COOPER'S COMMUNITY BENEFIT ACTIVITIES ARE OUTLINED BELOW. (A) COOPER'S COMMUNITY BENEFIT ACTIVITIES: COMMUNITY HEALTH, HEALTH EDUCATION, CLINICAL SERVICES, AND FUNDRAISING/GRANT WRITING FOR COMMUNITY BENEFIT PROGRAMS 1. COMMUNITY HEALTH OUTREACH - CLASSES AND HEALTH SCREENINGS FOR THE COMMUNITY: (I) CLASSES FOR PARENTS - CLASSES AND SUPPORT GROUPS OFFERED BY COOPER INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING: - BREASTFEEDING : AN INTRODUCTION - EXAMINES THE BENEFITS OF BREASTFEEDING AND DISCUSSES HOW TO GET STARTED, POSITIONING TECHNIQUES AND COMMUNITY RESOURCES. - CHILDBIRTH PREPARATION / EDUCATION CLASSES - OBSTETRICAL UNIT TOURS - INFANT/CHILD CPR CLASS-CERTIFICATION - CPR - NON-CERTIFIED TRAINING - EARLY PREGNANCY CONSULTATION - BREASTFEEDING SUPPORT GROUP - CHILD AND INFANT CAR SEAT SAFETY WORKSHOP (II) COMMUNITY PROGRAMS, SCREENINGS AND ACTIVITIES, MOST OF WHICH ARE FREE OF CHARGE. INCLUDES EVENTS AND EDUCATIONAL CLASSES SUCH AS (NOT AN ALL-INCLUSIVE LIST): - DIABETES SUPPORT GROUP - HEALTH SCREENINGS: STROKE, CHOLESTEROL, GLUCOSE, BLOOD PRESSURE, PERIPHERAL VASCULAR DISEASE - THE DIABETES WEIGHT: PERSONALIZED DIABETES MANAGEMENT PROGRAM - YOGA - EXERCISE CLASSES - RIPACENTER HEALTH AND WELLNESS-SEMINARS - BREAST HEALTH EDUCATION - COMMUNITY BASED DIABETES EDUCATION CLASSES - HEALTH CONFERENCES AND HEALTH FAIRS - HEALTH AND WELLNESS-NUTRITION PROGRAMS - HEALTHY LIVING FREE SEMINARS - EHEALTH CONNECTION NEWSLETTERS - HEALTH ETALK WEB CHAT - TEACHERS AND COACHES SEMINARS - CONCUSSION AND SPORTS RELATED INJURIES EDUCATION AND OUTREACH - MD ANDERSON CANCER CENTER AT COOPER DR. DIANE BARTON COMPLEMENTARY MEDICINE PROGRAMS: RESTORATIVE YOGA, QI GONG, MINDFULNESS MEDITATION, LIVE AND LEARN, ANNUAL SURVIVORS DAY CELEBRATIONS, HORTICULTURAL THERAPY, OTHER PROGRAMS BY THE COOPER LEARNING CENTER: EDUCATIONAL ASSESSMENTS, READING ENRICHMENT PROGRAMS, COMPREHENSIVE ADD &amp; ADHD ASSESSMENTS, FAST FORWARD LANGUAGE PROGRAMS, WRITING AND LANGUAGE PROGRAMS, MATH PROGRAMS, ANGER MANAGEMENT, SOCIAL SKILLS, STUDY SKILLS, PARENTING SESSIONS, THERAPEUTIC SERVICES, PSYCHOLOGICAL SERVICES, SERVICES AND PROGRAMS FOR TEACHERS AND SCHOOLS, SUMMER READING PROGRAMS IN CAMDEN AND THE COMMUNITY, THE ROOKIE READER PROGRAM 2. TRAUMA EDUCATION: THE TR</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Community benefit statement continued	<p>AUMA OUTREACH PROGRAM OFFERS A VARIETY OF EDUCATIONAL AND INTERVENTIONAL CLASSES THAT FOCUS ON INJURY/TRAUMA PREVENTION. FOR THE PAST 15 YEARS THE TRAUMA OUTREACH PROGRAMS HAS BEEN COMMITTED TO REDUCING THE INCIDENCE OF TRAUMA INJURIES IN SOUTHERN NEW JERSEY BY DELIVERING COMPREHENSIVE TRAUMA/INJURY INTERVENTION PROGRAMS. PROGRAMS AND CLASSES INCLUDE SUCH TOPICS AS: ALCOHOL ABUSE AND OUTCOMES, DON'T FALL FOR US, DRIVERS EDUCATION, PROM PROGRAM, RISK TAKING, TEEN DRUG USE AND OUTCOMES, YOUTH GANG VIOLENCE, TOURS OF THE TRAUMA FACILITIES FOR SCHOOLS AND STUDENTS, AND SAFE KIDS WALK TO SCHOOL DAY. THE DEPARTMENT ALSO PROVIDES COURSES, PROGRAMS AND EDUCATION SESSIONS FOR LOCAL EMS ORGANIZATIONS.</p> <p>3. SAFE KIDS SOUTHERN NEW JERSEY COALITION: THIS LOCAL COALITION COVERS THE CAMDEN, GLOUCESTER, AND BURLINGTON COUNTY AREA AND IS ONE OF MORE THAN 300 GROUPS ACROSS THE COUNTRY AND AROUND THE WORLD ORGANIZED BY THE NATIONAL SAFE KIDS CAMPAIGN. COOPER UNIVERSITY HOSPITAL SERVES AS THE LEAD ORGANIZATION FOR THE COALITION OF HOSPITALS, PUBLIC SAFETY DEPARTMENTS, NON-PROFITS, BUSINESSES, AND CONCERNED PARENTS. THE MISSION OF THE COALITION IS TO REDUCE ACCIDENTAL INJURIES AND DEATHS OF CHILDREN AGES 14 AND UNDER THROUGH EDUCATION IN SCHOOLS. SAFE KIDS SOUTHERN NEW JERSEY DRAWS ON THE STRENGTH OF ITS GRASSROOTS PARTICIPATION AND BRINGS TOGETHER A CROSS-SECTION OF COMMUNITY LEADERSHIP INCLUDING LAW ENFORCEMENT, FIREFIGHTERS AND PARAMEDICS, MEDICAL AND HEALTH PROFESSIONALS, EDUCATORS, PARENTS, BUSINESSES, PUBLIC POLICYMAKERS, AND MEDIA. CURRENT PROGRAMS ALSO INCLUDE CLASSES ON CAR SEAT SAFETY, BIKE HELMET SAFETY, SUMMER SAFETY AND HOME SAFETY.</p> <p>4. LIFE SUPPORT TRAINING CENTER: BASIC LIFE SUPPORT (BLS) TRAINING TEACHES THE PROCESS OF SUPPLYING RESCUE BREATHS AND CHEST COMPRESSIONS TO INDIVIDUALS EXPERIENCING CARDIAC ARREST. THE LIFE SUPPORT TRAINING CENTER OFFERS TWO BASIC PROGRAMS: HEALTHCARE PROVIDER BLS FOR HEALTH PROFESSIONAL AND HEARTSAVER AED FOR COMMUNITY MEMBERS.</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Community benefit statement continued	<p>(B) HEALTH PROFESSIONAL EDUCATION, PHYSICIANS, MEDICAL STUDENTS, NURSES, ETC.; SCHOLARSHIP 1. CONTINUING MEDICAL EDUCATION (CME) - THE 2020/2021 ACADEMIC YEAR MARKED OUR 29TH ACCREDITED YEAR AS A NATIONAL SPONSOR OF CME. IN JULY 2018, COOPER RECEIVED A FOUR-YEAR ACCREDITATION (UNTIL JULY 31, 2022). COOPER IS THE ONLY HOSPITAL OR HEALTH SYSTEM IN SOUTHERN NEW JERSEY WITH NATIONAL ACCREDITATION. ONE VERY IMPORTANT ASPECT OF THE COOPER HEALTH SYSTEM IS ITS TEACHING MISSION. WE ARE COMMITTED TO EDUCATING OUR MEDICAL STAFF; HOWEVER, OUR CME PROGRAM ALSO REACHES OUT TO PHYSICIANS IN THE TRI-STATE AREA AND SOMETIMES NATIONALLY. ALL AREAS OF INTEREST ARE COVERED IN OUR EXTERNAL CONFERENCES, OUR IN-HOUSE SERIES, ENDURIN G MATERIALS, AND JOINT-PROVIDERSHIP ACTIVITIES. OUR CME ACTIVITIES TARGET PRIMARY CARE PHYSICIANS AND PHYSICIANS FROM ALL SPECIALTIES. OTHER ALLIED HEALTH PROFESSIONALS INCLUDING FELLOWS, RESIDENTS, ADVANCED PRACTICE NURSES, PHYSICIAN ASSISTANTS, NURSES, TECHNICIANS, AND MEDICAL STUDENTS ALSO ATTEND. 2. GRADUATE MEDICAL EDUCATION - COOPER'S GME PROGRAMS TRAIN APPROXIMATELY 260 RESIDENTS AND FELLOWS PER YEAR. COOPER MEDICAL SCHOOL OF ROWAN UNIVERSITY IN OCTOBER 2009, COOPER AND ROWAN UNIVERSITY ANNOUNCED A LANDMARK PARTNERSHIP TO ESTABLISH A MEDICAL SCHOOL - THE FIRST FOUR-YEAR ALLOPATHIC MEDICAL SCHOOL EVER IN SOUTHERN NEW JERSEY AND THE FIRST NEW MEDICAL SCHOOL IN 35 YEARS IN THE STATE. KEY TO THE PARTNERSHIP HAS BEEN THE COLLABORATION BETWEEN THE INSTITUTIONS. REPRESENTATIVES FROM BOTH ROWAN AND COOPER WORKED TOGETHER TO FORGE A FOUNDING PHILOSOPHY FOR THE SCHOOL, EXPLORE PARTNERSHIPS IN RESEARCH AREAS, AND CREATE COMMITTEES TO WORK TOWARD LIAISON COMMITTEE ON MEDICAL EDUCATION (LCME) ACCREDITATION OF THE SCHOOL. COOPER MEDICAL SCHOOL OF ROWAN UNIVERSITY IS LOCATED IN CAMDEN, NJ, AT BROADWAY AND BENSON STREETS. THE SIX-FLOOR, 200,000 SQUARE-FOOT SCHOOL GRADUATED ITS INAUGURAL CLASS IN MAY 2016. 3. COOPER PROVIDES CONTINUING MEDICAL EDUCATION PROGRAMS TO PHYSICIANS EMPLOYED WITH THE LOCAL FQHC. 4. SIMULATION LAB - THE COOPER UNIVERSITY HOSPITAL SIMULATION LABORATORY IS DEDICATED TO ADVANCING PATIENT SAFETY AND HEALTHCARE PROVIDER EDUCATION AT ALL CLINICAL LEVELS. WE AIM TO BE A RESOURCE TO OUR COOPER DEPARTMENTS AND TO OTHER HOSPITALS AND HEALTHCARE PROVIDERS IN OUR COMMUNITY AND REGION. ONE-TO-ONE AND SMALL GROUP INSTRUCTION UTILIZING LIFELIKE MANNEQUINS IS CONDUCTED BY FACILITATORS TRAINED IN THE USE OF COMPUTER DRIVEN SIMULATION ADJUNCTS. ATTENTION IS FOCUSED ON MAINTAINING A NON-THREATENING LEARNING ENVIRONMENT, PROVIDING ADEQUATE MECHANISMS FOR POSITIVE FEEDBACK AND DEVELOPING A SUPPORTIVE STUDENT-FACILITATOR RELATIONSHIP. THIS INCLUDES TRAINING FOR MEDICAL STUDENTS. 5. EMS TRAINING - COOPER PROVIDES MEDICAL DIRECTOR SERVICES AND TRAINING FOR NUMEROUS LOCAL EMS SERVICES. (C) SUBSIDIZED HEALTH SERVICES, ER AND TRAUMA, HOSPITAL OUTPATIENT, BEHAVIORAL HEALTH, PALLIATIVE CARE 1. EMERGENCY SERVICES FOR COMMUNITY EVENTS - COOPER PROVIDES E</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Community benefit statement continued	<p>MERGENCY SERVICES FOR LOCAL COMMUNITY EVENTS. 2. EARLY INTERVENTION PROGRAM - THE COOPER UNIVERSITY HOSPITAL EIP/FAMILY HIV TREATMENT CENTER WAS ESTABLISHED IN 1990, TO SERVE A FOUR COUNTY AREA OF SOUTHERN NEW JERSEY CONSISTING OF CAMDEN, BURLINGTON, GLOUCESTER, AND SALISBURY COUNTIES. IT IS A REGIONAL, MULTIDISCIPLINARY OUTPATIENT CENTER THAT HAS PROVIDED A FULL RANGE OF SERVICES TO OVER 1,000 PATIENTS. THE PRIMARY MISSION OF THE EIP/HIV FAMILY TREATMENT CENTER AT COOPER IS TO PROVIDE COMPREHENSIVE MEDICAL AND SUPPORTIVE SERVICES TO HIV INFECTED INDIVIDUALS REGARDLESS OF THEIR ABILITY TO PAY. THE CENTER ALSO FREQUENTLY SERVES AS A PORT OF ENTRY FOR MANY HIV INFECTED CAMDEN RESIDENTS INTO ANY TYPE OF MEDICAL CARE. 3. DISASTER PREPAREDNESS AND MEDICAL COORDINATION CENTER - THE MISSION OF THE DIVISION OF EMS AND DISASTER MEDICINE IS TO MAINTAIN THE INTEGRITY OF THE HEALTH CARE CONTINUUM AS IT RELATES TO THE RESPONSE FOR A MASS CASUALTY INCIDENT INVOLVING CHEMICAL, BIOLOGICAL, RADIOLOGICAL, NUCLEAR, TRAUMATIC, AND NATURAL EVENTS THROUGH CLINICAL CARE, EDUCATION, TRAINING, AND RESEARCH. THE GOALS FOR THE DIVISION ARE TO PROVIDE SUBJECT MATTER EXPERTISE RELATED TO DISASTER MEDICINE (EMERGENCY MEDICAL SERVICES, EMERGENCY MEDICINE, TRAUMA, TOXICOLOGY, PEDIATRICS, INFECTIOUS DISEASES, ENVIRONMENTAL SAFETY, RADIATION SAFETY, AND INDUSTRIAL HYGIENE); TO PROVIDE EDUCATION AND TRAINING FOR ALL AUDIENCES INVOLVED IN DISASTER PREPAREDNESS THROUGH THE NATIONAL DISASTER LIFE SUPPORT REGIONAL TRAINING CENTER; TO PARTICIPATE IN RESEARCH INITIATIVES TO MAINTAIN THE HIGHEST LEVEL OF PREPAREDNESS AND PRE-HOSPITAL CARE THROUGH EVIDENCE BASED MEDICINE; TO SUPPORT A HIGHLY TRAINED MEDICAL STRIKE TEAM THAT CAN RESPOND TO LARGE CHEMICAL, BIOLOGICAL, RADIOLOGICAL, NUCLEAR, AND TRAUMATIC MASS CASUALTY EVENTS; AND TO COLLABORATE WITH LOCAL, STATE, REGIONAL, AND FEDERAL PARTNERS TO ASSIST IN EFFECTIVE DISASTER PLANNING. THE MEDICAL COORDINATION CENTER (MCC) SERVES AS THE REGIONAL HUB FOR HEALTHCARE RELATED EMERGENCY PLANNING, TRAINING AND RESPONSE. THE MCC LOCATED AT CUH PROVIDES SITUATIONAL AWARENESS, RESOURCE MANAGEMENT, AND INFORMATION MANAGEMENT FOR THE HEALTHCARE CONTINUUM AS IT RELATES TO EMERGENCY PREPAREDNESS, RESPONSE, MITIGATION AND RECOVERY. THE PRIMARY AREA OF RESPONSIBILITY FOR THE CUH MCC IS THE ENTIRE SOUTHERN REGION OF NEW JERSEY WHICH CONSISTS OF THE SEVEN SOUTHERN MOST COUNTIES AS WELL AS INTEGRATION WITH SOUTHEASTERN PENNSYLVANIA (INCLUDING THE CITY OF PHILADELPHIA) AND THE STATE OF DELAWARE (INCLUDING THE CITY OF WILMINGTON). THE MCC UTILIZES THE EXPERTISE PROVIDED BY THE DIVISION OF EMS AND DISASTER MEDICINE, REGIONAL LAW ENFORCEMENT, FIRE DEPARTMENTS, EMERGENCY MEDICAL SERVICES, CBRNE (CHEMICAL, BIOLOGICAL, RADIOLOGICAL, NUCLEAR, AND EXPLOSIVE) TEAMS, TECHNICAL RESCUE TEAMS, ETC., TO ASSIST THE HEALTHCARE CONTINUUM IN MEETING THEIR MISSION. 4. SUPPORT GROUPS AND CANCER SUPPORT GROUPS THERE ARE TIMES WHEN THE SUPPORT OF FRIENDS AND FAMILY ISN'T ENOUGH. SPENDING</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Community benefit statement continued	<p>NG TIME WITH OTHERS WHO HAVE A SHARED OR SIMILAR EXPERIENCE AND SHARING EXPERIENCES HELPS WITH DEPRESSION AND ANXIETY, AND IS THE KEY TO RECOVERY. COOPER'S SUPPORT GROUPS, ACTIVITIES AND SOCIAL EVENTS ENCOURAGE FITNESS AND THE MAINTENANCE OF A HEALTHY BODY AND MIND. SUPPORT GROUPS INCLUDE BUT ARE NOT LIMITED TO: - PROSTATE CANCER LECTURE SERIES: MD ANDERSON CANCER CENTER AT COOPER IS PROUD TO PRESENT THE PROSTATE SUPPORT GROUP, THE ONLY SUCH SUPPORT GROUP IN SOUTHWESTERN NEW JERSEY. THIS IS A JOINT VENTURE OF LEADERS IN THE CARE AND TREATMENT OF PROSTATE DISEASES AND THE MD ANDERSON COOPER GEITORURINARY CANCER CENTER. THE MEETINGS ARE INTENDED TO ALLOW SURVIVORS OF PROSTATE DISEASES AND THEIR FAMILIES TO BECOME WELL INFORMED, GIVE AND RECEIVE THE SUPPORT OF OTHERS, ASK QUESTIONS, AND EXPRESS THEIR CONCERNS. - SISTER WILL YOU HELP ME? - A BREAST CANCER SUPPORT GROUP FOR WOMEN OF COLOR AND FAITH - THE GROUP'S MISSION IS TO EMPOWER THROUGH KNOWLEDGE, ENCOURAGE THROUGH SISTERHOOD , ENLIGHTEN THROUGH FAITH AND TO BOND THROUGH LOVE. - LATINO CANCER SURVIVORS - DIABETES SUPPORT GROUP- OTHER SUPPORT GROUPS - TRAUMATIC BRAIN TRAUMA SUPPORT GROUP</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Community benefit statement continued	<p>5. LANGUAGE INTERPRETER SERVICES FOR PATIENTS - COOPER PROVIDES INTERPRETING SERVICES FOR PATIENTS WHOSE FIRST LANGUAGE IS NOT ENGLISH AND FOR THE SIGHT AND HEARING IMPAIRED. 6. CAMDEN COALITION OF HEALTHCARE PROVIDERS - COOPER PROVIDES SIGNIFICANT SUPPORT TO THIS ORGANIZATION WHICH WAS CREATED AS AN OPPORTUNITY FOR PROVIDERS TO NETWORK AND DISCUSS THE COMMON ISSUES THEY FACE IN RUNNING MEDICAL PRACTICES IN CAMDEN AND PROVIDING CARE IN A POOR, URBAN ENVIRONMENT. COOPER CURRENTLY PARTICIPATES WITH THE CAMDEN COALITION AS A PARTNER SITE FOR CMS' ACCOUNTABLE HEALTH COMMUNITIES TO SCREEN AND REFER PATIENTS TO SOCIAL AND COMMUNITY RESOURCES. COMMUNITY BASED CLINICAL SERVICES - COOPER PROVIDES A VARIETY OF TARGETED POPULATIONS WITH VARIOUS FREE CLINICAL HEALTH SCREENINGS (E.G. HEAD, ORAL, MOUTH, SKIN CANCER SCREENINGS) AND PHYSICAL EXAMS IN CONVENIENT, EASY TO ACCESS COMMUNITY SETTINGS. COMMUNITY HEALTH EDUCATION - COOPER PROVIDES HEALTH EDUCATION (E.G. PRESENTATIONS AND TALKS) AND AWARENESS TO VULNERABLE POPULATIONS AND EXTERNAL PARTNERS FOCUSING ON CHRONIC CONDITIONS AND DISEASE MANAGEMENT. COOPER ALSO PARTICIPATES IN COMMUNITY EVENTS BASED UPON GEOGRAPHY. HEALTH CARE SERVICES FOR FIRST RESPONDERS, ACTIVE MILITARY AND VETERANS - COOPER PROVIDES ON SITE SCREENING PROGRAMS FOR FIRST RESPONDERS TO ENHANCE ACCESS. COOPER PARTICIPATES IN COMMUNITY BASED EVENTS TO PROVIDES COMMUNITY SCREENING AND EDUCATION TO ACTIVE MILITARY AND VETERANS. CAMDEN CITYWIDE CARE MANAGEMENT PROJECT IN SEPTEMBER 2007, THE COALITION BEGAN IMPLEMENTATION OF A CITYWIDE CARE MANAGEMENT PROJECT TO REACH OUT TO HIGH UTILIZERS OF CITY EMERGENCY ROOMS AND HOSPITALS. A PART-TIME NURSE PRACTITIONER, COMMUNITY HEALTH WORKER, AND A FULL-TIME SOCIAL WORKER STAFF THE PROJECT. PATIENTS ARE ENROLLED TO THE PROJECT BY REFERRAL FROM EMERGENCY DEPARTMENT PHYSICIANS, INPATIENT PHYSICIANS, AND SOCIAL WORKERS. THE PROJECT PROVIDES TRANSITIONAL PRIMARY CARE WITH A GOAL OF MOVING THE PATIENTS INTO A PRIMARY CARE SETTING THAT CAN MEET THEIR NEEDS. WITH OVER SIXTY PATIENTS ENROLLED IN OUR PROJECT; WE ARE VISITING THEM IN HOMELESS SHELTERS, ABANDONED HOMES, HOSPITAL ROOMS, ED GURNEYS, AND STREET CORNERS. PRACTICE CAPACITY BUILDING PROJECT THE COALITION'S PHILOSOPHY IS THAT BY INCREASING CAPACITY WITHIN LOCAL PRIMARY CARE OFFICES WE CAN HELP THEM ACHIEVE HIGH ER PATIENT SATISFACTION, IMPROVED ECONOMIC VIABILITY, AND BETTER HEALTH OUTCOMES. MONTHLY ROUNDTABLE MEETINGS AND SEMINARS HAVE BEEN HELD FOR LOCAL OFFICE MANAGERS AND PROVIDERS TO ENCOURAGE PEER-TO-PEER LINKAGES, INCREASE SKILLS AND KNOWLEDGE OF MODERN MEDICAL OFFICE MANAGEMENT TECHNIQUES AND EDUCATE IN SPECIFIC PRACTICE MANAGEMENT TOPICS. PARTICIPATION IN THIS GROUP LEADS TO ON-SITE CONSULTATION FOR INDIVIDUAL OFFICES, FOCUSING ON PROCESS FLOWS, OPERATIONS MANAGEMENT, ANALYZING CYCLE TIMES, AND INFORMATION MANAGEMENT. EXPANSION OF ACCESS TO MENTAL HEALTH CARE PSYCHIATRY SERVICES ARE EXTREMELY DIFFICULT TO ACCESS IN UNDER SERVED COMMUNITIES. THE COALIT</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Community benefit statement continued	<p>ION IS DEVELOPING A SYSTEM OF JOINT PRIMARY CARE/PSYCHIATRY APPOINTMENTS TO INCREASE A PRIMARY CARE PROVIDER'S CAPACITY TO PROVIDE MENTAL HEALTH CARE. THE PSYCHIATRIST WILL PROVIDE MENTORING, COACHING AND CONSULTATION TO THE PRIMARY PROVIDER. 7. PALLIATIVE CARE PROGRAM THE PALLIATIVE CARE PROGRAM IS DESIGNED TO BE INTEGRATED AS PART OF A PATIENT'S CARE PLAN AT ANY TIME, TO MANAGE SYMPTOMS RELATED TO TREATMENT SUCH AS CHEMOTHERAPY, OR FOR SYMPTOMS THAT LINGER OR APPEAR AFTER TREATMENT IS COMPLETE. PALLIATIVE CARE IS THE COMPREHENSIVE TREATMENT OF THE DISCOMFORT, SYMPTOMS AND STRESS OF SERIOUS ILLNESS. IT DOES NOT REPLACE A PATIENT'S PRIMARY TREATMENT, BUT WORKS TOGETHER WITH TREATMENT AT ANY POINT IN A PATIENT'S CARE. PALLIATIVE CARE ALSO ADDRESSES PSYCHOLOGICAL, SOCIAL AND SPIRITUAL CONCERNS - ALL TO ACHIEVE THE BEST QUALITY OF LIFE POSSIBLE FOR EACH PATIENT. AT COOPER, THE PALLIATIVE CARE PROGRAM CAN HELP PATIENTS MANAGE THE COMMON SIDE EFFECTS OF ILLNESS SUCH AS: PAIN, FATIGUE, NAUSEA, CONSTIPATION, DIARRHEA, DEPRESSION AND ANXIETY, DIFFICULTY BREATHING, LOSS OF APPETITE AND WEIGHT LOSS, WEAKNESS, SLEEP PROBLEMS, CONFUSION AND END-OF-LIFE CARE. (D) RESEARCH-CLINICAL AND COMMUNITY HEALTH THE COOPER RESEARCH INSTITUTE, ESTABLISHED IN JANUARY 2003, COORDINATES CLINICAL TRIALS AND SUPPORTS RESEARCHERS AT COOPER. THROUGH BASIC AND CLINICAL RESEARCH, FACULTY AT COOPER IS BRINGING SCIENTIFIC DISCOVERIES TO LIFE AND PROVIDING THOUSANDS OF PATIENTS IN SOUTH JERSEY WITH ACCESS TO CUTTING-EDGE TREATMENTS IN FIELDS SUCH AS CANCER, CARDIOLOGY, CRITICAL CARE, DIABETES, AND GENE THERAPY. COOPER FACULTY MEMBERS CURRENTLY CONDUCT APPROXIMATELY 340 NIH AND INDUSTRY-SPONSORED CLINICAL TRIALS EACH YEAR. MANY OF THESE STUDIES ARE ONLY AVAILABLE IN SOUTH JERSEY AT COOPER. BY PARTICIPATING IN A CLINICAL TRIAL, AN INDIVIDUAL MAY HAVE THE FIRST CHANCE TO BENEFIT FROM IMPROVED TREATMENT METHODS AND THE OPPORTUNITY TO MAKE AN IMPORTANT CONTRIBUTION TO MEDICAL SCIENCE. PAST RESEARCH BY COOPER FACULTY HAS LED TO NEW STANDARDS OF CARE AND NOVEL THERAPIES IN FIELDS SUCH AS CANCER, CARDIOLOGY, SURGERY, AND ORTHOPEDICS. FOR EXAMPLE, COOPER FACULTY MEMBERS HAVE CONDUCTED STUDIES THAT LED TO: NEW CANCER TREATMENTS SUCH AS RITUXAN FOR LYMPHOMA, IRESSA FOR ADVANCED NON-SMALL CELL LUNG CANCER, TAMOXIFEN TO PREVENT BREAST CANCER, AND CISPLATIN PLUS RADIATION THERAPY FOR CERVICAL CANCER. (E) CASH IN KIND CONTRIBUTIONS TO COMMUNITY GROUPS COOPER SPONSORS VARIOUS NON-PROFIT ORGANIZATIONS TO PROMOTE AND BUILD A HEALTHY COMMUNITY. (F) COOPER'S COMMUNITY BUILDING ACTIVITIES INCLUDE BUT ARE NOT LIMITED TO: 1 ) PHYSICAL IMPROVEMENTS AND HOUSING REVITALIZATION PROJECTS: - NEIGHBORHOOD REVITALIZATION TAX CREDIT PROJECT: COOPER UNIVERSITY HOSPITAL HAS SERVED AS THE LEAD AND IS PARTNERING WITH METRO CAMDEN HABITAT FOR HUMANITY, SAINT JOSEPH'S CARPENTER SOCIETY, CENTER FOR FAMILY SERVICES, CAMDEN SPECIAL SERVICES DISTRICT, THE COOPER LANNING CIVIC ASSOCIATION AND ADDITIONAL COMMUNITY PARTNERS ON N</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Community benefit statement continued	<p>EARLY \$5 MILLION IN FUNDING FROM THE NEIGHBORHOOD REVITALIZATION TAX CREDIT (NRTC) PROGRAM THROUGH THE N.J. DEPARTMENT OF COMMUNITY AFFAIRS TO IMPROVE HOUSING AND COMMUNITY CONDITIONS IN THE COOPER PLAZA NEIGHBORHOOD. COOPER UNIVERSITY HOSPITAL HAS SERVED AS THE LEAD IN WRITING AND ADMINISTERING THE GRANT ON BEHALF OF THE COMMUNITY PARTNERS. THIS INCLUDES FOUR PHASES OF NRTC PROJECTS. - NEW PARKS AND PARK MAINTENANCE - COOPER HAS PARTNERED WITH CAMDEN CITY, CAMDEN COUNTY AND COMMUNITY GROUPS ON THE CONSTRUCTION OF THREE NEW NEIGHBORHOOD PARKS. COOPER HAS TAKEN THE RESPONSIBILITY FOR THE ONGOING MAINTENANCE AND UPKEEP OF THE THREE PARKS. COOPER HAS BEEN A PARTNER WITH CAMDEN COUNTY AND COMMUNITY ORGANIZATIONS FOR THE ONGOING STREETScape AND LANDSCAPE IMPROVEMENTS IN THE COOPER PLAZA NEIGHBORHOOD FUNDED THROUGH THE COUNTY. COOPER HAS FACILITATED MEETINGS TO COORDINATE THE PROJECT WITH THE COUNTY AND COMMUNITY ORGANIZATIONS AND ADDRESS COMMUNITY QUESTIONS OR CONCERNS. - HOUSING REHABILITATION - COOPER PARTNERS WITH NON-PROFITS TO ADVANCE EFFORTS TO IMPROVE HOUSING IN THE COOPER PLAZA NEIGHBORHOOD. THIS INCLUDES PARTNERSHIPS WITH SAINT JOSEPH'S CARPENTERS SOCIETY, CAMDEN COUNTY HABITAT FOR HUMANITY AND OTHER HOUSING PARTNERS TO PROJECTS FOR THE ACQUISITION AND REHABILITATION OF HOMES IN THE COOPER PLAZA NEIGHBORHOOD. - HOMEOWNERSHIP PARTNERSHIPS - COOPER HAS PARTNERED WITH NON-PROFIT ORGANIZATIONS SUCH AS SAINT JOSEPH'S CARPENTERS SOCIETY AND CAMDEN COUNTY HABITAT FOR HUMANITY TO PROMOTE HOME OWNERSHIP OPPORTUNITIES IN THE COOPER PLAZA NEIGHBORHOOD TO FURTHER STABILIZE THE COMMUNITY WITH OCCUPIED HOUSING. 2) ECONOMIC DEVELOPMENT - ASSISTING BUSINESS DEVELOPMENT, CREATING NEW EMPLOYMENT OPPORTUNITIES: - COOPER'S FERRY PARTNERSHIP - COOPER IS A MEMBER OF THE COOPER'S FERRY PARTNERSHIP. COOPER ACTIVELY WORKS WITH THE ORGANIZATION ON COMMUNITY ISSUES AND ADDITIONAL PROJECTS TO IMPROVE THE NEIGHBORHOODS IN CAMDEN AND FOSTER ECONOMIC DEVELOPMENT OPPORTUNITIES. THIS INCLUDES COLLABORATION AND PARTNERSHIPS ON INITIATIVES AND OPPORTUNITIES TO FACILITATE THE REVIVAL OF THE CITY OF CAMDEN AS A PLACE WHERE PEOPLE CHOOSE TO LIVE, WORK, VISIT, AND INVEST. - CAMDEN SPECIAL SERVICES DISTRICT - COOPER IS A PARTNER FOR THE CAMDEN SPECIAL SERVICES DISTRICT THAT PROVIDES MAINTENANCE AND A HUMAN PRESENCE THROUGH AMBASSADORS IN CAMDEN'S DOWNTOWN, UNIVERSITY DISTRICT, AND BROADWAY CORRIDOR TO REMOVE GRAFFITI, CLEAN STREETS, PICKUP LITTER AND DEBRIS, ADDITIONAL MAINTENANCE SERVICES AND SERVE AS A DAILY PRESENCE ON THESE CORRIDORS.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Community benefit statement continued	<p>3) COMMUNITY SUPPORT - MENTORING, NEIGHBORHOOD SUPPORT, DISASTER READINESS - COOPER LANNING CIVIC ASSOCIATION AND LANNING SQUARE WEST ASSOCIATION -PARTICIPATION IN ASSOCIATION MEETINGS, PROJECT COORDINATION, EVENTS AND ADMINISTRATIVE SUPPORT. - NEIGHBORHOOD CONCERT SERIES: IN 2017, COOPER UNIVERSITY HOSPITAL CONTINUED THE SERIES WITH THREE FREE COMMUNITY CONCERTS IN THE SHEILA ROBERTS PARK DURING THE SUMMER. - COOPER PLAZA NEIGHBORHOOD WATCH: COOPER SUPPORTS THE COOPER PLAZA NEIGHBORHOOD AND THE COOPER LANNING CIVIC ASSOCIATION DURING THE COMMUNITY'S NEIGHBORHOOD WATCH INITIATIVE BY PROVIDING SPACE AND FOOD FOR THE EFFORT AND INCREASED SECURITY IN THE COOPER PLAZA NEIGHBORHOOD. - PROMISE NEIGHBORHOOD INITIATIVE : COOPER UNIVERSITY HOSPITAL HAS BEEN AN ACTIVE PARTNER WITH THE CITY OF CAMDEN, CENTER FOR FAMILY SERVICES AND OTHER COMMUNITY GROUPS ON THE PLANNING EFFORT AND THE PROMISE NEIGHBORHOOD INITIATIVE TO DEVELOP A COMPREHENSIVE APPROACH TO SOCIAL SERVICES FOR CHILDREN AND FAMILIES LIVING IN THE COOPER LANNING NEIGHBORHOOD. - SUPPORT FOR THE KIPP COOPER NORCROSS ACADEMY - CAMDEN PROMISE NEIGHBORHOOD WITH THE CENTER FOR FAMILY SERVICES -CAMDEN PROMISE NEIGHBORHOOD WITH THE CENTER FOR FAMILY SERVICES 4) ENVIRONMENTAL IMPROVEMENTS: - CLEAN AND SAFE COOPER PLAZA PROGRAM - PARTNERSHIP WITH THE CAMDEN SPECIAL SERVICES DISTRICT TO PROVIDE MAINTENANCE SERVICES IN THE COOPER PLAZA NEIGHBORHOOD TO IMPROVE THE PHYSICAL APPEARANCE AND UPKEEP OF THE NEIGHBORHOOD IN ORDER TO PROVIDE AN ENHANCED SENSE OF SAFETY AND A MAINTAINED NEIGHBORHOOD FOR RESIDENTS AND VISITORS. - STREETSCAPING, LANDSCAPING AND PARK MAINTENANCE IN COMMUNITY. 5) LEADERSHIP DEVELOPMENT/TRAINING FOR COMMUNITY MEMBERS COOPER PROVIDES DEVELOPMENT AND TRAINING TO INCLUDE BUT NOT LIMITED TO: - CHILD PASSENGER SAFETY TECHNICIAN CLASSES - CHILD PASSENGER SAFETY TRAINING - BOOSTER SEAT PROGRAM - FIRE SAFETY SESSIONS 6) COALITION BUILDING AND COLLABORATIVE EFFORTS TO ADDRESS HEALTH AND SAFETY ISSUES INCLUDE BUT NOT LIMITED TO: - CAMDEN HIGHER EDUCATION AND HEALTH CARE TASK FORCE - COOPER IS A FOUNDING MEMBER AND ACTIVE PARTICIPANT IN THE CAMDEN HIGHER EDUCATION AND HEALTH CARE TASK FORCE ("EDS AND MEDS"). - HOUSING IMPLEMENTATION TASK FORCE - COOPER CONVENES MEETINGS WITH NON-PROFITS, COMMUNITY ORGANIZATIONS, AND GOVERNMENT AGENCIES TO DISCUSS OPPORTUNITIES TO IMPROVE HOUSING OPTIONS IN THE CITY OF CAMDEN. - SAFE KIDS NEW JERSEY AND SOUTHERN NEW JERSEY 7) WORKFORCE DEVELOPMENT: - CAREER FAIRS AND EDUCATION: STRIVE, WOODLAND COMMUNITY DEVELOPMENT CORPORATION, CAMDEN COUNTY AND CAMDEN ONE STOP - PARTNERING WITH THE CAMDEN COUNTY WORKFORCE INVESTMENT BOARD - YOUTH SUMMER EMPLOYMENT PROGRAM - COOPER'S SUMMER YOUTH EMPLOYMENT PROGRAM PROVIDES OPPORTUNITIES FOR CAMDEN RESIDENTS THAT ARE IN HIGH SCHOOL TO WORK IN PAID INTERNSHIP POSITIONS FOR SIX WEEKS IN THE SUMMER AT VARIOUS DEPARTMENTS AT COOPER. - CAREER EXPLORATION PROGRAMS WITH CAMDEN GIRLS SCOUT PROGRAM FOR HIGH SCHOOL STUDENTS AND ADDITIONAL SCHOOLS</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Community benefit statement continued	OLS AND ORGANIZATIONS IN THE COMMUNITY. - COOPER PARTICIPATES AND SERVES IN A COLLABORATIVE EFFORT WITH ORGANIZATIONS LIKE THE CAMDEN COUNTY WORKFORCE INVESTMENT BOARD IN THE DEVELOPMENT AND RETENTION OF WORKFORCE OPPORTUNITIES IN CAMDEN COUNTY AND WORKS WITH THE BOARD ON LITERACY PROGRAMS AND INITIATIVES TO PREPARE INDIVIDUALS TO GAIN EMPLOYMENT.



SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
The Cooper Health System A New Jersey  
Non-Profit Corporation

Employer identification number  
  
21-0634462

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) All Care Health Alliance LLC 1 Federal Street Suite S-400 Camden, NJ 08103 21-0634462	ACO	NJ	0	0	Cooper Hlth

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.

See Additional Data Table

(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

**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	

**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
<b>(1)</b> C & H Collection SVS Inc 1 federal st suite nw2-400 Camden, NJ 081031438 22-2603503	Collections	NJ	CH Services	C Corp	340,928	527,290	100.000 %	Yes	
<b>(2)</b> Cooper Healthcare Properties Inc 1 federal st suite nw2-400 Camden, NJ 081031438 22-2567105	Real Estate	NJ	CH Services	C Corp	1,361,291	12,285,080	100.000 %	Yes	
<b>(3)</b> Cooper Healthcare Services 1 federal st suite nw2-400 Camden, NJ 081031438 22-2567106	Health Svcs	NJ	Cooper Hlth sys	C Corp	12,449	0	100.000 %	Yes	

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

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

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

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

1a

No

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

1b

Yes

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

1c

Yes

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

1d

Yes

e Loans or loan guarantees by related organization(s) . . . . .

1e

Yes

f Dividends from related organization(s) . . . . .

1f

No

g Sale of assets to related organization(s) . . . . .

1g

No

h Purchase of assets from related organization(s) . . . . .

1h

No

i Exchange of assets with related organization(s) . . . . .

1i

No

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

1j

Yes

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

1k

Yes

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

1l

Yes

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

1m

No

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

1n

Yes

o Sharing of paid employees with related organization(s) . . . . .

1o

Yes

p Reimbursement paid to related organization(s) for expenses . . . . .

1p

No

q Reimbursement paid by related organization(s) for expenses . . . . .

1q

Yes

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

1r

No

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

1s

No

**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.

See Additional Data Table

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

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

[illegible]

**Part VII**      **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 21-0634462

Name: The Cooper Health System A New Jersey Non-Profit Corporation

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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 federal st suite nw2-400 Camden, NJ 08103 22-3832149	Health Svcs	NJ	501(c)(3)	11-I	CH System	Yes	
1 federal st suite nw2-400 Camden, NJ 08103 22-2213715	Support CHS	NJ	501(c)(3)	7	NA		No
1 federal st suite nw2-400 Camden, NJ 08103 22-6409235	Support CHS	NJ	501(c)(3)	11-I	CH System	Yes	
1 federal st suite nw2-400 Camden, NJ 08103 46-0943572	Health Svcs	NJ	501(c)(3)	11-I	CH System	Yes	
1 federal st suite nw2-400 Camden, NJ 08103 22-3427282	Physician Pra	NJ	501(c)(3)	10	CH System	Yes	
1 federal st suite nw2-400 Camden, NJ 08103 22-2965846	Physician Pra	NJ	501(c)(3)	10	CH System	Yes	
1 federal st suite nw2-400 Camden, NJ 08103 22-2354988	Physician Pra	NJ	501(c)(3)	10	CH System	Yes	
1 federal st suite nw2-400 Camden, NJ 08103 22-3487144	Physician Pra	NJ	501(c)(3)	10	CH System	Yes	
1 federal st suite nw2-400 Camden, NJ 08103 22-2329164	Physician Pra	NJ	501(c)(3)	10	CH System	Yes	
1 federal st suite nw2-400 Camden, NJ 08103 22-3266219	Physician Pra	NJ	501(c)(3)	10	CH System	Yes	
1 federal st suite nw2-400 Camden, NJ 08103 22-3419259	Physician Pra	NJ	501(c)(3)	10	CH System	Yes	
1 federal st suite nw2-400 Camden, NJ 08103 22-2700904	Physician Pra	NJ	501(c)(3)	10	CH System	Yes	
1 federal st suite nw2-400 Camden, NJ 08103 22-2965240	Physician Pra	NJ	501(c)(3)	10	CH System	Yes	
1 federal st suite nw2-400 Camden, NJ 08103 22-3075647	Physician Pra	NJ	501(c)(3)	10	CH System	Yes	
1 federal st suite nw2-400 Camden, NJ 08103 22-3137520	Physician Pra	NJ	501(c)(3)	10	CH System	Yes	
1 federal st suite nw2-400 Camden, NJ 08103 22-3310529	Physician Pra	NJ	501(c)(3)	10	CH System	Yes	
1 federal st suite nw2-400 Camden, NJ 08103 22-3315602	Physician Pra	NJ	501(c)(3)	10	CH System	Yes	
1 federal st suite nw2-400 Camden, NJ 08103 22-3346073	Physician Pra	NJ	501(c)(3)	10	CH System	Yes	
1 federal st suite nw2-400 Camden, NJ 08103 22-3358732	Physician Pra	NJ	501(c)(3)	10	CH System	Yes	
1 federal st suite nw2-400 Camden, NJ 08103 51-0483383	Physician Pra	NJ	501(c)(3)	10	CH System	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(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 federal st suite nw2-400 Camden, NJ 08103 80-0747085	Physician Pra	NJ	501(c)(3)	10	CH System	Yes	
1 federal st suite nw2-400 Camden, NJ 08103 22-3474357	Physician Pra	NJ	501(c)(3)	10	CH System	Yes	
1 federal st suite nw2-400 Camden, NJ 08103 22-3486722	Physician Pra	NJ	501(c)(3)	10	CH System	Yes	
1 federal st suite nw2-400 Camden, NJ 08103 22-3266221	Physician Pra	NJ	501(c)(3)	10	CH System	Yes	
1 federal st suite nw2-400 Camden, NJ 08103 22-3587486	Physician Pra	NJ	501(c)(3)	10	CH System	Yes	
1 federal st suite nw2-400 Camden, NJ 08103 20-0031895	Physician Pra	NJ	501(c)(3)	10	CH System	Yes	
1 federal st suite nw2-400 Camden, NJ 08103 20-0835576	Physician Pra	NJ	501(c)(3)	10	CH System	Yes	
1 federal st suite nw2-400 Camden, NJ 08103 22-2170196	Physician Pra	NJ	501(c)(3)	10	CH System	Yes	
1 federal st suite nw2-400 Camden, NJ 08103 22-3235088	Physician Pra	NJ	501(c)(3)	10	CH System	Yes	
1 federal st suite nw2-400 Camden, NJ 08103 22-3358684	Physician Pra	NJ	501(c)(3)	10	CH System	Yes	
1 Federal St Suite NW2-400 Camden, NJ 08103 82-1589048	Physician Pra	NJ	501(c)(3)	10	CH System	Yes	
1 Federal St Suite NW2-400 Camden, NJ 08103 85-1080079	Physician Pra	NJ	501(c)(3)	10	CH System	Yes	

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
THE COOPER FOUNDATION	C	3,709,484	CASH - FMV
COOPER MEDICAL SERVICES	L	507,244	CASH - FMV
COOPER HEALTHCARE PROPERTIES INC	K	208,334	CASH - FMV
COOPER MEDICAL SERVICES	O	187,944	CASH - FMV
C&H COLLECTION SERVICES INC	O	63,468	CASH - FMV
C&H COLLECTION SERVICES INC	L	378,872	CASH - FMV
all physician practices	B	436,728,545	CASH - FMV
THE COOPER FOUNDATION	O	2,406,897	CASH - FMV
COOPER HEALTHCARE PROPERTIES INC	L	111,151	CASH - FMV
COOPER HEALTHCARE PROPERTIES INC	Q	153,948	CASH - FMV
COOPER MEDICAL SERVICES	A	5,423,700	CASH - FMV